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In This Issue
Contents

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Assessment and Treatment of Brain Injury in Women Impacted by Intimate Partner Violence and Post-Traumatic Stress Disorder

The Professional Counselor
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Intimate partner violence (IPV) is a public health concern that affects millions of people. Physical violence is one type of IPV and has myriad consequences for survivors, including traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). It is estimated that as many as 23,000,000 women in the United States who have experienced IPV live with brain injury. This article overviews the intersection of TBI and PTSD as a result of IPV. Implications for counselors treating women impacted by IPV suggest counselors incorporate an initial screening for TBI and consider TBI- and PTSD-specific trauma-informed approaches within therapy to ensure best practices. A case study demonstrating the importance of the awareness of the potential for TBI in clients who experience IPV is included.

Keywords: **intimate partner violence, traumatic brain injury, post-traumatic stress disorder, PTSD, public health**

In 1981, the U.S. Congress declared October as Domestic Violence Awareness Month, marking a celebratory hallmark for advocates and survivors nationwide (National Resource Center on Domestic Violence, 2012). Since this time, similar social and legislative initiatives have increased overall awareness of gender inequality, thus influencing a decline in women's risk for intimate partner violence (IPV; Powers & Kaukinen, 2012). Recent initiatives, such as a national briefing focused on brain injury and domestic violence hosted by the Congressional Brain Injury Task Force, continue to call increased attention to the various intersections and implications of this national public health epidemic (Brain Injury Association of America, 2017). Unfortunately, despite various social advocacy movements, IPV remains an underrepresented problem in the United States (Chapman & Monk, 2015). As a result, IPV and related mental and physical health consequences continue to exist at alarmingly high rates (Chapman & Monk, 2015).

IPV refers to any act of physical or sexual violence, stalking, or psychological aggression by a current or previous intimate partner. An intimate partner is an individual with whom someone has close relations with, in which relations are characterized by the identity as a couple and emotional connectedness (Breiding, Basile, Smith, Black, & Mahendra, 2015). An intimate partner may include but is not limited to a spouse, boyfriend, girlfriend, or ongoing sexual partner (Breiding et al., 2015). Physical violence is the intentional use of force that can result in death, disability, injury, or harm and can include the threat of using violence (Breiding et al., 2015). Sexual, emotional, and verbal abuse are often perpetrated in conjunction with physical violence in relationships (Krebs, Breiding, Browne, & Warner, 2011).

Heterosexual and same-sex couples experience IPV at similar rates (Association of Women's Health, Obstetric and Neonatal Nurses, 2015). Researchers estimate that more than one in every three women and at least one in four men have experienced IPV (Sugg, 2015). These rates likely underestimate the true prevalence of IPV, given that populations with traditionally high incidences of abuse (e.g., poor, hospitalized, homeless, and incarcerated women) may not be included in survey samples (Scordato, 2013; Tramayne, 2012). Additionally, fear and shame often serve as a deterrent to reporting

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abuse (Scordato, 2013). Although both men and women are victims of IPV, women are abused at a disproportionate rate (Association of Women's Health, Obstetric and Neonatal Nurses, 2015) and have a greater risk than men of acquiring injury as a result of physical violence (Scordato, 2013; Sillito, 2012). Data have shown that 2–12% of injuries among women brought into U.S. emergency departments are related to IPV (Goldin, Haag, & Trott, 2016), 35% of all homicides against women are IPV-related (Krebs et al., 2011), and approximately 22% of women have experienced physical IPV, averaging 7.1 incidences of violence across their lifespan (Sherrill, Bell, & Wyngarden, 2016). IPV is a pervasive relational problem that creates a myriad of complex mental and physical health issues for female survivors (Sugg, 2015). One health issue commonly experienced by female survivors of IPV is post-traumatic stress disorder (PTSD; Black et al., 2011).

PTSD and IPV

A *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013) diagnosis of PTSD is based on the client's exposure to a dangerous or life-threatening stressor and consists of the following symptomology: intrusion of thoughts or re-experiencing of the event, including flashbacks; avoidance of experiences or thoughts related to the stressor; negative alterations in cognition and mood; and changes in reactivity, including hypervigilance or hyperarousal. According to Bourne, Mackay, and Holmes (2013), flashbacks are the hallmark symptom of PTSD and involve a process in which the individual dissociates and feels as though they are re-experiencing the traumatic event through involuntary, vivid, and emotional memories. Although PTSD symptoms may occur immediately after a traumatic event, symptoms may have a delayed onset in which the full range of symptoms can manifest even 6 months after the event, showing only partial symptom criteria in the preceding months (Utzon-Frank et al., 2014).

Experiencing IPV increases risk for developing PTSD (National Center on Domestic Violence, Trauma, and Mental Health, 2014). In a national sample of 9,000 women, 62% who experienced some form of IPV reported at least one PTSD symptom (Black et al., 2011). Women who experience IPV are almost three times as likely to meet criteria for PTSD when compared with those who have not had such experiences (Fedovskiy, Higgins, & Paranjape, 2008). Although PTSD is a common manifestation of IPV, another condition, traumatic brain injury (TBI), also is prevalent in survivors (Sherrill et al., 2016). The symptomology of TBI mirrors that of PTSD, rendering the clinical tasks of appropriate diagnosis and treatment planning especially difficult (McFadgion, 2013).

TBI and IPV

TBI is defined as a change in brain function caused by an external force (e.g., strike to the head or strangulation; Murray, Lundgren, Olson, & Hunnicutt, 2016). Symptoms include headaches, dizziness, fatigue, difficulty concentrating, irritability, and perceptual difficulties with noise and light (Zollman, 2016). Other symptoms can include problems with attention, memory, processing speed, decision making, and mood (Jeter et al., 2013). Professionals can use computerized tomography (CT) scans to find contusions, hematomas, diffuse axonal injury, and secondary brain injuries, which aid in the medical diagnosis of TBI (Currie et al., 2016). Although CT is widely used in assisting with the identification of TBI, a final diagnosis is most often made in a clinical interview with the patient, treating physician, and if feasible, those who observed the violent incident or responded to it (Zollman, 2016). Violence that causes TBI may or may not leave internal or external physical evidence of trauma (e.g., bruising, scarring); thus it is crucial that assessment and screening attempts take place beyond neuroimaging technology and are included as a part of a comprehensive evaluation (Joshi, Thomas, & Sorenson, 2012).

Researchers indicate that over 60% of women, with estimates as high as 96%, who experience IPV sustain injury to the face or head areas, including attempted strangulation (McFadgion, 2013;

Sherrill et al., 2016; St. Ivany & Schminkey, 2016). Acquired TBI through IPV can complicate the therapeutic treatment of women (Murray et al., 2016). Brain injury shares similar symptomology with PTSD, increasing likelihood for misdiagnosis, complications with care, and long-term brain damage (McFadgion, 2013). Additionally, TBI and PTSD are often comorbid diagnoses, and those who survive physical trauma and incur a TBI suffer negative mental health impacts such as depression, anxiety, and suicidal ideation (Smith, Mills, & Taliaferro, 2001).

PTSD and TBI have an extensive impact on brain functioning (Boals & Banks, 2012; Saar-Ashkenazy et al., 2016). Individuals with PTSD experience daily cognitive failures in memory, perception, and motor function (Boals & Banks, 2012; Saar-Ashkenazy et al., 2016). Other researchers have shown that PTSD negatively impacts brain functioning on multiple levels, including stimuli recognition, and overall cognitive functioning (Saar-Ashkenazy et al., 2016). Similarly, individuals with TBI may experience physical, sensory, cognitive, and social difficulties as a result of their brain injury (Brain Injury Association of Virginia , 2010). Given the overlapping symptoms of PTSD and TBI, and the overall impact on functioning, it is critical for counselors to consider these factors when diagnosing and treating women who have experienced IPV.

In sum, IPV is a widespread public health issue with a multitude of negative consequences related to human functioning. Incidences of TBI in women who have experienced IPV cannot be overlooked. A framework for mental health counselors that includes awareness of the overlapping symptoms between two likely outcomes of IPV and their manifestation is crucial for successful case conceptualization and treatment.

Counseling Implications

PTSD and TBI have extensive impact on human functioning, and it is critical that counselors examine appropriate responses and considerations for therapeutic treatment of female survivors of physical violence resulting from IPV. Clinical considerations should be incorporated into initial screening, therapeutic approaches, and communication with clients.

Screening and Assessment

McLeod, Hays, and Chang (2010) suggested that counselors universally screen clients for a current or past history of IPV. Based on the literature, survivors of IPV face various challenges when seeking services and either reporting or disclosing abuse, including: self-blame for the abuse; fear of the perpetrator; internalized shame; lack of acknowledgement of the level of danger; perception that community services are not helpful; lack of housing, child care, and transportation; access to money; and lack of educational opportunities (Fúgate, Landis, Riordan, Naureckas, & Engel, 2005; Lutenbacher, Cohen, & Mitzel, 2003; McLeod et al., 2010; Scordato, 2013). Minority populations experience additional challenges, including fear of prejudice and systemic oppression (Scordato, 2013). Thus, counselors carry the responsibility to broach screening with all clients. With an intentional screening for IPV, counselors are able to further identify TBI as a result of physical violence in IPV to ascertain medical and related concerns. Given the statistical probability that a woman who experienced physical IPV sustained past injury to the head or neck, initial screening is critical (Murray et al., 2016). The Pennsylvania Coalition Against Domestic Violence (PCADV; 2011) provides a guide based on a classic TBI screening called HELPS. The guide asks questions in the context of IPV, including if the person has ever been: (a) hit on the head, mouth, or other places on the face; (b) pushed so hard the head strikes a hard or firm surface; (c) shaken violently; (d) injured to the head or neck, including strangulation, choking, or suffocating that restricted breathing; and (e) nearly drowned, electrocuted,

or intentionally given something allergic. These questions serve as a guide in detecting if the survivor has acquired TBI; however, they should not be used in place of a medical assessment (PCADV, 2011).

The Brain Injury Association of America (2015) describes symptoms of TBI as including: headaches, dizziness, lack of awareness of surroundings, vomiting, lightheadedness, poor attention and concentration, fatigue, and ringing in the ears. Impairments involving functions related to memory, decision making, and processing speed may be indicators of brain injury (Jeter et al., 2013). Recognizing TBI allows for the appropriate response in treatment, including identifying necessary medical consultations and referrals.

Therapeutic Approaches to IPV

After the brain is injured, a recovery process involving three stages is prompted, including: cell repair, functional cell plasticity, and neuroplasticity (Villamar, Santos Portilla, Fregni, & Zafonte, 2012). Zasler, Katz, Zafonte, and Arciniegas (2007) described neuroplasticity as the process in which spared healthy brain regions compensate for the loss of functioning in damaged regions. Kimberley, Samargia, Moore, Shakya, and Lang (2010) suggested that repetition of activities is required to induce neuroplasticity, or recovery of the brain.

Researchers have shown that certain techniques in talk therapy can aid in the recovery of the brain, serving to benefit both the treatment of PTSD as well as the alleviation of symptoms in TBI (Chard, Schumm, McIlvain, Bailey, & Parkinson, 2011). For example, Chard et al. (2011) compared two therapies: (a) cognitive processing therapy (CPT), a form of cognitive behavioral therapy effective in treating PTSD; and (b) an alternate version of CPT, CPT-cognitive only (CPT-C), which omits the writing and reading of one's trauma narrative and instead emphasizes cognitive challenging and rehearsal. Both approaches were applied to a sample of 42 male veterans who met criteria for PTSD, had history of TBI, and were compared across four groups based on severity and treatment approach (Chard et al., 2011). In addition to speech therapy two to three times a week and a psychoeducation group 23 hours a week, CPT-C individual sessions and group sessions were each held twice a week as a part of a residential treatment program (Chard et al., 2011). Chard et al. identified a significant main effect across PTSD and depression measures for both groups, indicating CPT-C as a plausible treatment for clients with TBI.

Another therapeutic approach includes CRATER therapy, which is an acronym that encompasses six targets for therapy: catastrophic reaction, regularization, alliance, triangulation, externalization, and resilience (Block & West, 2013). The first target, catastrophic reaction, is based on targeting the explosive reaction that is in response to overwhelming environmental stimuli; regularization is the therapist's approach to establishing a regular daily routine for the client (e.g., sleep–wake cycle, meal times); alliance is the relationship between the professional and survivor; triangulate is the relationship expanded beyond the client to include a family member or friend; externalize negates self-blame; and resilience promotes the use of effective coping skills (Block & West, 2013). The individual's family members and friends are specifically targeted in the approach to account for ecological validity and provide support. Block and West (2013) stated, "CRATER therapy targets the formation of a good working alliance, teaches the survivor to perform skills without cues from the provider and integrates both cognitive and therapy interventions" (p. 777). Overall, this theory infuses cognitive restructuring into individual psychotherapy and assists the client in developing effective coping strategies.

In addition to the implementation of specific therapeutic approaches in counseling, the counselor can incorporate management strategies to accommodate survivors' brain injury symptoms in counseling

sessions. For example, a client who takes longer to complete tasks and answer questions because of an impaired information processing speed can be accommodated by the counselor doing the following: (a) allowing extra time for responses, (b) presenting one thing at a time, and (c) not answering for them during the lapse in response time (BIAV, 2010). The PCADV (2011) also recommends speaking in a clear and literal sense as well as providing tasks in short increments. If memory is impaired, the counselor can make it a point to repeat information as necessary, encourage the use of external memory aids (e.g., journals, calendars), and give reminders and prompts to assist with recall (Block & West, 2013). In the case in which the client shows poor self-monitoring skills and lacks adherence to social rules or consistently dominates the dialogue in sessions, the counselor can provide feedback, encourage turn-taking, and gently provide redirection of behavior (BIAV, 2010). Implementing techniques that involve feedback and redirection also can decrease chances of oversharing that might re-traumatize the survivor (Clark, Classen, Fourt, & Shetty, 2014). Utilizing compensatory strategies such as these can ensure the accessibility and efficacy of counseling sessions to survivors with TBI.

Therapeutic Communication With IPV Clients

Aside from specific counseling approaches and management strategies, several considerations can be made by the counselor to ensure an informed response in communication and chosen interventions. Building a therapeutic relationship, including instilling hope for possible change, is especially useful with complex PTSD diagnoses (Marotta, 2000). Additionally, researchers suggest that receiving social support is a resiliency factor in trauma recovery (Shakespeare-Finch, Rees, & Armstrong, 2015; Zhou, Wu, Li, & Zhen, 2016). However, data suggest that women with brain injury, when compared with male counterparts, experience more negative alterations to social and play behavior, including more exclusion and rejection in social situations (Mychasiuk, Hehar, Farran, & Esser, 2014). Mychasiuk et al. (2014) indicated that group therapy or other social types of interventions related to social support building and safety planning may be contraindicated until these specific challenges can be addressed in individual counseling.

Counselors should be aware of the cyclical nature of abusive relationships that can result in multiple brain injuries over time (Murray et al., 2016). Additionally, counselors should understand complex PTSD, which is associated with prolonged exposure to severe trauma; alterations to affect and impulses, self-perception, interactions with others, and increased somatization; and medical problems (Pill, Day, & Mildred, 2017). Consideration of the potential impact that cumulative brain injuries and prolonged trauma have on health outcomes is critical for effective clinical intervention (Kwako et al., 2011), as myriad aspects of a woman's ability to identify and understand her situation may be negatively impacted. A critical skill for women in violent relationships includes the need to account for, and effectively assess, one's physical environment at the time of abuse. A client can take the following precautions to protect herself from future violence: (a) making herself a smaller target by curling up into a ball in a corner, (b) avoiding wearing scarves or necklaces that can be used in strangulation attempts, (c) guarding her head with her arms around each side of her head, and (d) hiding guns or knives (PCADV, 2011). Furthermore, it is imperative that the counselor actively assist in the safety planning process given that head injury and trauma often impair cognitive processes such as a person's ability to plan and organize (PCADV, 2011). Initiating the safety planning process as a psychoeducational component of treatment could serve to counter shame and self-blame for the survivor, ensuring that a trauma-informed approach and best practices are maintained (Clark et al., 2014).

Ethical Implications

Client cases that include current or past IPV are often fraught with numerous ethical considerations (McLaughlin, 2017). Perhaps the most pervasive ethical issue is the responsibility of mandated

reporting. Counselors must be aware of the intricacies of such responsibility and understand the limits of reporting as it pertains to survivors of IPV (American Counseling Association, 2014). Clinicians should become skilled at assessing for violence in relationships so that reporting can occur if one of the following situations arise: abuse of children, older adults, or other vulnerable populations; duty to warn situations; or risk of suicide. The responsibility to report must be discussed with clients during the informed consent process and throughout treatment (American Counseling Association, 2014, B.1.d).

IPV presents additional complications for treatment providers. Researchers suggest that more than 50% of couples in therapy report at least one incident of physical aggression against their partner (O'Leary, Tintle, & Bromet, 2014). Despite this implication, counselors fail to adequately assess for violence or intervene when violence is present. Once a thorough assessment has taken place, clinicians can evaluate the most appropriate and safe course of treatment for each individual and the couple together. Treatment options include continued couples work (when appropriate), separate individual therapy, or group work that may include anger management or other behavioral-change strategies (Lawson, 2003).

Counselors working with survivors of IPV should expect to regularly determine how to "maximize benefit and minimize harm" for each client (McLaughlin, 2017, p. 45). Counselors may find themselves working with clients who want or need to stay in the relationship or those who want or need to leave the relationship. Each situation is complicated with a variety of personal factors such as level of violent threat and access to financial and other types of resources. Individual assessment in collaboration with the client to determine the best therapeutic strategy is necessary (McLaughlin, 2017).

Finally, counselors may hold overt or covert personal biases toward IPV clients and violence against women. Counselors should evaluate personal feelings toward both victims and perpetrators of IPV prior to working with them and throughout the course of treatment. McLeod et al. (2010) developed a competency checklist for counselors to assist in necessary self-reflection and self-evaluation of their level of competency when working with this population. Finally, counselors should understand the critical nature of supervision and consultation and seek it out when necessary (McLaughlin, 2017).

Case Study

The following case study is a hypothetical case based loosely on the first author's experience as a counselor in a domestic violence shelter. The case and treatment description are meant to provide a general overview of how counselors might implement an overarching lens of screening and treatment when working with survivors of IPV.

A 48-year-old Caucasian woman sat across from her counselor, elated as she described the sense of relief she felt to finally receive counseling support during what she explained to be the worst time of her life. In disclosing several accounts of physical, sexual, and emotional abuse, she described times in which her ex-partner had blackened her eye, broken bones, and strangled her. Knowing the various causes of TBI in IPV, the counselor started a conversation about the possibility of brain injury. The client denied going to the emergency room to be assessed for injuries, a process that would have likely detected contusions or swelling of brain tissue. The absence of medical treatment was not surprising to the counselor, given the numerous barriers that often leave survivors of IPV without medical attention, including fear of further harm. Knowing this, the counselor was careful in her communication so as to not suggest blame or judgement for the client's decisions to not seek past medical assistance. The counselor proceeded to ask questions related to whether or not the client perceived any changes to physical or cognitive functioning in comparison to life before her abusive

relationship, with focus on memory, attention, and learning experiences. The client found it very difficult to answer these questions in detail, indicating that her memory was potentially impaired because of either PTSD or brain injury. A neutral, yet warm and understanding, therapeutic stance was critical for the counselor to keep the client engaged in the therapeutic process.

Following the detection of probable TBI, the counselor provided psychoeducation to promote awareness on the nature of the injury as well as referrals to various local and state resources. The counselor and client then discussed the client's experience of PTSD symptoms and how these symptoms could mirror the symptoms of brain injury. Education is a recommended strategy when working with clients with PTSD (Marotta, 2000). The counselor knew that helping the client to differentiate between the two would help her monitor and document symptoms for the journaling homework that would eventually be assigned to her. At this time, the counselor provided the client with a handout with a *t*-chart comparing PTSD and TBI symptoms, knowing that a concrete, visual representation might be a helpful accommodation. For her journaling homework, the counselor instructed the client to record the following: symptom type, duration, intensity, and any contextual details. This recording would benefit the client in multiple ways, including increasing personal awareness and attention to symptoms, indicating the necessity of additional referral sources, and providing a record for discussion with future medical professionals.

At the beginning of the next several sessions, the counselor followed up on the client's journaling homework. During these check-ins, the client reported times of forgetfulness, difficulty with attention, and problems staying organized and making decisions. One particular incident allowed the counselor and client to actively probe through differences between PTSD and TBI when the client reported a time in which she "zoned out" while running errands. They explored the event, discussing duration and contextual details. It was in this conversation that the client mentioned a glass item having fallen nearby and shattering loudly just moments before she "zoned out." From this detail, especially noting the infrequency of her zoning out day-to-day, the counselor discussed the likelihood of it being trauma-related, connecting it to the many nights of domestic disturbances with her abuser that ended in various household items being destroyed. On the other hand, the counselor associated her increased forgetfulness, headaches, and a distorted sense of smell with possible manifestations of brain injury. The counselor recommended that the client call the state's brain injury association to learn about medical providers who had extensive experience treating TBI.

Noting shattering glass as one of her triggers, the counselor and client discussed what she could do after perceiving this stimulus to reorient to the present. Grounding techniques such as deep breathing were discussed. To address forgetfulness, the counselor implemented compensatory strategies that included shorter responses and questions, utilization of the present time frame, and repetition of responses provided by the counselor. To encourage further assessment and treatment, the counselor followed up on the client's contact with experienced TBI medical professionals.

Clients may be involved in both individual and group counseling simultaneously. However, group counseling may be contraindicated for women who have experienced a TBI until social and relational challenges can be addressed in individual counseling (Mychasiuk et al., 2014). Therefore, before recommending entry into a counseling group, the counselor first assessed the client's day-to-day interactions with individuals and how her social network changed before and after sustaining TBI. This assessment allowed the counselor an opportunity to both gauge the appropriateness of group therapy and identify possible barriers to group that might be assisted with accommodation. With careful consideration and assessment, counselors can maximize the use of group therapeutic factors such as interpersonal learning, socializing techniques, and imitative behavior.

Conclusion

IPV is a prevalent public health issue that impacts the development of a wide range of mental and physical health diagnoses, in which PTSD and TBI are two pervasive complications that often affect survivors of IPV. Recent initiatives, such as the national briefing hosted by the Congressional Brain Injury Task Force, are indicative of the work still needed to properly address this underrepresented national issue (Brain Injury Association of America, 2017). Counselors should understand the intersectionality of PTSD and TBI and how such experiences can complicate treatment. This article has provided several suggestions for counselors to improve their clinical practice to better accommodate survivors of IPV, including screening and assessment techniques, therapeutic approaches, and communication suggestions. Counselors should be aware of the need to adopt specific therapeutic approaches and strategies in counseling that compensate for cognitive impairments so as to avoid gaps in the delivery of services and adhere to best treatment practices. Counselors also are required to abide by ethical codes and guidelines and are urged to continually seek supervision and consultation when working with this population to ensure that the various aspects of this complicated category of violence are thoroughly considered.

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Evidence for Use of a Psychometric Inventory of New College Student Adjustment With Ghanaian Students: Implications for the Professional Globalization of Counseling

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As the counseling profession continues its globalization onto Ghanaian college campuses, there is an increased need for psychometric assessments that support programming and interventions that promote degree matriculation and general student well-being. A sample of 696 young adult Ghanaian college students completed the Inventory of New College Student Adjustment (INCA) and related measures to estimate evidence of internal structure and relationships with conceptually related constructs. Confirmatory factor analyses were completed and inspection of fit indices revealed strong evidence for internal structure, and bivariate correlations indicated statistically significant positive associations with related medium effect sizes between the INCA subscales (Supportive Network and Belief in Self) and related measures. Implications for use of the INCA to support the professional activities of Ghanaian counselors working on college campuses are provided.

Keywords: **Ghanaian counselors, college student adjustment, globalization, psychometric inventory, assessment**

Higher education in Ghana has experienced tremendous growth over the past two decades, increasing access to institutions of higher education and student enrollment. In 2012, there were 138 accredited higher education institutions throughout Ghana, including public and private institutions, polytechnics, and training colleges (Atuahene, 2013; National Council for Tertiary Education [NCTE], 2014). This is an exponential degree of growth when compared to the existence of only three public universities in Ghana at the close of the 1990s (Atuahene, 2013). Although access and participation in university education has grown rapidly, the proportion of enrolled students versus those eligible to be enrolled remains low. According to the United Nations Educational, Scientific and Cultural Organization (2017), the percentage of enrolled students compared to those eligible to be enrolled in higher education in Ghana for 2015 was only 16.23%, indicating inadequate pre-college academic preparation, lack of affordability, low retention rates, and inadequate supports once enrolled (Atuahene, 2012). With its higher education system facing such challenges, resources and tools that can assist Ghanaian higher education institutions meet student needs as they enter university life, adjust to the unique set of demands, and access existing supports are imperative.

Because the demand for higher education in Ghana has traditionally been greater than its supply, most of the available resources have been focused on the expansion of facilities rather than the improvement of student experiences that may promote university persistence and degree matriculation. Only in recent years has the NCTE begun to rate institutions on the quality and relevance of their academic programs. Atuahene (2012) identified several distinctive factors associated with Ghanaian student dropout, including: (a) inadequate financial support for low income students, (b) student socioeconomic and geographic background, (c) student pre-college academic preparation,

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(d) unfavorable institutional policies and practices, and (e) a lack of academic advising. With these barriers in mind, there is currently an opportunity in Ghanaian higher education to develop resources that can support student adjustment and academic persistence.

Researchers (e.g., Carter, Locks, & Winkle-Wagner, 2013; Gray, Vitak, Easton, & Ellison, 2013; Pascarella & Terenzini, 2005; Robbins, Oh, Le, & Button, 2009) have found first-year adjustment to an academic setting to be a crucial component in student retention. Furthermore, they have found that positive adjustment within the first year of college can significantly impact a student's academic persistence to degree completion. Andoh-Arthur, Asante, and Osafo (2015) studied the help-seeking behaviors of Ghanaian university students and found that the first-year student population was least likely to engage in help-seeking behaviors. They attributed this to the students' unfamiliarity with their new identity as university students. Knowing this, Ghanaian students' first year of university experience is a crucial time for university support personnel to proactively engage students regarding college adjustment issues. The capacity to identify new university students who are struggling to adjust to college life and who also may be at a higher risk for attrition is essential for Ghanaian university personnel as they seek to improve university retention rates.

Globalization of Counseling and Its Role in University Settings

The welcome statement of NBCC International proposes an organizational intention to increase the "availability of competent, reliable services to any part of the world that indicates an interest in acquiring them . . . with the utmost care and respect for the social, cultural, political, and economic realities of the various areas where we are invited" (Clawson, 2011, para. 2). Lorelle, Byrd, and Crockett (2012) identified the globalization of counseling as an inevitability, wherein professional counseling activities are progressively transitioning from a Western-based practice to one that gives international communities the opportunity for transformation as well. Lorelle et al. suggested that as the counseling profession is introduced on a local level, opportunities emerge for adaptation to local cultures and new contexts that yield new ways of understanding culturally defined standards of care. Among the many international settings adopting the values and activities synonymous with the counseling profession, Ghana appears poised to increase the capacity and scope of counseling activities through meaningful placement of services on university campuses.

Quarshie, Annor, Tagoe, Osei-Poku, and Andoh-Arthur (2016) identified a growing population of mental health professionals within the country of Ghana. This expansion of service provider capacity has been positively correlated with growth in the Ghanaian economy and represents a commitment to developing public mental health infrastructure using existing resources and expanding capacity over time (Ghana Health Professions Regulatory Bodies Act 857, 2013). Quarshie et al.'s (2016) analyses also detected that the majority of Ghanaian mental health professionals are housed on college, polytechnic, and university campuses. Situating these providers within these settings not only provides them support for their professional preparation programs, but also provides proximal contact with students who may be experiencing mental health symptoms while attempting to adjust to new demands within university settings. This action has important consequences for both the globalization of the counseling profession and the promotion of optimal development, degree matriculation, and access to a more equitable life for Ghanaian students. However, evidence-supported interventions require evidence-supported assessments that are population-specific, and currently there is a paucity of such assessments that can be utilized by mental health professionals to understand the adjustment experiences of students at Ghanaian universities.

Rationale and Purpose of the Study

Given that one aspect of counselor identity is the use of evidence-supported assessment practices, and another is evidence-supported intervention and programming (American Counseling Association, 2014; Lorelle et al., 2012), there is a call to complete activities to support the actions of Ghanaian mental health professionals charged with promoting adjustment among local university students. The Inventory of New College Student Adjustment (INCA; Watson & Lenz, 2017) is one viable instrument for assessing college student adjustment that is free to use and has yielded promising psychometric properties among ethnically diverse samples within the United States. It has been identified as a resource to help determine the appropriate support services needed for university students, as well as a resource to assess the overall effectiveness of campus initiatives focused on student adjustment. Although the INCA could be a valuable tool to address the current needs and trends in Ghanaian higher education, the degree of validity of INCA scores for a Ghanaian university student population is currently unknown. Therefore, the purpose of this study was to evaluate the transferability of validity evidence for scores on the INCA to a sample of Ghanaian students. Specifically, we intended to identify the degree of evidence related to internal structure of the INCA scores and their relationships with conceptually related variables.

Method

Participant Characteristics

Six hundred ninety-six Ghanaian college students (435 male [63%], 237 female [34%], 24 did not report gender [3%]), the majority of whom were young adults (*M* age = 22.45 years; *SD* = 4.37) completing undergraduate coursework at one large university in Ghana, Africa, participated in this study.

Measurement of Constructs

Inventory of New College Student Adjustment. The INCA (Watson & Lenz, 2017) was developed to assess the adjustment difficulties experienced by first-year college students and was normed using an ethnically diverse sample of 474 freshmen students in the United States. The INCA is a 14-item instrument using a 4-point Likert scale to assess participant responses from 1 (*strongly disagree*) to 4 (*strongly agree*). Scores can range from 14 to 56, with higher scores indicating higher levels of college adjustment. The 6-item Supportive Network subscale includes items such as "My friends support me as I work toward my goals" and "My family's support makes me feel stronger." The 8-item Belief in Self subscale includes items such as "My study habits are effective" and "I know what I will do after graduation." Initial psychometric testing demonstrates good alpha reliability coefficients for scores on INCA subscales ranging from .77 (Belief in Self) to .83 (Supportive Network), indicating good internal consistency. Moreover, our sample reported alpha reliability coefficients of .74 for both the Belief in Self subscale and the Supportive Network subscale.

The Multidimensional Scale of Perceived Social Support. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet & Farley, 1988) was developed to assess an individual's perception of social support from family, friends, and significant others. Each of these sources of social support is considered a distinct subgrouping and is assessed individually. The MSPSS was normed using a subject pool of 275 undergraduate students in the United States with a nearly equal sample of male and female students (Zimet, et al., 1988). After further psychometric testing, reliability has been established for diverse samples beyond the original norming group (Stanley, Beck, & Zebb, 1998). The MSPSS is a 12-item instrument using a 7-point Likert-scale to assess participant responses from 1 (*very strongly disagree*) to 7 (*very strongly agree*). Scores can range

from 12 to 84, with higher scores representing higher levels of perceived social support. For the purposes of this study, we used the Family Relationships subscale and Relationships with Friends subscale. The 4-item Family Relationships subscale includes items such as "My family really tries to help me" and "I get the emotional help and support I need from my family." The 4-item Relationships with Friends subscale includes items such as "My friends really try to help me" and "I can count on my friends when things go wrong." Zimet et al. (1988) reported high Cronbach's alpha coefficients for scores on MSPSS subscales ranging from .85–.91, indicating good internal consistency. The reliability of the total scale for the initial sample was .88. Additionally, our sample reported coefficients ranging from .81 for the Family Relationships subscale and .88 for the Relationships with Friends subscale.

College Self-Efficacy Inventory. The College Self-Efficacy Inventory (CSEI; Solberg, O'Brien, Villareal, Kennel, & Davis, 1993) was developed to assess a student's confidence in their ability to successfully complete college-related tasks. Originally developed to measure college self-efficacy in Hispanic college students, CSEI data has established reliability beyond the initial norming population to also include ethnically diverse college students (Gore Jr., Leuwerke, & Turley, 2005). The CSEI is a 20-item instrument using a 10-point scale to assess a participant's confidence in their ability to successfully complete a task from 1 (*not at all confident*) to 10 (*extremely confident*). Scores can range from 20 to 200, with higher scores indicating higher levels of confidence in one's ability to successfully complete college-related tasks. The 20-item scale includes items such as "Make new friends at college," "Talk to university staff," and "Take good class notes" (Barry & Finney, 2009). Gore et al. (2006) reported Cronbach's alpha coefficients for scores on the CSEI subscales ranging from .62–.89. The reliability of the CSEI for the initial sample was .93 (Solberg et al., 1993). Additionally, we observed a Cronbach's alpha coefficient of .88 for our sample.

Procedure

After ethical review board approval, students registered in classes at one large university in Ghana were asked to participate in this study. A survey administrator, who was not the course instructor, shared the opportunity to participate in this study with students and disseminated an information sheet explaining the purpose, processes, and voluntary nature of the study. After having time to review the information sheet, the students choosing to participate in the study were given a packet including a demographic questionnaire, the INCA, the MSPSS, and the CSEI. All measures except for the demographic questionnaire were counter-balanced in an effort to control for random responding, order effect, and fatigue. Participants filled out hard copy surveys in class and turned them in to the survey administrator, who supplied them to the authors. Participant answers to the survey packet were entered into an SPSS spreadsheet. After all data was documented, the original hard copy surveys were securely destroyed.

Data Analysis

Statistical power analysis. We conducted a power analysis to determine the suitability of our sample size for identifying model fit using the criteria outlined by Stevens (2009): $n/p \geq 30$. Using this standard, our largest scale (Belief in Self), consisting of eight items, would necessitate a sample size of at least 240. With a sample size of 696 (i.e., 87 participants per item), we considered our sample size sufficient for making statistical inferences about model fit. We also acknowledge that this model is over-powered for hypothesis testing and may lead to type I error. Therefore, when interpreting analyses, a greater emphasis was placed on model fit indices over *p*-values for χ^2 tests.

Preliminary data analysis. The dataset was analyzed for missing values prior to performing statistical analyses. A small percentage of missing values (684 out of 71,100; .009%) was detected, but

no identifiable pattern within these absent values was present. We used the series mean imputation function in IBM SPSS, Version 23, to replace all missing values.

Evidence regarding internal structure. We analyzed model fit for the INCA subscales using the SPSS Analysis of Moment Structures Software, Version 22. We conducted our analyses of the INCA subscale factor structures based on the initial factor structure emerging from the analyses completed by Watson and Lenz (2017). Initially, we interpreted the C-minimum/degrees of freedom (CMIN/DF), *p*-values, root mean residual (RMR), goodness of fit index (GFI), comparative fit index (CFI), Tucker-Lewis index (TLI), and root mean square error of approximation (RMSEA) metrics of model fit. Standards presented by Dimitrov (2012) were used to interpret these values with criteria for a strong model fit represented by CMIN/DF < 2, $p > .05$, RMR < .08, GFI > .90, CFI > .90, TLI > .90, and RMSEA < .10. When model fit proved inconsistent with these standards, modification indices were evaluated to determine items with potential covaried error. Covarying items provides a scenario within the factorial model wherein two items share their assumed variance. If such instances were identified, the model was computed again to re-inspect fit indices. If a factor model continued to have an inadequate fit, we inspected individual item correlation loadings and considered items for removal from the model. Items were removed if correlation coefficients were found to be less than .70.

Evidence regarding relationships with conceptually related constructs. Bivariate correlations were computed between scores on the INCA, MSPSS, and CSEI to depict degree of convergent validity between scores on the INCA subscales (Supportive Network and Belief in Self) with conceptually related constructs of perceived social support and academic self-concept, via the MSPSS and CSEI, respectively. Pearson's correlation coefficients were interpreted as small (.10), medium (.30), or large (.50) based on the conventions reported by Swank and Mullen (2017) and evaluated at the .05 level of statistical significance.

Results

All alpha coefficients, descriptive statistics, and bivariate correlations for variables included within the analyses can be found in Table 1.

Table 1

Alpha Coefficients, Descriptive Statistics, and Bivariate Correlations for Variables Included Within Analyses.

Scale-Construct	α	*M*	*SD*	1	2	3
INCA - Belief in Self	.74	23.31	3.32			.34*
INCA - Supportive Network	.74	17.44	2.65	.44*	.44*	
1. MSPSS - Family Relationships	.88	20.02	6.49			
2. MSPSS - Relationships with Friends	.81	16.70	5.91			
3. CSEI - College Self-Efficacy	.88	36.77	14.69			

Note. * indicates statistical significance at .01 level

Evidence Regarding Internal Structure

INCA - Belief in Self. The primary analysis of the Belief in Self subscale was significant for the hypothesized model, $\chi^2(20) = 124.51$, $p < .01$, and was suggestive of an unacceptable fit for the data: CMIN/DF = 6.22, RMR = .02, GFI = .95, CFI = .88, RMSEA = .08. After deleting item 6 and pairing the error terms for items 2 and 5 ("Past experiences help me cope with the demands of university life" and "Challenging courses make me a better student") and 3 and 4 ("I believe I handle adversity well" and "My classmates value my opinions"), a good model fit emerged for scores on the Belief in Self subscale: $\chi^2(12) = 28.58$, $p < .01$. This finding was additionally supported by the fit indices: CMIN/DF = 2.38, RMR = .01, GFI = .98, CFI = .98, RMSEA = .04. Inspection of the alpha coefficient for scores for this sample ($\alpha = .74$) was within the good range, indicating an acceptable degree of consistency and precision suitable for social sciences research activities.

INCA - Supportive Network. The primary analysis of the Supportive Network subscale was significant for the hypothesized model, $\chi^2(9) = 102.28$, $p < .01$, and was suggestive of an unacceptable fit for the data: CMIN/DF = 11.37, RMR = .03, GFI = .95, CFI = .80, RMSEA = .12. After pairing error terms for items 1 and 3 ("My friends support me as I work toward my goals" and "My friends help me to grow in important ways") and items 4 and 6 ("My family's support makes me feel stronger" and "I can be real with at least a few of my friends"), a good model fit emerged for scores on the Supportive Network subscale: $\chi^2(7) = 14.03$, $p = .08$. This finding was additionally supported by the fit indices: CMIN/DF = 3.41, RMR = .01, GFI = .98, CFI = .96, RMSEA = .05. Inspection of the alpha coefficient for scores for this sample ($\alpha = .74$) was within the marginal range, indicating an acceptable degree of consistency and precision suitable for social sciences research activities.

Evaluation of Conceptually Related Measures

Family Relationships. The primary analysis of the Family Relationships subscale of the MSPSS was significant for the hypothesized model, $\chi^2(2) = 45.47$, $p < .01$, and was suggestive of an unacceptable fit for the data: CMIN/DF = 22.73, RMR = .10, GFI = .96, CFI = .97, RMSEA = .17. After pairing the error terms for items 3 and 4 ("I can talk about my problems with my family" and "My family is willing to help me make decisions") a good model fit emerged for scores on the Family Relationships subscale: $\chi^2(1) = 9.21$, $p < .01$. This finding was additionally supported by the fit indices: CMIN/DF = 9.21, RMR = .04, GFI = .99, CFI = .99, RMSEA = .10. Inspection of the alpha coefficient for scores for this sample ($\alpha = .88$) was within the good range, indicating an acceptable degree of consistency and precision suitable for social sciences research activities.

Relationships with Friends. The primary analysis of the Relationships with Friends subscale of the MSPSS was significant for the hypothesized model, $\chi^2(2) = 49.52$, $p < .01$, and was suggestive of an unacceptable fit for the data: CMIN/DF = 24.76, RMR = .15, GFI = .96, CFI = .95, RMSEA = .18. After pairing the error terms for items 1 and 2 ("My friends really try to help me" and "I can count on my friends when things go wrong"), a good model fit emerged for scores on the Relationships with Friends subscale: $\chi^2(1) = 1.43$, $p = .23$. This finding was additionally supported by the fit indices: CMIN/DF = 1.43, RMR = .02, GFI = .99, CFI = 1, RMSEA = .02. Inspection of the alpha coefficient for score for this sample ($\alpha = .81$) was within the good range, indicating an acceptable degree of consistency and precision suitable for social sciences research activities.

College Self-Efficacy. The primary analysis of the College Self-Efficacy subscale of the CSEI was significant for the hypothesized model, $\chi^2(9) = 66.70$, $p < .01$, and was suggestive of an unacceptable fit for the data: CMIN/DF = 7.41, RMR = .34, GFI = .97, CFI = .98, RMSEA = .09. After pairing the error terms for items 1 and 2 ("Manage time effectively" and "Research a term paper") and 3 and 5 ("Do well on your exams" and "Understand your textbooks"), a good model fit emerged for scores on the

College Self-Efficacy subscale: $\chi^2(7) = 22.45$, $p < .01$. This finding was additionally supported by the fit indices: CMIN/DF = 3.20, RMR = .10, GFI = .98, CFI = .99, RMSEA = .05. Inspection of the alpha coefficient for scores for this sample ($\alpha = .88$) was within the good range, indicating an acceptable degree of consistency and precision suitable for social sciences research activities.

Evidence Regarding Relationships With Conceptually Related Constructs

Bivariate correlation analysis of scores on the INCA Belief in Self subscale and CSEI resulted in a statistically significant positive relationship ($r = .34$, $p < .01$) indicative of a medium effect size. The correlation analysis of scores on the INCA Supportive Network subscale and MSPSS Family Relationships and Relationships with Friends subscales also resulted in statistically significant positive relationships ($r = .448$, $p < .01$, $r = .448$, $p < .01$, respectively) indicative of medium effect sizes. The strong positive relationships between scores on the two INCA subscales and conceptually related constructs are suggestive of support for convergent validity wherein the scores on the INCA tended to increase while scores on related measures increased too. Taken together, students who reported a greater belief in self also tended to report a greater sense of college self-efficacy. Similarly, participants who reported a greater belief in self during the first year of transition to college life also tended to report higher scores, indicating strong relationships with friends and family.

Discussion

The purpose of this study was to evaluate the validity evidence for the INCA using a Ghanaian college student population, with the hope that the instrument could be used by mental health professionals working in Ghanaian universities. Given the robust nature of our findings, we are heartened by the potential for the INCA and other emerging assessments to contribute to evidence-supported practices for optimal development and adjustment among students at Ghanaian universities. In light of our findings, several considerations warrant discussion.

Foremost, the INCA has potential uses that could address some of the most prominent issues facing higher education in Ghana today, particularly low matriculation rates. As the NCTE begins to rate institutions on the quality and relevance of their academic programs, the INCA can be used by university personnel to assess student adjustment so that necessary changes to student affairs programming can be made to improve the adjustment experiences of Ghanaian college students. Specifically, the INCA can be used by university personnel to gain a better understanding of the adjustment experiences of their first-year college students. This understanding can have important implications for program development at Ghanaian higher education institutions. As university personnel better understand the adjustment experiences of their first-year students, they can create programs that are more specialized to meet the needs of the Ghanaian student population, improve retention rates, and increase matriculation. Such activities have auspicious implications for not only promoting optimal development proximally, but encouraging access to a more equitable life, one characterized by fewer disparities than individuals within the emerging Ghanaian economy who do not have similar educational preparation and training.

Additionally, scores on the INCA can support early identification of first-year students who are struggling to adjust to university life. Because first-year students are least likely to engage in help-seeking behaviors (Andoh-Arthur et al., 2015), university personnel can develop proactive strategies to support struggling students and provide psychoeducation about the benefits of help-seeking behaviors. Such activities may include designing early detection protocols within orientation activities or integrating screening and referral within initial coursework activities.

In the cases of both program development and early identification, scores on the INCA have potential for evaluating outcomes in a manner that is culturally valid to a reasonable degree. Thus, the quantification of intervention outcomes by student affairs programmers and mental health professionals can provide an impetus for further understanding their students' needs and the best strategies for meeting them. This is an important consideration in an era wherein Ghanaian mental health professionals are leveraging existing resources while extending their scope of influence within an emerging sociopolitical climate, which has expanded professional counseling activities through legislative action (Ghana Health Professions Regulatory Bodies Act 857, 2013). It is reasonable to conjecture that through the use of the INCA and other emerging assessments, the utilization and extension of personnel resources can not only be data-driven, but data-justified as well.

Finally, as the globalization of the counseling profession continues to be cultivated worldwide, it is important that counselors in international settings have valid psychometric tools that are population specific. Validation activities, such as the INCA project reported here, provide psychometrically robust assessments that Ghanaian mental health professionals can add to their growing corpus of resources. Although the use of assessment-based programming and outcome measurement do not define the whole of a counselor's professional identity, it is a critical feature (American Counseling Association, 2014; Lorelle et al., 2012). Therefore, as the INCA and other assessments continue to be validated with Ghanaian student populations, the professionalization of Ghanaian mental health professionals grows lockstep.

Limitations and Recommendations for Future Research

Some important limitations and related recommendations for future research are indicated. First, although we sampled almost 700 Ghanaian students, the scope of our participant sample was limited to one campus. Therefore, we regard our findings as preliminary and most relevant to the student body from which they were affiliated. While it is reasonable that a substantial degree of validity generalization may be present, future studies completed at other Ghanaian universities are needed to estimate the transferability of INCA scores across regions. Second, internal consistency of INCA scores (α) were within the acceptable range (.70–.80), yet they did not reach a level that would warrant use for high stakes decision-making, such as program eligibility or dismissal. Further research evaluating content-oriented evidence (Lambie, Blount, & Mullen, 2017), cognitive processing, and response processes (Peterson, Peterson, & Powell, 2017) of INCA items and scores is needed to identify variables that may influence the reliability of items. It is possible that because INCA factors were developed from a Western theory of student adjustment, that consistency may be affected and indicative that some modification of item wording may be warranted (Lenz, Soler, Dell'Aquila, & Uribe, 2017). Thus, further evaluation related to cross-cultural adaptation and representation of constructs consisting within Ghanaian culture is warranted. Finally, this study only reported two sources of validity evidence. Although evidence across all sources of validity would not necessarily imply that INCA is inherently useful (Lenz & Wester, 2017), future research that elucidates INCA features associated with construct irrelevance and underrepresentation would further promote responsible testing and evaluation practice (Spurgeon, 2017).

Conclusion

In conclusion, this study evaluated the transferability of validity evidence for scores on the INCA to a sample of Ghanaian college students. The findings suggest the INCA is a valid psychometric assessment that has the potential to contribute to evidence-supported practices for optimal development and adjustment among students at Ghanaian universities. Specifically, the INCA can be used by Ghanaian university personnel to assess student adjustment, make any necessary changes to

student affairs programming to improve the adjustment experiences of their college students, identify first-year students who are struggling to adjust to university life, and develop proactive strategies to support struggling students. Although initial results are promising, continued research is needed to validate the INCA at various universities across Ghana to continue to determine its degree of generalizability.

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The Research Identity Scale: Psychometric Analyses and Scale Refinement

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The 68-item Research Identity Scale (RIS) was informed through qualitative exploration of research identity development in master's-level counseling students and practitioners. Classical psychometric analyses revealed the items had strong validity and reliability and a single factor. A one-parameter Rasch analysis and item review was used to reduce the RIS to 21 items. The RIS offers counselor education programs the opportunity to promote and quantitatively assess research-related learning in counseling students.

Keywords: **Research Identity Scale, research identity, research identity development, counselor education, counseling students**

With increased accountability and training standards, professionals as well as professional training programs have to provide outcomes data (Gladding & Newsome, 2010). Traditionally, programs have assessed student learning through outcomes measures such as grade point averages, comprehensive exam scores, and state or national licensure exam scores. Because of the goals of various learning processes, it may be important to consider how to measure learning in different ways (e.g., change in behavior, attitude, identity) and specific to the various dimensions of professional counselor identity (e.g., researcher, advocate, supervisor, consultant). Previous research has focused on understanding how measures of research self-efficacy (Phillips & Russell, 1994) and research interest (Kahn & Scott, 1997) allow for an objective assessment of research-related learning in psychology and social work programs. The present research adds to previous literature by offering information about the development and applications of the Research Identity Scale (RIS), which may provide counseling programs with another approach to measure student learning.

Student Learning Outcomes

When deciding how to measure the outcomes of student learning, it is important that programs start with defining the student learning they want to take place (Warden & Benshoff, 2012). Student learning outcomes focus on intellectual and emotional growth in students as a result of what takes place during their training program (Hernon & Dugan, 2004). Student learning outcomes are often guided by the accreditation standards of a particular professional field. Within the field of counselor education, the Council for Accreditation of Counseling & Related Educational Programs (CACREP) is the accrediting agency. CACREP promotes quality training by defining learning standards and requiring programs to provide evidence of their effectiveness in meeting those standards. In relation to research, the 2016 CACREP standards require research to be a part of professional counselor identity development at both the entry level (e.g., master's level) and doctoral level. The CACREP research standards emphasize the need for counselors-in-training to learn the following:

> The importance of research in advancing the counseling profession, including how to critique research to inform counseling practice; identification of evidence-based counseling practices; needs assessments; development of outcome measures for counseling programs; evaluation of counseling interventions and programs; qualitative quantitative, and mixed research methods; designs in research and program evaluation; statistical methods used in conducting research

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> and program evaluation; analysis and use of data in counseling; ethically and culturally relevant strategies for conducting, interpreting, and reporting results of research and/or program evaluation. (CACREP, 2016, p .14)

These CACREP standards not only suggest that counselor development needs to include curriculum that focuses on and integrates research, but also identify a possible need to have measurement tools that specifically assess research-related learning (growth).

Research Learning Outcomes Measures

The Self-Efficacy in Research Measure (SERM) was designed by Phillips and Russell (1994) to measure research self-efficacy, which is similar to the construct of research identity. The SERM is a 33-item scale with four subscales: practical research skills, quantitative and computer skills, research design skills, and writing skills. This scale is internally consistent ($\alpha = .96$) and scores highly correlate with other components such as research training environment and research productivity. The SERM has been adapted for assessment in psychology (Kahn & Scott, 1997) and social work programs (Holden, Barker, Meenaghan, & Rosenberg, 1999).

Similarly, the Research Self-Efficacy Scale (RSES) developed by Holden and colleagues (1999) uses aspects of the SERM (Phillips & Russell, 1994), but includes only nine items to measure changes in research self-efficacy as an outcome of research curriculum in a social work program. The scale has excellent internal consistency ($\alpha = .94$) and differences between pre- and post-tests were shown to be statistically significant. Investigators have noticed the value of this scale and have applied it to measure the effectiveness of research courses in social work training programs (Unrau & Beck, 2004; Unrau & Grinnell, 2005).

Unrau and Beck (2004) reported that social work students gained confidence in research when they received courses on research methodology. Students gained most from activities outside their research courses, such as participating in research with faculty members. Following up, Unrau and Grinnell (2005) administered the scale prior to the start of the semester and at the end of the semester to measure change in social work students' confidence in doing research tasks. Overall, social work students varied greatly in their confidence before taking research courses and made gains throughout the semester. Unrau and Grinnell stressed their results demonstrate the need for the use of pre- and post-tests to better gauge the way curriculum impacts how students experience research.

Previous literature supports the use of scales such as the SERM and RSES to measure the effectiveness of research-related curricula (Holden et al., 1999; Kahn & Scott, 1997; Unrau & Beck, 2004; Unrau & Grinnell, 2005). These findings also suggest the need to continue exploring the research dimension of professional identity. It seems particularly important to measure concepts such as research self-efficacy, research interest, and research productivity, all of which are a part of research identity (Jorgensen & Duncan, 2015a, 2015b).

Research Identity as a Learning Outcome

The concept of research identity (RI) has received minimal attention (Jorgensen & Duncan, 2015a, 2015b; Reisetter et al., 2004). Reisetter and colleagues (2004) described RI as a mental and emotional connection with research. Jorgensen and Duncan (2015a) described RI as the magnitude and quality of relationship with research; the allocation of research within a broader professional identity; and

a developmental process that occurs in stages. Scholars have focused on qualitatively exploring the construct of RI, which may give guidance around how to facilitate and examine RI at the program level (Jorgensen & Duncan, 2015a, 2015b; Reisetter et al., 2004). Also, the 2016 CACREP standards include language (e.g., knowledge of evidence-based practices, analysis and use of data in counseling) that favors curriculum that would promote RI. Although previous researchers have given the field prior knowledge of RI (Jorgensen & Duncan, 2015a, 2015b; Reisetter et al., 2004), there has been no focus on further exploring RI in a quantitative way and in the context of being a possible measure of student learning. The first author developed the RIS with the aim of assessing RI through a quantitative lens and augmenting traditional learning outcomes measures such as grades, grade point averages, and standardized test scores. There were three purposes for the current study: (a) to develop the RIS; (b) to examine the psychometric properties of the RIS from a classical testing approach; and (c) to refine the items through future analysis based on the item response theory (Nunnally & Bernstein, 1994). Two research questions guided this study: (a) What are the psychometric properties of the RIS from a classical testing approach? and (b) What items remain after the application of an item response analysis?

Method

Participants

The participants consisted of a convenience sample of 170 undergraduate college students at a Pacific Northwest university. Sampling undergraduate students is a common practice when initially testing scale psychometric properties and employing item response analysis (Embretson & Reise, 2000; Heppner, Wampold, Owen, Thompson, & Wang, 2016). The mean age of the sample was 23.1 years (SD = 6.16) with 49 males (29%), 118 females (69%), and 3 (2%) who did not report gender. The racial identity composition of the participants was mostly homogenous: 112 identified as White (not Hispanic); one identified as American Indian or Alaska Native; 10 identified as Asian; three identified as Black or African American; eight identified as multiracial; 21 identified as Hispanic; three identified as "other"; and seven preferred not to answer.

Instruments

There were three instruments used in this study: a demographic questionnaire, the RSES, and the RIS.

Demographics questionnaire. Participants were asked to complete a demographic sheet that included five questions about age, gender, major, race, and current level of education; these identifiers did not pose risk to confidentiality of the participants. All information was stored on the Qualtrics database, which was password protected and only accessible by the primary investigator.

The RSES. The RSES was developed by Holden et al. (1999) to measure effectiveness of research education in social work training programs. The RSES has nine items that assess respondents' level of confidence with various research activities. The items are answered on a 0–100 scale with 0 indicating *cannot do at all*, 50 indicating *moderately certain I can do*, and 100 indicating *certainly can do*. The internal consistency of the scale is .94 at both pre- and post-measures. Holden and colleagues reported using an effect size estimate to assess construct validity but did not report these estimates, so there should be caution when assuming this form of validity.

RIS. The initial phase of this research involved the first author developing the 68 items on the RIS (contact first author for access) based on data from her qualitative work about research identity (Jorgensen & Duncan, 2015a). The themes from her qualitative research informed the development of items on the scale (Jorgensen & Duncan, 2015a). Rowan and Wulff (2007) have suggested that using

qualitative methods to inform scale development is appropriate, sufficient, and promotes high quality instrument construction.

The first step in developing the RIS items involved the first author analyzing the themes that surfaced during interviews with participants in her qualitative work. This process helped inform the items that could be used to quantitatively measure RI. For example, one theme was Internal Facilitators. Jorgensen and Duncan (2015a) reported that, "participants explained the code of internal facilitators as self-motivation, time management, research self-efficacy, innate traits and thinking styles, interest, curiosity, enjoyment in the research process, willingness to take risks, being open-minded, and future goals" (p. 24). An example of scale items that were operationalized from the theme Internal Facilitators included: 1) I am internally motivated to be involved with research on some level; 2) I am willing to take risks around research; 3) Research will help me meet future goals; and 4) I am a reflective thinker. The first author used that same process when operationalizing each of the qualitative themes into items on the RIS. There were eight themes of RI development (Jorgensen & Duncan, 2015a). Overall, the number of items per theme was proportionate to the strength of theme, as determined by how often it was coded in the qualitative data. After the scale was developed, the second author reviewed the scale items and cross-checked items with the themes and subthemes from the qualitative studies to evaluate face validity (Nunnally & Bernstein, 1994).

The items on the RIS are short with easily understandable terms in order to avoid misunderstanding and reduce perceived cost of responding (Dillman, Smyth, & Christian, 2009). According to the Flesch Reading Ease calculator, the reading level of the scale is 7th grade (Readability Test Tool, n.d.). The format of answers to each item is forced choice. According to Dillman et al. (2009), a forced-choice format "lets the respondent focus memory and cognitive processing efforts on one option at a time" (p. 130). Individuals completing the scale are asked to read each question or phrase and respond either *yes* or *no*. To score the scale, a *yes* would be scored as one and a *no* would be scored as zero. Eighteen items are reverse-scored (item numbers 11, 23, 28, 32, 39, 41, 42, 43, 45, 48, 51, 53, 54, 58, 59, 60, 61, 62), meaning that with those 18 questions an answer of *no* would be scored as a one and an answer of *yes* would be scored as a zero. Using a classical scoring method (Heppner et al., 2016), scores for the RIS are determined by adding up the number of positive responses. Higher scores indicate a stronger RI overall.

Procedure

Upon Institutional Review Board approval, the study instruments were uploaded onto the primary investigator's Qualtrics account. At that time, information about the study was uploaded onto the university psychology department's human subject research system (SONA Systems). Once registered on the SONA system, participants were linked to the instruments used for this study through Qualtrics. All participants were asked to read an informational page that briefly described the nature and purpose of the study, and were told that by continuing they were agreeing to participate in the study and could discontinue at any time. Participants consented by selecting "continue" and completed the questionnaire and instruments. After completion, participants were directed to a post-study information page on which they were thanked and provided contact information about the study and the opportunity to schedule a meeting to discuss research findings at the conclusion of the study. No identifying information was gathered from participants. All information was stored on the Qualtrics database.

Results

All analyses were conducted in SAS 9.4 (SAS Institute, 2012). The researchers first used classical methods (e.g., KR_{20} and principal factor analysis) to examine the psychometric properties of the RIS.

Based on the results of the factor analysis, the researchers used results from a one-parameter Rasch analysis to reduce the number of items on the RIS.

Classical Testing

Homogeneity was explored by computing Kuder-Richardson 20 (KR_{20}) alphas. Across all 68 items the internal consistency was strong (.92). Concurrent validity (i.e., construct validity) was examined by looking at correlations between the RIS and the RSES. The overall correlation between the RIS and the RSES was .66 ($p < .001$).

Item Response Analysis

Item response theory brought about a new perspective on scale development (Embretson & Reise, 2000) in that it promoted scale refinement even at the initial stages of testing. Item response theory allows for shorter tests that can actually be more reliable when items are well-composed (Embretson & Reise, 2000). The RIS initially included 68 items. Through Rasch analyses, the scale was reduced to 21 items (items numbered 3, 4, 9, 10, 12, 13, 16, 18, 19, 24, 26, 34, 39, 41, 42, 43, 44, 46, 47, 49, 61).

The final 21 items were selected for their dispersion across location on theta in order to widely capture the constructs. The polychoric correlation matrix for the 21 items was then subjected to a principal components analysis yielding an initial eigenvalue of 11.72. The next eigenvalue was 1.97, which clearly identified the crook of the elbow. Further, Cronbach's alpha for these 21 items was .90. Taken together, these results suggest that the 21-item RIS measures a single factor.

This conclusion was further tested by fitting the items to a two-parameter Rasch model (AIC = 3183.1). Slopes were constrained to unity (1.95), and item location estimates are presented in Table 1. Bayesian *a posteriori* scores also were estimated and strongly correlated with classical scores (i.e., tallies of the number of positive responses [$r = .95$, $p < .0001$]).

Discussion

This scale represents a move from subjective to a more objective assessment of RI. In the future, the scale may be used with other student and non-student populations to better establish its psychometric properties, generalizability, and refinement. Although this study sampled undergraduate students, this scale may be well-suited to use with counseling graduate students and practitioners because items were developed based on a qualitative study with master's-level counseling students and practicing counselors (Jorgensen & Duncan, 2015a).

Additionally, this scale offers another method for assessing student learning and changes that take place for both students and professionals. As indicated by Holden et al. (1999), it is important to assess learning in multiple ways. Traditional methods may have focused on measuring outcomes that reflect a performance-based, rather than a mastery-based, learning orientation. Performance-based learning has been defined as wanting to learn in order to receive external validation such as a grade (Bruning, Schraw, Norby, & Ronning, 2004). Mastery learning has been defined as wanting to learn for personal benefit and with the goal of applying information to reach a more developed personal and professional identity (Bruning et al., 2004).

Based on what is known about mastery learning (Bruning et al., 2004), students with this type of learning orientation experience identity changes that may be best captured through assessing changes in thoughts, attitudes, and beliefs. The RIS was designed to measure constructs that capture internal

changes that may be reflective of a mastery learning orientation. A learner who is performance-oriented may earn an A in a research course but show a lower score on the RIS. The opposite also may be true in that a learner may earn a C in a research course but show higher scores on the RIS. Through the process of combining traditional assessment methods such as grades with the RIS, programs may get a more comprehensive understanding of the effectiveness and impact of their research-related curriculum.

Table 1.

Item location estimates.

RIS Item	Location Estimate
Item 3	-2.41
Item 4	-1.80
Item 10	-3.16
Item 13	-.86
Item 16	-.94
Item 19	-3.08
Item 24	-2.86
Item 9	-1.10
Item 12	.42
Item 18	-2.24
Item 26	-2.20
Item 39	.20
Item 42	-1.28
Item 44	-.76
Item 34	-1.27
Item 41	-.76
Item 43	-1.47
Item 46	-2.03
Item 47	-2.84
Item 49	1.22
Item 61	-.44

Limitations and Areas for Future Research

The sample size and composition were sufficient for the purposes of the initial development and classical testing and item response analysis (Heppner et al., 2016); however, these authors still suggest caution when applying the results of this study to other populations. Endorsements of the participants may not reflect answers of the population in other areas of the country or different academic levels. Future research should sample other student and professional groups. This will help to further establish the psychometric properties and item response analysis conclusions and make the RIS more appropriate for use in other fields. Additionally, future research may examine how scores on the RIS correlate with traditional measures of learning (e.g., grades in individual research courses, collapsed grades in all research courses, research portion on counselor licensure exams).

Conclusion

As counselors-in-training and professional counselors are increasingly being required to demonstrate they are using evidence-based practices and measuring the effectiveness of their services, they may benefit from assessments of their RI (American Counseling Association, 2014; Gladding & Newsome, 2010). CACREP (2016) has responded to increased accountability by enhancing their research and evaluation standards for both master's- and doctoral-level counseling students. The American Counseling Association is further supporting discussions about RI by publishing a recent blog post titled "Research Identity Crisis" (Hennigan Paone, 2017). In the post, Hennigan Paone described a hope for master's-level clinicians to start acknowledging and appreciating that research helps them work with clients in ways that are informed by "science rather than intuition" (para. 5). As the calling becomes stronger for counselors to become more connected to research, it seems imperative that counseling programs assess their effectiveness in bridging the gap between research and practice. The RIS provides counseling programs an option to do exactly that by evaluating the way students are learning and growing in relation to research. Further, the use of this type of outcome measure could provide for good modeling at the program level; in that, the hope would be that it would encourage counselors-in-training to develop both a curiosity and motivation to infuse research practices (e.g., needs assessments, outcome measures, data analysis) into their clinical work.

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Independently Licensed Counselors' Connection to CACREP and State Professional Identity Requirements

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Many professional counseling organizations act to strengthen counselor professional identity to achieve parity for counselors. However, independently licensed counselors often identify themselves as "therapists" or "psychotherapists" as a means of helping others understand their occupational role and establishing their professional community as encompassing all mental health professions. A random sample of 494 independently licensed counselors from state counseling licensure board lists answered five questions about Council for Accreditation of Counseling & Related Educational Programs (CACREP) and state professional identity requirements required for clinical mental health counseling students. These professionals rated supervision pre- and post-graduation by an independently licensed counselor, counselor educators licensed and trained as counselors, the unique philosophy of the profession of counseling taught in counselor education programs, and the importance of CACREP accreditation for clinical mental health programs between Slightly and Moderately Important. Results suggest that independently licensed counselors see some value in a consistent and clear professional identity as a means to help current concerns experienced by independently licensed counselors.

Keywords: **counselor professional identity, CACREP, parity, clinical mental health counseling, state counseling licensure board**

In order to work successfully with other professionals, each individual must thoroughly understand the role and scope of practice of their profession and be able to communicate that professional identity to others (Ewashen, McInnis-Perry, & Murphy, 2013; Johnson, Stewart, Brabeck, Huber, & Rubin, 2004; Palermo, 2013). Every mental health profession educates its students on its values, perspectives, and socialization processes, which results in each profession having different visions of the scope of practice of other professions (Leipzig et al., 2002). Distinguishing the separate as well as the similar roles and scopes of practice among the mental health professions highlights role ambiguity, power and status conflicts, and stereotypes that often constrain counselors when working with other professionals (Mellin, Hunt, & Nichols, 2011).

After first being identified in 1949 at the Council of Guidance and Personnel Associations conference (Simmons, 2003), counselor professional identity remains a large concern in the profession (Gale & Austin, 2003; Gibson, Dollarhide, & Moss, 2010; Kaplan & Gladding, 2011; Mellin et al., 2011; Myers, Sweeney, & White, 2002). In 2010, delegates from 31 American Counseling Association-affiliated organizations voted to create a definition of counseling specific to professional counselors, as opposed to psychologists, social workers, and the generic dictionary definition of counseling. This definition states: "counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 366).

Despite the concerns and the attempt at defining counseling for counselors, people can use the terms *counselor* and *counseling* in a variety of ways that are unrelated to the profession of counseling. For example, the terms *counselor* and *counseling* are used to describe the job title and services

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performed by camp counselors, debt counselors, attorneys, and other occupations. Additionally, physical, respiratory, speech, occupational, and massage therapists use the term *therapist*. Many licensed mental health providers utilize the terms *therapist* and *psychotherapist*, which ultimately leads to confusion when distinguishing the license of a mental health provider (Lincicome, 2015).

Consequently, many independently licensed counselors avoid the terms *counselor* and *counseling* altogether and strive instead to align with the entire mental health field. For this article, the term *independently licensed counselors* is defined as counselors who have graduated with a master's or doctoral degree, obtained postgraduate clinical supervision, and currently hold a license to practice as a counselor without supervision in their state. Burns and Cruikshanks (2017) found that 54% of independently licensed counselors never used the words *counselor* or *counseling* when talking to others about their occupational role. In addition, the results of a qualitative study identified that independently licensed counselors view their professional community as comprised equally of counselors, psychologists, social workers, and educators (Moss, Gibson, & Dollarhide, 2014). Counselors look to all mental health–related professions for professional mentoring, guidance, and information. Therefore, it is likely that independently licensed counselors identify themselves as therapists or psychotherapists as a means of resolving confusion while also affirming their connection to the global mental health community.

However, individuals are as tied to the identity of their profession as the profession is tied to the professional identity statements expressed by its members (Simpson, 2016). Because of a lack of a well-established professional identity in society (Myers et al., 2002), counselors must simultaneously communicate their specific professional identity within the centralized identity of the profession of counseling (Simpson, 2016). Ultimately, the way each counselor communicates their professional role recurrently defines the profession of counseling (Burns, 2017). For counselors to successfully communicate with potential employers, clients, other professions, and the public, they must convey counselor professional identity as well as how they specifically function as a counselor within the profession (Burns, 2017). Therefore, a counselor using generic terms to describe themselves, such as *therapist* or *psychotherapist*, negatively impacts their job as well as the profession of counseling.

Professional Identity Ramifications

Lincicome (2015) suggested that confusion in counselor professional identity has led to non-parity for counselors because of legislators not being able to understand or clearly define the profession of counseling. For example, in many states psychology students with a master's degree can become licensed counselors (Lincicome, 2015). The Institute of Medicine, while reporting on behalf of TRICARE, has condemned counselor licensing boards that allow non-counseling master's graduates (such as individuals with a master's in psychology) to qualify for counseling licensure (Mascari & Webber, 2013). Adding to the mix, the American Psychological Association (2016) hosted a Summit on Master's Training in Psychological Practice to consider re-implementing the licensure of master's-level psychologists. Because of these variables, a consistent and clear professional counselor identity could potentially help to solve many contemporary problems, such as transferring licensure to another state, achieving equality with other mental health professions in hiring practices, addressing the lack of recognition of the counseling profession in U.S. society, and being reimbursed for services by private and government health insurance providers (Calley & Hawley, 2008; Myers et al., 2002; Reiner, Dobmeier, & Hernández, 2013).

Many professional counseling organizations have looked to the Council for Accreditation of Counseling & Related Educational Programs (CACREP) Standards to strengthen counselor professional identity (Mascari & Webber, 2013). Three CACREP standards focus exclusively on

counselor professional identity. Standard 1.x articulates that core counselor education faculty be educated, licensed, and professionally associating as counselors. Standard 2.1 stipulates that students learn the history and philosophy of the profession of counseling. Standard 3.p proposes, but does not require, that licensed professional counselors supervise the practicum and internship experiences of master's- and doctoral-level students. Additionally, doctoral-level students are not required to seek doctoral-level licensed professional counselors to supervise their internship experiences. Ultimately, student training in counselor professional identity provides the foundation for the uniform skill sets required in CACREP-accredited programs to assure quality care for clients (Engels & Bradley, 2001).

Counselor Professional Identity

Ibarra (1999) stated:

> Professional identity is defined as the relatively stable and enduring constellation of attributes, beliefs, values, motives, and experiences in terms of which people define themselves in a professional role. . . . Professional identity forms over time with varied experiences and meaningful feedback that allow people to gain insight about their central and enduring preferences, talents, and values. (pp. 764–765)

More specifically, Calley and Hawley (2008), Puglia (2008), Remley and Herlihy (2014), and Weinrach, Thomas, and Chan (2001) identified counselor professional identity as a fundamental set of values, beliefs, and assumptions about the counseling profession that distinguishes it from other mental health professions. Counselors with a strong professional identity understand their scope of practice, roles, and functions and how those roles and functions differ from other mental health professionals; therefore, they passionately defend against inaccurate definitions of a counselor's scope of practice (Brott & Myers, 1999; Ponton & Duba, 2009; Remley & Herlihy, 2014).

Professional counseling organizations promote counselor identity and the profession of counseling in several ways. Organizations, such as the American Association of State Counseling Boards (AASCB), the American Counseling Association (ACA), CACREP, and the National Board for Certified Counselors (NBCC), are working together to achieve parity in terms of ability to be reimbursed by third-party payers for providing counseling services (Mascari & Webber, 2013). For nine years, ACA and AASCB facilitated 31 counseling organizations to perform focused strategic planning to elevate the counseling profession through the 20/20: A Vision for the Future of Counseling initiative. The first two principles of 20/20 state that "sharing a common professional identity is critical for counselors" and "presenting ourselves as a unified profession has multiple benefits" (Kaplan & Gladding, 2011, p. 372). ACA (2015) has acted on these two principles by endorsing CACREP as the accrediting body for counseling programs. NBCC responded to the call of 20/20 by restricting applications for the National Certified Counselor (NCC) credential to only CACREP-accredited program graduates beginning January 2022 (NBCC, 2014).

State licensure boards ensure licensees have appropriate educational degrees consisting of appropriate training, practicum, and internship experiences under supervision to protect the public from harm (Simon, 2011). Across the United States, state counseling licensure laws and rules define the particular roles and responsibilities of independently licensed counselors and directly impact professional identity requirements. These laws and rules define the scope of practice aligned with the profession of counseling and require clearly expressing a counselor professional identity to others and not asserting to be a psychologist, social worker, or therapist when not licensed as such. The AASCB's

Standards Commission (2010) suggested accepting common standards of training and curricula for the counseling profession, such as those held by CACREP. The course structures of CACREP-accredited programs are more uniform and equivalent than non–CACREP-accredited programs (Mascari & Webber, 2013). Requiring uniform accreditation standards for a profession helps licensing boards by allowing for the accelerated review of licensure applications and a centralized way to measure minimum training criteria (Mascari & Webber, 2013). Graduates from CACREP-accredited programs more often follow board regulations and adhere to the state scope of practice for counselors (Mascari, 2004; Mascari & Webber, 2006). Studies have proposed positive relationships between accreditation and student performance on exams, certifications, and licensure, as these require understanding the history, values, and scope of practice of professional counselors (Milsom & Akos, 2007; Scott, 2001). Despite all of this, counselors are not clearly identifying as counselors in the profession of counseling.

Further, government agencies look to accreditation standards to ensure consistency in training and skill sets. In 2010, both the U.S. Veteran's Administration (VA) and the Institute of Medicine for the TRICARE system of the Department of Defense recognized clinical mental health counseling graduates from CACREP-accredited programs as qualified professionals to work in their organizations because of the combined unified identity and standardized educational preparation required by CACREP accreditation (Bobby, 2013). ACA, AASCB, and NBCC have identified CACREP as the accrediting body for the profession of counseling in an attempt to solidify counselor professional identity and equality with the other mental health professions. Three CACREP standards focus exclusively on counselor professional identity and are training requirements of clinical mental health counseling students. The following three sections explore CACREP 2016 Standard 1.x, Standard 2.1, and Standard 3.p to demonstrate how these standards attempt to address concerns with counselor professional identity.

1.x Counselors as Counselor Educators

Counselor educators supervise students, model professional counseling behavior, monitor conduct, infuse ethics, and help students understand their scope of practice as counselors (Mascari & Webber, 2013). A 2008 study indicated that over 25% of counselor educators held other mental health licenses in addition to counseling, such as social work and psychology (Calley & Hawley, 2008). Counselor educators with multiple mental health licenses or without a mental health license can inhibit professional counselor identity development in counselor education students (Emerson, 2010; Mascari & Webber, 2006; Mellin et al., 2011). In these studies, master's students reported feeling inadequate when individuals with other mental health licenses taught their classes, and gave students negative impressions of the profession of counseling. These negative impressions included a lowered perception of the value of counseling licenses and counselors' counseling, research, and assessment abilities as compared to other mental health professions (Lincicome, 2015; Reisetter et al., 2004).

Bobby and Urofsky (2011) stated: "We are not familiar with any other profession that chooses to defer the training of its future professionals primarily to a different profession" (p. 53). The suggestion is that counselor educators with a secure counselor professional identity better ensure an enduring counselor identity in master's and doctoral students (Emerson, 2010). To strengthen counselor professional identity, CACREP accreditation requires core faculty members to have degrees specifically from counselor education programs, as well as hold professional memberships, certifications, and licenses within the profession of counseling (Bobby, 2013). Currently, CACREP standards do not require a specific length of time an individual must clinically counsel clients before becoming a counselor educator. Counselor educators abstaining from clinical counseling practice are not fully immersed in the profession of counseling. Therefore, they are not confronted with the need to thoroughly understand their role and scope of practice to communicate their professional counselor identity to others. Counselor educators would then find it difficult to help students

understand how to correct other mental health professionals holding inaccurate visions of the scope of practice of counselors to address role ambiguity, power and status conflicts, and stereotypes.

2.1 Professional Counselor Identity Training

Counselor professional identity rests upon specifically imparting the values, attitudes, and behaviors of the counseling profession to master's and doctoral students (Choate, Smith, & Spruill, 2005). A strong professional counselor identity requires pride in the profession of counseling and learning from faculty with a solid professional counselor identity (Woo, 2013). Several counseling professional organizations have established the foundation of counselor professional identity. The Chi Sigma Iota (CSI) Counselor Advocacy Leadership Conferences in 1998 stressed that counselor education students should graduate with a clear counselor professional identity and pride in the profession of counseling (Chi Sigma Iota, 1998). Sweeney (2001) stated that the counseling profession's values and how those values guide professional behaviors determine counselor professional identity as opposed to specific techniques, such as cognitive behavioral therapy, used in a counseling session. More specifically, Burns and Cruikshanks (2017) discussed at length how the five hallmarks of the counseling profession (normal development, prevention, wellness, advocacy, and empowerment) are not exclusively valued by counselors but differ in focus from other mental health professions. For example, in the profession of counseling, counselors use empowerment by encouraging client autonomy, self-advocacy, self-validation, and self-determination. In comparison, social workers encourage clients' socially responsible self-determination to balance the needs of clients and society. In psychology, empowerment occurs when the psychologist respects cultural differences, safeguards client welfare, and allows the client to make their own decisions.

Several professional counseling organizations work to impart the values of the profession of counseling. The ACA Code of Ethics (2014), Section C, states that counselors should join counseling organizations at local, state, and national levels and properly articulate their roles and scope of practice to others. Additionally, ACA endorses the principles of counselor professional identity generated by the 20/20 workgroup (Kaplan & Gladding, 2011). Two of those principles state that "sharing a common professional identity is critical for counselors" and "presenting ourselves as a unified profession has multiple benefits" (Kaplan & Gladding, 2011, p. 372). These two principles validate that a consistent and clear professional counselor identity could potentially help counselors become licensed in another state, have an equal chance at being hired as the other mental health professions, improve recognition of the counseling profession as distinct from other professions, and obtain reimbursement for services by all private and government health insurance providers (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013).

The CACREP 2016 Standards (2015) require a professional orientation course that covers the history, ethical standards, professional roles and responsibilities, professional associations, credentialing and licensure processes, professional advocacy, wellness, and public policy issues relevant to the counseling profession. Additionally, the National Counselor Examination (NCE; NBCC, 2012), used in most states as the examination to obtain a counseling license, tests counselors on eight CACREP domains: human growth and development, social and cultural diversity, counseling and helping relationships, group counseling and group work, career counseling, assessment and testing, research and program evaluation, and professional counseling orientation and ethical practice. Therefore, to obtain a counseling license, most counselors will be tested on the history and values of the profession of counseling (Emerson, 2010).

Unfortunately, before 2017, no research measured the communications of independently licensed counselors for professional identity. Therefore, no rubric existed to determine if independently licensed counselors expressed to others a clear counselor professional identity, and if not, how

communications could be improved. Burns and Cruikshanks (2017) examined independently licensed counselors' professional identity when communicating their occupational role to others. They found 54% of participants completely avoided the terms *counselor* or *counseling*, and only 29% referred to themselves as a professional counselor. Although various professional counseling organizations and CACREP-accredited programs discuss counselor professional identity, results of this study indicate most independently licensed counselors do not communicate a counselor professional identity. Because the professional identity statements generated by the members of a profession directly result in the professional identity of that profession (Simpson, 2016), counselor professional identity remains a concern.

3.p Counselors as Supervisors

To achieve an independent counseling license, foster a counselor professional identity, and ensure ethical practice, counselors must obtain post-degree clinical supervision toward building experience in the field (Barnes, 2004; Britton, Goodman, & Rak, 2002). Counselors' professional identity development occurs through associations and connections with other professional counselors (such as supervisors, colleagues, and counselor educators) who have a strong counselor identity (Luke & Goodrich, 2010; Puglia, 2008). Mascari (2004) interviewed 22 counseling leaders and found they were concerned with the lack of counselor professional identity, especially when diluted by other mental health professionals supervising counselors establishing their independent license.

Counselors lacking a strong professional counselor identity drift toward generic mental health professional identities and struggle to identify what distinguishes the unique roles and responsibilities of professional counselors (Hansen, 2003). Master's students in an internship with licensed professional counselor supervisors self-reported stronger professional identities than students supervised by other mental health professions (Gray & Remley, 2003). Many state counseling licensure boards promote professional identity requirements by mandating that independently licensed counselors exclusively provide postgraduate supervision. Those state counseling licensure boards want counselors to understand the role and scope of practice of their profession and be able to communicate that professional identity to others.

Many studies have focused on counselor professional development with master's students (Gibson et al., 2010; Luke & Goodrich, 2010; Moss et al., 2014; Prosek & Hurt, 2014). However, only one study focused on a professional counselor identity among independently licensed counselors. Mellin et al. (2011) qualitatively researched the professional identity of 238 counselors who had passed the NCE within the past 10 years. They examined perceptions of counseling as distinct from psychology and social work. Participants' views converged to discern that the profession of counseling focused on a developmental, prevention, and wellness orientation. They delineated that psychology targeted assessment concerns and social work targeted systemic concerns. Although terms such as *prevention*, *wellness* and *development* are commonly used in the profession of counseling, these terms alone do not help counselors thoroughly understand their role and scope of practice to be able to communicate that professional identity to others.

We investigated independently licensed counselors' views on counselor professional identity training and state supervision standards to achieve independent counseling licensure. Ultimately, we wanted independently licensed counselors' views on the importance of identifying as a counselor to others as well as five professional identity standards. First, we wanted independently licensed counselors' views on CACREP Standard 1.x, which articulates that core counselor education faculty be educated, licensed, and professionally associating as counselors. Second, we wanted

independently licensed counselors' views on CACREP Standard 2.1, which stipulates that students learn the history and philosophy of the profession of counseling. Third, we wanted independently licensed counselors' views on CACREP Standard 3.p, which proposes but does not require that licensed professional counselors supervise master's- and doctoral-level students. Fourth, we wanted independently licensed counselors' views on the states that require only independently licensed counselors to supervise graduate students and postgraduates earning their independent license. Fifth, we wanted independently licensed counselors' views on states that require all graduate counseling programs to be CACREP-accredited.

We also wanted to examine the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their scores on the combined 5-item scale of professional identity standards. Lastly, we wanted to examine the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their views on each of the five separate professional identity standards. Independently licensed counselors from across the United States helped us answer these questions.

Method

For this study, approved by the HSIRBs of our universities, we analyzed a subset of data collected about professional issues from independently licensed counselors. We analyzed five questions asking independently licensed counselors about professional identity development in the context of CACREP training and state supervision standards to achieve independent counseling licensure. We have not published results from this subset of data previously, nor will the data in this study be used in future data analyses.

Participants

We defined independently licensed counselors as counselors who have graduated with at least a master's degree, have obtained postgraduate clinical supervision, and currently hold a license to practice as a counselor independently without supervision in their state. Every state in the United States independently determines the graduate degree requirements for licensure—if that degree must come from a CACREP-accredited program, the length of time spent in postgraduate supervision, and the license required to provide supervision. Because states drive licensure requirements, we purposely refrained from asking if the independently licensed counselor graduated from a CACREP-accredited program, the length of time they spent in postgraduate supervision, the license of the individual who provided them postgraduate supervision, or if their master's degree was from a counselor education program. We included any currently active independently licensed counselors in the United States because every independently licensed counselor creates the professional identity of the counseling profession. Therefore, we sought the views of independently licensed counselors in the United States, not any given subset of that total population. To achieve independent licensure, the counselor must complete state-approved training and have at least two years of practice under supervision. Consequently, participants had spent several years in clinical practice prior to participating in the study.

Participants included 494 independently licensed counselors with a mean age of 41 (range = 25–73, SD = 10.5) who completed the specific sections of the measure analyzed in this study. A majority identified as female (n = 410, 83%) and European American (n = 418, 84%). Other racial demographic responses from participants included: African American (n = 23, 5%), Hispanic (n = 19, 4%), Biracial (n = 17, 3%), No Response (n = 9, 2%), Asian American (n = 5, 1%), and Native American (n = 3, <1%).

Participants worked in various settings: counseling agency (n = 177, 36%), private practice (n = 124, 25%), state and federal government (n = 47, 10%), hospital and clinic (n = 43, 9%), college setting (n = 35, 7%), not currently working as a counselor (n = 29, 6%), K–12 setting (n = 28, 6%), managed care (n = 7, 1%), unemployment (n = 3, <1%), and retired (n = 1, <1%). The average year of master's graduation for participants was 2005 (SD = 6.16). Because it takes individuals seeking independent license as a counselor at least two years to complete their postgraduate supervision, we believe the average participant in this study had been an independently licensed counselor for eight years. Every participant held an independent license as a counselor by a state counseling licensure board. Dually licensed counselors comprised only 6% of the total participants.

Data Collection Procedures

Our universities' HSIRBs approved the use of human research subjects and the specific questions asked of participants. Survey Monkey's (2016) power analysis calculator for survey designs identified a need for at least 384 survey respondents given a 95% confidence level, 135,000 population size (U.S. Bureau of Labor Statistics, 2016), and confidence interval of +/- 5%. We selected a simple random sample of 2,496 participants from a total list of 66,143 independently licensed counselors from eight state counseling licensure boards in the United States (two states from each of the four ACA regions). When creating our simple random sample of 2,496 participants, we randomly selected 312 participants from each state counseling licensure board list to ensure capturing the same number of participants from each of the four ACA regions.

Four hundred ninety-four participants completed the study, which resulted in a 20% response rate. Each participant received a postcard of explanation that included a link to a Survey Monkey questionnaire where they responded to four sections. Participants (a) reviewed and consented to the informed consent form on Survey Monkey, (b) answered questions about their demographics on Survey Monkey, (c) rated six Likert scale questions on Survey Monkey, and (d) had the option of providing their name and email address on the first author's personal website to receive a $5 e-gift card to Amazon.com, Starbucks, or Target. By using Survey Monkey to collect study data and then directing participants to the first author's website to store gift card requests, we maintained participant anonymity.

Measure

A search of the literature failed to yield examples of existing measures about independently licensed counselors' views on CACREP training and state supervision standards to achieve independent counseling licensure. We, therefore, created a survey instrument to measure these constructs. The six Likert scale items stemmed from the standards of professional identity from ACA, AASCB, NBCC, and CACREP, as these professional counseling organizations form the foundation for counselor professional identity. Table 1 provides the verbatim text used. First, participants responded to one question focusing on clarity in articulating a professional counselor identity. Those responding with Never Clear scored a 0 and those responding with Always Clear scored a 5.

For the following five scale questions, participants who responded Extremely Unimportant scored a 0 and those who responded Extremely Important scored a 5. These five scale questions covered the topics of graduate and postgraduate supervision being limited to independently licensed counselors as required by many states in the AASCB; counselor educators having a professional counselor identity as stipulated by the ACA Code of Ethics and the 2016 CACREP Standards; training counseling students in the history, philosophy, and values of the profession of counseling as outlined

by the ACA Code of Ethics, NBCC, and the 2016 CACREP Standards; and CACREP accreditation for counselor education programs as supported by ACA, NBCC, and some states in the AASCB. Table 1 provides the verbatim text used for the five scale questions.

Table 1

Likert Item Responses for all 494 Participants

	M	SD
I am consistently clear in my language with clients, other professionals, and the public that I am a counselor (as opposed to saying I am a psychotherapist, therapist, etc.)	3.39	1.59
Scale Questions		
1. In your opinion, how important is it that clinical mental health counselors-in-training in graduate school are supervised only by independently licensed counselors?	3.65	1.44
2. In your opinion, how important is it that clinical mental health counselors under supervision post-graduation seeking independent licensure are supervised only by independently licensed counselors?	3.62	1.45
3. Is it important for the profession of counseling for counselor educators to be licensed and/or educated as counselors (as opposed to psychologists, social workers, etc.)?	3.75	1.43
4. Is it important for the profession of counseling for graduate students to be taught the distinct occupational role, philosophy, and professional approach of the field of professional counseling (as opposed to psychologist, counseling psychology, social work, etc.)?	3.68	1.33
5. Is it important for the profession of counseling for graduate programs to be Council for Accreditation of Counseling & Related Educational Programs (CACREP) accredited?	3.73	1.52

Because this was a new and untested instrument, we sought content validity before its use. Ten experts from the counseling profession rated each item presented in the study for clarity, representativeness, and appropriateness to establish content face validity. These 10 experts from four states had PhDs from counselor education and supervision programs, published on CACREP standards in counselor education, taught at CACREP-accredited programs, and served on state or national counseling association professional identity committees. These experts wanted items addressing the CACREP 2016 standards focused on counselor professional identity, the importance independently licensed counselors place on CACREP accreditation, and views on state board mandates for independently licensed counselors to provide postgraduate supervision. These individuals also suggested revisions to survey items to increase focus and clarity.

Three sections comprised the survey: (a) questions about participants' demography, (b) one Likert scale question asking about the participants' clarity in consistently identifying professionally as a

counselor, and (c) five Likert scale questions about the participants' views on counselor professional identity standards for clinical mental health counseling students. The demographic variables included: gender identity, age, all licenses held by a state licensure board, year of graduation from their master's counseling program, current employment setting, and race.

We calculated Cronbach's alpha for the 5-item scale using the following interpretation: > .9 defined as Excellent, > .8 defined as Good, and > .7 defined as Acceptable (George & Mallery, 2003). Cronbach's alpha was excellent at .9 for the 5-item scale. We retained all five items in the scale because each item in the scale contributed to increasing Cronbach's alpha for the scale and the items correlated well. We calculated a principal component factor analysis using all participants for the 5-item scale. We used three criteria to determine the number of factors in the scale: the *a priori* hypothesis that the measure was unidimensional, the scree test, and the factor solution. The scree plot confirmed the initial hypothesis that there was one factor in the 5-item scale. Based on the plot, we rotated one factor using the Varimax rotation procedure, and this factor accounted for 67.5% of the variance. The Kaiser-Meyer-Olkin measure of sampling adequacy for the survey was 0.8 (Great) based on the responses given by participants. Values between 0.8 and 0.9 classify as Great, and values above 0.9 classify as Superb (Hutcheson & Sofroniou, 1999).

Data Analysis Procedures

We ran five data analyses for the study. Cronbach's alpha calculations calculated the internal consistency among survey items. Principal components factor analysis determined the number of factors in the scale. The Kaiser-Meyer-Olkin measure of sampling adequacy explained the degree of common variance among the variables. To answer the first research question, we used descriptive statistics from a mail survey designed to explore survey responses from independently licensed counselors (Fink & Kosecoff, 1998). To answer the second research question, we used Kendall's tau-b correlation coefficient to determine the relationship between independently licensed counselors clearly identifying as a counselor to others and their views on the 5-item scale measuring counselor professional identity standards for clinical mental health students. To answer the third research question, we used Kendall's tau-b correlation coefficients as a post hoc analysis to determine the relationship between independently licensed counselors clearly identifying as a counselor to others and their views on each of the five counselor professional identity standards separately.

Results

We used descriptive statistics to quantify independently licensed counselors' responses to the six Likert scale items measured in the study. First, for the question asking about the importance of clearly identifying as a counselor to others, participants' scores fell at 3.39 between Sometimes Clear and Often Clear (see Table 1). When asked about being supervised in graduate school and post-graduation by a licensed counselor, counselor educators being licensed and trained as counselors, the unique philosophy of the profession of counseling being taught to graduate students, and the importance of CACREP accreditation for clinical mental health programs, participants' scores ranged from 3.62 to 3.75, which fell between Slightly Important and Moderately Important (Table 1).

Second, we examined the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their scores on the combined scale of professional identity standards. We found significance at a moderate effect size with a positive association between consistently identifying as a counselor to others and finding counselor professional identity standards important when training clinical mental health counselors, $\tau b = .32$, $p < .01$. Consistently identifying

as a counselor to others statistically explained 10% of the variability in finding it important to require counselor professional identity standards during and after training.

Lastly, we examined the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their views on each of the five separate professional identity standards. We ran Kendall's tau-b correlation coefficients as a post hoc to determine if differences existed among the five individual scale questions. Using the Bonferroni approach to control for Type I error across the five correlations, we used a p-value of < .01 for significance. The results in Table 2 show that four out of five correlations were significant at a moderate effect size with a positive correlation. Identifying as a counselor consistently to others explained 9% of the variability in finding it important for a licensed counselor to supervise students in graduate school, 8% of the variability in finding it important for a licensed counselor to supervise postgraduates, 9% of the variability in the importance of counselor educators being licensed and trained as counselors, and 15% of the variability in the importance of teaching the unique philosophy of the profession of counseling to students. Only the item discussing the importance of CACREP accreditation was not significant.

Table 2

Kendall's Tau-b Correlations for Clarity in Identification as a Counselor

	τb	p
1. Graduate Supervisor Counselor	.298	<.001
2. Postgraduate Supervisor Counselor	.286	<.001
3. Counselor Educator Counselor	.304	<.001
4. Unique Philosophy Taught in Master's Program	.389	<.001
5. CACREP-Accredited Program	.080	.030

Discussion

We investigated independently licensed counselors' views on counselor professional identity training and state supervision standards to achieve independent counseling licensure. Using descriptive statistics, we first examined independently licensed counselors' views on the importance of identifying as a counselor to others. Scores for participants fell between Sometimes Clear and Often Clear when asked about consistency in identifying to others as a counselor. It could be that independently licensed counselors are at times identifying themselves as therapists, psychotherapists, or other generic terms as a means of helping others understand their occupational role (Lincicome, 2015). Therefore, current counselor professional identity concerns appear warranted (Gale & Austin, 2003; Gibson et al., 2010; Kaplan & Gladding, 2011; Mellin et al., 2011; Myers et al., 2002). These results might indicate a need for more emphasis on training counselors to understand their roles and functions, counseling ethical codes, professional counseling association memberships, and expressions of pride in the profession of counseling as identified by Remley and Herlihy (2014), the first two principles of the 20/20 workgroup (Kaplan & Gladding, 2011), and the ACA Code of Ethics (2014).

Second, using descriptive statistics, we examined the results of the five items measuring the importance of professional identity standards. Participants rated: supervision pre- and post-graduation by an independently licensed counselor (items one and two); counselor educators licensed and trained

as counselors (item three); the unique philosophy of the profession of counseling taught in counselor education programs (item four); and the importance of CACREP accreditation for clinical mental health programs (item five) between Slightly Important and Moderately Important. These five results suggest that independently licensed counselors are aware that a consistent and clear professional identity could help with several concerns, such as transferring licensure to another state, being as valued as the other mental health professions in hiring practices, improving recognition of the counseling profession, and achieving equality in reimbursement for services by private and government health insurance providers (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013).

While there were no significant differences between the five items measuring the importance of professional identity standards, the ranking of the five items can offer some insight. Independently licensed counselors ranked counselor educators licensed and trained as counselors first, the importance of CACREP accreditation second, teaching the unique philosophy and history of the profession of counseling third, supervision in graduate school by a licensed counselor fourth, and supervision post-graduation by a licensed counselor last. They saw the most value in having students trained by counselor educators with degrees specifically from counselor education programs who also hold professional memberships, certifications, and licenses in the profession of counseling, as proposed by Bobby (2013), Emerson (2010), and Woo (2013). This result suggests participants supported clinical mental health students associating and connecting with other professional counselors (such as supervisors, colleagues, and counselor educators) with a strong counselor identity, as suggested by Gray and Remley (2003), Luke and Goodrich (2010), and Puglia (2008). Next, they acknowledged that CACREP accreditation had some value for clinical mental health programs, as recommended by ACA (2015), NBCC (2014), the AASCB Standards Commission (2010), the VA, and the Institute of Medicine for the TRICARE system of the Department of Defense (Bobby, 2013). Third, independently licensed counselors found it somewhat helpful to impart the values, attitudes, and behaviors of the counseling profession to master's counseling students, as recommended by CSI (1998) and Choate et al. (2005). Participants ranked lowest supervision pre- and post-graduation by a licensed counselor. It appears that state requirements for licensed counselor supervision are least valued among current professional identity standards.

Using inferential statistics, we first investigated the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their scores on the combined scale of the five items measuring the importance of professional identity standards. We found significance with a moderate, positive association between independently licensed counselors consistently identifying as a counselor and finding some value in CACREP and state standards for clinical mental health counseling students. This outcome suggests that developing a counselor professional identity rests upon isolating the counseling profession's unique and distinguishing features from psychology and social work (Woo, 2013). It also suggests that independently licensed counselors had some connection to the fundamental set of values, beliefs, and assumptions specific to the counseling profession.

Lastly, we used inferential statistics to examine the relationship between independently licensed counselors' clarity in identifying as a counselor to others and their views on each of the five separate professional identity standards. When breaking apart these five standards, it is of note that we found significance with a moderate, positive relationship for four items: consistently identifying as a counselor to others, finding it important for independently licensed counselors to supervise students pre- and post-graduation, having students educated by counselor educators licensed and trained as counselors, and having students educated in the unique philosophy of the profession of counseling. However, the relationship between consistently identifying as a counselor and finding importance in CACREP accreditation for clinical mental health programs was not significant. Nonsignificance is

an important finding, as the mean for finding importance in CACREP accreditation was the second highest (3.73) of the six Likert scale items measured in this study. The CACREP accreditation mean rests closer to being viewed as Moderately Important by independently licensed counselors. This outcome implied that consistently identifying as a counselor to others is not likely to correlate with finding value in CACREP accreditation. The outcomes from the five separate professional identity standards suggest that independently licensed counselors weakly support the work of organizations such as AASCB, ACA, CACREP, and NBCC in promoting counselor identity and the profession of counseling to achieve parity (Mascari & Webber, 2013).

Limitations

Social desirability bias can occur with self-report Likert scale–based surveys. We recruited participants from only eight state counseling boards across the United States. The $5 gift card could have altered participant answers or appealed to certain types of participants, and the topic may have drawn a certain type of participant. We included all independently licensed counselors regardless of dual licensure, the length of time with an independent license, the amount of time spent in postgraduate supervision, and the license of the individual who provided them postgraduate supervision. We developed and used a new survey instrument. Only one self-report item determined whether a participant was "consistently identifying as a counselor." Lastly, we generated survey items by the recommendations of 10 experts accepting CACREP standards in counselor education who served on state or national counseling professional identity committees, which could possibly result in biased study questions.

Implications and Future Research

The results have several implications for the profession of counseling, as current inconsistencies in counselor professional identity have led to negative consequences for independently licensed counselors. There has been concern that independently licensed counselors do not support and therefore disconnect from counselor professional identity standards. Our results suggest that independently licensed counselors have some connection to counselor professional identity and see some value in the continued work to improve counselor professional identity (Gibson et al., 2010; Kaplan & Gladding, 2011; Mellin et al., 2011; Myers et al., 2002). The distinct values of the profession of counseling, the focus of scholarship, the understanding of the history of the profession, the philosophical foundations of counseling, and the credentials of those training and supervising clinical mental health counseling students held some importance to independently licensed counselors. However, opportunities still exist to tie independently licensed counselors to the profession of counseling. These implications impact teaching, supervision, practice, and research in the profession of counseling.

Brott and Myers (1999), Weinrach et al., (2001), and Woo (2013) suggested that the counseling profession has a unique and distinguishing set of values, beliefs, and assumptions. Independently licensed counselors acknowledged this view by rating the training of clinical mental health students in counselor professional identity between Slightly Important and Moderately Important. Therefore, independently licensed counselors make some connections with the first two principles of 20/20: "sharing a common professional identity is critical for counselors" and "presenting ourselves as a unified profession has multiple benefits" (Kaplan & Gladding, 2011, p. 372). However, this weak connection does nothing to improve the current state of counselor professional identity.

ACA, AASCB, and NBCC look to CACREP accreditation to address current issues such as licensure portability, equality in employment practices, appreciation of the counseling profession as separate

from other mental health professions in U.S. society, and private and government health insurance providers compensating for services. To strengthen counselor professional identity, CACREP standards encourage clinical mental health programs to have pre-graduates supervised by licensed professional counselors; have counselor educators educated, licensed, and professionally functioning as counselors; and have students educated in the history and philosophy of the profession of counseling. We found that independently licensed counselors weakly supported those mandated standards for clinical mental health students between Slightly Important and Moderately Important. Independently licensed counselors might see some positive connection to NBCC restricting applications for the NCC credential to only CACREP-accredited program graduates beginning January 2022 (NBCC, 2014).

Ultimately, independently licensed counselors did not rate the profession's counselor professional identity standards as Extremely Important. Therefore, professional counseling organizations need to help independently licensed counselors connect with counselor professional identity and the profession of counseling. Moss et al., (2014) suggested that independently licensed counselors naturally see their professional community to include psychologists, social workers, and educators, which might hinder strengthening counselor professional identity. If independently licensed counselors seek other mental health professions to educate, validate, and shape their occupational role, they cannot define their scope of practice and function to address role ambiguity, power and status conflicts, and stereotypes that often constrain counselors when working with other professionals (Mellin et al., 2011).

Future research could investigate how an expanded view of their professional community to include psychologists, social workers, and educators impacts independently licensed counselors' professional identity development and ability to achieve parity with other mental health professions. Additional research could examine what independently licensed counselors would recommend to strengthen counselor professional identity. Research could discern how independently licensed counselors view the various competencies put forth in the literature as constructs of counselor professional identity and their thoughts on NBCC allowing only graduates of CACREP-accredited programs to apply for the NCC. Other research could eliminate independently licensed counselors with a dual license, participants recently receiving their independent license, counselors with limited time spent in postgraduate supervision, and counselors who received postgraduate supervision from a supervisor without a counseling license. Furthermore, research could use an already established survey instrument to measure the same constructs. Finally, future research also could use more than one self-report item to determine whether a participant consistently identifies as a counselor.

Conclusion

For several decades, the academy, state licensure boards, and professional counseling organizations have expressed concerns about counselor professional identity. During this time, various professional counseling organizations have made attempts to address the critical issue of counselor professional identity, as it leads to inequities for independently licensed counselors. ACA, AASCB, and NBCC support CACREP accreditation of counseling programs to improve counselor professional identity and alleviate current counseling profession concerns. Over the last 20 years, CACREP standards have evolved to encourage clinical mental health programs to: have graduate students supervised by licensed professional counselors; have counselor educators be educated, licensed, and professionally functioning as counselors; and educate students in the history and philosophy of the profession of counseling. Our results demonstrated only Slight to Moderate support by independently licensed counselors for the various CACREP and state standards required of clinical mental health counseling students. A clear and consistent counselor professional identity could help independently licensed counselors when seeking

licensure in another state, employment in the mental health field, understanding of the counseling profession in U.S. society, and payment from private and government health insurance providers (Calley & Hawley, 2008; Myers et al., 2002; Reiner et al., 2013). Moreover, the counseling profession needs to take additional steps to ensure a strong professional counseling identity so that independently licensed counselors can achieve parity with other mental health professionals.

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Counselor Educators' Teaching Mentorship Styles: A Q Methodology Study

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Mentoring is an important practice to prepare doctoral students for future graduate teaching, yet little is known about the teaching mentorship styles used by counselor educators. This study identifies the teaching mentorship styles of counselor educators with at least one year of experience as teaching mentors (N = 25). Q methodology was used to obtain subjective understandings of how counselor educators mentor. Our results suggest three styles labeled as Supervisor, Facilitator, and Evaluator. Specifically, these styles reflect counselor educators' distinct viewpoints on how to mentor doctoral students in teaching within counselor education doctoral programs. Implications and limitations for counselor educators seeking to transfer aspects of the identified mentorship styles to their own practice are presented, and suggestions for future research are discussed.

Keywords: **teaching mentorship, counselor education, Q methodology, doctoral students, graduate teaching**

Counselor educators mentor doctoral students in many aspects of the counseling profession, including preparation for future faculty roles (Borders et al., 2011; Briggs & Pehrsson, 2008; S.F. Hall & Hulse, 2010; Lazovsky & Shimoni, 2007; Protivnak & Foss, 2009). Counselor education doctoral students (CEDS) credit faculty mentor relationships in general, and teaching mentorships in particular, as strengthening their professional identities (Limberg et al., 2013). For example, co-teaching, a common form of teaching mentorship, includes relationships that allow CEDS to have instructive pedagogical conversations (Casto, Caldwell, & Salazar, 2005) and learn teaching skills (Baltrinic, Jencius, & McGlothlin, 2016).

Support for teaching mentorships is present in the higher education literature. Doctoral students across disciplines reported the helpfulness of regular mentoring (Austin, 2002) and careful guidance in teaching from faculty members (Jepsen, Varhegyi, & Edwards, 2012). Doctoral students attributed mentoring in teaching as important for increasing self-confidence and comfort with teaching as future faculty members (Utecht & Tullous, 2009). In counselor education, the specific benefits attributed to teaching mentorships included greater confidence in CEDS' ability to find employment as faculty members (Warnke, Bethany, & Hedstrom, 1999) and greater confidence in CEDS' teaching ability (S. F. Hall & Hulse, 2010). Doctoral students given teaching opportunities without mentoring risk developing poor attitudes and skill sets, instead of having critical experiences to help them become successful university teachers (Silverman, 2003). Overall, the benefits of teaching mentorships are important given that (a) teaching is a primary component of the faculty job (Davis, Levitt, McGlothlin, & Hill, 2006) and (b) new counselor educators need to sufficiently plan and implement quality teaching (Magnuson, Norem, & Lonneman-Doroff, 2009). Counselor education scholars agree on the importance of mentorship for socializing doctoral students for teaching roles (Baltrinic et al., 2016; Orr, Hall, & Hulse-Killacky, 2008), yet little research is available describing specific styles and approaches to teaching mentorship (S. F. Hall &

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Hulse, 2010). This gap in the literature is concerning given that new counselor educators reported mentoring and feedback on their teaching by senior faculty members was helpful in enhancing their pedagogical skills (Magnuson, Shaw, Tubin, & Norem, 2004).

Type and Style of Teaching Mentorship

In contrast to discrete faculty–student interactions or training episodes (Black, Suarez, & Medina, 2004), mentor relationships may occur over months and years. Kram (1985) has characterized these relationships as career (teaching skills) and psychosocial (mentor–mentee relationship) types. Career mentoring refers to the act of fostering skills development and sharing field-related content to mentees, and psychosocial mentoring pertains more to the interpersonal and relational aspects of entering a field (e.g., emotional support and working through self-doubt; Curtin, Malley, & Stewart, 2016). Both career and psychosocial mentoring types, or some combination, are used by academic faculty mentors (Curtin et al., 2016). But it is uncertain if these, or any other specific mentoring types, are used for teaching mentorships in counselor education. Teaching mentorships of all types allow faculty members to be flexible, emphasize multiple aspects of being a teacher, and allow for the inclusion of multiple mentors (Borders et al., 2011).

Teaching mentorships transpire through a variety of formal (more structured and planned) and informal (less structured and spontaneous) mentorship styles (Borders et al., 2012). For example, a CEDS may experience teaching mentorship as part of a structured pedagogy course (formal), or have an informal conversation with their faculty advisor about teaching experiences spontaneously during an advising session. Given the complexities and importance of mentor relationships in counselor training, little is known about either formal or informal styles. Thus, it is hardly surprising uncertainty exists regarding counselor educators' preferred ways of mentoring in general (Borders et al., 2012) and mentoring in teaching in particular (S. F. Hall & Hulse, 2010).

We found no evidence in the counselor education literature describing common styles of teaching mentorship used by counselor educators. This is concerning given that faculty members tend to mentor in the manner that they were mentored (L. A. Hall & Burns, 2009), and that CEDS' mentorship experiences are influential in shaping their careers as future counselor educators (Borders et al., 2011). Our purpose was to learn more about how counselor educators understand and use their own teaching mentorship styles, thus requiring that we measure aspects of sample members' subjective understanding of this phenomenon. Therefore, we set out to answer the following research question: What are counselor educators' preferred styles of engaging in teaching mentorships with CEDS?

Method

Because Q methodology objectively analyzes subjective phenomena, such as people's preferences and opinions on a topic (Stephenson, 1935), it was selected for this study to reveal the structure of counselor educators' perspectives (i.e., factors) on the teaching mentorship styles used for preparing CEDS to teach. Q methodology embodies the relative strengths of quantitative and qualitative methodologies by drawing on the depth and richness of qualitative data and the objective rigor of factor analysis to analyze data (Shemmings, 2006).

Participants

The participants (N = 25) eligible for this study: (a) were currently employed as a full-time faculty member in a counselor education doctoral program and (b) had accrued at least one year of experience mentoring CEDS in graduate teaching as a counselor educator. Twenty-five is a sufficient

number given that Q methodology simply seeks to establish, understand, and compare individuals' self-referent views expressed through the Q sort process (Brown, 1980). Participants were both conveniently sampled (n = 10) from counselor educators attending a workshop on Q methodology and purposefully sampled (n = 15) through recruitment emails sent to faculty members at several prominent counselor education doctoral programs in the Eastern (n = 7), Midwestern (n = 10), and Southern (n = 8) regions of the United States. Data were collected from participants by mailing packets that contained an informed consent, basic demographic questionnaire, Q sort, post–Q sort questionnaire, and a postage-prepaid return envelope. (Additional participant demographics are shown in Table 1). Note, we abstained from collecting certain demographic data (e.g., race, ethnicity, university type) from participants in response to their stated concerns about anonymity during data collection. Also, participants in this study were those that completed Q sorts (N = 25) versus those (N = 54) counselor educators used to generate the concourse described below.

Table 1

Demographics of Participants (N = 25)

Age	n (%)	Rank	n (%)
25–30	1 (4%)	Full Professor	5 (20%)
31–40	7 (28%)	Associate Professor	8 (32%)
41–50	5 (20%)	Assistant Professor	12 (48%)
51–60	9 (36%)		
61–65+	3 (12%)		

Gender	n (%)	Tenure Status	n (%)
Female	13 (52%)	Tenured	13 (52%)
Male	12 (48%)	Untenured	12 (48%)

Years of Teaching Mentorship Experience	n (%)
1–5	9 (36%)
6–10	3 (12%)
11–15	6 (24%)
16–20	4 (16%)

Concourse Generation and Selecting Items for the Q Sample

Q methodology studies begin with creating a concourse, or a collection of thoughts or sentiments about a topic (Stephenson, 1978), which serves as the source material for selecting items for the Q sample. To generate the concourse for this study, 54 counselor educators, each with a minimum of one year of experience mentoring doctoral students in graduate teaching, were solicited on a counseling listserv (see Table 2). Counselor educators each provided 5–10 opinion statements on teacher mentorship approaches for working with CEDS in response to one open-ended question: What are your preferred approaches to mentoring CEDS in teaching? This process resulted in 432 opinion statements. However, this was too many statements for participants to rank order during the Q sort process. Accordingly, a 2 x 2 factorial design based on Kram's (1985) career and psychosocial mentorship types and Borders et al.'s (2012) formal and informal mentoring styles

was used as a theoretical guide to obtain a reduced yet representative subset (sample) of statements from the concourse (for additional information on Q sample construction, see Paige & Morin, 2016).

Table 2

Demographics of Counselor Educators Providing Opinion Statements for Concourse (N = 54)

Age	n (%)	Racial Identity	n (%)
25–30	0 (0%)	African American	4 (7%)
31–35	8 (15%)	Native American/Indigenous	1 (2%)
36–40	13 (24%)	Caucasian	38 (70%)
41–45	7 (13%)	Hispanic/Latino(a)/Chicano(a)	5 (9%)
46–50	4 (7%)	Multiracial	3 (6%)
51–55	7 (13%)	Biracial	3 (6%)
56–60	7 (13%)		
61–65	4 (7%)		
66–70	3 (6%)		
71–75+	1 (2%)		
Gender	**n (%)**	**Primary Professional Identity**	**n (%)**
Female	33 (61%)	Counselor Educator	51 (94%)
Male	19 (35%)	School Counselor Educator	3 (6%)
Transgender	1 (2%)		
Gender Fluid	1 (2%)		
Sexual Identity	**n (%)**	**Academic Rank**	**n (%)**
Lesbian	3 (6%)	Professor	9 (17%)
Gay	4 (7%)	Associate Professor	18 (33%)
Bisexual	4 (7%)	Assistant Professor	27 (50%)
Heterosexual	43 (80%)		

First, the lead author organized the 432 statements into two broad categories: informal and formal mentoring styles (Borders et al., 2012). Duplicate, fragmented, and unclear statements were identified and eliminated in this step. Then, the remaining 96 statements (i.e., 48 statements in the informal and formal categories, respectively) were each cross-referenced with two mentoring types (i.e., psychosocial and career; Kram, 1985). Similar to the first step, the lead author reviewed the content of each statement and eliminated any statements containing duplicate, fragmented, or unclear language, resulting in 52 statements across four domains: 13 statements representing informal and career, 13 statements representing informal and psychosocial, 13 statements representing formal and career, and 13 statements representing formal and psychosocial. Finally, the first author eliminated four and reworded two of the 52 statements after they were reviewed by the second, third, and fourth authors, resulting in a final sample of 48 statements (12 statements per domain). This final group of statements is called the Q sample, which in this case is a collection of statements that represent counselor educators' perspectives on how to mentor CEDS in teaching. The 48-item Q sample constructed by the first author was reviewed by the second, third, and fourth authors to ensure that each item was unique and did not overlap with other statements, and was

applicable to the study. The final Q sample was given to participants for rank ordering during the Q sort process.

Q Sort Process

After Institutional Review Board approval was obtained, 25 participants completed the Q sort process. During the Q sort process, participants were prompted to reflect on their personal experiences of mentoring teaching to CEDS and then asked to rank order the 48 items in the Q sample on a forced-choice frequency distribution, shown in Table 3. Participants indicated a conscribed number of items with which they most agreed (+4) to items with which they least agreed (-4) along the distribution. Items placed in the middle of the rank order indicated statements about which participants were neutral or ambivalent. After finishing the rank ordering of items, participants were asked to provide brief post–Q sort written responses for the top two or three statements with which they most and least agreed, which were incorporated into the factor interpretations found in the results section below.

Table 3

Q Sort Forced-Choice Frequency Distribution

Ranking Value	- 4	-3	-2	-1	0	+1	+2	+3	+4
Number of Items	3	4	6	7	8	7	6	4	3

Data Analysis

Twenty-five completed Q sorts were entered into the PQMethod software program V. 2.35 (Schmolck & Atkinson, 2012). The PQMethod software creates a by-person correlation matrix (i.e., the "intercorrelation of each Q sort with every other Q sort") used to facilitate factor analysis and subsequent factor rotation (Watts & Stenner, 2012, p. 97). The purpose of factor analysis in Q methodology is to group small numbers of participants with similar views into factors in the form of Q sorts (Brown, 1980). Factor analysis helps researchers rigorously reveal subjective patterns that could be overlooked via qualitative analysis. A 3-factor solution was selected to provide the highest number of significant factor loadings associated with each factor (Watts & Stenner, 2012). Factors were then rotated using varimax criteria with hand rotation adjustments in order to best reveal groupings of individuals with similar Q sorts. The factor rotations increased the total number of significant factor loadings from 17 to 20 of 25 participants, shown in Table 4.

We approached analyzing and interpreting each factor in the context of all other factors to provide a holistic factor interpretation, versus favoring specific items (i.e., factor scores, +4 or -4) over others within a particular factor (Watts & Stenner, 2012). To do so, a worksheet was created from the factor array (see Table 5) for each individual factor containing the highest and lowest ranked items within the factor and those items ranked lower within the factor compared to other factors. Second, items in the worksheets were compared to participants' demographic and qualitative responses associated with that factor in order to add depth and detail before the final step. Finally, the finished worksheets were used for constructing the factor interpretation narratives, which are written as a story containing the viewpoint of the factor as a whole.

Table 4

Rotated Factor Loadings for Supervisor (1), Facilitator (2), and Evaluator (3)

Q Sort	Factor 1 *Supervisor*	Factor 2 *Facilitator*	Factor 3 *Evaluator*
1	.05	**.74**	.07
2	*.47*	*.46*	.30
3	.13	**.60**	.24
4	.02	-.13	**.76**
5	**.51**	.26	-.23
6	**.60**	.25	-.16
7	.18	**.48**	.03
8	**.55**	.37	.24
9	**.54**	.17	.13
10	**.70**	.16	.14
11	**.53**	.17	.34
12	**.54**	-.11	.25
13	.22	**.48**	.16
14	**.52**	.40	-.04
15	.34	.15	**.53**
16	.41	.13	.19
17	.10	.39	.33
18	.19	.32	**.47**
19	.26	**.73**	.05
20	.27	.04	.12
21	.36	.26	.11
22	.13	.40	**.54**
23	.10	**.55**	.03
24	.20	.39	**.50**
25	.32	**.46**	.08

Note. Significant loading > .43 are in boldface

Results

The data analysis revealed the existence of three different viewpoints (i.e., factors 1, 2, 3) on mentoring CEDS in graduate teaching. We named the factors Supervisor (F1), Facilitator (F2), and Evaluator (F3), respectively, and included those names in the factor interpretations below to best represent the distinguishing teaching mentorship characteristics of the groups of individuals associated with each factor. The resulting three factors accounted for 37% of the total variance in the correlation matrix. Note that sole reliance on statistical criteria, such as the proportion of variance, is discouraged in Q methodology. This is because a factor may hold theoretical interest and have contextual relevance that may be overlooked if only a statistical basis for interpreting subjective factors is used (Brown, 1980). Twenty of the 25 participants loaded significantly on one of the three factors. Factor loadings of > .43 were significant at the $p < 0.01$ level. Factor 1 had eight participants with significant loadings, accounting for 14% of the variance. Factor 2 had seven participants with significant loadings, accounting for 15% of the variance, whereas Factor 3 had five participants with significant loadings, accounting for 9% of the variance. Five of the 25 Q sorts were non-significant; four participants' Q sorts were non-significant (X < .43) and one was confounded, meaning the factor scores for that participant were associated with more than one factor.

Table 5

48-Item Q Sample Factor Array With Factor Scores

Item	*STATEMENT*	*FACTOR SCORES*		
		1	*2*	*3*
1	*Viewing doctoral students' life experiences as complementary to those of the faculty teaching mentor.*	*-3*	*0*	*-1*
2	*Exposing doctoral students to progressively more challenging teaching roles with faculty supervision.*	*0*	*0*	*3*
3	*Guiding doctoral students to complete a teaching practicum and/or internship as part of their doctoral training.*	*2*	*1*	*1*
4	*Sharing teaching resources with doctoral students (e.g., group activities, discussion prompts, assignments, etc.).*	*-1*	*1*	*0*
5	*Maintaining a reputation among doctoral students as a quality teacher by modeling and demonstrating quality teaching.*	*0*	*2*	*-1*
6	*Giving doctoral students examples from your own teaching on how to overcome teaching challenges.*	*4*	*-3*	*-2*
7	*Having doctoral students rehearse teaching strategies (e.g., lectures, activities) prior to implementing them in the classroom.*	*-2*	*-3*	*-3*
8	*Defining for doctoral students their teaching roles in and out of the classroom.*	*-1*	*-2*	*0*
9	*Modeling best practices in teaching to facilitate the development of doctoral students' teaching styles.*	*-1*	*1*	*-2*
10	*Having doctoral students facilitate portions of a course under supervision as part of co-teaching, a course assignment, and so forth.*	*3*	*3*	*1*
11	*Having doctoral students develop and discuss a teaching philosophy.*	*0*	*-2*	*2*
12	*Teaching doctoral students to develop rubrics and grade student assignments.*	*-2*	*-1*	*0*
13	*Providing doctoral students with a safe space to acknowledge their teaching mistakes.*	*4*	*4*	*1*
14	*Assisting doctoral students with incorporating technology and course management systems (e.g., Blackboard) into the teaching process.*	*-2*	*-2*	*-4*
15	*Holding doctoral students to high level of accountability regarding their teaching and learning practices.*	*0*	*0*	*4*
16	*Having doctoral students teach a portion of a class under faculty supervision.*	*2*	*3*	*1*
17	*Immersing doctoral students in teaching environments in a sink-or-swim manner with no advice, preparation, or supervision.*	*-4*	*-4*	*-1*
18	*Having doctoral students co-teach an entire course with faculty members and/or experienced peers.*	*4*	*0*	*2*
19	*Providing strengths-based feedback and support regarding teaching.*	*0*	*4*	*0*
20	*Interacting with doctoral students as colleagues or equals.*	*-3*	*3*	*-4*
21	*Teaching doctoral students to evaluate their teaching effectiveness and student learning.*	*1*	*1*	*4*
22	*Providing doctoral students with specific examples of how to address student issues.*	*3*	*-1*	*0*
23	*Acting as a "sounding board" when doctoral students need to discuss their feelings about teaching.*	*0*	*3*	*-3*
24	*Promoting the creation of critical learning environments where doctoral students are asked to apply higher order cognitive skills (e.g., Bloom's Taxonomy).*	*-3*	*-2*	*4*
25	*Assisting doctoral students with identifying challenging student behaviors.*	*1*	*1*	*2*

26	*Encouraging doctoral students with teaching experience to engage in mentoring of their peers' teaching.*	-4	-1	-3
27	*Assisting doctoral students with preparing lectures, activities, and discussion topics.*	-2	-1	-2
28	*Focusing on a broad range of learning and instructional theories when grounding one's teaching approach.*	-2	-3	2
29	*Having doctoral students participate in a formal course on pedagogy.*	-1	-4	2
30	*Encouraging doctoral students to implement refined teaching approaches after receiving feedback from teaching mentors.*	3	-1	1
31	*Disclosing to doctoral students the ways that faculty members developed their teaching practice, including successes and mistakes.*	2	1	-2
32	*Supporting doctoral students' solo teaching opportunities (e.g., to lead a class).*	1	2	0
33	*Providing both candid and immediate feedback to doctoral students about their teaching performance.*	2	0	0
34	*Having doctoral students identify the verbal and nonverbal behaviors that contribute to building teacher–student rapport.*	-1	-1	-1
35	*Nurturing professionalism in teaching during faculty–doctoral student interactions.*	-3	4	3
36	*Talking to doctoral students about how their life experiences influence their approach to teaching.*	-4	0	-1
37	*Providing doctoral students with readings on pedagogy.*	1	-4	2
38	*Having doctoral students participate in designing a course.*	2	0	-2
39	*Having doctoral students observe faculty and experienced peers' teaching.*	-1	-2	-1
40	*Inviting doctoral students to discuss their clinical/school counseling experiences while in a teaching role in the classroom.*	1	2	-3
41	*Assisting doctoral students with developing a syllabus.*	2	-1	-4
42	*Planning before class with doctoral students before they engage in teaching activities.*	1	-3	-2
43	*Discussing boundaries and other ethical concerns regarding teaching.*	0	0	3
44	*Facilitating opportunities to improve doctoral students' confidence and comfort about teaching.*	-1	2	-1
45	*Helping doctoral students with understanding the variables and actions linked to an improved learning environment.*	-2	0	1
46	*Assisting doctoral students with linking specific learning theories to course content/topic areas.*	0	-3	1
47	*Teaching doctoral students to remain empathic to students' worldviews by using worldview-affirming language.*	3	2	3
48	*Discussing with doctoral students why instructional decisions were made in the classroom.*	1	2	0

The three factors contain factor exemplars merged to form a single ideal Q sort for each factor, called a factor array (Watts & Stenner, 2012). The factor array, which contains the 48 Q sample items and the associated factor scores for Factors 1 through 3, is found in Table 5. The factor array contains factor scores calculated by weighted averages in which higher-loading Q sorts are given more weight in the averaging process because they better exemplify the factor. It is the factor scores contained in the factor array versus participants' factor loadings that are used for factor interpretation. Note that parenthetical references to Q sample items and commensurate factor scores (e.g., item 24, +4) provide contextual reference for each of the factor interpretations below.

Factor 1: Supervisor

Eight (32%) of the 25 participants were associated with factor 1. Factor 1 mentors (i.e., Supervisors) view mentoring in teaching as a process that begins with CEDS co-teaching an entire course under the supervision of a faculty member or experienced peer (item 18, +4). Providing CEDS with real-world teaching examples from faculty members' teaching experiences (item 6, +4) and a safe space to acknowledge teaching mistakes (item 13, +4) are defined as key mentoring processes for Factor 1. In so doing, Supervisors provide candid and immediate feedback about CEDS' teaching performance (item 33, +2) and incorporate examples from their mentors' own teaching successes and mistakes as part of the feedback (item 31, +2). These points are illustrated by one participant in her post–Q sort responses: "As a doctoral student, I appreciated receiving honest real-talk feedback (about teaching), which rarely happened. Now, when I mentor students, I tell folks what I really think in a kind but frank manner." Supervisors encourage CEDS to implement refined teaching approaches after receiving candid feedback about their teaching. Additionally, Supervisors regularly plan before class with CEDS before they engage in teaching activities (item 42, +1). CEDS engage in syllabus development (item 41, +2) and course design (item 38, +2), versus sharing teaching resources (item 4, -1) and linking teaching variables to improved learning environments (item 45, -2), both of which are, as one participant remarked, "assumed to be part of the mentoring process." Supervisors prefer that CEDS complete formal practica or internships as part of their doctoral training (item 3, +2).

Supervisors employ both formal (e.g., co-teaching, practica and internships, and regular pre-class planning) and informal (e.g., real-world examples, candid feedback, and appropriate professional disclosure about teaching) mentoring practices intended for students' incremental professional development as teachers (Baltrinic et al., 2016). Supervisors' teaching mentorship style is guided by the belief that experienced faculty members versus less-experienced peers are critical for influencing the development of doctoral students' teaching skills (item 26, -4), more so than Factors 2 and 3. And, although Supervisors agree that no doctoral student should learn to teach in a sink-or-swim manner (item 17, -4), the Supervisor takes a less nurturing, or life experience–based approach to mentoring (items 1, -3; 35, -3; and 36, -4 respectively) than Factors 2 and 3. A less nurturing approach may be difficult to understand given the nature of mentoring itself. Keep in mind that what is central to Supervisors' views on mentoring is the instructive and real-world supervision of students' structured teaching activities over time, which does not preclude faculty members valuing students' life experience or nurturing their development; rather, these are not central drivers for preferred mentoring interactions between faculty members and students.

Factor 2: Facilitator

Seven (28%) of the 25 participants agreed with Factor 2, which we have titled Facilitator. Facilitators are distinguished as mentors who nurture professionalism during faculty–student interactions (item 35, +4) and provide feedback and support using a strengths-based approach regarding CEDS' teaching (item 19, +4). Similar to Supervisors (Factor 1), Facilitators provide CEDS with a safe space in the mentoring relationship to acknowledge teaching mistakes (item 13, +4). However, Facilitators favor providing supportive versus corrective or formal feedback (item 30, -1) as central to the mentoring relationship—described aptly by one participant as "I am not big on structured pedagogical teaching. In other words, modeling and supportive discussion can serve the mentor well." It stands to reason that Facilitators prefer to maintain a reputation as a quality teacher by modeling and demonstrating best practices in teaching (item 5, +2), and thereby extend this practice to facilitate the development of CEDS' teaching styles (item 9, +1). Accordingly, Facilitators do not approach mentoring in teaching by providing CEDS with formal readings on pedagogy, or have them participate in a formal course on pedagogy (items 29, -4 and 37, -4 respectively). Instead, Facilitators prefer to discuss with CEDS why they made teaching decisions in the classroom without being prescriptive (item 48, +2).

Facilitators approach mentoring by treating CEDS as colleagues or equals during the teaching experience (item 20, +3) and by creating opportunities for them to improve their comfort and confidence when teaching (item 44, +2). When providing feedback, Facilitators act as sounding boards for CEDS to express their feelings about teaching (item 23, +3). For example, noted in one participant's post–Q sort response, "We learn the most through our own discomfort, so a mentor serving as a sounding board is very important." Facilitators are more interested than Supervisors or Evaluators (Factor 3) in how CEDS' life experiences influence their approach to teaching (item 36, 0). In the classroom, Facilitators invite CEDS to discuss their clinical or school counseling experiences when teaching (item 40, +2). In contrast with the Supervisor and the Evaluator, the Facilitator will share examples of their own teaching resources with CEDS (item 4, +1). In general, Facilitators prefer to have CEDS formally teach a portion of a class under their supervision (item 16, +3), versus having them co-teach an entire class or be thrown into teaching in a sink-or-swim manner (item 17, -4).

Facilitators avoid helping CEDS overcome teaching challenges through examples from their own teaching (item 6, -3) or by providing specific examples to address issues. Overall, Facilitators prefer not to define teaching roles for CEDS (item 8, -2), pre-plan specific activities before class (item 42, -3), provide particular learning theories to address specific course content (item 46, -3), or impose on the learning environment (item 28, -3). Finally, Facilitators do not prefer to provide CEDS with feedback that they should use to refine and subsequently implement during future teaching endeavors (item 30, -1), which is not surprising given the relational and discovery-oriented focus of this factor's approach to mentoring in teaching.

Factor 3: The Evaluator

Factor 3, the Evaluator, included five (20%) of the 25 participants. Evaluators create a critical learning environment for CEDS to use higher order cognitive skills (item 24, +4) while helping them to evaluate their teaching effectiveness and student learning (item 21, +4). Additionally, Evaluators create a safe space for CEDS to acknowledge their mistakes (item 13, +1) and offer corrective feedback as a way for them to refine their teaching (item 30, +1). Unlike Facilitators in Factor 2, Evaluators do not interact with CEDS as colleagues or equals (item 20, -4), initiate conversations about students' feelings (item 23, -3), or promote students' confidence and comfort (item 44, -1) about teaching as a central part of mentorship. Instead, Evaluators come from a directive teaching perspective and place an emphasis on content-driven mentorship. Fittingly, Evaluators have high expectations of CEDS to learn and study critical components of teaching and guide students accordingly. Evaluators provide CEDS with readings on pedagogy (item 37, +2) and expose students to a range of learning and instructional theories (item 28, +2). Evaluators also place high value on CEDS taking a formal class on pedagogy (item 29, +2), distinguishing themselves from Supervisors and Facilitators, who rated teaching-related course work as less important.

Although Evaluators make students aware of ethical concerns while teaching (item 42, -2) and identify specific techniques linked to improved learning (item 45, +1), other pragmatic aspects of teaching are given less attention. For example, Evaluators place minimal importance on rubric development and grading practices (item 12, 0) and course design (item 38, -2), and even less importance on developing a syllabus (item 41, -4) and incorporating technology or course management systems into the teaching process (item 14, -4). This is a stark difference from Supervisors in Factor 1, who placed higher value on some of these responsibilities. And Supervisors emphasize skill development, whereas Evaluators stress creating a strong theoretical foundation to guide CEDS' teaching tasks.

Classroom experiences, though secondary to learning theory and techniques, also are important aspects to mentorship for participants grouped in Factor 3. Evaluators supervise CEDS as they

teach portions of courses (item 10, +1) or take on solo teaching opportunities (item 32, 0). In these circumstances, Evaluators hold CEDS to high levels of accountability in terms of their teaching and learning practices (item 15, +4), as opposed to their counterparts in Factors 1 and 2, who rate the importance of accountability more neutrally. One participant illustrates the importance of accountability: "I want doctoral students to know the how, what, and why of where they are going in the classroom, otherwise their students may end up somewhere else. Educators need to be responsible for accounting for students' outcomes." Offering feedback to improve teaching is a key aspect of the mentoring process for Evaluators as mentors and students evaluate these hands-on teaching experiences (item 30, +1). These experiences may be critical for Evaluators to assess CEDS' learning and abilities, gradually exposing them to more challenging teaching roles (item 2, +3).

Throughout the mentorship process, Evaluators place CEDS' learning and teaching practice at the center of interactions. Whereas Supervisors and Facilitators share their teaching experiences with CEDS, Evaluators avoid conversation about successes or mistakes in their teacher development (item 21, +4). Furthermore, Evaluators do not believe their reputations as quality teachers (item 5, -1) nor their modeling of best practices in teaching is relevant to CEDS' development of teaching styles (item 9, -2). Instead, Evaluators keep themselves in a distant position during the course of mentorship. Key teaching mentorship interactions are characterized as student-centered and include discussion of their unique teaching philosophies (item 11, +2), exploration of the intentionality behind the instructional decisions they make in classrooms (item 48, 0), and evaluation of their teaching effectiveness (item 21, +4). Consequently, the mentorship style of Evaluators is directive but student-focused, with emphasis on mentees learning and reflecting upon various pedagogical theories and practices as they develop into teachers.

Discussion

Three different perspectives (i.e., Supervisor, Facilitator, and Evaluator) exist among counselor educators of preferred ways to mentor CEDS in teaching. The three perspectives could be conceptualized as different styles of mentorship that are used by counselor educators. Although each perspective is unique, we noticed areas of agreement among counselor educators on using certain formal (e.g., co-teaching), informal (e.g. affirming worldviews), and combinations of mentoring approaches (Borders et al., 2011). These areas of agreement are similar to mentorship experiences in research with CEDS (Borders et al., 2012). The findings of this study also reinforce that mentoring is a complex process in which mentors fill a variety of roles and initiate multiple activities (Casto et al., 2005). Overall, results lend support for teaching mentorship also supported by the literature. For example, Silverman's (2003) suggestions that learning about pedagogy, having teaching experiences, and working closely with an experienced mentor who facilitates pedagogical conversations are helpful for preparing future faculty members. Though the pairing procedures between participants and students were unknown (e.g., intentionally paired, general guidance; Borders et al., 2011), each factor in this study contained some combination of formal (e.g., planned readings or activities) and informal (e.g., in-the-moment conversations, minimal planning) approaches to mentoring, which is consistent with other findings on preparing CEDS to teach (Baltrinic et al., 2016).

Both career and psychosocial mentoring types are embodied within the three factors reported in the current study, the findings of which support and extend the work of Kram (1985) by providing examples specific to teaching mentorship styles. The Evaluator and the Supervisor perspectives contain career components, as they are knowledge and skill driven, respectively. The Facilitator perspective is reflective of Kram's psychosocial type, as it is the most relational, exploratory, and insight-oriented

perspective of the three. Though career and psychosocial properties overlap between factors (e.g., skill building, feedback, support), each mentoring perspective has one that is a central characteristic.

The combination of career and psychosocial (Kram, 1985) mentoring types evident in the results also are highlighted in other counselor education mentorship guidelines. Similar to the Association for Counselor Education and Supervision research mentorship model (Borders et al., 2012), participants noted the importance of mentors demonstrating and transferring teaching-oriented knowledge and skills to mentees, as well as providing constructive feedback. Other mentor characteristics and tactics, such as facilitating student self-assessment and accountability, modeling, and creating a supportive and open relationship (Black et al., 2004; Briggs & Pehrsson, 2008), are reflected in the current findings on teacher mentoring approaches. For some participants, maintaining a nurturing and supportive environment was of utmost importance, which also has been noted as essential for mentoring CEDS (Casto et al., 2005).

Borders et al. (2011) specifically noted the importance of mentoring graduate students who aspire to be faculty and, though minimally, addressed pedagogy support by offering teaching opportunities to students and engaging them in conversation about their experiences. The current research findings expand on Borders and colleagues' position by providing ideas on what these conversations might entail. All three factors identified teacher-related topics of conversation and relevant activities, including teaching philosophies, skills, and tasks; pedagogical and learning theories; monitoring student interactions; classroom ethics and boundaries; and self-efficacy associated with teacher development. This offers some unique ideas on topics of interest that may be incorporated into conversations when mentoring students in teaching.

A practical component to teaching mentorships is represented within the factors. Rather than culminating in a product, such as co-written publications developed in research mentoring (Briggs & Pehrsson, 2008), each of the three teaching mentorship factors guide CEDS through applied teaching experiences. These hands-on teaching opportunities provided experiences for CEDS to work through and reflect upon, and offered material for mentors to provide feedback. The extent of student involvement in teaching varied, as did the direction of conversations (e.g., corrective, exploratory); nevertheless, some mentoring tasks were built from observable and enacted teaching moments.

Implications for Counselor Education Programs and Counselor Educators

We believe that it may be helpful for faculty members in positions of leadership (i.e., department chairs, doctoral program coordinators) in counselor education doctoral programs to infuse awareness of teaching mentorship practices among other faculty members. Senior counselor education faculty members responsible for coordinating doctoral programs may be able to create more impactful mentorship experiences for CEDS by encouraging other faculty members to become more aware of their mentorship practices. Several researchers have suggested that quality mentorship is associated with counselor education faculty members who demonstrate intentionality in their mentorship practices (Black et al., 2004; Casto et al., 2005). Findings from this study can generate discussion and self-assessment among faculty members, leading to a clearer understanding of different mentoring styles that exist within a department or program. As different mentoring styles are identified among faculty members, it may help to consider ways to match CEDS with faculty members who will be a good fit for their preferred learning style.

Similarly, we also believe that counselor educators mentoring CEDS in teaching can benefit from being reflective about their own style of mentorship. It may be helpful to consider one's personal style of mentorship in relation to the styles of teaching mentorship (i.e., Supervisor, Facilitator, and Evaluator) highlighted in this study. Counselor educators who identify with a particular teaching

mentorship style may discuss this with CEDS early in the mentorship process to facilitate a goodness of fit. In situations in which CEDS do not have the opportunity to select a mentor of their choosing, it may be particularly important for counselor educators to consider how their style of mentorship will fit with their mentee. It may help counselor educators identifying with a singular style of mentorship to integrate strengths from other styles of mentorship into their practice. For example, a counselor educator who closely identifies with the Supervisor style may benefit from increasing the amount of strength-based feedback they provide mentees (i.e., associated with the Facilitator), or by being more methodical about gradually increasingly their mentees exposure to challenging teaching experiences (i.e., associated with the Evaluator).

Limitations and Recommendations for Future Research

Q studies are not generalizable in the same way as other quantitative studies. The data in this study represent subjective perspectives; thus, results are viewed similar to qualitative studies (Watts & Stenner, 2012). However, Q results offer an additional rigor derived from the factor analysis of the participants' respective Q sorts. Results from this study pertain to mentoring CEDS in aspects of pedagogy and not clinical teaching or clinical experiences. Future Q methodology studies can use purposeful samples of diverse particpants with a range of pedagogy and clinical teaching experiences, and use participants from a wider range of regions within the United States. Examining students' and faculty members' critical incidents during teaching mentorships may increase understanding of respective mentor and mentee perspectives. Future studies distinguishing teacher mentorship from research mentorship would be useful. Finally, investigating the specific practices of the three factor types through single-case studies could provide in-depth perspectives on faculty members' teaching mentorship styles.

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Work Values, Occupational Engagement, and Professional Quality of Life in Counselors-in-Training: Assessments in a Constructivist-Based Career Counseling Course

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In this investigation, a sample of counselors-in-training's (CITs) work values, occupational engagement, and professional quality of life were explored at pre- and post-completion of a career counseling course. In relation to work values, participants highly valued balance, support, helping, and honesty within their careers, while power, competition, and risk-taking were least valued. Overall, participants increased their levels of occupational engagement from pre- to post-assessment over the span of the career counseling course. Finally, participants experienced moderate levels of compassion satisfaction and experienced low levels of burnout and compassion fatigue in relation to their professional quality of life. Implications of these findings for counselors, counselor educators, and CITs include: (a) incorporation of constructivist pedagogy; (b) discussion of essential counseling-related factors (e.g., burnout, compassion fatigue, compassion satisfaction); (c) the importance of wellness support; and (d) incorporation of assessments in counseling classrooms.

Keywords: **career counseling, assessment, work values, occupational engagement, professional quality of life**

Work is a necessary and pervasive aspect of human life, and in many perspectives, "life-career development is a universal process that cuts across gender, ethnic, religious, spiritual, geographic, and other demographic categories throughout developed nations" (Engels, Minor, Sampson, & Splete, 1995, p. 134). An individual's career path can bring joy and purpose, as well as negative components such as stress, challenges with decision making, financial concerns, identity crises, and burnout (Engels et al., 1995). Further, the type of career one pursues may come with specific job-related risks (Lawson & Myers, 2011), and there is a link between career concerns and overall wellness and happiness (Duffy & Sedlacek, 2010; Yakushko & Sokolova, 2010). Assessing variables related to selection of a career plays an important role in the development of self-knowledge and knowledge of the world (Herr, 1989; Hinkelman & Luzzo, 2007; Krumboltz, 1993; Pipkins, Rooney, & Jaunarajs, 2014; Rath & Harter, 2010). As such, a career focus should be part of the counseling profession, in which we work holistically with individuals of varying backgrounds, who inevitably experience career as an integral, necessary, and esteemed aspect of life (Flores & Heppner, 2002; Lara, Kline, & Paulson, 2011; Lent, 2001).

Further evidence of the interrelated nature of career and personal counseling can be found within helping professional ethical guidelines. A number of associations and codes of ethics highlight the importance of career and career counseling. For example, the preamble of the American Counseling Association (ACA) *Code of Ethics* (2014) reads: The ACA "is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (p. 1). Additionally within the context of the ACA *Code of Ethics* (2014) is the mention of the importance of career assessment (E.1.a.) and career advising

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(F.8.b). The Council for Accreditation of Counseling & Related Educational Programs (CACREP) *2016 Standards* (2015) also include career-based specifications for counseling students. Finally, the American Psychological Association (APA) includes the Society of Vocational Psychology, which is specifically designed to encompass the career components of the profession and includes goals supporting the study and practice of vocational and career-based psychology (Society for Vocational Psychology, 2017). Thus, career development and career counseling are intertwined throughout the helping professions, and it is imperative for counselors-in-training (CITs) to integrate a career lens into their practice, regardless of population and setting. However, the majority of master's counseling programs generally have a single career training course for students, and few accredited programs have faculty on staff with a career counseling specialty (Hoppin & Goodman, 2014).

Limited training of counseling graduate students on issues related to work leaves many new professionals unprepared to handle the career counseling concerns of their clients. A number of studies point to incompetence or perceived incompetence of CITs around the specific topic of career counseling (Bjornsen, Blount, & Moore, 2018; Lara et al., 2011). In a recent qualitative study about CITs' attitudes toward experiences with their career counseling course, it was found that students did not feel adequately prepared to deal with client issues related to work and career based on their minimal training within their master's program (Lara et al., 2011). The literature also indicates a subjugation of career within the profession, as if it is an entirely separate entity from mental health counseling instead of an integral component of a holistic approach to mental health care (Hartung, 2005; Tinsley, 2001; Watts, 2005). Furthermore, CITs' perceptions of career counseling are often low and the specialty is often undervalued (Hartung, 2005; Lara et al., 2011; Warnke et al., 1993; Watts, 2005).

In addition to feeling underprepared or incompetent in providing career-sensitive counseling, CITs may perceive work-related issues as irrelevant or uninteresting in counseling. A recent qualitative study by Bjornsen et al. (2018) revealed similar findings regarding low perceptions and the undervaluing of career counseling among CITs. Bjornsen et al. also found that student perceptions positively changed throughout the duration of the course, which parallels the findings set forth by Lara et al. (2011). A number of themes emerged from survey results, and although students reported an improvement in both their attitudes and competence, they also indicated a desire for more development, increased competence, and experiential learning (Bjornsen et al., 2018). The researchers found that nearly 67% of participants (n = 16) expressed that, as much as their knowledge grew through taking the course, it was not adequate to effectively perform career counseling work in the field or make informed personal career choices. Typically, participant reflections on lacking competence related to either the need for applied experience or the need for more exposure to career-related assessments. Over 70% of students (n = 17) specifically noted the need for more exposure to career assessments in order to increase competence (Bjornsen et al., 2018). In summary, the lack of experiential learning and lack of exposure to assessments can leave students in career counseling courses especially vulnerable to incompetence. As a result, CITs are in need of an active and engaging classroom environment in which they can not only learn about career development through experiential activities, but can increase personal career-related awareness through career-related assessment during the process.

Constructivist-Based Pedagogy

The aforementioned findings substantiate the need for a constructivist pedagogical approach when teaching a graduate-level career counseling course—students want applied, interactive experience to help them more effectively understand the application of course material to practice (Dillman

Taylor, Blount, & Bloom, 2017; Young & Hundley, 2013). The constructivist approach postulates that hands-on teaching methods are superior to lecture-based methods in regards to the growth of the unique skills and knowledge needed by CITs to be effective future practitioners (Dillman Taylor et al., 2017; McAuliffe & Eriksen, 2000; Young & Hundley, 2013). A constructivist educator creates a classroom environment involving active student engagement in order to promote students' personal and professional development (Ambrose, Bridges, DiPietro, Lovett, & Norman, 2010; McAuliffe & Eriksen, 2000; Sangganjanavanich & Black, 2011). From the constructivist perspective, exposure and applied experience provide the best learning opportunity, and practice with career assessment is no exception. By taking career assessments, students become exposed to new content, partake in self-exploration, and gain practical knowledge about how to administer assessments as well as how to interpret and apply results. As students learn to examine their own career-related constructs, they learn the parallel process of helping clients do the same (McAuliffe & Eriksen, 2011).

An advantage of the constructivist approach lies in the personal relevance of the constructivist paradigm to career counseling students. As there is a cost to caring as a helper, counseling students aspiring to their own careers (which are often value-driven and engagement-focused) could end up placing them at a higher risk of emotional burnout (Blount & Lambie, 2017; McAuliffe & Eriksen, 2011). This personalized dimension brings the material alive and makes the career counseling content more understandable (McAuliffe & Eriksen, 2011). Thus, students' experience and practice with assessment tools will promote further inquiry and future application as new professionals (Peavy, 1994; Sangganjanavanich & Headley, 2014; Walker & Peterson, 2012). As students and educators enter the classroom with (a) expectations, (b) prior knowledge, and (c) different ways of thinking and acting (McAuliffe & Eriksen, 2011), it is crucial for counselor educators to model a safe, growth-promoting environment that parallels the counseling session and therapeutic relationship (Dillman Taylor et al., 2017). Using a constructivist-based paradigm in a career counseling course supports a platform for CITs' experiential learning through utilization of career development assessments.

Importance of Assessment in Counseling

The importance of assessment training for counselors is documented in the literature (Elmore, Ekstrom, & Diamond, 1993; Goldman, 1984; Tymofievich & Leroux, 2000). One study investigated test use patterns relative to selecting, administering, and interpreting assessments in counseling in a sample of practicing counselors who were members of both the American School Counseling Association and the Association for Measurement and Evaluation in Counseling and Development (Elmore et al., 1993). Involvement in testing was high for this sample, with 62% indicating responsibility for test selection, 82% indicating responsibility for test administration, and 91% indicating responsibility for test interpretation. Although these results cannot necessarily be generalized outside of a school counseling population, they support the assertion that training in assessment is imperative for many CITs.

In the profession of counseling, it is important to distinguish between psychometric and edumetric models of testing. Whereas the former emphasizes the sound reliability, validity, and norming procedures necessary for standardized and high stakes testing, the latter reflects the growing constructivist focus in education and counseling that emphasizes a more phenomenological approach that acknowledges the thoughts, feelings, values, and perspectives of clients (Tymofievich & Leroux, 2000). Specific to a constructivist model for counseling, the use of an edumetric model for assessment emphasizes collaboration between client and counselor in fostering self-awareness, encouraging discussion and exploration of issues salient to the client (Tymofievich & Leroux, 2000). Counselor

educators must strive to ensure that CITs are adequately prepared to engage in test use informed by a developmental and constructivist approach to assessment in both personal and career counseling (Tymofievich & Leroux, 2000).

As CITs often struggle with the use of assessments (Elmore et al., 1993; Tymofievich & Leroux, 2000), challenges are often exacerbated when the assessments are career-focused or include career-related variables (Bjornsen et al., 2018; Lara et al., 2011). This concern is of importance as CITs frequently cite that they do not receive experiential training in administering assessments (Bjornsen et al., 2018). As such, it is imperative that CITs not only receive training in taking assessments to promote self-assessment, but also take part in experiential training through administering assessments with career-focused variables. Career-related assessments, including work values, occupational engagement, and professional quality of life, might be especially important in counseling training programs, as they offer a glimpse into personal career outlooks, as well as client career-related life.

Work Values

Part of effective career planning involves assessing (formally or informally) skills and abilities, as well as interests and values, in relation to work life. Value systems play an integral role in career choice and can influence level of work satisfaction (Chow, Galambos, & Krahn, 2017; Zunker, 2016). Work values are defined as the traits or qualities people search for in their occupation or career (Zunker, 2016). Further, work values describe the attitudes, beliefs, and feelings individuals may have in regards to work and toward specific occupations (Ros, Schwartz, & Surkis, 1999; Super, 1995). According to Wong and Yuen (2015), the concept of work values encompasses traits such as prestige, job security, work environment, colleague relationships, and personal qualities (e.g., teamwork, integrity, dependability, motivation). Career counseling has a history of recognizing individuals' work values as influential in their career decision-making processes (Carruthers, 1968; Chow et al., 2017; Duffy & Sedlacek, 2007; Super, 1995). Thus, work values are often assessed prior to providing career guidance.

Occupational Engagement

The construct of occupational engagement is defined as "taking part in behaviors that contribute to the decision-maker's fund of information and experience of the larger world, not just the world as processed when a career decision is imminent" (Krieshok, Black, & McKay, 2009, p. 284). Occupational engagement allows students to learn about themselves, as well as gain knowledge about the world and their relationship with the world (Kim et al., 2014; Kreishok et al., 2009). According to Kreishok and colleagues, occupational engagement allows students to gain recognition of likes, dislikes, strengths, limitations, values, and skills, and learn about career-related opportunities. Further, supporters of occupational engagement have argued that career counselors should emphasize facilitating work engagement in their clients and de-emphasize helping clients make decisions (Cox, Bjornsen, Krieshok, & Liu, 2016; Cox, Krieshok, Bjornsen, & Zumbo, 2015; Krieshok et al., 2009), putting occupational engagement at the forefront of career-related decisions.

Professional Quality of Life

Professional quality of life relates to individuals' psychosocial reactions as a result of their work as helping professionals (Stamm, 2010) and is often referred to as a helper's quality of work, with both negative and positive features influencing overall work quality. Risks to professional quality of life include compassion fatigue, vicarious trauma, and burnout (Lawson & Myers, 2011). Generally, professional quality of life focuses on compassion fatigue, which involves a reduced capacity to be present with clients, feelings of powerlessness, isolation, and confusion as a direct result of working

with clients who have experienced suffering (Figley, 2002). Compassion fatigue is influenced by: (a) self-care, (b) unresolved trauma, (c) inability or unwillingness to control work stressors, and (d) a lack of work satisfaction (Figley, 1995; Turgoose & Maddox, 2017). Compassion fatigue can be characterized by emotional and physical exhaustion, withdrawal, stress, a reluctance to discuss or address the issue, and irritability both in and out of the work environment (Turgoose & Maddox, 2017).

On the opposite end of the spectrum, professional quality of life includes compassion satisfaction, which involves the pleasure derived from doing work well (Stamm, 2010; Turgoose & Maddox, 2017). Compassion satisfaction is often an overlooked component of professional quality of life and is viewed as mitigation to compassion fatigue. The key to preventing compassion fatigue lies in counselors detecting and reinforcing the sense of satisfaction they derive from working with clients (Figley & Stamm, 1996). To remain effective and vital in their work, counselors must be able to recognize and find joy in their ability to help others.

Purpose of the Study

We chose to assess a career counseling class for a number of reasons, including (a) career education requirement(s) outlined in ethical codes and professional mandates within the helping professions; (b) the general consensus that students dislike the career topic compared to other counseling classes; (c) the idea that CITs have low levels of perceived competence in relation to career topics, specifically assessment; (d) the value of experiential or applied learning in the development of competence; and (e) to assess student career values, career engagement, and quality of life. By assessing students' work values, occupational engagement, and professional quality of life, students can explore their own experiences and professional wellness, while also gaining competence in career assessment for later application in the field. By evaluating personal variables (e.g., career values, engagement, quality of life), CITs might be more equipped to discuss similar variables with clients in the future. The aim of this study was to extend the literature on CITs' career values, engagement, and quality of life, specifically within the context of a career counseling course.

In addition to simply exposing CITs to career-related topics through taking assessments, the questions that guided this investigation included: (a) What are the highest ranked and lowest ranked (top three and bottom three) work values of counseling students, and is there a statistical difference in scores at pre- and post-assessment? (b) How occupationally engaged are counseling students, and is there a statistical difference in scores at pre- and post-assessment? and (c) What are the levels of burnout, compassion satisfaction, and compassion fatigue in a sample of counseling students, and is there a statistical difference in scores at pre- and post-assessment?

Method

Participants and Procedure

The researchers implemented a pre- and post-assessment cross-sectional research design (Gall, Gall, & Borg, 2007) for assessing participants' change during their time in a career counseling course. Participants included CITs at the clinical level of their counseling program (e.g., in practicum or internship) from a large Midwestern CACREP-accredited university. Specifically, students ($N = 24$) in a career counseling course met the requirements for participation, which was active enrollment as a degree-seeking student in counseling, enrollment in the required career counseling course during the Summer 2016 course section, and at the practicum or internship level in the counseling program.

Students completed the instruments as part of a lecture on career theory and assessment, and in this sense, participation was a part of their course experience. However, all participants had the option of having their assessments removed from data analysis; no participants chose to do so. Participants included 21 Caucasian students, two African American students, and one Hispanic student, with six students identifying as male and 16 students identifying as female. Program tracks included Clinical Mental Health Counseling (n = 12), School Counseling PK–12 (n = 11), and Student Affairs in Higher Education (n = 1). Students in a career counseling course were specifically selected by the researchers in order to support the theory and methodology behind the investigation. Participants were assessed via paper-and-pencil, on a pre- (prior to course participation) and post- (following course participation) timeline. All participants qualifying for the investigation completed pre- and post-assessments, leaving researchers with an overall response rate of 100%.

Measures

This investigation involved three measures to explore the research questions. The measures used in this study include: (a) the Work Values Inventory (WVI; Super, 1970); (b) the Occupational Engagement Scale (OES-S; Cox et al., 2015); and the (c) Professional Quality of Life Scale (ProQOL; Stamm, 2010). A brief demographics questionnaire was utilized to collect respondent demographics (e.g., age, gender, and ethnicity). The following section describes the measures used in this study.

Work Values. The WVI (Super, 1970) is a 45-item measure assessing 15 work values orientations (subscales) on a 5-point Likert scale ranging from (1) *unimportant* to (5) *very important*. The subscales are further categorized as extrinsic, intrinsic, and concomitants, and sample items include: "My core values that are important to me in my life are . . . " and "I value work environments that are . . . ," followed by qualifiers (e.g., achievement, balance, independence, respect, location, quiet). Cronbach Alphas for the WVI subscales range from .42 to .90 (Wong & Yuen, 2015).

Occupational Engagement. The OES-S (Cox et al., 2015) is a 9-item assessment measuring the occupational engagement of college-age students. Items include actions that are regularly available to college students, and participation in those actions increases personal awareness and awareness in their work arena. Sample items include: "I talk about my career choices with family or friends" and "I visit places I'm interested in working so I can learn more about them." Internal consistency reliability for the OES-S is around .80 (Cox et al., 2015).

Professional Quality of Life. The ProQOL (Stamm, 2010) is a 30-item self-report assessment that measures Compassion Satisfaction and Compassion Fatigue. Compassion Fatigue is further divided into two subscales, including Burnout and Secondary Traumatic Stress. Thus, the ProQOL consists of three subscales, including: (a) Burnout (10 items), (b) Compassion Satisfaction (10 items), and (c) Secondary Traumatic Stress (10 items). Participants report the frequency of experiences on a Likert scale ranging from 0 (*never*) to 5 (*very often*). Sample items include: "I am happy" and "I feel trapped by my job as a helper." Internal consistency coefficients range from .78 (Burnout) to .80 (Compassion Fatigue) to .84 (Compassion Satisfaction; Lawson & Myers, 2011).

Data Analysis

Data were cleaned and screened for outliers prior to the application of statistical analysis, and it was determined that there were two instances of assessments with missing data in the post-test battery of assessments. Because of the small amount (e.g., four questions missing in total across the entire sample), the researchers decided to average the responses of all participants and fill in the missing data (as per Pallant, 2013). To examine the research questions related to this investigation, assumptions

were established (i.e., continuous dependent variable; independent variables are categorical and related; no significant outliers; normally distributed sample). Thus, we used dependent samples t-tests to assess possible significance between participant pre- and post-assessment scores on the ProQOL, WVI, and OES-S. The dependent t-test was utilized to compare the same participants at two separate time intervals (Pallant, 2013).

Results

Work Values Inventory

Four categories were explored via the WVI: (1) core values, (2) work environment, (3) work interactions, and (4) work activities. For the purpose of this investigation, the most valued and least valued work values were explored based on participants' self-reported importance level, ranging from *not important* to *always important*. The three top-rated values for the pre-test results were: Balance (M = 2.96, SD = .204), Support (M = 3.00, SD = .000), and Helping (M = 3.00, SD = .000). The three lowest-rated values were: Power (M = 1.35, SD = .476), Competition (M = 1.21, SD = .415), and Risk-Taking (M = 1.42, SD = .583). For the post-test analysis, results were similar with Honesty (M = 3.00, SD = .000), Support (M = 2.96, SD = .204), and Helping (M = 3.00, SD = .000). The three lowest-rated values in the post-test analysis were: Power (M = 1.21, SD = .415), Competition (M = 1.17, SD = .381), and Risk-Taking (M = 1.46, SD = .658).

A dependent samples t-test was used to explore possible significance between pre- and post-assessment in each value category (i.e., core, work interactions, work activities). For the top ranked core values (Balance and Honesty), we found no statistical significance: $t(23) = -1.00$; $p = .328$. For the lowest ranked core values (Power), we found $t(23) = 1.27$; $p = .216$. For the work interactions top ranked value (Support) we found $t(23) = 1.00$; $p = .328$, and for lowest ranked value (Competition), $t(23) = .371$; $p = .714$. Finally, for the work activities top value (Helping) we found no difference (values were the same pre- and post-assessment) and for the lowest reported value (Risk-Taking), $t(23) = -.296$; $p = .770$. The work environment category was not analyzed, as participant rankings were consistently toward the median and therefore did not make the top three highest or bottom three lowest self-reported scores.

Occupational Engagement Scale

To calculate a total score of the OES-S, the original items were recoded and summed, resulting in a range of possible scores from 0 (lowest possible occupational engagement) to 36 (highest possible occupational engagement). However, in looking at the combined averages between pre- and post-assessment, participant scores at pre- (M = 23.79) and post-assessment (M = 25.79) showed a statistically significant increase: $t(23) = -2.519$, $p < .019$. These results indicate that participants were moderately engaged and increased their engagement throughout the duration of the career counseling course.

Professional Quality of Life

A review of the measures of the results for the pre-test ProQOL (Stamm, 2010) and its scales indicates the participants reported moderate levels of Compassion Satisfaction and low levels of Burnout and Secondary Traumatic Stress (within the Compassion Fatigue realm). Specifically, the results for the pre-test were: (a) Burnout (10 items; M = 20.78, SD = 3.78), (b) Secondary Traumatic Stress (10 items; M = 21.14, SD = 4.14), and (c) Compassion Satisfaction (10 items; M = 41.10, SD = 5.26). The results for the post-test were: (a) Burnout (10 items; M = 20.15, SD = 3.86), (b) Secondary Traumatic Stress (10 items; M = 20.86, SD = 4.12), and (c) Compassion Satisfaction (10 items; M = 42.67, SD = 4.48).

A dependent samples t-test (paired samples) was utilized in order to assess potential significance within the ProQOL subscale pre- and post-assessment results. For the Burnout subscale, we found no statistical significance: $t(23) = .767$, $p < .51$. For the Secondary Traumatic Stress subscale, we found no statistical significance: $t(23) = .283$, $p < .78$. Finally, for the Compassion Satisfaction subscale, we again found no statistical significance: $t(23) = -1.598$, $p < .124$. Effect sizes were calculated and analyzed using Cohen's d, and it was found that Burnout ($d = .17$), Secondary Traumatic Stress ($d = .07$), and Compassion Satisfaction ($d = .32$) all had small effect sizes between pre- and post-assessment.

Discussion

In this investigation, career assessment variables of work values, occupational engagement, and professional quality of life of participants in a career counseling course were examined and potential statistical significance between participant scores pre- and post-course was assessed. Regarding work values, participants initially stated having Balance ($M = 2.96$, $SD = .204$), Support ($M = 3.00$, $SD = .000$), and Helping ($M = 3.00$, $SD = .000$) as their most important work-related values, which is aligned with the career choice of becoming a counselor (Consoli & Williams, 1999). Further, the three lowest ranked values, Power ($M = 1.35$, $SD = .476$), Competition ($M = 1.21$, $SD = .415$), and Risk-Taking ($M = 1.42$, $SD = .583$), could be viewed as areas of low value within a helping-related field (Consoli & Williams, 1999). In the WVI post-test assessment, however, the value of Balance fell from the top three values and was replaced with Honesty ($M = 3.00$, $SD = .000$). Overall, the findings suggest there was no statistically significant difference between the top three valued traits and the lowest three valued traits at pre- and post-analysis. Furthermore, taking a deeper look at the assessment, the Environment category had no participants scoring its traits as either highly valued or lowly valued, which was dissimilar to a former investigation utilizing the WVI that found counselors valued the Environment, but it was dependent upon counseling track (Busacca, Beebe, & Toman, 2010). Thus, our participants may not have been interested in or valued their work environment as compared to their work activities or core work values areas. Furthermore, because our participants were CITs rather than practicing counselors, they might not yet value their "work" environment, as they have yet to experience it outside of a training-supported venue. Busacca and colleagues (2010) also found that counselors valued their coworkers highly, something that was not highly valued in our investigation, again possibly because our sample was still in a novice stage of their counseling career endeavor and have fewer work experiences in counseling settings.

Relative to occupational engagement, we found that participants were moderately engaged (participant scores at pre- [$M = 23.79$] and post-assessment [$M = 25.79$]) during their career course throughout the semester, and showed a statistically significant increase in scores from pre- to post-assessment: $t(23) = -2.519$, $p < .019$. Thus, participants slightly increased their engagement throughout the semester. These results were interesting in that students in the career counseling course appeared to become more engaged from pre- to post-assessment. The participants may have increased their engagement because of their participation in the course, partaking in the constructivist-based course experiences, and possibly from gaining more knowledge on counseling and career counseling specifically. As such, students would be well served by counselor education programs making occupationally engaging activities part of their curriculum as well as following an experiential, constructivist format. These activities could include job shadows, volunteering, informational interviews, conference presentations, and student-led course discussions, in order to facilitate a more engaging experience. Further, increasing engagement in a career course could help mitigate the effects of CITs devaluing career topic(s) as well as their incompetence and/or perceived incompetence in the subject matter (Bjornsen et al., 2018; Lara et al., 2011).

In terms of professional quality of life, we found that participants at pre-assessment reported moderate levels of Compassion Satisfaction (10 items; *M* = 41.10, *SD* = 5.26) and low levels of Burnout (10 items; *M* = 20.78, *SD* = 3.78) and Secondary Traumatic Stress (10 items; *M* = 21.14, *SD* = 4.14), which was similar to Lawson's (2007) investigation which found that counselors scored lower on the Burnout and Compassion Fatigue (e.g., Secondary Traumatic Stress) dimensions and higher on the Compassion Satisfaction realm than the general population. For the post-test analysis, participants reported similar results with moderate Compassion Satisfaction (10 items; *M* = 42.67, *SD* = 4.48) and low levels of Burnout (10 items; *M* = 20.15, *SD* = 3.86) and Secondary Traumatic Stress (10 items; *M* = 20.86, *SD* = 4.12). When we assessed potential significance on the subscales between pre- and post-assessment, we found no statistically significant changes for Burnout, Compassion Satisfaction, or Secondary Traumatic Stress. It is promising that our participants showed low levels of Burnout and Secondary Traumatic Stress, as they are early in their career, and it is imperative to commence one's helping career in a healthy way. Further, the moderate level of Compassion Satisfaction is promising as well, as CITs are entering into a helping profession and deriving satisfaction through the role of a helper, which is indicative of an optimal person–environment fit.

Implications for Counselors

The findings from this study have several implications for CITs and counselor educators. First, counselor educators may want to intentionally incorporate constructivist-based experiences in their courses in order to boost student engagement in their curriculum (Dillman Taylor et al., 2017; Emmett & McAuliffe, 2011; McAuliffe & Eriksen, 2011). Further, counselor educators could integrate discussions related to burnout, compassion fatigue, and compassion satisfaction throughout the counseling training program in order to support CITs' progression from novice learner toward professional counselor. Discussing the aforementioned factors might help mitigate the occurrence of negative consequences of helping (e.g., burnout and stress), as well as help maintain or increase the moderate amount of compassion satisfaction we found in our CITs.

Because wellness can mitigate the effects of burnout and other repercussions of being a helper (Blount & Lambie, 2017; Puig et al., 2012) and overall wellness translates to higher levels of professional quality of life (Lawson & Myers, 2011), CITs might benefit from assessing negative consequences of helping (e.g., burnout, stress) as well as positive results (e.g., wellness). There are several measures (both formal and informal) that could be employed to evaluate these variables in CITs. Specifically, Blount and Mullen (2015) proposed a Starfish wellness activity, in which participants can informally assess wellness areas. Further, participants could incorporate Wellness Plans (Granello & Young, 2012) into their training as another informal way of prioritizing wellness. To formally assess wellness, the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 2005) or the Helping Professional Wellness Discrepancy Scale (HPWDS; Blount & Lambie, 2017) could be utilized to increase overall wellness awareness and promote a healthier professional quality of life in helping professionals.

Finally, as previous studies have found that exposure to constructivist-based activities can increase competence within the content area (Bjornsen et al., 2018; Dillman Taylor et al., 2017), counseling programs could incorporate assessments in a career counseling course as a way to: (a) engage CITs; (b) increase in vivo experience with assessments (i.e., learning by doing); (c) increase competence in administering and reviewing assessments; and (d) increase basic knowledge in the content area. Further, giving assessments such as the OES-S, ProQOL, and WVI could provide CITs with a look into their future lives and careers, and increase overall engagement within the course and counseling program in general.

Limitations and Suggestions for Future Research

This investigation offers an initial look at CITs' work values, occupational engagement, and professional quality of life at a pre– and post–career counseling course assessment and provides a look at a constructivist-based career counseling course. However, this study is not without limitations. First, as the sample size included one career counseling course, we are limited with $N = 24$ participants, which limits the power and generalizability of the findings. Even so, the course is a representation of course sample sizes within the counseling program in which this data was collected. Regarding participant demographics, this study involved primarily Caucasian, female CITs; therefore, the results may be limited when applying to diverse populations.

Future research to explore and replicate these findings with a larger, more diverse sample is merited. Additionally, researchers should examine whether results on the WVI, ProQOL, and OES-S change as CITs transition into professional counselors. Perhaps as counselors progress in the profession, their work values, levels of engagement, and professional quality of life would evolve. In addition, as burnout and compassion fatigue are common within the helping professions (Lawson & Myers, 2011; Stamm, 2010), CITs might show drastic changes on their ProQOL scores as they progress into and through the counseling profession. Ultimately, future research could compare work values, occupational engagement, and professional quality of life of counselors to helpers in other fields (e.g., psychology, nursing, sociology) and assess any discrepancies or similarities present.

In summary, CITs' work values, occupational engagement, and professional quality of life at pre- and post-participation in a career counseling course were explored. Overall, participants experienced moderate levels of compassion satisfaction and experienced low levels of burnout and compassion fatigue (at both pre- and post-assessment), which is promising given the early nature of their counseling career. In addition, participants valued balance, support, helping, and honesty within their careers, while power, competition, and risk-taking were least valued. Finally, participants increased their levels of occupational engagement over the progression of the career counseling course—something for which we think the constructivist/experiential nature of the course is at least partially responsible.

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A Mixed Methods Evaluation of the "Aged-Up" STAC Bullying Bystander Intervention for High School Students

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This mixed methods study assessed the appropriateness of an "aged-up," brief bullying bystander intervention (STAC) and explored the lived experiences of high school students trained in the program. Quantitative results included an increase in knowledge and confidence to intervene in bullying situations, awareness of bullying, and use of the STAC strategies. Utilizing the consensual qualitative research methodology, we found students spoke about (a) increased awareness of bullying situations, leading to a heightened sense of responsibility to act; (b) a sense of empowerment to take action, resulting in positive feelings; (c) fears related to intervening in bullying situations; and (d) the natural fit of the intervention strategies. Implications for counselors include the role of the school counselor in program implementation and training school staff to support student "defenders," as well as how counselors in other settings can work with clients to learn the STAC strategies through psychoeducation and skills practice.

Keywords: **bullying, bystander intervention, consensual qualitative research (CQR), high school, mixed methods**

Researchers have defined bullying as "when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again" (Centers for Disease Control & Prevention [CDCP], 2017, p. 7). Bullying includes verbal, physical, or relational aggression, as it often occurs through the use of technology (e.g., cyberbullying). National statistics indicate approximately 20.5% of high school students are victims of bullying at school and 15.8% are victims of cyberbullying (CDCP, National Center for Injury Prevention and Control, 2016). Although school bullying peaks in middle school, it remains a significant problem at the high school level, with the highest rates of cyberbullying reported by high school seniors (18.7%; U.S. Department of Education, National Center for Education Statistics, 2016).

There are wide-ranging negative consequences experienced by students who are exposed to bullying as either a target or bystander (Bauman, Toomey, & Walker, 2013; Doumas, Midgett, & Johnston, 2017; Hertz, Everett Jones, Barrios, David-Ferdon, & Holt, 2015; Rivers & Noret, 2013; Rivers, Poteat, Noret, & Ashurst, 2009; Smalley, Warren, & Barefoot, 2017). High school students who are *targets* of bullying report higher levels of risky health behaviors, including physical inactivity, less sleep, risky sexual practices (Hertz et al., 2015), elevated substance use (Doumas et al., 2017; Smalley et al., 2017), and higher levels of depression and suicidal ideation (Bauman et al., 2013; Smalley et al., 2017). Adolescents who *observe* bullying as bystanders also report associated negative consequences, and, in some instances, report more problems than students who are directly involved in bullying situations (Rivers & Noret, 2013; Rivers et al., 2009). Specifically, bystanders have been found to be at higher risk for substance abuse and overall mental health concerns than students who are targets (Rivers et al., 2009). Bystanders also are significantly more likely to report symptoms of helplessness and potential suicidal ideation compared to students not involved in bullying (Rivers & Noret, 2013). Furthermore, although bystanders are often successful when they intervene on behalf of targets of

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bullying (Gage, Prykanowski, & Larson, 2014), bystanders usually do not intervene because they do not know what to do (Forsberg, Thornberg, & Samuelsson, 2014; Hutchinson, 2012). Failure to respond to observed bullying leads to feelings of guilt (Hutchinson, 2012) and coping through moral disengagement (Forsberg et al., 2014). Thus, there is a need to train bystanders to intervene to both reduce bullying and buffer bystanders from the negative consequences associated with observing bullying without acting.

To address the negative effects that can result from being exposed to bullying, researchers have developed numerous bullying prevention and intervention programs for implementation within the school setting. Many of these programs are comprehensive, school-wide interventions (Polanin, Espelage, & Pigott, 2012; Ttofi, Farrington, Lösel, & Loeber, 2011). However, findings indicate these programs are most effective for students in middle and elementary school (Yeager, Fong, Lee, & Espelage, 2015). Additionally, a recent meta-analysis indicates that bystander intervention is an important component of bullying intervention; however, few comprehensive programs include a bystander component (Polanin et al., 2012). Further, those programs that do include a bystander component have been normed on children within the context of the classroom setting (Salmivalli, 2010). High school students experience greater independence at school, with less adult supervision in the hallways and at lunch, and move to different classroom locations throughout the day. Thus, there is a need for effective bullying bystander programs and interventions that have been "aged up" specifically for the high school level (Denny et al., 2015).

The STAC Program

The STAC program is a brief bystander intervention that teaches students who witness bullying to intervene as "defenders" (Midgett, Doumas, Sears, Lundquist, & Hausheer, 2015). The STAC acronym stands for the four bullying intervention strategies taught in the program: "Stealing the Show," "Turning It Over," "Accompanying Others," and "Coaching Compassion." The second author created the STAC program for the middle and elementary school level with the intention of establishing school counselors as leaders in program implementation. The program includes a 90-minute training with bi-weekly, 15-minute small group follow-up meetings, placing low demands on schools for implementation. Findings from studies conducted at the elementary and middle school level indicate students trained in the STAC program report an increase in knowledge and confidence to intervene as defenders (Midgett et al., 2015; Midgett & Doumas, 2016; Midgett, Doumas, & Trull, 2017), as well as increased use of the STAC strategies (Midgett, Doumas, Trull, & Johnston, 2017). Additionally, research demonstrates students trained in the STAC program report reductions in bullying (Midgett, Doumas, Trull, & Johnson, 2017), as well as increases in self-esteem (Midgett, Doumas, & Trull, 2017) and decreases in anxiety (Midgett, Doumas, Trull, & Johnston, 2017), compared to students in a control group.

Development of the STAC Program for High School

The authors conducted a previous qualitative study to inform the modification of the original STAC program to be appropriate for the high school level (for details, see Midgett, Doumas, Johnston, et al., 2017). Based upon data generated from high school students, the authors "aged up" the STAC program by incorporating the following content into the didactic and role-play components of the training: (a) cyberbullying through social media and texting, (b) group dynamics in bullying, and (c) bullying in dating and romantic relationships. The authors also aged up the program by including developmentally appropriate language (e.g., breaks vs. recess) and content, including common locations where bullying occurs (e.g., school parking lot vs. the school bus) and age-appropriate examples of physical bullying (e.g., covert behaviors such as "shoulder checking," "backpack checking," and "tripping" vs. physical fights).

Purpose of the Study

The purpose of this study was to extend the literature by evaluating the appropriateness of the aged-up STAC program for the high school level and to explore the experiences of students trained in the program. Following guidelines suggested by Leech and Onwuegbuzie (2010), the literature review guided the formulation of the study rationale, goal, objectives, and research questions. Despite the need to provide anti-bullying programs to high school students, the majority of bullying intervention research has been conducted with elementary and middle school students (Denny et al., 2015). Although intervening on behalf of students who are targets of bullying is associated with positive outcomes (Hawkins, Pepler, & Craig, 2001), research on bystander intervention programs aged up for high school students is limited. The present authors could find only one program, *StandUP*, developed specifically for high school students. Results of a pilot study indicated students participating in the 3-session *StandUP* online program reported an increase in positive bystander behavior and decreases in bullying behavior (Timmons-Mitchell, Levesque, Harris, Flannery, & Falcone, 2016). The research noted several methodological limitations that limit the generalizability and validity of the findings, including a 6.8% response rate, 22% attrition rate with differential attrition by race and bullying status, and the use of a single-group design.

Thus, the goal of this study was to add to the knowledge on bullying interventions for high school students. Our objectives were to (a) examine the influence of the STAC program on knowledge and confidence, awareness of bullying, and use of the STAC strategies, and (b) describe and explore the experience of high school students participating in the STAC intervention. We were interested in answering the following mixed method research questions: (a) Do students trained in the aged-up STAC intervention report an increase in knowledge and confidence to intervene as defenders? (b) Do students trained in the aged-up STAC intervention have an increased awareness of bullying? (c) Do students trained in the aged-up STAC intervention use the STAC strategies to intervene when they observe bullying? and (d) What were high school students' experiences of participating in the aged-up STAC intervention and using the STAC strategies to intervene in bullying situations?

Methods

Mixed Research Design

A mixed methods design was implemented with a single group of participants who completed the STAC training. We were interested in the influence of the STAC intervention on students' knowledge and confidence, awareness of bullying, and use of the STAC strategies. An additional interest was to understand students' experiences of the STAC training. The purpose of selecting a mixed methods design was to maximize interpretation of findings, as mixed methods designs often result in a greater understanding of complex phenomena than either quantitative or qualitative studies can produce alone (Creswell, 2013). Hesse-Biber (2010) also advocates for the convergence of qualitative and quantitative data to enhance and triangulate findings. Following the guidelines described by Leech and Onwuegbuzie (2010), we chose to supplement the quantitative data with qualitative data to investigate the in-depth, lived experiences of high school students trained as defenders in the aged-up STAC program. Our research design was a partially mixed, sequential design (Creswell, 2009; Leech & Onwuegbuzie, 2010). The quantitative design was a single-group repeated-measures design and the qualitative component included consensual qualitative research (CQR; Hill et al., 2005).

Participants

Our sampling design was sequential-identical (Leech & Onwuegbuzie, 2010), with the same participants completing surveys followed by focus groups. The sample consisted of 22 students

(*n* = 15 females [68.2%]; *n* = 7 males [31.8%]) recruited from a public high school via stratified random sampling in the Northwestern region of the United States. Participants ranged in age from 15–18 years old (*M* = 16.82 and *SD* = 0.91), with reported racial backgrounds of 59.1% White, 18.2% Asian, 13.6% Hispanic, and 9.1% African American. Of the 22 participants trained in the STAC program, 100% participated in follow-up focus groups and follow-up data collection.

Procedures

The current study was completed as part of a larger study designed to develop and test the effectiveness of the aged-up STAC intervention. Following institutional research board approval, the researchers randomly selected 200 students using stratified proportionate sampling and then obtained parental consent and student assent from 57 students, for a response rate of 28.5%. The current sample consists of the 22 students who participated in the STAC intervention. The recruiting team included school counselors, a doctoral student, and master's students. A team member met briefly with students selected to discuss the project and provided an informed consent form to be signed by a parent or guardian. A team member met with students with parental consent to explain the research in greater detail and to obtain student assent. Researchers trained participants in the 90-minute aged-up STAC program and then conducted two 15-minute bi-weekly follow-up meetings for 30 days following the training. Students completed baseline, post-training, and 30-day follow-up surveys. Six weeks after the STAC training, team members conducted three 45-minute open-ended, semi-structured focus groups to investigate students' experiences being trained as defenders in the aged-up STAC program. Researchers audio recorded the focus groups for transcription purposes. The team provided pizza to students after the follow-up survey and at the end of each focus group. The university and school district review boards approved all research procedures.

Measures

Knowledge and Confidence to Intervene. The Student-Advocates Pre- and Post-Scale (SAPPS; Midgett et al., 2015) was used to measure knowledge of bullying, knowledge of the STAC strategies, and confidence to intervene. The questionnaire is comprised of 11 items that measure student knowledge of bullying behaviors, knowledge of the STAC strategies, and confidence intervening in bullying situations. Examples of items include: "I know what verbal bullying looks like," "I know how to use humor to get attention away from the student being bullied," and "I feel confident in my ability to do something helpful to decrease bullying at my school." Items are rated on a 4-point Likert scale ranging from 1 (*I totally disagree*) to 4 (*I totally agree*). Items are summed to create a total scale score. The SAPPS has established content validity and adequate internal consistency with Cronbach's alpha ranging from .75–.81 (Midgett et al., 2015; Midgett & Doumas, 2016; Midgett, Doumas, & Trull, 2017; Midgett, Doumas, Trull, & Johnston, 2017). Cronbach's alpha was .83 for this sample.

Awareness of Bullying. Awareness of bullying was assessed using one item. Students were asked to respond *Yes* or *No* to the following question: "Have you seen bullying at school in the past month?" Prior research has used this question to test the impact of the STAC program on observing and identifying bullying behavior post-training (Midgett, Doumas, Trull, & Johnston, 2017).

Use of STAC Strategies. The use of each STAC strategy was measured by a single item. Students were asked, "How often would you say that you used these strategies to stop bullying in the past month? (a) Stealing the Show—using humor to get the attention away from the bullying situation, (b) Turning It Over—telling an adult about what you saw, (c) Accompanying Others—reaching out to the student who was the target of bullying, and (d) Coaching Compassion—helping the student who bullied develop empathy for the target." Items were rated on a 5-point Likert scale ranging from 1

(*Never*/*Almost Never*) to 5 (*Always*/*Almost Always*). Prior research has used these items to examine use of STAC strategies post-training (Midgett, Doumas, Trull, & Johnston, 2017).

High School Students' Experiences. Researchers followed Hill et al.'s (2005) recommendation to develop a semi-structured interview protocol to answer the question, "What were high school students' experiences of participating in the aged-up STAC intervention and using the STAC strategies to intervene in bullying situations?" Researchers developed questions based on previous qualitative findings with middle school students (Midgett, Moody, Reilly, & Lyter, 2017), quantitative results indicating students trained in the program use the STAC strategies (Midgett, Moody, et al., 2017), and a review of the literature (Jacob & Furgerson, 2012). Researchers asked students the following questions: (1) Can you please talk about the personal values you had before the STAC training that were in line with what you learned during the STAC training? (2) Please share your experience using the STAC strategies (Stealing the Show, Turning It Over, Accompanying Others, and Coaching Compassion), (3) Can you share how using the STAC strategies made you feel about yourself? (4) How did being trained in the STAC program impact your relationships? (5) Can you please talk about your fears related to using the strategies in different bullying situations? and, (6) Overall, what was it like to be trained in the STAC program and use the STAC strategies?

The STAC Intervention

The STAC intervention began with a 90-minute training, which included information about bullying and strategies for intervening in bullying situations (Midgett et al., 2015). Following the training, facilitators met with students twice for 15 minutes throughout the subsequent 30 days to support them as they applied what they learned in the training. During these meetings, researchers reviewed the STAC strategies with students, and asked students about bullying situations they witnessed and whether they utilized a strategy. If students indicated they observed bullying but did not utilize a strategy, researchers helped students brainstorm ways in which they could utilize one of the four STAC strategies in the future.

Didactic Component. The didactic component included icebreaker exercises, an audiovisual presentation, two videos about bullying, and hands-on activities to engage students in the learning process. Students learned about (a) the complex nature of bullying in high school often involving group dynamics rather than single individuals; (b) different types of bullying, with a focus on cyberbullying and covert physical bullying; (c) characteristics of students who bully, including the likelihood they have been bullied themselves, to foster empathy and separate the behavior from the student; (d) negative associated consequences of bullying for students who are targets, perpetrate bullying, and are bystanders; (e) bystander roles and the importance of acting as a defender; and (f) the STAC strategies used for intervening in bullying situations. The four strategies are described below.

Stealing the Show. Stealing the Show involves using humor or distraction to turn students' attention away from the bullying situation. Trainers teach bystanders to interrupt a bullying situation to displace the peer audience's attention away from the target (e.g., tell a joke, initiate a conversation with the student who is being bullied, or invite peers to play a group game such as basketball).

Turning It Over. Turning It Over involves informing an adult about the situation and asking for help. During the training, students identify safe adults at school who can help. Students are taught to always "turn it over" if there is physical bullying taking place or if they are unsure as to how to intervene. Trainers also emphasized the importance of documenting evidence in cyberbullying cases by taking a screenshot or picture of the computer or cell phone over time for authorities (i.e., school principal and resource officer) to take action.

Accompanying Others. Accompanying Others involves the bystander reaching out to the student who was targeted to communicate that what happened is not acceptable, that the student who was targeted is not alone, and that the student bystander cares about them. Trainers provide examples of how students can use this strategy either directly, by inviting a student who was targeted to talk about the situation, or indirectly, by approaching a peer after they were targeted and inviting them to go to lunch or spend time with the bystander. This strategy focuses on communicating empathy and support to the student who was targeted.

Coaching Compassion. Coaching Compassion involves gently confronting the student who bullied either during or after the bullying incident to communicate that his or her behavior is unacceptable. Additionally, the student bystander encourages the student who bullied to consider what it would feel like to be the target in the situation, thereby fostering empathy toward the target. Bystanders are encouraged to implement Coaching Compassion when they have a relationship with the student who bullied or if the student who bullied is in a lower grade and the bystander believes they will respect them.

Role-Plays. Trainers divided students into small groups to practice the STAC strategies through role-plays that included hypothetical bullying situations. The team developed the scenarios based on student feedback on types of bullying that occur in high school, including cyberbullying, romantic relationship issues, and covert physical bullying (Midgett, Doumas, Johnston, Trull, & Miller, 2017). See Appendix A for the STAC scenarios.

Post-Training Groups. STAC training participants met in 15-minute groups with two graduate student trainers twice in the 30 days post-training. In these meetings, students reviewed the STAC strategies, shared which strategies they used, and explained whether they felt the strategies were effective in intervening in bullying. Trainers also addressed questions and supported students in brainstorming other ways to implement the strategies, including combining strategies or working as a group to intervene together.

Data Analysis

Quantitative. The authors used quantitative analyses to test for significant changes in knowledge and confidence and to provide descriptive statistics for frequency of awareness of bullying and the use of the STAC strategies. An *a priori* power analysis was conducted using the G*Power 3.1.3 program (Faul, Erdfelder, Lang, & Buchner, 2007) for a repeated-measures, within-subjects ANOVA with three time points. Results of the power analysis indicated a sample size of 20 was needed for power of ≥ 0.80 to detect a medium effect size for the main effect of time with an alpha level of .05. Thus, the final sample size of 22 met the needed size to provide adequate power for analyses.

Before conducting primary analyses, all variables were examined for outliers and normality. The authors found no outliers and all variables were within the normal range for skew and kurtosis. To assess changes in knowledge and confidence, we conducted a GLM repeated-measures ANOVA with one independent variable, time (baseline, post-intervention, follow-up), and post-hoc follow-up paired t-tests to examine differences between time points. To evaluate awareness of bullying, we computed descriptive statistics to determine how many participants observed bullying at baseline and follow-up. To evaluate the use of STAC strategies, we computed descriptive statistics to examine the frequency of use of each strategy at the follow-up assessment. The authors used an alpha level of $p < .05$ to determine statistical significance and used partial eta squared (η^2_p) as the measure of effect size for the repeated-measures ANOVA and Cohen's d for paired t-test with magnitude of effects

interpreted as follows: small (η^2_p > .01; d = .20), medium (η^2_p > .06; d = .50), and large (η^2_p > .14; d = .80; Cohen, 1969; Richardson, 2011). All analyses were conducted using SPSS version 24.0.

Qualitative. The authors conducted focus groups and employed CQR methodology to investigate participant experiences (Hill et al., 2005). Specifically, CQR was chosen because it uses elements from phenomenology, grounded theory, and comprehensive process (Hill et al., 2005). CQR is predominantly constructivist with postmodern influence (Hill et al., 2005), which was a good fit for the project as we were interested in students' experiences being trained in the aged-up STAC program. Furthermore, we selected CQR because it includes semi-structured interviews to promote the exploration of participants' experiences, while also allowing for spontaneous probes that can uncover related experiences and insights, adding depth to findings (Hill et al., 2005). CQR was well suited for this study because it requires a team of researchers working together to reach consensus analyzing complex data (Hill et al., 2005). Focus groups were chosen because they allow researchers to observe participants' interactions and shared experiences such as teasing, joking, and anecdotes that can add depth to the findings (Kitzinger, 1995). Focus groups have potential therapeutic benefits for participants, including increasing feelings of self-worth (Powell & Single, 1996) and empowerment (Race, Hotch, & Parker, 1994). Additionally, focus groups can be especially useful when power differentials exist between participants and decision makers (Morgan & Kreuger, 1993).

Three team members (the first and second authors and a master's in counseling student) employed the CQR methodology to analyze the data. After the data transcription, each member worked individually to identify domains and core ideas prior to meeting as a group. The team met three times in the next month to achieve consensus. Researchers relied on participant quotations to resolve disagreements, to cross-analyze the data, and to move into more abstract levels of analysis (Hill et al., 2005). The team labeled domains as general (typical of all but one participant or all participants), typical (more than half of participants), and variant (at least two participants; Hill et al., 2005). An external auditor analyzed the data separately, utilizing NVivo qualitative analysis software (Version 10; 2012), and reported similar findings with the exception of a minor modification to one domain, which the team incorporated into final findings. Next, the researchers conducted member checks (Lincoln & Guba, 1985) by emailing all participants with an overview of the findings. All participants who responded agreed the findings were an accurate representation of their experience.

Strategies for Trustworthiness. As recommended by Hays, Wood, Dahl, and Kirk-Jenkins (2016), we used multiple strategies to strengthen the trustworthiness of the study. First, our process was reflexive with continuous awareness of expectations and biases. Prior to conducting focus groups, we discussed and wrote memos about our expectations and biases (Creswell, 2013). To triangulate data, all three analysts were involved throughout the process and in comparing findings among the team. An external auditor was included to provide oversight and increase credibility of findings. Once all researchers reached agreement about major findings, we elicited participant feedback to increase credibility and confirmability of our findings (Lincoln & Guba, 1985).

Findings

Knowledge and Confidence

The researchers examined changes in knowledge and confidence across three time points (baseline, post-intervention, and follow-up). Results indicated a significant main effect for time: Wilks' Lambda = .31, F (2, 20) = 6.85, p < .000, η^2_p = .31. Follow-up paired t-tests indicated a significant difference in

knowledge and confidence between baseline (M = 35.68, SD = 4.35) and post-intervention (M = 40.64, SD =3.11), $t(21) = -6.52$, $p < .001$, Cohen's d = -1.46; and between baseline (M = 35.68, SD = 4.35) and 30-day follow-up (M = 40.68, SD = 4.10), $t(21) = -4.96$, $p < .001$, Cohen's d = -1.06; but not between post-intervention (M = 40.64, SD = 3.11) and 30-day follow-up (M = 40.68, SD = 4.10), $t(21) = -0.05$, $p = .96$, Cohen's d = -.01. Findings indicate students reported an increase in knowledge and confidence from baseline to post-intervention, and this increase was sustained at the 30-day follow-up.

Awareness of Bullying

The researchers examined rates of observing bullying at baseline and at the 30-day follow-up to determine if students became more aware of bullying after being trained in the STAC program. Rates of observing bullying increased from 54.5% to 63.6%, indicating that the STAC program raised awareness of bullying.

Use of the STAC Strategies

The researchers examined how frequently students in the intervention group used the STAC strategies at the 30-day follow-up. Among students who reported witnessing bullying (63.6%, n = 14), 100% indicated using one or more STAC strategies in the past month. Specifically, 64.3% reported using Stealing the Show, 42.9% reported using Turning It Over, 100% reported using Accompany Others, and 85.7% reported using Coaching Compassion.

Qualitative

Through CQR analysis, the team agreed on four domains with supporting core ideas. All of the domains below are general or typical and endorsed by participants via member checks.

Domain 1: Awareness and Sense of Responsibility. Participants (n = 8; 57%) talked about the STAC program enhancing their awareness of bullying behavior and increasing their sense of responsibility to act. Students spoke about some types of bullying being difficult to recognize and that the STAC training helped them become more aware of covert bullying situations. One participant gave an example about being able to recognize types of bullying that can often be overlooked. The student shared, "People look like they're joking around and you . . . ignore it, but now it's like they're not [joking]. You can tell a little bit. I think . . . [the STAC program] brought . . . [awareness] out in us." Students also talked about their experience being able to recognize different types of bullying and being equipped to intervene, as well as becoming aware that their actions can have an impact on others. One participant shared that "learning the different ways you can address . . . [bullying] also helps you realize the different forms it happens in, so it makes you value being aware of what's going on and how your own actions affect other people." Another student also spoke about the connection between being trained to act as a defender and a newfound sense of responsibility and shared that after STAC training, "there's not really a reason to say that you don't want to [get involved] because you're scared, because you know what's happening to the person is wrong and if you can change it, you should." Another participant stated that "there's some others that don't have this training, so we're the ones that should be stepping in if we see it. Everyone should, but . . . we know what to do."

Domain 2: Empowerment and Positive Feelings. Participants (n = 9; 64%) spoke about a sense of empowerment and associated positive feelings that came from using the STAC strategies to intervene in bullying situations. For example, one participant stated, "It makes you feel a little bit more empowered because you realize you actually can make a difference in someone else's life or in the whole community at your school or community in general." Students also talked about the STAC program empowering them to make decisions about their friendships. A participant shared,

"I actually told some people I didn't want to talk to them or be friends with them [because] I can't be around someone who is making fun of people with disabilities. . . . So, it changed the way I picked my friends." Some students talked about the association between a sense of empowerment to make a difference in a bullying situation and feeling good about themselves and helping other students. A student said, "I feel like it made us feel good, like we made a positive difference in some way regarding the person that's being bullied. So it makes it feel like we did something good, like a good deed." Another student shared, "Somebody actually went to talk to him [ethnic minority student who was bullied] . . . and that was me. It was good to see him happy after he was feeling sad."

Domain 3: Fears. Almost all participants (n = 12; 86%) spoke about how acting as a defender elicited fears related to judgment from peers or creating tension with friends. For example, one student shared, "I have a fear of being judged, which is kind of the thing of bullying. So, I try not to be so active with people at school." Another participant also talked about fears related to peer judgment and creating tension with friends when utilizing the STAC strategy Accompanying Others by having lunch with a student who was a target of bullying. The student said, "It's a social fear, or like 'why are you hanging out with them?' . . . and it's kind of tense between you and your other friends because you brought this person that they didn't want." Students also talked about fears of making a situation worse. In particular, participants spoke about fears about reporting bullying situations to adults by using the STAC strategy Turning It Over. For example, one participant stated, "When you get teachers involved or your parents . . . [bullying] kind of . . . escalates . . . a lot of kids will avoid going to adults if they can until it gets physical." However, most participants were encouraged to act despite their fears, and many discovered that the STAC program allowed them to overcome their fears. One participant stated, "I think starting out my biggest fear was that [using STAC strategies] wasn't going to do anything, that nothing was going to change, but it really did, and I was pretty shocked that I had a positive effect on people."

Domain 4: Natural Fit of STAC Strategies and Being Equipped to Intervene. Many participants (n = 10; 71%) indicated the STAC strategies were a natural fit and equipped them with tools to intervene when they witnessed bullying. For example, one student shared, "Stealing the Show [was a natural fit]. I think it happened during accelerated PE. Someone was making fun of someone's bench max, and I could tell the person was uncomfortable, so I just made a joke or something and changed the subject." Another participant spoke about Coaching Compassion: "It's probably one of my favorite ones because it actually does something in the moment, [and] it actually taught me how I can put out the effort without feeling uncomfortable when doing it." Further, participants shared that implementing the strategies increased their knowledge and confidence to intervene. For example, one participant shared, "You know when to use them [the strategies] and when it's not necessary and how far you should go when using them." The strategies seemed to successfully meet participants at their level of understanding and equip them with more structure and guidance to intervene more confidently and consistently.

Discussion

The purpose of this study was to investigate the appropriateness of the aged-up STAC program for the high school level and to explore the experiences of high school students trained in the program. Quantitative data indicated students trained in the aged-up program reported an increase in knowledge and confidence to intervene and an increase in awareness of bullying, and also reported using the STAC strategies when they observed bullying at school. Qualitative data enhanced the interpretation of quantitative findings, depicting students' experiences being trained in the program and using the STAC strategies.

Findings indicate that participating in the STAC training was associated with an increased awareness and sense of responsibility. Reported rates of observing bullying increased from baseline to the 30-day follow-up (54.5% to 63.6%). These findings are consistent with research showing students trained in the STAC program report increased awareness of bullying behavior (Midgett, Doumas, Trull, & Johnston, 2017). Further, students indicated that once they became aware of covert bullying, they felt responsible to intervene. One explanation for this finding is that participating in the training leads to an increase in awareness of bullying situations, which promotes a sense of responsibility to act. This explanation is consistent with research suggesting that awareness of negative consequences to others leads to an increase in feelings of personal responsibility, which in turn, leads to action (de Groot & Steg, 2009).

Our data also revealed that the STAC training was associated with an increase in knowledge and confidence and a sense of empowerment associated with positive feelings and changes in friendships. These findings are consistent with research showing that when students intervene in bullying situations they feel a sense of congruence, a positive sense of self (Midgett, Moody, et al., 2017), and a sense of well-being (Schwartz, Keyl, Marcum, & Bode, 2009). Researchers also have shown that when bystanders do not intervene, the lack of action leads to guilt (Hutchinson, 2012) and moral disengagement (Forsberg et al., 2014). Further, researchers have found that students have a desire to belong to a peer group with similar values in "defending" behaviors as their own (Sijtsema, Rambaran, Caravita, & Gini, 2014). Thus, it is possible that the confidence and positive feelings associated with being trained to act as defenders extended to feeling empowered to disengage from peers who do not intervene on behalf of targets of bullying.

Results indicated students used Turning It Over the least frequently among the strategies, with only 49% of students using this strategy. This finding is in direct contrast to research with middle school students suggesting Turning It Over is used by 91% of students (Midgett, Doumas, Trull, & Johnston, 2017). Qualitative data revealed that students felt fearful about intervening; specifically, students talked about being afraid that Turning It Over to an adult would make the situation worse. This finding parallels research suggesting that high school students believe adults at school do not handle bullying effectively (Midgett, Doumas, Johnston, et al., 2017) and that when they report bullying to teachers, the situation either remains the same or worsens (Fekkes, Pijpers, & Verloove-Vanhorick, 2005). Coupled with research indicating students are more likely to report bullying when they believe their teachers will act (Cortes & Kochenderfer-Ladd, 2014) and will be effective in intervening (Veenstra, Lindenberg, Huitsing, Sainio, & Salmivalli, 2014), our findings suggest it may be useful to provide teachers with knowledge and skills so that they may effectively support students who report bullying.

Finally, findings indicated that 100% of students who witnessed bullying post-training used at least one STAC strategy and that students experienced the STAC strategies as a natural fit and felt equipped with tools to act in bullying situations. These findings are consistent with prior research indicating students trained in the STAC program report using the strategies (Midgett, Moody, et al., 2017; Midgett, Doumas, Trull, & Johnston, 2017). The most frequently used strategies were Accompanying Others and Coaching Compassion, used by 100% and 85.7% of students, respectively. One explanation for these two strategies being the most natural fit for students is that the formation of peer relationships is an important developmental priority for adolescents (Wang & Eccles, 2012). Accompanying Others allows students to foster relationships in a way that feels natural and altruistic. Also, as adolescents mature emotionally and their ability to empathize grows (Allemand, Steiger, & Fend, 2015), Coaching Compassion can encourage bystanders and students who bully to develop empathy toward targets.

Limitations and Future Research

Although this study contributes to the literature regarding developmentally appropriate bullying interventions for high school students, several limitations must be considered. First, because of our small sample size and lack of control group, we cannot make causal attributions or generalize our findings to the larger high school student population. Although we enhanced the significance of our findings with a mixed methods design, there is a need for future studies investigating the efficacy of the aged-up STAC program through a randomized controlled trial. Further, since our study was intended as a first step in the development of an age-appropriate program for high school, we did not assess decreases in bullying victimization or perpetration. Therefore, future randomized controlled trial studies should include these outcome variables. Another limitation is related to the measures used. Specifically, both awareness of bullying and use of each STAC strategy were measured by a single item, which can result in decreased reliability. Further, although the developers constructed the items to have face validity, there are no studies investigating the psychometric properties of these items in measuring awareness of bullying or use of the STAC strategies. Additionally, our quantitative and qualitative findings were based on self-report data. It is possible that students' responses were influenced by their desire to please the researchers, especially within the context of the focus groups. Thus, including objective measures of observable defending behaviors would strengthen the findings.

Practical Implications

Our findings provide important implications for counselors in both school and other settings. First, high school counselors can implement aged-up bullying intervention programs such as the STAC program. High school counselors can find encouragement in our findings indicating high school students are invested in helping reduce school bullying and that being trained to intervene can be associated with increased awareness and sense of responsibility. Further, findings suggest it might be helpful for school counselors to provide students trained in the program with an opportunity to meet in small groups to foster friendships with peers who are committed to acting as defenders.

Results also suggest that high school students believe reporting bullying to adults may not be an effective strategy. School counselors are well positioned as student advocates to establish anonymous reporting procedures to counteract potential student fears related to being negatively perceived when they report bullying to adults. In all bullying intervention efforts, school counselors should coordinate with administration to ensure success. School counselors can facilitate teacher and staff development to help them understand students' fears related to reporting bullying and provide teachers with necessary tools to help students who report bullying to them. Additionally, although a teacher training would increase the required time and resources needed to implement the STAC program, it may be an important addition at the high school level. In this module, school counselors could educate teachers about bullying and the STAC strategies so that teachers could reinforce the strategies with students. The training would emphasize Turning It Over, explaining to teachers their important role in helping student bystanders intervene when they observe bullying.

Lastly, this study also has implications for counselors working with adolescents outside the school setting. There are negative associated consequences to witnessing bullying as a bystander (Rivers & Noret, 2013; Rivers et al., 2009). In addition, adolescents report not knowing how to intervene on behalf of targets (Forsberg et al., 2014; Hutchinson, 2012), which can lead to feelings of guilt (Hutchinson, 2012). Thus, counselors can empower clients to act as defenders by providing psychoeducation regarding the STAC strategies. They can focus on strategies that clients feel are a natural fit as a starting point. Counselors can encourage clients to share bullying situations they most commonly observe at school and invite clients to talk through how they could use a favorite STAC strategy.

Bullying is a significant problem among high school students. This study provided support for the aged-up STAC intervention as an anti-bullying approach that is appropriate for high school students. Specifically, the STAC program helped students be more aware of bullying, feel a stronger sense of responsibility to intervene, and feel empowered to use the STAC strategies.

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Appendix A

Aged-Up STAC Scenarios

Scenario 1
In the PE locker room, you overhear some girls talking about another girl who is going through a break-up. You hear them call her a "loser" (and some other hurtful names) and gossip about the reasons she and her boyfriend broke up. They also talk about how the girl is not skinny or pretty enough to date the guy.

Scenario 2
For a few weeks during break, you have noticed a group of students stand in the middle of the hallway and "shoulder check" another student as he tries to walk by to get to his next class on the other side of the school. Today, the student is tripped by one of the students standing with a group and something he was carrying was damaged.

Scenario 3
Your friends are hanging out at your house after school, looking through Twitter. One friend decided to follow a girl from school that they do not like and then repost one of her posts making fun of her in a humiliating way. This is not the first time your friend has done something like this.

Scenario 4
You are in the parking lot and suddenly you hear yelling coming from a car that is trying to pull out of a parking spot. You see a guy yelling at his girlfriend that she can't go to lunch with a certain friend because he saw the text messages they sent last night. You know this happens a lot with this guy, and you've been concerned for a while.

Professional Counselor Licensure Portability: An Examination of State License Applications

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Although professional counseling licensure portability has been a topic of interest for many years, limited empirical research has been conducted to examine state requirements to become a licensed professional counselor. To bridge this gap, state counseling license applications, including the District of Columbia, were investigated using descriptive statistics to determine similarities and differences. Results of this study determined that many states require coursework beyond Council for Accreditation of Counseling & Related Educational Programs (CACREP) standards, and there are numerous other factors beyond educational prerequisites that licensing boards consider when endorsing an applicant as a licensed professional counselor. Developing a central location to review applications is one recommendation discussed to address many of the individual states' concerns and requirements, organize uniform agreements on comportment behaviors, and improve client and professional counselor protection.

Keywords: **licensed professional counselor, licensure portability, state counseling license applications, descriptive statistics, CACREP**

States began licensing professional counselors 41 years ago. The first state to implement a counselor license was Virginia in 1976 (Bloom et al., 1990), and the last was California in 2009. Because each state independently licenses counselors, significant variances exist in educational, training, and supervision requirements for licensure (American Counseling Association [ACA], 2017). State-by-state criteria has created great variations in what a counseling license is called (i.e., Licensed Professional Counselor, Licensed Clinical Professional Counselor, Licensed Professional Clinical Counselor, Licensed Mental Health Counselor, Licensed Professional Clinical Mental Health Counselor, Licensed Clinical Mental Health Counselor, Licensed Professional Counselor - Mental Health; National Board for Certified Counselors [NBCC], 2017a). Further, a great diversity in examination requirements for state licensing also exists (e.g., National Counselor Examination [NCE], National Clinical Mental Health Counselor Exam [NCMHCE], Certified Rehabilitation Counselor Examination; ACA, 2017).

Since the beginning of the licensing process, counselor licensure portability, or the ability for a license to be easily carried elsewhere, has been an issue of discussion and continues to be a key trending topic in the counseling profession (ACA, 2017; Kaplan & Gladding, 2011; Kaplan, Tarvydas, & Gladding, 2014; NBCC, 2017b). However, complex legislature processes and differing requirements have led to licensure portability having limited success (Mascari & Webber, 2013; NBCC, 2017b). In fact, ACA (2016) provides a detailed list of state-by-state licensure requirements for professional counselors, which includes a description of the vast differences in licensure by endorsement for each state. Given that these divergent requirements are seen as impediments to counseling licensure portability (Bergman, 2013), it is surprising there is a dearth of literature related to comparing and contrasting jurisdictional requirements for professional counselor licensure.

Historical Perspectives

In 1974, the Board of Directors of the American Personnel and Guidance Association (APGA, now ACA) approved a position paper, "Licensure in the Helping Professions," and created a special

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committee to implement "the formulation and dissemination of model credentialing legislation for counselors" (Bloom et al., 1990, p. 511). As a result of these efforts, counselor licensing bills began in 1976. At the same time, the counseling profession's efforts to standardize and improve the preparation of professional counselors also were occurring. In 1973, the Association for Counselor Education and Supervision (ACES) adopted *Standards for Entry Preparation of Counselors and Other Service-Personnel Specialists* (Sweeney, 1992). In 1981, ACA established the Council for Accreditation of Counseling & Related Educational Programs (CACREP) to develop educational standards in training counselors. CACREP has been seen as "the national standard for counseling programs . . . [which] has set the profession on a path toward clear counselor identity through its process of preparation program accreditation" (Mascari & Webber, 2013, p. 16).

Currently, researchers (Mascari & Webber, 2013) and associations (ACA, NBCC) are promoting the idea that licensing and certification should be tied to graduating from a CACREP-accredited program. However, other researchers seem less supportive of this position because of the strain they believe CACREP accreditation places on educational institutions related to the need for additional faculty, curriculum changes, fees and site team expenses, and accreditation maintenance requirements (Cato, 2009; D'Andrea & Liu, 2009). Additionally, counseling psychology literature provides that restricting counselor licensure to graduating from programs that are CACREP-accredited only impacts the sustainability of professional counseling (Brady-Amoon, 2012; Hansen, 2012). In fact, the Council of Counseling Psychology Training Programs developed the Masters in Counseling Accreditation Committee (Kurpius, Keaveny, Kim, & Walsh, 2015), which eventually formed the Masters in Psychology and Counseling Accreditation Council (MPCAC). The MPCAC (2018) now provides an alternative accreditation for master's degree counseling programs. This example showcases a variation in counselor training (CACREP versus non-CACREP), which may contribute to complications related to licensure portability. Even though it is not possible to accurately identify every non-CACREP program for perspective, currently there are 738 CACREP-accredited programs (master's, doctoral, educational specialist; CACREP, 2017) and 50 MPCAC programs. Furthermore, NBCC and all 50 states provide alternative paths for both CACREP and non-CACREP programs. However, in an attempt to improve license portability, starting January 1, 2022, NBCC (2018) will require a master's degree or higher from a CACREP-accredited counseling program.

Licensure Portability Efforts

The 20/20: A Vision for the Future of Counseling initiative, a collaboration between ACA and the American Association of State Counseling Boards (AASCB), found that in order to advance the future of professional counseling, licensure portability is needed (Kaplan & Gladding, 2011). To answer this call, various agencies have established policies to address a counselor's ability to carry a license between states. ACA (2017) supports that a counselor who is "licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence" (paragraph 7). Further, this portability policy allows for a state to require a jurisprudence examination based on the rules and procedures of that state.

Some organizations have found success in their advocacy efforts toward portability. In fact, AASCB has been on the forefront regarding "efforts to develop a seamless process for counselors to transfer their license without repeating the application" (Mascari & Webber, 2013, p. 17). AASCB (2017) provides that Delaware, Iowa, Kansas, Louisiana, Michigan, Oklahoma, Vermont, Ohio, Idaho, District of Columbia, and Utah have all adopted a 5-year endorsement process (if the counselor has worked 4,000 hours). This means that if a counselor in Utah meets the standard of agreement, they are able to obtain a license in Kansas. More specifically, AASCB (2017) provides that:

> A fully-licensed counselor, who is licensed at the highest level of licensure available in his or her state, and who is in good standing with his or her licensure board, with no disciplinary record, and who has been in active practice for a minimum of 5 years post-receipt of licensure, and who has taken and passed the NCE or the NCMHCE, shall be eligible for licensure in a state to which he or she is establishing residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and statutes of said state. An applicant who meets these criteria will be accepted for licensure without further review of education, supervision and experiential hours. (AASCB, 2017, p. 3)

Additionally, to assist with licensed counselors, AASCB created the National Credential Registry to save and transfer portability-related documents between boards (Tarvydas & Hartley, 2009).

Most recently, AASCB has joined with NBCC, ACES, and the American Mental Health Counselors Association (AMHCA) in having completed a state-by-state analysis that resulted in a Joint Statement on a National Counselor Licensure Endorsement Process, which states:

> Any counselor licensed at the highest level of licensure for independent practice available in his or her state may obtain licensure in any other state or territory of the United States if all of the following criteria are met:
>
> 1. The licensee has engaged in ethical practice, with no disciplinary sanctions, for at least 5 years from the date of application for licensure endorsement.
> 2. The licensee has possessed the highest level of counselor licensure for independent practice for at least 3 years from the date of application for licensure endorsement.
> 3. The licensee has completed a jurisprudence or equivalent exam if required by the state regulatory body.
> 4. The licensee complies with ONE of the following:
>   a. Meets all academic, exam, and postgraduate supervised experience standards as adopted by the state counseling licensure board.
>   b. Holds the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board for Certified Counselors (NBCC).
>   c. Holds a graduate-level degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).
>   (NBCC, 2017a)

The goal of this multi-agency portability policy was to establish "minimum licensure endorsement standards for public protection and moving the profession toward the future goal of unified education standards, examination requirements, and years of postgraduate experience" (NBCC, 2017a).

Although some states have agreed to licensure portability, the majority of states require applications to meet the specific rules of licensure in their state (AASCB, 2017). However, little attention has been paid to examining the differences in states' requirements to become a licensed professional counselor. The purpose of this manuscript is to bridge this gap in the literature by investigating the U.S. licensed professional counselor application forms. This included analyzing specific application requirements, such as historical disclosures (e.g., criminal history, drug and mental health history, ethical violations, malpractice proceedings) and educational prerequisites. This manuscript will identify common and uncommon requirements to become a licensed professional counselor and will identify specific jurisdictional standards that may impact licensure portability.

Methods

A descriptive design is often used to share quantitative descriptions in a manageable form (Trochim, Donnelly, & Arora, 2016). Essentially, this allows for the simplification of large amounts of data in a sensible way. State license applications consist of many elements and information gathering points. In order to understand the various similarities and differences among licenses, a detailed examination of the elements of the applications is needed. This study utilized a non-experimental descriptive design to provide a summary of data (Huck, 2011) related to the following broad research question: What are the similarities and differences between state professional counseling licensure applications?

From 2016–2017, the authors completed an extensive search for counseling licensure applications from all 50 states and the District of Columbia. This included the capture of states with multiple counseling licenses. State applications were obtained via online downloads. Once all applications were collected, the authors constructed a list of pertinent items after reviewing each application. Specifically, the first and second author independently reviewed each licensure application and created independent lists of key elements. These items were separated into broader categories that frequently followed major section headings on the applications. Each category was independent of the others. After the first review, the first and second authors compared their organization of items and refined their data collection points. These authors then reviewed the applications independently for a second time and once again compared findings. Common categories were identified as follows: supplemental documentation, licensure history, criminal history, alcohol or other drug history, mental and physical illness history, unethical and professional problems, organization history, malpractice history, employment/training history, fraud history, required supervised hours, and educational courses completed. Categories were then comprised of multiple elements representing more detailed information. For example, Maine labeled a prominent section "Criminal Background Disclosure." Within this section there were two questions: whether the applicant was convicted of any crime and whether there was any disciplinary action toward the applicant. For comparison, Idaho did not have a section clearly identifying criminal activity background, but did ask if the applicant had been convicted of a felony. In examples such as this, the first and second authors came to an agreement that a category of criminal activity was needed and questions such as the ones found on the Maine and Idaho applications would be placed within that category.

For a third time, these authors jointly compared the lists, made notes of discrepancies, discussed wording and language, and reached consensus (i.e., inter-rater agreement was 95%) for what each item would include. It is important to note that states often asked for similar information, but with different language. More specifically, states would often ask follow-up questions on the same topic. For instance, some states would only ask if another board ever licensed the applicant, whereas other states would provide a follow-up requirement that the applicant provide verification of license from another state board. After three organizational reviews and high inter-rater agreement was established, the third author began a process of reviewing each application to document frequencies for categories and items within those categories. During this process, the third author discovered errors, which the first and second authors discussed and addressed. The third author then conducted the frequency process for a second time to arrive at a final, error free frequency report for all included applications.

Results

Overall, 49 state license applications were reviewed and the District of Columbia (D.C.) was added for a total of 50 applications. To simplify, this study uses the term "states" to include D.C. and the 49 states in the review of license applications. Ohio was omitted from this research because of an online

process that required account creation. It was discovered that of the 50 states, 10 (Idaho, Illinois, Kansas, Maine, Minnesota, Nebraska, New Mexico, North Dakota, South Dakota, and Tennessee) have two distinct licenses that operate as a tiered approach to professional counselor licensure. To clarify, states utilizing provisional counseling licenses (e.g., Missouri) or associate designations (e.g., North Carolina) were not included, as they were determined to be a subset of a license or a path toward a license as opposed to a separate and distinct license found with multiple-tier licenses. In addition, states using levels of progression (e.g., Utah) or providing multiple types of counseling licenses (e.g., marriage and family, drug and alcohol, grief, supervisor designations) also were omitted to simplify the research. In short, second-tier licenses for this research focused on counseling licenses specific to mental health with the ability to practice independently and were uniquely separate from the first tier. This resulted in a total of 60 licenses specific to professional counseling reviewed in this research. Given the broad scope of information available, the researchers separated results into two areas: first-tier licenses from 50 states (i.e., 49 states and D.C.) and second-tier licenses from 10 states, which were typically identified with additional descriptors in the licensure title (e.g., Licensed Mental Health Counselor, Licensed Professional Clinical Counselor). Moreover, it was determined that second-tier licenses tended to require slightly more information from applicants related to more graduate training and post-training clinical direct and indirect counseling-related hours. Categories and tier license data can be found in Table 1.

First-Tier Licenses

A review of the licensure applications for first-tier professional counseling licenses revealed common trends in the licensure requirements for the 49 states and D.C. These included requiring: (a) educational requirements, (b) completed client direct and indirect counseling-related hours, (c) examination, (d) application fee, (e) supplemental documentation to the application (e.g., criminal background check, letters of reference, photograph, birth certificate, videotape of counseling session), and (f) attestation of the applicant related to past behaviors (e.g., state licensure history, criminal history, mental health history, ethical complaints against applicant, professional organization complaints against applicant, and liability insurance history).

Educational requirements. Of the 50 first-tier licenses reviewed, a total of 30 course-related topics were identified as required. Courses most frequently identified were connected to CACREP core curriculum standards. To point, both research and program evaluation and group counseling and group work (also identified as group dynamics on applications) were identified by 66% ($n = 33$) of the state applications. Other core standard–related education areas were assessment and appraisal at 64% ($n = 32$); human growth and development, professional counseling orientation and ethics, and social and cultural foundations at 62% each ($n = 31$); and finally career development at 60% ($n = 30$). After these seven CACREP core-related standards, there was a significant drop in representation. Helping relationships, which is the eighth CACREP core standard, was identified by 46% ($n = 23$) of the states, and counseling theories and techniques by 42% ($n = 21$). A third cluster of courses seemed to be more specialized, likely related to specialty areas in the 2016 CACREP standards. These included family counseling (24%, $n = 12$), substance abuse (20%, $n = 10$), diagnosis (20%, $n = 10$), psychopathology (18%, $n = 9$), and clinical supervision (16%, $n = 8$). A fourth and final clustering of courses seemed to be highly specific to a small number of states. For example, psychopharmacology and human sexuality were required by five states (10%), and even more finitely required were courses such as a course on the chronically mental ill (Washington) and a course on understanding HIV (Florida). Thus, when comparing the 50 state applications, 42% ($n = 21$) of the applications required all eight of the CACREP-related core standard courses. Interestingly, 22% ($n = 11$) of the applications required two or fewer of the eight CACREP-related core standard courses and 36% ($n = 18$) did not specifically note any of the core standards as required.

Table 1

State Licensure Frequency Report For Prominent Categories and Items

	State Licenses Tier 1 (n = 50)		State Licenses Tier 2 (n = 10)	
	n	%	*n*	%
Supplemental Application Documentation:				
Only NCE required	28	56%	0	0%
Only NCMHCE required	10	20%	10	100%
Both NCE and NCMHCE required	10	20%	0	0%
Either NCE or NCMHCE required	3	6%	0	0%
Application fee: $100 or less	15	30%	6	60%
Application fee: $101–$199	17	34%	3	30%
Application fee: $200+	14	28%	1	10%
Educational Courses:				
Group Dynamics	33	66%	8	80%
Research and Program Evaluation	33	66%	10	100%
Assessment and Appraisal	32	64%	9	90%
Human Growth and Development	31	62%	10	100%
Social and Cultural Foundations	31	62%	7	70%
Professional Counseling Orientation and Ethics	31	62%	8	80%
Career Development	30	60%	9	90%
Helping Relationships	23	46%	8	80%
Complete Attestation Regarding:				
Board/Licensure History:				
Refused a license/attestation	33	66%	4	40%
License suspended by board	29	58%	6	60%
License revoked by board	29	58%	6	60%
Disciplined by a board	27	54%	5	50%
Licensed by another board	24	48%	6	60%
Criminal History:				
Convicted of a crime (misdemeanor or felony)	38	76%	8	80%
Charged with a crime (misdemeanor or felony)	30	60%	3	30%
Ever been convicted of a felony	19	38%	6	60%
Criminal background check required	14	28%	1	10%
Medical/Mental Health/Alcohol and Other Drug History:				
General investigation of mental health problems	27	54%	3	30%
Impaired by alcohol/drugs and not able to perform professional duties	11	22%	3	30%
Ever diagnosed with an addiction/participated in addiction treatment	8	16%	2	20%
Unethical/Professional Organization/Malpractice History:				
Censured or judged guilty of any unethical practice	6	12%	2	20%
Professional membership denied	4	8%	3	30%
Professional membership revoked	3	6%	3	30%

State applications were varied in minimum required graduate training credits. Nearly all states cited CACREP training as a requirement, but the minimum number of hours required was nearly evenly split. A little more than half (54%, *n* = 27) of the first-tier licenses required a minimum of 60 semester credit hours, while 46% (*n* = 23) required a minimum of 48 semester hours. Additionally, CACREP language related to a specialty degree title was found. For example, Florida requires 60 semester hours and cites CACREP accreditation and core curriculum standards, but adds that the degree must be in mental health counseling with specific courses in substance abuse and human sexuality. Florida is not alone: Close to 75% (*n* = 37) of the applications note language specific to additional course topics and/or degree title needed from CACREP training.

Direct and indirect counseling-related hours. States ranged from 2,000 to 4,000 required counseling-related hours, with the most frequent prerequisite being 3,000 hours (62%, *n* = 31). Nearly all states noted postsecondary hours, but a few, Pennsylvania in particular, allowed for hours earned during training to be included. Overall, most had clear distinction not only with the number of hours required, but also the ratio of total hours and direct client hours (i.e., 3,000:1,500), whereas other states utilized a formula of sorts related to years worked. Georgia, for example, noted that direct experience must be a minimum of 600 hours per year, but the number of years was degree-dependent, such that an applicant with a master's would require 4 years (2,400 hours) and one with a doctoral degree would require one year (600 hours). Washington reduced the number of required postgraduate hours by 500 if the applicant graduated from a CACREP-accredited program. Still others only identified a total number of hours, or in the case of Florida, only direct hours. The bulk of states had relatively simple definitions for hours, such as South Dakota stating 2,000 total hours with 800 being direct. Others were more complex, such as California, which noted an applicant needed a minimum of 1,750 "direct psychotherapy" hours, a minimum of 500 "group counseling" hours, a maximum of 250 hours in "telephone counseling," a maximum of 250 hours related to administering tests and writing reports, and a maximum of 250 hours involved in workshops or other trainings. It also was found that there was a range of time frames associated with individuals completing their hours (i.e., 2 years minimum to 4 years maximum). To this point, Tennessee noted that an applicant needed "a minimum of 2 years of supervised post-masters professional experience," totaling 1,000 clinical hours, and the hours had to accumulate at a rate of no less than 10 hours per week.

Examinations. All states required some version of examination. Overall, the NCE was identified by a majority of the states (*n* = 41), with 23 states identifying the NCMHCE. In many cases, states only required the NCE (*n* = 28), whereas others only required the NCMHCE (*n* = 10). Some states (*n* = 10) gave the applicant a choice of completing either the NCE or the NCMHCE, while three states (Arkansas, Utah, Vermont) required the applicant to complete both examinations. It is important to note that there were six states that added a jurisprudence exam.

Application fees and supplemental documentation. A large majority of states required an application fee (92%, *n* = 46), but the amount varied. Fees ranging between $101–$199 were most frequent (34%, *n* = 17), followed by $100 and under (30%, *n* = 15), and $200 and over (28%, *n* = 14). The highest amount per application was $415, required by Minnesota. Application fees were rarely the only cost associated with an application for licensure. Along with national exam costs, an applicant can expect to pay for a jurisprudence exam or Center for Credentialing & Education (CCE) course equivalence reviews. CCE provides a service for state licensing boards, at the cost of the applicant, to review and evaluate completed courses as being a match to the state-specific required course topics. For example, if an applicant completed 48 credit hours from a CACREP-accredited program and then completed an additional 12 credit hours elsewhere (in order to meet a required 60 credit hours

of training), CCE would provide a recommendation to a state board regarding the quality of the courses. Along with application processing fees, applicants may be required to submit a photograph of themselves (36%, *n* = 18) or letters of recommendation (24%, *n* = 12). Unique requirements also existed. Rhode Island required a birth certificate and North Dakota requested a videotaped counseling session.

Attestation. All states required applicants to sign an attestation regarding past behaviors and experiences. The most common attestation focused on state licensure history as well as criminal history. Uncommon attestations related to applicants' mental health history and past unethical behaviors, sanctions by professional organizations, and liability insurance history.

Licensure history. Of the 50 states, most asked whether any previous license had been refused (66%, *n* = 33), suspended (58%, *n* = 29), or revoked (58%, *n* = 29). About half (48%, *n* = 24) of the states wanted to know if another board had licensed the applicant, with 79% (*n* = 19) of those states requiring verification of the previous license. Additionally, 27 (54%) states asked about discipline by a state board; however, few states probed further on these issues, such as asking about any pending investigations by a board (32%, *n* = 16) or complaints filed with a board (16%, *n* = 8). Along with problems experienced with any license, 10 states (20%) requested whether or not the applicant was prohibited from taking any counseling licensing exam. Only one application (West Virginia) specifically required attestation regarding previously failed licensing or professional exams, and two states (Delaware, Missouri) required applicants to attest to never providing deceptive information regarding licensure. Eighty percent (*n* = 40) of states did not query about malpractice settlement history or if the applicant was ever a defendant in legal action related to malpractice. Only one state (Iowa) queried about any pending malpractice actions, and Michigan was the lone state to request if the applicant had three or more malpractice settlements, awards, or judgments totaling $200,000 in consecutive 5-year time periods.

Criminal history. All states queried applicants about criminal background, yet there were limited requests for basic conviction or charge information. Thirty-eight states (76%) inquired about conviction of a crime (i.e., misdemeanor or felony), but fewer (60%, *n* = 30) inquired about being charged with a crime (i.e., misdemeanor or felony). Moreover, 72% (*n* = 36) did not require a background check. An even smaller group of states went a step further to ask about incarceration. Georgia, Indiana, Mississippi, and Utah asked if the applicant had "ever been incarcerated," with Michigan and South Dakota asking if the applicant had ever been convicted of a crime that would result in incarceration for more than a year. States infrequently pressed for more detailed information regarding conviction, such as information about being a defendant in criminal court (*n* = 4) or having expunged convictions (*n* = 3), pardons (*n* = 3), and/or diversions (*n* = 1). Indiana, for example, was the only state to ask if the applicant ever had a pre-trial diversion or deferred prosecution, and Delaware and D.C. were the only states to query if a felony had ever been expunged or pardoned.

Only three states emphasized criminal activity related to abuse. Illinois was the only state to question if an applicant had ever been charged with or convicted of an act that required registration as a sex offender and the only state to inquire about physical abuse toward a client. Kansas and Utah asked about physical, emotional, mental, and sexual abuse or neglect; however, they only connected these concerns to a government agency claim. No state required information about any sex offense. Ten percent of states (*n* = 5) asked if the applicant had been investigated related to acts or behaviors that violate community standards.

Ten first-tier license applications inquired if the applicant had ever been charged with driving under the influence. Alaska was the only state that inquired if the applicant had a DUI conviction in the past 5 years. Other states asked for different controlled substance conviction information, such as: ever found guilty of using, possessing, or distributing a controlled substance (Michigan, Oregon, and Pennsylvania); ever charged or convicted of violating a federal or state drug law (Missouri, New Mexico); or ever convicted of a crime involving drugs or alcohol (New Hampshire, North Carolina). Some states (Colorado, Michigan, New Mexico) required that applicants provide information to two or more of these controlled substance-related questions.

Mental health problems and treatment. The mental health history category includes alcohol or other drug history to simplify results. Most states (n = 27) were interested in mental problems experienced by the applicant. These interests ranged from drug and alcohol usage (e.g., impaired during professional duties, use of illegal drugs or non-prescribed controlled substances, addicted or abusing drugs) to specific disorders, as well as requesting information about treatment related to those problems and when the problems occurred (e.g., ever, in the past 2–10 years, currently). However, the depth of interest was limited. For example, two applications queried about ever being diagnosed with a mental disorder that involved potential health risk to the public, and ever being hospitalized for any mental or emotional illness. Furthermore, only six states (12%) inquired if the applicant had been impaired by a mental health issue and not able to perform professional duties. A handful of states, ranging from one to four, applied a time frame to mental health concerns impairing abilities or resulting in hospitalizations. To that point, Arizona inquired about an applicant, within the past 5 years, being hospitalized for emotional or mental illness, and Minnesota and North Carolina requested affirmation regarding a 5-year time frame for any "raised" issues related to drugs, alcohol, and mental disorders.

Although the majority of states (94%, n = 47) did not specify disorders of concern, there were three that required information about particular disorders and within a certain time frame. Minnesota specifically queried regarding diagnosis and treatment for mood disorders, schizophrenia, and psychotic disorders, all within a 10-year time frame. Arizona queried about similar disorders, but with a 5-year time frame, and Colorado did as well, except it did not include psychotic disorders. Interestingly, slightly more states (Mississippi, New Jersey, Tennessee, and Washington) were interested in the applicant being diagnosed or treated for paraphilia(s).

Contrarily, substance abuse disorder information was investigated more thoroughly by states across the country. Of the 50 first-tier applications reviewed, 22% (n = 11) requested if the applicant had ever been impaired by alcohol or other drugs and was not able to perform professional duties, and 16% (n = 8) asked if the applicant had ever been diagnosed with an addiction or participated in an addiction treatment program. As with mental health problems, substance use- and abuse-related questions varied in terms of time frame, definition of impairment, and specificity of information required. States wanted information about addiction ranging from 2 to 5 years all the way to "ever." They also varied in word choices, such as *illegal drugs*, *controlled substances*, *alcohol*, and *drugs*.

Unethical behaviors, professional organizations, and liability insurance history. The most infrequent category of attestation related to an applicant's unethical behavior, history with professional organizations, or issues with liability insurance. Six states (12%) requested that applicants attest to being censured or judged guilty of any unethical practice. This apparently vital attestation was unconnected to a licensing board or any other specific entity and was simply a standalone request. Aside from general unethical practice, a small handful of states wanted specific information related to professional

membership. No application identified specific organizations (e.g., state-specific or national counseling-related organizations) and only vague attestation was requested regarding denial of professional membership ($n = 4$), professional membership revoked ($n = 3$), professional membership suspended ($n = 2$), and professional membership limited ($n = 1$). It is interesting to note that Oklahoma queried about all four of these professional membership attestations. None of the 50 states asked if the applicant needed to resign from a professional society. New Hampshire and Utah were the only states to request information about liability insurance. Their request was detailed in that it was asked if liability insurance had been denied, revoked, suspended, reduced, limited, or not renewed.

Second-Tier Licenses

Ten states offered two counseling licenses (Idaho, Illinois, Kansas, Maine, Minnesota, Nebraska, New Mexico, North Dakota, South Dakota, Tennessee). These states represented differences to their first-tier counterparts. All together (60 first- and second-tier licenses), there were a total of 13 required supplemental items represented (e.g., birth certificate, application fee) and 137 attestation items related to nine broad categories (e.g., criminal history, mental health history, education history). The 50 first-tier licenses requested approximately 20% ($n = 2.65$) of the possible 13 supplemental items and nearly 14% ($n = 18.7$) of the possible 137 attestation items, whereas the 10 second-tier licenses requested slightly more information. On average, 24% ($n = 3.12$) of the supplemental items and 17% ($n = 23.3$) of the attestation items were noted on second-tier license applications. All of the second-tier licenses required 60 credit hours of training and at least 3,000 total hours of work post-degree. Moreover, all utilized "mental health" or "clinical" in the title and expected applicants to pass only the NCMHCE. By and large, these licenses followed similar frequency patterns as first-tier licenses with attestation items. However, there were differences nonetheless. For instance, the second-tier licenses were more likely to inquire specifically about felony conviction (38% of first-tier licenses vs. 60% of second-tier licenses), if child support was owed (16% of first-tier licenses vs. 50% of second-tier licenses), and if any problems were related to ethics or professional organizations (5% of first-tier licenses vs. 42% of second-tier licenses). Moreover, second-tier licenses required more frequent attestation with CACREP core curriculum (61% of first-tier licenses vs. 86% of second-tier licenses) and with specific courses, such as diagnosis (20% of first-tier licenses vs. 60% of second-tier licenses) and family counseling (24% of first-tier licenses vs. 60% of second-tier licenses). On the other hand, none of the second-tier licenses asked about consumer fraud–related items or problems experienced in training programs and were less likely to ask about general mental health issues (54% of first-tier licenses vs. 30% of second-tier licenses).

Discussion and Implications

Given the growing interest in counseling licensure comparisons (Bergman, 2013; Kaplan & Gladding, 2011; Mascari & Webber, 2013) and the apparent lack of research exploring differences in the licensure process, this study attempted to provide more detailed information that might impact the portability issue. Counselor licensure state portability has many impediments, but one is clearly evidenced in the heterogeneity with respect to required elements (e.g., supporting documents, hours, required courses, character, and psychological fitness). Counseling boards serve as the final arbiters of an applicant's suitability to practice counseling, yet there appears to be limited consensus regarding elements required on applications (ACA, 2017). As noted previously, counseling organizations have begun efforts to increase portability. In 2015, AASCB was successful in developing an agreement to transfer licenses between 11 states with similar requirements. More recently, in April 2017, NBCC (2017a) announced a statement laying the groundwork for possible portability efforts moving forward. This statement identified criteria so that one may obtain licensure in another state. However, as this

study discovered, most licenses remain disconnected and operate independently of one another. Moreover, limited evidence was found to confirm a seamless license transition between any states, including the 11 states identified via AASCB. A review of this study's findings will focus on categories noted in the results section and include implications for ease of reading.

Educational Requirements

It was clear from license application reviews that CACREP featured prominently. Graduating from a CACREP-accredited program and gaining knowledge from CACREP core curriculum standards were commonplace in all states. One would assume that with CACREP prominence in licensure applications there would be core curriculum standard representation in nearly 100% of states. However, the percentages of states identifying CACREP-related core curriculum standards were far from 100%; instead, CACREP core courses appeared in only 46–66% of the first-tier licenses. This investigation discovered that licenses often provided two paths regarding education. First, an applicant from a CACREP-accredited program could indicate completion of a degree and would not be required to provide proof of course completion or match courses to required training topics. For the second path, not graduating from a CACREP-accredited program, they would need to match training courses to a list of required topics. Interestingly, the applicant not from a CACREP program is essentially expected to meet about half of the CACREP core curriculum. As noted previously, 36% (n = 18) of first-tier licenses do not specifically require any of the CACREP core standards for those applicants needing to match training courses. This disparity complicates the matter of portability when one group of applicants is operating under different education requirements than another group.

Similar problems seem to exist regarding the CACREP-approved core curriculum requirements adding to a total of 48 or 60 credit hours. Certainly, if one graduated from a 48-hour program and wanted to obtain a license requiring 60 hours, more courses would be needed. Conversely, many licenses utilized the term *minimum* regarding credit hour requirements. Vermont, for example, noted the need for a psychopharmacology course, and Florida noted a specific course in human sexuality. Neither of these topics clearly fits into one of the eight CACREP core curriculum standards. There also were requirements for additional training, such as Washington needing a minimum of 4 hours of education in understanding the prevention of HIV. It appeared that in some cases, graduation from a CACREP-accredited program was not enough for a state license, and future applicants must anticipate additional coursework and training. Furthermore, all second-tier licenses required 60 hours of graduate coursework, but only about half of the first-tier licenses had this requirement. Thus, if licensed under a 48-credit-hour state, attempting to move into a 60-credit-hour state will be problematic.

Related to a general education theme was the lack of inquiries into graduate program behavior. Researching problematic behaviors in graduate training is an emerging trend (Duba, Paez, & Kindsvatter, 2010; Herlihy & Dufrene, 2011; Ziomek-Daigle & Christensen, 2010). As Brown-Rice and Furr (2013) discovered, 74% of counselors-in-training reported that a peer had exhibited problems with professional competence (e.g., psychological dysfunction, unethical behavior). Hence, it is imperative that states recognize the potential of significant concerns existing in the profession and investigate accordingly. One of the more surprising outcomes from this study was the finding that only three state applications (D.C., Florida, Minnesota) investigated disciplinary action related to graduate training. D.C. and Minnesota provided the most detailed inquiry regarding training programs (e.g., ever placed on probation, restriction, suspension, or revocation, or forced to resign from professional training not because of grade). Florida provided a more generalized request by querying about any disciplinary action from an educational institution.

Unfortunately, no evidence existed for a query related to more significant educational matters, such as dismissal from a program. Considering the reality that graduate programs for counselor training are likely the first place undesirable professional behaviors may be observed or recorded, it is potentially problematic that so few states would investigate this area. On one hand, the issue of portability cuts two ways regarding educational experiences. An applicant with less than the needed coursework and unseemly professional behaviors could be reasonably denied practice from one state to another. On the other hand, because an applicant was granted licensure in one state, that individual may be able to practice in a different state with limited vetting. In either case, the inconsistencies are a challenge worth addressing in the counseling profession.

Direct and Indirect Counseling-Related Hours

Nearly all states were consistent in clearly indicating a number of total hours and direct hours needed for licensure. Simultaneously, however, states specified a wide range of required hours. For example, Kentucky required 4,000 total hours with 1,600 being direct. Conversely, North Carolina required 3,000 total hours with 2,000 being direct. The difference of 1,000 total hours and 400 direct hours may not appear significant at first. The implication here is that the time needed to accumulate the deficient hours could take the applicant months to achieve, thus missing out on potential earnings. As the counseling profession grapples with portability, it will be important to determine a coherent plan to address hour requirement differences.

Examinations

The NCE and NCMHCE are widely used across all states. Having two required exams provides applicants with a simple message for needed exams. The challenge for an applicant is determining which exam to complete. If an applicant started working in D.C. and completed the required NCE, they would then need to complete the NCMHCE if they ended up working in Connecticut. Given the cost ($275 each for NCE and NCMHCE), the decision could be an expensive venture for an applicant. So while NBCC works to ensure that its exams are utilized by every state, portability remains sticky with considerable emphasis placed on the exam-of-choice decision for applications.

Application Fees and Supplemental Documentation

Similar to possible added examination costs are application expenses. Applicants can expect to pay an application fee, as 92% of states assign a cost to applying. Interestingly, cost per state application could range from no cost up to $415. Applicants also can expect to submit supplemental items, such as a photograph of themselves, letters of recommendation, a birth certificate, or a videotape of a counseling session. Although the authors believe states likely have sound reasoning behind their requirements, the issue of portability seems disjointed in regards to wide differences in fees and supplemental documentation. Common ground regarding cost of supplemental materials would expedite any portability process by simplifying the understanding of such a process.

Attestation

Licensure History. At the heart of portability is the applicant's previous experience. Surprisingly, approximately 40% of states did not inquire about a previous license being refused, suspended, or revoked. If agreed-upon standards for portability are to move forward, it is reasonable for states to expect consistent vetting of problematic licensure history. The concerning issue here is that an applicant may have moved between one or more states that did not include licensure history vetting. Said applicant with a problematic license history could move to states without license history vetting and subsequently engage in counseling practices, potentially impacting client welfare.

Criminal History. Although all applications for licensure inquired about criminal actions, often applications left the applicant room to determine whether they were convicted or charged with a relevant crime, whether the crime was a misdemeanor or felony, if the applicant pled guilty or were found guilty, and if convicted, for example, whether they *could* be incarcerated for more than a year. A small number of states inquired if the applicant was a defendant in a lawsuit related to the profession ($n = 3$), had a felony expunged or pardoned ($n = 2$), or experienced deferred prosecution ($n = 1$). Based on language in some applications, it is possible that there can be sentencing without conviction and that some criminal activities may go unchecked. Second-tier licenses seemed to be requesting more specifics in the area of criminal activity; however, there are obvious issues with portability. In any case, clarifying the nature of the information requested could be beneficial. Another potential area of concern was related to the question of being convicted of moral turpitude. As noted previously, only 10% of states ($n = 5$) deemed it important to investigate acts or behaviors that violate community standards or moral turpitude. In one respect, the broad definition of moral turpitude would seem to be common sense for inclusion in a counselor licensure application. However, the definition of moral turpitude could be so diverse across the country that behavior unacceptable in one state may be considered acceptable, insignificant, or simply ignored in another. This legal concept not only embodies a challenging theme related to defining these activities more uniformly, but also speaks directly to such important queries being avoided across most states.

Mental Health Problems and Treatment. States should be applauded for putting emphasis on important matters, such as mental health, alcohol or other drug issues, treatment, and even psychological fitness, but the frequency of that emphasis appeared to be limited and the breadth of defining mental health problems and treatment was mottled. As a whole, states were interested in mental health problems ranging from drugs and alcohol usage to specific disorders, as well as requesting information about treatment related to those problems. States also ranged in interest regarding when these problems occurred (i.e., ever, in the past 2–10 years, currently). Even though applications inquired about mental health problems, they often lacked investigation regarding the level of impairment from mental health problems. Few states inquired about significant mental health problems. For example, the large majority of states (88%, $n = 44$) did not inquire about schizophrenia, psychotic disorders, hospitalizations, or if an applicant had ever been declared a potential health risk to the public. Even fewer states (8%, $n = 4$) inquired about sexual misconduct issues, such as pedophilia and voyeurism. It would be intuitive to be cautious with a potential counselor with high impact disorders providing service to a client, and yet so few states are doing so. So while the ACA *Code of Ethics* (2014) notes the importance of client welfare and professional responsibility matters such as impairment, licensing boards are missing potentially risky conditions. This may be related to the fact that only 18 of 52 states (i.e., 50 states, District of Columbia, Puerto Rico) have adopted the ACA *Code of Ethics* (ACA, 2014). Also, it is important to note that states provide a check and balance of sorts, whereby a potentially troubling issue may be called into question by a state. Conversely, there is also a fundamental question about what the counseling profession views as the competent characteristics to practice. State licensure boards have an inherent problem with determining whether or not the inquiry fits, depending on the applicant. Or to the issue of portability specifically, one may be considered fit to practice in one state but not another.

Recommendations Regarding Licensure Portability Standards

Given the limited empirical literature regarding differences in states' requirements to become a licensed professional counselor, this article provides needed insight for professional counselors into the vast differences across states for licensure requirements. This examination has produced specific recommendations to enhance the success of professional counselor licensure portability across all

U.S. states. First, previous portability efforts have focused on proposing that if a counselor is licensed in one state then they should have portability to another state (ACA, 2017). Nevertheless, the results of the study would indicate that specific and consistent standards related to specific educational requirements, completed client direct and indirect counseling-related hours, examinations, and attestations are needed. Legislative bodies may be more inclined to incorporate universal standards if the criteria are more representative of their current licensure requirements.

While the AASCB, NBCC, ACES, and AMHCA joint statement provides the most specific licensure by endorsement requirements (NBCC, 2017a), our investigation of applications found missing elements that would be important to include or consider. To point, there is a reference to background checks in the statement; however, there is no specific language regarding criminal history included in the endorsement process. What is incorporated in the joint statement is applicants attesting that for a period of 5 years they have engaged in ethical practice and have no disciplinary actions. This lack of addressing the potential criminal history of applicants may cause some states not to be open to this endorsement policy. It seems prudent that language be added to a portability policy that includes guidelines regarding inquiring about criminal behavior. Further, the endorsement policy makes no reference to the number of counseling hours required for licensure. Although the joint statement does provide that an applicant must have a license for independent practice for at least 3 years, the results of our study show great differences in what states accept as appropriate licensure hours accumulated. Therefore, more specific direct and indirect hour requirements would assist with clarifying endorsement standards.

Our second recommendation relates to the formation of a task force to examine the area of mental health history and treatment in counselor licensure portability. Given the stigma related to mental health disorders, non-counselors (e.g., legislators) may not understand that having a mental health disorder or receiving treatment for a disorder does not in itself relate to a competency problem that would impede an individual's ability to practice. It would seem beneficial for the counseling profession to provide clear guidelines and uniform definitions and language so professionals who have or are currently experiencing mental health concerns (Zerubavel & Wright, 2012) are not overly restricted during the licensure process. On the other side, it is important for the counseling profession to provide reasonable restrictions related to mental health issues to protect the quality of care for clients.

Our final recommendation relates to the complex adjustments to language created by multiple legislative bodies. We propose a central hub for vetting professional counselor licensure applications. For example, an organization could be sanctioned with the task of vetting counselor applications much the same way CCE (n.d.) is sanctioned with vetting course equivalency for some state counseling licensure boards. A central hub for professional counselor license applications could provide state boards with a full-service provider model that could analyze specific application requirements related to hours, criminal history, drug use, mental health problems, malpractice, ethical violations, and educational prerequisites. Having a central location could address many of the individual states' concerns and requirements, plus more uniform agreements on comportment behaviors. In addition, the cost for utilizing this full service could be added to the application fee. Thus, licensing boards would be able to focus more on their main purpose, consumer protection.

Conclusion

In the forefront of counselor licensure portability efforts is the concept that professional counselor licensure should be joined to obtaining a degree from a CACREP-accredited program (ACA, 2017; Mascari & Webber, 2013; NBCC, 2017b). The results of our investigation determined that many states

require coursework beyond CACREP standards, and there are many other factors beyond educational prerequisites that licensing boards consider when endorsing an applicant as a licensed professional counselor. Therefore, our profession needs to continue to take a more encompassing view of licensure requirements and be in the forefront of developing common standards–related education requirements. Further, we need to determine universal criteria related to what is acceptable and unacceptable related to applicants' criminal history, comportment, drug use, mental health problems, malpractice history, and ethical standards. It is time for the counseling profession to take a more proactive stance and set the standards and a model for state licensure boards to utilize with confidence. We understand this task is challenging; however, it is feasible. Failure to take a more practical, encompassing stance regarding counselor licensure portability will result in members of our profession continuing to be frustrated by the anticipation of a comprehensive licensure portability process.

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