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Enhancing Assessment Literacy in Professional Counseling

A Practical Overview of Factor Analysis

Michael T. Kalkbrenner

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rofessional counselors oftentimes administer assessments and interpret the results of test scores to aid in diagnosis and treatment planning. A professional counselor's utilization of instrumentation without psychometrically sound properties can have a number of negative consequences for their clients. This article provides a nontechnical overview for the layperson of the major types and extensions of factor analysis (a method for testing the psychometric soundness of instruments) and can serve as a reference for professional counselors who work in clinical, research, and educational settings.

In testing and assessment, *validity* refers to the extent to which a test actually measures what the test developers claim it measures. *Construct validity*, more specifically, is a type of validity evidence for determining if scores on a test collectively measure the abstract trait that the test was designed to measure. *Internal structure validity* is one way to examine the construct validity of test scores by evaluating how, if at all, and in what ways the test questions group together to form scales or subscales. *Factor analysis* is a series of tests for evaluating the internal structure of test scores. The two primary types of factor analysis are *exploratory factor analysis* (EFA) and *confirmatory factor analysis* (CFA). EFA is a test of how, if at all, newly developed or previously untested survey items group together to form subscales. CFA is a method of confirming the internal structure of an existing test with a new sample. *Multiple-group confirmatory factor analysis* (MCFA) is an extension of CFA evaluating if the scales/subscales of a test have the same meaning with smaller groups of a larger sample. *Higher-order confirmatory factor analysis* is another extension of CFA for identifying if the relationship between a test's scales is explained by a larger and more general variable.

The practical overview of factor analysis presented in this article can serve as a resource that professional counselors can refer to as a primer for teaching courses, a reference for selecting tests with validated scores for use with clients, and a resource for conducting their own research. Specifically, this article includes a flow chart for conducting/evaluating EFA research; a table for evaluating the strength of CFA results; practitioner-friendly descriptions and examples of EFA, CFA, MCFA, and higher-order CFA; and a table with both technical and layperson's definitions of commonly used psychometric terms.

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Development of the Psychological Maltreatment Inventory

Alison M. Boughn, Daniel A. DeCino

Unfortunately, children can experience severe emotional or psychological harm. *Psychological maltreatment* (PM) is defined as one or more harmful emotional experiences that cause long- and short-term physical and mental health complications. Sadly, there is no common language that links together children's descriptions of PM and how adults may be able to help.

Researchers have found professionals helping children with PM experiences struggle to know when and how to report PM. Additionally, reporting PM can be difficult, as each state defines PM differently and subsequently addresses PM legally in varied ways. As a result, PM is often underreported or misunderstood until adults who have experienced PM are able to fully understand their childhoods. Currently, researchers are still determining how PM may exist for children by itself or paired with other forms of abuse or neglect.

In this article, we introduce the Psychological Maltreatment Inventory (PMI) as the first assessment tool to help identify and standardize a definition of PM. The PMI was designed to help all children report when and how often they may experience PM. We explored how PM may exist within different groups, the rates of PM for children with a current child maltreatment case, how PM interacts with other types of abuse and neglect, and the relationship between PM experiences and general trauma symptoms. Finally, we also found children who experience higher rates of PM also have a greater likelihood of suicidal ideation.

We believe the PMI can be a helpful tool and first step for identifying how children may experience PM. Detecting PM early on may help mental health providers implement services quicker and reduce or prevent adverse effects of PM later in adulthood.

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Validation of the Adapted Response to Stressful Experiences Scale (RSES-4) Among First Responders

Warren N. Ponder, Elizabeth A. Prosek, Tempa Sherrill

First responders are repeatedly exposed to frequent and traumatic scenes that can affect their mental health. Police officers rate the following incidents as most disturbing: *mistake that injures/kills colleague, colleague killed intentionally, mistake that injures/kills bystander, and colleague killed accidentally*. In contrast, the top four incidents for emergency medical technicians (EMTs) with the highest level of stress associated with exposure are *responded to a scene involving family, friends, or others known to the crew; saw someone dying; encountered an adult who had been badly beaten; and encountered a child who was severely neglected or in dire need of medical attention because of neglect*. With such a wide range of encounters with civilians, treating first responders is complex and challenges even the most seasoned counselors.

Resilience is an important topic for first responders and counselors treating this population because researchers have shown it to be a buffer against distressing consequences such as depression, anxiety, PTSD, and suicide. There are numerous resilience assessments but few studied on first responders. Our study empirically reviewed a 22-question resilience assessment that was developed for military members. We used analyses to confirm the psychometric properties of a brief, adapted version of the measure.

Researchers suggest that resilience is an important variable to evaluate because of its known relationship with other mental health outcomes. To account for these comorbidities, we used the Patient Health Questionnaire-9 (PHQ-9), the PTSD Checklist-5 (PCL-5), the Generalized Anxiety Disorder-7 (GAD-7), and the Suicidal Behaviors Questionnaire-Revised (SBQ-R) to evaluate the abbreviated resilience measure for validity among first responders. These measures were selected because they are in the public domain and widely used by counselors. The sample was 238 treatment-seeking first responders at a nonprofit that specializes in treating this vulnerable population.

There are also several implications for clinical practice when treating first responders. As part of the ethics that align with the American Counseling Association, a comprehensive intake and battery of appropriate assessments are essential. We suggest using the measures in this study because the relationship between the assessments has been evaluated.

Estimates range widely for the number of current first responders who have also served in the military. In this sample, 26% reported prior service. We recommend that counselors also explore what military service was like for those individuals because they might have served in a combat zone where they experienced more traumas that need to be accounted for during the treatment planning process.

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Whiteness Scholarship in the Counseling Profession

A 35-Year Content Analysis

Hannah B. Bayne, Danica G. Hays, Luke Harness, Brianna Kane

Counselors must be able to understand and address the roles that race, privilege, and oppression play in impacting both themselves and their clients. Most counselors identify as White despite the population diversity in the United States, which holds implications for understanding how White racial identity and other constructs of Whiteness impact culturally competent counselor training and practice. It is important, then, to examine the role of racial identity within counseling, particularly in terms of how Whiteness can be understood as a constant force impacting power dynamics and client progress. Whiteness models describe how White people make meaning of their own and others' racial identity as a result of personal and social experiences with race. Though much has been theorized regarding Whiteness and its impact within the helping professions, it is less clear how the counseling profession as a whole conceptualizes Whiteness and the impacts of White racial identity on the counseling process.

In this article, we present findings from a content analysis of counseling scholarship related to Whiteness in professional counseling journals within the 35-year time frame (1984–2019) following the publication of Janet Helms' seminal work in White racial identity (WRI). We identified articles within eight counseling journals for a final sample of 63 articles (eight qualitative [12.7%], 38 quantitative [60.3%], and 17 theoretical [27.0%]). We found that most articles focused on identifying constructs associated with Whiteness and exploring these relationships (e.g., color-blindness, racism). We found that many Whiteness constructs discussed in the general literature (e.g., White fragility, modern racism, psychosocial costs) were not addressed in counseling scholarship; the primary constructs discussed were WRI and White privilege.

Additionally, we note that counseling researchers used samples that were predominantly female (68% of participants in studies that reported gender) and that relied on undergraduate participants (22% of the samples across the articles in our study). Most of the quantitative studies used ANOVA or MANOVA analysis, which is often used to explore how constructs are related. Most of the qualitative studies used phenomenological analysis (i.e., the study of lived experiences). Approximately one fourth of the studies (26.3%) explored the impacts of a training intervention. In our article, we note additional findings related to methodology and limitations across the articles in our sample and discuss these themes in comparison to other Whiteness research.

Finally, we include suggestions for future research, such as increased diversity of participants (i.e., less reliance on student samples, more representation across geographic regions, etc.). We caution researchers, educators, and practicing counselors to be aware of the complexities of measuring WRI and recommend an increased emphasis on behavioral assessments rather than just self-report, as self-report measures are impacted by how aware and honest participants are in correctly positioning themselves within stages of racial identity. We also suggest that researchers should continue to examine the components of WRI that can lead to anti-racist practices, as well as explore how to best train White counselors to progress through the levels of WRI in counselor education and supervision.

The authors would like to thank Cheolwoo Park for his invaluable assistance in this study. Hannah B. Bayne, PhD, LMHC (FL), LPC (VA), is an assistant professor at the University of Florida. Danica G. Hays, PhD, is a dean and professor at the University of Nevada Las Vegas. Luke Harness is a doctoral student at the University of Florida. Brianna Kane is a doctoral student at the University of Florida. Harness and Kane contributed equally to the project and share third authorship. Correspondence may be addressed to Hannah B. Bayne, 140 Norman Hall, Gainesville, FL 32611, hbayne@coe.ufl.edu.

School Counselors' Exposure to Student Suicide, Suicide Assessment Self-Efficacy, and Workplace Anxiety

Implications for Training, Practice, and Research

Alexander T. Becnel, Lillian Range, Theodore P. Remley, Jr.

Suicide is one of the top leading causes of death among school-aged youth. As suicide rates continue to rise, it is important to understand how school counselors are prepared to work with suicidal youth, as well as the impact of youth suicide on those counselors. Although school counselors are more likely to assess youth for suicide risk than any other mental health professional, research has demonstrated that they do not feel adequately prepared for this task, even though the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) mandates suicide assessment and prevention training. Other mental health professionals often question their judgment following an exposure to suicide. Consequently, it is imperative to explore school counselor self-efficacy in the aftermath of a suicide given that school counselors are often exposed to student suicide. A previous study found a relationship between exposure to student suicide deaths and school counselor suicide self-efficacy but did not account for years of school counseling experience as a potential covariate. Moreover, that study did not examine anxiety, an important personal impact, nor did it examine self-efficacy in dealing with suicide attempts, a more likely occurrence than suicide deaths.

In this study, we explored the prevalence of school counselor training in suicide prevention, crisis intervention, and suicide postvention in a national sample ($N = 226$) of current American School Counselor Association (ASCA) members. Additionally, we also investigated differences in suicide assessment self-efficacy and workplace anxiety between school counselors who were exposed to suicide and those not exposed while accounting for years of school counseling experience. We also explored the relationship between the number of suicide exposures and school counselors' suicide assessment self-efficacy while accounting for years of school counseling experience.

We found that nearly 1 in 3 school counselors were not adequately prepared to provide suicide prevention or crisis intervention services to their students, and more than half were unprepared for suicide postvention. Although exposures to student deaths by suicide did not relate to suicide assessment self-efficacy, exposures to student suicide attempts were significantly related to suicide assessment self-efficacy. Workplace anxiety was not significantly related to student suicide exposure.

The results of this study indicate that training programs are not adequately preparing school counselors to perform essential suicide- and crisis-related duties. The findings are particularly troubling given that both CACREP and ASCA recognize the necessity of preparing school counselors to assess and prevent suicide. In addition, the results indicate that student suicide attempts play a larger role in suicide assessment self-efficacy than student deaths by suicide. It is possible that the suicide attempt experience either motivated school counselors to seek additional training or worked as a training substitute.

The results suggest that counselor education programs and possibly CACREP should increase efforts to appropriately prepare school counselors to address suicide. School counselors should also prepare for the probability of facing a student suicide by seeking continuing education opportunities. Finally, we recommend that education programs focus training efforts on suicide attempts through specific role plays to increase school counselors' confidence in their assessment skills.

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Group Differences Between Counselor Education Doctoral Students' Number of Fieldwork Experiences and Teaching Self-Efficacy

Eric G. Suddeath, Eric R. Baltrinic, Heather J. Fye, Ksenia Zhbanova, Suzanne M. Dugger, Sumedha Therthani

Counselor education doctoral students (CEDs) need actual experiences in teaching as a part of their teaching preparation. However, the counselor education literature is inconsistent regarding what constitutes this component of training. Overall, these experiences (what we have labeled *fieldwork in teaching* [FiT]) include an experiential component (e.g., co-teaching, formal teaching internships/practicums, teaching assistantships), vary in the amount of responsibility CEDs take on, and include regular supervision. What we do know is that FiT experiences strengthen CEDs' teaching identities, their ability to translate adult learning theories into practice, and their perceived confidence and competence in teaching. CEDs' found FiT experiences particularly helpful when they mimicked the actual roles and responsibilities of a counselor educator and included supervised, developmentally structured experiences (i.e., gradual increase in the level of autonomy and responsibility within FiT). The literature also clearly suggests that the more FiT experiences CEDs acquire, the greater their perceived efficacy in teaching.

Despite the reported benefits of FiT and the general trend of increased teaching self-efficacy with more FiT experiences, we know very little about how the number of FiT experiences differentially impacts CEDs' teaching self-efficacy. Accordingly, we conducted a cross-sectional study with a sample of CEDs to investigate how their self-efficacy toward teaching differed depending on the amount of FiT experience gained (i.e., no experience in teaching, one to two experiences, three to four experiences, and five or more experiences).

Our findings identified a significant difference in self-efficacy toward teaching scores by the number of FiT experiences acquired. Follow-up analyses revealed an initial substantial drop from no experience to one to two experiences and a significant increase in self-efficacy toward teaching between one to two FiT experiences and five or more experiences as well as three to four FiT experiences and five or more experiences. There was no significant difference between those with no FiT experience and those with five or more experiences, and in fact, these groups had nearly identical mean scores. It is plausible that participants may have initially overestimated their own abilities and level of control over the new complex task of teaching, which may explain the initial drop in self-efficacy among participants.

Overall, our findings can provide doctoral programs insight into how to intentionally structure FiT experiences for CEDs. It is our hope that programs will provide students with multiple—and preferably at least five—developmentally structured and supervised teaching opportunities that progress from lesser to greater responsibility and autonomy within the teaching role. Supervision is essential in FiT, as previous studies suggest it buffers against CEDs' fears and anxieties associated with initial teaching experiences. Future research could investigate the relationship between various aspects of CEDs' FiT experiences (e.g., level of responsibility and role, frequency and quality of supervision) and self-efficacy toward teaching. This may provide a clearer picture for how counselor education doctoral programs could structure these experiences.

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Making Choices and Reducing Risk (MCARR)

School Counseling Primary Prevention of Substance Use

Louisa L. Foss-Kelly, Margaret M. Generali, Michael J. Crowley

Substance use among adolescents is a persistent problem with long-term and sometimes tragic consequences. As experts in primary prevention, school counselors are naturally poised to address substance use within their unique school community. This article describes a study of a classroom curriculum designed to help prevent substance use and promote skills of resiliency that may help protect students against future use.

This article introduces the Making Choices and Reducing Risk (MCARR) program, a school counselor–implemented drug and alcohol prevention program. The MCARR is administered by school counselors and uses motivational interviewing and risk reduction principles as a foundation for relating to students. Motivational interviewing is a respectful approach that may empower students to make their own good choices about substance use. The MCARR includes elements of the CRAFFT screening instrument to help students learn how to assess substance use risk for themselves and those around them. Students are also provided with general information about neurophysiological processes involved in the use of alcohol and drugs. In addition, students contribute to discussions about the negative impact of substance use on students’ athletic, academic, and interpersonal activities. In this way, the MCARR aims to shift attitudes about substance use to prevent later concerns about use. The MCARR also implements rehearsal of refusal skills, analysis of peer influences, and general coping and self-regulation behaviors.

In this article, the researchers describe a study of the MCARR as implemented with 46 ninth graders during an academic year. Student knowledge, attitudes, and substance use were measured both pre- and post-implementation. Results suggested that the MCARR may have a beneficial impact on student attitudes and knowledge. Further, no appreciable increases in substance use during the program were observed. These initial results point to the promise of program feasibility and the need for further research with larger samples including assessment of longitudinal impact.

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Read full article and references:

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Counseling Older LGBTQ+ Adults of Color

Relational–Cultural Theory in Practice

Christian D. Chan, Camille D. Frank, Melisa DeMeyer, Aishwarya Joshi, Edson Andrade Vargas, Nicole Silverio

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) communities have faced multiple stressors and incidents of discrimination throughout history. Across the life span, many members of LGBTQ+ communities have faced a complex set of incidents related to oppression and trauma. The litany of events throughout history and the life span accentuates a cumulative experience of oppression that produces negative effects on mental health and wellness. The cumulative experience of oppression exacerbates underlying mental health conditions and contributes to physical and mental health disparities. More importantly, researchers have connected social conditions, such as barriers to health care access and policies, as factors affecting mental health, wellness, suicidality, and substance use. Social conditions involve multiple systemic factors, such as education, housing, health care, and policies, to examine a dearth of resources, mental health shortages, lack of culturally responsive care, and barriers to access. Although researchers have concentrated their efforts on older LGBTQ+ adults over the last decade, older LGBTQ+ adults of color have received far less attention.

Because older LGBTQ+ adults of color encounter racism, heterosexism, genderism, and ageism, their experiences entail unique nuances of oppression and resilience. Aside from navigating life transitions with older adulthood (e.g., retirement, grief and loss), the experiences of oppression instigate adverse effects on mental health and physical health. This issue becomes more pervasive when older LGBTQ+ adults of color might be stalled by a constant litany of oppressive experiences through racism, heterosexism, genderism, and ageism. Notably, older LGBTQ+ adults of color can face these oppressive forces simultaneously within older adulthood or cumulatively over their lifetime. The negative effects of oppression also contribute to the lack of social support and community networks. Conversely, identity affirmation and preservation of cultural identity can promote resilience, reduce the effects of oppression, and encourage older LGBTQ+ adults to seek help.

Relational–cultural theory (RCT) serves as a relevant theoretical framework that integrates connections, relational awareness, meaning-making through relationships, and social context. The integration of these factors makes the theoretical framework well poised to provide opportunities for empowerment as well as awareness of oppression, injustice, and the impact on relationships across the life span. Although RCT contextualizes the effects of oppression on relationships, the theoretical framework highlights strengths, growth, and relationships as positive drivers of change.

Aside from using RCT as a lens for practice, the research gaps for RCT and older LGBTQ+ adults of color suggest multiple possibilities to expand research efforts across qualitative and quantitative traditions. As a theoretical framework, RCT shifts the attention to contextual factors that connect larger social forces of oppression with individual experiences of disconnection. For older LGBTQ+ adults of color, drawing from these research opportunities allows for an examination of the overlap between forms of discrimination. Researchers may develop studies that integrate elements of RCT—such as empowerment, relationship quality, and attitudes toward relationship and growth—as variables. Especially in quantitative research, integrating RCT components might yield possibilities for outcome research with older LGBTQ+ adults of color and identify relationships between RCT components and social conditions. With qualitative research, the lens of RCT may allude to potential ideas about connections to community resources, supports, and stakeholders for older LGBTQ+ adults of color. Additionally, RCT can serve as the basis for employing feminist and critical paradigms in qualitative research.

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