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A Phenomenological Investigation of Master's-Level Counselor Research Identity Development Stages



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Maribeth F. Jorgensen, Kelly Duncan

This study explored counselor research identity, an aspect of professional identity, in master's-level counseling students. Twelve students participated in individual interviews; six of the participants were involved in a focus group interview and visual representation process. The three data sources supported the emergence of five themes. The authors describe the themes in terms of what students contributed to the following three stages of research identity development: stage one, *stagnation*; stage two, *negotiation*; and stage three, *stabilization*. Implications for counselor education programs, counselor educators and counseling students are explored.

Keywords: phenomenological investigation, research identity, counseling students, focus group, counselor education

Counselor professional identity is complex and involves various developmental tasks that are dependent on both interpersonal and intrapersonal interactions (Auxier, Hughes, & Kline, 2003; Reissetter et al., 2004). According to Nugent and Jones (2009), “counselor professional identity is the integration of professional training and personal attributes within the context of the professional community” (p. 21). The context of a professional community may be understood as the behaviors, thoughts, actions and beliefs to which individuals within a professional community typically ascribe. All dimensions of counselor professional identity significantly impact how individuals behave, act and think within the context of their professional role (Gibson, Dollarhide, & Moss, 2010). The understanding of attitude, behavior and belief norms within the profession of counseling has been extremely important in assessing and stimulating the development of professional identity (Gibson et al., 2010).

Many variables influence the process of identity acquisition and maintenance. Erikson (1994) stated that “the process of identity formation emerges as an evolving configuration” (p. 125). While knowing that counselor professional identity formation never stops, one must consider how to intentionally and effectively guide the process. Kozina, Grabovari, De Stefano, and Drapeau (2010) demonstrated that practitioner identity evolves through deliberate tasks and actions aimed at helping counseling students develop particular attitudes, behaviors and beliefs. In addition to purposeful tasks, Gibson et al. (2010) asserted that the professional identity process occurs in stages and unique needs exist at different stages.

In recent years, research has become an important focus of the professional counseling community. The American Counseling Association Code of Ethics (2014) has emphasized the importance of

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counselors utilizing research to best inform their practices. Specifically, counselors who do not use techniques, procedures and modalities that are grounded in theory and have an empirical or scientific foundation must define the techniques as *unproven* or *developing*, explain the potential risks and ethical considerations of using such techniques, and take steps to protect clients from possible harm. This particular aspect of the ethical code introduces a unique aspect of counselors' beliefs, behaviors and attitudes concerning empirically-based practice, which counselors need to consciously recognize as a part of counselor professional identity—research identity (RI).

The definition of professional identity in counseling has historically captured more of the practitioner role. The concept of a scientist–practitioner identity has been frequently used within the field of psychology. Researchers define the identity of a scientist–practitioner as “regularly consuming and applying research findings in their practice; following a scientific methodological way of clinical thinking and practice; regularly evaluating their practices; conducting research and communicating findings; collaborating with researchers to produce clinically meaningful research” (Lampropoulos, Spengler, Dixon, & Nicholas, 2002, p. 232). The scientist–practitioner identity may likely share common elements with the RI dimension of counselor professional identity.

As the concept of RI has surfaced, research has led to new ideas about counselors' professional identity. Few researchers have attempted to define RI in the helping professions (Jorgensen & Duncan, 2015; Ponterotto & Grieger, 1999; Reisetter et al., 2004; Unrau & Grinnell, 2005). For doctoral counseling students, Reisetter et al. (2004) described the concept of RI as a mental and emotional connection with research, confidence in one's ability to consume research, desire to conduct a magnitude of research in the future, and identification within the larger research community. In the field of psychology, Ponterotto and Grieger (1999) defined RI as “how one perceives oneself as a researcher, with strong implications for which topics and methods will be important to the researcher. Naturally, one's RI both influences, and is influenced by, the paradigm from which one operates” (p. 52). Interestingly, Ponterotto and Grieger (1999) and Reisetter et al. (2004) both described the concept of RI without the use of references, highlighting the empirical attention still needed on the topic of RI.

In recent literature, Jorgensen and Duncan (2015) explored the meaning of RI in master's-level counselors through a grounded theory approach. The authors suggested the following theory of RI:

- (a) RI is considered an outcome that is initiated by the event of coming to understand what it means to be a counselor (professional identity);
- (b) RI is facilitated through the negotiation of internal facilitators, external facilitators, faculty impacts, and beliefs about research;
- (c) RI is affected by the broader contexts of undergraduate major and area of specialization;
- (d) RI is enhanced by accepting fluid conceptualizations of research and professional identity; and
- (e) RI is manifested through research behaviors, attitudes toward research, and a level that symbolizes the various degrees of a student's RI.

Based on their grounded theory, the authors offered a foundation for better understanding the concept of RI and suggested that future research explore the different levels of RI.

The purpose of this study was to focus on the dimension of research identity within the broader context of counselor professional identity, addressing gaps within the literature about the RI phenomenon. Counselors need a foundation for facilitating RI development. Also, counselors need a framework to fully understand the term and to apply previous findings more easily.

Method

The authors utilized a qualitative approach with a phenomenological framework to understand the phenomenon of master's-level counselors' RI. Researchers use a phenomenological approach to understand the subjective experiences of participants in relation to the topic under investigation (Creswell, 2013; Kopala & Suzuki, 1999). The authors examined the phenomenon and perspectives of 12 students who told stories about their RI and gave meaning to the different levels of experienced RI. The authors conducted individual interviews and a focus group to construct the meaning of levels of RI in multiple ways.

Researcher-as-Instrument and Potential Biases

Qualitative methodology requires researchers to be the instruments of investigation. Therefore, researchers must discuss their thoughts and feelings about the topic studied as a means of being transparent. The present authors conducted reflexive journaling throughout the study in order to minimize the impact of their biases on the data collection and data analysis processes (Hunt, 2011). The authors reflected in writing their thoughts and feelings about the topic, each interview, visual representations and the findings in scholarly articles during significant times in the research process.

Participants

Participants in the individual interviews and focus group were from two CACREP-accredited counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs, and located in the Midwestern United States. Researchers conducted 12 individual interviews during this study. Of the 12 participants (nine female, three male), five specialized in school counseling and seven specialized in clinical mental health. Five participants were at the midpoint of their counseling program (i.e., had completed 12–30 credits), and seven were at the end of their program (i.e., in the process of internship or had graduated within the last 6 months). The average age of participants was 29.25 (age range = 24–44).

Six participants (four female, two male) were involved in the focus group, with two being involved in both an individual interview and the focus group interview. All focus group participants were at the midpoint of their training program (i.e., had completed 12–30 credits). Three participants specialized in school counseling and three participants specialized in clinical mental health counseling. The authors avoided involving several of the participants in both data collection points in order to create potential for new meanings around RI to be constructed.

Procedure

The participants were initially contacted via e-mail, phone or in person to determine their suitability for participating in this study. The authors e-mailed potential participants a letter of invitation that featured the criteria for participation, asking them to contact the investigators if interested in being a participant. The following criteria were used to select participants for the individual interviews: identifying as master's-level counseling students with a school counseling or clinical mental health counseling focus, and at the midpoint or end of their training. However, the focus group interview only included students at the midpoint (i.e., had completed 12–30 credits) in their program.

Once participants were determined for both individual and focus group interviews, the participants completed a demographic sheet and consent form that described the purpose of the study and their rights as participants (i.e., ceasing participation at any point). Individual interviews lasted 35–60 minutes and were recorded via a digital voice recorder. The focus group lasted 60 minutes and also

was recorded. Digital files were immediately uploaded to a password-protected laptop once the interviews and focus group were completed. In order to ensure confidentiality, each participant received a pseudonym and all data (i.e., digital recordings, typed transcripts) were password protected.

Data Collection and Analysis

The authors utilized the following three data collection points in this study: individual interviews, a focus group and a visual representation. During the individual interview, participants answered questions from a semistructured protocol as well as questions about two articles that they were asked to read prior to their interview. During the focus group interview, participants answered questions from a semistructured protocol and drew a picture of what they imagined (i.e., visual representation) when they heard the word *research*. Importantly, visual representations facilitated a deeper co-construction of meaning relating to the levels of RI. According to Pain (2012), visual methods in research can build a trusting relationship with and between participants, encourage discussion, and facilitate the expression of abstract ideas. Visual representation also “allows for the creation of new insights using art either as the starting point for creative thought generation or as the means by which new meanings in the research can be expressed” (Poldma & Stewart, 2004, p. 146).

The researchers critiqued the data through a process suggested by Moustakas (1994) in conducting a phenomenological study. Bracketing of personal thoughts and feelings was done prior to and after each interview in order to ensure greater potential for objectivity and accurate representation of the data. The data were transcribed and critiqued through a primary coding process, which captured the essence of most sentences in the transcription. Horizontalization was carried out by viewing each transcript and finding ideas that seemed important to the interviewees. The researchers entered each idea into a spreadsheet in order to examine elements that occurred most frequently during the interviews, deriving meaning units to capture the overall common experiences of participants based on their most frequently described ideas. The data were merged into themes described through narrative definition and via direct quotes from each interview, leading to a contextual description that clarified each meaning unit.

In the focus group, participants were asked to draw a picture of what they imagined (i.e., visual representation) when they heard the word *research*. Participants shared their visual representation with the group and gave meaning to the picture by providing a narrative, which was transcribed and merged with the other data to provide more meaning to the phenomenon.

Trustworthiness Procedures

The researchers utilized researchers’ epoche, member checking, prolonged engagement with the data, cross-checking data, triangulation and reflexive journaling as trustworthiness procedures during the data analysis. The first author sought transparency and credibility throughout the research process by bracketing thoughts and feelings associated not only with the broad topic (researcher epoche), but also with each interview and data analysis procedure (reflexive journaling). The first and second author met on a regular basis to examine their journal entries and cross-check entries with the results of the coding processes to ensure that participants’ unique experiences were represented and to reflect on the overall research process (Creswell, 2013). Further, participants provided feedback in the process of member checking by examining their transcriptions, open codes and quotes supporting the themes. The researchers encouraged participants to review and edit, if necessary, their transcriptions, themes and quotes. Triangulation was used by comparing and integrating

data offered through individual interviews, the focus group and visual representation. During the process of converging findings from all data sources, the first author cross-checked and resynthesized information to create themes that captured the essence of what was being communicated through various data sources.

Results

The researchers established three stages of RI (i.e., stagnation, negotiation, stabilization) and five primary themes collapsed under each corresponding stage, with meaning assigned based on how participants experienced the different levels. According to Jorgensen and Duncan (2015), RI is experienced on a continuum with each master's-level counselor allocating different levels to the researcher dimension of professional identity. The stages of RI established in the current study further clarified different points on the broad RI continuum described by Jorgensen and Duncan (2015). Specifically, this research revealed more about the lower (stagnation), moderate (negotiation) and higher (stabilization) levels of RI by examining the participants' reactions to external facilitators, internal processes related to research, research behaviors, and beliefs and attitudes toward research.

The five primary themes included (1) external facilitators of lower levels of RI (e.g., messages from others, program elements, undergraduate education, professional standards); (2) external facilitators of higher levels of RI (e.g., messages from others, program elements, undergraduate education, professional standards); (3) internal facilitators of higher levels of RI (e.g., professional identity conceptualization, conceptualization of research, attitude toward research, beliefs about research, research behaviors); (4) internal facilitators of lower levels of RI (e.g., professional identity conceptualization, conceptualization of research, attitude toward research, beliefs about research, research behaviors); and (5) faculty as salient to the RI process (e.g., mentoring, talking about research, infusing research into courses, modeling research behaviors). The authors discuss the results through the broader categories of stages, using select examples of how primary themes describe each stage. Participants were given fictitious names in order to protect their confidentiality.

Stage One: Stagnation

The first level of RI was named the *stagnation stage* because participants seemed to be stagnating in the process of forming their RI. All participants expressed the realization that research is a part of their identity; however, participants in stage one seemed to do little with that realization. The primary themes connected to this stage included the following: internal facilitators of lower levels of RI, external facilitators of lower levels of RI and faculty as salient to the RI process.

Participants at stage one often described an internal state of confusion, dislike, avoidance of research and loyalty to their practitioner identity, and they articulated narrow definitions of research (i.e., internal facilitators of lower levels of RI). Participant Shelly provided a visual representation of her narrow definition of research and explained, "That is probably why I don't like research, because I think of . . . the science guy going cross-eyed." For Shelly, the word *research* stimulated a visual representation of a scientist and someone dissimilar to her. She described her conceptualization of a researcher by saying, "Ohhh, not me at all." Another participant, B.D., highlighted components of confusion, dislike and avoidance:

As a researcher, I was more reinforced that I was terrible at it and that I didn't like it and, most of the research . . . taught to the class was such a joke and the appraisal

class . . . was really confusing for me because I don't like numbers and I didn't want to work with numbers and that was difficult along with the data entry. . . . I was taught the importance of [research] and somewhat understand what's going on, but that's probably it.

Kelsi discussed the dislike of research among individuals with lower levels of RI. She stated, "I think a lot of people, I hate to say it, are . . . like myself, they aren't the biggest fans of research."

Other internal facilitators of lower levels of RI were captured through participants describing a loyalty to their practitioner side. Dan stated, "I think from terms as a practitioner, . . . you could get caught up in spending too much time on research and not enough time working with clients or implementing the knowledge base that you have with clients."

Participants in the stagnation stage also discussed messages from others in the counseling profession, program elements and undergraduate major (i.e., external facilitators of lower levels of RI). Rocky shared that undergraduate major and program elements were components of lower levels of RI:

[As an] undergrad, I had no clue what . . . the actual process of research . . . was. . . . I had no clue. . . . I don't know if it can be required, but I think in the counseling program research should be required.

Kelsi supported the idea of undergraduate education being a major external facilitator: "To tell the truth, I'm not the biggest fan on all of that, maybe because of my background. I don't have a psych background." Additionally, Bob indicated that messages from others were a part of lower levels of RI:

I think the messages that I received were . . . important, but I don't think it was ever clearly defined or expected, without looking for further professional development or working for a doctoral program . . . you want to research . . . the areas that you are not familiar with, but I don't feel like that was ever clearly expressed. I know we are taught the research and research writing, but I just don't think it ever transpired into once you are a professional in the field, this is what's expected of you.

Lastly, participants often described faculty members as major contributors to lower levels of RI. Participants with low RI consistently described faculty teaching styles, silence around research, lack of modeling research behaviors, and lack of invitations to co-research and mentor students in research. Jackie described how faculty influenced her RI: "We weren't really ever invited to take part . . . we were never invited . . . and it was really never talked about." Nicole further emphasized the impact of messages from others as either directly stated or implied through behaviors:

I got the impression that they didn't do research. . . . We didn't really talk about [research] a lot. In internship when I went out into my school district, I don't think anybody had been involved in research. I had two of them [faculty] that had been in the school counseling profession for about 20 years and I'm not sure if they did [research] at all.

Stage Two: Negotiation

The second and moderate level of RI was called the *negotiation stage* because participants described having to negotiate their love-hate relationship with research. This stage seemed to be a transition

stage, as participants described moving out of their lower level of RI due to having more confidence, realizing a need to take initiative and being mentored by others. All five primary themes were apparent in this stage.

Nicole discussed how her internal state shifted as she took charge of her thinking and found internal and external motivation to conduct research: "Just thinking about the benefits that research has, not just to me, but to the profession as a whole, to my colleagues and even [to] the schools I'm working for [is important]." Another participant expressed that her interest and curiosity in research helped her persevere through her fear of research, which seemed to be an important element of the moderate level of RI. Sally stated, "I'm apprehensive to an extent, but very curious and interested to learn more . . . to understand more how [research] can be [an] integral part [to] my work." In the focus group, Lisa constructed a visual representation and shared that her own curiosity has been the driving force for her level of RI:

Mine [visual conceptualization of research] just started off with curiosity, interest, desire, and then a picture of a woman wondering about something, because to me that is research. You just have this desire . . . to know why. So, it's just that curiosity drives the interest.

In stage one of RI, participants clearly indicated loyalty to their practitioner side. In stage two, the transition of integrating research with practice became apparent through participants sharing more flexible views on how research can play a role in professional identity. Ellie gave the following example of this transition:

I think counselors like working with people and helping people . . . that's why a lot of them go into the field. So it's if they see research brings benefit, I think that a lot of them would say it's worthwhile and beneficial, but it just depends on the person.

Nicole also validated that research has a place within professional identity conceptualization. She stated, "If you want to add some more credibility, or some more distinctions to your profession, I think that research does play an important role."

External facilitators of RI were important in the transition to a higher level of RI. An example of an external facilitator came in the form of learning alternative methodologies (e.g., qualitative research). Nicole stated:

I think since I went through the program and . . . realized there were different types of research I could do [e.g., qualitative], I think my attitude now has become a lot better almost to the point where I'm not scared of it anymore. . . . I definitely think I'm more open to the possibility that I can do research and do well in my profession.

Another important part of the transition surfaced as participants described their conceptualization of research. In the stagnation stage, the participants' definition of research seemed to be narrow and something with which they could not relate. As participants transitioned in their RI, they started to understand research in a broader way and to see research as something with which they could relate. Shelly stated:

I'm not a big person about research. I think it's just the word *research* that makes me kind of cringe, but really when you think about it, I think we all do research all the time; we just don't think about it that way.

Additionally, the behaviors that participants described at this stage were reflective of more than just consuming research, which was predominant at stage one. Sally shared the following:

I read pretty much every article I can get my hands on, go to trainings all the time, and I took the initiative . . . to research material and do presentations and . . . I'm considering . . . [doing] more with research.

Stage Three: Stabilization

The third and highest level of RI for master's-level counseling students was the *stabilization stage*, aptly named due to the stabilization in RI that occurred at this stage as compared with stages one and two. The themes connected to this stage of RI include the following: internal facilitators of higher levels of RI, external facilitators of higher levels of RI and faculty as salient to RI. One of the strongest components of this stage was participants' internal state of RI. Participants' conceptualization of research was influenced by the realization that research includes multiple components, ranging from surveying scholarly articles to conducting original research. Additionally, participants with a stronger internal RI were less vulnerable to negative messages about research.

Participants described internal components that facilitated higher levels of RI, including persistence, dedication, curiosity, integration of practitioner and research identities, and broad conceptualization of research. Another key element that seemed to represent a higher level of RI was the way that participants conceptualized research. At stages one and two, participants were more focused on research being about numbers and an activity that *others* do. The shift in participants' conceptualization of research was demonstrated through the visual representation that focus group interviewees offered when hearing the word *research*. Participant Jessica constructed an image that manifested her conceptualization of research as being multidimensional.

Other important components of stage three were external facilitators of higher levels of RI described in the form of counselor education program elements, positive messages from others and undergraduate education that included research. Participant Henry gave an example of positive messages from others:

I would say that [a message from a supervisor] was [an] emphasis to do research just because I . . . work in a profession where you . . . constantly have questions in the area and there is no possible way you can have the answer to everything, and so the only way to do that is to do the research behind it.

Participant Dan discussed how exposure to research in his undergraduate program was critical in his RI process. He stated:

Until I took that undergraduate class, I had absolutely no interest in research and didn't understand any of the value to it and now all of a sudden when you begin to see statistics, valid statistics, mind you, but statistics that . . . reinforce your thought process or your program . . . [it] was a positive.

Other ideas that came up frequently were program elements and flexibility around structuring research to include interest. Lindsey discussed how this impacted her RI process:

If you are interested in helping . . . clients, you should do [research] projects. You know, the program recognized that everybody has different interests and . . . they can't teach us everything, they . . . let us adapt what we researched to what we are interested in.

Other program elements related to faculty playing a role in the RI process. Participants in this stage did not place as much emphasis on the faculty role as those in lower levels of RI; this shift seemed related to individuals at higher stages having more of an internal drive to know themselves as researchers. Participant Bob described how faculty can facilitate higher levels of RI:

[The] professor . . . was amazing. She is always continuing research and she likes to involve students . . . so she definitely pushed me and showed that continuing research is very important to professional development. So I would say that would be the number one factor for me.

Discussion

The findings of this research tell a story about the phenomenon of master's-level counseling students' RI. The story can be understood through viewing the process on a continuum that is fluid and comprised of interactions between the themes manifested in this study. The idea that research is a sub-identity of a counselor's professional identity was validated at all levels of RI. Participants frequently identified what it would take to reach higher levels of RI. This information was used to further understand the facilitation of the RI development process across stages.

Some participants believed that research is important and has its place, but those in the stagnation stage believed that others should produce the research (i.e., diffusion of responsibility). There are multiple aspects that comprise stage one of RI (see Table 1). Factors that facilitate a higher level of RI in students at stage one include the following: more infusion of research across courses and continuing education training, open and frequent communication about research, teaching more critical thinking skills, supervisors providing directives such as having supervisees read research articles, knowledge of alternative methodologies, challenging views of research and working to help them establish a new conceptualization, and more research programming, such as assignments that require research activities.

Participants described the negotiation stage as a "necessary evil." Although participants in this stage wanted to act on their belief that research is important to practice, they often described a struggle to make that happen. However, participants in the negotiation stage stated that they were more likely to engage in lower- to moderate-level research behaviors (e.g., reading articles, referencing research in papers and copresenting). Multiple aspects are comprised in this stage of RI (see Table 1). Counselors need to understand how to facilitate higher levels of RI. In addition to the factors mentioned in stage one, some factors that facilitate higher levels of RI include the following: establishing peer support for research activities, supervisors providing directives around and modeling research activities, mentoring students through research activities such as presenting

and conducting research, involving students in faculty research projects, and continuing to foster an evolution of conceptualization of research and professional identity.

Table 1

The Stages of RI Development in Master's-Level Counseling Students

Lower Level of RI Stagnation Stage	Moderate Level of RI Negotiation Stage	Higher Level of RI Stabilization Stage
Avoids research activities; mostly consumer-oriented (if anything); does not talk about research; skips the results section when reading articles	Starts to become active with research; consumes research (reads articles) more regularly; copresents at conferences; shows willingness to take some risk around research	Consumer and producer of research; conducts scholarly studies; pursues more rigorous research tasks such as scholarly publication; mentors others in their RI process; models research behaviors for others; demonstrates high levels of critical thinking, dedication, time management and persistence
Focuses more on using intuition to develop professionally; believes research is for researchers and practice is for counselors; believes research can take away from practice; has low research self-efficacy; does not believe research is a priority	Believes research may be important for some counselors, but does not have to be for all; research can produce positive outcomes and can enhance practice; makes gains in research self-efficacy	Believes research is core to the counseling practice; believes effective counseling practice does not come without research; believes research should be a priority; has high research self-efficacy
Mostly negative attitude toward research; says research is "stupid," "waste of time" and "not fun;" irritated by others with moderate-to-high levels of RI; low motivation (both internal and external) to research	Shows more internal motivation, but mainly motivated externally for research; ambivalent attitude toward research; says things like "it's a necessary evil"	Positive attitude toward research; says research is "exciting" and "crucial;" is frustrated by others' negative attitudes toward research; is predominantly internally motivated to research
Definition of research is narrow and science/math-oriented; supports the idea of not seeing self as researcher	Sees research in broader terms; starts to define research in a way they can connect with	Views research as broad and all encompassing; sees self within conceptualization of research
Sees self solely as practitioner; does not see self as researcher	RI is being negotiated; starts to consider seeing self as researcher; practitioner identity remains most salient	Views self as both a researcher and counselor; has negotiated and integrated the two identities

Participants with the highest levels of RI were in the stabilization stage. These participants expressed knowing themselves as both a counseling student and a researcher. Internal and external factors contributed to participants' ability to persist past elements in stages one and two to progress into stage three. In addition to all of the previously mentioned factors, some important elements that

may help master's-level counseling students stay at stage three include the following: involvement with faculty research projects, requiring a thesis, mentoring toward the overall goal of publication, creating student research groups, assigning projects that elicit knowledge of application of research, supervisors collaborating with supervisees on research projects, employment settings requiring data be gathered and research be conducted by counselors; and knowledge and skills in qualitative or quantitative research (or both), and presenting findings from research at conferences.

Implications

There are multiple implications from this research for counselor education programs, counselor educators and counseling students. The most profound and impactful aspects of the RI process were the external processes. The external components of program elements and faculty were foundational in how participants viewed themselves, others and the counseling profession. The outcome was manifested in levels of RI that were captured through three proposed stages.

Counselor education programs. Participants often stressed how important it was to RI development to be exposed to research early in their studies, exposed to alternative research methodologies in order to find common ground with research (e.g., qualitative research), and exposed to flexibility to infuse student interests in meeting research assignments. Additionally, participants often talked about the format of research courses and used words such as *confusing*, *irrelevant* and *rushed* to describe their feelings toward research courses. This information may indicate a need for counseling programs to reestablish how these courses are assigned and taught. Participants in this study shared that research courses were taught by faculty in other departments. Students in the counseling field may benefit from learning research from counselor educators so that research and practice are connected in more meaningful and practical ways.

Importantly, master's-level counseling programs may want to consider offering a qualitative research course. Previous literature has demonstrated that exposure to qualitative methodology helps counseling students consider themselves researchers (Jorgensen & Duncan, 2015; Reisetter et al., 2004). Participants also discussed feeling connected to research that allowed them to interact with people. Often, barriers to higher levels of RI in participants related to the belief that research is only for scientists who know a lot about numbers and statistics.

Lastly, it may be important for master's-level programs to create a programmatic structure that supports the integration of research into each course. According to Lambie and Vaccaro (2011), the research training environment is a crucial element in the process of students becoming confident with their research abilities. An integrative approach also may allow students more of a platform for building a relationship with research and finding something of interest that is not fixed within the parameters of research courses. This approach also supports a process for moving students along their RI development by assisting them in starting to identify research interests, then looking at the literature to examine gaps, and integrating those interests and gaps into ideas for original research.

Counselor educators. Consistent with previous research (Gelso, 2006; Jorgensen & Duncan, 2015), several participants talked about faculty playing a major role in how they came to know themselves as researchers. This theme surfaced at each stage of RI and was so frequently mentioned that it was considered an exclusive theme outside of other external facilitators. The findings from this study revealed concrete ways counselor educators can promote higher levels of RI in their students. Some simple tasks include faculty talking about their research processes in class or during meetings with

students. Participants believed that the lack of conversation about research indicated that faculty members were not engaged in research or that they did not want students to know about or to be a part of their research. Other tasks may include taking students through the steps of critically analyzing research articles. Additional activities include having students copresent at conferences and co-research with faculty, and mentoring students' research processes.

Ultimately, counselor educators may want to consider examining their own level of RI. This analysis may help break down barriers to effectively facilitating student RI development. Counselor educators' transparency about their research may be enough to facilitate a higher level of RI in students and help them realize a need to build internal motivation to embrace research as a part of their professional identity as a counselor.

Counselors-in-training. Other implications are directed toward counselors-in-training. Counselors' ownership of their RI is essential in the process of reaching higher levels of RI. Participants indicated that their internal processes were critical in how they processed and applied information that could support and facilitate their RI. They further indicated that a strong internal RI allowed them, or could allow them, to take better advantage of research, better apply research to practice and ultimately be a better practitioner.

Limitations

The limitations of this study relate to inherent issues with qualitative methodology. One, this research cannot be generalized due to the nature of its methodology, small sample size and the geographic location of the participants. Two, errors may have occurred during the research process due to researcher bias. Likewise, the researchers may have been biased in labeling the levels of research. Although the stages were based on information conveyed by the participants, the participants did not specifically categorize themselves in the levels proposed by the researchers.

Areas for Future Research

Future researchers may consider developing a scale that would objectively measure the stages of RI. An RI development scale would assist counselor educators with objectively measuring learning outcomes and in evaluating the counseling program's effectiveness in executing accreditation research standards. Rowan and Wulff (2007) wrote that using qualitative methods to inform scale development is perceived as appropriate and sufficient within the research community. Particularly, they suggested that "analyzing data generated through interviews informs the survey designed for larger samples" (p. 450). The current study serves as a platform to move from subjective to more objective ways of assessing RI in master's-level counseling students. Additionally, RI within the context of other professions could be examined after establishing a valid and reliable scale.

Conclusion

The current findings contribute to the goal of constructing a universal understanding of professional counselor identity development—particularly the RI dimension. Previous literature has primarily focused on behaviors, beliefs and attitudes that relate mostly to the practitioner side of counselor professional identity (Auxier et al., 2003; Brott & Myers, 1999; Hanna & Bemak, 1997; McAuliffe & Eriksen, 2002; Mellin, Hunt, & Nichols, 2011; Woodside, Oberman, Cole, & Carruth, 2007). The current research contributes to what is already known about how to develop practitioner identity. Further, as the counseling profession seeks greater recognition within the medical and human services communities, professional counselors must connect their work to activities that are

considered more research-oriented. An understanding of RI stages and development may further assist in this process.

Conflict of Interest and Funding Disclosure

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Effect of Participation in Student Success Skills on Prosocial and Bullying Behavior



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This study involved fifth-grade students ($N = 336$) from one Florida school district and examined prosocial behaviors, bullying behaviors, engagement in school success skills and perceptions of classroom climate between the treatment group who received the school counselor-led Student Success Skills classroom guidance program, and their peer counterparts (comparison group). Statistically significant differences were found (p values ranged from .000–.019), along with partial eta-squared effect sizes ranging from .01 (small) to .26 (quite large) between groups. Evidence supported the Student Success Skills classroom program as a positive intervention for affecting student engagement, perceptions and behavior.

Keywords: bullying, prosocial behaviors, Student Success Skills, classroom climate, school counselor

While some forms of youth victimization have steadily declined over the years, bullying occurrences have remained relatively stable (DeVoe et al., 2004; Wang, Iannotti, & Nansel, 2009). Reports have indicated that 30–40% of students admit to regular involvement in bullying behaviors (Bradshaw, O'Brennan, & Sawyer, 2008; Nansel et al., 2001; Spriggs, Iannotti, Nansel, & Haynie, 2007). Additionally, statistics reveal that bullying is much more common among early adolescents than elementary age children (Bradshaw et al., 2008; Olweus, 1993; Ortega & Lera, 2000). In fact, notable increases in the rates of peer aggression occur during the transition years, in both grade 6 (beginning of middle school) and grade 9 (beginning of high school; Olweus, 1993; Ortega & Lera, 2000); therefore, targeting students prior to these peaks would be considered more proactive.

Recent approaches to combat the bullying problem have highlighted the importance of increasing students' social competencies and coping and social interaction skills (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Greenberg et al. (2003) offered that alternative approaches to managing problem behavior are most beneficial when they simultaneously foster students' personal and social skills while improving the quality of the school environment. The philosophy behind incorporating these types of programs in schools suggests that in order for students to fully reach their potential, educators must address the whole child (Payton et al., 2008; Saleebey, 2008). Ultimately, building key skills in all children contributes to creating a positive, safe and caring learning environment, one that discourages aggression and violence.

The Consequences of Bullying Behaviors

Bullying can negatively impact victims and bullies, as well as bystanders. Emotionally, victims of bullying report higher levels of fear and anxiety (Gini & Pozzoli, 2009; Reijntjes, Kamphuis, Prinzie, & Telch, 2010), are more socially withdrawn (Roth, Coles, & Heimberg, 2002), and are more likely to

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experience depression (Ttofi, Farrington, Lösel, & Loeber, 2011) than their peers. In terms of social consequences, victims suffer from increased levels of peer rejection (Gini & Pozzoli, 2009; Reijntjes et al., 2010). Victimization also has been linked to academic consequences, including increased tardiness, absentee and dropout rates (Beale & Scott, 2001; Nansel et al., 2001); poorer grades; and more academic struggles than their peer counterparts (Boulton, Trueman, & Murray, 2008). Similarly, bullies and bystanders experience distinct consequences that contribute to the struggles they experience in school. For example, bullies also may earn poorer grades and have higher absentee and dropout rates than non-aggressive peers (Bernstein & Watson, 1997), and bystanders have reported increased levels of fear about school safety (Olweus, 1993).

The literature further indicates that the actions of those involved in bullying situations, including bystanders, can either enhance or damage a school's climate (Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004; Swearer, Espelage, Vaillancourt, & Hymel, 2010). Carney (2008) concluded that experiencing bullying firsthand, as well as witnessing bullying incidents, can be traumatic for students. It is evident that schools should be concerned about proactively addressing bullying behaviors. If not, significant consequences related to student behavior and academic achievement can abound.

Empirical Support for Student Success Skills

The Student Success Skills (SSS) classroom program (Brigman & Webb, 2010) is based on extensive research reviews (Daly, Duhon, & Witt, 2002; Greenberg et al., 2003; Hattie, Biggs, & Purdie, 1996; Masten & Coatsworth, 1998; Payton et al., 2008; Wang, Haertel, & Walberg, 1994; Zins, Weissberg, Wang, & Walberg, 2004) that identified three key categories of skills needed in order to grow, perform and achieve: (a) cognitive and meta-cognitive skills such as goal setting, progress monitoring and memory skills; (b) social skills such as interpersonal, social problem solving, listening and teamwork skills; and (c) self-management skills such as managing attention, motivation and anger. Recent evidence supporting the use of these skills, valuing the teaching of both academic and social skills in order to promote student growth and success, also can be found in the literature (Winne & Nesbit, 2010; Yeager & Walton, 2011).

SSS is a comprehensive, evidence-based, school counselor-led program that supports development of these key skills in students. This manualized intervention consists of five 45-minute classroom lessons spaced one week apart, beginning in the fall, usually in late August or early September. Three monthly booster sessions are then implemented beginning in January. A total of 20 strategies are introduced and reinforced using a highly engaging "tell-show-do" format known to increase levels of student engagement and motivation. Each SSS lesson follows a structured beginning, middle and end sequence clearly detailed in the SSS manual. (Due to space limitations, readers are encouraged to review the Webb and Brigman [2006] descriptive article on the SSS classroom program).

Five outcome studies testing the effectiveness of SSS classroom and small group programs have resulted in positive effects on both student achievement and behavior, as well as perceived improvement in classroom behaviors (Brigman & Campbell, 2003; Brigman, Webb, & Campbell, 2007; Campbell & Brigman, 2005; León, Villares, Brigman, Webb, & Peluso, 2011; Webb, Brigman, & Campbell, 2005). A recent meta-analysis of these five SSS studies revealed an overall effect size of .29 (large), a medium effect size of .17 (equivalent to an additional half of a year of learning in reading) and a large effect size of .41 (equivalent to an additional full year of learning in math; Villares, Frain, Brigman, Webb, & Peluso, 2012).

While the SSS program has been shown to positively affect student achievement and behavior in general, comparison studies have not examined the impact of SSS on reducing bullying behavior. Consequently, the current study sought to measure the effects of the SSS classroom program administered by school counselors (Brigman & Webb, 2010) on student prosocial behavior, bullying behavior, engagement in school success skills and perceptions of classroom climate. The SSS intervention was selected because the cognitive, social and self-management skills taught in the program are associated with promoting academic and prosocial behaviors in youth, behaviors that enhance a positive school climate and discourage negative behaviors like bullying.

Purpose of the Study

The purpose of this study was to determine the effectiveness of the SSS classroom program (Brigman & Webb, 2010) on fifth-grade students' prosocial behavior, bullying behavior, engagement in school success skills and perceptions of classroom climate. The problem addressed is significant for two reasons. First, a wide range of negative consequences can result from ineffectively dealing with bullying (Bernstein & Watson, 1997; Carney, 2008; Catalano et al., 2004; Deluty, 1985; Gini & Pozzoli, 2009; Olweus, 1993; Reijntjes et al., 2010; Swearer et al., 2010). Second, further research is needed to demonstrate the positive impact that school counselors have in schools. It has been stated that the school counselor's role in addressing bullying in schools is crucial (Crothers & Levinson, 2004; Hanish & Guerra, 2000; Hazler & Carney, 2000; Hermann & Finn, 2002).

Research Questions

The following research questions were addressed: (a) Is there an increase in the prosocial behaviors of fifth-grade students after participating in the SSS classroom program? (b) Is there a decrease in the bullying behaviors of fifth-grade students after participating in the SSS classroom program? (c) Is there an increase in levels of engagement in student success skills (cognitive and learning, social, and self-management) of fifth-grade students after participating in the SSS classroom program? (d) Is there an improvement in classroom climate after fifth-grade students participate in the SSS classroom program?

Method

Participants and Sampling Procedures

Fifth-grade students ($N = 336$, 181 females and 155 males) from five public elementary schools in central Florida volunteered to participate in this study. The eligibility criteria included the following: (a) participating schools had to employ a certified school counselor, (b) school counselors had to agree to implement the manualized SSS classroom program (Brigman & Webb, 2010), and (c) in an attempt to create a *whole-school culture*, the school had to have more than one fifth-grade classroom participating. On average, each school contained 4–6 general education fifth-grade classrooms; 21 of these 22 classrooms in the five participating elementary schools were included in the study. All students in general education fifth-grade classrooms were invited to participate. Blended classrooms (e.g., multiple grade levels in one classroom) were not included so that generalizations among age levels could be made between schools. The volunteer sample ($N = 336$) mean age was 10 years old. Racial identifications included 7 (2%) Asian, 52 (15%) African American, 221 (66%) Caucasian, 43 (13%) Latino/a, 12 (3.6%) Multiracial and 1 (.4%) American Indian. Thirty-one percent of the sample ($n = 104$) received free lunch and 7.1% ($n = 24$) were on reduced-lunch status.

The study followed a pre-post quasi-experimental *cohort group* design (Cook & Campbell, 1979). Random assignment of individual students was not conducive to preserving the nature of a whole-school culture, so schools were assigned to either the treatment or comparison group based on the order in which they volunteered to participate. The first three schools to volunteer were assigned to the treatment group (schools A, B and C) while the last two schools (schools D and E) were assigned to the comparison group.

Procedures

Following approval from the university's Institutional Review Board, consent for research was obtained from the participating school district, school administrators, parents, teachers and students. In September, five certified school counselors from the participating schools received a 1-day training in the manualized use of the SSS classroom guidance program as well as other study-related procedures including instrument administration and electronic summary report instructions. The SSS program, consisting of five consecutive 45-minute lessons spaced a week apart, was then implemented in all fifth-grade classrooms in the treatment schools beginning in October. Monthly booster lessons followed beginning in January. Only students with parent permission completed the required instruments: the Peer Relations Questionnaire (PRQ), the Student Engagement in School Success Skills (SESSS) survey and the My Class Inventory-Short Form Revised (MCI-SFR). Students were ensured of the anonymity of their reporting by using generic school, classroom and student numbers. For a classroom to remain eligible to participate, a minimum of 80% of the students in the classroom had to return a signed parent consent form.

Treatment group. Schools A, B and C served as the treatment group ($n = 209$) and participating fifth-grade students in this group received the SSS classroom intervention. These students completed the following pretests in September 2010: the PRQ, MCI-SFR and SESSS. Implementation of the SSS classroom program began in October. Following the completion of the first five SSS lessons, treatment students completed the SESSS instrument (posttest). Booster lessons were delivered in January, February and March, and treatment students were then asked to complete the PRQ, MCI-SFR and SESSS following the final booster lesson (post-posttest).

Comparison group. Schools D and E served as the comparison group ($n = 127$) and did not receive the SSS intervention during the study. Students in these schools experienced business as usual, including any regularly scheduled school counseling programming. Comparison schools were eligible to receive the SSS curriculum after the study was completed. Participating students in the comparison schools completed the three instruments at the same time intervals (pretest, posttest and post-posttest) as students in the treatment group.

Instruments

Peer Relations Questionnaire - For Children - Short Form. The PRQ (Rigby & Slee, 1993a) was designed to reveal student experiences with bullying at school. The questionnaire takes approximately 5–7 minutes to complete and is comprised of 20 items in which students are asked to circle how often the statements are true for them. The answers range on a 4-point scale from *never* = 1, *once in a while* = 2, *pretty often* = 3, to *very often* = 4. The PRQ consists of three scales and several filler items: a Bully Scale, a Victim Scale and a Prosocial Scale; students in the present study took all three scales. Scoring is determined by the items contained in each of the scales, with higher scores corresponding to a propensity for bully, victim and/or prosocial behaviors (Rigby & Slee, 1993b). Rigby and Slee (1993b) reported the reliability of the PRQ using the following alpha coefficients: bully scale (.75–.78), victim scale (.78–.86) and prosocial scale (.71–.74), indicating more than adequate

internal consistency. Recent evaluation of the PRQ's psychometric properties by Tabaeian, Amiri, and Molavi (2012) supported it as a highly reliable and valid instrument that should continue to be used in research.

Student Engagement in School Success Skills Survey. The SESSS is a 33-item student self-report of cognitive engagement in SSS program skills and strategies, using language specific to the SSS curriculum, and takes approximately 15 minutes to complete (Carey, Brigman, Webb, Villares, & Harrington, 2013). Students are asked to circle how often they have engaged in a list of behaviors within the last 2 weeks (e.g., "I tried to encourage a classmate who was having a hard time doing something," "I noticed when another student was having a bad day," "I listened to music so that I would feel less stressed"). Possible responses include *I didn't do this at all, I did this once, I did this two times or I did this three or more times*. The SESSS is intended for use with students in grades 3–12. Though a four-factor model was first revealed in an exploratory factor analysis conducted by Carey et al. (2013), a subsequent confirmatory factor analysis revealed the following three factors: self-direction of learning (which represents the combination of two original factors—management of learning and application of learning strategies), support of classmates' learning and self-regulation of arousal, which correspond to the three subscales of the SESSS (Brigman et al., 2014). Coefficient alphas for the three SESSS subscales were as follows: self-direction of learning: 0.89, support of classmates' learning: 0.79 self-regulation of arousal: 0.68, and 0.90 for the SESSS as a whole (Villares et al., 2014), indicating good internal consistency.

My Class Inventory-Short Form-Revised. The MCI-SFR is a 20-item instrument that intends to measure the perceptions of students in grades 4–6 of four areas related to classroom climate (satisfaction, friction, competitiveness and cohesiveness). The instrument takes approximately 10–15 minutes to complete and respondents are asked to select either "yes" (3 points) or "no" (1 point). Omitted or invalidly scored items receive two points. Reports on the psychometric properties for both the MCI-SF and MCI-SFR have indicated strong concurrent validity when comparing long and short versions across each of the scales (.91–.97). Additionally, some degree of internal consistency (largely adequate coefficient alphas) has been reported for class means with Australian children (.58–.81). The MCI-SF yielded more acceptable alpha coefficients for each of the scales (.84–.93) than did the long version, the MCI. Modifications to the revised MCI-SFR produced a better overall instrument, improving factor interpretability and reliability (Fraser, 1982; Sink & Spencer, 2005). Sink and Spencer (2005) reported that interpreting students' responses from pretest to posttest on the MCI-SFR should be straightforward, with higher scores on the satisfaction and cohesion scales providing positive indicators of a healthy classroom environment, and higher scores on the competitiveness and friction scales suggesting needed improvement in this area.

Data Analysis

Individual students were the units of analysis in the study. An alpha level of .05 and one-way analysis of variance (ANOVA) tests were used to analyze differences in prosocial behaviors, bullying behaviors, school engagement skills and perceptions of classroom climate between students who participated in the SSS program (treatment group) and students who did not (comparison group). A post hoc Bonferroni correction was used to lessen the chance of a Type I error. Prior to the analyses, all the variables of interest were examined for accuracy of data entry, missing values, outliers and the normality of distributions. In addition, effect sizes (ES) were calculated to determine the practical significance of the SSS classroom program for the various student outcomes.

In this study, a partial eta-squared (ES; η^2) calculation was computed by SPSS (Field, 2009; Howell, 2008; Sink & Mvududu, 2010). The ES addresses the magnitude of the difference between

groups or relationships between variables. The following benchmarks were used to determine small, medium, and large or strong ES strengths regarding η^2 calculations: (a) .01 small, (b) .06 medium, and (c) .14 large or strong (Green & Salkind, 2008; Sink & Mvududu, 2010).

Results

Preliminary ANOVAs were conducted on the students' PRQ, SESSS and MCI-SFR pretest scores to determine whether statistically significant differences existed among the treatment and comparison groups prior to the implementation of the SSS intervention. No statistically significant differences were found on pretest scores; therefore, no covariates were used in subsequent analyses of students' PRQ, SESSS and MCI-SFR posttest scores. Table 1 provides a summary of the study's main findings.

Prosocial Behaviors

Research question 1 examined whether fifth-grade students who participated in the SSS classroom program would experience an increase in prosocial behaviors as compared to their peer counterparts who did not receive the intervention. Prosocial behaviors were assessed using the prosocial scale of the PRQ. A total of 188 students from the treatment group (schools A, B and C) and 123 students from the comparison group (schools D and E) were included in this analysis ($n = 311$). Findings from an ANOVA showed a statistically significant difference between groups, $F(1, 308) = 18.708$, $p = .000$ and $\eta_p^2 = .06$, a medium effect size. Participants in the treatment group ($n = 188$, $M = 12.61$, $SD = 2.47$) reported higher scores for prosocial behaviors at posttest as opposed to participants in the comparison group ($n = 123$, $M = 11.27$, $SD = 2.81$). Results indicated that students in the treatment schools reported engaging in prosocial behaviors more often at posttest than students in the comparison schools, highlighting the practical significance of using this intervention to positively influence student behavior.

Table 1

Summary Table of P Values, Effect Size Estimates, and Confidence Intervals for All Measures

Measure	<i>p</i> value	η^2	ES Strength	CI
PRQ				
Prosocial	.000*	.06	Medium	95% [11.68, 12.22]
Bully	.017*	.02	Small	95% [7.22, 7.69]
SESSS				
Pretest to Posttest	.000*	.26	Large	95% [2.05, 2.20]
Pretest to Post-posttest	.366	.00	Negligible	95% [2.46, 2.62]
MCI-SFR				
Satisfaction	.019*	.02	Small	95% [10.36, 10.96]
Friction	.152	.01	Small	95% [9.21, 9.83]
Competitiveness	.831	.00	Negligible	95% [10.79, 11.41]
Cohesion	.414	.00	Negligible	95% [9.18, 9.85]

Note. PRQ = Peer Relations Questionnaire; SESSS = Student Engagement in School Success Skills; MCI-SFR = My Class Inventory-Short Form-Revised; *p* = significance at posttest; η^2 = partial eta-squared effect size; CI = confidence interval;

* $p < .05$.

Bullying Behaviors

The second research question asked whether fifth-grade students who received SSS would experience a decrease in bullying behaviors, assessed by the bully scale of the PRQ, compared to their peers in the comparison group. Results from a one-way ANOVA showed a statistically significant difference between the participants' ($n = 311$) posttest scores, $F(1, 308) = 5.708, p = .017$ and a small effect size, $\eta_p^2 = .02$. These findings confirmed that students in the treatment group evidenced a decrease in mean change scores on the PRQ bully scale after SSS implementation, whereas students in the comparison schools reported an increase. Thus, students in the treatment group who received the SSS classroom intervention reported less bullying behavior at posttest than students in the comparison group.

Engagement in School Success Skills

Research question 3 investigated whether participating fifth-grade students who received the SSS classroom program would experience an increase in levels of engagement in student success skills (cognitive and learning, social, self-management) as compared to their peer counterparts. Results from the SESSS instrument were used in this analysis. A total of 115 students in the treatment group (schools A, B and C) and 85 students in the comparison group (schools D and E) were included in the SESSS analysis ($n = 200$). Table 2 displays the treatment and comparison group means, standard deviations, and change scores for the SESSS by school at the following three data collection periods: pretest (prior to SSS implementation), posttest (immediately following implementation of the five weekly SSS lessons) and post-posttest (at the end of the study).

Table 2

Treatment and Comparison Group Means, Standard Deviations and Change Scores for the SESSS by School

School	<i>n</i>	Pretest <i>M (SD)</i>	Posttest <i>M (SD)</i>	Post- posttest <i>M (SD)</i>	Pretest-to- posttest <i>M +/-</i>	Posttest-to- post-posttest <i>M +/-</i>	Pretest- to-post- posttest <i>M</i> <i>+/-</i>
A*	40	2.49 (.61)	2.88 (.63)	2.41 (.63)	+ .39	+ .47	- .08
B*	38	2.47 (.68)	2.62 (.66)	2.64 (.63)	+ .15	+ .02	+ .17
C*	37	2.44 (.58)	2.60 (.60)	2.82 (.64)	+ .16	+ .22	+ .38
D	28	2.53 (.53)	2.47 (.57)	2.56 (.65)	- .06	+ .09	+ .03
E	57	2.07 (.77)	1.37 (.12)	2.39 (.48)	- .70	+ 1.02	+ .32
Total T	115	2.47 (.62)	2.50 (.64)	2.62 (.65)	+ .03	+ .12	+ .15
Total C	85	2.22 (.73)	1.73 (.68)	2.45 (.54)	- .49	+ .72	+ .23

Note. SESSS = Student Engagement in School Success Skills; *n* = number; *M* = mean; *SD* = standard deviation; T = treatment group; C = comparison group; * = treatment school; +/- = mean change score.

SESSS posttest score analysis. Findings from an ANOVA on the posttest scores on the SESSS (from the pretest in October to the posttest in December) showed a statistically significant difference between schools, $F(1, 197) = 69.295, p = .000$ and $\eta_p^2 = .26$, a large effect size. Students in the treatment group ($n = 115, M = 2.50, SD = .642$) evidenced higher levels of engagement in school success skills from pretest to posttest than their counterparts in the comparison group ($n = 85, M = 1.73, SD = .617$).

SESSS post-posttest score analysis. A second one-way ANOVA showed no statistically significant differences between the treatment and comparison groups scores from pretest (October) to post-posttest (March), $F(1, 197) = .820, p = .366$ and $\eta_p^2 = .004$, a small effect size.

Perceptions of Classroom Climate

Finally, research question 4 investigated whether fifth-grade treatment group students would perceive an improvement in classroom climate as compared to students in the comparison group. Due to attrition, 308 fifth-grade students completed the four scales (satisfaction, cohesion, competitiveness and friction) of the MCI-SFR. Findings from an ANOVA using the MCI-SFR satisfaction scale posttest scores revealed a statistically significant difference between the treatment and comparison groups, $F(1, 305) = 5.523, p = .019$ and $\eta_p^2 = .02$, a small effect size. In particular, students in the treatment group ($n = 187, M = 10.96, SD = 2.86$) reported higher scores on the satisfaction scale at posttest than did students in the comparison group ($n = 121, M = 10.39, SD = 2.74$). The ANOVA tests on the other three scales of the MCI-SFR did not result in statistically significant differences between the treatment and comparison groups.

Discussion

The findings of this study reflect the connection between prosocial skills and reduced aggression, a finding which has been well documented in previous literature (Endresen & Olweus, 2001; Feshbach, 1997; McMahon & Washburn, 2003). School counselor interventions that focus on teaching prosocial behaviors have been successful in reducing aggressive behaviors such as bullying (Frey, Hirschstein, & Guzzo, 2000); these types of interventions also have been tied to improved academic achievement (Wentzel, 2003; Wentzel & Caldwell, 1997). The American School Counselor Association (ASCA; 2012) recommends that counselors cover academic, personal and social, and career domains as part of a comprehensive school counseling program. Results of this study support the delivery of interventions that incorporate the teaching of cognitive, social and self-management skills as a means to increase prosocial skills, reduce bullying behavior and promote a positive classroom climate. The design of the current study attempted to create a whole-school approach by implementing the SSS classroom program across an entire grade level (grade 5) in the treatment schools. Given that bullying peaks in the transition years, addressing the fifth-grade population was viewed as a proactive approach. SSS implementation resulted in some positive outcomes for those students, indicating that even a modified whole-school approach can be beneficial.

Previous SSS studies have documented the intervention's positive impact on student academic performance as measured by standardized test scores in math and reading (Villares et al., 2012). Professionals in the field of counseling have identified a need to evaluate the link between the SSS program and intermediate variables related to student learning such as engagement in school success skills, prosocial behavior and perceptions of classroom climate (Carey, Dimmitt, Hatch, Lapan, & Whiston, 2008). Findings from the current study indicate that students who received the SSS intervention engaged significantly more in behaviors indicative of school success at posttest. These results are encouraging, since a body of research cites the negative impact that bullying can have on

student academic achievement (Beale & Scott, 2001; Boulton et al., 2008; Nansel et al., 2001; Olweus, 1993).

The quality of a classroom climate also can impact students' success. Although improved perceptions of classroom climate were predicted across all areas in the current study, statistically significant differences were only noted on perceptions related to satisfaction. The researchers postulate that treatment students were more likely to tune into questions pertaining to satisfaction, as this is a focus of the SSS program (noticing small improvements, focusing on the positives, and creating a safe, caring, supportive, encouraging classroom). The maintenance of a positive school and classroom climate directly affects whether or not students feel accepted and happy among their peers (Greenberg et al., 2003; Millings, Buck, Montgomery, Spears, & Stallard, 2012; Shochet, Dadds, Ham, & Montague, 2006). The literature indicates that the effectiveness of school counseling interventions can be greatly impacted by the school's climate (Greenberg et al., 2003). Specifically, factors such as teacher adherence to the curriculum and staff buy-in can affect a program's success (Biggs, Vernberg, Twemlow, Fonagy, & Dill, 2008; Yoon, 2004). Teachers should be involved in program implementation so that they become invested in its success. The current study addressed this area in that the classroom teachers were collaborators in SSS implementation. The program asks that classroom teachers be present during the counselor-led sessions so that they can cue students to use the skills taught throughout the regular school day. Thus, evidence-based interventions like the SSS program that emphasize school connectedness can be of benefit to students (Millings et al., 2012).

Implications for Practice and Future Research

The findings of this study support the use of the school counselor-led SSS classroom program as a practical means of impacting students' prosocial skills, bullying behavior, engagement in school success skills and some perceptions of classroom climate, as indicated by various student self-report measures. Since the bullying literature calls for the use of multiple measures when attempting to link interventions to improvements, we recommend that additional studies track attendance rates, disciplinary referrals, bullying incident reports, and peer and teacher nominations, in addition to student instruments. Future researchers in this area also should gather data from teacher participants and vary the type of measurements specifically tied to prosocial and bullying behaviors (Pellegrini & Bartini, 2000; Van Schoiack-Edstrom, Frey, & Beland, 2002), as well as academic outcomes (Carey et al., 2008; Hall, 2006). This study sought to create a whole-school culture by incorporating the intervention across an entire grade level at each school. Future researchers might consider implementing SSS across several grade levels or throughout the entire school, as students across various grades often come in contact with one another throughout the school day.

Limitations

The participants were derived from one suburban school district and randomization procedures were not possible, thereby limiting the sample size and generalizability of the results. Likewise, due to one school dropping out of the study at the onset, the numbers between the treatment and comparison groups were not equivalent. The high level of attrition also was a limitation, specifically regarding the SESSS instrument. Though 336 students were in the original sample, only 200 of these were included in the analysis on the SESSS due to dropping out or not adequately completing the instrument in its totality at all three intervals.

The self-report nature of all three of the instruments was an added limitation, particularly with the problem of bullying. Students involved in bullying incidents, whether they were bullies, victims

or bystanders, might be hesitant to report or indicate negative behaviors. This reluctance could have resulted in respondent bias and decreased reliability in the results.

Finally, the current study used only one component of the SSS curriculum (classroom program). Future studies might involve additional modalities, including individual and small group counseling as well as parent involvement. This study did not examine the impact of the SSS program over time. Follow-up studies are needed to support the long-term effectiveness of school counselor-led interventions that increase prosocial behaviors, reduce bullying behaviors and promote a positive school climate.

Conclusion

Results of the study provide support that students who receive the SSS classroom intervention led by school counselors (Brigman & Webb, 2010) evidence statistically significant differences in prosocial behaviors, bullying behaviors, engagement in school success skills and perceptions related to satisfaction with their classroom climate, as compared to students who do not receive the program. The findings provide empirical support for the notion that when students are taught skills in key areas (personal and social, self-management, and cognitive and academic) they benefit across social, emotional and behavioral outcomes. The study also suggests that aggressive behaviors such as bullying can be influenced by programs that do not specifically target these behaviors. Finally, this research points to the positive impact school counselors can have on student success, particularly when they deliver interventions that promote social competence among students. Providing school counselors with an evidence-based program that impacts students across several domains is of great value for school counseling practice.

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Differences in College Greek Members' Binge Drinking Behaviors: A Dry/Wet House Comparison



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College Greek life students self-report high rates of binge drinking and experience more alcohol-related problems than students who are not members of the Greek system. But little research has been conducted to measure differences in alcohol-free housing (dry) and alcohol-allowed housing (wet). The purpose of this quantitative study was to investigate the alcohol consumption of Greek houses (dry sorority, wet fraternity, dry fraternity). It was found that in the Greek community, university students' scores on the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) were significantly lower for dry sorority housing members than both the wet fraternity and dry fraternity housing members, with no significant difference found between the wet and dry fraternity participants. Regardless of type, Greek-affiliated students' drinking levels appear to be high and exceed what is considered safe on the AUDIT-C for both female and male Greek students.

Keywords: binge drinking, college students, AUDIT-C, Greek system, wet/dry housing

Throughout the literature, research findings indicate that university students affiliated with the Greek system consume more alcohol and experience more alcohol-related problems than students who are not members of the Greek system (Barry, 2007; Borsari, Hustad, & Capone, 2009; Ragsdale et al., 2012). In particular, self-reported binge drinking is significantly higher among members of this community (Barry, 2007; Chauvin, 2012; Page & O'Hegarty, 2006). Research also indicates that students who come to college with a prior drinking history may seek out venues for continuing this behavior in college, as indicated by the variable of high school binge drinking being the best predictor of Greek student binge drinking (Chauvin, 2012). Borsari et al. (2009) concluded that students who use alcohol heavily in high school may self-select into the Greek system in order to find an environment supportive of their behavior. However, it also has been found that students who join a fraternity in their first year significantly increase their drinking and alcohol-related consequences compared to those who do not join (Park, Sher, & Krull, 2008).

Consequences of Binge Drinking

There are numerous costs associated with college students engaging in binge drinking behaviors, both to the students themselves and others. It is estimated that per university, the total yearly cost of alcohol-related emergency department visits is around \$500,000 (Mundt & Zakletsiaia, 2012). Negative consequences of binge drinking can range in severity from a hangover to alcohol-related problems with law enforcement to suicide attempts (Gillespie, Holt, & Blackwell, 2007). Alcohol consumption among undergraduate college students contributes annually to an estimated 600,000 alcohol-related unintentional injuries, 700,000 assaults by another student who was drinking, 1,500 alcohol-related

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student deaths, 97,000 sexual assaults, 400,000 acts of alcohol-related unprotected sex and 100,000 incidences of being too intoxicated to know if sex was consensual (Hingson, Zha, & Weitzman, 2009). Further, it has been found that 50% of men who commit rape on college campuses were drinking at the time of the offense (Cole, 2006), and women who drink on college campuses are more likely to be the victim of a sexual assault (McCauley, Calhoun, & Gidycz, 2010).

The literature provides that college students who are members of the Greek community are at greater risk for experiencing negative consequences from heavy drinking (LaBrie, Kenney, Mirza, & Lac, 2011; Nguyen, Walters, Rinker, Wyatt, & DeJong, 2011; Soule, Barnett, & Moorhouse, 2015). Fraternity and sorority membership has been positively associated with driving after drinking (LaBrie et al., 2011) and owning a fake ID (Nguyen et al., 2011). Fraternity and sorority members reported that they were twice as likely as non-Greek college students to engage in sex with someone without getting consent and were one and a half times more likely to forget what they did or where they were after drinking (Soule et al., 2015). In fact, sorority members who binge drink are significantly more likely to be injured, drive under the influence of alcohol, be sexually victimized and engage in unwanted sex than non-Greek female binge drinkers (Ragsdale et al., 2012). Given that Greek membership and binge drinking are correlated with more severe negative consequences and that fraternity and sorority members report more peer pressure to drink (Knee & Neighbors, 2002; Young, Morales, McCabe, Boyd, & D'Arcy, 2005), it is important to consider the effect of the type of housing on college student drinking behaviors.

Alcohol-Free University Housing

Because of the influence of the Greek housing environment on drinking norms, interventions at the residential level have been cited as a strategy for reducing risky drinking levels (Borsari et al., 2009). But what happens when alcohol-free policies are implemented? Do levels of risky drinking decrease? Examining alcohol-free Greek housing in general provides a mixed picture of results. First, at colleges that only allow dry housing, students are significantly less likely to drink alcohol than students at wet schools (29.1% abstainers at dry schools versus 16.1% abstainers at wet schools). But when examining only those students who report drinking while attending colleges that ban alcohol, their drinking patterns do not differ from drinkers at non-ban schools (Wechsler, Lee, Gledhill-Hoyt, & Nelson, 2001). Overall, there are lower rates of secondhand effects of alcohol use (e.g., insults, serious arguments, property damage, interrupted sleep) at schools where alcohol is banned. In residences where both alcohol and smoking are banned, there are lower levels of drinking, but not in residences where only alcohol is banned. Wechsler, Lee, Nelson, and Lee (2001) concluded that this type of substance-free residence may help protect those students who were not heavy drinkers in high school from becoming engaged in episodic drinking in college, but it does not lower drinking levels among those who did drink heavily in high school. It appears that students who are not heavy drinkers in high school are more likely to choose substance-free housing in college.

Colleges also have attempted to establish alcohol-free events as a means of decreasing alcohol use on campus. Wei, Barnett, and Clark (2010) found that during the semester that was surveyed, less than half of the students (43.9%) attended an alcohol-free party. However, for students who attended both alcohol and alcohol-free parties, their level of alcohol consumption and intoxication was lower on the nights of the alcohol-free events versus their typical drinking nights. In another study, it was found that students drank less on days they attended alcohol-free programming than when they went to other events where alcohol was present, drinking 41% fewer drinks on the evenings of late-night planned activities (Patrick, Maggs, & Osgood, 2010).

Greek Life Housing

The question remains as to how these results apply to the Greek system. Greek housing has been found to create an enabling environment for drinking (Ashmore, Del Boca, & Beebe, 2002; Borsani et al., 2009; Glindemann & Geller, 2003; Harford, Wechsler, & Seibring, 2002; Paschall & Saltz, 2007). There has been some movement toward fraternities establishing alcohol-free housing as a means of reducing risky drinking. Sororities have a history of providing alcohol-free houses, yet members still display higher levels of drinking than students who are not members of sororities (Ragsdale et al., 2012). In general, implementation of alcohol-free housing has not been found to reduce high levels of drinking (Crosse, Ginexi, & Caudill, 2006). In a study of one national college fraternity, Caudill et al. (2006) found that chapters that implement an alcohol-free policy have almost identical drinking levels compared to chapters that do not have an alcohol-free policy. However, fraternities continue to grapple with reducing the impact of alcohol use on their chapters in terms of issues such as the deterioration of living facilities and stabilizing rising liability insurance costs through the development of guidelines for alcohol-free fraternity housing (Whipple, 2005). Thus, there is limited research on whether there are any differences in drinking behaviors based upon type of Greek housing and whether decreases in drinking occur over time.

Based on a quantitative study of an alcohol-free fraternity, Robison (2007) found that members joined for environmental factors such as cleaner living conditions, better academic conditions, the ability to separate home and party life, and friendships built on a common bond. Most of the members did drink but drank at different locations. The fraternity was able to maintain its membership through focusing on recruitment, promoting the benefits of environmental factors, providing social alternatives, focusing on brotherhood and friendship, and enforcing alcohol-related rules. Information was not provided for drinking levels, but through examining grade point average, Robison stated that this fraternity consistently ranked in the top tier academically. However, by-products of alcohol consumption still occurred, such as disturbing the peace, vandalism and threatening behavior. In some cases, students created other opportunities for drinking, such as car bars, where members would park a car in a nearby location and drink from the car. Therefore, it would appear that dry houses have a different set of risk factors. As with some of the other descriptions of alcohol-free fraternities, information on level of drinking was not reported.

Given that Greek membership is correlated with more negative consequences when members drink (LaBrie et al., 2011; Nguyen et al., 2011; Soule et al., 2015) and that there is a lack of research determining the differences in binge drinking based upon type of Greek housing and across an academic year, the purpose of the current study was to investigate the alcohol consumption of Greek houses (dry sorority, wet fraternity, dry fraternity) for two independent samples (fall and spring semesters). It is the policy of the National Panhellenic Council that College Panhellenic planned or sponsored events be alcohol free (National Panhellenic Conference, 2015). At this university, there were no sorority houses that allowed alcohol, but the inclusion of data on the drinking patterns of female members provides another aspect of drinking patterns of those involved in the Greek community. We hypothesized that members of dry sorority houses would report lower alcohol consumption than members of wet and dry fraternity houses for both fall and spring semesters, and that members of dry fraternity houses would report lower alcohol consumption than members of wet fraternity houses for both fall and spring semesters.

Methodology

Participants and Procedures

The population for this study was students residing in Greek housing at a Midwestern university during the 2012–2013 academic year ($N = 735$). Recruitment of participants was conducted to obtain two independent samples in the fall semester of 2012 and the spring semester of 2013 via announcements at fraternity and sorority chapter meetings. A total of 385 Greek members living in Greek housing took part in the fall recruitment, resulting in a response rate of 50.3%. Respondents with missing or invalid data ($n = 22$, less than 6%) were eliminated via listwise deletion, leaving a total number of 363 participants who were classified in the fall semester group. For spring, 379 Greek members participated, resulting in a response rate of 49.5%. Respondents with missing or invalid data ($n = 7$, less than 2%) were eliminated via listwise deletion, leaving a total number of 372 participants classified in the spring semester group.

During regular scheduled house meetings, the first author asked participants to complete a researcher-designed survey consisting of five demographic questions (i.e., Greek house, gender, age, cultural/racial background, academic year). The Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) was utilized to obtain information about participants' alcohol use (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001; Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998). Prior to administration, the participants were provided with narrative and visual aids that defined one drink as one 12-ounce beer, one 8.5-ounce malt beverage, one 5-ounce glass of wine, one mixed drink containing one (1.5-ounce) shot of alcohol, or one single (1.5-ounce) shot of liquor. On the Audit-C, the following three questions assess frequency of drinking: (a) How often do you have a drink containing alcohol? (Never = 0 points, Monthly or less = 1 point, 2–4 times a month = 2 points, 2–3 times a week = 3 points, 4 or more times a week = 4 points); (b) How many drinks containing alcohol do you have on a typical day when you are drinking? (1 or 2 = 0 points, 3 or 4 = 1 point, 5 or 6 = 2 points, 7–9 = 3 points, 10 or more = 4 points); and (c) How often do you have six or more drinks on one occasion? (Never = 0 points, Less than monthly = 1 point, Monthly = 2 points, Weekly = 3 points, Daily or almost daily = 4 points). Responses to each item are scored from 0–4, generating a maximum possible score on the AUDIT-C of 12. Higher scores reflect higher intensity of drinking. For men a score of 4 or above and for women a score of 3 or above indicates hazardous drinking or an active alcohol use disorder (Bush et al., 1998). The AUDIT-C has been found to be a valid screening tool for alcohol misuse for men and women, with optimal screening thresholds for alcohol misuse among men being a score of 4 and for women a score of 3 (Bradley et al., 2007; Frank et al., 2008), and valid and reliable for assessing alcohol consumption in college students (Barry, Chaney, Stellefson, & Dodd, 2015). Prior to each administration of the survey, the purposes and procedures of the study, confidentiality of data, and participants' rights were explained to respondents. All participants gave informed consent prior to completing the survey. All procedures were approved by the first author's Institutional Review Board, and participants were not offered any incentive for completing the survey. Demographic information regarding participants for fall and spring semesters is provided in Table 1.

Data Analysis

The Statistical Package for Social Sciences software (version 21) was utilized to screen and analyze the data. All statistical analyses are reported with alpha set at 0.05. Preliminary analyses were conducted to check the data for any outliers or errors, and no violations of linearity, normality and homoscedasticity were found. The frequencies of each variable were checked for minimums and maximums. Again, no errors or outliers were found.

Table 1

Demographic Variables by Group

	Fall Semester 2012		Spring Semester 2013	
	<i>n</i>	%	<i>n</i>	%
Greek House:				
Sorority – Dry	148	40.8	234	62.9
Fraternity – Dry	50	13.8	58	15.6
Fraternity – Wet	165	45.5	80	21.5
Gender:				
Female	148	40.8	234	62.9
Male	215	59.2	138	37.1
Age:				
18–20	268	73.8	287	77.2
21 and older	95	26.2	85	22.8
Ethnicity:				
African American	2	.6	5	1.3
Asian/Pacific Islander	3	.8	4	1.1
Caucasian	344	94.8	351	94.4
Hispanic/Latino	1	.3	2	.5
Native American	5	1.4	4	1.1
Multi-Racial	8	2.2	6	1.6
Academic Year:				
Freshman	84	23.1	107	28.8
Sophomore	128	35.3	138	37.1
Junior	82	22.6	74	19.9
Senior	69	19.0	51	13.7
Graduate	0	0	2	.5

Results

For the fall semester sample, a one-way analysis of variance (ANOVA) was used to test for AUDIT-C score differences among the Greek house variable. AUDIT-C scores differed significantly across the three house categories, $F(2, 360) = 39.958, p = .000$. Scheffe post-hoc comparisons of the three groups indicated that the sorority dry house group ($M = 5.02, 95\% \text{ CI } [4.60, 5.44]$) had significantly lower scores than the fraternity dry house group ($M = 7.94, 95\% \text{ CI } [7.40, 8.48]$), $p = .000$ and the fraternity wet house group ($M = 7.42, 95\% \text{ CI } [6.97, 7.88]$), $p = .000$. AUDIT-C scores were not significantly different between the fraternity dry house group and the fraternity wet house group at $p = .489$. When looking specifically at how often participants consume six or more drinks on one occasion, significant differences were found among the Greek house variable. AUDIT-C scores differed significantly across the three house categories, $F(2, 360) = 40.858, p = .000$. Scheffe post-hoc comparisons of the three groups indicated that the sorority dry house group ($M = 1.22, 95\% \text{ CI } [1.07, 1.38]$) had significantly lower scores than the fraternity dry house group ($M = 2.40, 95\% \text{ CI } [2.17, 2.63]$), $p = .000$ and the fraternity wet house group ($M = 2.10, 95\% \text{ CI } [1.93, 2.26]$), $p = .000$. Scores were not significantly different between the fraternity dry house group and the fraternity wet house group at $p = .175$.

When looking at the spring respondents, a one-way ANOVA showed that AUDIT-C scores differed significantly across the three Greek house categories, $F(2, 369) = 9.526, p = .000$. Scheffe post-hoc comparisons of the three groups indicated that the sorority dry group ($M = 4.76, 95\% \text{ CI } [4.41, 5.11]$) had significantly lower scores than the fraternity dry house group ($M = 5.97, 95\% \text{ CI } [5.15, 6.79]$), $p = .011$ and the fraternity wet house group ($M = 6.09, 95\% \text{ CI } [5.48, 6.70]$), $p = .001$. AUDIT-C scores were not significantly different between the fraternity dry house group and the fraternity wet house group at $p = .967$. When looking specifically at how often participants consume six or more drinks on one occasion, significant differences among the Greek house variable were found. AUDIT-C scores differed significantly across the three house categories, $F(2, 369) = 10.450, p = .000$. Scheffe post-hoc comparisons of the three groups indicated that the sorority dry house group ($M = 1.07, 95\% \text{ CI } [.95, 1.19]$) had significantly lower scores than the fraternity dry house group ($M = 1.57, 95\% \text{ CI } [1.29, 1.85]$), $p = .002$ and the fraternity wet house group ($M = 1.53, 95\% \text{ CI } [1.30, 1.75]$), $p = .002$. Scores were not significantly different between the fraternity dry house group and the fraternity wet house group at $p = .966$.

These findings supported our hypothesis that members of dry sorority houses would report lower alcohol consumption than members of wet and dry fraternity houses for both fall and spring semesters. However, the second hypothesis, that members of dry fraternity houses would report lower alcohol consumption than members of wet fraternity houses for both fall and spring, was not supported. Table 2 details Greek house scores for the three AUDIT-C questions.

Table 2*Mean Scores and Standard Deviations by Semester and Greek House Responses to AUDIT-C Questions*

Question by House	Fall Semester 2012			Spring Semester 2013		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Question 1:						
Sorority – Dry	148	1.96	.95	234	1.76	.92
Fraternity – Dry	50	2.50	.71	58	2.03	.99
Fraternity – Wet	165	2.45	.97	80	2.21	.94
Question 2:						
Sorority – Dry	148	1.89	.98	234	1.91	1.11
Fraternity – Dry	50	3.10	.86	58	2.36	1.19
Fraternity – Wet	165	2.87	1.18	80	2.35	1.19
Question 3:						
Sorority – Dry	148	1.22	.97	234	1.07	.93
Fraternity – Dry	50	2.40	.81	58	1.57	1.06
Fraternity – Wet	165	2.10	1.08	80	1.53	1.01
Total AUDIT-C:						
Sorority – Dry	148	5.02	.42	234	4.76	.35
Fraternity – Dry	50	7.94	.54	58	5.97	.82
Fraternity – Wet	165	7.42	.45	80	6.09	.61

Limitations

This study has four main limitations. First, this study used a convenience sample of Greek members from one university that is not likely to represent the population of all Greek members. The second limitation is that volunteers may have answered the survey questions differently than members of the population who did not agree to participate would have. Another limitation is that the samples might not be truly independent; some participants could have filled out the survey in both the fall and spring. The final limitation is related to the survey being a self-report measure; participants may have provided answers that did not represent their true behaviors. However, previous researchers have found a statistically significant relationship between college respondents' self-reported alcohol use when compared to the report from a collateral informant (Hagman, Cohn, Noel, & Clifford, 2010; Laforge, Borsari, & Baer, 2005).

Discussion and Implications

Regardless of whether Greek houses have a dry or wet status, drinking levels appear to be high and exceed what is considered safe on the AUDIT-C for both men and women living in Greek housing. Sororities have generally had policies that prohibit alcohol use in sorority houses, yet report levels of drinking that are considered hazardous. The lack of differences in drinking levels between men who

live in dry fraternity houses versus wet fraternity houses is disappointing, but not totally unexpected given previous studies (Caudill et al., 2006; Crosse et al., 2006). It appears that residents in the Greek system accept the norms of heavy drinking that are associated with Greek membership. Although members may have some benefits from living in dry houses, such as a cleaner environment and less disruption to academic performance, the risks of alcohol abuse continue.

The cross-sectional research provides the most interesting results, with a significant difference between drinking levels in the fall semester compared to the spring semester. In particular, a general linear univariate analysis revealed that the scores of the fall groups and the spring groups were significantly different, $F(1,729) = 26.179, p = .000$, with a significant interaction effect, $F(2, 729) = 38.901, p = .005$, where fraternity members, whether living in a dry or wet house, reported higher AUDIT-C scores than sorority members living in Greek housing. Because this study is not a repeated measures design, the results do not evaluate changes in individuals. It is not possible to determine whether some of the same students took the survey both semesters, but there is probably some overlap in the two populations. The one environmental change that occurred between the two assessment periods was the implementation of alcohol education programs that a majority of Greek students (75.8%) attended in the fall. We cannot determine that this educational program facilitated the decrease in risky drinking and need to further examine the possibility that continued programming about how to drink alcohol safely and the effects of acute alcohol intoxication may expand students' knowledge and thus impact their choices. Another consideration may be football tailgating. Glassman, Dodd, Sheu, Rienzo, and Wagenaar (2010) assessed college students at one university to examine their extreme ritualistic alcohol consumption, which is defined as consuming 10 or more drinks on game day for a male, and eight or more drinks for a female. Glassman et al. found that participants who were male, White, a Greek community member and of legal drinking age reported disproportionately higher rates of alcohol consumption on game day. Although tailgating is not observed as a major event on this campus, there may be other variables that contributed to higher drinking levels in the fall semester versus the spring semester.

Directions for Future Research

This research study offers contributions and implications for professional counselors. As a result of these findings, some important considerations for future research have emerged. First, if Greek members in dry houses are engaging in risky drinking behaviors at the same degree as members in wet houses, it is important to ascertain where they are drinking since they are not allowed to drink in their residence. Consequently, examining where the drinking occurs and how the alcohol is obtained would be beneficial. If these students are selecting other avenues for drinking that may encourage risky behaviors, such as driving, then dry houses may present some additional risks that need to be addressed. Also, little is known about members of Greek organizations who live in non-Greek housing. Do these students engage in drinking patterns similar to those who live in Greek housing when they attend Greek activities? How might their drinking patterns change when involved in activities in their non-Greek setting? In addition, drinking patterns among females in the Greek system generally reflect risky drinking patterns. Even though alcohol is not permitted in the living environments of the sororities in this sample, females still drink at high levels. More investigation into the role that the interaction of fraternities and sororities plays in levels of drinking needs to be conducted. The question of whether females drink more when engaged in fraternity activities needs to be addressed.

The second research consideration is related to other communities of which the Greek members may be a part. College athletes have been found to drink more alcohol and engage more often in binge drinking than non-athletes (Hildebrand, Johnson, & Bogle, 2001; Nelson & Wechsler, 2001). In fact, Huchting, Lac, Hummer, and LaBrie (2011) compared independent samples of Greek members' and athletes' drinking patterns and found that athletes experienced significantly greater conformity reasons for drinking (i.e., social pressures that push an individual to conform and engage in alcohol use) than Greek members. Greek members experienced significantly more social problems from drinking. However, it is unknown whether there are differences between drinking behaviors of Greek members who are athletes and those who are not. This could be important information to assist clinicians in determining where to target prevention strategies. The final research consideration relates to gaining a better understanding of how individual Greek member's drinking patterns change over an academic year. Therefore, future studies should include identifiers for participants to determine whether individual changes occur.

Conclusion

Consistent with other research, banning alcohol in Greek housing does not appear to reduce levels of drinking. Students may benefit from alcohol-free environments for reasons other than reducing drinking, but alcohol-free environments seem to have little impact on student drinking behaviors. There may even be some concerns about the risks involved in drinking away from one's residence such as driving while intoxicated. The larger issue around alcohol use in the Greek system is how to challenge the established drinking norms in ways that encourage students to drink safely. Helping students focus on the deeper meaning of Greek membership that promotes a sense of community and enhances the values of the fraternity or sorority may be a direction for future interventions.

Conflict of Interest and Funding Disclosure

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Examining Intimate Partner Violence, Stress and Technology Use Among Young Adults



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Intimate partner violence is a problem among young adults and may be exacerbated through the use of technology. Scant research exists examining the influence of technology on intimate partner violence in young adults. Furthermore, young adult couples on university campuses experience additional stressors associated with coursework that may influence their risk of partner violence. We surveyed 138 young adults (ages 18–25) at a large university and examined the relationships between stress, intimate partner violence and technology. Results indicated that those who use technology less frequently are more likely to report inequality in the relationship, thus suggesting a higher risk for partner violence. An exception applies to those who use technology to argue or monitor partner whereabouts. Implications for counseling young adult couples are discussed.

Keywords: intimate partner violence, stress, young adults, technology, couples

Intimate partner violence (IPV) occurs among young adults (ages 18–24) at a comparable rate with the general population. IPV in the general population occurs among 25%–33% of both men and women (National Intimate Partner and Sexual Violence Survey, 2010), with studies estimating the prevalence of physical violence among college students to be between 20% and 30% (Fass, Benson, & Leggett, 2008; Shook, Gerrity, Jurich, & Segrist, 2000; Spencer & Bryant, 2000). Additionally, IPV is regularly underreported due to the embarrassment and shame victims may feel (Bureau of Justice Statistics, 2003). While causes of IPV are not completely understood, its prevalence among both victims and victimizers has been linked to those who witnessed parental violence as children (Straus, Gelles, & Smith, 1995). However, the increase in college student IPV could be provoked by stress associated with the demands of academics (Mason & Smithey, 2012). IPV victims are more likely to experience symptoms of depression and anxiety, with male victims expressing more shame related to the victimization (Shorey et al., 2011).

In the late 1980s and 1990s, researchers identified types of partner violence within adult relationships (e.g., Gottman et al., 1995; Holtzworth-Munroe & Stuart, 1994; Johnson, 1995). Researchers coined these differences as IPV typologies, which helped researchers and practitioners understand that partner violence is heterogeneous, and thus treatment should be tailored to meet the specific needs of the couple (Carlson & Jones, 2010). This perspective differed from the traditional practice of treating all relationship violence as homogeneous, presuming it to be the result of power and control. Additionally, traditional perspectives on IPV assumed that perpetrators were men trying to assert dominance. Typology researchers refuted this perspective, stating that although some violence is male-on-female, the majority is gender mutual and may have more to do with conflict

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resolution skills than with asserting control. IPV typology research has gained traction due to its potential treatment implications. However, there is a dearth of research examining IPV typologies among young adults and its relationship to the increased use of technology among this population.

IPV Typologies

Traditionally, relationship violence was more popularly termed *domestic violence* and deemed homogenous among couple relationships. Thus, all violence was thought to originate from a batterer's attempt to establish or maintain power and control over a victim. Such violence typically occurred with men as the batterers and women as the victims (in heterosexual relationships). This philosophy gained traction with most practitioners, who assumed that all relationship violence resulted from power and control.

Over the past 15 to 20 years, researchers identified types of relationship violence (e.g., Gottman et al., 1995; Holtzworth-Munroe & Stuart, 1994; Johnson, 1995; & Johnson & Ferraro, 2000). Researchers utilized studies indicating that violence is likely to vary in severity, and often the motive is not to establish power and control over one's partner. As such, relationship violence was deemed heterogeneous among couples. Therefore, researchers began using the term *intimate partner violence* as a broader term for describing the variances in violence that occur within relationships, as well as the notion that the violence can be gender mutual in some typologies, meaning that violence is just as likely to be female-on-male as male-on-female in heterosexual relationships. Examples of some of Johnson's (1995) IPV typologies include the following: (a) situational couple violence, marked by violence that is gender mutual and has lower levels of severity; (b) intimate terrorist, marked by violence that is typically male-on-female, the result of one partner establishing power and control over another, and includes higher levels of lethality (e.g., choking); and (c) violent resistance, when the victim attempts to fight back. Other researchers have established typologies (e.g., Gottman et al., 1995; Holtzworth-Munroe & Stuart, 1994); however, Johnson's appear to be the most recognized.

Carlson and Jones (2010) developed the continuum of conflict and control to synthesize violence typology research. They asserted that violence typologies could be conceptualized through variances in the type and severity of violence, characteristics of the victimizer, and perceptions of the victim. Assessing information across those three domains can help determine the nature and severity of the violence, and have potential treatment implications. For example, some researchers have examined the effectiveness of relationship interventions when couples present with lower levels of severity in relationship violence (e.g., Bradley, Friend, & Gottman, 2011; Braithwaite & Fincham, 2014; Simpson, Atkins, Gattis, & Christensen, 2008). However, such interventions require counselors to make informed and intentional treatment decisions that consider the safety of the couple.

Counselors may not typically screen for partner violence or make treatment decisions based on the safety of a victim (Schacht, Dimidjian, George, & Berns, 2009). Partner violence screening protocols are beyond the scope of this paper; however, readers are referred to Daire, Carlson, Barden, and Jacobson (2014). Counselors who become aware of partner violence typically refer their clients, with the assumption that treatment is contraindicated. However, couples counseling and other relationship interventions, such as relationship education, appear to reduce overall levels of relationship violence and increase relationship satisfaction (Bradley et al., 2011; Simpson et al., 2008). Couples who participated in this research were identified as having low levels of aggression, and as not attempting to establish power and control over their respective partners. Our review of

the literature did not yield any research discussing how IPV typologies translate to young adult relationships, and what effect technology might have on the types of violence. Thus, it is not clear what evidence exists supporting best practice guidelines for counselors who work with young adults experiencing IPV in their relationships.

Dating Violence

The Centers for Disease Control and Prevention (CDC) has defined dating violence as the consistent act of physical and/or sexual violence, as well as the possible emotional or psychological distress perpetrated by a current or previous dating partner (CDC, 2014). Additionally, the CDC has reported that dating violence contributes to health risks including, but not limited to, injury, heavy drinking, suicidal ideation, promiscuity, substance use, issues with self-esteem and perpetuating the act of violence in future relationships. When violence is enacted toward adolescents, healthy development of intimacy, identity and sexuality is hindered (Foshee & Reyes, 2009).

Draucker, Martsof, and Stephenson (2012) studied the history of dating violence among the adolescent population and found that the risk factors correlating with later dating violence include parenting issues, such as inconsistent parental supervision, discipline and warmth. In addition to identifying factors that contribute to violence (e.g., exposure to violence at a young age, experiencing varying styles of parenting), Stephenson, Martsof, and Draucker (2012) recognized the role of peers in exacerbating dating violence in young adulthood. Adelman and Kil (2007) purported that peers are directly and indirectly involved in adolescent dating violence, including assisting in the confrontation of a friend's partner or helping a friend make his or her partner jealous. According to Banister and Jakubec (2004), females often feel isolated by their peers in adolescent dating violence, as many of their friends may not approve of the relationship. Thus, it is possible they may not disclose the nature of the violence within the relationship.

Technology and Conflict Resolution

Cyber aggression has been more thoroughly researched in child and adolescent populations than in young adult populations. Among children and adolescents, technology offers young people an additional medium for aggression, but does not appear to contribute directly to the development of cyber aggression among those who are not aggressive in non-cyber roles (Burton, Florell, & Wygant, 2013; Dempsey, Sulkowski, Dempsey, & Storch, 2011; Werner, Bumpus, & Rock, 2010). Werner et al. (2010) demonstrated that among sixth, seventh and eighth graders, higher rates of relational aggression approval predicted higher rates of Internet aggression. Peer attachment, however, is negatively correlated with both cyber aggression and non-cyber aggression (Burton et al., 2013). In addition to correlations between user beliefs and use of technology, Draucker and Martsof (2010) found that many individuals who experienced dating violence as adolescents described technology as a medium for violence. Among 56 emerging adults who were interviewed about their adolescent dating violence experiences, participants reported technology use for arguing (6), perpetrating verbal or emotional aggression (30), monitoring or controlling (30), and limiting a partner's access to self (e.g., avoiding partner; 29). It is unclear whether these same patterns hold true for young adults' dating experiences, as the members of this sample were asked to reflect on their experiences as adolescents.

In addition to studies focused on children and adolescents, research demonstrates a link between individual beliefs about aggression and the use of technology in a way that is consistent with those

beliefs among emerging adults. Thompson and Morrison (2013) studied the relationships between several individual-, social- and community-level predictors of technology-based sexually coercive behavior (TBC) among college students. Thompson and Morrison's (2013) findings suggest that rape-supportive beliefs and peer approval of forced sex were significant predictors of TBC. However, women who are more assertive in the relationship appear to mitigate cyber aggression (Schnurr, Mahatmya, & Basche, 2013).

Technology use has been identified as a key component in conflict resolution strategies and romantic relationship mediation among young adults as well. Weisskirch and Delevi (2013) found that college students who had positive feelings about conflict resolution were more likely to use technology, specifically text messaging, to terminate relationships. Text messaging was the most commonly cited use of technology for the purpose of initiating or receiving a relationship-ending message. In a study of 1,039 adults aged 17 and older, Coyne, Stockdale, Busby, Iverson, and Grant (2011) found that younger participants were more likely to use technology in communicating with their romantic partner, and that technology was used to communicate in a variety of ways within the romantic relationship, including the expression of affection (75%), discussion of serious issues (25%), apologizing (12%) and hurting their partner (3%). Given the extent to which young adults use technology as a medium for relationship communication, and the prevalence of dating violence, more research is needed to understand how technology use may be correlated with risks of partner violence.

Research Questions

Despite researchers' attempts to understand IPV among college-aged students, as well as to identify primary prevention interventions, IPV typologies have not been determined among the college student population. Further, the emergence of social media has provided a new mechanism for IPV implementation. Schnurr et al. (2013) found that cyber aggression mitigates physical IPV for men. However, few studies have examined the prevalence of cyber aggression in college students or considered the role of cyber aggression within the IPV typology framework. Thus, the current study aims to explore college students' perceptions of how technology is used in their relationships, as well as the influence of technology, stress and attitudes toward violence on overall risk for IPV. As such, we examined the following research questions: (a) What relationship exists between young adults' perceptions of partners' technology use in relationships, risk for partner violence, acceptance of couple violence and perceived stress?; (b) Can perceptions of partners' technology use, acceptance of couple violence or perceived stress be considered predictors of risk for partner violence? If so, which exerts the most influence on risk for partner violence?; and (c) What differences exist between individual responses (i.e., yes/no) regarding perceptions of partners' use of technology in relationships and outcomes (i.e., risk for violence, perceived stress, acceptance of violence)?

Method

Participants

Data collection occurred at a large university in the Southeast region of the United States. We invited undergraduate and graduate students aged 18–25 who were currently in a relationship or had recently been in a relationship to participate. We utilized a convenience sampling approach and recruited participants through both active and passive methods (Yancey, Ortega, & Kumanyika, 2006). Active methods included acquiring instructor permission and speaking briefly to students during class about the study. Passive methods comprised posting study flyers around campus, as

well as contacting various departments and programs requesting that they send study information to students on their e-mail listserv. All eligible students were invited to complete the assessment packet online using Survey Monkey. Students began the survey by reading the study information form, which included a warning about the sensitive nature of the questions. At the conclusion of the survey, we provided all participants with a list of domestic violence resources.

Recruitment efforts resulted in 155 students attempting to complete the survey. However, we removed 17 participants, 11 of whom indicated an age of 26 or older (making them ineligible) and six of whom did not complete any of the survey questions. We did not offer any incentives for survey completion as participation was voluntary, but it is possible that instructors provided incentives of their own accord. Instructor-initiated incentives could explain the six participants who did not answer any questions. Therefore, the total sample for the study was 138 participants.

Eighty-six participants (62%) indicated currently being in a relationship, with relationships lasting an average of 30 months. Others were recently in a relationship ($n = 49$; three participants did not indicate relationship status), reporting an average of 20 months since their last relationship. Women ($n = 119$; 87%) comprised the majority of the sample. The sample included mostly heterosexual participants ($n = 127$), with some same-sex participants ($n = 10$; one person did not report). Participants ranged in grade level; most were graduate students ($n = 48$; 35%), followed by seniors ($n = 42$; 30%), juniors ($n = 28$; 20%), sophomores ($n = 17$; 12%) and freshmen ($n = 3$; 2%). See Table 1 for additional demographic information and descriptive statistics for constructs of interest.

Table 1

Descriptive Statistics for Study Constructs

Constructs	<i>M</i>	<i>SD</i>	<i>Range</i>
Age	21.45	1.53	18–25
Credit hours	14.67	3.04	3–23
Perceived stress (PSS)	6.31	2.77	1–13
Intimate justice (IJS)	26.97	10.96	15–64
Acceptance of violence (ACV)	5.61	1.22	5–12
Use of technology (UTR)	8.96	1.15	5–10

Note. *M* = mean; *SD* = standard deviation; PSS = Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983; Cohen & Williamson, 1988); IJS = Intimate Justice Scale (Jory, 2004); ACV = Acceptance of Couple Violence (Foshee, Fothergill, & Stuart, 1992); UTR = Use of Technology in Relationships (Draucker & Martsof, 2010; Schnurr et al., 2013).

Instruments

Demographic information. The demographic information form consisted of 13 questions and asked participants about basic information such as age, gender, grade, current relationship status, length of relationship (if current) and length of previous relationship (as well as length of time since previous relationship). Participants completed the demographic information form prior to completing the other study assessments.

Perceived Stress Scale. The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983; Cohen & Williamson, 1988) is a 10-item measure assessing the perception of stress. We incorporated the PSS to examine the relationship of respondents' perceived stress to relationship violence (or risk of violent behaviors). Respondents indicate on a five-point Likert scale (0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Fairly Often and 4 = Very Often) the extent to which situations in life are deemed stressful. The PSS asks general questions, such as "In the last month, how often have you been upset because of something that happened unexpectedly?" The PSS is scored by summing the item responses. The factor structure of the PSS has been supported in a sample of community participants as well as college students (Cohen et al., 1983; Roberti, Harrington, & Storch, 2006). There are several versions of the PSS (each consisting of 14, 10 or four items). The short four-item scale comprises items 2, 4, 5 and 10 of the PSS and has shown support in use with data collected during telephone interviews. We utilized the short form in the current study to reduce the overall number of questions asked of each participant. Cohen et al. (1983) reported an alpha coefficient in their study of .84 for the PSS with 14 items. They examined the test-retest reliability utilizing 65 college students and identified an alpha of .85. The PSS 10-item instrument has demonstrated sound reliability in a sample of college students as well (Dehle, Larsen, & Landers, 2001). Cronbach's alpha was low (.58) for participants in the current study. However, the PSS short form demonstrated better reliability (.72) in the study conducted by Cohen et al. (1983).

Acceptance of Couple Violence. We incorporated the Acceptance of Couple Violence (ACV; Foshee, Fothergill, & Stuart, 1992) questionnaire to assess for attitudes toward violence in couple relationships. Participants received an adapted version of the ACV to include same-sex relationships. The adapted ACV contains 17 items and comprises five subscales (acceptance of male-on-female violence, acceptance of female-on-male violence, acceptance of male-on-male violence, acceptance of female-on-female violence and acceptance of general dating violence). Scores are summed across responses to calculate a total score within each subscale. We used only acceptance of general dating violence for the current analyses. Cronbach's alpha reliability for participant scores in the current study was .67.

Use of Technology in Relationships. We used questions adapted by Schnurr et al. (2013) from Draucker and Martzolf (2010) to examine how participants perceived their partners' use of technology in their relationships (UTR). As such, participants were asked whether their partners used technology in the following ways: (a) to embarrass them, (b) to make them feel bad, (c) to control them, (d) to monitor them and (e) to argue with them. Participants responded by indicating either "yes" (1) or "no" (0) and the responses were summed to acquire a total score. Reliability was low ($\alpha = .54$) in the current study. However, Schnurr et al. (2013) reported internal consistencies of .76 for men and .71 for women in their sample of dating, emerging adult couples.

Intimate Justice Scale. The Intimate Justice Scale (IJS; Jory, 2004) is a 15-item instrument designed for use in clinical practice to screen for psychological abuse and physical violence. The purpose of the instrument is to aid clinicians in identifying violations of intimate justices (e.g., equity, fairness) that are believed to contribute to relationship violence so that appropriate treatment decisions can be rendered. Participants respond to items on a Likert scale of 1–5, with 1 indicating "I do not agree at all" and 5 indicating "I strongly agree." Scores are summed across responses, with a minimum possible score of 15 and a maximum possible score of 75. Higher scores indicate violations of intimate justice and a likelihood of relationship abuse. Jory (2004) provided the following guidelines when interpreting total IJS scores: "Scores 15 to 29 may suggest little risk of violence, scores between 30 and 45 may indicate a likelihood of minor violence, and scores > 45 may be a predictor of severe violence"

(p. 39). To our knowledge, no assessment currently exists to classify specific IPV typologies. Other popular assessments of IPV exist, such as the Revised Conflict Tactics Scale (CTS; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), but the CTS results do not classify types of IPV behavior with considerations for the victim or the victimizer. The IJS has potential to distinguish between degrees of violence severity, and has been used in studies to differentiate between lower levels and higher levels of violence aggression (e.g., Friend, Bradley, Thatcher, & Gottman, 2011). Scores in the current study ranged from 15–64 ($M = 27.02$). Alpha reliabilities for participants in the current study were .92.

Results

Preliminary Analysis

Prior to data analyses, we conducted preliminary analyses to test for assumptions, outliers and missing data. The ACV, IJS, and UTR did not meet the assumption of normality, with K-S p values falling below .001. The ACV and IJS resulted in a positive skew, while the UTR resulted in a negative skew. The distributions indicated that most respondents did not report favorable attitudes toward violence, the overall existence of relationship inequality (risk for IPV) or perceptions of partners using technology in an unhealthy manner. This finding is consistent with the mean IJS score (27.02), indicating minimal risk of violence in the sample. Thus, we did not implement any transformation procedures. Potential outliers existed for the ACV and IJS scores. However, examination of the 5% trimmed mean indicated minimal influence on the mean score. Furthermore, these scores represented participants reporting different attitudes and experiences with IPV.

Sixteen participants had missing data points. We created a dummy variable to compare some demographics for those who had complete data versus those who did not. No differences existed between those with and without missing data on age and credit hours taken during the semester of survey administration. We determined that the data were likely missing at random, although it is possible data were missing due to some variable not measured. We used hot deck imputation to address the missing variables (Andridge & Little, 2010; Myers, 2011). Hot deck imputation calculates an average score on an identified outcome variable by matching the score to like variables in the sample (i.e., donor variables). We used participants' gender, grade level and current relationship status as the donor variables. SPSS averaged the score for matching participants and imputed. Matches existed for 13 of the 16 missing scores. Hot deck imputation provides less bias than mean imputation, and is deemed a better overall solution than the oft-used listwise deletion (Andridge & Little, 2010; Myers, 2011).

Primary Analysis

To begin testing the research questions, we conducted Pearson correlations to examine the relationships between demographics and other constructs of interest (i.e., PSS, IJS, ACV and UTR). Pearson correlation indicated (a) a significant positive correlation between gender and IJS scores, (b) a significant negative correlation between gender and UTR scores, (c) a significant positive correlation between PSS scores and IJS scores, (d) a significant positive correlation between the ACV and IJS scores and (e) a significant negative correlation between UTR scores and IJS scores (See Table 2 for correlations). A scatterplot matrix indicated that (a) increases in stress correlate to increases in intimate justice scores, (b) more favorable attitudes toward couple violence correlate to increases in intimate justice scores; and (c) lower perceived use of technology (i.e., more responses of "no") correlates with higher intimate justice scores.

Table 2*Correlations Between Constructs of Interest*

	1	2	3	4	5
1. Gender	1	.02	.22*	.13	-.17*
2. Perceived stress (PSS)		1	.19*	.05	-.04
3. Intimate justice (IJS)			1	.26**	-.05**
4. Acceptance of violence (ACV)				1	-.05
5. Use of technology (UTR)					1

Note. PSS = Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983; Cohen & Williamson, 1988); IJS = Intimate Justice Scale (Jory, 2004); ACV = Acceptance of Couple Violence (Foshee, Fothergill, & Stuart, 1992); UTR = Use of Technology in Relationships (Draucker & Martzolf, 2010; Schnurr et al., 2013).

* $p < .05$. ** $p < .001$.

The significant correlations supported a hierarchical linear regression analysis to examine the predictive relationships between variables. The IJS served as the dependent variable, while PSS, ACV and UTR scores served as independent variables. The model included three steps, adding predictor variables one step at a time to examine the contribution of each variable. Model one included ACV scores, contributing 6.8% of the variance and demonstrating statistical significance; $F(1, 133) = 9.70$, $p = .002$. Model two included UTR scores, adding 18.9% of the variance and achieving significance; $F(1, 132) = 33.65$, $p < .001$. Finally, model three added PSS, contributing 2.5% of variance and also achieving significance; $F(1, 131) = 4.54$, $p = .035$ (See Table 3). The model as a whole contributed to 26.6% of the variance, although UTR contributed the most variance to IJS scores.

Table 3*Predictors of Partner Violence Risk (Intimate Justice)*

Variable	ΔR^2	β	p
Model 1: ACV	.068	.261	.002
Model 2: UTR	.189	-.435	< .001
Model 3: PSS	.025	.158	.035

Note. ACV = Acceptance of Couple Violence (Foshee, Fothergill, & Stuart, 1992); UTR = Use of Technology in Relationships (Draucker & Martzolf, 2010; Schnurr et al., 2013); PSS = Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983; Cohen & Williamson, 1988).

Next, we examined differences between individuals' responses (i.e., yes/no) regarding perceptions of their partners' use of technology in the relationships (UTR) and outcome variables (i.e., IJS, ACV and PSS scores). Table 4 presents the frequency of responses for each of the five items on the UTR. A MANOVA indicated that the only significant differences between responses on all five UTR questions and outcomes existed for question four ("Has your partner ever used technology to monitor you?"), $F(1, 112) = 4.08, p = .04, \eta^2 = .04$, and question five ("Has your partner ever used technology to argue with you?"), $F(1, 112) = 5.12, p = .03, \eta^2 = .04$. Simple effects revealed that respondents who indicated "yes" to UTR question four had significantly higher IJS scores ($M = 33.38, SD = 11.09$) than those who indicated "no" ($M = 24.71, SD = 9.81$); $F(1, 129) = 19.81, p < .001, \eta^2 = .13$. Participants who indicated "yes" to UTR question five had significantly higher IJS scores ($M = 30.79, SD = 11.13$) than those who indicated "no" ($M = 24.14, SD = 9.78$); $F(1, 129) = 13.24, p < .001, \eta^2 = .09$. Therefore, use of technology to argue with a partner and monitor a partner's location appear associated with increases in relationship inequality, and place the young couples in our sample at a higher risk of experiencing partner violence.

Table 4

Frequency of Responses to Questions Regarding Use of Technology

Question (Has partner used technology to . . .)	% "Yes"	% "No"
1. Embarrass you?	6.5	89.1
2. Make you feel bad?	15.2	15.9
3. Control you?	5.1	94.7
4. Monitor you?	28.3	67.4
5. Argue with you?	44.9	50.7

Discussion

The purpose of this study was to understand the influence of young adults' use of technology in intimate relationships and examine relationships among stress, attitudes toward violence and overall risk for IPV. First, we examined the relationships among the variables, then we used a regression analysis to understand the contribution of each variable to risk for partner violence. Finally, we explored differences between responses regarding partners' perceptions of technology use and other outcomes.

Results indicate positive correlations between participants' stress scores and intimate justice scores, suggesting that as stress increases, so too does risk for partner violence. This finding is similar to the conclusions of Mason and Smithey (2012), who utilized Merton's Classical Strain Theory as the foundation for testing the influence of life strain on IPV among college students. Their results indicated that some forms of strain increased dating violence among college students. However, the results of our study do not suggest the existence of any relationship between technology use and stress. A potential explanation is that increases in IPV-related behaviors associated with increases in stress may present during face-to-face interactions.

We also found that participants who reported perceptions that partners used technology (e.g., to monitor, argue, embarrass, control, make them feel bad) less frequently were associated with increased intimate justice scores, or risk for partner violence. Although initially surprising, this result appears somewhat consistent with the findings of Coyne et al. (2011) indicating that younger participants are more likely to use technology to communicate in a variety of ways. In fact, it could be that communication via technology is an expectation in young adult relationships, and when that expectation is not met, tension arises. However, further research is needed to explore this conclusion.

Perceived stress (PSS: 2.4% of variance), acceptance of violence (ACV: 6.8% of variance) and use of technology (UTR: 18.9% of variance) were all significant predictors of risk for partner violence (IJS), with UTR contributing the most variance in IJS. This finding is consistent with the correlation and appears to support the notion that a lack of communication via technology may contribute to problems in young adult relationships. In fact, 45% of our sample indicated that their current or past partner used technology to argue with them. Again, this finding could support the notion that conflict resolution via technology is normal or expected in young adult relationships. However, results indicate that participants who perceived their partners as using technology as a means of arguing and monitoring them had higher risk for partner violence (i.e., IJS). The IPV typology literature has identified various characteristics associated with types of violence in couple relationships. A more controlling type, such as Johnson's (1995) intimate terrorist, may exhibit nonviolent control tactics such as monitoring his or her partner's location. Thus, it is possible that this behavior is more indicative of controlling IPV typologies. However, more research is needed to understand the influence of using technology to monitor a partner on overall risk for IPV.

Implications for Practice

According to Bergdall et al. (2012), emerging adults frequently use technology to establish relationships with others. Conversely, technology use has been a common medium for sustaining and terminating romantic or intimate relationships. Young adults between the ages of 18 and 29 typically use social media, cell phones and the Internet to communicate (Coyne et al., 2011). Although Bergdall et al. (2012) confirmed that young adults rely heavily on technology to form and dissolve relationships, the authors did not factor in the effect technology may have on psychosocial development, sexual behavior or dating violence.

The findings from our study, as well as from others, indicate that technology is frequently used in young adult relationships. Therefore, when screening for IPV, counselors should consider questions related to how partners use technology in their relationship (e.g., for communicating, announcing the relationship, resolving conflict). Daire et al. (2014) described an IPV protocol for community agencies and practitioners that includes screening clients. Such a protocol also should include technology and consider its overall influence on the functioning of the couple.

Continued research in this area may reveal the ways in which young adults communicate with each other via technology. Individuals who have grown up amidst advances in technology have adapted to a lifestyle in which the ability to communicate with friends and gain entry into one's personal life is readily available. Due to this factor, the ability to communicate with, gain access to or monitor a partner has increased. Draucker and Martsolf (2010) indicated that technology has changed the course of relationship quality and communication because boundaries have shifted. Counselors can incorporate healthy technology communication into their treatment plans. Bergdall et al. (2012) reported that technology does close the social gap between all people, but if utilized in efforts to

educate young adults about healthy and safe ways to communicate with each other, it may have a positive effect on intimate relationships and the potential to reduce violence.

Limitations

This study's findings should be considered with caution because there are limitations to consider. We did not incorporate a random sampling method, as there were no large student lists or databases for generating random samples. We were unable to calculate a response rate due to the nature of our convenience sampling approach. Thus, the study results might not be representative of the young adult population at all colleges and universities. Additionally, the majority of the sample was comprised of white, heterosexual females.

Another limitation is that two of the assessments we used revealed low Cronbach's alpha scores (PSS and UTR), while the ACV had a Cronbach's alpha just below the accepted cutoff. Cronbach's alpha is not a measure of the overall assessment's internal consistency as much as it is a measure of the sample's consistent responses to items (Helms, Henze, Sass, & Mifsud, 2006; Lance, Butts, & Michels, 2006). Thus, the low Cronbach's alpha suggests diversity in responses to items among the study sample. However, the low Cronbach's alpha scores may indicate higher measurement error, and results should be considered with caution.

This study also is limited because it incorporated self-report measures, with some participants reflecting on past relationships. Self-report, especially when thinking about a relationship that did not work out, may not provide accurate information. Additionally, we did not collect data from both members of a couple. Finally, there were missing data because participants skipped items, marked two items instead of one or skipped enough items that their results were not interpretable. We used a data imputation method with reduced bias, but there is no certainty in the accuracy of the imputed responses.

Conclusion

Recent research has contributed to the formation of IPV typologies and has challenged traditional models, yet much remains unknown about partner violence among young adults. The use of technology in relationship communication and conflict resolution is an expanding area of research due to technology's increased use in daily living. Given the need for more information about both IPV and the use of technology in relationship communication, this study looked at technology use as a risk factor for IPV among young adults. Our study both confirmed prior results and contributed new results. Results suggest that emerging adults may expect technology to be an important means of relationship communication. Those counseling college-aged couples should consider discussing healthy avenues for incorporating technology. Furthermore, technology use should be considered when counselors screen couples for risk factors associated with IPV. However, more research is warranted regarding the use of technology in young adult relationships.

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Learner-Centered Pedagogy: Considerations for Application in a Didactic Course



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A learner-centered teaching approach is well known in higher education but has not been fully addressed within counselor education. Instructors who adopt this approach value a collaborative approach to teaching and learning, one that honors students' wisdom and contributions. Teachers create a learning environment encouraging students to actively engage in and take ownership of their learning experiences, an environment inspiring students to think deeply about how they might apply what they are learning to their future practice. It may be particularly challenging for counselor educators to incorporate learner-centered teaching strategies into didactic courses that are traditionally heavy in content versus smaller experiential courses such as practica and internships. In this article, learner-centered teaching is described, and a case study demonstrates how a learner-centered approach may be applied to a traditionally didactic counseling course.

Keywords: pedagogy, teaching, learner-centered, counselor education, didactic

For the past decade, there has been a call in higher education for a shift from teacher-centered methods of instruction to learner-centered pedagogy (Brown, 2003; Crick & McCombs, 2006; Harris & Cullen, 2008). Educators who use a learner-centered model view learning as nonlinear, multidimensional and a phenomenon that occurs relationally within a social context (Cornelius-White, 2007). Their use of learner-centered pedagogy favors a democratic approach to teaching that shifts the instructor from the center of the learning environment to a more peripheral position. This shift is achieved by increasing students' opportunities to actively participate in the classroom and engage in self-directed learning outside the classroom, as well as providing forums through which they can share learned information with peers (Wright, 2011). Educators who use learner-centered pedagogy favor differentiated modalities to facilitate learning, in contrast to instructors who use teacher-centered models of teaching that rely on lecture as the primary means of instruction.

While learner-centered literature is well known within the domain of higher education, as of yet it has not been thoroughly addressed within the scope of counselor education. Scholars and researchers in counselor education have focused on what content should be included in curricula (Granello, 2000) or specific teaching techniques used in class (May, 2004; Shepard & Brew, 2005; Stinchfield, 2006), rather than comprehensive approaches toward teaching that are helpful for engaging student learning. Yet several pedagogies are present in the counselor education literature such as contextual teaching (Granello, 2000), constructivist pedagogy (Nelson & Neufeldt, 1998), experiential teaching approaches (Grant, 2006), and transparent counseling pedagogy (Dollarhide, Smith, & Lemberger, 2007). These authors have described alternative and innovative methods for engaging student learners.

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Teaching practices such as contextual teaching, constructivist pedagogy, experiential teaching approaches and transparent counseling pedagogy share commonalities with, and reflect certain ideals of, learner-centered pedagogy. We believe that learner-centered pedagogy could represent an overarching theoretical umbrella, under which previous teaching practices presented in the counseling literature could represent different forms of learner-centered instruction. In this way, learner-centered pedagogy may serve as a conceptual framework that educators can use to provide an impactful learning experience for counseling students.

We provide a brief description of the learning needs of counselor education students based on the demands they will face working as professional counselors, followed by an explanation of how learner-centered pedagogy may ultimately help professional counselors meet these demands. A case study is then presented to demonstrate how learner-centered pedagogy was applied in a couples counseling class.

Preparing Counselor Trainees for Professional Practice: Facilitating Deep Learning

Master's degree programs in counselor education are designed to prepare students to begin working as professional counselors upon graduation. To learn to be professional counselors, students must develop a sense of comfort with ambiguity and a capacity for independent and reflective thinking (Dollarhide et al., 2007). Counseling students also must develop competent clinical skills and adequate knowledge to pass licensure examinations. Traditionally, courses thought to be didactic (e.g., theories, ethics, diagnosis, couples and family counseling) have tended to emphasize the acquisition of important content knowledge. In contrast, seminar courses (e.g., prepracticum, practicum, internship) are oriented to experiential learning and the development of clinical skills (Sperry, 2012). Counselor educators have designed curricula with the dual focus of acquiring important content knowledge and the development of clinical skills. Yet it is unclear what approaches to teaching are helpful for preparing counselor trainees for the demands of being a professional counselor, particularly approaches to teaching didactic courses.

One means of gaining insight into this question of helpful teaching approaches to didactic or seminar courses is to explore what counseling students and practicing counselors believe is important in their training. A comprehensive review of the literature revealed only a few articles that offer some evidence of what students and practicing counselors perceive as important learning experiences during their graduate degree programs, experiences that help to prepare them for professional counseling careers. Orlinsky, Botermans, Rønnestad, and the SPR Collaborative Research Network (2001) found that professional therapists recall practical and experiential learning as most helpful in facilitating their professional development. Similarly, Furr and Carroll (2003) found that experiential learning activities and activities that involve immediate application of knowledge have a greater impact on students' development than cognitive teaching strategies. Grant (2006) supported these research findings; she posited that counselor education programs should expand beyond didactic-intensive approaches to teaching to incorporate more opportunities for experiential learning and activities that generate reflective thinking. Grant surmised that these approaches to teaching are helpful for preparing counselor trainees for the complexity of working with challenging client populations.

Experiential and applied learning are important facets of learner-centered pedagogy that can help instructors move away from didactic-intensive styles of teaching and enhance deeper approaches to learning in their students. Researchers have identified a deep approach as one of two approaches

students take toward learning (Diseth, 2007; Parpala, Lindblom-Ylänne, Komulainen, Litmanen, & Hirsto, 2010). A deep approach toward learning is characterized by students' intent to understand the richness and meaning of what they are studying (Diseth, 2007). The second is a surface approach, which prioritizes the reproduction of knowledge with precision rather than depth of understanding, as students' motivation tends to be based on minimizing their chances of being wrong (Parpala et al., 2010). A surface approach to learning can be compared to the processes of a copying machine—students are presented with information, which they attempt to reproduce neatly and accurately, so that the copy mirrors the original as closely as possible. Students who adopt a deep approach toward a learning task are typically regarded as having intrinsic motivations for learning (Diseth, 2007). Such students are more likely to conceptualize, problem solve, and be reflective during a learning task as they wrestle to construct personal knowledge and understanding.

Students' perception of their learning environment is a factor that influences the type of learning approach they use during the course. Some researchers have found a positive correlation between learner-centered classroom environments and students developing deep approaches to learning (Vanthournout, Donche, Gijbels, & Van Petegem, 2004; Wilson & Fowler, 2005). Students who have positive perceptions of a learning environment (e.g., see meaning and purpose in a course, perceive that what they are learning will be useful to them, are stimulated by classroom activities, perceive the classroom as a safe place) tend to adopt deep approaches toward learning. Students who hold a negative perception of a learning environment (e.g., do not see purpose or meaning in a course, are not intellectually stimulated, struggle to grasp what is being taught, feel unsafe or overwhelmed in the classroom) are more likely to adopt surface approaches toward learning (Lindblom-Ylänne, 2004).

Counselor educators are tasked with creating an engaging learning environment in didactic-oriented classes that invites students to learn thoughtfully and deeply as they prepare for professional counseling practice. Creating an environment that counseling students perceive as meaningful, useful and safe may encourage students to use deep approaches to learning. Counseling students who use a deep approach toward their learning may develop greater personal meaning and understanding about what they are learning, so they can more effectively apply what they have learned when working as professional counselors. Aspects of learner-centered pedagogy may be useful to counselor educators in creating a learning environment that is perceived as positive by counseling students, whether in the context of a didactic or seminar course.

Teacher-Centered and Learner-Centered Pedagogies

A factor that can influence how counselor trainees perceive their learning environment is the teaching approach used by their instructor. Teacher-centered and learner-centered pedagogies are differing approaches to teaching that are based on contrasting ideological assumptions.

Teacher-Centered Pedagogy

Teacher-centered pedagogy is associated with traditional conceptions of teaching in which instructors prioritize acquiring pertinent content knowledge as a primary learning objective (Brown, 2003). The teacher is the fulcrum of the learning environment, having a greater wealth of knowledge about the subject being taught, relative to students' inexperience and lack of knowledge (Wright, 2011). This distinction can engender a hierarchical relationship between teacher and students in the classroom. Teacher-student relationships primarily are defined by intellectual explorations chosen by the teacher, in which the teacher is an arbiter and distributor of knowledge and students are receivers of knowledge (Wright, 2011).

Instructors using a teacher-centered approach predominantly rely on lecture to transmit knowledge to students, and typically prioritize the acquisition of content, as students are evaluated on their ability to accurately reproduce knowledge that they are provided (Brown, 2003). While lecturing is acknowledged in the literature as a tool that can be helpful for stimulating student learning, instructors who rely heavily on lecture-intensive approaches have come under criticism and have been linked with students adopting surface approaches to learning (Diseth, 2007). Bain (2004) cautioned that instructors' use of didactic-intensive forms of instruction may stunt students' curiosity and appetite for learning, as students may become accustomed to being passive receptacles for information. Various authors in the counseling literature have posited that supplementing lecture with alternative or innovative teaching approaches can help engage student learning so that students can more effectively access and apply what they have learned in their work as professional counselors (May, 2004; Shephard & Brew, 2005; Stinchfield, 2006).

Learner-Centered Pedagogy

Learner-centered pedagogy emerged from constructivist learning theory and represents a countermovement to traditional teacher-centered pedagogical practices (Baeten, Dochy, & Struyven, 2012; McAuliffe & Eriksen, 2002). Educators who use learner-centered pedagogy view knowledge through lenses of social and relational processes and therefore prioritize students' individual processes of constructing personal knowledge and understanding rather than rote mastery of course content (Baeten et al., 2012). These instructors must be comfortable with the uncertainty and needed flexibility that come with self-reflection and change, both in themselves and their students (McAuliffe & Eriksen, 2002). Such instructors place learning at the center of the classroom environment, where both teacher and students share responsibility for creating a meaningful learning experience. In contrast, teacher-centered instructors assume the majority of responsibility for teaching and ensuring that learning is occurring, and they represent the most prominent aspect of the learning environment rather than having that space filled by the topic of interest.

The primary task of an instructor using a learner-centered approach is to create an environment that is conducive to learning. Although a strong grasp of course content and use of lecture may be helpful in this endeavor, they represent only two of several important components of such a learning environment. Brown (2003) stated that the focus on the process of learning and the context in which learning occurs is considered to be as integral as, or more integral than, the specific content knowledge presented to students. McCombs (as cited in Cornelius-White, 2007) described some characteristics of learning environments that are based on learner-centered assumptions:

[Learning is] non-linear, recursive, continuous, complex, relational, and natural in humans. . . . Learning is enhanced in contexts where learners have supportive relationships, have a sense of ownership and control over learning processes, and can learn with and from each other in safe and trusting learning environments.
(p. 7)

Two important components that learner-centered teachers consider when establishing a positive learning environment are providing supportive relationships in the classroom and creating a space that feels safe and trusting to student learners (Weimer, 2002). Instructors using a learner-centered approach foster supportive relationships and cultivate a safe learning environment by diffusing power differentials between the teacher and students. Instructors diffuse power differentials through intentionally creating opportunities for students to become active in the classroom, honoring and

utilizing student learners' individual experiences and perspectives, and treating students as partners in the learning process (Crick & McCombs, 2006). Thus, instead of the instructor being the primary arbiter of content, intellectual queries and structure in a classroom, a learner-centered instructor favors democratic and collaborative approaches to teaching that empower students to be active participants in their learning (Wright, 2011). An example of this practice occurs when an instructor intentionally defers from immediately answering a student's question and rather redirects the question to the students in the classroom. Such an approach diminishes the instructor's role as "expert" in the classroom; connotes a belief that student learners possess the collective knowledge, experiences and perspectives to provide useful insight to answer the question; and encourages students to become intellectually active in the classroom.

Such collaborative learning is an important aspect of learner-centered teaching since collaboration is a social process believed to help students develop problem-solving skills, challenge their beliefs through honoring many viewpoints in the classroom and construct deeper personal understandings of course content (Brown, 2003). Instructors can nurture collaborative relationships by following two learner-centered principles: students prefer to have a sense of ownership and control over their learning experiences, and students should receive opportunities to teach each other what they have learned (Weimer, 2002). Therefore, student learners' preferences and opinions are taken into account when possible during course planning (e.g., having a class discussion about setting class rules) and when selecting reading assignments or major course projects (e.g., allowing student learners to create their own projects; providing student learners with a variety of assignments from which to select their course projects). Student learners then perceive that they are able to shape their learning experience in a meaningful way. After students have engaged in self-directed learning projects outside the classroom, they are then given opportunities to deepen their learning through sharing what they have learned with their classmates (Brown, 2003).

In addition to increased autonomy to construct their learning experiences, student learners receive autonomy to pursue areas of intellectual interest in the classroom. Learner-centered instructors provide opportunities for their students to explore topics of interest in depth by adhering less strictly to course content (Baeten, Struyven, & Dochy, 2013). Course content is used as a starting point for stimulating intellectual exploration in students. Students are encouraged to explore content and topics of interest when their instructors create space for inquiry, discussion or other spontaneous learning experiences in the classroom (Weimer, 2002). Thus, learner-centered instructors favor flexible approaches to teaching that create space for students to learn about topics of interest with greater depth, rather than teacher-centered approaches that ensure a broad coverage of course content.

Student learners' active role and sense of autonomy during class is counterbalanced by learner-centered instructors taking a more peripheral role, acting as guides who encourage students on their own path of inquiry and understanding (Wright, 2011). Teachers using a learner-centered approach help facilitate students' learning interests as they arise by guiding discussion and inquiry, while being mindful to incorporate various learning experiences in the classroom. Incorporating flexible and varied teaching practices (e.g., lecture, multimedia, experiential activities, discussion) is a key aspect of facilitating a learner-centered classroom environment so that a wider range of student learner preferences can be satisfied (Brown, 2003). Teachers using a learner-centered approach attempt to formulate their teaching practices based on the learning preferences of students in their classes, unlike instructors who use teaching practices that are based on the instructors' preferences.

By teaching with a learner-centered focus, counselor educators may increase the likelihood that trainees will perceive their classroom as a positive learning environment. Counselor trainees' positive

appraisal of a learning environment can help them to see the purpose and meaning in their learning experience, which may in turn influence their use of a deep approach to learning. Using a deep approach to learning, in which counselor trainees are reflective and ascribe personal meaning to knowledge that is learned, can help prepare trainees for future work as professional counselors when they will be required to think independently and tolerate ambiguity (Dollarhide et al., 2007). Therefore, counselor educators teaching didactic classes with a learner-centered focus are concerned with helping counselor trainees develop *how* they think (e.g., critically, reflectively, complexly) rather than simply *what* they think (i.e., memorization of specific content). This phenomenon is demonstrated in the following case study.

Case Study: A Commentary

When Randy (first author) first asked me (Jane; second author) to join in this project about learner-centered teaching, I was excited to do so. At the time, Randy was a doctoral candidate and I was a faculty member in a counselor education program. I consider myself to be student-centered, an effective facilitator of student learning and a postmodernist who takes a nonexpert stance with students. Randy asked me to develop a case study of a traditionally didactic course taught from a learner-centered course approach. Again, I was excited to do so, thinking that this would be an easy task, in light of my learner-centered approach to teaching.

Yet when I began to think about a course to use as a case study, one that would demonstrate a learner-centered approach, I began to doubt that I was truly learner-centered. The course I was considering was a couples counseling course that I had taught for years, a traditionally “didactic” course. Though I had incorporated a number of experiential activities into this course, I continued to lecture frequently (about half of the class time), believing that students benefit from listening to and asking questions about the theories and techniques they are learning. So was I learner-centered? Did I even have a class that I could present as a case study?

Randy and I had lively conversations that expanded my thinking about learner-centered teaching. I told him that I was struggling to differentiate experiential learning from learner-centered teaching, and that I did not think I was as learner-centered as I had believed. Experiential learning, contextual learning and problem-based learning all became a bit of a muddle for me, as there is considerable overlap between these concepts about teaching. Randy noted Barrett’s (2007) view that teaching does not have to be either-or, teacher-centered or learner-centered, but can be on a continuum between both. With this idea in mind, I reconsidered the couples counseling course and reflected on ways that my teaching might evidence a learner-centered approach.

The couples counseling course that I teach typically has 20–25 master’s students enrolled, along with a few doctoral students. It could be considered a content-heavy, didactic course covering couples therapy theories, focusing on concepts and techniques specific to couples counseling and their application in the therapeutic setting. As mentioned, I lecture in the course about these concepts and techniques and also provide students with experiences through class activities and homework assignments that aim to help students think about how they might eventually apply their learning to counseling practice.

I set up one such in-class experience by inviting an underrepresented couple, often a same-sex couple, to class to talk about their experiences as a couple. Either I or a doctoral student interview the couple about the development of their relationship, experiences they have had with others

recognizing (or not recognizing) their relationship, misperceptions heterosexual counselors might have about them as a couple, and so forth. The hope is that students will gain some understanding of the issues and oppression that face nondominant couples.

Before the class session during which the couple visits, I ask six students to serve as a team who will reflect on the interview at its conclusion. Members of this reflecting team (Andersen, 1991) talk together about what stood out to them from the interview, what they saw as the couple's strengths and how they understood the couple's challenges (especially as related to their couple status in the eyes of others), holding this conversation together as the other class members and the couple quietly listen. At the conclusion of the team's conversation, the couple respond to what they have heard, and the rest of the students have the opportunity to comment and ask the couple questions.

I consider this activity to be learner-centered, since much of the conversation is driven by the students on the reflecting team and the class as a whole. Yet it also is a structured activity, guided and facilitated by me as the instructor. I am very intentional about how I structure this activity. For instance, I would not have a class immediately start interacting with the couple, perhaps in an effort to protect the couple. Rather, the structure is intended to give students time to think about the couple and their life circumstances, time to be thoughtful about what they wish to say to the couple. In this sense, I orchestrate the experience, though eventually allow for improvisation by students. As the conductor and facilitator, I hope to encourage all the individual, unique voices of the students while also sharing responsibility with students for creating a moment that is meaningful and causes reflection and learning.

In sharing this responsibility, I have to share power with the students (as all facilitators must do) by having them interact with the couple during the reflecting team process and the following large group discussion. I cannot control the student responses, nor would I want to. Yet I have my moments of concern that a student will be insensitive to the couple, perhaps even add to the oppression they have experienced throughout their relationship. Being more learner-centered does not mean that I fully trust, at all times, all that students have to offer; it means that I believe the risk is worth the potential gain.

After this experience, students write a reflection paper about what they learned from the interview with the couple and the following classroom conversations and what questions linger for them. Students (perhaps straight students) often write that they have a new perspective on gay couples, realizing that many of their challenges are similar to challenges faced by all couples, gay or straight. They also reflect on the many ways that gay couples are discriminated against, often sharing their surprise at instances of discrimination that the couple has experienced. In their course evaluations at the end of the semester, students often comment that this classroom experience is the highlight of the course, the piece they remember most.

In addition, a homework assignment in the couples class complements the in-class couples interview. Outside class, students are asked to conduct two interviews with couples in different phases of their couple developmental cycle. Students are asked to interview a nondominant couple (e.g., gay, lesbian, interracial, interreligious) for at least one of these interviews in order to better understand some of the concerns these couples have due to living in our society, concerns that would most likely not be experienced by more highly represented couples (e.g., straight, same race, same religion). Students then write about and share in class what they learned from these interviews. As with the in-class interview, this out-of-class assignment is an experiential activity that hopefully expands students' notions of who couples are, what their concerns are as a couple and how they find

satisfaction as a couple. The goal of both the in-class and out-of-class interviews is to help students gain multiple perspectives to aid them in their future work with couples in counseling.

Although I greatly value experiential learning (such as described above), I also share information with students through a lecture format and, in that sense, take on somewhat of an expert role. Some educators may assume a nonexpert role much of the time, serving primarily as a facilitator of students' learning through application and experience. Tärnvik (2007) even stated that the teacher need not be overly familiar with the material being taught. Rather, a teacher's role is to create experiences for students. Though this approach may work for some, it does not fit with my philosophy of teaching. It is hard to imagine asking students to get close to course content if I do not have strong knowledge of the material. Being learner-centered does not mean that there are not times when I help students better understand the material, either by asking questions for them to respond to or by directly telling them about the content. Though this is an "expert" stance, I have come to believe that being learner-centered does not mean that, at *all* times, I let students take the lead while I follow. Learner-centered ways of teaching do not have to be either-or—that is, either I totally give control to students or I am teacher-centered and take full control. Rather, teaching can be both-and; there are times to give more control in the classroom to students and there are times to take back the reins. The skill, or perhaps the art, of learner-centered teaching may be to discern when it is best to do one or the other. In the in-class experience discussed above, I was intentional in setting up the structure for the couple's experience with the class (I controlled this), as well as opening up space for student involvement (during the reflecting team experience and the following group discussion). This notion of opening up space for students to learn seems to be at the core of learner-centered teaching. In reflection on Parker Palmer's (1990) quote "to teach is to create a space," O'Reilly (1998) wrote the following:

These are revolutionary words, because most of us think in terms of filling a space: filling the number of minutes between the beginning and end of class, filling the student's notebook, filling the student's head. . . . To "create a space" acknowledges both our sphere of responsibility and our lack of control. (p. 2)

It is exciting, although rather scary, to think about both "our sphere of responsibility and our lack of control" (O'Reilly, 1998, p. 2). This open space is less certain than space that I fill and presents certain questions for me, such as "What will students say?," "Will I know how to respond to what they say?" and "Will they say anything at all?" Yet it also is troubling to think that there are no spaces during a class that provide students with the opportunity for improvisation, expression and contribution.

When I teach classes such as the couples therapy course, I find myself often reflecting on how I can balance teaching a large class, covering content that is essential to the subject and creating space for my students to interact with the content (to improvise). There are many ways to accomplish this task, but I have found that when I lecture I tend to conceptualize the content as a starting point for student engagement, rather than an end point. As such, when I lecture I try to leave space open for student inquiry and for discussion to occur naturally, rather than sticking rigidly to my teaching agenda. Though students certainly benefit from learning important conceptual knowledge, it has been my experience that some of the richest learning experiences for both students and me occur during spontaneous discussions that begin with the lecture material and end in a place I did not plan for or anticipate. My hope is that rich discussions, often filled with ambiguity and complexity, contribute to students' preparation for their multifaceted work as counselors.

Limitations of Learner-Centered Pedagogy and Future Research

There is a danger in thinking of teacher-centered and learner-centered methods of teaching as dichotomous and discrete. This either-or simplification may be appropriate for generating clear theoretical distinctions, but it is not appropriate for capturing the complex practices of teachers and teaching (Barrett, 2007). It would probably be inaccurate to describe most teachers as being either teacher-centered or learner-centered. In practice, teachers draw on a variety of pedagogical influences, which manifest themselves in a blend of approaches that are unique to that individual (Barrett, 2007). It may be more helpful to conceptualize teacher-centered and learner-centered pedagogy as ideological bookends that exist on a continuum. Thus, an approach to teaching could be considered more teacher-centered or more learner-centered, rather than either teacher-centered or learner-centered.

Although some researchers have provided a favorable outlook on learner-centered pedagogy (Vanthournout et al., 2004; Wilson & Fowler, 2005), other researchers have found that students may learn best through teacher-centered approaches (Baeten et al., 2012) or a combination of teacher-centered and learner-centered pedagogical approaches (Baeten et al., 2013). These mixed findings, in conjunction with limited pedagogical research in counselor education, highlight a need for future research to investigate student learner preferences in master's counseling programs. A fruitful direction for future research would be to explore the perceptions of recent graduates who are now working in professional counseling environments to gain an understanding of what novice counselors perceive as being helpful pedagogical practices during their master's program. These graduates could offer valuable insight into what teaching practices were most helpful for preparing them for the demands they face working as novice professional counselors. Greater understanding of what pedagogical practices are preferred by students in master's programs in counselor education, from the perspective of counselor trainees or novice professional counselors, could help educators become more learner-centered by allowing them to tailor their own teaching practices to meet the needs of student learners in their classrooms.

Another area of possible research to investigate is how counselor education doctoral students learn to teach. Researchers could review syllabi of college teaching courses to examine how doctoral students are being taught to teach, particularly noting if and how the syllabi reflect a learner-centered or teacher-centered approach. Researchers also could interview counselor education doctoral students and recent graduates to explore ways they learned to be instructors, especially ways that reflect learner-centered or teacher-centered approaches. Learning more about how doctoral students are being taught to teach will illuminate current teaching practices in counselor education at the doctoral level and assist counselor educators to thoughtfully and intentionally examine their beliefs about teaching and make corresponding changes to their courses.

Conclusion

Counselor educators can benefit from being reflective about our own teaching practices. Thinking about learner-centered pedagogy may be a useful way to reflect on one's teaching practice and to consider integrating other pedagogical practices into one's own style of teaching. Although some counselor educators may identify as being either teacher-centered or learner-centered, it is likely that many will see merit in both approaches. It is not necessary for counselor educators to wholly endorse learner-centered pedagogy as their preferred teaching identity in order to infuse learner-centered principles into their teaching. General learner-centered principles compatible with diverse teaching styles and classroom settings include the following: assessing the learning needs and interests

of students in the classroom as a starting point for making decisions about what will be taught, creating spaces during class time where spontaneous learning can occur, and providing opportunities for autonomous and self-directed learning experiences (Brown, 2003). Infusing learning-centered pedagogy into one's teaching may facilitate a deep learning experience for students, which will augment their development as emergent counselors.

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Sibling Abuse: A Study of School Counselors' Shared Attitudes and Beliefs



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The impact of sibling abuse on children and adolescents is rarely contemplated. Counselors are in a position to advocate for all children and protect them from harm; yet one source of harm that counseling practitioners and educators might be unaware of stems from violence between siblings, which can become abusive. In this article, findings are presented from a phenomenological study examining eight practicing school counselors' attitudes and beliefs about sibling abuse and the contexts or situations that have influenced them. Seven themes emerged supporting school counselors' perceptions of their role in responding to sibling abuse and their beliefs about factors contributing to sibling abuse. Recommendations for advocacy for children and adolescents are offered for counselor educators, counselors-in-training and counseling practitioners, school counselors in particular.

Keywords: sibling abuse, school counselors, advocacy, children, adolescents

All counselors advocate for their clients (American Counseling Association [ACA], 2014; Ratts & Hutchins, 2009). School counselors, in particular, often perform a fundamental role in advocating for the well-being of children and adolescents (American School Counselor Association [ASCA], 2012; Ratts, DeKruyf, & Chen-Hayes, 2007). A unique aspect of practice for school counselors is that they work with children and adolescents on a daily basis and often over a longer period of time than other counselors in the community. School counselors' close proximity to children and adolescents within the school system also allows them to advocate for students systematically year after year.

One important way that school counselors can advocate for students is by protecting them from harm. In accordance with the Child Abuse Prevention and Treatment Act (Children's Bureau, 2010), the ASCA Ethical Standards (2010) and the ACA Code of Ethics (2014), school counselors must report any suspicion of child abuse or neglect to child protective service (CPS) agencies. School counselors often receive training on abuse recognition and reporting (Alvarez, Donohue, Kenny, Cavanagh, & Romero, 2005; Kominkiewicz, 2004; Lambie, 2005; Minard, 1993). However, child abuse training is typically exclusively focused on parent-to-child abuse or abuse by another adult over the age of 18.

Abuse of children by adults may not be as prevalent as other forms of abuse against children. A less commonly explored form of family violence is sibling abuse. In the past, sibling abuse was considered a normal rite of passage that most children experience and was misidentified as sibling rivalry (Phillips, Phillips, Grupp, & Trigg, 2009). However, results from National Family Violence

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Surveys indicated that violence between siblings was extensive and harmful (as cited in Straus, Gelles, & Steinmetz, 1980). Wiehe (2002) summarized that participants in these surveys revealed the rates of sibling abuse “make the high rates of other forms of family violence, such as parents abusing children or spouses abusing each other, seem modest by comparison” (p. 2). In addition to potentially being the most prevalent form of abuse, it also has been determined that violence between siblings was the least reported and researched form of family abuse (Eriksen & Jensen, 2006, 2009). Stutey (2013) posited that a lack of federal laws and protocol for reporting sibling abuse, as well as the absence of a definition for sibling abuse in the school counseling literature, might contribute to this problem.

For this study, the term *sibling aggression* was utilized to represent a continuum of behaviors beginning with mild aggression (i.e., competition and conflict) and progressing to severe aggression (i.e., violence and abuse; Caspi, 2012). Sibling abuse and sibling violence were both viewed as severe forms of sibling aggression, with sibling abuse being the most severe. Sibling abuse has been defined as the unilateral physical, emotional or sexual harm of one sibling by another (Caspi, 2012). Researchers have suggested that 3–6% of children have experienced severe sibling abuse that might include using weapons or objects to inflict pain (Button & Gealt, 2010).

Sibling violence also has been considered a severe form of sibling aggression resulting in physical, emotional or sexual harm, but differs from sibling abuse because it is defined as bidirectional, or mutual, aggression between siblings (Caspi, 2012). The literature on sibling violence posits that 30–80% of children experience some form of violence by a sibling (Button & Gealt, 2010). Whether a product of sibling abuse or sibling violence, both forms of aggression result in emotional and psychological consequences for children (Stutey, 2013). For the purpose of this research study, Kiselica and Morrill-Richards’ (2007) definition of a sibling was utilized and was inclusive of the following: “biological siblings (share both parents), half-siblings (one parent in common), step-siblings (connected through marriage of parents), adoptive siblings, foster siblings (joined through a common guardian) or fictive siblings (may not be biologically related but are considered siblings)” (p. 149).

Even when school counselors are able to make the distinction between less severe sibling aggression and sibling violence or abuse, there might be some confusion about how to address this phenomenon. The federal laws and statutes discussed previously do not specifically address or protect against abuse between siblings. While the Child Abuse Prevention and Treatment Act (Children’s Bureau, 2010) provided clear guidelines for school counselors on how and when to report suspected child abuse by an adult, the same cannot be said for abuse by a sibling. Counselors in the clinical setting are likely to encounter this same predicament.

A review of the literature revealed that although ongoing research has been conducted by practitioners in the field of family violence and the medical field, particularly nursing (Button & Gealt, 2010; Caffaro, 2011; Caffaro & Conn-Caffaro, 1998; Caspi, 2012; Eriksen & Jensen, 2006, 2009; Finkelhor, Turner, & Ormrod, 2006; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Goodwin & Roscoe, 1990; Morrill & Bachman, 2013; Skinner & Kowalski, 2013; Straus et al., 1980; Tucker, Finkelhor, Turner, & Shattuck, 2013; Wiehe, 1997), none of the research appeared in any of the professional literature for counselors with the exception of Kiselica and Morrill-Richards (2007). In addition, while all counselors are ethically required to promote wellness and protect students from harm, there was no specific research in the counseling literature that addressed training for counselors on how to identify and intervene with children experiencing sibling abuse and violence.

The combination of possible normalizing attitudes toward sibling rivalry coupled with a lack of training and guidelines on identification and intervention is problematic. Furthermore, researchers have confirmed that survivors of childhood sibling abuse exhibit many long-term mental health concerns similar to those of children abused by an adult, such as depression, drug and alcohol abuse, low self-esteem, at-risk sexual behaviors, and continuing the cycle of violence in future relationships (Noland, Liller, McDermott, Coulter, & Seraphine, 2004; Oshri, Tubman, & Burnette, 2012; Simonelli, Mullis, Elliott, & Pierce, 2002; Tucker et al., 2013; Waite & Shewokis, 2012; Wiehe, 2002). A lack of awareness and professional training standards about sibling abuse might ultimately result in counselors not reporting this as abuse and lead to long-term psychological harm to children and adolescents.

The purpose of this study was to examine and gain further insight into and awareness of current school counselors' shared experiences with sibling abuse. Based on the review of the literature, it also was imperative to understand whether there might be exterior influences impacting school counselors' ability to work with students experiencing sibling abuse. The two overarching questions for this study were the following: (1) How do school counselors describe their attitudes and beliefs about sibling abuse? (2) What contexts or situations have influenced or affected school counselors' attitudes and beliefs about sibling abuse?

Methodology

According to Trusty (2011), "if little is known about a research area or target population, it is likely that a qualitative study would be needed first" (p. 262) before utilizing a quantitative approach. Thus, the researcher chose a qualitative design because no current studies have been conducted with school counselors about sibling abuse. Phenomenology was the most appropriate methodology because it is grounded in the paradigmatic assumption of constructivism and the belief that multiple realities exist and can be explored through in-depth descriptions of participants' perspectives and lived experiences (Hays & Wood, 2011). Phenomenology was utilized as information was gathered and described, and meaning was interpreted from the data in order to better understand school counselors' shared attitudes and beliefs about sibling abuse and its relevant contexts or situations.

Participants

This study utilized a purposeful sample of practicing school counselors across one Western state. By choosing a single state, the specific state laws and statutes in place to protect children from abuse and neglect were available to be thoroughly explored. In addition, each participant had at least 2 years of experience as a practicing school counselor. Soliciting school counselors with at least 2 years of experience increased the likelihood that the participants had experience working with children and abuse, and perhaps sibling abuse. Participants were solicited through local and regional professional organizations such as local school districts and the state school counseling association. To gain a balanced sample, participants were recruited at all three grade levels and from a variety of geographical locations and districts across one Western state.

The participants in this study consisted of eight female school counselors. Two of the participants self-identified as European and the remaining six self-identified as Caucasian. The age range of these participants was 35–58 years old with a mean age of 44 years old. Participants reported a range of 4–21 years of experience as school counselors with a mean of 10 years of experience. All participants except for one graduated from a CACREP-accredited master's degree counseling program between the years of 1989 and 2009. One participant later earned a PhD in higher education. Five of the

participants identified their schools as urban and three as suburban. At the time of participation, three participants worked at the elementary level, two at the middle school level and three at the high school level. A Graham Fund Grant was received to give participants a \$25 gift card for their participation in this study.

Procedures

After obtaining Institutional Review Board approval, the researcher secured informed consent and conducted two audiotaped interviews with each participant, allowing 3–4 weeks between interviews. First interviews ranged from 45–60 minutes in length and second interviews ranged from 30–45 minutes in length. The second interview gave participants the opportunity to share any further insights once they had had time to reflect upon the phenomena of sibling abuse and allowed for prolonged engagement, which built trust with participants and created an opportunity to check for misinformation (Creswell, 2007).

When possible, it is recommended that in-person interviews be conducted in order to gain as much information as possible, both verbally and nonverbally (Creswell, 2007; Given, 2008). Based on their availability and comfort level, six of the first interviewees chose in-person interviews, one participant opted for a Skype interview and one was interviewed by telephone. In the second interviews, seven of the eight participants interviewed in person and one participant opted for a second telephone interview.

Story vignettes were created to be utilized alongside the first semistructured individual interview. Because sibling abuse is a relatively unknown topic, vignettes allowed participants to respond to hypothetical questions about sibling abuse. Hypothetical questions allowed participants to discuss what they might do in a particular situation (Merriam, 1998) and ensured that all participants would be able to share their attitudes and beliefs whether or not they had encountered a student experiencing sibling abuse. The researcher utilized Heverly, Fitt, and Newman's (1984) empirical model to create two story vignettes that varied on three factors: gender, age of the student, and the type of abuse being presented (physical and emotional or relational). "Vignettes are partial descriptions of life situations used in research and education as a strategy to elicit participants' attitudes, judgments, beliefs, knowledge, opinions or decisions" (Brauer et al., 2009, p. 1938). (Interview questions and story vignettes are available from the author.)

Data Analysis and Trustworthiness

All data were collected by one researcher and transcribed by a third party. Data were analyzed and independently coded at two levels by the researcher. In the first level of coding, shorthand was assigned to data to identify important information about the data, and in the second level, interpretive constructs were identified (Merriam, 1998). Throughout both levels of coding, the specific techniques for analyzing phenomenological data of horizontalizing, clustering horizons, and textural and structural description were utilized (Moustakas, 1994).

Several techniques were used to ensure the trustworthiness and rigor of data collection and analysis. First, the researcher conducted two member checks. According to Guba and Lincoln (1989), a member check is the most important technique that researchers can use to establish credibility. Participants received transcripts from their individual interviews and initial emerging and final themes. Participants were allowed to remove or further discuss any data from their transcript or the initial and final themes that did not fit their perspective and experience of the phenomenon.

Next, the researcher utilized peer reviewers. Two peer reviewers provided feedback at three points throughout the data collection and analysis—after the first two individual interviews, at

the end of the first round of interviews and at the end of the second round of interviews. Peer reviewers had access to initial emerging themes and final themes, the researcher's journal, and coding documentation in order to inform their feedback provided to the researcher throughout the data collection and analysis process. The researcher conducted a debriefing session after receiving feedback from each of the peer reviewers. Lincoln and Guba (1985) recommended that peer debriefing sessions be documented. Therefore, the researcher tracked feedback and subsequent changes to emerging themes in a researcher's journal as part of an audit trail.

Finally, the researcher utilized bridling to establish trustworthiness and acknowledge prior and current experiences with sibling abuse. "Bridling is a reflexive project, is a departure from the often used phenomenological technique of *bracketing* one's pre-understandings, and offers ways to imagine a less deterministic view of validity in phenomenological research" (Vagle, 2009, p. 586, emphasis in original). Bridling was chosen over bracketing because the researcher had personal and professional experiences with sibling abuse making it unlikely, if not impossible, to put aside all biases and assumptions.

The researcher developed a researcher's stance and kept a researcher's journal throughout the data collection and analysis to bridle and manage biases and assumptions. A summary of the researcher's stance is provided below. Presentation of these assumptions and biases was an effort to increase awareness about what might inadvertently influence this study; it was not an attempt to change or dismiss assumptions or biases, but rather to bridle how these might impact the collection and analysis of the data.

Researcher's Stance

The researcher was interested in sibling abuse for several intertwined reasons. As a school counselor for 8 years, the researcher worked with many children and their siblings around issues that were commonly referred to as sibling rivalry. However, the researcher received no training or academic coursework about sibling abuse and in retrospect acknowledged that sibling abuse or violence may have been overlooked with several students. In addition, the researcher is the middle child of five siblings and experienced mild sibling aggression beyond developmentally appropriate sibling rivalry. The researcher acknowledged that these professional and personal experiences furthered an interest to learn more about sibling abuse. The researcher engaged in ongoing reflexivity and continued to engage in bridling professional and personal experiences with sibling abuse throughout the data collection and analysis process.

Results

A total of seven themes emerged from the two interviews with the participants. The seven themes, as well as corresponding subthemes, have been organized into two overarching categories: (a) responding to sibling abuse, and (b) factors contributing to sibling abuse (see Figure 1). The first category represented participants' perception of their role as school counselors to respond to students experiencing sibling abuse and ways in which to support families. The overarching category of responding to sibling abuse was supported by the following four themes: keeping students safe, defining the line, multiple victims and needs, and education and awareness. The second overarching category represented what participants perceived as contributing factors that might influence and impact how they viewed and responded to students experiencing sibling abuse. The second overarching category, factors contributing to sibling abuse, was supported by the following four themes: education and awareness, sibling bond, learned violence, and systemic barriers. It was determined that one of the seven themes (education and awareness) overlapped and fit into

both of the overarching categories. Descriptions of the themes and accompanying subthemes are provided with support from participants. Participants chose pseudonyms to be used throughout their participation in this research study.

Responding to Sibling Abuse

Keeping students safe. The first theme that emerged from the participant data was *keeping students safe*. This theme was defined as participants' shared beliefs that as school counselors, they are responsible to respond and to advocate on behalf of all students in order to keep them safe from psychological harm. Participants shared that abuse by a sibling was "no different" than a parent abusing a child. However, only one of the eight participants shared that she had responded to sibling abuse by following specific district protocol outlining how school counselors should report sibling abuse. Of the remaining seven participants, four had encountered one or more instances of sibling abuse at their school and responded in a variety of ways to keep students safe. The remaining three participants hypothesized what they might do if sibling abuse was suspected, but reported that they had never directly spoken to a student about sibling abuse. Two subthemes emerged from the participants' descriptions of keeping students safe—advocacy and collaboration.

Advocacy. First, participants shared that they perceived their role as being responsible for keeping students safe by responding through advocacy. For example, Grace shared, "My number-one role is to advocate for students and make sure that they are safe." Laura stated, "I just think before we can do much of anything else, we have to keep them safe—so that is very important." She mentioned that for some children, "school is the safe place that they have to go." Many participants stated that one of the key ways in which they would advocate for children experiencing any kind of abuse, including sibling, was by contacting CPS or law enforcement. Margaret shared, "I think you definitely need to notify law enforcement that it [sibling abuse] is something that is happening in the home and then make a call to social services as well."

Collaboration. While participants endorsed that one way to keep students safe is to advocate and report sibling abuse to CPS agencies or local law enforcement authorities, they acknowledged that these strategies do not always stop the problem. Therefore, to keep students safe, participants shared that they also believed they needed to collaborate with parents and outside agencies to put support systems in place for the victim, offender and family. Valerie shared, "I feel like my best shot is to talk to the parents to see if there is something they can do to protect the child at home." Tiffany noted, "If I can get the family on board, then hopefully we can get a lot more done." At the same time, participants discussed that collaborating with parents can be problematic, especially if there is a history of family violence or parents dismiss sibling abuse as a serious problem. Ty mentioned, "I can help with the [sibling] competition and I can help with the conflict, but the violence and abuse are much too severe for a casual relationship—they need longer term help." Therefore, beyond collaborating with parents, participants shared that to keep students safe from sibling violence and abuse, they also may need to solicit help from community-based counselors.

Defining the line. The second theme that emerged from the participant data was *defining the line*. This theme was defined as participants' shared attitudes and beliefs about how they delineated between healthy sibling rivalry and sibling violence or abuse. Participants endorsed that sibling abuse or violence was often viewed as "normal" in society, making it more difficult to identify and therefore report. Also, participants shared that students and parents may not differentiate harmful sibling aggression from healthy rivalry, and therefore students are likely being harmed. Although participants believed it was their role to respond to students, they shared that sibling abuse is difficult

to define and consequently report, which makes it a complex problem. The following two subthemes emerged from the participants' descriptions of defining the line: normal sibling rivalry, and violence and abuse.

Normal sibling rivalry. First, the counselors discussed normal sibling rivalry as healthy and a "normal part of growing up," which presented opportunities for school counselors to respond through lessons on conflict resolution. Lee shared, "I believe in competition, I believe in conflict over the biggest cookie or bathroom time, TV time or choosing different things. . . . I think that is all

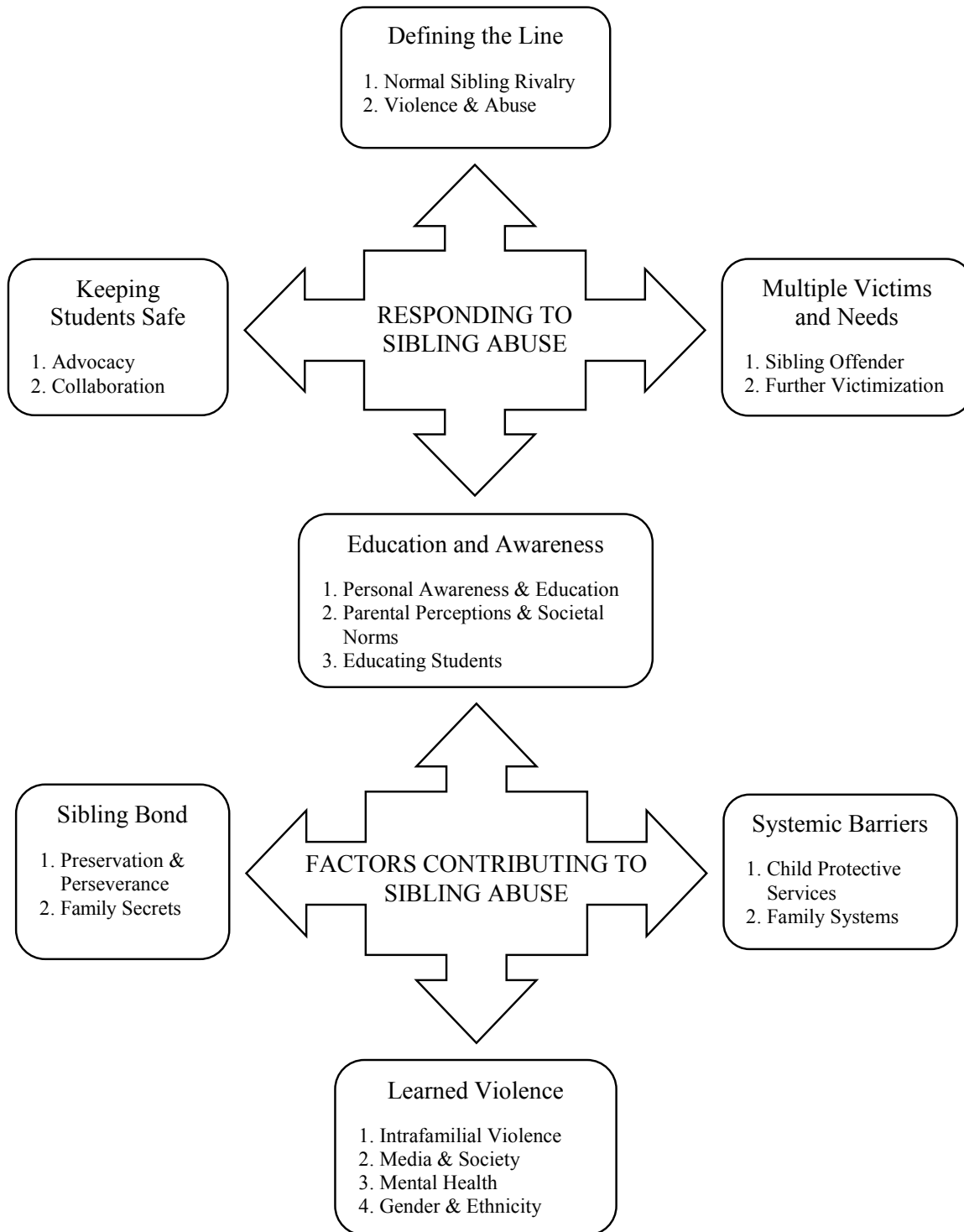


Figure 1. Themes Related to Sibling Abuse

natural and normal and healthy, and it helps us figure out life.” Holly shared, “In conflict, you learn a lot about how to resolve conflict with your siblings and it is normal to have conflict, especially minor conflict.” Participants shared that absence of a firm definition for where to “draw this line” between sibling rivalry and violence or abuse often negatively affected the ways in which they responded.

Violence and abuse. Participants shared varying views on what differentiated sibling violence from abuse; however, most shared that sibling violence was a mutual act between siblings while abuse consisted of a power differential between siblings. Valerie stated, “Abuse is when one of them who is bigger, meaner, tougher, beats up the other one, and the other one can’t defend themselves.” She further explained, “When it’s violent, they can each give and take, but when it’s abusive, one of them can’t protect themselves or dish out as much as they get.” Participants struggled to define how often a behavior had to occur for it to be considered abuse. Tiffany asked, “Do they have to get punched in the face three times, does that make it abuse? So it’s just a weird line. Is there a line? I really don’t know.” Grace mentioned the need for “a clear definition for school counselors and maybe examples and how to go about addressing it.”

Multiple victims and needs. The third theme that emerged from the participant data was *multiple victims and needs*. This theme was defined as participants’ shared attitudes and beliefs about responding not only to the primary victim of sibling abuse, but also responding to others such as the sibling offender or other victims. Participants believed that school counselors focus primarily on working with the student being harmed in cases of child abuse. However, participants felt equal responsibility for the sibling offender’s well-being and academic success as they did for the victim’s. Participants who had worked with sibling offenders in the schools noted concern that these students might also be “victim[s] of abuse themselves.” The following two subthemes emerged from the participants’ descriptions of multiple victims and needs: sibling offender and further victimization.

Sibling offender. Beyond responding to the sibling victim, participants also were concerned with responding to the needs of the sibling offender. Participants shared that there may be multiple victims of abuse, and all family mental health needs must be addressed. As school counselors, they “would be concerned on both ends” for the mental health needs and potential victimization of students who were both the victim and the offender of sibling abuse. Holly stated, “I assume if they [the sibling offender] are picking on this person, we are going to find out they are victims.” Margaret shared, “Whoever the perpetrator is, is struggling with something, either a mental illness or they were bullied or a victim of abuse themselves.” Grace described, “I would be fearful that that is coming from somewhere else, like violence between each other.”

Further victimization. Participants described their shared attitudes and beliefs that responding to sibling abuse without considering the needs of the sibling offender may result in the potential for further victimization, due to what participants described as a “trickle-down” effect. Ty stated, “You always pick on the next person down in the pecking order. It makes a lot of sense that she would go home and pick on the next one down.” Holly shared, “In reality, the perpetrators don’t think they did anything wrong and haven’t addressed it and worked through it.” Participants perceived that without intervention, sibling offenders might continue to victimize others and specifically mentioned cousins and peers as potential targets.

Education and awareness. The fourth theme that emerged from the participant data was *education and awareness*. This theme was defined as participants’ shared attitudes and beliefs that an overall lack of awareness and education around the topic of sibling abuse has negatively influenced school counselors’ ability to respond to students. Participants shared that sibling abuse “does not come up

a lot” and that there is an attitude of either “obliviousness or acceptance” around the topic of sibling abuse. In addition, this theme of education and awareness was further described as a potential contributing factor to the high rates of sibling abuse that might go unaddressed or unreported due to a lack of awareness or education. Based on these findings, this theme has been placed in both overarching categories. Three subthemes emerged from the participants’ descriptions of education and awareness—personal awareness and education, parental perceptions and societal norms, and educating students.

Personal awareness and education. For many participants, this study was the first time they had thought about sibling abuse, and all counselors shared that they had little to no training or education in this area. Lee shared, “It has been eye-opening to me to consider it because I have never given it any thought prior to this, so that in and of itself has been huge.” Margaret also mentioned being more aware after participating in this study, saying, “It is definitely something that is on my radar. . . . I am almost embarrassed to be naïve, but it never came up before.” Grace described, “It is something that I will look for more now when working with youth because I don’t think it was something that I thought much about before talking with you.”

Parental perceptions and societal norms. Participants shared perceptions about students’ home lives and attributed the lack of awareness or education on the part of parents as a factor contributing to sibling abuse. Holly shared, “I think a lot of parents and other adults just think it is normal.” She further stated, “I don’t think they recognize when it goes too far. . . . I think it is awful to have a bully in the house that you are stuck with, and they should do everything they can to intervene.” Laura emphasized school counselors should be “focusing a lot on parenting skills and how we can help parents to learn things that would help.”

Educating students. Participants perceived that it is the school counselor’s role to educate students and provide them with support. Valerie stated that when it comes to sibling abuse, “Kids maybe have this misperception that ‘I should be able to handle this.’” Ty noted, “They [students] don’t even know they need help because it’s been going on so long. . . . It still makes me sad that most kids don’t realize it oftentimes until it is too late, and there will be permanent scars from it.” Laura added, “They don’t have an easy way to fix it or don’t know what to do if the sibling is a lot bigger and has a lot more power; naturally then you are kind of stuck.”

Factors Contributing to Sibling Abuse

Sibling bond. The fifth theme that emerged from the participant data was *sibling bond*. This theme was defined as participants’ shared attitudes and beliefs about the importance of the sibling relationship and bond that exists between brothers and sisters. Participants noted the “powerfulness” of this sibling bond, which they believed might create an attachment as important as, or more important than, other family or peer relationships. Many participants discussed the influence of their own sibling relationships and shared that they thought “fondly” of their siblings and that therefore the sibling relationship should be “cherished and preserved at all costs.” School counselors’ belief that the sibling relationship should be preserved no matter what might interfere with their ability to recognize sibling abuse with students and therefore contribute to the problem. On the other hand, participants noted that this sibling bond also could create a sense of unhealthy “family loyalty,” which might lead to siblings becoming protective of one another to a fault. This protectiveness might contribute to the continuation of sibling abuse or violence due to fear that their “family is going to get torn apart” if reported. Two subthemes emerged from the participants’ descriptions of the sibling bond—preservation and perseverance, and family secrets.

Preservation and perseverance. Many participants emphasized the importance of the sibling relationship within childhood development. Tiffany shared, “I think sibling relationships really define how people look at themselves and each other in the world, whether they realize it or not. . . . That is really how you have your first disagreements, your first shaming, your first happy moments.” Valerie shared, “I truly believe that the sibling relationships are powerful and they need to be cherished and preserved at all costs or improved.” Participants’ beliefs about the importance of preserving the sibling relationship influenced how they interacted with students, leading them to stress the importance of persevering when experiencing difficulty with a sibling. Ty mentioned that she had told students, “Right now you might be enemies, but you might be best friends when you are 22.”

Family secrets. This subtheme related to participants’ perceptions about the strength of the sibling bond and how students might be keeping family secrets. Lee shared, “I think people don’t want to ‘dis’ their family. . . . Kids are reluctant to throw family members under the bus.” Ty stated that students are fearful of what might happen if they were to report. “They try to hide it so much. . . . I think there are all these rumors out there—‘I’m going to lose my family and I don’t want to be put in a foster home.’” Tiffany stated, “It really isn’t talked about; it is just lumped into ‘Oh, if anybody hurts you—but because it’s family it’s that loyalty piece and you can’t say anything.’”

Learned violence. The sixth theme that emerged from the participant data was *learned violence*. This theme was defined as participants’ shared attitudes and beliefs about the ways in which children or adolescents might have come to learn that violence or abuse against a sibling is accepted or tolerated. The counselors shared that children often “do what they see” and that they “are so used to violence.” Participants concluded that sibling abuse was something students have learned from a variety of avenues contributing to the phenomenon. Four subthemes emerged from the participants’ descriptions of *learned violence*—intrafamilial violence, media and society, mental health, and gender and ethnicity.

Intrafamilial violence. Other forms of violence within the home (parental, domestic) might support an environment where violence is learned, making it acceptable for siblings to be violent to one another. Grace questioned, “Is it because they have learned it from a parent or an aunt or an uncle or a grandparent?” Valerie shared, “Kids typically do what they see, what they are exposed to or what they experience. Either they are experiencing abuse or they see domestic violence.” Lee added, “In our population we are seeing more aggression and assertiveness in our parents, between parents, and when I think about the kids who have that tendency, that is what they are living with.”

Media and society. Participants discussed that media and society portray violence as acceptable and that this permissiveness might influence children to be violent or abusive to their siblings. Laura shared, “I don’t know if it is the stress of what they are seeing and also the video games and other media that they have access to. Too often it’s not appropriate, so I think that can play a part, too.” Valerie shared, “They are exposed to video games, movies where aggression and violence is . . . acceptable human behavior.” Ty added, “We are so used to violence right now that wrestling or punching or slapping, we just say, ‘Oh, buck up, that wasn’t that big of a deal.’ A decade before we’d say, ‘That is not appropriate, that is not okay.’”

Mental health. Participants shared their perceptions that mental health needs or problems might contribute to sibling violence and abuse. One participant postulated that sibling offenders might be dealing with mental health issues in which they are more prone to anger. Grace shared, “I think it is something already within the kid. Are they born already with something inside of them?” Valerie

stated, “I think it is possible that the kiddo that is doing most of the abuse has mental health problems like severe anxiety, depression or oppositional defiant disorder.” Margaret shared that children and adolescents might learn that violence is acceptable and carry this belief into relationships with their siblings. “There are underlying issues whether it be in the family or in the individual, whether it is depression or mental illness.”

Gender and ethnicity. Participants discussed in particular about how female students have learned that violence is acceptable. Ty noted that she worked with a diverse population of students from many different countries. She stated, “In many, many countries you can do what you want with women.” She posited that students learn about gender roles at home, saying, “Dad’s treating Mom that way; why shouldn’t I? I’ve been told not to put up [with] anything from a female.” Participants also observed that within certain ethnic groups, the acceptance of family violence varies. For example, Margaret worked at a school with many Asian students and noted that when it comes to discipline, “It has been interesting to learn cultural exceptions that it’s okay to hit their kids.” Ty mentioned, “Females in certain cultures . . . Hispanic [students] especially . . . I think they put up with a lot of crap and they don’t realize their worth. So I think they think they are open to being abused.”

Systemic barriers. The seventh theme that emerged from the participant data was *systemic barriers*. This theme was defined as participants’ shared attitudes and beliefs about the systems that school counselors encounter as barriers to advocating for students experiencing sibling abuse. Although participants understood that it is their role to work with a variety of systems, such as CPS, law enforcement and families, they shared frustrations that there is “no follow-up” or that sibling abuse is “swept under the rug.” Participants reflected on the power dynamics that exist and the helplessness that they (as school counselors), the victim and even parents may experience due to systemic barriers. Many questioned who is responsible to respond and whether reports about sibling abuse would be taken seriously. Participants shared that the barriers they encounter in trying to get help for students experiencing maltreatment often contribute to the cycle of abuse. Although only three participants in this study had direct experience reporting sibling abuse in particular, all eight participants endorsed this theme and shared their attitudes and beliefs on trying to report abuse in general. The following two subthemes emerged from the participants’ descriptions of the systemic barriers: CPS and family systems.

Child protective services. Participants discussed the barriers in working with the CPS systems and other resources such as law enforcement. One of the barriers that participants repeatedly mentioned was little follow-up in helping students. Ty shared her frustration that representatives from social services would respond by saying, “We don’t have enough proof.” Margaret stated, “I have had one this week and one in the past where siblings have come to school with bruises from siblings. I did report it and the follow-up has not been really good from the social services agency.” Other participants shared that it was unclear whom they should be reporting sibling abuse to, and even social services and law enforcement seemed confused at times. Tiffany mentioned, “It gets passed off—‘Oh, well, it’s student to student; that’s a police thing’—sometimes the police don’t take it as seriously because it’s a family thing—‘Oh, well, contact the family’—and then it’s left in the family’s hands.”

Family systems. Related to this lack of clarity when reporting sibling abuse, participants also shared the difficulty they have encountered as school counselors when working with families to intervene for students experiencing sibling abuse. Lee stated, “If they can’t handle it themselves, they don’t want to reach out and ask for help or tell anybody because then the façade would be

broken. I think that is maybe why it continues.” Many participants commented on how powerless children must feel to live in a home where parents allow sibling abuse to continue. Laura stated, “If the sibling is a lot bigger and has a lot more power, naturally then you are kind of stuck . . . no place to run to.” Holly added, “I think it’s very dangerous to have a sibling bully, abuser at home because you are trapped with them and often feel powerless to do something about that, and if parents aren’t responsive to your reporting them you’re just stuck.”

Discussion

Participants in this study shared that while they believe sibling abuse is most likely occurring with students in their schools, it is not something they often knowingly encounter. These findings are consistent with previous conclusions that sibling abuse is often unrecognized and therefore unaddressed (Button & Gealt, 2010; Eriksen & Jensen, 2006, 2009; Wiehe, 2002). At the time of data collection, only three of the eight counselors had directly worked with a student experiencing sibling abuse. Even among those participants, it was noted that reporting sibling abuse to school counselors is a rare occurrence. Participants agreed that it is plausible that sibling abuse occurs much more often than students, parents and school counselors recognize or report.

Throughout several themes, participants discussed shared beliefs that there is a climate of acceptance when it comes to sibling abuse, which contributes to the phenomenon. Participants shared that many counselors, themselves included, might have difficulty defining the line between normal sibling rivalry and sibling abuse. It was not surprising to discover that participants struggled to define sibling abuse, given that sibling abuse is often considered to be synonymous or interchangeable with terms such as sibling maltreatment, aggression and rivalry (Stutey & Clemens, 2015; Caffaro & Conn-Caffaro, 1998; Caspi, 2012; Hamel, 2007; Kettrey & Emery, 2006; Wiehe, 2002). In addition, participants believed that in some families, sibling violence or abuse might be misconstrued and amplified because of the presence of intrafamilial abuse.

Participants discussed their shared attitudes and beliefs about a variety of specific factors that might contribute to the acceptance of violence with siblings. The counselors shared their beliefs that children and adolescents might learn that violence and abuse are acceptable through their experiences at home, in the media, and society. They noted that students who are exposed to intrafamilial violence in the home often learn that violence is permissible. Many authors have found that the presence of intrafamilial violence in the home may increase the prevalence of violence between siblings (Caffaro & Conn-Caffaro, 1998; Caspi, 2012; Gelles & Cornell, 1985; Noland et al., 2004; Straus et al., 1980; Wallace, 2008; Wiehe, 2002).

Participants also shared a variety of attitudes related to their own feelings of powerlessness. Participants reported feeling frustrated when they encountered obstacles and barriers when trying to report sibling abuse or collaborate with parents and families. As previously discussed, school counselors are mandated child abuse reporters; yet this can be an ambiguous and challenging part of their job (Alvarez, Kenny, Donohue, & Carpin, 2004; Bae, Solomon, Gelles, & White, 2010; Bryant, 2009; Bryant & Baldwin, 2010; Hinkelman & Bruno, 2008; Remley & Fry, 1993). Given that resources to assist children being abused by adults may already be stretched thin, and that society tends to minimize the impact of sibling abuse, one can hypothesize that resources are even scarcer for victims of abuse by siblings. Participants shared feeling powerless to help students and posited concerns that students might also feel powerless.

Furthermore, participants discussed at length their concerns about not having received proper training to identify and intervene with students experiencing sibling abuse. Participants reported that a lack of preparation can be problematic in two ways. First, if they are unprepared as school counselors to recognize sibling abuse, this lack of preparation influences their ability to identify and address sibling abuse. Second, participants shared that if they are not informed, it is difficult to prepare their students, parents and faculty to recognize and report sibling abuse.

A final concept reiterated by participants was the influence of increased awareness about sibling abuse. As previously mentioned, sibling abuse is a topic seldom discussed or often excused as normal sibling rivalry (Caffaro & Conn-Caffaro, 1998; Caspi, 2012; Eriksen & Jensen, 2009; Wiehe, 2002). Participants shared that involvement in this study increased their awareness about sibling abuse. Increased awareness, in turn, influenced participants' attitudes and beliefs about sibling abuse and the ways they plan to respond with students experiencing sibling abuse. By the end of the study, the counselors were inquisitive about ways they might increase the education and awareness of sibling abuse for others. School counselors working on behalf of and with students in the schools and at the public arena level are supported by both ASCA (2012) and the ACA advocacy competencies (Ratts & Hutchins, 2009).

Implications for Counseling

Several implications for counseling practice emerged based on the data provided by participants. First, the counselors emphasized the importance of providing training to increase education and awareness. Participants expressed how much they appreciated the story vignettes and Caspi's (2012) sibling aggression continuum, which were utilized in the semistructured interviews. They suggested utilizing story vignettes and the sibling aggression continuum for professional development on the topic of sibling abuse. Wiehe (1997, 2002) provided multiple real-life scenarios from adult survivors of emotional, physical and sexual sibling abuse that may be effective in training counselors to identify the various forms of sibling abuse. Furthermore, practitioners might be able to utilize these same resources to holistically educate the clients with whom they work about sibling abuse, and to promote wellness.

Next, participants confirmed that sibling abuse is not a topic on educators' radar. Encouraging and supporting collaboration between school counselors and other educators might provide opportunities for better awareness, identification and treatment of sibling abuse. Barrett, Lester, and Durham (2011) emphasized that school counselors are only one group of many responders advocating for children suffering from maltreatment in the school setting. They concluded that clinical mental health counselors, social workers, marriage and family therapists, and school psychologists should "all function as social justice advocates, especially in providing services to children who are underserved, disadvantaged, maltreated, or living in abusive situations" (Barrett et al., 2011, p. 87). Therefore, collaboration with other professionals within the school and community settings is one avenue that practicing school counselors might explore to ensure a holistic approach to promoting wellness and protecting children from harm.

Finally, while opportunities for training and collaboration with community resources are two implications for practice, participants also stressed the importance of establishing policies for reporting sibling abuse. One avenue that school counselors can use to respond to sibling abuse is social justice advocacy. Practicing school counselors and counselor educators may need to advocate for changes in district, state and federal laws and policies. The ACA has endorsed that all counselors

should meet advocacy competencies in their work with clients. Furthermore, “social justice is a key task of the 21st-century, professional school counselor” (Ratts et al., 2007, p. 90). Applying a social justice-inspired advocacy lens when working with students experiencing sibling abuse might allow school counselors to advocate at the individual, school and public arena levels.

Based on the findings of this research, the topic of social justice advocacy also has implications for counselor educators and supervisors. Constantine, Hage, Kindaichi, and Bryant (2007) shared that education with master’s students at the public arena level might require modifications to current curriculum, writing, “To prepare future counselors. . . to assume social justice roles, it is vital that the structure, requirements, and goals of many graduate training programs are modified to assist students in developing competencies to intervene at broader levels” (p. 27). Counselors-in-training must receive the proper education on their role and responsibility as practitioners and social justice-inspired advocates at all three levels.

Future Research

The results of this study present the need for future research about sibling abuse, especially within the school counseling field. First, research could be conducted to learn whether existing programs and trainings on child abuse might also be effective to work with students experiencing sibling abuse. Participants suggested that perhaps anti-bullying curricula that examine peer-to-peer violence also might be helpful in addressing sibling abuse. Second, research on effective ways to identify and respond to sibling abuse is imperative in order to inform practicing school counselors, and other counseling practitioners, on ways in which to intervene and treat sibling abuse in the school setting. In addition, studies on effective ways to identify and respond to sibling abuse could be replicated with clinical mental health and marriage, couple and family counselors working in community settings. Finally, there are opportunities for future research in the counselor education and supervision field. Insight into the education and awareness of counselor educators and their beliefs and attitudes about sibling abuse might be an initial point of entry. This research could be expanded to examine whether and how counselor educators train counselors—in particular, school counselors—on ways to define, identify and intervene with clients or students experiencing sibling abuse.

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Technology in Counselor Education: HIPAA and HITECH as Best Practice



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The use of technology in counseling is expanding. Ethical use of technology in counseling practice is now a stand-alone section in the 2014 American Counseling Association *Code of Ethics*. The Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act provide a framework for best practices that counselor educators can utilize when incorporating the use of technology into counselor education programs. This article discusses recommended guidelines, standards, and regulations of HIPAA and HITECH that can provide a framework through which counselor educators can work to design policies and procedures to guide the ethical use of technology in programs that prepare and train future counselors.

Keywords: counselor education, technology, best practice, HIPAA, HITECH

The enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) brought forth a variety of standards addressing the privacy, security and transaction of individual protected health information (PHI; Wheeler & Bertram, 2012). According to the language of HIPAA (2013, §160.103), PHI is defined as “individually identifiable health information” (p. 983) that is transmitted by or maintained in electronic media or any other medium, with the exception of educational or employment records. “Individually identifiable health information” is specified as follows:

Information, including demographic data, that relates to:

- the individual’s past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers. (U.S. Department of Health and Human Services [HHS], n.d.-b, p. 4)

The HIPAA standards identify 18 different elements that are considered to be part of one’s PHI. These include basic demographic data such as names, street addresses, elements of dates (e.g., birth dates, admission dates, discharge dates) and phone numbers. It also includes information such as vehicle identifiers, Internet protocol address numbers, biometric identifiers and photographic images (HIPAA, 2013, § 164.514, b.2.i).

According to language in HIPAA, the applicability of its standards, requirements and implementation only apply to “covered entities,” which are “(1) a health plan (2) a health care

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clearinghouse (3) a health care provider who transmits any health information in electronic form in connection with [HIPAA standards and policies]" (HIPAA, 2013, § 160.102). Covered entities have an array of required and suggested privacy and security measures that they must take into consideration in order to protect individuals' PHI; failure to protect individuals' information could result in serious fines. For example, one recent ruling found a university medical training clinic to be in violation of HIPAA statutes when network firewall protection had been disabled. The oversight resulted in a \$400,000 penalty (Yu, 2013). Moreover, the recent implementation of the Health Information Technology for Economic and Clinical Health (HITECH) Act in 2009 increased the fines resulting from failure to comply with HIPAA, including fines for individuals claiming they "did not know" that can range from \$100–\$50,000 (Modifications to the HIPAA Privacy, 2013, p. 5583). The final omnibus ruling of HIPAA–HITECH, enforcing these violations, went into effect on March 26, 2013 (Modifications to the HIPAA Privacy, 2013; Ostrowski, 2014). Enforcement of the changes from the HITECH Act on HIPAA standards began on September 23, 2013, for covered entities (Modifications to the HIPAA Privacy, 2013).

Academic departments and universities must understand the importance of HIPAA and HITECH regulations in order to determine whether the department or university is considered a covered entity. Risk analysis and management need to be employed to avoid violations leading to penalties and fines (HIPAA, 2013, §164.308). Some counselor education programs that have students at medically related practicum or internship sites also may be considered business associates (see HIPAA, 2013, § 160.103) and would need to comply with HIPAA regulations (see HIPAA, 2013, § 160.105). The authors recommend that all counselor education programs confer with appropriate legal sources to understand any risks or liabilities related to HIPAA regulations and relationships with practicum and internship sites. Many states also have their own unique privacy laws that must be considered in addition to those described in HIPAA regulations. The purpose of this article assumes that a counselor education department is not considered a covered entity by the regulations set forth by HIPAA. However, as an increasing number of counselor education programs incorporate the use of digital videos or digital audio recordings, a need for a set of policies and procedures to guide the appropriate use of digital media is evident.

The authors believe that the regulations set forth by HIPAA and HITECH create a series of guidelines that could dictate best practices for counselor educators when considering how to utilize technology in the collection, storage and transmission of any individual's electronic PHI (Wheeler & Bertram, 2012) within counselor education programs. HIPAA regulations (2013, §160.103) describe electronic protected health information (ePHI) as any information classified as PHI, as described above, either "maintained by" or "transmitted in" (p. 983) electronic media. For example, audio recordings used in practicum and internship courses are often collected electronically by digital recorders. If the recordings remain on the device, this protected information is being maintained in an electronic format. If the data is shared through e-mail or uploaded to a computer, then it is being transmitted in electronic format. As it relates to counselor training, the PHI that is collected could be real or fictitious (i.e., from someone role playing in the program). Though fictitious information is not necessarily protected, encouraging students to engage in implementing a set of policies and procedures guided by regulations of HIPAA and HITECH creates an experiential milieu whereby students become aware of and learn the importance of security and privacy when handling digital ePHI. The authors will discuss throughout this article how specific regulations from HIPAA and HITECH can be utilized to create a set of policies and procedures that guide the ways in which members of counselor education programs can handle any ePHI they encounter during their training. These direct experiences will give faculty and students greater familiarity with current HIPAA and

HITECH regulations, thus making them better prepared to work ethically and legally in modern mental health culture.

This article is not meant to cover HIPAA and HITECH regulations in a comprehensive manner. Overviews of these standards have been written concerning the regulations of HIPAA and HITECH regarding the work of mental health practitioners (see Letzring & Snow, 2011). The degree to which the myriad regulations of HIPAA will be implemented in various counselor education programs will need to be decided by the members of individual programs and by necessary stakeholders. The authors hope to introduce a dialogue regarding the thoughtful use of technology in counselor education programs guided by the parameters set forth by HIPAA.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA; 2013), the trend in mental health care treatment spending is in the direction of public (i.e., Medicare and Medicaid) and private insurance growth as a means of payment. Spending for all mental health and substance abuse services totaled \$172 billion in 2009; moreover, this spending accounted for 7.4% of all health care spending that year. Additionally, it is projected that spending on all mental health and substance abuse services could reach \$238 billion by 2020 (SAMHSA, 2014). However, the rate at which individuals pay out-of-pocket for mental health and substance abuse services is expected to decrease steadily (SAMHSA, 2014). Historical trends show out-of-pocket spending decreased from 18% of all spending in 1986 to 11% in 2009 (SAMHSA, 2013, 2014). It is projected that out-of-pocket spending for mental health treatment will level off to account for approximately 10% of all spending while Medicaid, Medicare, and private insurance will account for approximately 70% of spending (SAMHSA, 2014). The trend toward greater insurance use will increase the number of professional counselors who will be seen as or will be working within organizations that are considered HIPAA-covered entities. Implementing policies and procedures in counseling departments that incorporate some of the HIPAA regulations is a useful way to prepare future professionals for the working environment they will enter (SAMHSA, 2013).

The implementation of the HITECH Act (2009) as a supplement to HIPAA emphasized the need to make sure future counselors understand the importance of the increasing role of technology in the practice of counseling (Lawley, 2012). The HITECH Act established an expectation that professionals in health care must be familiar with technology, specifically as it relates to policies guiding the storage and transmission of ePHI. The objectives of HITECH include “the electronic exchange and use of health information and the enterprise integration of such information” and “*the utilization of an electronic health record for each person in the United States by 2014*” (HITECH, 2009, §3001.c.A, emphasis added). Additionally, HITECH strengthened the enforcement of penalties for those who violate HIPAA (Modifications to the HIPAA Privacy, 2013). A multi-tiered system of violations allows for civil money penalties to range from \$100–\$50,000 per violation (Modifications to the HIPAA Privacy, 2013). The American Counseling Association’s (ACA) 2014 *Code of Ethics* acknowledged the increasing use of technology by professional counselors by introducing a new section (Section H) addressing the ethical responsibility of counselors to understand proper laws, statutes, and uses of technology and digital media. Ethical counselors are expected to understand the laws and statutes (H.1.b), the uniqueness of confidentiality (H.2.b), and the proper use of security (H.2.d) regarding the use of technology and digital media in their counseling practice.

The mental health care system exists inside the broader health care system. As such, graduates of counseling programs must be familiar with HIPAA regulations and the various modes of technology to implement these regulations (ACA, 2014; Lawley, 2012). Students will be expected to understand what security and privacy standards are required of them once they begin working as counseling

professionals (ACA, 2014). For example, the movement toward increased use of ePHI across health care will place increasing demands on students to understand how to appropriately keep electronic data private and secure. Counselor educators need to be mindful of how the use of technology in the practice of counseling is being taught and implemented with counseling students. Counselor educators should thoughtfully consider how students will learn the ways in which technology can be used professionally while maintaining ethical and legal integrity (Association for Counselor Education and Supervision [ACES] Technology Interest Network, 2007; Wheeler & Bertram, 2012). Having standards to guide the use of ePHI throughout counselor education programs is a way in which students can become knowledgeable and skilled regarding the laws and ethics surrounding digital media. Policies and procedures should include information guiding the ways in which students collect, store and transmit digital media (e.g., audio recordings or videotapes) while a member of the counseling program. By requiring students to utilize the ePHI (real or fictitious) they collect in accordance with policies and procedures informed by HIPAA and HITECH, students crystallize their understanding of these complicated laws.

HIPAA Compliance and Technology

Complying with HIPAA Privacy and Security Rules requires individuals to be mindful of policies and procedures, known as “administrative safeguards” (HIPAA, 2013, §164.308, p. 1029), and work to implement safeguards consistently. The HHS has made clear that it does not provide any type of credential to certify that an individual, business, software or device is *HIPAA compliant* (HHS, n.d.-a; Reinhardt, 2013). Complying with HIPAA rules requires organizations and individuals to address many different processes where choice of hardware or software is only one aspect (Christiansen, 2000). Being HIPAA compliant is less about a certification or a credential on a device and more about having a set of policies and procedures in place that ensure the integrity, availability and confidentiality of clients’ ePHI (Christiansen, 2000; HHS, n.d.-b). Hardware and software technology companies who make claims that a product or an educational resource is HIPAA compliant are likely doing so for marketing purposes. Claims of this type are mostly meaningless (HHS, n.d.-a) and would not provide protection in the case of a breach (HITECH, 2009). Being HIPAA compliant is an “organizational obligation not a technical specification” (Christiansen, 2000, p. 7). The distinction is important for educators to understand as they seek to implement technology in counselor education programs. When establishing a set of policies and procedures within a counseling department, the recommendations set forth in describing the security and privacy of PHI in Part 164 of HIPAA (2013) can be an appropriate framework for establishing best practices for counselors and counselor educators. The general requirements in complying with HIPAA security standards are to ensure the confidentiality, integrity and availability of individuals’ ePHI while protecting against any reasonably anticipated threats to the security and privacy of said ePHI (HIPAA, 2013, §164.306.a). The key phrase to consider is that covered entities are asked to protect against any “reasonably anticipated” (HIPAA, 2013, §164.306.a, p.1028) threat. Educators must understand the importance of spending time considering reasonable, foreseeable risks. A primary responsibility is to create administrative safeguards that address any reasonable, foreseeable risks, which the individual, department or covered entity establishes.

Before looking at key aspects of HIPAA Privacy and Security guidelines, key definitions should be understood:

- Administrative safeguards include policies and procedures used to manage the development, selection, implementation and security in protecting individuals’ ePHI (HIPAA, 2013, § 164.304).

- Authentication includes “the corroboration that a person is the one claimed” (HIPAA, 2013, § 164.304, p. 1027).
- Confidentiality defines “the property that data or information is not made available or disclosed to unauthorized persons or processes” (HIPAA, 2013, § 164.304, p. 1027).
- Encryption is “the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without the use of a confidential process or key” (HIPAA, 2013, § 164.304, p. 1027).
- Security incident is described as “the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operation in an information system” (HIPAA, 2013, § 164.304, p. 1027).

HIPAA (2013) standards are categorized as either *required* or *addressable* as indicated in Section 164.306.d.1. The rest of this document will highlight the standards that the authors believe shape a set of best practices for counselor educators when implementing technology into their counselor education programs. The degree to which a counseling program decides to implement those standards that are considered required or addressable will be determined by their status as a covered entity, state laws, needs of their counseling program and the financial feasibility of implementing these standards.

Safeguards

HIPAA requires that all covered entities maintain policies and procedures that (1) ensure confidentiality and availability of all electronic PHI, (2) protect against any *reasonably* (emphasis added) anticipated threats or hazards to the security or integrity of ePHI, (3) protect against any *reasonably* anticipated uses or disclosures of ePHI, and (4) ensure compliance by the workforce. The following sections will discuss ways in which HIPAA Privacy and Security rules can be utilized as best practices in counselor education programs so that foreseeable risks, threats and vulnerabilities may be minimized. Please note that this interpretation of safeguards is intended for the consideration of counselor education programs that are *not* covered entities, but may use HIPAA Privacy and Security rules to establish a set of policies and procedures as a means of best practice. (For a sample guide for counselor educators to use in developing policies and procedures, please contact the first author).

Administrative Safeguards

Administrative actions and oversight make up an important component of the language within HIPAA (2013). Administrative safeguards consist of the policies and procedures designed to “manage the selection, development, [and] implementation” (§ 164.304, p. 1027) of the security and privacy of one’s ePHI. This section describes HIPAA standards to consider when establishing administrative safeguards.

Assigned responsibility. A faculty or staff member within the counselor education program should be identified as responsible for the development, oversight and implementation of the policies and procedures for the department. The faculty member needs to be familiar with the privacy and security policies of HIPAA in order to implement the policies and procedures and to facilitate student training in ways that address the specific needs of the program. Developing a relationship with a staff member in the university information technology department may result in collaborative efforts regarding specific procedures for the use of technology within the university.

Risk analysis. Before counselor educators can design a set of policies and procedures to guide appropriate technology use, the foreseeable risks must be analyzed. An accurate and thorough assessment is needed to identify potential risks to the protection and security of ePHI (HIPAA, 2013, §164.308) that is collected, stored and transmitted in the counseling program. Analyzing potential risk is essential to the minimization of potential disasters in the future (Dooling, 2013). HHS (2007) makes clear that it is important to spend time considering reasonably anticipated threats and vulnerabilities and then to implement policies and procedures to address the assessed risks. HIPAA security standards do not state that covered entities should protect against *all possibly conceived* threats, but those that can be “reasonably anticipated” based upon the technologies employed, work environments and employees of the covered entity. The National Institute of Standards and Technology (NIST; 2012) defines a threat “as any circumstance or event . . . with the potential to adversely impact organization operations . . . through an information system via unauthorized access, destruction, disclosure, or modification of information” (p. B-13). A risk is a measure of the probability of a threat triggering a vulnerability in the procedures that an organization uses to ensure the privacy and security of ePHI (NIST, 2012). Vulnerabilities are technical and non-technical weaknesses, which include limitations in utilized technology or ineffective policies within the organization (HHS, 2007). In counselor education programs, risk analysis may include looking at the threats and vulnerabilities associated with counseling students traveling between their residence, campus, and practicum or internship sites while carrying ePHI. Moreover, the analysis must include assessing the potential risks associated with the transmission and storage of protected information using technological media (e.g., e-mail, personal computers, cloud-based storage, external storage devices).

Risk management. Risk management is the ongoing process of implementing measures to reduce the threats that were determined as a part of the risk analysis (HHS, 2007). Once a counseling program has assessed and identified potential risks associated with the collection, transmission and storage of any identifiable information, it must begin to manage these risks. HHS has provided an example list of steps to assist organizations in conducting risk analysis and risk management (see Table 1). Members of counselor education programs can begin to incorporate programmatic policies and procedures that address how media containing ePHI should be handled by members of the program. The previously mentioned document (available from the first author) provides sample policies and procedures developed to serve as a guide for counseling programs. Many counselor education programs utilize student handbooks that detail policies related to the academic and professional expectations of students enrolled in their program. Incorporating an additional set of policies to address the treatment of ePHI is a seamless way to begin managing the risks of technology use in mental health. By implementing policies and procedures across the curriculum, students become increasingly knowledgeable and skilled at handling ePHI in an ethical manner.

Table 1*Example Risk Analysis and Risk Management Steps*

Risk Analysis
<ol style="list-style-type: none"> 1. Identify the scope of the analysis. 2. Gather data. 3. Identify and document potential threats and vulnerabilities. 4. Assess current security measures. 5. Determine likelihood of threat occurring. 6. Determine potential impact of threat occurrence. 7. Determine level of risk. 8. Identify security measures and finalize documentation.
Risk Management
<ol style="list-style-type: none"> 1. Develop and implement a risk management plan. 2. Implement security measures. 3. Evaluate and maintain security measures.

Note. Adapted from “Basics of Risk Analysis and Risk Assessment,” by the U.S. Department of Health and Human Services, 2007, *HIPAA Security Series*, 2(6), p. 5.

Sanction policy. It must be communicated to all members of counselor education programs that failure to comply with the policies will result in sanctions. HIPAA (§164.308, 2013) requires organizations to enforce sanctions against individual members for failing to comply with their organization’s policies and procedures. A counselor education program should have clearly documented policies and procedures for students and staff involved with the facilitation of ePHI. The language of HIPAA makes no attempt to clarify as to what these sanctions should entail; however, language needs to exist that addresses individuals’ failure to comply. For counseling students, a potential option is to consider a tiered sanction policy similar to that of the structure established by the HITECH Act (Modifications to the HIPAA Privacy, 2013) and § 1176 of the Social Security Act (2013). Varying categories of violations from “did not know” (p. 5583) to uncorrected–willful neglect result in increasingly severe fines (Modifications to the HIPAA Privacy, 2013). Since this experience is most likely educational for students, varying degrees of failure to comply could exist. For counselor education programs, this language also could easily be tied to student remediation processes that many counseling programs utilize.

Information review. Ongoing review of the activity of students, faculty and staff that involves the creation, storage and transmission of ePHI is a required safeguard according to HIPAA standards (2013, §164.308). As an educational unit, it is understandable that individuals might make mistakes regarding the implementation of HIPAA safeguards. A regular review of the activity and records of the individuals whose ePHI are being collected is important. It is required for organizations to have policies in place for recording system activity, including access logs and incident reports (§ 164.308). Additionally, protections must be in place to ensure that only those individuals who should have access to any ePHI are able to access this protected information. In the case of the sanctioned university medical training clinic cited earlier, the breaches might have been avoided with an ongoing review of the system's firewall settings (Yu, 2013). Monitoring and developing policies regarding information review may require developing relationships and discussions with the appropriate information technology personnel at the organization.

Response, recovery and reporting plan. HIPAA regulations require that a covered entity have a plan in place should ePHI be breached or disclosed to an unauthorized party (HIPAA, 2013, § 164.308). When developing departmental policies and procedures, it is important to have such a plan in place. Whether the breach or disclosure is intentional or unintentional, each individual whose information has potentially been compromised needs to be notified. Moreover, in cases where more than 500 individuals' PHI have been breached, the entity may need to report this information to local media or to HHS (HIPAA, 2013, §164.406–164.408). It should be noted that covered entities could be exempted from breach notification through employing security techniques such as encryption (Breach Notification, 2009; HIPAA, 2013, §164.314). The regulations of HIPAA require that a plan be in place to address emergencies (HIPAA, 2013, §164.308). In the case of theft, emergency or disaster, counseling departments need a data backup and recovery plan in place to retrieve ePHI.

Physical Safeguards

Establishing policies and procedures that protect against unauthorized physical access and damage from natural or environmental hazards is critical to maintaining the security and privacy of PHI (HIPAA, 2013, §164.310).

Access control. When using technology to store and transmit ePHI, the recommendation is that policies address ways in which physical access to protected information will be limited. For example, many counseling departments now incorporate the use of digitally recorded data from counseling sessions (e.g., audio or video). Policies need to clearly address how to best limit physical access to these recordings. Students need to understand what it means to keep data physically secure. The HITECH Act (Modifications to the HIPAA Privacy, 2013) includes the category "did not know" as a punishable violation. Students need to understand the consequences of failing to implement such physical safeguards. For example, keeping devices stored under lock and key when not in use is just one important step in moving toward a set of best practices. Many universities already require students to utilize login information with a username and passcode in order to access computers affiliated with their respective university. Consideration may need to be given regarding policies and procedures for accessing ePHI off campus, where the technical security may be less controlled.

Disposal and re-use. HIPAA requires covered entities to implement policies that address the disposal and re-use of ePHI on electronic media. A detailed discussion of the various types of disposal, also known as media sanitization, and re-use is beyond the scope of this article (see Kissel, Regenscheid, Scholl, & Stine, 2014). Counselor education programs must recognize the importance of properly removing protected information from media devices after it is no longer required. Media

sanitization is a critical element in assuring confidentiality of information (Kissel et al., 2014). For example, in counseling internship courses, students may be asked to delete recorded sessions during the last day of classes so that the instructor can have evidence of the appropriate disposal of this information. NIST identifies four different types of media sanitization: disposal, clearing, purging and destroying (Kissel et al., 2014). The decision as to which type of media sanitization is appropriate requires a cost/benefit analysis, as well as an understanding of the available means to conduct each type of sanitization. (The authors recommend counseling departments consult with an individual from the university information technology department).

Technical Safeguards

The language in HIPAA is clear regarding the implementation of technical safeguards, requiring that access to electronic media devices containing PHI be granted only to those who need such access to perform their duties.

Unique user identification. If a device allows for unique user identification, one should be assigned to minimize the unintended access of ePHI. HIPAA standards (2013, §164.514) state that an assigned code should not be “derived from or related to information about the individual” (p. 1064).

Emergency access. Covered entities are required to have procedures in place that allow ePHI to be accessed in the event of an emergency (HIPAA, 2013, §164.310). The procedures can be addressed within counselor education programs so as to ensure that the student and the supervisor have access to the ePHI at the designated storage location.

Encryption. Encryption is a digital means of increasing the security of electronic data. Using an algorithmic process, the data is scrambled so that the probability of interpretation is minimal without the use of a confidential key to decode the information. Though the language of HIPAA categorizes encryption as addressable rather than required, the implementation of encryption policies is a best practice to help ensure the protection of ePHI. The language of HIPAA makes it clear that an “addressable” item must be implemented if it is “reasonable and appropriate” (HIPAA, 2013, §164.306, p. 1028) to do so. Huggins (2013) has recommended that ePHI be stored on drives that allow for “full disk encryption” at a minimum strength of 128 bits. With the availability of many different types of software packages that can encrypt at a recommended strength, implementing encryption standards in a counseling department is affordable and reasonable. Most modern computer operating systems have options to encrypt various drives built into the functionality of the system. Full disk encryption is recommended because of its higher level of security and also because it can provide exemption from the Breach Notification Rule mentioned earlier (Breach Notification, 2009). In case of a breach, the burden is on the covered entity to prove that the ePHI was not accessed; otherwise, Breach Notification Rules must be followed. The assumption is that if a disk is fully encrypted, even if accessed by an unauthorized person, it is highly unlikely that an unauthorized party will obtain access to the ePHI (Breach Notification, 2009). The authors strongly encourage the use of encrypted devices as a standard policy for the collection and storage of ePHI (see Scarfone, Souppaya, & Sexton, 2007). The policy creates greater protection against the accidental disclosure of an individual’s ePHI. Additionally, organizations that use commercial cloud storage service providers should investigate whether these providers are willing to sign a Business Associate Agreement, in which the provider agrees to adhere to regulations of HIPAA (2013, §160.103). If not, the storage of ePHI may not be in alignment with HIPAA standards.

Disk encryption works well for the storage and collection of protected information while at rest (Scarfone et al., 2007); however, counselor education programs also should consider assessing the risk associated with the transmission of ePHI (HIPAA, 2013, §164.312). Protected information often remains encrypted while at rest, yet becomes unencrypted while in transmission. Programs need to “guard against unauthorized access to electronic PHI that is being transmitted over an electronic communication network” (HIPAA, 2013, §164.312, p. 1032). Commonly used e-mail systems, for example, often do not transmit information in an encrypted state. Assessment of the risks in sending protected information by an unsecured means should be conducted.

Discussion

The language of HIPAA allows each covered entity some leeway in how it wants to implement policies. However, HIPAA standards (2013, §164.316) are very clear that entities should “implement reasonable and appropriate policies” (p. 1033) that include administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains or transmits. The implementation of HITECH (2009) and the meaningful use policies of the Affordable Care Act (Medicare and Medicaid Programs, 2014) emphasized the movement of the broader health care system toward increasing use of health care technology such as Electronic Health Records. Students graduating from counseling programs find themselves working in myriad settings, many of which are considered covered entities as defined in the HIPAA standards (2013, §160.103). It is imperative for counselor educators to recognize the trend toward increased technology use in the health care market and to consider ways that technology can be infused into counselor education so that students are entering the workforce with greater technological competence. Specifically, counselor educators have an imperative to teach the ethical and legal technological mandates that exist as they relate to regulations of HIPAA (2013) and HITECH (2009) so as to create competent counselors. As the health care industry continues to incorporate more technology, counselor educators must stay informed regarding ways in which graduates will utilize this technology in their professional careers.

Recommendations for Counselor Educators

ACES (2007) published a document that recommends guidelines for infusing technology into counselor education curriculum, research and evaluation. This document provides a basic overview by which programs should guide the very broad use of technology in counseling programs. Technology is presented as a useful enhancement or supplement to practice. The shift in the broader health care culture has moved technology from a supplementary role into one in which it is primary to the ongoing success of a practitioner. The authors believe that counselor educators can utilize HIPAA and HITECH regulations to continue to infuse technology into counselor education programs, and recommend the following:

1. Counselor educators need to increase the importance placed on technology in counselor education programs. The movement of technology into increasingly primary roles in health care is indicative of the need for it to become a primary focus during the education and training of counselors. Counselors and counselor educators must stay abreast of the trends and developments regarding health care law and technology. The implementation of Section H, “Distance Counseling, Technology, and Social Media,” in the 2014 *ACA Code of Ethics* also is indicative of this need. The counseling profession needs to increase the research, education and training available to counselors and counselor educators.

2. Counselor educators need to have policies and procedures in place guiding the use of technology in their departments. The overview of HIPAA regulations will help provide guidelines for developing a set of policies and procedures. All policies and procedures must be in writing and accessible to students, faculty and staff who have access to any ePHI. Many counseling programs maintain a student handbook in which a set of standards that dictate the use of technology could easily be incorporated. Departmental policies should be in place that dictate the consequences should an individual fail to adhere to the stated policies and procedures.
3. Counselor educators should be actively seeking ways in which technology and HIPAA can be incorporated to best prepare students for their future work environment. The regulations and language of HIPAA and HITECH should be addressed in course activities. Are counseling students getting opportunities to become familiar with Electronic Health Records? Are students having opportunities to write and store notes electronically? Have students addressed the ethical and legal concerns related to the use of technology in practice? Do students understand what it means to maintain encrypted files or how to appropriately de-identify ePHI? Do students understand how to submit health insurance claims electronically? Questions like these are necessary for students to understand so they can be prepared to work in the current mental health environment as competent professionals.

The use of technology in counseling is moving from a secondary to a primary place in counselor education. The expectation that students can find this information after graduation in the form of a workshop is no longer acceptable. The shifts in the language of HIPAA and HITECH have moved the broad health care field in an electronic, digital direction. The familiarity with technology seems to be growing toward a core competency of counselor education programs and faculty. The laws dictated by HIPAA and HITECH provide a framework by which counselor educators can continue to infuse technology into the classroom and clinical experiences.

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The Effect of Bilingualism on Self-Perceived Multicultural Counseling Competence



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Ethnic and linguistic minorities continue to underutilize and prematurely terminate counseling services at higher rates than their ethnic majority counterparts. To improve the provision of counseling services to culturally diverse clients, new avenues supported by theory and research need to be uncovered. One factor that has received little empirical attention in the counseling and multicultural literature is bilingualism. This study examined the effect of bilingualism on counseling students' multicultural counseling competence, while controlling for ethnicity and multicultural training. Results supported the hypothesis that bilingual counseling students would self-rate their multicultural counseling competence higher than would their monolingual counterparts. Implications for counselor training, counseling practice and future research are discussed.

Keywords: bilingualism, multicultural counseling competence, multicultural training, ethnicity, counseling practice

Over 30 years ago, Sue et al. (1982) urged members of the counseling profession to increase their efforts to train multiculturally competent counselors who possess the requisite knowledge, awareness and skills to meet the needs of culturally diverse clients. Sue et al. (1982) contended that traditional counseling approaches were myopic and monocultural, and contributed to the tendency for ethnic minority individuals to underutilize and prematurely terminate counseling services. Since 1982, the counseling profession has made great strides in improving counselors' effectiveness in working with culturally diverse clients (Chao, 2012; Worthington, Soth-McNett, & Moreno, 2007). However, ethnic and linguistic minorities continue to underutilize and prematurely terminate counseling services at higher rates than their ethnic majority counterparts (Sentell, Shumway, & Snowden, 2007; U.S. Department of Health and Human Services [DHHS], 2001). To continue to improve the provision of counseling services to culturally diverse clients, new avenues supported by theory and research need to be uncovered (Worthington et al., 2007). One factor that has received little attention in the counseling and multicultural literature is bilingualism. The purpose of this study was to expand the current bilingual counseling and multicultural counseling competency literature by examining the effect of bilingualism on counseling students' self-perceived multicultural counseling competence (MCC).

Multicultural Counseling Competence

Since the introduction of the tripartite model of cross-cultural counseling competence (Sue et al., 1982), much has been accomplished with respect to MCC, and the model has been expanded (Sue, 2001; Sue, Arredondo, & McDavis, 1992; Sue et al., 1998) and operationalized (Arredondo et al., 1996). Mental health associations (e.g., American Counseling Association) have adopted multicultural

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counseling competency accreditation standards (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). State licensing boards have established regulations requiring multicultural training, and mental health professions have introduced multicultural competency principles into their professional codes of ethics (Chao, 2012).

In addition, quantitative and qualitative studies have shed light on factors that influence counselors' effectiveness in understanding and working with culturally diverse clients (Worthington et al., 2007). Much of this literature can be organized into the following two broad categories: outcomes research associated with cultural responsiveness and correlates of MCC (Ponterotto, Fuertes, & Chen, 2000; Worthington et al., 2007). Concerning cultural responsiveness, studies (e.g., Atkinson & Lowe, 1995; Worthington et al., 2007) have revealed that counselors who understand, acknowledge and address cultural issues in counseling (i.e., cultural responsiveness) are more effective in their work with ethnic minority clients. Specifically, results have revealed that cultural responsiveness increases client satisfaction, self-disclosure, eagerness to continue counseling and perceptions of counselor efficacy (Atkinson & Lowe, 1995; Ponterotto et al., 2000).

In the majority of MCC quantitative studies, researchers have utilized self-report instruments to uncover factors that influence MCC (Ponterotto et al., 2000; Worthington et al., 2007). These factors have included demographic variables (e.g., age, gender, race, ethnicity, sexual orientation; Constantine, 2001; Fassinger & Richie, 1997; Ivers, 2012; Ottavi, Pope-Davis, & Dings, 1994); multicultural training (Dickson & Jepsen, 2007); and hypothesized correlates of multicultural counseling competencies, including racial identity development (Chao, 2012), gender role attitudes (Chao, 2012), attitudes associated with racism and discrimination (Constantine, 2002), worldview (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998), social desirability (Sodowsky et al., 1998), empathy (Constantine, 2001), emotional intelligence (Constantine, 2001), theoretical orientation (Constantine, 2001), and mortality salience (Ivers & Myers, 2011). One variable that has received limited attention in the multicultural counseling competency literature, despite its association with culture, is bilingualism.

Bilingualism and Culture

The interconnection between language and culture gained popularity in the 1930s with the writings of Edward Sapir and Benjamin Lee Whorf (Whorf, 1956). Whorf (1956) contended that language and thought are inextricably connected—that language determines people's thoughts, their conceptualizations and ultimately their culture. This view, known as the Sapir-Whorf Hypothesis, was widely accepted from the 1930s through the 1960s. However, due to competing models (e.g., Chomsky's Universal Grammar Theory) and a lack of empirical support, the Sapir-Whorf Hypothesis lost favor and was largely discarded by the 1990s. A less deterministic version of the Sapir-Whorf Hypothesis was revisited by the Neo-Whorfians, who contended that language does, in fact, significantly influence the way in which people perceive the world around them. Recent studies have supported this contention, revealing that language affects people's representations of time (Boroditsky & Gaby, 2010; Fuhrman & Boroditsky, 2010), perceptions of cause and responsibility (Fausey & Boroditsky, 2010), perceptual processing of images (Dils & Boroditsky, 2010), and conceptions of agency (Fausey, Long, Inamori, & Boroditsky, 2010).

Fausey et al. (2010), for example, examined the effect of language on causality and agency. The authors gave English and Japanese speakers a memory test following a video that participants

watched in which people were seen engaging in accidental and intentional behaviors, such as cracking an egg or popping a balloon. Results revealed that English speakers recalled the person responsible for the accidental events more frequently than did Japanese speakers. Conversely, no differences among language groups were found in memory recall for the intentional events. The authors explained these results in terms of language and culture. They stated that, on average, English speakers use agentive language (e.g., Fred broke the balloon) more often to describe accidental events than do Japanese speakers, who more commonly use non-agentive language (e.g., the balloon broke) to describe accidental events. Framed from a different perspective, the cultural paradigms of independence or fatalism embedded in the participants' native languages likely contributed to the respective memory recall abilities of English and Japanese speakers.

If culture and language are indeed interconnected, as the results of these studies suggest, it is plausible to infer that learning a second language would expose second-language learners to diverse cultural paradigms, and in turn facilitate multicultural counseling competency development (Ivers, Ivers, & Duffey, 2013). Ivers et al. (2013) postulated a connection among bilingualism, cognitive complexity and MCC. Specifically, they suggested that native English speakers learning a new language, who are accustomed to individualistically laced phrases in their native language, would likely be challenged to function in and make meaning of a fatalistically oriented language and culture. This level of struggle and cultural immersion likely would enhance the language learners' cognitive complexities as well as their MCC (Ivers, 2012; Ivers et al., 2013).

Although Ivers et al. (2013) linked bilingualism and MCC conceptually, empirical studies related to bilingualism and MCC are limited. Most counseling articles on bilingualism have examined the construct in terms of increasing access and quality of counseling services for non-English speaking clients (Guttfreund, 1990; Smith-Adcock, Daniels, Lee, Villalba, & Indelicato, 2006) or on training culturally competent, bilingual counselors (Fuertes, 2004; Trepal, Ivers, & Lopez, 2014). Fuertes (2004) asserted that "language and culture are inextricably tied" (p. 88). He also shared that effective bilingual counselors recognize this connection and are culturally aware and knowledgeable about the sociopolitical realities and cultural backgrounds of their clients.

Few studies (Guttfreund, 1990; Ramos-Sánchez, 2007; Ramos-Sánchez, 2009; Ramos-Sánchez, Atkinson, & Fraga, 1999) have examined the effect of bilingualism on facets of MCC. Ramos-Sánchez (2007), for example, tested the effect of language switching and ethnicity on bilingual clients' emotional self-disclosures. Trained observer ratings revealed that Caucasian counselors who engaged in language switching (i.e., speaking Spanish and English in session) elicited more emotional expression from their bilingual clients than did their monolingual counterparts. This result is similar to that of Guttfreund (1990), in which Spanish-English bilingual clients exhibited more emotional expressiveness when Spanish was spoken in the counseling session than when English was the primary form of communication in session.

Other studies (Ramos-Sánchez, 2009; Ramos-Sánchez et al., 1999) have specifically examined the effects of language on client ratings of counselors' cultural competence. Ramos-Sánchez (2009) analyzed the effects of counselor ethnicity and bilingualism on Mexican-American bilingual clients' perceptions of counselors' credibility and cultural competence. Although no significant differences between ethnicities and bilingual ability were uncovered, rank-order results revealed that clients perceived Caucasian bilingual counselors as more culturally competent than their monolingual counterparts. Ramos-Sánchez (2009) explained these results in terms of cultural

responsiveness, postulating that the Mexican-American client participants may have interpreted the Caucasian bilingual counselors' willingness to learn and speak Spanish as a sign of respect for and responsiveness to their culture.

Ramos-Sánchez et al. (1999) also found a non-significant effect of language and ethnicity on MCC and credibility. The non-significant findings of each of these studies may have been the result of sample limitations (e.g., small sample size, non-representative sample), confounding variables (e.g., counselor skill level) and study design limitations (e.g., client ratings based on a single session). Additional studies are needed to further understand the influence of bilingualism on counselors' multicultural counseling competency development (Ramos-Sánchez, 2009).

This study examined the effect of bilingualism on counseling students' self-perceived MCC and generated the following research question: Do bilingual counseling students significantly self-rate their multicultural counseling knowledge and awareness higher than monolingual counseling students when controlling for ethnicity and multicultural training?

Method

This study was part of a larger project in which the authors examined factors associated with MCC. For the larger project, participants were 199 master's-level counseling students enrolled in a CACREP-accredited counseling program at a university in the southwest region of the United States. The current study included 178 of the 199 master's-level counseling students. Nineteen participants were excluded from the data analyses for a low census in the ethnic group with which they identified. This included participants who self-identified as Asian or Pacific Islanders (3% of sample), bicultural or multicultural (3%), other (2%), and those who did not select an ethnic group (1.5%). Two participants also were excluded from the analyses for not indicating their bilingual status.

Participants

The ages of the 178 participants were distributed as follows: the most frequent reported age range was 18–25 years ($n = 76$; 42.7%), followed by 26–35 years ($n = 62$; 34.8%), 36–45 years ($n = 23$; 12.9%) and 45 years and older ($n = 17$; 9.6%). Of the 178 participants, 142 identified as female (79.8%), 33 as male (18.5%), and one as transgendered (0.6%); two participants did not identify their gender (1.1%). The ethnic identity of the participants consisted of 83 Latinas/os (46.6%), 77 Caucasians (43.3%) and 18 African Americans (10.1%). Concerning bilingualism, 71 participants reported they were bilingual (39.9%). The majority of bilingual individuals identified as Latina/o ($n = 57$; 80.3%), followed by Caucasian ($n = 9$; 12.7%) and African American ($n = 5$; 7%).

Of those who reported they were bilingual, the majority ($n = 60$; 84.5%) indicated that they spoke English and Spanish. Including English, other languages and language combinations that participants reported speaking included French ($n = 3$; 4.2%); German ($n = 2$; 2.8%); German, Spanish and Russian ($n = 1$; 1.4%); Spanish and Portuguese ($n = 1$; 1.4%); and Polish and Spanish ($n = 1$; 1.4%). Of the 71 participants who reported being bilingual, three did not indicate the languages they spoke. Concerning multicultural training, 48 (27%) participants reported they had completed a multicultural counseling course at the time of the study, 35 (19.7%) indicated they currently were enrolled in a multicultural counseling course, and 95 (53.4%) indicated they had not yet taken a multicultural counseling course.

Instruments

Demographic questionnaire. Participants identified their age range, gender, ethnicity, religious affiliation and sexual orientation, as well as whether they spoke more than one language (*Yes* or *No*). Participants who answered in the affirmative were prompted to identify the languages that they spoke. Participants also were asked to report the number of semesters they had completed in the counseling program, as well as whether they had completed or were currently enrolled in a multicultural counseling course.

Multicultural Counseling Competence and Training Survey-Revised. The Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R; Holcomb-McCoy, 2005; Holcomb-McCoy & Day-Vines, 2004) has a three-factor structure, which includes Multicultural Knowledge, Multicultural Awareness and Multicultural Terminology. Items are scored on a 4-point Likert-type scale from "1" (*Not Competent*) to "4" (*Extremely Competent*). Scoring of the instrument is summative, with higher scores indicating a greater level of MCC. Holcomb-McCoy and Day-Vines (2004) reported the following internal consistency scores (Cronbach's alpha) for each MCCTS-R subscale: Multicultural Knowledge, .95; Multicultural Awareness, .85; and Multicultural Terminology, .97. Holcomb-McCoy and Day-Vines tested the construct validity of the instrument using a maximum likelihood factor analysis with a direct oblimin rotation. The factor analysis indicated that the three-factor solution of Multicultural Knowledge, Multicultural Awareness and Multicultural Terminology accounted for 55.12% of the variance of MCC. In the current study, the MCCTS-R Knowledge and Awareness subscale scores were examined. The MCCTS-R Terminology scale was not included in the study analyses for two reasons. First, multicultural terminology is not as widely accepted as a key component of MCC. Second, the conceptual link between bilingualism and knowledge of multicultural terminology is unclear.

Procedure

Following approval by the university's institutional review board, recruitment and administration of the study occurred in 12 intact master's-level counseling classrooms at a university designated as a Hispanic Serving Institution in the southwest region of the United States. Researchers received permission from course instructors to recruit participants and conduct the study during class time. Classrooms were selected based on convenience. Prospective participants were recruited using a recruitment script. Those who chose to participate received a packet of instruments to complete, including the MCCTS-R and the demographic questionnaire. At the conclusion of the study, all students in the classroom, regardless of participation status, were presented with a debriefing statement that provided details of the study and literature pertaining to multicultural counseling.

Results

Descriptive statistics for the MCCTS-R Knowledge and Awareness subscales were conducted with respect to bilingualism and monolingualism (see Table 1). The means and standard deviations for each MCCTS-R subscale were comparable to those reported by Holcomb-McCoy and Day-Vines (2004). The internal consistencies (Cronbach's alpha) of the MCCTS-R subscales also were similar to the internal consistencies reported in other studies (Holcomb-McCoy, 2005; Holcomb-McCoy & Day-Vines, 2004). The internal consistencies (Cronbach's alpha) of the MCCTS-R Knowledge and Awareness subscales were .95 and .85, respectively.

Table 1

Language Group Differences: Means, Standard Deviations and Ranges

Dependent Variable	Bilingual/Monolingual	N	M	SD	Range	
					Min.	Max.
MCCTS-R Knowledge	Bilingual	71	49.63	11.48	19	76
	Monolingual	107	46.71	12.49	22	76
MCCTS-R Awareness	Bilingual	71	29.42	4.57	9	36
	Monolingual	107	27.93	4.61	16	36

A multivariate analysis of covariance (MANCOVA) and a series of analysis of covariance (ANCOVA) procedures were used to address the research question. With the MANCOVA, ethnicity and multicultural training were used as covariates to control for the possibility that differences in multicultural knowledge and awareness between bilingual and monolingual individuals were a function of ethnic differences or multicultural training rather than differences in bilingual status. Results of the MANCOVA revealed a significant main effect for bilingualism (Wilk's $\Lambda = .955$, $F(2, 173) = 4.065$, multivariate $\eta^2 = .045$, $p < .019$). This finding indicates that the combination of self-report multicultural knowledge and awareness differed as a function of bilingualism, with bilingual participants self-rating their multicultural knowledge and awareness higher than non-bilingual participants. To disaggregate the MCCTS-R subscales, follow-up ANCOVAs were conducted. The results of the ANCOVAs (see Table 2) supported the hypothesis as well. While controlling for ethnicity and multicultural training, bilingual individuals self-rated their multicultural knowledge ($F(1, 174) = 4.401$, $p = .037$, $\eta_p^2 = .025$) and multicultural awareness ($F(1, 174) = 7.847$, $p = .006$, $\eta_p^2 = .043$) higher than did monolingual counseling students.

Table 2

ANCOVA Results for Bilingualism

		Sum of Squares	df	Mean Square	F	Sig.
MCCTS-R Knowledge	Between	626.217	1	626.217	4.401	.037 *
	Within	24760.409	174	142.301		
	Corrected Total	26119.671	177			
MCCTS-R Awareness	Between	162.258	1	162.258	7.847	.006 **
	Within	3598.004	174	20.678		
	Total	3805.693	177			

** $p < .01$ * $p < .05$

Discussion

This is the first study to examine the effect of bilingualism on counseling students' self-perceived multicultural counseling knowledge and awareness. Bilingual counseling students in this study self-reported higher multicultural counseling knowledge and awareness than did their monolingual peers, which supports the research hypothesis. This result is a natural complement to the Ramos-Sánchez (2009) study in which clients considered bilingual therapists to be more multiculturally competent than monolingual therapists. In both the Ramos-Sánchez study and the current study, components of MCC were perceived as higher in bilingual individuals than monolingual individuals.

More importantly, the results of this study suggest that bilingualism, rather than ethnicity or multicultural training, accounted for perceived differences in multicultural counseling knowledge and awareness. Controlling for ethnicity and multicultural training was particularly important in this study because previous studies have revealed strong relationships between these variables and MCC (Castillo, Brossart, Reyes, Conoley, & Phoummarath, 2007; Constantine, 2001; Ivers, 2012; Murphy, Park, & Lonsdale, 2006). Constantine (2001) reported that non-Caucasian participants received higher expert-observer ratings on their MCC than did Caucasians. Similarly, Ivers (2012) found that Latina/o counseling students self-rated their MCC higher than did Caucasian counseling students. Other studies also have suggested that non-Caucasian individuals are more open to cross-cultural relationships and are perceived as more culturally competent by others, when compared to Caucasians (Liang & Prince, 2008; Smith, Bowman, & Hsu, 2007). Therefore, it was important to substantiate in the current study that bilingual participants self-rated their multicultural counseling knowledge and awareness higher than their monolingual peers because of their bilingual abilities rather than their ethnicity, which is why ethnicity was incorporated as a covariate. The findings of the present study suggest that bilingual status, rather than ethnicity or multicultural training, was responsible for differences in self-perceived MCC.

The positive effect of bilingualism on counseling students' self-perceived multicultural awareness may be explained, at least to some degree, by the Sapir-Whorf Hypothesis and contact theory (Allport, 1954). With both concepts in mind, it may be that bilingualism enhances individuals' multicultural awareness through cultural immersion (i.e., contact theory). The act of learning a second language and interacting in more than one language inherently exposes an individual to latent, diverse cultural paradigms (see Sapir-Whorf Hypothesis; Hall, 1989). This sustained exposure to the deeper elements of culture arguably would increase second-language learners' awareness of their own culture and other cultures, their ability to contest previously unquestioned beliefs about reality, and their sensitivity to diverse cultural worldviews. Sustained exposure also would provide opportunities for second-language learners to test their cultural biases and prejudices (Allport, 1954; Hall, 1989; Ivers et al., 2013).

Concerning multicultural knowledge, it may be that bilingualism inherently exposes individuals to cultural principles that are sewn into the fabric of language, such as is postulated in the Sapir-Whorf Hypothesis. Multicultural knowledge represents counselors' understanding of their own culture as well as diverse cultures. Knowing more than one language, with different cultural aspects embedded in each language, may enhance individuals' knowledge of diverse cultural values and beliefs. Similarly, exposure to and knowledge of diverse cultural paradigms gleaned from bilingualism may also make salient the underlying aspects of one's own culture.

Implications

Implications for Counselor Training

There are several implications for counselor education based on the findings in this study. First, the results of this study support Fuertes' (2004) suggestion that counselor training programs "attend to issues of culture and language as part of their curriculum training and supervision" (p. 84). If bilingualism does indeed positively influence multicultural awareness and knowledge, it may be important for counselor educators to consider, where feasible and appropriate, how they might recruit and train bilingual individuals (Ivers et al., 2013; Smith-Adcock et al., 2006). In areas with high concentrations of non-English speakers, it may be reasonable for counseling programs to provide additional language training opportunities to students, such as second-language training courses, bilingual counseling courses and bilingual supervision (Fuertes, 2004; Smith-Adcock et al., 2006). These training opportunities would likely increase the number of counselors willing to provide counseling in a second language as well as improve the provision of counseling in a second language (Castaño, Biever, González, & Anderson, 2007; Trepal et al., 2014; Verdinelli & Biever, 2009). Also, as the results of the current study suggest, these programs would likely enhance counseling students' overall effectiveness in working with culturally diverse clients.

Second, the results of this study may reinforce the use of cultural immersion assignments to enhance students' multicultural awareness and knowledge in multicultural training programs. Contact theory (Allport, 1954), which is the theoretical framework upon which many cultural immersion assignments rest, suggests that exposure to and interaction with culturally different others can result in prejudice reduction. With respect to language, if it is true that culture and language are inextricably connected, as the Neo-Whorfians contend, it is likely that the in-depth, sustained contact and interaction inherent in learning a second language would expose bilingual counselors to latent and manifest cultural paradigms. This exposure may enhance counselors' multicultural knowledge and awareness (Ivers et al., 2013).

Implications for Counseling Practice

The current results also provide potential implications for counseling practice. As mentioned in the introduction, ethnic minority clients continue to underutilize and prematurely discontinue counseling services (DHHS, 2001). An increased number of bilingual counselors could theoretically enhance access to counseling services for linguistically diverse clients. Furthermore, according to these findings, counselors might demonstrate higher rates of multicultural counseling knowledge and awareness. Sentell et al. (2007) reported that English-speaking Latinas/os and Asian Americans are more likely than non-English speakers to use mental health services. Furthermore, from 1980 to 2007, the percentage of individuals in the United States who spoke a language other than English at home increased 140% to approximately 55.4 million individuals. In addition, of the 55.4 million individuals who reportedly speak a language other than English at home, 24.5 million stated that their ability to communicate in English was below "very well," indicating a need for assistance in some communication contexts (Shin & Kominski, 2010). These statistics and the results of the current study indicate a need for bilingual counselors who have the cultural and linguistic skills necessary to effectively serve this increasingly linguistically diverse population (Sentell et al., 2007).

Limitations and Implications for Future Research

The present study is an exploratory study of the relationship between bilingualism and multicultural awareness and knowledge, and has limitations that are important to take into account when interpreting results. First, the MCCTS-R is a self-report instrument and is potentially susceptible to intervening variables such as social desirability and ignorance bias (Heppner,

Kivlighan, & Wampold, 1999). In addition, the convergent validity of multicultural counseling competency self-report instruments with other measures of MCC (e.g., client ratings, expert-observer ratings) have been called into question by researchers (Cartwright, Daniels, & Zhang, 2008; Worthington, Mobley, Franks, & Tan, 2000). Second, bilingualism in this study was determined by self-report. On the brief demographic questionnaire, participants reported their bilingual or monolingual status. Although there was no indication of participant dishonesty, different degrees of fluency in a second language are inevitable. Future researchers should consider measuring participants' level of fluency in a second language to determine more specifically how different levels of second-language proficiency influence MCC.

Due to the potential limitations of self-report instruments, future studies that examine the influence of bilingualism on MCC may consider different measures of MCC, such as client or expert-observer ratings or written case conceptualization skills measures. Future studies also could address potential moderating variables between bilingualism and MCC. Ivers (2012) and Ivers et al. (2013) have hypothesized that cognitive complexity moderates the effect of bilingualism on MCC. Ivers et al. (2013), for example, using supporting multidisciplinary research, contended that second-language learning may enhance individuals' cognitive abilities which, in turn, may increase multicultural competence. Future studies are needed to empirically test this hypothesis.

Conclusion

It is important that researchers and members of the counseling profession increase their efforts to understand factors that influence multicultural knowledge and awareness. This assertion is particularly true in light of the accelerated growth of ethnic and linguistic minority populations in the United States (Shin & Kominski, 2010), as well as the underutilization of counseling services by these populations (Sentell et al., 2007; DHHS, 2001). The purpose of this study was to examine the effect of bilingualism on counseling students' self-perceived MCC. The results support the hypothesis that, after controlling for ethnicity and multicultural training, bilingual counseling students would self-rate their multicultural knowledge and awareness higher than their monolingual counterparts. These findings have implications for multicultural training, which in turn may influence counseling practice, perhaps by increasing the provision of and access to counseling services for culturally and linguistically diverse populations. For example, based on these findings, where feasible and appropriate, counselor education programs may consider ways of incorporating aspects of second-language learning into their curriculum, such as through the provision of auxiliary language training opportunities or participation in and support of study abroad programs that have language and cultural immersion components. This research is an initial, exploratory step toward examining the effect of second-language learning on counselors' effectiveness in working with diverse clients.

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