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Transitions to the Journal of Counseling Research and Practice

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Abstract

This article introduces the 2022 the Journal of Counseling Research and Practice (JCRP) fall issue. The transition process of JCRP and the editors are explained through Schlossberg's Theory of Transition. This theory has been applied to several types of transitions in the lives of adults such as a person's situation, self, support and strategies also known as the 4 S's. Examples provided by Schlossberg were starting and finishing college, college graduation, starting to work, becoming a caregiver, military transitions and retirement. Transition theory has been applied to lives of adults who took on major life roles.

This issue focuses on topics of crucial importance to counselors in this decade. These topics include school counselor practices, multiculturalism, telemental health, trauma, emotional abuse and counselor supervision. With the COVID-19 pandemic, telemental health has been prominent in mental health, school counselor practices and supervision settings. These topics reflect the need for the field of counseling to be able to adapt and respond to the changing needs of society. These actions of adapting and adjusting to changes are related to the Theory of Transition.

As our field adapts and changes, so has the (JCRP). These changes included transitioning from being a member of the editorial board to that of an editor and adding the role of associate editor of the JCRP to the role of editor of another journal for the associate editor. The change in the schedules of current reviewers occurred and the need arose for new reviewers since some reviewers no longer had the time to review manuscripts. The change in the need for clerical staff became apparent in order to support the daily functioning of the journal. The desire for a change in the budget for JCRP emerged since the budget remained the same for many years. Lastly, a change involved an increase in emails and submissions. All of this has impacted the publication of the fall issue of 2022. Patience is desired, needed and requested, as the new editors have taken on new roles. As previously mentioned, there is a need for reviewers who can carve out time to review approximately 5-10 submissions annually. Finally, there is a call for volunteers who are willing to provide support with various functions. While we are still transitioning, it is important

for our readers, supporters, reviewers, and members of the counseling profession to be aware of the following changes:

1. The review process is now taking 12-18 months as we attempt to recruit new reviewers who can review at least 5-10 articles per year.
2. There is a need for volunteers who are willing to contribute at least five hours per week, to review articles, format documents and other functions.
3. There is a need for volunteers who can pursue funding sources outside of the modest budget received from Mississippi Counseling Association (MCA). This would relieve the editors of performing clerical tasks and free up time to focus more on editorial duties. A new section of the JCRP will be created to recognize volunteers.
4. There is a need to retain the support of the previous editor, Dr. Rebekah Reysen as she has taken on the new role as a reviewer.

Schlossberg's theory of transition appears to be relevant for the transitions related to the JCRP. A transition is defined as "any event or non-event that results in changed relationships as an event, or non-event and is defined by the individual experiencing it" (Schlossberg, 1981, p. 5). The components of an adaptation to the transition involved the features of the transition (anticipated, unanticipated and nonevents); the features of the pre and post transition settings (support systems and physical settings) and information about the person experiencing the transition). This was later updated to the 4 S's of situation, self, social support and strategies for coping. The examples of transition that were provided by Schlossberg were starting and finishing college, college graduation and starting to work, becoming a caregiver, military transitions and retirement (Schlossberg, 2023). Transition theory has been applied to students in a transitional summer program, veterans entering college, adult learning, African American caregivers, assisting loved ones in moving from independent living to care facilities and college students (Aslanian & Brickell, 1982; Unson, Flynn, Chukwurah, Glendon & Testul, 2020 & Schlossberg, Lynch & Chickering, 1989). While the transition process for heading JCRP does relate to the category of adults, it is a transition process of taking on a major role. Even though the transition to the new role was anticipated with the initial start date of April of 2022, the date was changed many times. In this respect, the transition process was both anticipated and unanticipated.

The second component of adaptation addressed support systems and physical settings. The support system of the JCRP platform, bepress was in place but learning the system was a totally new experience for these authors. In addition, there is not a manual for using the system. It is a process of learning by doing. This has resulted in a great deal of transition since there are many different parts of the editing platform. The final component of transition theory is the experience of the persons involved in the transition. The new authors have been engaged in pleasant experiences of interacting through email with counseling professionals. However, the time constraints of teaching full academic loads without the clerical support have presented new challenges. While the full-time teaching responsibilities of the new editors remained the same, they do not have access to clerical support and reduced teaching loads.

Schlossberg's theory of transition has helped the authors to conceptualize and understand what is happening to them. It also provided a sense of hope knowing that the process will improve. This theory of transition has helped us to explain our current situation to counseling professionals who are experienced in helping others navigate through change in their lives. It is our desire to reach out to counseling professionals who can step up to assist us and to help us advocate for additional funding.

References

Aslanian, C. B. & Brickell, H. M. (1982). Americans in transition: Life changes as reasons for adult learning. New York: College Entrance Examination Board. https://doi.org/10.4236/oalib.1102703

Schlossberg, N. K. (2023). Transitions through life: How to survive according to Nancy K. Schlossberg. http://www.transitionsthroughlife.com

Schlossberg, N. K., Lynch, A. Q. & Chickering, A. W. (1989). *Improving higher education environments for adults: Responsive programs and services from entry to departure*. San Francisco: Jossey-Bass, Inc.

Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. *The Counseling Psychologist, 9(2*), 2-18, https://doi.org/10.1177/001100008100900202

Unson, C., Flynn, D., Chukwurah,O., Glendon, M.A. & Testul, T. (2020). Uncertainty in transition of African American caregivers. *Issues in Mental health Nursing*, 41, 5.

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Dual Enrollment, Peer Relationships, and Internalized Variables: A Comparative Analysis Among Adolescents

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Abstract

While the importance of dual enrollment programs has been demonstrated, the potential impact of completing college level courses during high school has on the emotional and mental well-being of adolescents has not been explored. This study used a nonexperimental, comparative, research design to explore the impact of completing college level courses during high school and the relationship to emotional and behavioral well-being of adolescents. Findings indicated self-esteem levels were statistically significant, specifically, dual enrolled students reported lower levels of self-esteem. School counselors are in a unique position to foster a successful, academic environment that also enhances emotional and mental wellness.

Keywords: self-esteem, adolescence, dual-enrollment, school counselor, BASC-2

Dual-Enrollment, Student Self-Esteem, and the Role of the Counselor

Dual-enrollment programs have become an increasingly popular option for high school students to obtain a “jump start” on their college academic careers while simultaneously completing the requirements for a high school diploma (Flowers, Milner, & Moore, 2003; Hugo, 2001; Karp & Hughes, 2008). While some posit the importance of Dual-enrollment programs, the potential impact that completing college level courses during high school has on the emotional and mental well-being of adolescents has not been well explored (Flowers et al., 2003; Ganzert, 2014; Hugo, 2001; Karp & Hughes, 2008; Kim et al., 2004; Mokher & McLendon, 2009).

Counselors, both professional school counselors and school based mental health clinicians, are in a unique position to influence and impact students’ academic environment, which in turn, enhances their overall emotional and mental wellness. Discovering factors that contribute to internalized behaviors, peer relationships, and academic performance, may provide school based mental health clinicians and school counselors a better understanding of social, emotional, and academic development of adolescents (Corsano, Majorano, & Champretavy, 2006; D'Esposito & Jamilia Riccio, 2011; Flowers et al., 2003; Seifert & O'Keefe, 2001).

School counselors and mental health clinicians working in school settings offer interventions that focus on social, emotional, and academic growth. This unique role requires a high level of insight into the factors which contribute to these areas of growth, however, there is a minimal amount of research that examines the influence of the additional academic rigor of dual-enrollment courses and the potential influence on social, emotional, and academic development of adolescents (Sekowski & Siekanska,

2008). Additionally, data-driven practices demonstrating effective intervention strategies for counseling adolescents enrolled in dual-enrollment courses is also minimal (Savitz-Romer et al., 2018). The role of school counselors and school based mental health clinicians places them in an opportunistic position to develop and implement prevention strategies and intervention services for adolescents who are enrolled in dual-enrollment courses. Recognizing the impact of factors such as internalized behaviors, peer relationships, and academic performance may provide school counselors with a better foundation of understanding adolescent development (Corsano et al., 2006; D'Esposito & Jamilia Riccio, 2011; Flowers et al., 2003; Seifert & O'Keefe, 2001).

Review of the Literature

Dual-Enrollment

Previous research has indicated a significant correlation between the rigor of a students' academic curriculum and postsecondary planning and success (Akos, Lambie, Milsom, & Gilbert, 2007; Karp & Hughes, 2008; Ohrt, Lambie, & Ieva, 2009). One example of a rigorous academic curricular component is Dual-enrollment (DE). DE programs across high schools in the United States are increasing in popularity due to their accessibility and affordability, and these programs play an important role in bridging the gap between secondary and post-secondary education (Flowers et al., 2003; Ganzert, 2014; Hugo, 2001; Karp & Hughes, 2008; Kim et al., 2004; Mokher & McLendon, 2009). DE programs also offer students an opportunity to obtain academic credits that can be utilized at the collegiate level. Taking DE courses in high school can reduce students' future college course loads, while enabling students to complete their degrees in a

timely manner. However, the relationship between the additional academic load and the overall mental well-being of adolescents is unclear.

Adolescent Stress, Education, and the Role of Counselors

Adolescence is an instrumental period in human development in which developmentally sensitive socioemotional, psychological, and academic pathways are being established (Corsano, Majorano, & Champretavy, 2006; Plaistow et al., 2014). Although adolescents are least likely to seek help from mental health services, they are potentially at the highest risk for mental illness (Plaistow et al., 2014).

Adolescence has been seen as a period characterized by profound change and is considered a challenging stage in the process of development into adulthood (Corsano et al., 2006). Ever-increasing educational demands, demographic changes, and difficulties with students' sociopsychological functioning (i.e., self-concept; racial identity; locus of control; relationship with teachers, counselors, and parents, etc.) present numerous issues for many American school systems throughout the United States. Despite experiencing emotional and academic difficulties, adolescents report the value of school and education and acknowledge the importance of their academic responsibilities. Even adolescents with learning disabilities highly regard academic competence and consider hard work and effort to be significant factors for academic success (Martínez & Semrud-Clikeman, 2004).

Previous research has focused on the stressors that adolescents face, as well as the negative effects of the pressure to succeed academically (Kim, Kirby, & Bragg, 2004; Mokher & McLendon, 2009). However, there is a limited amount of research specifically examining the influence of Dual-enrollment courses on the socioemotional

well-being of adolescents, despite their demand and popularity. Consequently, school counselors' and school based mental health clinicians' understanding of the positive or negative influence that Dual-enrollment courses play in a student's overall mental health and the ways which they can provide support for students enrolled in Dual-enrollment programs is minimal to inadequate.

The current research study addresses and investigates the co-occurrence of academic pressure through Dual-enrollment and socioemotional issues among adolescents (Watson & Gable, 2013). The research demonstrates an essential area of awareness for counselors and provides suggestions for interventions to help students increase positive behaviors in key areas (Flowers et al., 2003).

Method

Participants

Participants in the study included students in Grade 12 in five private schools, five public schools, and one parochial school. A power analysis indicated that a minimum of 92 students per group (dual enrolled vs non-dual enrolled) for a total of 184 students was necessary in order to obtain sufficient power to detect a moderate relationship. Descriptive statistics provided demographic characteristics of the sample including gender, school, and dual-enrollment status. Of the possible total of 665 12th grade students in all the schools, 260 students completed the SRP-A. Of the 12th graders that completed the SRP-A, 181 students under the age of 18 returned student assent forms and parent consent forms, and 82 students age 18 or older returned informed consent forms. Therefore, the current study included 260 participants.

The majority of participants identified themselves as female (*n* = 147, 56%; male, *n* = 113, 44%). The total number of students with Dual-enrollment experience equaled 152 participants. The majority of Dual-enrollment students identified themselves as female (*n* = 103, 68%; male, *n* = 49, 32%). 108 students did not have any experience with Dual-enrollment courses. The majority of students with no Dual-enrollment experience identified themselves as male (*n* = 64, 59%; female, *n* = 44, 41%). The group statistics are presented in Table 1.

Table 1

Demographic Characteristics of 12th Grade Students Who Participated in the Study.

Characteristics	n	Percentage
Girls	147	56%
Boys	113	44%
Dual Enrolled	152	58%
Girls (n = 103, 68%)		
Boys (n = 49, 32%)		
Non-Dual Enrolled	108	42%
Girls (n = 44, 41%)		
Boys (n = 64, 59%)		

*(n=260); *p<.05*

Procedures

Prior to collecting data, written permission was obtained from the Institutional Review Board. The present study used a nonexperimental, comparative, research design to explore whether or not participation in dual-enrollment courses has any

influence on internalized behaviors (locus of control, self-esteem, self-reliance, and sense of inadequacy) and peer relationships (social stress and interpersonal relationships) of 12th grade students. Data was collected through a demographic survey and the Self-Report of Personality, Adolescent version (SRP-A) of the Behavior Assessment System for Children, 2nd edition (BASC-2) instruments. One MANOVA was conducted to investigate possible dynamics between enrollment status in dual-enrollment courses and internalized behaviors, including (a) locus of control, (b) self-esteem, (c) self-reliance, and (d) sense of inadequacy. Another MANOVA was used to investigate possible dynamics between enrollment status and peer relationships including (e) social stress and (f) interpersonal relationships among students in the 12th grade. Once the BASC-2 SRP-A (Reynolds & Kamphaus) was scored the data was entered into *SPSS Version 21* and the first of two MANOVAs was conducted.

Data was examined utilizing the multivariate analysis of variance (MANOVA) statistical procedure in Statistical Package for Social Sciences (SPSS, version 22). The MANOVA is applicable when simultaneously studying two or more related dependent variables (DV) while monitoring for the correlations between the DV's. Because groups are being compared, assumptions for all the quantitative DV's were investigated for normality, linearity, and homoscedasticity (Mertler & Vannatta, 2010). An alpha level of .05 was utilized.

The unique aspect of MANOVA is that the "variate optimally combines the multiple dependent measures into a single value that maximizes the differences across groups" (Hair, et al., 2006, p. 417). This statistical procedure was utilized for this research study, as Mertler and Vannatta (2010) cited four advantages of utilizing the

MANOVA. First, by measuring several DV's instead of only one, the chances of detecting what actually changes as a result of the differing characteristics (and any interactions) greatly improves. The second advantage of implementing the MANOVA may uncover differences not shown in separate analysis of variances (ANOVA); therefore, a MANOVA has the potential to be more powerful in some cases. MANOVA decreases the overall Type I and incorporates the intercorrelations among DV's into the analysis, whereas the use of several ANOVA's ignores this incorporation (Mertler & Vannatta, 2010).

Mahalanobis Distance and Assumptions of MANOVA

Assumptions of the MANOVA include using a random sample that was independent of each other, while accounting for multivariate normality, equal variances or homoscedasticity, and linearity of the dependent variables. Independence among the sample was not violated, as the participants were voluntary and chosen at random. Normality histograms of the dependent variables (locus of control, self-esteem, self-reliance, sense of inadequacy, social stress, and interpersonal relationships) were created to examine multivariate normality. Transformation techniques were applied but did not affect the normality since the normality deviations were not significant. Both the Box test and Levene's test indicate no problems with homogeneity of variance or the circularity assumption.

Instrument

The BASC-2 by Reynolds and Kamphaus (2004) is a multi-method, multidimensional, comprehensive set of rating scales used to analyze behaviors and self-perceptions of children and young adults aged 2-25 years. The BASC behavior

rating scales are comprehensive instruments, designed to assess a variety of problem behaviors, school problems and adaptive skills. The BASC-2 is ideally suited for identifying behavior and personality problems including positive/adaptive dimensions as well as negative/clinical dimensions (Reynolds & Kamphaus, 2004; Whitcomb & Merrell, 2013).

Until the development of the BASC-2, such comprehensive assessments of behavior could not be achieved without using various assessment instruments (Flanagan, 1995). Therefore, the researcher chose this instrument for the study. The BASC-2 has a number of rating scales; however, this research study used the SRP-A, which assesses persons between the ages of 12 to 21. The SRP-A consists of a total of 176 items. These items included true/false responses as well as four-point rating scales. The items are rated by circling adjacent letters indicating how frequently each behavior is perceived to occur, based on N=Never, S=Sometimes, O=Often, and A=Almost Always.

Scoring System and Scale Structure

Raw scores on BASC-2 rating scales are converted to *t*-scores (based on a mean score of 50 and standard deviation of 10). Higher scores on the clinical scales always indicate more problems, whereas higher scores on the adaptive scales always indicate greater competencies. Specifically, the SRP-A can be interpreted by transforming raw scores into mean *t*-scores (Reynolds & Kamphaus, 2004). This study utilized the scales of Locus of Control, Self-Esteem, Self-Reliance, Sense of Inadequacy, Social Stress, and Interpersonal Relations.

Development and Standardization

The norms of the BASC-2 were developed on a representative sample of the general population of male and female children in each age range in the northeast, north central, south, and west portions of the United States. The race/ethnicity of the population was said to mirror the U.S. population in 2001. Race/ethnicity included African-Americans, Hispanics, Caucasians, and others (Reynolds & Kamphaus, 2004). The general norming sample for the SRP-A consisted of 900 adolescents in the 12-14 age range (450 boys and 450 girls) and 1,000 adolescents in the 15-18 age range (500 boys and 500 girls). The composite scales of the SRP-A measure behavior that is associated with inattention/hyperactivity, internalizing problems, emotional symptoms, personal adjustment, and school problems.

Validity for the BASC-2 is based on correlational studies between the assessment itself and several other measures with established levels of validity. Moderate to strong levels of concurrent validity correlate the SRP-A adolescent forms with the Children's Depression Inventory, Revised Children's Manifest Anxiety Scale, Conners-Wells' Adolescent Self-Report, and Achenbach System of Empirically Based Assessment Youth Self-Report (Mental Measurements Yearbook, 17; Reynolds & Kamphaus, 2004).

For each SRP-A scale and composite, internal-consistency reliabilities were measured by the coefficient alpha. These composites and scales were high and reasonably consistent between clinical and nonclinical groups, between combined-sex and separate-sex groups, and at different age levels. For the general norm samples, composite score reliabilities were very high: in the middle .90's for the Emotional Symptoms Index (ESI) and Internalizing Problems composite, and the middle to upper

.80's for the Personal Adjustment and other composites. Reliabilities of the individual scales were also high, with median values near .80 (Reynolds & Kamphaus, 2004).

Results

While the importance of dual enrollment programs has been clearly demonstrated, the potential impact of completing college level courses during high school has on the emotional and mental well-being of adolescents has not been explored. Counselors are in a unique position to foster an academic environment that also enhances their emotional and mental wellness. Discovering factors that contribute to internalized behaviors, peer relationships, and academic performance, may provide school counselors a better understanding of personal, social, and academic development of adolescents. Two multivariate analyses of variance found no statistically significant results for the overall models. However, individually, the variable of self-esteem was statistically significant between dual enrolled and non-dual enrolled students.

Research Question 1

> Is there a statistically significant difference between 12th-grade students who are taking dual-enrollment courses and students who are not taking dual-enrollment courses with respect to levels of internalized behaviors, including (a) locus of control (b) self-esteem, (c) self-reliance, and (d) sense of inadequacy?

A MANOVA was performed to determine if there was a statistically significant difference between 12th graders enrolled in dual-enrollment courses and 12th graders not enrolled in dual-enrollment courses with respect to levels of internalized behaviors. After reviewing the results of the data, it appears that the difference in levels of self-

esteem were statistically significant, $F(1, 257) = 3.89$, $p < .05$, $\eta^2 = .004$. However, analyses revealed no statistically significant differences with respect to the other dependent variables: Pillai's Trace = .023, $F(4, 254) = 1.518$, $p = .197$, $\eta^2 = .023$. The group statistics are presented in Table 2.

Table 2

Means and Standard Deviations for Dual-enrollment and Non-Dual-enrollment Students for the Four Internalized Behavior Variables

	Dual Enrolled Students *M (SD)*	Non-Dual Enrolled Students *M (SD)*
Locus of Control	52.95 (10.24)	51.14 (9.06)
Self-Esteem	50.16 (9.84)*	52.63 (9.98)*
Self-Reliance	53.86 (8.74)	55.09 (8.88)
Sense of Inadequacy	49.86 (9.82)	49.15 (9.53)

Note: *$p \leq .05$

Research Question 2

Is there a statistically significant difference between 12th-grade students who are taking dual-enrollment courses and students who are not taking dual-enrollment courses with respect to levels of peer relationships, including (e) social stress and (f) interpersonal relationships?

The researcher performed a MANOVA to determine if there was a statistically significant difference between 12th-graders enrolled in dual-enrollment courses and 12th-graders not enrolled in dual-enrollment courses with respect to levels of peer relationships. After reviewing the results of the data, the researcher determined the

levels of social stress and interpersonal relationship variables were not statistically significantly different between students enrolled in dual-enrollment courses and students not enrolled in these courses: Pillai's Trace = .004, $F(2, 256) = .515$, $p = .598$, $\eta^2 = .004$. The group statistics are presented in Table 3.

Table 3

Means and Standard Deviations for Dual-enrollment and Non-Dual-enrollment Students for the Two Peer Relationship Variables

	Dual Enrolled Students *M (SD)*	Non-Dual Enrolled Students *M (SD)*
Social Stress	51.07 (9.94)	50.46 (10.95)
Interpersonal Relationships	52.53 (8.30)	52.31 (9.36)

Discussion

The significance of dual-enrollment programs is evident in course rate completion, however, the potential influence that completing college level courses during high school may have on the emotional and mental well-being of adolescents has been inconclusive. Discovering what influences internalized behaviors, peer relationships, and academic performance may provide school counselors with a better understanding of the personal, social, and academic development of adolescents.

Self-Esteem

Self-esteem, as it relates to school achievement, requires continuous and meaningful environmental support from school counselors as well as parents, teachers, and administrators. More research is necessary to support self-esteem development in

childhood, but current data has conveyed that self-esteem decreases from childhood to adolescent, but the middle childhood decrease in self-esteem has not been consistently supported in longitudinal research studies. For this research study, it is noteworthy that out of the six dependent variables, the participant's self-esteem levels were statistically significant and higher for students not participating in dual-enrollment courses. In other words, students taking additional coursework, additional responsibilities, reported lower levels of self-esteem.

Self-esteem is defined as the feelings, such as self-respect and self-acceptance, that individuals have about themselves. Self-esteem has been directly associated with an individual's activities, social network, and what they hear about themselves from others. Multiple studies have linked a positive sense of self-esteem to factors such as overall psychological and emotional well-being. Low self-esteem has been linked to outcomes such as depression, health problems and negative internalizing behaviors.

Through the implementation of classroom curriculum counseling interventions, counselors are encouraged to incorporate assessments and data-driven measures into comprehensive school counseling program evaluation initiatives to effectively monitor the relationships between students' changes in self-esteem and academic performance. Improvements in academic self-esteem have been linked empirically to enhanced school performance and positive academic outcomes. Therefore, it is imperative counselors advocate with teachers and school administrators for the need for developmental counseling interventions.

This study provides counselors and other educational personnel with literature to assist with supporting the overall development of adolescents since there are gaps in

the research relating to the influence that completing college level courses during high school may have on the emotional and mental well-being of adolescents.

Implications for Professional Counselors

Leadership

Being sensitive to the unique academic and emotional needs of adolescents, professional school counselors have the opportunity to provide services that address positive aspects of mental health services. As educational leaders, school counselors are in a unique position to advocate for services that identify potential barriers and enhance students' holistic development. School counselors can aggressively work to remove potential school-related barriers for students to achieve social, psychological, and academic successes (Lanteigne, Flynn, Eastabrook, & Hollenstein, 2014; Ohrt et al., 2009; Watson & Gable, 2013).

According to Plaistow et al. (2014), adolescents have consistently positive views of mental-health services which could be incorporated into the design of school counseling services. The results of this study identified the ability to talk to someone and having that person listen were considered important for a young person's experience of mental-health services.

School counselors have the potential to address unhealthy levels of low self-esteem during high school before students potentially begin to engage in self-destructive behavior later in life (Tavolacci et al., 2013). The risk of onset of substance use and related problems is heightened during the period of an adolescent's life when they will potentially enter college. In today's highly competitive society, students face more stress than ever, in relation to studying, examinations, or peer, teacher, or

parental pressure. Stress should not be considered on its own, but should be associated with potential risk behaviors, such as low levels of self-esteem, leading to onset of substance use and related problems heightened during adolescence.

Being sensitive to student wellness, school counselors are in a unique position in understanding student motivation in relation to academic performance. Analyzing internalized behaviors and peer relationships, specifically focusing on levels of self-esteem, directly aligns with the concept of understanding student motivation, and therefore assists school counselors with implementing specific interventions and preventive programs within comprehensive school counseling programs (Scheel & Gonzalez, 2007). Taking a proactive approach by implementing specific interventions centered on increasing self-esteem, school counselors can positively impact the overall well-being of student development.

Limitations and Implications for Future Research

Though the research conducted in this study was thorough, limitations were still present. First, the sample was taken from a small area of a state in the southeast region of the United States of America, and as such, it can only be generalized to the counties in which the study was conducted. To thoroughly understand the relationship between variables from a fully inclusive point of view, it may be necessary for future studies to encompass larger geographical areas.

Also, participation was limited to students who voluntarily agreed to participate in the study and for some students under the age of 18 who received parental permission. These students may not be representative of students who did not participate in the current research study. Additionally, students' responses to the BASC-2 (Reynolds &

Kamphaus, 2004) may not have been completely accurate due to concern about answering honestly or not understanding statements on the SRP-A. Depending on their class schedules, it is possible that some students, due to fatigue, completed the SRP-A inaccurately.

Finally, the two participant groups had unequal sample sizes. There were 44 more participants in the group of dual-enrollment students than in the group of non-dual enrolled students. MANOVA allows for groups to be unequal but having equal groups might have allowed the assumption of normality to be met. Transformations were performed but did not eliminate the skewness of the data. In spite of the unequal groups, the homogeneity of variance assumption was met.

This study increases the specific knowledge base of the literature while examining the significance of internalized behaviors and peer relationships among adolescents. There was no known previous research on the dynamics between enrollment status in Dual-enrollment courses and specific adolescent behaviors in students. As a result of this study, the researchers made the following recommendations for future research.

First, a potential future study should be conducted statewide to increase the number of potential participants and increase the generalizability. Also, future studies could be longitudinal. Dual-enrollment eligibility begins during the 11th grade, therefore other studies could follow students beginning in the 11th grade until the completion of 12th grade to fully examine the levels of locus of control, self-esteem, self-reliance, sense of inadequacy, social stress, and interpersonal relations and Dual-enrollment status as they mature. Additionally, the BASC-2 consists of 16 primary scales and 7

optional scales, along with 5 composite scales. The researchers did not analyze all scales for this specific study, therefore future studies could analyze all 16 primary scales and 7 optional scales, if applicable.

Future studies may also want to include analysis of gender differences on internalized behaviors and peer relationship levels and how this factor impacts academic performance. Other demographic possibilities include attempting to obtain a more diverse racial makeup among participants and analyzing this factor with reference to internalized behaviors and peer relationship levels. Also, future research could explore the impact of the participation in Dual-enrollment courses in very affluent schools, as opposed to poverty-stricken schools in relation to academic performance. Regarding socioeconomic status, future studies could explore the impact of student's financial means of accessibility to Dual-enrollment courses and how this factor impacts academic performance. Finally, having a better understanding of the impact of the parental or legal guardian's influence on students' choice of participation in Dual-enrollment courses and how this factor could impact internalized behavior and peer relationship levels could be of potential value.

Conclusion

This research study has addressed strategies for being sensitive to the overall degree of the impact of peer relationships and internalized variable. Self-esteem levels among high-achieving adolescents was found to be significant, as they reported to have lower levels as compared to the control group. Therefore, it is imperative counselors that work in the PK-12 school setting are sensitive to self-esteem levels among

students, which as previously stated, can possibly influence their overall academic success.

Dual-enrollment courses can provide the means in which more students can continue to pathways of postsecondary success. Through the incorporation of the dual-enrollment courses, school counselors have the opportunity to interact with students on a regular basis in an atmosphere that is positive and enlightening. Counselors are instrumental in providing the necessary assistance and support that students need to obtain academic success. Counselors have the potential to positively impact overall student success in terms of being sensitive to their well-being and development. Many schools are taking the lead in making dual-enrollment a priority, and school counselors are the driving force in engaging students in these programs.

References

Achenbach, T. M. (1991). *Manual for the child behavior checklist/4-18 and 1991 profile.* Burlington, VT: University of Vermont Department of Psychiatry.

Achenbach, T. M. (1993). *Empirically based taxonomy: How to use syndromes and profile types derived from the CBCK/4-18, TRF, and YSR.* Burlington, VT: University of Vermont Department of Psychiatry.

Akos, P., Lambie, G. W., Milsom, A., & Gilbert, K. (2007). Early adolescents' aspirations and academic tracking: An exploratory investigation. *Professional School Counseling, 11*, 57-64.

Corsano, P., Majorano, M., & Champretavy, L. (2006). Psychological well-being in adolescence: The contribution of interpersonal relations and experience of being alone. *Adolescence, 41*(162), 341-353.

D'Esposito, S. E. B., & Jamilia Riccio, C. A. (2011). Adolescents' vulnerability to peer victimization: Interpersonal and intrapersonal predictors. *Professional School Counseling, 14*(5), 299-309.

Ferguson, C., Baker, P., Burnett, D. (2015). Faculty members' perceptions of rigor in dual enrollment, accelerated programs, and standard community college courses. *Special Issue: Dual-enrollment Policies, Pathways, and Perspectives, 169,* 83-91.

Flanagan, R. (1995). A review of the Behavior Assessment System for Children (BASC): Assessment consistent with the requirements of the Individuals With Disabilities Education Act (IDEA). *Journal of School Psychology*, *33,* 177-186. https://doi.org/10.1016/0022-4405(95)00003-5

Flowers, L. A., Milner, H. R., & Moore, J. L. (2003). Effects of locus of control on African American high school seniors' educational aspirations: Implications for preservice and inservice high school teachers and counselors. *The High School Journal, 87*(1), 39-50.

Ganzert, B. (2014). Dual-enrollment credit and college readiness. *Community College Journal of Research and Practice*, *38*, 783–793. https://doi.org/10.1080/10668926.2012.719483

Hair, J. F., Black, C. W., Babin, B. J., Anderson, R. E., & Tatham, R. L. (2006). *Multivariate data analysis* (6th ed.). Upper Saddle River, NJ: Prentice Hall.

Hugo, E. B. (2001). Dual-enrollment for underrepresented student populations. *New Directions for Community Colleges, 2001*(113), 67-73.

Karp, M. M., & Hughes, K.L. (2008). Dual-enrollment can benefit a broad range of students. *Techniques: Connecting Education & Careers, 83*(7), 14-17.

Kim, J., Kirby, C., & Bragg, D. D. (2004). Dual credit: Then and now. Champaign, IL: Office of Community College Research and Leadership, 1-4.

Lanteigne, D. M., Flynn, J. J., Eastabrook, J. M., & Hollenstein, T. (2014). Discordant patterns among emotional experience, arousal, and expression in adolescence: Relations with emotion regulation and internalizing problems. *Canadian Journal of Behavioural Science, 46*(1), 29-39. https://doi.org/10.1037/a0029968

Loveland, E. (2017). Moving the needle: Dual-enrollment is fast becoming the norm. *Journal of College Admission,* 32-36.

Martínez, R. S., & Semrud-Clikeman, M. (2004). Emotional adjustment and school functioning of young adolescents with multiple versus single learning disabilities. *Journal of Learning Disabilities, 37*(5), 411-420. https://doi.org/10.1177/00222194040370050401

Mertler, C. A., & Vannatta, R. A. (2010). *Advanced and multivariate statistical methods* (4th ed.). Glendale, CA: Pyrczak Publishing.

Mokher, C. G., & McLendon, M. K. (2009). Uniting secondary and postsecondary education: An event history analysis of state adoption of dual-enrollment policies. *American Journal of Education, 115*(2), 249-277. https://doi.org/10.1086/595668

Ohrt, J. H., Lambie, G. W., & Ieva, K. P. (2009). Supporting Latino and African American students in advanced placement courses: A school counseling program's approach. *Professional School Counseling, 13*(1), 59-63.

Plaistow, J., Masson, K., Koch, D., Wilson, J., Stark, R., M., Jones, P. B., & Lennox, B. R. (2014). Young peoples' views of UK mental health services. *Early Intervention in Psychiatry, 8*(1), 12-23. https://doi.org/10.1111/eip.12060

Reynolds, C. R., & Kamphaus, R. W. (2004). *Behavior assessment system for children manual* (2nd ed.). Minneapolis, MN: Pearson.

Savitz-Romer, M. S., Nicola, T. P., Jensen, A., Hill, N. E., Liang, B., & Perella, J. (2018). Data-driven school counseling: The role of the research–practice partnership. *Professional School Counseling, 22*(1).

Scheel, M. J., & Gonzalez, J. (2007). An investigation of a model of academic motivation for school counseling. *Professional School Counseling*, *11*(1), 49.

Seifert, T. L., & O'Keefe, B. A. (2001). The relationship of work avoidance and learning goals to perceived competence externality and meaning. *British Journal of Educational Psychology, 71*(1), 81-92. https://doi.org/10.1348/000709901158406

Sekowski, A., & Siekanska, M. (2008). National academic award winners over time: Their family situation, education and interpersonal relations. *High Ability Studies, 19*(2), 155-171. https://doi.org/10.1080/13598130802504270

Tavolacci, M. P., Ladner, J., Grigioni, S., Richard, L., Villet, H., & Dechelotte, P. (2013). Prevalence and association of perceived stress, substance use and behavioral addictions: A cross-sectional study among university students. *BMC Public Health, 13*(1), 1-8. https://doi.org/10.1186/1471-2458-13-724

Wallace, M. T., Barry, C. T., Zeigler-Hill, V., & Green, B. A. (2012). Locus of control as a contributing factor in the relation between self-perception and adolescent aggression. *Aggressive Behavior, 38*(3), 213-221. https://doi.org/10.1002/ab.21419

Watson, S. M. R. & Gable, R. (2013). Cognitive development of adolescents at risk or with learning and/or emotional problems: Implications for teachers. *Intervention in School and Clinic, 49,* 108-112. https://doi.org/10.1177/1053451213493171

Whitcomb, S. A. & Merrell, K. W. (2013). *Behavioral, social, and emotional Assessment of children and adolescents* (4th ed.). New York, NY: Routledge.

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An Interpretive Phenomenological Analysis: School Counselor Trainees' Experience in Peer Group Supervision

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An Interpretive Phenomenological Analysis: School Counselor Trainees' Experience in Peer Group Supervision

Supervision is a central component of counselor education programs in the development of competently trained professional school counselors (Bernard & Goodyear, 2015; Neufeldt, 2007; Tang, 2020) and is also viewed as an ethical responsibility of practicing school counselors (ASCA, 2022). Specifically, ASCA appropriately outlined how school counseling practicum and internship supervisors are engaged in supervision by "promoting professional growth, supporting best practices and ethical practice, assessing supervisee performance and developing plans for improvement, consulting on specific cases and assisting in the development of a course of action" (2022, D.c).

Within the school counseling literature, clinical supervision for school counselor trainees is broadly defined as a way to improve direct services and unique skills, particularly in the areas of guidance curricula, counseling, consultation and referral (Studer, 2005). More specifically, Miller and Dollarhide (2006) identify supervision for school counselors as a way to promote and educate professional values and behaviors that align with the ASCA National Model. Most recently, ASCA (2022) defined supervision as a collaborative relationship in which one school counselor promotes and/or evaluates the development of another school counselor or trainee through the alignment of professional competencies and standards. Additionally, ASCA (2019) and other scholars (Li & Peters, 2022; Luke & Peters, 2020) argued for the expansion of school counseling supervision to also include preparing school counselor leaders. Unlike related fields such as mental health counseling, school counseling is embedded within complex educational and cultural influences requiring unique contextual considerations in supervision. Because of the unique skill set needed for the role, school counselor trainees supervision may best be received from supervisors with professional experience as a school counselor (Studer, 2006; Brott, et al., 2021) in individual, triadic, or group formats (Borders, 2012; Peters & Luke, 2021).

School counselor trainees typically receive clinical supervision from both a site supervisor and a university faculty supervisor in their graduate program during their clinical coursework in practicum (Hamlet, 2017, 2021). The field practicum is an essential and required component in preparing school counselor trainees for professional practice and is typically the first experience for learning a more in-depth understanding of the counseling process and showcasing counseling skills with an actual student client. As it relates to practices of university supervision, The Council for Accreditation of Counseling & Related Educational Program (CACREP) 2016 standards stipulate that the professional practices of counseling skill development be supervised. CACREP does not offer prescriptive suggestions on practical application; essentially, giving the counselor education program the autonomy to choose how to execute supervision practices with and for counselor trainees. CACREP does, however, denote that counselor education programs provide a group supervision component to any field practicum course.

Despite the importance of supervision in school counselor trainee's development, there has only been a handful of studies that examined university supervision training with school counselor trainees including Ikonomopoulos et al., (2006) exploration of trainees' self-efficacy in practicum. Similarly, Sneed (2017) explored and described the experience of practicum students competency relating to self-efficacy and anxiety. Watkinson, Cicero, and Burton (2021) examined structuring practicum seminars with mindfulness activities as an integrative approach to their university supervision practice of school counselor trainees. In another study, Conn, Roberts, and Powell (2009) compared hybrid and face-to-face university supervision among school counseling internship students. These studies mentioned, however, do not specifically describe or make sense of how school counselor trainees experience university supervision

specifically clinical peer group supervision within their practicum class. The understanding of school counselor trainees' lived experiences of receiving group supervision and participating in clinical peer group supervision in a university setting is imperative to informing counselor preparation programs and best practice of supervision

Purpose

There is limited evidence regarding the nature, structure, and impact of peer group clinical supervision has on school counselor trainees. Therefore, the purpose of this study was to describe the lived experiences of school counselor trainees in group supervision while specifically participating in clinical peer group supervision. Professional peer interactions may make significant and meaningful contributions to professional development prompting the examination of peer group supervision as a pedagogical approach to teaching and learning in counselor education. Greater understanding into the lived experiences of school counselor trainees, how they prioritize their work, and make clinical decisions may create meaningful teaching and learning opportunities for counselor educators. By understanding the student experience, the counselor educator in this study may glean practical pedagogical ideas for future clinical courses. The current study was designed to answer the question: How do school counselor trainees in a field practicum course make sense of their experience in clinical peer group supervision?

Literature Review

Group Supervision

Supervision is a significant component of the roles and responsibilities of counselor educators. Depending on the institutional context, a counselor educator may provide individual, triadic, and/or group supervision with counselor trainees. Group supervision can be defined as

"the regular meeting of a group of supervisees (a) with a designated supervisor or supervisors; (b) to monitor their quality of their work; and (c) to further themselves as clinicians, of the clients with whom they work, and of service delivery in general" (Bernard & Goodyear, 2019, p. 190). There are many unique characteristics associated with learning experiences that occur in a group setting. Bernard and Goodyear explain these benefits of group supervision over individual supervision as vicarious learning, greater quantity of feedback, normalizing supervisee's experiences, and learning of group processes.

There are many systemic factors to consider related to group supervision within counselor education programs. As the instructor of clinical coursework, the counselor educator of the course is typically identified as the university supervisor and person of record for group supervision. As the accrediting body for counselor education programs, CACREP mandates faculty-student ratios and guidelines for frequency and duration of supervisory sessions for clinical coursework. For example, practicum students must participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the academic semester (CACREP, 2015). Additionally, the group supervisor must be a core, affiliate, or doctoral student at the university and must have relevant professional experiences and credentials to provide in-person or virtual supervision.

Clinical Peer Group Supervision

Historically peer group supervision has been a widely accepted training modality in counselor education programs (Borders, 1991; Borders, Brown, & Purgason, 2015; Benshoff & Paisley, 1996; Crutchfield & Borders, 1997). Peer supervision has been defined as "arrangements in which peers work together for mutual benefit" (Benshoff, 1994, p. 1). Peer group supervision can be described as 7-12 colleagues or professionals typically from the same

field or experience level that use their knowledge and experiences to process clinical issues or improve clinical skills (Jackson-Cherry, & Sterner, 2021). Peer group supervision is popular with trainees in helping professions (Corey, Haynes, Moulton, & Muratori, 2010) varying widely in the design, formation, and activities. A structured peer group supervision experience is the preferred modality for counselor trainees (Bernard & Goodyear, 2014) focusing on group leadership, processing, and case presentations (Counselman & Weber, 2004) in a safe and brave space for discussion, learning and feedback (Borders, 1991 & Basa, 2019).

Peer group supervision formats can be described as facilitated, planned or ad hoc interactions (Golia & McGovern, 2015). In a facilitated clinical peer group model, there is a trained supervisor who offers interventions as a moderator and a process observer (Basa, 2019). The supervisor as the processor guides the discussion, asks questions for clarification, and provides feedback that is of clinical and professional significance to the students. Golia and McGovern (2015) described planned clinical peer supervision as established peer group meetings with the definitive purpose of discussing clinical and case issues with colleagues. Each student provides a case or asks questions related to their experiences. Ad hoc peer supervision as outlined by Golia and McGovern involves more impromptu moments of engagement amongst trainees. These encounters tend to be outside regularly scheduled supervision sessions. In sum, trainees can develop through these aforementioned peer group supervision any of which enhance their clinical competencies, autonomy, feelings of self-efficacy and professional identity.

Anagogy in Counselor Education

In higher education there is an affirmation that educators need to gain a deeper understanding into students' learning processes (Khandelwal, 2009), and to the different types of experiences in the classroom that prompt and contribute to student development. Counselor

education is no exception. The literature is rich in supporting the need for counseling education programs to explore new practices to bridge the gap between traditional teaching and the learning needs of today's counselor trainees. The methods and techniques of how to educate, train and transform students in counselor education programs have been the subject of discussion for decades. Barrio Minton et al. (2014) examined counseling pedagogical trends finding only a scant number of articles addressed teaching and learning in counselor education. Brackette (2014) added the importance of examining teaching and learning to forward the profession in meeting the challenging and ever-changing roles of the profession.

Since Barrio Minton et al. (2014) publication, there has been an increased interest in the theory and research into adult learning in counselor education. Since adult learners tend not to retain information as well from more traditional teacher-centered teaching methods (Malott et al., 2014), more experiential courses that generate intellectual growth and create independent thinking are warranted. These type of learner-centered approaches and methods are needed to satisfy the educational needs of counselor trainees. Further, the learner-centered approach allows for the retention of more information. Additionally, this type of learning serves as a reinforcer and allows for the information to be more easily accessed as it becomes more familiar in practice. Since supervision is the signature pedagogy for training and supporting school counselor trainees (Tang, 2020), it is imperative to understand what constitutes good teaching and effective supervision in the eyes of these adult learners.

Method

To understand how university supervision shapes the learning of school counselor trainees, a qualitative research design was employed. "Qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what

meaning they attribute to their experiences" (Merriam & Tisdell, 2016, p. 6). As the focus of interest for this study, the researcher sought to understand the experience of students in university supervision through conducting an interpretive phenomenological analysis (IPA) research inquiry. IPA examines in detail at how someone makes sense of lived experience, and gives detailed interpretation of the account to understand the experience under investigation (Tuffour, 2017). Building on this assertion, Smith, Flowers, and Larkin (2009) postulated "IPA shares the views that human beings are sense-making creatures, and therefore the accounts which participants provide will reflect their attempts to make sense of their experience" (p. 4). Within the IPA paradigm, a purposive sampling is recommended because a more closely defined group for whom the research question will be significant (Smith & Osbourne, 2008). As such, this phenomenological tradition was selected as the best method to capture the essence of the school counselor trainees' experiences related to personal reactions, feelings, and thoughts about group supervision within a practicum course.

Participants and Procedure

A comprehensive and rich description of the context in which the research takes place is important in phenomenological studies. IPA is no exception. The participants were graduate students enrolled in a school counseling program within a counselor education program at a large, urban research university in the Midwest portion of the United States. The CACREP accredited 60-hour counseling program consists of both clinical mental health counseling, school counseling and a doctoral program in Counselor Education and Supervision. Before the semester of this study, all students had completed courses in school counseling (introductory), theories, group, and counseling techniques.

Prior to participant recruitment, the researcher obtained approval for this study from the Institutional Review Board. One section of a field practicum course for school counseling

students at the lead researcher's university was chosen purposively for the study. The informed consent document approved by IRB was utilized. This document explained the purpose and details of the study. Further, the informed consent guaranteed participants that their identities would be kept confidential by using pseudonyms. All students received the consent letter describing the study and the questions that would be used in the study as well as emphasizing that participation in the study was voluntary and would have no bearing on the student's grades within the course. Participants were told they could withdraw their participation at any time. To safeguard participants, a graduate student collected the consent forms while the lead researcher was out of the room. The forms were then given to the lead researcher's colleague for storage until the end of the semester. After grades were posted, the consent forms of students who agreed to be in the study were then separated and only those responses were examined in the qualitative analysis. During data collection, the researchers never discussed the study with any of the trainees enrolled in the practicum course.

All students (n =7) within one section of a school counseling practicum course were invited to participate; of which, all chose to participate in the study. Due to the small pool of participants, and to ensure anonymity only a general overview of demographic will be shared. The sample contained six females and one male participant. The sample included participants who self-identified as White/Caucasian, African American, and Multi-Racial. All participants were completing their practicum experience in public schools. The participants are identified as Mona, Natalie, Octavia, Pat, Rachel, Sam, and Terry. These name selections were based upon a random list of names.

Course Context and Structure

University supervision can be best explained as an observational and evaluative process of counselor trainees (students) provided by members of the counselor education faculty or

doctoral students in a counselor education. In this study, the participants were simultaneously receiving university supervision through individual or triadic supervision format with a faculty member or doctoral student along with the group supervision component required by CACREP with a faculty member, who was also the instructor of record for their field practicum class. CACREP-accredited programs must provide practicum students with 1.5 hours on average of group supervision per week throughout the duration of the academic semester. This practicum course was designed as a three hour per week course providing trainees with a minimum of 1.5 hours required for group supervision with up to three hours when needed.

All practicum course sessions met in person. School counselor trainees had opportunities to be actively engaged in peer group supervision over a 15-week semester. Building on the work of Minor and Duchac (2021), the andragogical design strategies of cooperative learning included case studies, structured case presentations, evaluation, and reflection. Specifically, a facilitated or supervisor-led peer group clinical supervision framework was used. The counselor educator's constructivist approach to teaching, learning, and supervision allowed supervisees the opportunity to share their experiences with their colleagues and receive feedback from the university supervisor as well as their peers.

Data Collection

The primary means of data collection were diary accounts and semi-structured interviews. A researcher designed questionnaire used in the form of a diary journal was used to assess the most helpful and hindering events in group supervision. Diaries can be a rich data source detailing how individuals make sense of their experience (Silverman, 2011). Participants were asked which in-class group supervision events they felt were the most important. An event was described as anything that either they, their university supervisor/instructor, or peer supervisor said or did that was helpful or hindering to their group supervision experience. The

diary was completed as an assignment after each group supervision session and collected by the instructor.

At the end of the semester, a semi-structured interview was conducted with each participant ranging in length from 45-60 minutes. Interviews are a useful means for gaining detailed and rich explanations of experiences and phenomena and are a commonly used method of data collection in IPA (Larkin & Thompson, 2011 & Pietkiewicz & Smith, 2014). All participants were asked 12 questions designed to collect data as rich and reflective of the participants' experiences as possible.

Trustworthiness

Lincoln and Guba (1985) recommended that researchers address preconceptions by being aware of "how they slant and shape what they hear and how they interface with the reproduction of the speaker's reality and how they transfigure into falsity" (p. 148). It is important for qualitative researchers to acknowledge all experiences, beliefs, and potential biases related to the issues addressed in the study at hand. The lead researcher has been both a counselor educator and school counselor in the Midwest. She is licensed and/or certified as a school counselor in multiple states. For this study, the first author was the primary researcher and the university supervisor instructor for the field practicum course. In an attempt to reduce bias, a second researcher was added to form a research team. The second author/researcher is a LPCC-S as a mental health counselor/supervisor in multiple states and is a counselor educator. He acted as a peer-debriefer during the research process. Shufutinsky (2020) discussed the significance of reflexivity on the part of researchers as a way of adding to the credibility and trustworthiness of qualitative research. Both researchers participated in introspection and discussing of biases prior to evaluating the data as a way of aiding in the reduction of those potential biases.

In addition to professional and research experiences that may have affected the study, the researchers identified other biases and assumptions of school counseling supervision. First, the topic of this study was of interest to both authors having been primary instructors for the clinical field coursework at their respective universities. Second, they assumed instructors' knowledge, personality, clinical experience, and teaching skills greatly impact student learning and engagement. Third, the lead researcher of the study would be considered an insider researcher as she was also the instructor of the practicum course. Therefore, she was mindful of researcher bias on how her personal values and experiences may influence the research process. As an ethical researcher, she took steps to minimize this potential bias throughout the different stages of the research process which is outlined in the trustworthiness procedures of the study. Last, as counselor educators, the authors are always striving to bring the art and science of teaching into the classroom in ways to improve teaching practices and to enhance student learning. Therefore, the researchers expected feedback to inform and possibly influence future teaching practices.

As recommended by Patton (2015), a variety of procedures were used to address trustworthiness: prolonged engagement, triangulation, member checking, peer debriefer, and keeping an audit trail. The researcher spent roughly 15 weeks ensuring adequate time and establishing trust with the participants acting in the role of both inside and outside observers during the semester. This length of time allowed for a dynamic engagement between the researcher and research participants. The researcher practiced triangulation by using different data sources including diaries and interviews. Also, the researcher employed member checking, a process in which participants were given opportunity to correct any errors in their interview transcript, as well as a peer debriefer was used to uncover biases, perspectives, and/or assumptions, if any, made on the part of the researcher. The peer debriefer, who has 20 years as a

qualitative researcher, discussed the research (transcripts, themes, relationships, and conclusions) with the researcher throughout the data analysis process. The peer debriefer is also the second author of this inquiry. An audit trail as suggested by Mills and Gay (2019) was used taking the form of a written description of each part of the research process. Since reflexivity is important to qualitative research and imperative to the use of IPA, the researcher kept a reflexive journal during the research process, documenting her thoughts and experiences before, during and after data collection in order to reflect upon and interpret the research as recommended by Miller and Minton (2016).

Data Analysis

The researcher followed Smith's (2009) six-stage analysis process. After reading the transcript many times, the researcher extracted topics or patterns that were significant or compelling. This process was continued throughout the initial transcript. Next, the researcher reviewed the notations to identify themes that captured the attributes of the important components. The emergent themes were recorded on the right margin of each transcript, identifying keywords that captured the essence of important components. This interpretative process was replicated for all seven participants. With ongoing consultation from the peer debriefer, the researcher reviewed all emergent themes and identified a comprehensive list of superordinate and subordinate themes for each case. All seven participants engaged in this member-checking process and confirmed the accuracy of the analysis to their lived experiences. After all transcripts were individually analyzed and member checked, the researcher conducted cross-case analysis to identify superordinate and subthemes that represented shared experiences of all participants. Finally, similar themes were clustered into four superordinate themes.

Table 1:

Superordinate Theme	Subtheme
Organizing the learning environment through..	Structure Collaboration Discussion Processing
Understanding of…	Humble learning Group process Practical and useful information
Believing that…	Peers have valuable insights and offerings Supporting growth in others is vital Risk taking leads to growth Trusting the process
Skill development in…	Reflection Feedback Theory development

Results

Using Smith et al. (2009) as a guide for analysis, four superordinate themes were uncovered to answer the research question: How do school counselor trainees in a field practicum course make sense of their experience in clinical peer group supervision? A superordinate theme is defined by Smith et al. as "a construct which usually applies to each participant within a corpus, but which can be manifest in different ways within the cases" (p. 166). In this inquiry, the four superordinate themes were organizing the learning environment, understanding, believing, and skill development. The superordinate themes reflected patterns of experiences across cases; the subordinate themes provided greater detail and depth for each superordinate theme (see Table 1).

Superordinate Theme 1: Organizing the learning environment

The superordinate theme of organizing the learning environment resulted from the interpretation of the data generated by the research question and included the subthemes of structure, collaboration, discussion, processing, and professional experience. The concept of the organization of the learning environment was significant for all the participants, specifically the activities and processes of the group supervision and peer clinical supervision component of the course. Natalie addressed the structure of the learning environment relating to being in the school counseling program.

> I am very glad that we had peer group supervision only with school counselors because our experiences this early on are very different from mental health counselors so it was useful to hear from peers who were in similar sites and dealing with similar clientele.

Octavia had a similar sentiment about the structure of the learning environment with "I also really liked that we were broken up from the mental health students." Additionally, Octavia added more about the group supervision size specifically.

> I think peer group supervision was effective with the class size that we had and would be fine with two more students; however, if the classes were any larger it may be difficult to get as much out of that type of supervision.

Natalie noted the collaborative classroom environment led by the instructor/supervisor created "a learning environment where we built stronger links between each other and [the instructor] which definitely helped each other grow as school counselors." In group supervision, Pat explained the role of the instructor/supervisor when sharing case presentations. "It was most helpful when [the instructor] would chime in at the end and offer a neat activity to try…or offer practical feedback or a suggestion had the biggest impact on me and my counselor experience."

Participants acknowledged the discussion and processing of the group supervision and clinical peer group supervision in many ways. Some participants, such as Terry and Pat, highlighted the processes related to case presentations. Terry expressed

> The part of peer group supervision I found most helpful was not being allowed to speak while I was listening to peer feedback after my [case] presentation. This allowed me to fully concentrate on what they had to say and to be present.

Pat reflected that one of the most beneficial aspects of the case presentation was "the presenting student [remained] silent while peer supervision is taking place." Sam described the video portion of the case presentation being the most important part of group supervision as "watching myself in front of others during my presentation was most helpful." Mona added that the clinical peer supervision focused on strengths during case presentation which "encourages support and building each other up."

Superordinate Theme 2: Understanding

The superordinate theme of understanding resulted from the interpretation of the data generated by the research question and included the subthemes of humble learning, group process, and practical and useful information. All the participants mentioned being anxious as they were new to the profession, but all expressed in some way that the group supervision and the clinical peer supervision portion of the class was a place to learn and grow. Mona explained her humble learning experience in terms of differences between individual supervision and clinical peer supervision.

> Peer supervision has been different from my individual supervision in that the people who are commenting on my skills and giving suggestions are coming from the same

> place as I am. Most of the time, they are experiencing a similar situation, and often have the same apprehension or excitement in regard to how it can be handled.

Rachel also addressed her humble learner stance through the experience of clinical peer supervision and individual supervision.

> I was extremely nervous for peer group supervision at the beginning of the semester. My expectation was that it was going to be more intense than it was. I did not want anyone to hear my recordings or watch my videos. After discussing a few recordings with my university supervisor [in individual supervision], I realized it may be beneficial to hear other techniques my peers are using and get their advice on what to do with some of my students where I am feeling stuck.

Sam added to her understanding reflecting on the importance of group process as

> the group supervision process allowed us to express what we learned from the session and what we felt was missing. This allowed us to learn from one another and gain different perspectives on how different concerns and issues can be explored with the student client.

Octavia added to the collaborative group processing with peers as "very insightful since we were able to share our experiences and bounce ideas off of each other. Being in group supervision also exposed me to different experiences that I may come across." Natalie reiterated the importance of group processing in finding practical and useful information as "we got the opportunity to listen to each other's sessions and give feedback via discussion and [written] feedback using forms. These were such useful experiences, not only to get feedback, but also to get ideas and hear what others are doing in session."

Superordinate Theme 3: Believing

The superordinate theme of believing resulted from the interpretation of the data generated by the research question and included the subthemes of peers having valuable insights and offerings, supporting growth in others is vital, risk-taking leads to growth and trusting the process. All participants discussed the importance of the interpersonal environment that lends itself to working and learning from others through group and peer supervision. Natalie commented on her faith in the instructor and her peers. "[Our professor] set the tone for supervision by being congruent with stories and feedback. [Our professor] had a strong school counseling identity which helped with authentic feedback. This helped me understand how things may play out in a school setting." She explained her experiences from group supervision and being with peers as … "a setting to foster collaboration and encouragement throughout our experiences." Pat described the process of peer group supervision and her experiences from others as "helpful for me to gain feedback and helpful to me seeing their experiences." Adding from this assertion, she explained confidence. "I think my competency has improved since peer group supervision in terms of skills and confidence. I quickly learned that it did not matter what I looked like compared to my peers as we were all new to the counseling experience." Terry summarized growth within himself from working with his peers as "To be successful you need to open to comments, be able to accept constructive criticism and understand that no matter how old or experienced you are you can always learn something. With that understanding, I listened to my class and absorbed what they had to say, allowing me to grow and prepare for my career."

Superordinate Theme 4: Skill Development

The superordinate theme of skill development resulted from the interpretation of the data generated by the research question and included the subthemes of reflection, feedback, and

theory development. All participants discussed the importance of the peer group supervision through attention to both the trainees' own actions, emotions, and thoughts and to building of their counseling skills. Rachel explained peer group supervision and learning counseling skills as focusing "on what may be effective moving forward with the student we are working with or next steps for their success. It is a good mix of supervision being able to reflect back on what was already done and how to move forward in the future." Sam uses formal theory along with her professional experience by sharing "I am very proud of my progress with Solution-Focused and practicing my basic counseling skills of pacing and immediacy." Adding more to theoretical development, Octavia shared "I strengthened my knowledge and skills in Solution Focused Brief Counseling. In addition, Octavia discussed how she changed her behavior for her sessions after peer supervision as "I started conceptualizing all my students through an ecological lens using reflection, empathy, and probing." Mona described her reflection of her professional work as "Group and peer supervision helped me develop as a counselor because it prepared me to advocate for not only myself, but the profession as well by allowing me to get my opinions out there in a professional manner."

Discussion

This study sought to understand how school counselor trainees' make sense of their lived experiences of receiving group supervision within practicum in order to inform and improve professional teaching and supervision practices. Seven participants who were enrolled in a practicum course completed weekly diaries and a retro reflective semi-structured interview, allowing insight into their feelings, thoughts, and experiences. The depth of the information gathered from these data sources provided a wealth of information beneficial and applicable for the counselor educator teaching and supervising the group supervision component and/or

offering clinical peer supervision within a field practicum course. Given the lack of research on the impact that group supervision and clinical peer supervision has on school counselor trainees in practicum, the findings gave information to start to fill this gap.

Organizing the learning environment

Findings suggest that a structured group supervision experience with directive elements of clinical peer supervision within a practicum course could help facilitate school counselor trainees' personal and professional development. Part of expressing who the counselor trainees are and who they hoped to become as professionals in this study involved openly acknowledging to themselves and to others their priorities, successes, opportunities for growth and the lessons that they learned throughout the semester. Overwhelmingly, participants reported that they were both anxious and uncertain about practicum, but open to the experience. Such statements expand on what Ronnestad and Skovholt (2003) described as typical feelings and experiences of beginning level counselors. As such, this is quite common and widely documented and consistent with the counselor education literature that trainees experience anxiety as part of their practicum experience (Kuo et al., 2016; Watkinson, Cicero, & Burton, 2021). Practicum instructors/group supervisors balance the task of managing their counselor trainees' range of emotions while they experiment and showcase clinical skills. Ellis et al., (2005) postulated that the roles, responsibilities, and format of supervision may contribute to the anxious feelings of novice counselors. Where as past researchers found trainees experience anxiety throughout their practicum experience (Kuo et al., 2016; Watkinson, Cicero, & Burton, 2021), the present study showed that the structured elements of the course outlined in Minor and Duchac (2021) allowed those anxious feelings initially experienced and acknowledged by the participants to quickly dissipate turning to feelings of interest and curiosity as the trainees were able to authentically

demonstrate the utility of what they were learning. These findings expand on the literature describing the need for a structure and process of peer group supervision (Borders, 2012; Borders et al., 2015 & Stone et al., 2020). These findings may offer clarity for counselor educators on how to navigate and manage the instructor and supervisory role in group supervision.

Understanding

This inquiry diverged from many previous studies just focusing on one and done type activities (Dong, Campbell, Vance, 2017; Ellis, Hutman, & Deihl, 2013; Shepard & Brew, 2013) during practicum to focus more on a structured peer group supervision approach by gathering and synthesizing information, integrating and demonstrating counseling and supervisory skills, while giving and receiving feedback from peers and the instructor. These learning-centered anagogical underpinnings in this study positively impacted the personal and professional development of the school counselor trainees. During group supervision and specifically clinical peer supervision, the instructor and trainees evaluate learning together. This more aligns with learning centered findings in Watkinson, Cicero, and Burton (2021) where trainees shared they wanted to be actively involved in their practicum course focusing more on shared learning experiences of other students and learning and evaluating school counseling practices with each other and their instructor. As counselor educators hold the highest responsibility for introducing and assessing best methodologies in educational settings, a closer examination of learner centered education is warranted by faculty for the purpose of meeting the diverse needs of students.

Believing

The behaviors exhibited by the university supervisor/instructor and peer supervisors were discussed throughout all the participants. This study affirmed the importance of school counselor educators' role on identity and skill development of school counselor trainees. The narratives from the participants implied that the clinical experiences of counseling faculty influenced trainee's development. The results from this study further corroborates previous research related to the importance of supervision for school counselors and the need for supervision support from individuals who have experience as a school counselor (Studer, 2006; Minor & Duchac, 2021; Tang, 2020) and those who have an understanding of the contextual and educational influences on school counselors (Betters-Bubon, Goodman-Scott, & Bamgbose, 2021). Given the building of evidence supporting school counselor training by those who have professional experience in school counseling, these results also further highlight the importance of school counselor trainees' participation in school-counseling-specific supervision (Brott, et al., 2021; Walley et al., 2009) and school-counseling-specific field experience courses (Minor & Duchac, 2021). The information shared about the importance of school counselor educators' preparation and practice may also speak to a larger reaction to the needs in the profession (Betters-Bubon, Goodman-Scott, & Bamgbose, 2021; Li & Peters, 2022).

The participants reported how the peer supervisors influenced their professional identity and skill development as well. The participants discussed the importance of sharing stories amongst peers, as well as, openness to giving and receiving feedback on their counseling practices. Our study extends the existing research on the importance of storytelling described in Watkinson, Cicero, and Burton (2021). Additionally, findings from our study gave empirical support on the important role peer supervision groups have on professional development.

Skill Development

The learning by doing component of the group supervision and clinical peer supervision appeared to strengthen or change participants' approaches to conceptualizing and intervening with student clients. Skill development is learned through observing and then committing to action an intervention that is believed to be helpful. Betz (2004) discusses skill development taking into consideration self-efficacy and the establishment of a level of confidence. As a student participates in a group or clinical supervision experience, they are learning through both persistence and performance. Further, there is a suggestion that vicarious learning is also occurring, which will be of benefit to the student throughout their career. Our findings indicate that providing school counselor trainees opportunities to practice and showcase their counseling skills positively impacted skill development.

More advocacy for the training needs of school counselor trainees by school counselor educators is warranted. A unified professional voice as supported in Betters-Bubon, Goodman-Scott, and Bamgbose (2021) is needed to strengthen the training needs of school counselor trainees in counselor education programs. Additionally, having students learn from the experiences of those that have experiences within the field of school counseling is seen as valuable and contributing to the profession.

Limitations and Future Research

A rigorous protocol was followed to ensure this study was as trustworthy as possible; however, this study does have limitations. One limitation of the study may have been bias of the research participants. They may have wanted to shed a positive spin on their experiences since the instructor of the course was also the researcher for the study. Although the researcher took multiple measures to prioritize confidentiality concerns, participants may have limited their

responses being a student in the practicum course and a participant in the research study. Second, as with most qualitative studies, this research is also limited by the small sample of seven individuals. For phenomenological studies, there is the need for larger sample sizes to yield diverse responses and increase trustworthiness. For typical IPA designed studies, there is a recommended limit of six participants (Creswell, 2013). The sample size of this study was larger than recommended. Last, although participants were representative of those completing the practicum course, participants were relatively homogeneous in ethnic and gender identity. This could mean that results could be different for a different set of researchers, participants, and other [practicum] learning environments (Yardley, 2008). Last, the lead researcher was also the instructor of the course in which the research was conducted. This research study had the potential for increased favorable responses due to the perceived hierarchy of student and instructor despite all the procedural safeguards that were in place.

With the call for more SoTL research in counselor education by Barrio Minton et al. (2014), a focus of future research could be about making the teaching and learning in counselor education more learning centered. Future research could address this deficiency within the SoTL literature in counselor education by looking further into counselor educators' teaching and supervisory practices across the clinical coursework series (e.g. counseling techniques, group counseling, practicum, and internship) from the school counselor student/trainees perspective.

Another area of future research could be generated from Brott et al. (2021) call upon the critical need for peer clinical supervision in the development of counselors-in-training during field experiences. Future research could build upon the findings mentioned in this study to include best practices and procedures for designing peer clinical supervision experiences at the university setting in all clinical coursework. In turn, this experience may foster school

counselors' continual involvement in peer clinical supervisory experiences within their professional practice.

Conclusion

This study offers a pedagogical framework for counselor educators to add shape and structure to their group supervision component of practicum in order to support student learning and program development. Utilizing a phenomenological framework the subordinate themes of organizing the learning environment, understanding, believing, and skill development along with several sub-themes were discovered. The intent of this study was not to generalize the experience of these school counselor trainees; rather, it was to showcase the voices of the participants as they explored their own thoughts and reactions during group supervision to improve clinical and teaching practices for the betterment of our profession.

References

American School Counselor Association (2022). ASCA ethical standards for school counselors. https://www.schoolcounselor.org/getmedia/44f30280-ffe8-4b41-9ad8-f15909c3d164/EthicalStandards2022.pdf

American School Counselor Association (2019). ASCA National Model: A framework for school counseling programs (4th ed.). Author.

Barrio Minton, C. A., Wachter Morris, C. A., & Yaites, L. D. (2014). Pedagogy in counselor education: A 10-year content analysis of journals. *Counselor Education and Supervision*, 53(3), 162–177. https://doi.org/10.1002/j.1556-6978.2014.00055.x

Basa, V. (2019). Peer supervision in the therapeutic field. *European Journal of Counselling theory, Research and Practice* 3, 1–10.

Benshoff, J. M. (1994). Peer consultation as a form of supervision. Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services.

Benshoff, J.M., & Paisley, P.O. (1996). The structured peer consultation model for school counselors. *Journal of Counseling and Development* 4, 314-318.

Bernard, J. M., & Goodyear, R. K. (2015). Fundamentals of clinical supervision (5th ed.). Boston, MA: Pearson.

Betz, N. E. (2004). Contributions of Self-Efficacy Theory to Career Counseling: A Personal Perspective. *Career Development Quarterly*, 52(4), 340–353. https://doi.org/10.1002/j.2161-0045.2004.tb00950.x

Borders, L. D. (1991). A systematic approach to peer group supervision. *Journal of Counseling & Development*, 69, 248–252.

Borders, L. D. (2012). Dyadic, triadic, and group models of peer supervision/consultation: what are their components, and is there evidence of their effectiveness? *Clinical Psychologist, 16*(2), 59–71.

Borders, L. D., Brown, J. B., & Purgason, L. L. (2015). Triadic supervision with practicum and internship counseling students: A peer supervision approach. *The Clinical Supervisor, 34*(2), 232-248. https://doi.org/10.1080/07325223.2015.1027024

Brackette, C. M. (2014). The scholarship of teaching and learning in clinical mental health counseling. *New Directions for Teaching and Learning*, 139, 37–48. doi:10.1002/tl.20103

Brott, P. E., DeKruyf, L., Hyun, J. H., LaFever, C. R., Patterson-Mills, S., Cook Sandifer, M. I., & Stone, V. (2021). The Critical Need for Peer Clinical Supervision Among School Counselors. *Journal of School-Based Counseling Policy and Evaluation, 3*(2), 51-60. https://doi.org/https://doi.org/10.25774/nr5m-mq71

Conn, S. R., Roberts, R. L., & Powell, B. M. (2009). Attitudes and satisfaction with a hybrid model of counseling supervision. Educational Technology and Society, 12, 298–306.

Corey, G., Haynes, R.H., Moulton, P., & Muratori, M. (2010). Clinical Supervision in the Helping Professions: A Practical Guide (2nd ed). Alexandria, VA: American Counseling Association.

Creswell, J. W. (2013). Qualitative Inquiry & Research Design: Choosing among Five Approaches (3rd ed.). Thousand Oaks, CA: SAGE.

Crutchfield, L.B.. & Borders, L.D. (1997). Impact of two clinical peer supervision models on practicing school development. *Journal of Counseling and Development*. 75(3). 219-230.

Golia, M., & McGovern, A. (2015). If You Save Me, I'll Save You: The Power of Peer Supervision in Clinical Training and Professional Development, *The British Journal of Social Work*, 45 (2), 634–650, https://doi.org/10.1093/bjsw/bct138

Hamlet, H. (2017). *School counseling practicum and internship: 30 essential lessons.* Los Angeles, CA: SAGE.

Hamlet, H. (2021). *School counseling practicum and internship: 30 plus essential lessons*. Cognella Academic Publishing.

Ikonomopoulos, J., Vela, J. C., Smith, W. D., & Dell'Aquila, J. (2016). Examining the practicum experience to increase counseling students' self-efficacy. The Professional Counselor, 6(2), 161–173. https://doi.org/10.15241/ji.6.2.161

Jackson-Cherry, L., & Sterner, W. (2021). *Practicum and Internship*. Pearson Education.

Khandelwal, K. (2009). Effective Teaching Behaviors in the College Classroom: A Critical Incident Technique from Students' Perspective. *International Journal of Teaching and Learning in Higher Educatio*n, 21(3), 299-309.

Kuo, H.-J., Landon, T. J., Connor, A., & Chen, R. K. (2016). Managing anxiety in clinical supervision. *Journal of Rehabilitation*, 82(3), 18–27.

Lassiter, P. S., Napolitano, L., Culbreth, J. R., & Ng, K. (2008). Developing multicultural competence using the structured peer group supervision model. *Counselor Education and Supervision*, 47(3): 164-178.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Luke, M., & Peters, H. C. (2020). Supervision as the signature pedagogy for counseling leadership. *Teaching and Supervision in Counseling*. https://doi.org/10.7290/tsc020204

Malott, K. M., Hall, K. H., Sheely-Moore, A., Krell, M. M., & Cardaciotto, L. (2014). Evidence-based teaching in higher education: Application to counselor education. *Counselor Education & Supervision*, 53, 294-305. doi:10.1002/j.1556-6978.2014.00064.x

Mills, G. E., & Gay, L. R. (2019). Education research: Competencies for analysis and applications. New York, NY: Pearson Education.

Minor, J. & Duchac, N. (2021). Experiences of School Counselor Trainees in Group Supervision During Practicum: A Phenomenological Study. *Journal of Counseling Research and Practice:* Vol. 7: Iss. 1, Article 4.

Merriam, S. B., & Tisdell, E. J. (2016). Qualitative Research: A Guide to Design and Implementation (4th ed.). San Francisco, CA: Jossey Bass.

Peters, H. C., & Luke, M. (2021). Supervision of Leadership Model: An integration and extension of the discrimination model and socially just and culturally responsive counseling leadership model. Journal of Counselor Leadership and Advocacy, 8(1), 71–86. https://doi.org/10.1080/2326716X.2021.1875341

Shufutinsky, A. (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. Organization Developmental Review, 52(1), 50-58.

Silverman, D. (2011). Qualitative research: Theory, method and practice (3rd ed.). Thousand Oaks, CA: Sage.

Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods (2nd ed.) (pp. 53-80). Thousand Oaks, CA: SAGE

Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method and research. Los Angeles, CA: SAGE

Sneed, TD. (2017). The Lived Experience of Counseling Practicum Students: A Phenomenological Study. *ProQuest LLC.*

Stone, M., O'Donnell. P., & Williams, S. (2020). Preservice to in-service: impact of structured peer group supervision in the training of school psychology interns, The Clinical Supervisor, 39:1, 85-105, https://doi.org/10.1080/07325223.2019.1695160

Studer, J.R. (2005). Supervising School counselors-in-training: A guide for field supervisors. Professional School Counseling 8(4), 353-359.

Studer, J. R. (2006). Erik Erikson's psychosocial stages applied to supervision. Guidance & Counseling, 21, 168–173.

Tang, A. (2020). The impact of school counseling supervision on practicing school counselors' self-efficacy in building a comprehensive school counseling program. Professional School Counseling, 23(1), Article 2156759X20947723. https://doi.org/ 10.1177/2156759X20947723

Tuffour, I. (2017). A Critical Overview of Interpretative Phenomenological Analysis: A Contemporary Qualitative Research Approach. *Journal of Healthcare Communications*. Vol. 2 No. 4:52

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. Smith (Ed.), Qualitative psychology: A practical guide to research methods (pp. 235-251). Thousand Oaks, CA: SAGE Publications.

Walley, C., Grothaus, T., & Craigen, L. (2009). Confusion, crisis, and opportunity: Professional school counselors' role in responding to student mental health issues. *Journal of School Counseling*, 7(36), 1–25. http://www.jsc.montana.edu/articles/v7n36.pdf

Watkinson, J., Cicero, G., & Burton, E. (2021). Addressing Anxiety: Practitioners' Examination of Mindfulness in Constructivist Supervision. *The Professional Counselor*, 11 (4). doi: 10.15241/jsw.11.4.459

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An Ecological Perspective of Intergenerational Trauma: Clinical Implications

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An Ecological Perspective of Intergenerational Trauma: Clinical Implications

Mental health practitioners and scholars refer to trauma that impacts individuals across generations as intergenerational trauma, trans-generational trauma, or multigenerational trauma (Bezo & Maggi, 2015; Dass-Brailsford, 2007; Dekel & Goldblatt, 2008; Quinn, 2019). There have been a variety of poetic ways that this transmission of trauma across generations has been described, almost as if it is a mythical process or a ghost haunting one generation after the next. Faimberg (1988) spoke of this transmission across generations as the telescoping of generations. This telescoping describes the covert process of trauma passing from one generation to the next, where at least part of the trauma does not belong to the client and is not from the present moment. Kestenberg (1990) wrote about multiple generations of the descendants of Holocaust survivors. In his writing, he described transposition as an unconscious replaying of a traumatic experience of another generation although it is not the person's personal experience. Evans-Campbell (2008) provided a well-used definition of intergenerational trauma:

> A collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events. (p. 320)

For this paper, we will define intergenerational trauma by using a combination of definitions integrated from the aforementioned scholarly works (Faimberg, 1988; Kesenberg, 1990; Campbell, 2008). *Intergenerational trauma is a phenomenon where without conscious awareness individuals experience psychological distress that can be attributed to the way previous generations coped or responded to a traumatic event that the individual did not directly experience.* Intergenerational trauma can be caused by large-scale traumatic events, such as the enslavement of Africans or the Holocaust, and can be caused by more individualized trauma, such as a mother's history of sexual abuse impacting her daughter's psychological health (Substance Abuse and Mental Health Services Administrations, [SAMHSA], 2014). Either way, intergenerational trauma is not necessarily the passing of the trauma memory from one generation to another, but the passing of ways of coping and resiliency strategies on how to manage and survive distressing situations from one generation to another.

In this paper, we aim to provide an in-depth description of this type of trauma, in addition to explaining the importance of attending to it in professional counseling relationships. Due to diagnostic limitations caused by the exposure criteria in the Post-Traumatic Stress Disorder (PTSD) diagnosis, we believe it is important for counselors to continue to take into consideration that trauma has far-

reaching impacts past the person that directly experienced it. Below we will summarize the plethora of empirical information on intergenerational trauma and the vast impacts it has on multiple generations. It is beyond the scope of this article to include an extensive review of all of the literature on intergenerational trauma since it spans multiple disciplines, but we have included relevant seminal and recent studies. After that, we will introduce a model to help conceptualize and guide treatment planning so that counselors have a tool to help them integrate this information into their clinical practice intentionally.

Impact on Mental Health and Distinguishing Features

Connolly (2011) identified distinguishing factors in intergenerational trauma that differentiate it from other types of trauma. These are: (a) a rupture in time, (b) loss of language, and (c) the disappearance of narrative. The occurrence of trauma disrupts time for many, if not all, of the individuals that experience it (van der Kolk, 2015). Survivors often have a difficult time sequencing events, recalling specifics, or cannot separate the here-and-now experience from the there-and-then experience; this is what is commonly known as a flashback (Baum, 2013; Connolly, 2011; Perry & Szalavitz, 2016; Substance Abuse and Mental Health Services Administrations, [SAMHSA], 2014; van der Kolk, 2015). There is also the time spent experiencing the traumatic event and afterward reliving the traumatic event, which takes away from daily living experiences. A poignant example is the case of individuals that were captured and placed in concentration camps—there was a loss of months and years of life experience replaced with torture, starvation, physical labor, constant stress, and physical abuse (Jabłoński et al., 2016). African slaves and individuals in the Japanese internment camps were similarly dehumanized and lost time that would have been spent forming families, engaging in education, building wealth, and contributing to their communities (Epps & Furman, 2016; Rinehart, 2016).

The second distinguishing aspect of intergenerational trauma is the loss of language. Historical traumas intentionally erode culture, including language. Examples of these types of intentional acts of terror have been seen repeated throughout time, including the burning of cultural artifacts, forced use of a language other than the primary language of the culture, cutting of hair, removing artifacts or art, and the changing of names.

The final aspect of intergenerational trauma stated by Connolly (2011) is the loss of narrative. A piercing example of this type of terror can be seen in the history of African slaves in America. There is evidence of an intentional stripping of identity during record keeping, increasing the difficulty of retracing family and ancestral ties (Colbert et al., 2016). This can also be seen with the boarding of indigenous American children who were forced to move away from their families, abandon their native language, change their names, and denounce contact with their

native families in an attempt at becoming "civilized" (Gone, 2009). These types of forced cultural abandonments have long-reaching effects that impact much more than the generation that initially experienced the traumatic event.

Empirical Evidence of the Transmission of Trauma Across Generations

The foundation of intergenerational trauma research was aimed at understanding the experience of children of Holocaust survivors (Danieli, 1998; Dass-Brailsford, 2007). As research continued, this phenomenon has been used to better understand the domestic violence cycle and child maltreatment (Frazier et al., 2009; Simons & Johnson, 1998), impacts of traumatic experiences on the families of military members (Rosenheck & Fontana, 1998), and the trauma experienced by families that live in countries with extremely restrictive or persecutory government practices (Baker & Gippenreiter, 1998). Intergenerational trauma impacts and potentially causes distress in multiple systems including individuals, families, and communities at large (Evans-Campbell, 2008; Kirmayer et al., 2014).

Scholars have broadened their research on intergenerational trauma and its interplay of current and historical traumas to include other marginalized populations (Bezo & Maggi, 2015; Cross, 1998; Han, 2005; Leary, 2005). Researchers' interests in investigating the intersection of the intergenerational trauma for Black Americans who are the decedents of slaves with current racism represents one method in which the literature on intergenerational trauma continues to be expanded (Cross, 1998; Leary, 2005). The intergenerational trauma experienced by indigenous communities in Canada is an additional example of the expansion of this literature (Marsh, Cote-Meek, Young, Najavits, Toulouse, 2016). Additionally, there is a plethora of information on the impact of trauma as it relates to a variety of populations, including the children of survivors of abuse, military conflict, and mass killings such as genocides (Bezo & Maggi, 2015; Han, 2005). Yet, specific evidence for a singular mechanism of transmission of trauma is not well consolidated as research in this area is scattered across numerous disciplines that utilize a wide variety of methodologies and approaches.

Scholars from a variety of theoretical perspectives, including family studies, epidemiology, sociology, and biology, have studied the experiences and distress that are caused by trauma passed through generations (Abrams, 1999; Danieli, 1998; Sangalang & Vang, 2017). Currently, there are hundreds of published articles and books exploring the phenomenon of intergenerational trauma that span multiple disciplines (Giladi & Bell, 2013; Letzter-Pouw et al., 2014). These scholars have aimed to increase understanding of the impacts of intergenerational trauma, the depth of its effect on individuals, and how it transmits from one generation to the next. At the center of this research, scholars pushed to understand how to increase

the physiological and psychological rebound and resilience after an individual has experienced a traumatic event (Lehrner &Yehuda, 2018).

Social and Cultural Research

Social scientists have had a longstanding interest in investigating the intergenerational transmission of the social and cultural aspects of trauma, including the influence of community-level trauma (Argenti & Schramm, 2009; Scheper-Hughes, 1993). These social science researchers focus on community-level events such as rituals, values, and habitual ways of engaging, such as the specific language a community speaks, or the way communities educate their children. From this perspective, trauma is passed through generations by the fractures created in the community, the disruptions to identity, and the break in the socio-cultural foundation caused by the traumatic event.

At micro and psychological levels, social and cultural-focused researchers explored the impacts felt by children who had traumatized parents, specifically parents who were survivors of the Holocaust. These studies laid the foundation for an extension of investigations regarding the transmission of trauma across various populations that have experienced war, mass killings, and torture, such as Indigenous communities, survivors of the genocides in Rwandan, Croatian, and Cambodian, and military veterans (Daud et al., 2005; Dekel & Goldblatt, 2008; Evans-Campbell, 2008; Field et al., 2013).

Most recently, studies have been conducted to investigate how diverse families and communities are affected by intergenerational trauma (Gayol, 2019; Gheorghe et al., 2019). The work of these researchers indicates that the vast majority of intergenerational trauma has been experienced by populations of diverse cultural identities (Coleman, 2016; Hudson, Adams, & Lauderdale, 2016; Matheson, Bombay, Dixon, and Anisman, 2020). Due to historical and current sociocultural factors, diverse individuals are most likely to experience the transmission of intergenerational trauma (Sirikantraporn & Green, 2016).

Family and Community Research

At the familial level, communication surrounding the traumatic events was one of the most important factors in the transmission of trauma across generations, specifically, researchers noted the adverse impact of shame-inducing or silencing communication (Bar-On et al., 1998; Nagata et al., 1999). Nagata and colleagues (1999) went on to note that survivors steered away from talking about their traumatic experiences in general, but especially with their children. Danieli (1998) documented this phenomenon among families of Holocaust survivors and found that family members avoided speaking with other members of their families and their children about their experiences during the war. Parents and children have different perspectives concerning this secrecy; parents describe feeling that by

keeping silent they were offering protection for their children, but children interpret the silence as confusing and shrouding the events with mystery (Bar-On et al., 1998).

Further, Nagata (1991) found in a qualitative study focused on the experiences of adult children of survivors of Japanese internment camps, that children viewed the silence of their parents as a signal that these experiences were too painful to discuss. There is both a psychological and physical impact of this silence; Lichtman (1984) reported that this vague or non-existent communication in families about historical events led to poor health outcomes in both the children and the grandchildren of survivors. These health outcomes led to distress, such as paranoia, anxiety, and low self-worth (Lichtman, 1984). At the community level, the transmission of trauma through generations is impacted by the specifics of the traumatic event in addition to the cultural resources that the community has to attend to the impacts and mend the distress caused by the trauma (Lehrner & Yehuda, 2018). There is no single outcome of how a traumatic event will impact future generations. Parents have a responsibility to be intentional and transparent about these historical events because their response mediates the reaction of children, who are vulnerable to the distress caused by social interactions and interpersonal experiences (Camara et al., 2017).

Biological Transmission of PTSD Research

Researchers have reported mixed findings between the exposure and coping of transgenerational trauma, which highlight the distinction between assessing parental exposure to traumatic events and how parents adapt after a trauma (Lehner & Yehuda, 2018). Specifically, can parents pass PTSD through generations? Yehuda and colleagues (2001) highlighted PTSD as an indicator that a parent has not recovered after a traumatic event and mitigated the impact that this trauma has on their children. For instance, Yehuda et al. (2001) found that in families where parents were diagnosed with PTSD, the children had higher rates of mental health distress, such as depression and anxiety, compared to the control group of children with parents that did not have PTSD. Similarly, in a study conducted with children and grandchildren of Holocaust survivors, Danieli et al. (2016) found that the experiences of survivors' after the Holocaust impacted their children through their parents' post-trauma adaptation styles.

Field and colleagues (2013) reported similar findings in two samples of Cambodian children and their mothers. The mothers in this study had lived through and survived the Khmer Rouge regime, and based on the findings, the PTSD symptoms of the mother had a greater impact on the anxiety in their daughter than trauma exposure (Field et al., 2013). Furthermore, Dekel and Goldblatt (2008) explored what impact paternal exposure to war and combat had on their children. Parallel to the findings of Field and colleagues (2013), they reported that paternal

PTSD had a greater association with distress in the children than exposure to trauma (Dekel & Goldblatt, 2008). Thus, as the authors suggest, it is very important to take into consideration caregiver PTSD when we are assessing how trauma is transmitted across generations.

One of the monumental findings that brought depth to the conversation on how trauma impacts individuals across generations were the discovery that children of Holocaust survivors, who had no direct exposure, had similar biological markers to those that had been directly exposed to the traumatic event (Lehrner & Yehuda, 2018). This research echoes the findings we had discussed earlier in this section, those biological markers were found in children whose caregivers were diagnosed with PTSD, not all children whose parents were in the Holocaust (Liu et al., 2016; Palma-Gudiel et al., 2015; Rodgers et al., 2015). Researchers identified many biological mechanisms that were different in children with parents diagnosed with PTSD in contrast to the control groups. As readers can see, the impacts of intergenerational trauma span from the individual level to the community.

Bronfenbrenner's Ecological Model

To understand conceptualization and potential intervention strategies for individuals experiencing intergenerational trauma, the authors suggest a systemic understanding of human development from an ecological perspective. Bronfenbrenner's ecological model (1974) describes a system that comprises subsystems to conceptualize human development. From this perspective, to understand human development, one must take into account individual characteristics as well as characteristics of one's immediate and most distant environments. This concept is especially important when speaking about trauma and its intergenerational principles because it conceptualizes a mechanism for which traumatic experience can cause a ripple effect from one generation to the next or from one area of an individual's life to another through receptacle processes. Additionally, it provides a framework for understanding how trauma does not simply function in a cause-and-effect manner, but rather has a cumulative and compounding force. Bronfenbrenner's model is a meta-theory to help organize information to better understand the unique needs of the client. According to Bronfenbrenner, (1979/1994), the ecological system consists of five layers to address interactions in environments: microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

The innermost system is the *microsystem*. This includes any interaction that takes place in a face-to-face setting that the developing person comes into contact with such as friends, caregivers, teachers, or place of work (Bronfenbrenner, 1979/1994). Next is the *mesosystem* which comprises multiple microsystems and encompasses the interactions between those systems. This would include how the developing person's work and school, or home and peer microsystems interact. The

mesosystem and microsystem are nestled inside of the *exosystem*. The exosystem includes interactions between two settings, one that is inside the developing person's microsystem and one that is not (Bronfenbrenner, 1979/1994). An example of this would be the interaction between a caregiver experiencing stress at work, which they bring into the household that includes the developing person. In this example, the developing person does not have direct contact with the caregiver's work environment but is impacted by the stress caused in that environment because the caregiver's effect reflects that stress in the home microsystem (Bronfenbrenner, 1979/1994). The *macrosystem* girdles the micro-, meso-, and exosystems with the overarching cultural belief systems that impact the other systems. This could include "...bodies of knowledge, material resources, customs, lifestyles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems" (Gauvain & Cole, 1993, pp. 40). The outermost system, the *chronosystem* emphasizes the developmental nature of this theory. The chronosystem attends to the passage of time in the developing person and the environments that they are a part of (Bronfenbrenner, 1979/1994).

In professional helping field literature, Bronfenbrenner's ecological model has been utilized to conceptualize depression in children and adolescents (Abrams et al., 2005), the experience of women who miscarriage (Rogers, Crockett, & Suess, 2019), interventions for men in a college setting (Shen-Miller et al., 2013), understanding the U.S. opioid epidemic (Rogers, Gilbride, & Drew, 2018), families supporting a member with an intellectual disability (Berry, 1995), and counseling training environments (Lau & Ng, 2014). At the time of writing, there is a dearth of literature examining the utility of this model in working with individuals experiencing distress from intergenerational trauma. The comprehensive breadth of this model addresses many of the critical components of intergenerational trauma, including the impact on the developing person-caregiver relationship; the loss of culture that trauma has on the individual that experienced the event and later generations; the generic impact that traumatic experience has on the developing person; and function of social and political climates to perpetuate the effect of trauma. Due to this, we believe that by utilizing this model practitioners will better understand and support clients that have been impacted by this phenomenon. Below we present a case illustration to further explore how professional counselors could utilize Bronfenbrenner's model to guide treatment planning and interventions. We chose to demonstrate the use of this model on a client with South American heritage due to the lack of literature currently available that intentionally considers the implications of historical and structural violence on Latinx communities (Cerdeña, Rivera, and Spak, 2021).

Case Illustration: Rachel

Rachel is a 19-year-old female who looks her age. She identifies as Colombian-American, has experienced no cognitive delays, met all developmental milestones, is cisgender, identifies as female, is heterosexual, and able-bodied. She has not had any major illnesses, is in good health, and describes herself as active until recently. She has no romantic partner and has never been in a serious relationship. She is in her second year of college and has not decided on a major. Her primary source of income is her graduate assistantship, which is enough to pay rent and afford food. She has two roommates that she gets along with and enjoys spending the evenings cooking and watching movies with them as long as she does not have studying to do.

Beyond her roommates, Rachel has not connected with her peers in the community or school. She has a small group of acquaintances at the university and speaks to some of the other students in her courses. In general, her communication with others is short and interactional; she has always been a "loner". She has consistently felt disconnected from her community and learned from her parents that educational advancement and financial security are more important than peer relationships.

Rachel's mother and father immigrated from Colombia to the United States before Rachel was born. Both of Rachel's parents experienced extreme hardship before immigrating. Rachel's mother was sexually and physically abused by many of the men in her family for much of her childhood. She was denied access to educational advancement past grade six and was expected to marry young. Rachel's father was exposed to drugs and violence during his childhood. His family lived on a farm in an area of Colombia that was disputed territory. Both of Rachel's parents learned from a very early age that expressing their emotions could be the difference between life or death. They describe their marriage as happy and show little outward affection toward each other or their children. Once they immigrated to the United States, Rachel's parents were very focused on creating a safe and stable environment for their children, placing value on financial security and educational advancement. They prioritized having their children in high-achieving school districts, which often meant their peers, neighbors, and community were predominantly White.

Rachel comes to your community counseling office because she is experiencing stress around choosing a major. She feels as if what she has heard from her parents about choosing an educational route that leads to stability is different from what she hears from her peers who are seeking their passion. She chose you because she wanted to go somewhere off campus but low cost. During the intake she reported feeling sluggishness, lacking motivation, decreased appetite, avoidance of others, and irritability during situations when she would typically remain calm. She feels like her reaction to this stressful transition is more

exaggerated than her peers. These symptoms seemed to worsen and make it even more challenging to decide on a major. As the therapist, you note that the level of distress Rachel was experiencing was impacting multiple domains of her life and wondered what role intergenerational trauma may be playing in her distress response. Below describes how the therapist used Bronfenbrenner's Ecological model to organize a treatment plan grounded in an understanding of intergenerational trauma.

Individual: Traditional Counseling Treatment Focus

At the center of all the systems is Rachel, an individual (Bronfenbrenner, 1979, 1994). From a developmental perspective, she is an early adult trying to figure out how to manage a large life decision. Many factors contribute to how young adults choose a major. These include family influence (Anelli & Peri, 2015; Xia, 2016), the labor market, how enjoyable the courses will be (Baker, Bettinger., Jacob, & Marinescu, 2018), a match with their interest areas (Beggs et al., 2008) and peer groups (Downey, Mcgaughey, & Roach, 2011; Wolfe & Betz, 2004).

Treatment would begin by explaining the counseling process to Rachel and asking her what her expectations were when she decided to seek out counseling. There are many theoretical orientations that professional counselors practice from, but at the foundation of each are the common factors and core conditions (Brooks & Cochran, 2016; Lambert & Cattani-Thompson, 1996). Regardless of theoretical orientation, all professional counselors would take into consideration the developmental and wellness components of Rachel's presenting concern (Kaplan et al., 2014). To do this it is common practice to conduct a full psychosocial assessment to gather information about her physical health, the history of her psychological health, substance use, family history of mental/physical health, current and previous levels of risk for suicide, and homicide, trauma history, and a mini-mental status exam.

Counselors that are taking into account the impact of intergenerational trauma would pay specific attention to the information about family history to assess how that may be impacting the presenting issue. It is important to keep in mind that there are biological and behavioral components that impact how individuals interpret and react to stressful situations. In this case, the hardships and traumas that Rachel's parents experienced impact her ability to regulate her emotional experience during stressful events, her perspective on what a career should be, and her ability to feel confident in herself while making this decision. All of these are important individual factors that should be explored in counseling to help create a treatment plan that attends to not only the symptoms but also aims to understand the origin of the exaggerated distress around choosing a major.

Microsystem: Direct Interactions Between Individual and Environment

Rachel's microsystem is the area of her life that directly impacts her, which includes her family and peers (Bronfenbrenner, 1979, 1994). Relationships with others, especially peer groups and primary caregivers, have a significant impact on the ability to manage stressful situations (Ainsworth et al., 1972; Mikulincer & Shaver, 2009; Schore, 2000). At this point, it is important to recognize the emotional and psychological effect that feeling disconnected from her primary caregivers and her peer group has on Rachel. One of the primary objectives of treatment focusing on this system is to help Rachel connect to a social group with whom she feels comfortable and can identify (Raja et al., 1992). All the treatment concerns at the individual level include microsystem-level interactions between Rachel and her environment. Her counselor should be aware that achieving these goals will depend on Rachel's quest or avoidance of direct interactions with the microsystem (individuals, groups, etc.). With this ecological perspective in mind, the counselor will have a better understanding of the challenge encountered by Rachel when pursuing the treatment goals.

With a focus on intergenerational trauma and its impact on the presenting issue, the counselor can help Rachel explore how her parent's history of trauma impacts the way she interacts with them and help her reflect on how it may have impacted their parenting styles. Additionally, the counselor can encourage Rachel to explore how those interactions with her parents may be impacting her ability to form peer relationships. Even though Rachel was born in the United States, the counselor may also discuss how children of immigrants often deal with the loss of their home communities, families, friends, routine, daily socialization, and, as a result, experience caution, which may lead to fear. Having conversations with Rachel about how her parents have modeled decision-making and managing stressful events in past interactions with her may provide some context to her current distress.

Mesosystem: Interactions Between Two Or More Environments Where Individual Exists

The mesosystem is the interaction of two or more environments, and for Rachel, one of the most salient mesosystem interactions is her family system and her educational community. Due to Rachel's first-generation status, she was able to receive funding to attend an expensive private university. This university has offered many social and educational opportunities to Rachel that she may not have had at a traditional public institution, and services she did not have access to when she was living at home. This private university has also caused some feelings of distress and isolation for Rachel, but Rachel has always prioritized her education over her emotional comfort. She has been unable to connect with many peers and

has felt more isolated due to the low ethnic diversity at the university (Arbona & Jimenez, 2014; Hall, Nishina, & Lewis, 2017).

A counselor keeping intergenerational trauma in mind will recognize Rachel's connection to low-cost mental health and health care services in her community makes it easier for her to access care. The cost of service was a starting point for care and is the reason she has sought out services, but her family values have always discouraged seeking out mental health services. Due to this, Rachel has not told her parents that she has not chosen a major and that she is seeking out counseling services. Her ability to tell that something is wrong due to her stress levels and procrastination in choosing a major shows insight on her part and a recognition that there has been a change in mood from her baseline. The counselor should explore the interaction between Rachel's microsystems, especially concerning the value conflicts that she is experiencing. It would also be helpful to explore how it feels for Rachel to hide that she is seeking counseling services (Cheng, Kwan, & Sevig, 2013) and hasn't chosen a major from her family.

Exosystem: Interactions Between Two or More Environments, at Least One of Which the individual is Not a Part Of

Rachel's exosystem includes many environments that have an impact on her but with whom she does not have direct contact. Regardless of her parents' status, she is a US citizen and has all the basic rights that come along with that, including access to medical and mental health care. Rachel's parents' interactions with the US government and social services agencies may impact how Rachel views these services, even though she never had direct contact with those services and only heard through her parents how challenging they were to navigate (Fortuny & Chaudry, 2011). Rachel was seeking out low-cost services because she was unsure how responsive her insurance company would be and had heard from her parents' stories of how challenging it was for them to access healthcare services.

Keeping intergenerational trauma in mind, the counselor must recognize that Rachel has accessed the most convenient service, a community-based mental health provider, but there may be more social services on her campus or in the community that could help support her. Rachel has heard from other students that there are career centers that she could turn to if she is struggling with decision-making concerning her major or career path, and there may be clubs on campus or programs to support first-generation students where Rachel could meet others struggling with similar issues. Additionally, the counselor may suggest that there are medical services on campus which could help determine if there is a biological component to what Rachel is experiencing.

Rachel has also heard from her roommates how their parents are encouraging them to follow their passion instead of making decisions based on potential income. Even though Rachel does not have any direct contact with her

roommates' parents, the information they are conveying to their children is impacting how Rachel is viewing her choice of major. It would be important for the counselor to help Rachel explore the different systems that she has heard about from others and her hesitation to take advantage of those systems. Even though Rachel doesn't have a direct connection to these systems yet or with her roommates' parents, the overload of information that she is getting from classmates and the campus administration may further confuse and cloud decision-making for Rachel.

Macrosystem: Cultural, Political, Economic, Societal Backdrop

The macrosystem is the societal foundation or backdrop that which the individual exists in. Rachel was raised in a family that did not speak about the traumatic events that happened in their past. They denied their children access to their extended family and prioritized assimilating to American culture while losing some of the traditional cultural aspects of Colombia (i.e., selective acculturation, Petrone, 2016). Rachel's reluctance to seek treatment until she was faced with a deadline to choose a major may reflect the family values that there is no problem unless the symptoms impact financial security and academic success.

Traumatic experience does not have a monopoly on any race, age, gender, or ethnicity. As discussed earlier, Rachel is a first-generation American with both of her parents being raised in Colombia. It will be important for intergenerational trauma-informed mental health professionals to explore with Rachel which aspects of her culture may be protective factors and which may be exacerbating the symptoms she is feeling. The counselor should adopt a multicultural orientation which includes cultural humility, cultural opportunities, and cultural comfort (Hook et al. 2013). This means that the counselor allows Rachel to drive the conversation concerning how her cultural background may be impacting her presenting problem, actively monitors cultural opportunities to allow Rachel to expand on her culture, and is comfortable engaging in these conversations (Hook et al., 2013). Regarding treatment adherence, cultural humility is a one-down approach by the mental health professional to respect the cultural perspective of the client concerning how they conceptualize mental health issues, psychiatric medication, or different treatment modalities as a way to create buy-in from Rachel (Hook et al., 2013). It may also be important for the counselor to address the current cultural climate concerning immigration from Latin America and invite Rachel to explore if this may be impacting her career decision-making.

Chronosystem: Historical Context and Changes in Environments Over Time

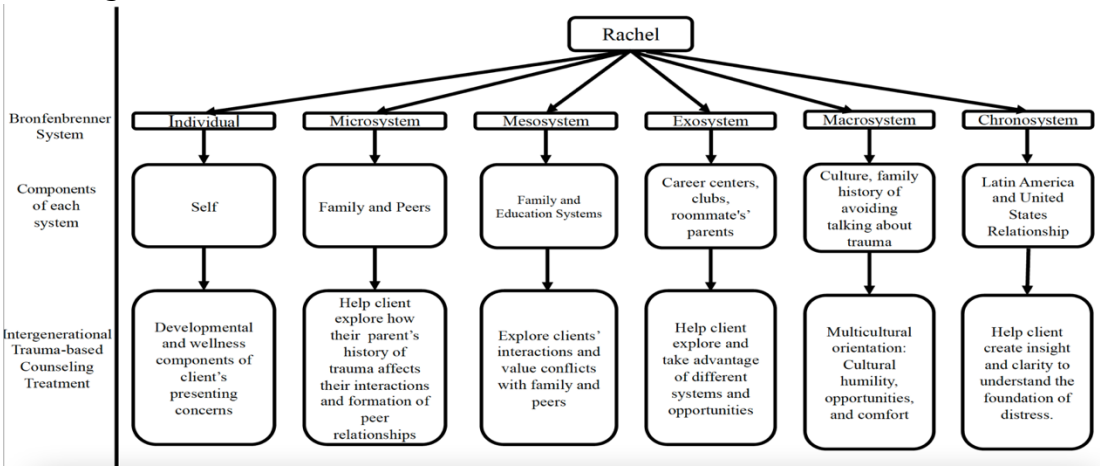
In addition to the current United States social and political climate concerning immigration, it will also be important to take into consideration the historical relationship between Latin America and the United States. Rachel's

current distress is happening at a time when there is a significant fear for personal safety and ever-changing immigration policies (Rubio-Hernandez & Ayon, 2016). Rachel's parents originally came to the United States for stability and safety, but attitudes toward Central and South Americans have changed dramatically over the past few years and are reminiscent of the persecution they faced in Colombia before coming to the United States. This increased stress of the current climate likely is bringing up a trauma response for Rachel's parents, thus impacting the way they are interacting with her (Perreira, & Ornelas, 2013). This shift in interaction with her primary caregivers compounds the stress Rachel is already feeling about her decision on a major.

By exploring Rachel's current feelings within a broader context, the counselor can help her understand why her stress response may be more exaggerated than her peers and inform a more holistic treatment plan to address the multiple dimensions of Rachel's distress. Even though Rachel came to counseling for a very specific reason, to help with her choice of major, she was displaying symptoms that align with the criteria of a major depressive disorder diagnosis (American Psychiatric Association, 2013). A counselor that takes into consideration intergenerational trauma can approach treatment in a non-pathologizing way, creating insight and clarity to better understand the foundation of the distress instead of just the presenting symptoms.

Figure 1

Visual Representation of Treatment Planning Utilizing Bronfenbrenner's Ecological Model



Clinical Implications

The case illustration highlights many of the key aspects of Bronfenbrenner's ecological model (1981/1994). The authors offer this model as one way for practitioners to conceptualize the far-reaching impact that historical trauma has on

individuals. The practitioner-client relationship is a space where a broad range of systems can be explored including individual, familial, community, work, educational, and cultural. Because they have more power in the therapeutic relationship, it is the responsibility of the practitioner to foster an environment that encourages the client to explore the various systems, including cultural factors, that may be impacting the client's current sense of wellness (D'Andrea & Daniles, 2001; Day-Vines et al., 2007). In addition to addressing all the systems that influence the client, practitioners must broach cultural conversations (Day-Vines et al., 2007). Broaching is a technique that was created specifically to convey cultural competence, and involves having intentional conversations about the cultural characteristics of the client and the counselor (Day-Vines et al., 2007). Broaching cultural conversations are effective in improving client outcomes (Jones & Welfare, 2017).

Practitioners could use Bronfenbrenner's model overtly as an intervention with the client to facilitate awareness or covertly to conceptualize distress and inform interventions as displayed in the case illustrations. Practitioners wishing to utilize the model overtly could introduce clients to the model and move through the various systems during a session, encouraging the client to reflect on the different aspects and how they impact a sense of wellness or distress.

The ecological model reminds clinicians and professional counseling researchers alike that most trauma survivors are nestled within complex worlds. Additionally, it serves as a reminder that traumatic events are not always a reflection of what is the current context of the individual, but, in a lot of cases, they can also be a reflection of intergenerational trauma. The vignette of Rachel describes a woman who has had little prior direct exposure to violence. At the same time, her racial and ethnic characteristics, the history of her mother's childhood trauma and abuse, her father's history of significant substance abuse, her experiences of racism, her family's immigration history, and economic disenfranchisement are all daily realities that have a critical impact on Rachel's ability to manage stress.

Effective clinical intervention with clients struggling to manage trauma responses must begin with a holistic evaluation that is grounded in an ecological framework. As we have seen, such an assessment provides the opportunity to uncover hidden aspects that the individual is unaware of and that can impact their mental health. An ecological perspective gives equal attention to the many aspects of a client's life, which intergenerational trauma can penetrate, and to the clinician's understanding of the domains of their life that are influencing the trauma survivor's understanding of their own experience. Further, counselors must understand that to be clinically effective, the interventions need to be informed and sometimes challenge the understanding of trauma, especially as it pertains to identity and how individuals make meaning out of the experience. Lastly, counselors may use the

conceptual framework of intergenerational trauma (Sotero, 2006) in their clinical work. Having a complex understanding of this type of trauma will guide practitioners in being more responsive to the unique needs of individuals from this group (Brown-Rice, 2013).

Many trauma-exposed individuals do not seek out clinical services or are not responsive or resistant to interventions (Levers, 2012). This low treatment access and success call for the need for more effective community intervention efforts that support a holistic way of approaching trauma in individuals and families and communities (Harvey, 2007). Some examples of these types of community-based programs could be as wide-reaching as social media or face-to-face programs that provide information on intergenerational trauma. These types of programs could explain what intergenerational trauma is, and the many ways it is transmitted, normalize the common symptoms and provide information on how to access clinical resources. These public advocacy efforts do not take away from the need for clinical services but offer a more comprehensive range of services and increase the accessibility of services.

Conclusion

When professional counselors and researchers expand their work beyond just the individual seeking services, they not only have more opportunities for intervention but also make our work more complicated. The ecological approach to intergenerational trauma provides a framework for practice and research. It also aligns with our developmental perspective as professional counselors to utilize an ecological model such as Bronfenbrenner's that emphasizes that individuals grow and reach their potential within a complex developmental system.

Moreover, this model allows for an examination of cultural variables. The authors want to note that even though the case illustration focused on a young woman with Colombian heritage, this model has the potential to be used with any population that has historically experienced traumatic events—both large-scale and individual. The authors encourage clinicians to keep this model in mind, not only when the history of trauma is overt, but to approach all clients with the assumption that there may be a history of trauma. Currently, counselors are providing services to a wide array of clients that have presented concerns related to COVID-19 and the racial unrest seen in the United States due to police brutality.

We encourage clinicians to examine ways of coping (and all presenting concerns) holistically as they are nestled within generations of traumatic experiences. This model can promote individual healing and social justice by informing public policy as the interventions permeate all systems the client is nested in. We hope it helps clinicians conceptualize how social justice may fit into their work with clients and help clients make sense of their presenting symptoms by placing them in the context of their communities, families, and society.

References

Abrams, M. S. (1999). Intergenerational transmission of trauma: Recent contributions from the literature of family systems approaches to treatment. *American Journal of Psychotherapy*, *53*(2), 225–231. https://doi.org/10.1176/appi.psychotherapy.1999.53.2.225

Abrams, K., Theberge, S. K., & Karan, O. C. (2005). Children and adolescents who are depressed: An ecological approach. *Professional School Counseling*, *8*(3), 284–292. www.jstor.org/stable/42732470

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Arbona, C., & Jimenez, C. (2014). Minority stress, ethnic identity, and depression among Latino/a college students. *Journal of Counseling Psychology, 61*(1), 162-168. https://doi.org/10.1037/a0034914

Argenti, N., & Schramm, K. (2009). *Remembering violence: Anthropological perspectives on intergenerational transmission*. Berghahn Books.

Baker, R., Bettinger, E., Jacob, B., & Marinescu, I. (2018). The effect of labor market information on community college students' major choice. *Economics of Education Review*, *65*, 18–30. https://doi.org/10.1016/j.econedurev.2018.05.005

Baker, D., & Gippenreiter, J. B. (1998). Stalin's purge and its impact on Russian families. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 403–434). Plenum Press.

Bar-On, D., Eland, J., Kleber, R. J., Krell, R., Moore, Y., Sagi, A., Soriano, E., Suedfeld, P., van der Velden, P.G., van IJzendoorn, M. H. (1998). Multigenerational perspectives on coping with the Holocaust experience: An attachment perspective for understanding the developmental sequelae of trauma across generations. *International Journal of Behavioral Development*, *22*(2), 315–338. https://doi.org/10.1080/016502598384397

Beggs, J., Bantham, J., & Taylor, S. (2008). Distinguishing the factors influencing college students' choice of major. *College Student Journal*, *42*(2), 381–394.

Berry, J. O. (1995). Families and deinstitutionalization: An application of Bronfenbrenner's social ecology model. *Journal of Counseling & Development*, *73*(4), 379–383. https://doi.org/10.1002/j.1556-6676.1995.tb01768.x

Bezo, B., & Maggi, S. (2015). Living in "survival mode": Intergenerational transmission of trauma from the Holodomor genocide of 1932-1933 in Ukraine. *Soc Sci Med*, *134*, 87–94. https://doi.org/10.1016/j.socscimed.2015.04.009

Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopedia of Education*, Vol. 3, 2nd. Ed. Oxford: Elsevier. Reprinted in: Gauvain, M. & Cole, M. (Eds.), *Readings on the development of children, 2nd Ed.* (1993, pp. 37–43). Freeman.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* Harvard University Press.

Brooks, T.P, & Cochran, J.L,. (2016). The core conditions in counseling chronically undecided career decision-makers, *Person-Centered & Experiential Psychotherapies, 15*(2), 142–155, https://doi.org/10.1080/14779757.2016.1179216

Brown-Rice, K. (2013). Examining the theory of historical trauma among Native Americans. *The Professional Counselor 3*(3), 117-130. https://doi.org/10.15241/kbr.3.3.117

Camara, M., Bacigalupe, G., & Padilla, P. (2017). The role of social support in adolescents: are you helping me or stressing me out?. *International Journal of Adolescence and Youth*, *22*(2), 123–136. https://doi.org/10.1080/02673843.2013.875480

Cerdeña, J., Rivera, L., & Spak, J. (2021). Intergenerational trauma in Latinxs: A scoping review. *Social Science & Medicine (1982)*, *270*, 113662–113662. https://doi.org/10.1016/j.socscimed.2020.113662

Cheng, H., Kwan, K. & Sevig, T. (2013). Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psychocultural correlates. *Journal of Counseling Psychology, 60*(1), 98-111. https://doi.org/10.1037/a0031169

Connolly, A.R. (2011). Healing the wounds of our fathers: Intergenerational trauma, memory, symbolization and narrative. *Analytical Psychology, 56,* 607-626. https://doi.org/10.1111/j.1468-5922.2011.01936.x

Cross, W. E. (1998). Black psychological functioning and the legacy of slavery. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 387–400). Plenum.

D'Andrea, M. & Daniels, J. (2001). RESPECTFUL counseling: An integrative multidimensional model for counselors. In D.B. Pope-Davis & H. L. K. Coleman (Eds.), *The intersection of race, class, and gender in multicultural counseling* (pp. 417-466). Thousand Oaks, CA:Sage

Danieli, Y. (Ed.). (1998). *International handbook of multigenerational legacies of trauma*. Springer Science & Business Media. https://doi.org/10.1007/978-1-4757-5567-1

Danieli, Y., Norris, F. H., & Engdahl, B. (2016). Multigenerational legacies of trauma: Modeling the what and how of transmission. *American Journal of Orthopsychiatry*, *86*(6), 639–651. https://doi.org/10.1037/ort0000145

Dass-Brailsford, P. (2007). *A practical approach to trauma: Empowering interventions*. Los Angeles, CA: Sage.

Daud, A., Skoglund, E., & Rydelius, P. A. (2005). Children in families of torture victims: Transgenerational transmission of parents' traumatic experiences to their children. *International Journal of Social Welfare, 14*, 23–32. https://doi.org/10.1111/j.1468-2397.2005.00336.x

Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L. Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling Development, 85*, 401-409. https://doi.org/10.1002/j.1556-6678.2007.tb00608.x

Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans' children. *American Journal of Orthopsychiatry, 78*, 281–289. https://doi.org/10.1037/a0013955

Epps, D., & Furman, R. (2016). The "alien other": A culture of dehumanizing immigrants in the United States. *Social Work & Society*, *14*(2). http://nbn-resolving.de/urn:nbn:de:hbz:464-sws-1088

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*, 316–338. https://doi.org/10.1177/0886260507312290

Faimberg, H. (1988). The telescoping of generations: Genealogy of certain identifications. *Contemporary Psychoanalysis*, *24*(1), 99–118. https://doi.org/10.1080/00107530.1988.10746222

Field, N. P., Muong, S., & Sochanvimean, V. (2013). Parental styles in the intergenerational transmission of trauma stemming from the Khmer Rouge regime in Cambodia. *American Journal of Orthopsychiatry*, *83*, 483–494. https://doi.org/10.1111/ajop.12057

Fortuny, K., & Chaudry, A. (2011). *A Comprehensive Review of Immigrant Access to Health and Human Services*. Washington, DC: U.S. Department of Health and Human Services. http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Review/index.shtml.

Frazier, K. N., West-Olatunji, C. A., Juste, S. S., & Goodman, R. D. (2009). Transgenerational trauma and child sexual abuse: Reconceptualizing cases involving young survivors of CSA. *Journal of Mental Health Counseling, 31*(1), 22–33. https://doi.org/10.17744/mehc.31.1.u72580m253524811

Gheorghe, N., Brunke, M., Deaconu, D., Gheorghe, A., & Ionas, L. (2019). All my parents: Professional transgenerational trauma in the TA community. *Transactional Analysis Journal*, *49*(4), 263–278. https://doi.org/10.1080/03621537.2019.1649847

Giladi, L., & Bell, T. S. (2013). Protective factors for intergenerational transmission of trauma among second and third generation Holocaust survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*, 384–391. https://doi.org/10.1037/a0028455

Hall, A., Nishina, A., & Lewis, J. (2017). Discrimination, friendship diversity, and STEM-related outcomes for incoming ethnic minority college students. *Journal of Vocational Behavior, 103*, 76-87. https://doi.org/10.1016/j.jvb.2017.08.010

Han M. (2005). Relationship among perceived parental trauma, parental attachment, and sense of coherence in Southeast Asian American college students. *Journal Fam Soc Work. 9*(2), 25–45.

Harvey, M. R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research, and practice. *Journal of Aggression, Maltreatment & Trauma*, *14*(1–2), 9–32. https://doi.org/10.1300/J146v14n01_02

Jabłoński, R., Rosińczuk, J., Leszek, J., Uchmanowicz, I., & Panaszek, B. (2016). The progressive nature of concentration camp syndrome in former prisoners of Nazi concentration camps–Not just history, but the important issue of contemporary medicine. *Journal of Psychiatric Research, 75*, 1–6. https://doi.org/10.1016/j.jpsychires.2015.12.017

Jones, C. T., & Welfare, L. E. (2017). Broaching behaviors of licensed professional counselors: A qualitative inquiry. *Journal of Addictions & Offender Counseling, 38*(1), 48-64. https://doi-org.ezproxy.uttyler.edu/10.1002/jaoc.12028

Kaplan, D., Tarvydas, V., & Gladding, S. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development*, *92*(3), 366–372. https://doi.org/10.1002/j.1556-6676.2014.00164.x

Kestenberg, J. (1990). *Jewish Virtual Library, a Division of the American-Israeli Cooperative Enterprise*.

Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry*, *51*(3), 299–319. https://doi.org/10.1177/1363461514536358

Lambert, M., & Cattani-Thompson, K. (1996). Current findings regarding the effectiveness of counseling: Implications for practice. *Journal of Counseling & Development*, *74*(6), 601–608. https://doi.org/10.1002/j.1556-6676.1996.tb02299.x

Lau, J., & Ng, K.-M. (2014). Conceptualizing the counseling training environment using Bronfenbrenner's Ecological Theory. *International Journal for the Advancement of Counselling*, *36*(4), 423–439. https://doi.org/10.1007/s10447-014-9220-5

Leary, J. D. (2005). *Post traumatic slave syndrome*. Uptone Press.

Lehrner, A. & Yehuda, R. (2018). Trauma across generations and paths to adaptation and resilience. *Psychological Trauma: Theory, Research, Practice, 10*(1), 22–29. https://doi.org/10.1037/tra0000302

Letzter-Pouw, S. E., Shrira, A., Ben-Ezra, M., & Palgi, Y. (2014). Trauma transmission through perceived parental burden among Holocaust survivors' offspring and grandchildren. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*, 420–429. https://doi.org/10.1037/a0033741

Levers, L. L. (2012). *Trauma counseling: Theories and interventions*. Springer Publishing Company.

Lichtman, H. (1984). Parental communication of Holocaust experiences and personality characteristics among second-generation survivors. *Journal of Clinical Psychology*, *40*(4), 914–924. https://doi.org/10.1002/1097-4679(198407)40:4<914::AID-JCLP2270400408>3.0.CO;2-U

Liu, K., Ruggero, C. J., Goldstein, B., Klein, D. N., Perlman, G., Broderick, J., & Kotov, R. (2016). Elevated cortisol in healthy female adolescent offspring of mothers with posttraumatic stress disorder. *Journal of Anxiety Disorders, 40*, 37–43. https://doi.org/10.1016/j.janxdis.2016.04.003

Marsh, T., Cote-Meek, S., Toulouse, P., Najavits, L. & Young N. (2015). The application of two-eyed seeing decolonizing methodology in qualitative and quantitative research for the treatment of intergenerational trauma and substance use disorders. *International Journal of Qualitative Methods, 14*, (5), 1-13. https://doi.org/10.1177/1609406915618046

Nagata, D. K., Trierweiler, S. J., & Talbot, R. (1999). Long-term effects of internment during early childhood on third-generation Japanese Americans. *American Journal of Orthopsychiatry*, *69*(1), 19–29. https://doi.org/10.1037/h0080378

Mikulincer, M., & Shaver, P. R. (2009). An attachment and behavioral systems perspective on social support. *Journal of Social and Personal Relationships*, *26*(1), 7–19. https://doi.org/10.1177/0265407509105518

Palma-Gudiel, H., Córdova-Palomera, A., Eixarch, E., Deuschle, M., & Fañanás, L. (2015). Maternal psychosocial stress during pregnancy alters the epigenetic signature of the glucocorticoid receptor gene promoter in their offspring: A meta-analysis. *Epigenetics, 10*, 893–902. https://doi.org/10.1080/15592294.2015.1088630

Petrone, E. A. (2016). Reconstructing culture: The promises and challenges as articulated by Latino/a youth. *Ethnography and Education, 11*(1), 21-39. https://doi.org/ 10.1080/17457823.2015.1036301

Quinn, A. (2019). Reflections on intergenerational trauma: Healing as a critical intervention. *First Peoples Child & Family Review*, *14*(1), 196–210.

https://fpcfr.journals.publicknowledgeproject.org/index.php/FPCFR/article/view/381

Rinehart, N. T. (2016). The man that was a thing: Reconsidering human commodification in slavery. *Journal of Social History*, *50*(1), 28–50. https://doi.org/10.1093/jsh/shv129

Rodgers, A. B., Morgan, C. P., Leu, N. A., & Bale, T. L. (2015). Transgenerational epigenetic programming via sperm microRNA recapitulates effects of paternal stress. *Proceedings of the National Academy of Sciences of the United States of America*, *112*, 13699–13704. https://doi.org/10.1073/pnas.1508347112

Rogers, J., Crockett, J., & Suess, E. (2019). Miscarriage: An ecological examination. *The Professional Counselor, 9*(1), 51–66. https://doi.org/10.15241/jlr.9.1.51

Rogers, J., Gilbride, D., & Dew, B. (2018). Utilizing an ecological framework to enhance counselors' understanding of the U.S. opioid epidemic. *The Professional Counselor, 8*(3), 226–239. https://doi.org/10.15241/jlr.8.3.226

Rosenheck, R., & Fontana, A. (1998). Transgenerational effects of abusive violence on the children of Vietnam combat veterans. *Journal of Traumatic Stress*, *11*(4), 731–742. https://doi.org/10.1023/A:1024445416821

Rubio-Hernandez, S. P. & Ayon, C. (2016). *Pobrecitos los Niños*: The emotional impact of anti-immigration policies on Latino children. *Children and Youth Services Review, 60*, 20-26. https://doi.org/10.1016/j.childyouth.2015.11.013

Sangalang, C. C., & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. *Journal of Immigrant and Minority Health*, *19*(3), 745–754. https://doi.org/10.1007/s10903-016-0499-7

Scheper-Hughes, N. (1993). *Death without weeping: The violence of everyday life in Brazil*. University of California Press.

Schore, A. (2000). Attachment and the regulation of the right brain. *Attachment & Human Development*, *2*(1), 23–47. https://doi.org/10.1080/146167300361309

Simons, R. L., & Johnson, C. (1998). An examination of competing explanations for the intergenerational transmission of domestic violence. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 553–570). Plenum.

Sirikantraporn, S., & Green, J. (2016). Introduction: multicultural perspectives of intergenerational transmission of trauma. *Journal of Aggression, Maltreatment & Trauma*, *25*(6), 559–560. https://doi.org/10.1080/10926771.2016.1194941

Sotero, M. M. (2006). A conceptual model of historical trauma: implications for public health practice and research. *Journal of Health Disparities Research and Practice, 1*(1), 93–108.

Substance Abuse and Mental Health Administration. (2014). *A Treatment Improvement Protocol- Trauma-Informed Care in Behavioral Health Services.* http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/mental-health-services.html

Wolfe, J. B., Betz, N. E. (2004). The relationship of attachment variables to career decision-making self-efficacy and fear commitment. *The Career Development Quarterly, 52*(4), 363–369. https://doi.org/10.1002/j.2161-0045.2004.tb00952.x

Xia, X. (2016). Forming wage expectations through learning: Evidence from college major choices. *Journal of Economic Behavior and Organization, 132*, 176–196. https://doi.org/10.1016/j.jebo.2016.10.013

Yehuda, R., Halligan, S. L., & Bierer, L. M. (2001). Relationship of parental trauma exposure and PTSD to PTSD, depressive and anxiety disorders in offspring. *Journal of Psychiatric Research, 35*(5), 261–270. https://doi.org/10.1016/S0022-3956(01)00032-2

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Emotional Abuse: Strategies for Identifying and Reporting

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Emotional abuse is the least understood and most underreported type of child abuse (English et al., 2005; Goldsmith & Frey, 2005; Hart et al., 2002; Kumari, 2020). Although we know emotional abuse is linked to deleterious outcomes for survivors, studies illuminating this type of abuse have trailed other types such as physical or sexual abuse (Morelen & Shaffer 2012). Some authors purport emotional abuse lies beneath all other types of child abuse (English et al., 2015; Malo et al., 2016; Marshall, 2012), but for the purposes of this article, the focus will be solely on emotional abuse as a distinct form of child maltreatment. Considering the long-term effects of emotional abuse, and the lack of reporting coupled with weak statutes, more engagement is warranted professionally to better identify, report and advocate for legislative changes in many states.

Childhood Emotional Abuse

Childhood emotional abuse (CEA) is one of the reportable types of child abuse. Also known as psychological maltreatment, emotional maltreatment, and mental injury, this type of abuse has presented with challenges for researchers, scholars, lawmakers, and mandated reporters (Baker & Brassard, 2019). The Child Abuse Prevention and Treatment Act (CAPTA), originally passed in 1974 (P.L.93-247) was last reauthorized in 2010 and amended four times addressing human trafficking, infant safety after exposure to alcohol and illegal substances and further protections and immunity for reporters (Child Welfare Information Gateway, 2019). Most recently the CAPTA 2021 reauthorization bill was introduced in the senate by Senator Patty Murray. In spite of the numerous revisions over time, CAPTA has failed to provide any definitions for several types of abuse including emotional abuse (USDHHS, n.d.), further adding to the challenges for identifying and reporting this abuse. With the lack of guidance from the

federal government, states have been left to establish their own definitions, and variability in such definitions is substantial.

Scholars have attempted to define emotional abuse to better understand, identify, and study this form of child maltreatment. Perhaps the most comprehensive work in this area was done by Brassard and Donovan (2006). These authors attempted to examine classifications for CEA across models looking for commonalities among the models (English et al. 2015). In the end they created a classification system for CEA after discovering a great deal of agreement among the models (See Figure 7.1, p. 156, Brassard & Donovan, 2006). Starting with the definitional framework asserted by the American Professional Society on the Abuse of Children (APSAC, 2019) Brassard and Donovan (2006) took those initial six categories (i.e., spurning, terrorizing, isolating, exploiting/corrupting, denying emotional responsiveness, and mental health/medical/legal neglect) and created subcategories for each. Their work serves as a model to help practitioners and states create and/or improve their current definitions and frameworks for identification of CEA.

Status of Reporting in the United States

Thirty-three states provide some type of definition for emotional abuse as part of their legislation while Washington and Georgia have no law for reporting emotional abuse at all (USDHHS, n.d.). Another six states have a higher threshold for those mandated to report, only allowing physicians, qualified mental health professionals or what is known as an *expert witness* to even report a concern of emotional abuse to state child protection agencies. The variability not only in definition but also in eligible reporters (Buser & Buser, 2013) further challenges the ability to protect children from harmful psychological outcomes. This is a concern as literature suggests CEA may do more long-term damage than some other types of abuse (Marshall, 2012),

even altering brain structure in otherwise healthy child brains (Cicchetti, 2002). Exploring the reporting challenges and barriers followed by suggestions for improved reporting can help to address this gap currently present in the mandated reporting field.

The prevalence of CEA is difficult to accurately assess. This is due in part to the lack of reporting but also the discrepancy between the data found in research studies (e.g., Finkelhor et al., 2009) and the data found in the national data collected yearly (USDHHS, n.d.). A good example of this discrepancy would be the study by Trickett et al. (2009). In this study, abstracted DCFS records of maltreated youth found nearly 50% of the youth had experienced emotional abuse by use of Brassard and Donovan's framework, yet only 9% of these cases were identified as such at the time of the referral. CEA is seldom the focus of child abuse investigations yet likely accompanies the other forms of child abuse that are reported and investigated. Trickett et al. (2009) found physical abuse (63%) and neglect (76%) to be the most frequent abuse types where CEA was present but not identified.

Effects of Childhood Emotional Abuse

Unlike physical or sexual abuse, emotional abuse has some qualitative differences which create a unique albeit disconcerting reaction by the child who is abused. Emotional abuse is usually perpetrated by a parent or guardian, so the abuse relates precisely to the parent-child relationship (Buser & Buser, 2013). As a likely attachment figure the child is placed in a situation where they must develop cognitive strategies to accommodate their environment such as dissociation or denial (Goldsmith & Freyd, 2005). These strategies allow the child to continue living in a psychologically abusive environment with some insulation from the verbal and personal attacks. For other children, their method of accommodation may be to internalize the abuse; believing the attacks are warranted and deserved as this choice is preferable to admitting

the caregiver is truly that cruel (Goldsmith & Freyd, 2005). Further strategies may erase the memories altogether. In these situations, the child will not recognize, admit, or report any emotional abuse as they don't have historical recollection of the experience (Goldsmith & Freyd, 2005).

The effects of CEA have been documented in the literature. There are numerous articles revealing adult outcomes associated with a childhood of substantive emotionally abusive environments. Alloy et al. (2006) found CEA to be both associated with as well as a risk factor for depression in adulthood, while Ackner, et al. (2013) indicated a CEA history was highly prevalent in clients with psychotic experiences. Goldsmith and Freyd (2005) found correlations between CEA and alexithymia, dissociation, depression, and anxiety although they purported these should be conceptualized as a trauma reaction rather than psychopathology. Retrospective studies of adolescents and adults also find connections with personality disorders (Finzi-Dottan & Karu, 2006), anxiety (Fonzo et al.,2015) and aggressive behaviors (Allen, 2011). Adult outcomes from CEA found in the literature are typically analyzed using self-report questionnaires, psychosocial histories, assessments, national data sets, and interviews.

Furthermore, researchers are familiar with some of the likely signs to present during childhood which suggest a history of emotional abuse may be present. Gibb and Abela (2008) found CEA related to depressive symptoms in child clients. Children from toddler age through childhood are more likely to display aggressive behaviors while adolescents will be more prone to dissociative symptoms, substance abuse, delinquency (Brassard & Donovan, 2006) and an increased risk of suicide attempts (Miller et al., 2013). Taillieu et al. (2016) posited CEA interferes in a secure attachment bond, with children displaying insecure attachments symptoms

and behaviors during their childhood and/or adolescence. Perhaps most concerning is the literature regarding neural changes in children who have experienced CEA.

The literature suggests CEA likely influences the creation of negative beliefs of self-associations and such beliefs leave the child vulnerable to additional problems in childhood and adulthood (Ackner et al., 2013; van Harmelen et al., 2010). Sometimes known as pessimistic explanatory style or negative cognitive style, this phenomenon describes an individual's bias to see the cause of negative events globally, and personally and is a cognitive predictor of depression (Buser & Buser, 2013). In another study of emotional abuse on brain development, Zhao et al. (2015) found participants with more severe emotional abuse histories had higher neurological soft sign scores in the frontal area of the brain. These neurological soft signs are more commonly found in the brain areas of depressed patients. Zhao et al. (2015) defined neurological soft signs as "mild neurological and nonlocalizing abnormalities associated with defects of motor coordination, balance and integration, as well as sensory integration of the central nervous system" (p. 286). Cicchetti (2002) advanced that CEA may alter the structure, function and organization of healthy brains specifically if this occurs during those periods of rapid brain development while Schore (2001) suggested CEA can modify brains by over-pruning dendrites and influencing areas of brain development that are experience-dependent.

Another cognitive outcome from CEA is alexithymia. Alexithymia, sometimes known as emotional blindness, is an inability to express, perceive or identify feelings. Childhood trauma is one of the few identified causes of this disorder and studies have found positive correlations between CEA and alexithymia (Goldsmith & Freyd, 2005). It is suggested that some emotionally abusive environments teach children the world is not safe for expressing one's emotions while others dictate that children are not allowed to have feelings or to have their own feelings unique

from others (Goldsmith & Freyd, 2005). These invalidating environments cause individuals to doubt their own experiences and further thwart the ability to discern them.

Reporting Behaviors

With all the identified concerns for CEA, it becomes imperative for clinicians to do a better job of reporting with a well-supported rationale for their concerns. Former studies of school counselors found emotional abuse to be the most suspected but not reported of all abuse types and additionally ranked as the type of abuse school counselors felt least certain in abilities to recognize (Bryant & Milsom, 2005; Bryant, 2009). McTavish et al. (2017) also found less overt forms of child abuse to go unreported, including CEA even though it is likely one of the most prevalent forms of child abuse out there (Finkelhor et al., 2013). Perhaps the previously mentioned absence of a clear definition, for purposes of reporting contributes to these findings and with variability between states, clinicians must report according to the definition specifically for their state. Qualitative results from Kimber et al. (2019) identify views by reporters that Child Protective Service (CPS) will not likely get involved with CEA, making reporters more reluctant to call. CEA is also more challenging for CPS to substantiate when reports are made (Malo et al., 2016) illuminating the challenges not only for the reporter but also the investigator.

In light of the challenges inherent in this type of abuse and the long-term effects that have been reported in the literature, it is crucial to identify challenges and strategies to specifically address them. Mental health practitioners are one of the most likely professionals to be in a position not only to identify but to also verify the presence of CEA. To that end this section will attempt to support clinicians in their challenge and responsibility to identify and report CEA for their child and adolescent clients. With implementation of new strategies and hopefully additional confidence in reporting, there will be a marked improvement in reporting of CEA over

time. More than other types of abuse, it is likely CEA places more onus on the clinician from the start not only to make the difficult determination but also to know how to look for signs and explore possible abuse when working with clients in session.

Challenge One: Defining Emotional Abuse

As stated earlier, there is not a consensus within state statutes or the literature at large what is reportable emotional abuse of a child. Current definitions, while helpful are not always crafted in a manner that is behaviorally identifiable for clinicians. In other words, how can a practitioner clearly assess that the abuse has occurred and has caused measurable mental injury that an investigative body would appreciate and understand? This type of abuse does not lend itself to the concreteness of physical abuse, sexual abuse, or neglect. The damage literally is mental or emotional damage and therefore the manner in which we operationalize that must be clearly delineated. Clinicians who live in a state with clear guidelines can use those to their advantage for both identification and reporting. For instance, in the state of Iowa the definition of mental injury is as follows:

> "Mental injury" is defined as any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a licensed physician or qualified mental health professional as defined in Iowa Code section 622.10.

This definition contains several of the specifics found in previous literature. The definition above describes the behavior as psychologically injurious. This would suggest that at report the clinician can identify the psychological harm. Additionally, in this definition the emotional abuse has caused impairment in the functional abilities of the child in one or more ways (i.e., cognitive, social, academic or behaviors as per Baker, 2009). While other definitions in the literature also offer consideration of the severity and intentionality, those may be used to support a report but

do not offer a measurement of abuse or harm per se. Defining the abuse with a focus on psychological harm and impairment of functioning reduces subjectivity and improves a common language for understanding and identifying this type of abuse.

For those living in a state with little to no guidance statutorily to the defining of CEA, clinicians may want to be proactive. One possible approach would be to create an outline or definition of CEA, taken from the definitions found in the literature. Using a self-created definition, clinicians would report concerns using scaffolding and structure to emphasize not only substantiated claims of abuse but also objective impairment. For instance, the APSAC (2019) categories are a good start for identifying and better defining the reported concern. While the APSAC had six categories the fifth (denying emotional responsiveness) and the sixth (mental health/medical/legal neglect) would be considered a form of neglect rather than abuse. That leaves the following four categories spurning, terrorizing, isolating, and exploiting/corrupting, as a structure for defining the types of emotional abuse. These four categories are then broken down into qualitatively different subcategories. Finally, connecting the emotionally abusive behaviors to observable harm is needed to close the loop on this type of abuse, as it cannot be inferred from the behaviors of the perpetrator. An example of one possible assessment is provided in Appendix 1. Using a self-created assessment would be an interim alternative while waiting for serious legislative changes.

Another approach to ameliorating the lack of guidance in reporting CEA would be to advocate. Advocating for a clearer definition and substantiation criteria would clearly fall into the realm of professional advocacy. Clinicians could work with their state professional organizations, their local legislators, or approach their child protective services and work

together to make the changes needed for the sake of the children and the clinicians charged with identifying and reporting. Baker and Brassard (2019) suggested

> a team of expert researchers, policy makers and child welfare professionals convene in order to develop a replacement for current statutory definitions of this form of child maltreatment…to develop a model law that will aid the United States in ongoing surveillance of child maltreatment (p. 9).

Clinicians could consider utilizing the child's diagnosis as it relates to past and possible future emotional abuse. For example, a child may have anxiety disorders including panic and possible post-traumatic stress disorder (PTSD) from years of CEA. Their parent continually ridicules and threatens them for not getting straight As and the child as a result runs away, becomes suicidal, self-harms after the verbal abuse, or perhaps experiences dissociations during the school day due to the CEA and stress about academics. Connecting these in reports, as only something the practitioner could understand, helps the investigators with their task at hand. This may be one reason some states require that the reporters of CEA are mental health professionals. We are the ones most likely to be able to connect such dots.

Challenge Two: Identifying Emotional Abuse

The challenge in identifying abuse is multi-faceted. First, clinicians have endorsed in past studies that they feel ill-equipped to identify emotional abuse when compared with other types of abuse (Bryant & Milsom, 2005; Bryant, 2009; Kenny & Abreu, 2016). Therefore, the first step in this process is to improve training and knowledge of the unique characteristics of this abuse both during training programs but also after a practicing clinician, through workshops, conferences, or state-specific trainings. As practitioners we must meet the challenge inherent in reporting emotional abuse rather than accepting feelings of inadequacy.

Another reason for difficulty in identification of emotional abuse may be our child or adolescent client. Inquiring with adult clients about past emotional abuse in childhood may be

standard practice in intake and counseling practice in general. But exploring the subtleties of emotional abuse with a child client or teen is not as easily accessible. Literature includes retrospective reports from adult clients able to identify emotional abuse and study that history in terms of clinical presentation in adulthood (Baker, 2009). However, the literature also illuminated that children, by the nature of the abuse, are less likely to identify their own victimization of emotional abuse, or even in some cases remember the abuse, as dissociation and internalization of the negative messages occurs. Therefore, it is challenging as clinicians to sometimes access the information that would identify the caretaker behaviors that are causing the psychological harm. A study by Kimber et al. (2019) found clinicians might ask broad questions about conflict in the home or parenting practices during intake or early sessions but nothing formally assessing emotional abuse. These respondents also felt that until they had developed a strong therapeutic relationship with their client, it was unlikely the client would share information regarding possible emotional abuse by their parent or caretaker. If this is the case, then at the very least clinicians should employ questions or screening tools developmentally appropriate for the client that will give some possible clues as to whether there is more that should be explored in future sessions.

Assessment is another option to explore the possibility of current or past emotional abuse. It is customary now to screen clients for Adverse Childhood Experiences (ACEs) using an ACEs screening tool, which measures types of abuse and neglect including emotional abuse in addition to other trauma experiences. Variations now exist for teens as well as younger children (or the caregiver of a child) and can be found free of charge on the Internet. Likewise giving a child a trauma screening tool or child abuse screening assessment may also uncover CEA that was not openly reported in sessions or intake. Meinck and Steinert (n.d.) and Eklund et al. (2018)

provide lists of trauma and child maltreatment scales practitioners may employ. Using the answers to specific items on an assessment is a natural way to explore past incidents with a child client, as they may not recall them initially on their own, but with a screening tool can recognize an event when queried. These tools may also offer additional support or substantiation in a later report of CEA.

Furthermore, if clinicians were educated on the common presentation of clients with an emotional abuse history, they too would have additional clues that could lead to future exploration of CEA. Earlier in this article a review of the literature offered common outcomes seen in children with a history of CEA. If we note these outcomes in a child or adolescent client, we can use this information as a form of reverse identification. If a toddler has aggressive problems and we know this is an outcome of an early history of CEA, we have a duty to explore this possibility further in sessions. Likewise, if we have a teen client with dissociation, so too we should use this information in reverse to implement a cursory assessment of possibly emotional abuse. Tying CEA, if identified, to those emotional, behavioral, cognitive, or psychological impairments connects the dots that lead to a cogent report.

Finally, while not a direct link to making a report of CEA, understanding the risk factors for caregivers who engage in CEA could be a helpful clue in identification. Simmel et al. (2016) found the most salient caretaker risk factors are a previous history of abuse, recent arrest, serious mental health problems, inappropriate parenting, low social support, and problems in paying necessities. As clinicians, if we assess parental status in these areas at intake, we will have a foundation for looking at future signs and symptoms of our child or teen client within the context of possible CEA and follow-up appropriately. This and other information can be used to bolster

the making of a strong report; adding to the data that may or may not be known to the person receiving our report.

Conclusion

While the literature is replete with articles about child maltreatment, childhood emotional abuse, mental injury or psychological maltreatment continue to lag behind in reporting, reporter efficacy as well as the statutes meant to guide mandated reporting. When clinicians are aware of the soft signs that might suggest a history of CEA in a child or adolescent client, they are more likely to explore that issue with them, as they are less likely to self-identify as being emotionally abused, in comparison to other types of abuse. Likewise, if clinicians would use available screening tools when appropriate, they may open the door to exploring CEA with their young client. Future research might study the efficacy of such interventions. Additionally, advocacy for changes in weak state statutes will support reporters, investigators, and child victims of emotionally maltreatment.

References

Ackner, S., Skeate, A., Patterson, P., & Neal, A. (2013). Emotional abuse and psychosis: A recent review of the literature. *Journal of Aggression, Maltreatment & Trauma*, *22*(9), 1032–1049. doi:10.1080/10926771.2013.83713

Allen, B. (2011). Childhood psychological abuse and adult aggression: The mediating role of self-capacities. *Journal of Interpersonal Violence*, *26*(10), 2093–2110. https://doi.org/10.1177/0886260510383035

Alloy, L. B., Abramson, L. Y., Smith, J. M., Gibb, B. E., & Neeren, A. M. (2006). Role of parenting and maltreatment histories in unipolar and bipolar mood disorders: Mediation by cognitive vulnerability to depression. *Clinical Child & Family Psychology Review*, *9*(1), 23–64. https://doi.org/10.1007/s10567-006-0002-4

American Professional Society on the Abuse of Children (2019). *Practice guidelines: The investigation and determination of suspected psychological maltreatment of children and adolescents*. Author. 4700a8_bafd89852e3e4b4a975840e33ccef54b.pdf (apsac.org)

Baker, A. J. L., (2009). Adult recall of childhood psychological maltreatment: Definitional strategies and challenges. *Children and Youth Services*, *31*(7). 703-714. https://doi.org/10.1016/j.childyouth.2009.03.001

Baker, A. J. L., & Brassard, M. R. (2019). Predictors of variation in state reported rates of psychological maltreatment: A survey of U.S. statutes and a call for change. *Child Abuse and Neglect, 96*. https://doi.org/10.1016/j.chiabu.2019.104102

Brassard, M. R., & Donovan, K. L. (2006). *Defining psychological maltreatment.* In M. M. Feerick, J. F. Knutson, P. K. Trickett, & S. M. Flanzer (Eds.), *Child abuse and neglect:*

Definitions, classifications, and a framework for research (pp. 151–197). Paul H Brookes Publishing Co.

Bryant, J., & Milsom, A. (2005). Child abuse reporting by school counselors. *Professional School Counseling, 9*(1), 63-71.

Bryant, J. (2009). School counselors and child abuse reporting: A national survey. *Professional School Counseling, 12*(5), 333-342. https://doi.org/10.1177/2156759X0901200501

Buser, T.J., & Buser, J.K. (2013). Helping students with emotional abuse: A critical area of competence for school counselors. *Journal of School Counseling, 11*(9), 1-45.

Child Welfare Information Gateway. (2019). *About CAPTA: A legislative history*. U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubpdfs/

Cicchetti, D. (2002). *How a child builds a brain: Insights from normality and psychopathology.* In W. Hartup & R. A. Weinberg (Eds.), *The Minnesota symposia on child psychology, Vol. 32. Child psychology in retrospect and prospect: In celebration of the 75th anniversary of the Institute of Child Development* (pp. 23–71). Lawrence Erlbaum Associates Publishers.

Eklund, K., Rossen, E., Koriakin, T., Chafouleas, S. M., & Resnick, C. (2018). A systematic review of trauma screening measures for children and adolescents. *School Psychology Quarterly, 33*(1), 30–43. https://doi.org/10.1037/spq0000244

English, D., Thompson, R., Roller White, C., & Wilson, D. (2015). Why should child welfare pay more attention to emotional maltreatment? *Children and Youth Services Review, 50*, 53-63. https://ideas.repec.org/a/eee/cysrev/v50y2015icp53-63.html

Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, abuse and crime

exposure in a national sample of children and youth. *Pediatrics, 124*(5), 1-13. https://doi.org/10.1542/peds.2009-0467

Finkelhor, D., Jones, L.M., and Shattuck, A. (2013). *Updated trends in child maltreatment, 2011*. University of New Hampshire, Crimes against Children Research Center. https://scholars.unh.edu/cgi/viewcontent.cgi?article=1059&context=ccrc

Finzi-Dottan, R., & Karu, T. (2006). From emotional abuse in childhood to psychopathology in Adulthood: A path mediated by immature defense mechanisms and self-esteem. *The Journal of Nervous and Mental Disease, 194.* 616-637. https://doi.org/10.1097/01.nmd.0000230654.49933.23

Fonzo, G., Ramsawh, H., Flagan, T., Simmons, A., Sullivan, S., Allard, C., Paulus, M. P., Stein, M. (2016). Early life stress and the anxious brain: Evidence for a neural mechanism linking childhood emotional maltreatment to anxiety adulthood. *Psychological Medicine*, *46*(5), 1037-1054. https://doi.org/10.1017/S0033291715002603

Gibb, B. E., & Abela, J. R. Z. (2008). Emotional abuse, verbal victimization, and the development of children's negative inferential styles and depressive symptoms. *Cognitive Therapy and Research, 32*(2), 161–176. https://doi.org/10.1007/s10608-006-9106-x

Goldsmith, R. E. & Freyd, J. J. (2005). Awareness for emotional abuse. *Journal of Emotional Abuse, 5*(1), 95-123. https://www.researchgate.net/publication/233228444

Hart, S. N., Brassard, M. R., Binggeli, N. J., & Davidson, H. A. (2002). *Psychological maltreatment.* In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 79–103). Sage.

Iowa Department of Human Services (2020). *Mental injury.*

https://dhs.iowa.gov/childabuse/what-is-child-abuse/mental-injury

Kenny, M. C, & Abreu, R. L. (2016). Mandatory reporting of child maltreatment for counselors: An innovative training program. *Journal of Child and Adolescent Counseling, 2*(2), 112–124. https://doi.org/10.1080/23727810.2016.1228770

Kimber, M., McTavish, J. R., Couturier, J., Le Grange, D., Lock, J., & MacMillan, H. L. (2019). Identifying and responding to child maltreatment when delivering family-based treatment: A qualitative study. *International Journal of Eating Disorders, 52*(3), 292-298. https://doi.org/10.1002/eat.23036

Kumari V. (2020). Emotional abuse and neglect: time to focus on prevention and mental health consequences. *The British Journal of Psychiatry, 217*(5):597-599. https://doi.org/10.1192/bjp.2020.154

Marshall, N. A. (2012). A clinician's guide to recognizing and reporting parental psychological maltreatment of children. *Professional Psychology Research and Practice, 43*(2), 73-79. https://psycnet.apa.org/doi/10.1037/a0026677

Malo, C., Moreau, J., Lavergne, C., & Hélie, S. (2016). Psychological maltreatment, the under recognized violence against children: A new portrait from Quebec. *Child Welfare, 95*(1), 77–99. https://www.jstor.org/stable/48623561

McTavish, J.R., Kimber, M., Devries, K., Colombini,, M., MacGregor, J. C. D., Wathen, C. N., Agarwal, A., MacMillin, H. L., (2017). Mandated reporters' experiences with reporting child maltreatment: a meta-synthesis of qualitative studies. *BMC Psychology*, *5*(1), 1-15. https://doi.org/10.1186/s40359-017-0202-3

Meinick, F. & Steinert, J. (n.d.). *Measuring and monitoring the prevalence of child maltreatment in the community: An overview of measures.* World Health Organization Regional Committee for Europe.

Miller, A., Esposito-Smythers, C., Weismoore, J., & Renshaw, K. (2013). The relation between child maltreatment and adolescents' suicidal behavior: A systematic review and critical examination of the literature. *Clinical Child & Family Psychology Review, 16*(2), 146-172. https://doi.org/10.1007/s10567-013-0131-5

Morelen, D., & Shaffer, A. (2012). Understanding clinical, legal, and ethical issues in child emotional maltreatment. *Journal of Aggression, Maltreatment, and Trauma, 21*(2), 188-201.https://doi.org/10.1080/10926771.2012.639054

Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22*(1-2), 201-269. https://doi.org/10.1002/1097-0355(200101/04)22:1<201::AID-IMHJ8>3.0.CO;2-9

Simmel, C., Merritt, D., Kim, H., & Kim, S. (2016). An exploratory study of neglect and emotional abuse in adolescents: Classifications of caregiver risk factors. *Journal of Child & Family Studies, 25*(8), 2372–2386. https://doi.org/10.1007/s10826-016-0414-9

Taillieu, T.L., Brownridge, D.A., Sareen, J., Afifi, T.O. (2016). Childhood emotional maltreatment and mental disorders: Results from a nationally representative adult sample from the United States. *Child Abuse & Neglect, 59*, 1-12. https://doi.org/10.1016/j.chiabu.2016.07.005

Trickett, P. K., Mennen, F. E, Kim, K. & Sang, J. (2009). Emotional abuse in a sample of multiply maltreated, urban young adolescents: Issues of definition and identification. *Child Abuse & Neglect, 33*(1), 27-35. https://doi.org/10.1016/j.chiabu.2008.12.003

United States Department of Health and Human Services, (n.d.). Definitions of child abuse and neglect in federal law. *Child Welfare Information Gateway.* https://www.childwelfare.gov/topics/can/defining/federal/

United States Department of Health and Human Services, (n.d.). *Definitions of child abuse and neglect*. Child Welfare Information Gateway. https://www.childwelfare.gov/pubPDFs/define.pdf

van Harmelen, A.L., van Tol, M.J., van der Wee, N.J., Veltman, D.J., Aleman, A., Spinhoven, P.,van Buchem, M.A., Zitman, .FG., Penninx, B.W., Elzinga, B.M. (2010). Reduced medial prefrontal cortex volume in adults reporting childhood emotional maltreatment. *Biological Psychiatry*, *68*(9), 832-838. https://doi.org/10.1016/j.biopsych.2010.06.011

Zhao, H., Guo, W., Niu, W., Zhong, A., & Zhou, X. (2015). Brain area-related neurological soft signs in depressive patients with different types of childhood maltreatment. *Asia-Pacific Psychiatry*, *7*(3), 286–291. https://doi.org/10.1111/appy.12172

Appendix

Childhood Emotional Abuse Assessment

Part 1

Check any of the following present in the report

Spurning – acts that reject or degrade the child

_____ singled the child out
_____ shamed the child
_____ belittled the child
_____ rejected the child

Please provide specific examples of each item that was endorsed.

Terrorizing – acts that threaten the psychological or physical safety of the child and/or others who are important to the child

_____ placed child in dangerous situations
_____ paired a rigid/unreasonable expectation with a threat if not met
_____ threatened violence towards the child
_____ threatened violence against the child's loved one
_____ perpetrated violence against the child's loved one

Please provide specific examples of each item endorsed

Isolating – confining or placing unreasonable restrictions on the child's social interactions with others

_____ confined the child within the environment
_____ restricted the child's ability to socialize with others

Please provide specific examples of each item endorsed.

Exploiting/Corrupting – encouraging the child to develop inappropriate behaviors and attitudes toward others

_____ modeled for the child antisocial/inappropriate/illegal behaviors
_____ encouraged the child in antisocial/inappropriate/illegal behaviors
_____ exposed the child to antisocial/inappropriate/illegal behaviors

Please provide specific examples of each item endorsed

Childhood Emotional Abuse Assessment

Part 2

Please list any mental health diagnoses the child has:

_____

_____

_____

How does the emotional abuse affect this child's mental health? (In what ways does the emotional abuse create mental health difficulties or exacerbate the mental health disorders already present?)

Please check any behaviors noted that you believe are related to the emotional abuse:

_____ anxiety

_____ depression

_____ crying

_____ avoidance

_____ running away

_____ dissociation

_____ nightmares

_____ delinquency

_____ self-blame

_____ suicidality

_____ flashbacks

_____ stealing

_____ aggression

_____ nightmares

_____ difficulty concentrating

_____ lying

_____ substance use/abuse

_____ self-harm

_____ difficulty identifying emotions

_____ Other _____

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Examining Telemental Health in Mississippi: Brief Report

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Examining Telemental Health in Mississippi: Brief Report

Abstract

The term telemental health has become a staple of the modern counselor's lexicon since the start of the COVID-19 pandemic and has led to a surge of new research and practical information for counselors to engage in effective, socially distanced mental health services. Telemental health (TMH) is identified as the use of telecommunication, videoconferencing, and internet-based technologies to provide mental health services (Holland et al., 2018). Although TMH is regarded as an efficient treatment modality for a myriad of mental health issues, the cardinal purpose of its origination was to reduce or eliminate geographic barriers to receiving mental health treatment by mental health care providers (Bischoff et al., 2004). Rural communities, in particular, face extraordinary challenges in accessing mental health services and experiencing disproportionate challenges such as geographic isolation, limited access to healthcare specialists and subspecialists, limited job opportunities, lower socioeconomic status, poor infrastructure, and higher rates of health risk behaviors that make them more vulnerable (Chan et al., 2016; Tarlow et al., 2019). This brief report seeks to provide an overview of Mississippi's response to implementing TMH services and examine the overall accessibility to licensed counselors who are trained and/or certified to provide telemental health services.

Keywords: telemental health (TMH), distance professional services (DPS), rural, COVID-19 pandemic, advocacy

Examining Telemental Health in Mississippi: Brief Report

Background

Historically, states with primarily rural populations (such as Mississippi) have faced barriers to accessibility, availability, and sociocultural acceptance of mental health services (Myers, 2019). For these reasons and more, rural areas tend to report lower utilization of mental health care services when compared to other geographical populations (Larson et al, 2016). Prior to the COVID-19 pandemic, only 29% of mental health agencies throughout the country were offering telemental health appointments, and many of these agencies were located in states and cities with a greater percentage of urban populations (Barnett & Huskamp, 2020). Even as regions across the United States began to suspend face-to-face services and moved their practice to remote appointments, rural areas in particular experienced additional difficulties with accessibility due to broadband access, deficits in technology literacy, and the stigma of accessing mental health services (Andrilla et al., 2018).

In 2013, Mississippi legislators enacted Senate Bill 2209, followed by Senate Bill 2646 in 2014, which authorized covered and reimbursable medical services delivered in-person to also be covered and reimbursable when delivered remotely (Mississippi Legislature, 2013; 2014). However, telemental health (TMH) services were not a part of this iteration of the law and lagged significantly behind in receiving legislative support. During the COVID-19 pandemic, emergency legislation provided that TMH services would be covered and reimbursable when delivered to individuals with public insurance (Mississippi Division of Medicaid, 2021). Thus, the pandemic was a catalyst for implementing critical TMH services in rural communities where shortages in healthcare providers and resources persist (Patel et al., 2020).

The present commentary addresses how TMH services are implemented and utilized in the state of Mississippi and to better understand the status of TMH service providers in this predominantly rural population by using the MSBE-LPC license verification search tool (n.d.). Although TMH is an alternative

model of mental health service delivery that is intended to expand treatment access, this resource is not readily available for all U.S. residents, particularly individuals who live in underserved rural areas. In addition, current literature regarding the design, accessibility, and effective implementation of mental health technology interventions in rural regions remain ambiguous. Therefore, this brief report seeks to address this gap by providing information that may reduce the rural-urban disparities in TMH.

Telemental Health and Covid-19

The COVID-19 pandemic in the United States placed unprecedented strains on the health, social, and economic systems of countries around the world (Smallwood & Willis, 2021). Not only has it posed threats to people's physical health due to deleterious effects on the immune system and vital organs, but it has also caused tremendous threats to people's mental health. Specifically, the persistent consequences of this global health pandemic have increasingly been associated with mental and neurological manifestations, anxiety, manifestations, including anxiety, sleep disorders, and depression (Medeiros Carvalho et al., 2020); these mental health issues are even more concerning for rural residents given the barriers of distance access to care. Although there are multifaceted barriers to mental health care, poor access to quality care and shortages of mental health providers are two primary challenges (Holland et al., 2018). Effective implementation of TMH may serve as a solution to mitigate these barriers and provide services for rural communities in Mississippi.

When the pandemic began, mental health providers rushed to provide TMH services, which immediately began a push for training and remote practice all while addressing the aforementioned barriers. The Mississippi State Board of Examiners for Licensed Professional Counselors (MSBE-LPC) license verification search tool (n.d.) allows users to identify if a licensed counselor has received specific training hours or a certification of training for TMH services by denoting these counselors with the distance professional services (DPS) credential.

Research Questions

Data analyses of this brief report includes descriptive data which primarily serves to answer the following research questions:

1. Does a counselor's type of counseling licensure (Provisionally Licensed Professional Counselor [P-LPC], Licensed Professional Counselor [LPC], Licensed Professional Counselor - Supervisor [LPC-S]) affect their likelihood of obtaining the DPS credential? How many counselors have obtained the DPS credential, and what type of licensure do they have? (Provisionally Licensed Professional Counselor [P-LPC], Licensed Professional Counselor [LPC], Licensed Professional Counselor - Supervisor [LPC-S])?
2. Does a counselor's license issue date affect their likelihood of obtaining the DPS credential?

   When were active Mississippi counselors (both with and without a DPS credential) first issued their state license?
3. Does the county in which a mental health counselor registers their license affect their likelihood of obtaining the DPS credential? What is the distribution of Mississippi counselors by county, and what counties have the greatest concentration of DPS credentialed counselors?

Methods

Procedures

On January 7th, 2022, the license verification search tool on the MSBE-LPC website was accessed to collect the primary data (n.d.). The license verification search tool consisted of the four search boxes (SB) and two checkboxes (CB) listed below, with each search box including two available Boolean operator buttons ["AND" and "OR"]):

- **SB1:** *License Number* - Allows to search by entering the counselor's license number
- **SB2:** *Last Name* - Allows users to search by entering the counselor's last name
- **SB3:** *City* - Allows users to search by entering the city in which the counselor is licensed
- **SB4:** *County* - Allows users to search by entering the county in which the counselor is licensed

- **CB1:** *Distance Professional Services* - Allows users to search for counselors with the distance professional services credential
- **CB2:** *Include only current LPC-S* - Allows users to search for counselors with the Licensed Professional Counselor - Supervisor credential

Once the search criteria were selected, the following data was available for each counselor listed on the website: *License number*, *name*, *issue date*, *expiration date*, and *license status*. Only counselors with a listed issue date, listed expiration date after 1/7/2022, and listed license status of LPC ACTIVE or P-LPC were included in the final data; all other listed license statuses (e.g., LAPSED, SUSPENDED), as well as all those with unlisted issue and/or expiration dates, were eliminated from the final counts. The following four steps were completed to collect data for Q1 and Q2:

- **Step 1:** Collect data on all counselors listed on the MSBE-LPC website (no Boolean operators or checkboxes were selected, and no search terms were entered).
- **Step 2:** Collect data on counselors listed on the MSBE-LPC website with the LPC-S credential (only CB1 was selected, no search terms were entered).
- **Step 3:** Collect data on all counselors listed on the MSBE-LPC website with DPS credentials (only CB2 was selected, no search terms were entered).
- **Step 4:** Collect data on counselors listed on the MSBE-LPC website with both the LPC-S credential and the DPS credential (both CB1 and CB2 were selected, no search terms were entered).

To collect data for Q3, each Mississippi county was individually entered as a search term in SB4 with the "AND" Boolean operator selected. With this additional search criteria, the four steps used to collect data for Q1 and Q2 were then repeated for each county respectively. To reduce the risk of error during the data collection process, the data was audited by other members of the research team on January 10th and 11th, 2022. The audit report showed minimal errors; those errors discovered were

corrected and accounted for in the final data used in this brief report. Additional data on county populations and access to broadband internet was collected on the United States Census Bureau website (n.d.).

Results

Research Question 1

As of January 7th, 2022, a total of 2,983 search results were found on the MSBE-LPC website. Of those search results, a total of 1,956 (as seen on Table 1) fit the search criteria (listed issue date prior to 1/1/2022, listed expiration date after 1/7/2022, status of either LPC ACTIVE or P-LPC), the remaining 1,027 search results identifying other licensure statuses (e.g., expired, retired) and/or missing issue / expiration dates. The data on table 1 represents the total number of counselors with any active license type (LPC, P-LPC, and LPC-S) in the state of Mississippi: 1,237 (63%) were identified as LPCs, 334 (17%) were identified as P-LPCs, and 388 (20%) were identified as LPC-Ss. With the state population of Mississippi at approximately 3 million residents (United States Census Bureau, n.d.), the counselor to population ratio for the state of Mississippi is approximately 1 counselor for every 1,532 residents. When searching for counselors with the distance professional services (DPS) credential, just over 39% of counselors in the state of Mississippi were listed with DPS credential, a total of 776 search results with 772 fitting the search criteria (as seen on Table 1). Of the 772 counselors listed with the DPS credential, 446 were identified as LPCs (36% of total LPC in the state), 96 were identified as P-LPCs (29% of total P-LPC in the state), and 230 were identified as LPC-Ss (59% of total LPC-S in the state).

Research Question 2

Using the MSBE-LPC *issue date* data, Table 1 shows the year-by-year issue dates of all counselors within the state of Mississippi, broken down by licensure type and whether or not they had completed the DPS credential. Over 50% of the 771 counselors within the state of Mississippi with the DPS credential were first issued their license during or after 2015; though the inclusion of P-LPCs in Figure 1

results in a significant negative skew as P-LPCs only appear within the last four years of the data. Figure 2 removed P-LPCs from the data, showing slightly less negative skew, but overall displaying similar results: Over 50% of the remaining 675 counselors were first issued their license during or after 2014. As expected, counselors who were first issued their P-LPC licensure between 2020 and 2021 showed increased rates of completing the DPS credential, with the first COVID-19 pandemic closures starting in March 2020. However, there was a slight but surprising decrease of counselors with the LPC licensure issue date between 2020 and 2021 having completed their DPS credential in comparison to previous years, despite the greater need for using telemental health services. Regardless of whether or not the counselor completed the DPS credential, Figures 3, 4 and 5 used year-by-year averages to show how trendlines for all license types were positive, Figures 3, 4 and 5 showing mostly consistent growth since 1986. Trends LPC-Ss showed a sharp decline within 2018-2021, which was expected as counselors require a certain period of time with their LPC prior to completing the LPC-S credentials.

Research Question 3

When gathering data on the MSBE-LPC website for county-specific counselor counts, a discrepancy was consistently found amongst all the data outcomes: The sum of all the individual counties resulted in approximately 7%-12% of data being lost, with a total of 227 actively licensed counselors unaccounted for. The possibility of user error was significantly reduced with the data being audited by other research team members, identifying the most likely cause as the MSBE-LPC website itself. With the data that was able to be collected for the 82 Mississippi counties, the top 5 counties in the state for most actively licensed counselors and most counselors with DPS credentials were: Hinds County, Madison County, Rankin County, Harrison County, and Lafayette County. As identified in the literature review, these counties are less rural and have the highest rates of broadband access, falling under the long-time trend of demographics most likely to have TMH services available to them. With the state population of Mississippi at approximately 3 million residents (United States Census Bureau, n.d.),

the counselor to population ratio for the state of Mississippi is approximately 1 counselor for every 1,532 residents. For population to counselor ratios, these 5 counties average 1 counselor for every 967 residents; approximately one third less than the state average. Three of the five CACREP-accredited mental health counseling programs are found within the top 5 counties: Jackson State University (Hinds County), Mississippi College (Hinds County), and the University of Mississippi (Lafayette County). Mississippi State University (Oktibbeha County, #11) and Delta State University (Bolivar County, #13) can be found within the top 15 counties. For the top 5 counties in the state, approximately 45% of counselors within the state are located within counties that only consist of approximately 25% of the state population; however, nearly 48% of those counselors have obtained their DPS credential. In comparison, for the bottom 30 counties that reported at least one actively licensed counselor, approximately 4% of counselors within the state are located within counties that consist of approximately 15% of the state population (a counselor to resident ratio of 1 counselor for every 6,323 residents). Four Mississippi counties were identified as having no actively licensed counselors: Amite County, Carroll County, Issaquena County, and Wilkinson County. The total population of these four counties is over 32,000 residents, larger than all of Bolivar County, though Bolivar County reports a total of 34 actively licensed counselors.

Discussion

We sought to understand aspects of TMH and the TMH counseling workforce in Mississippi using the MSBE-LPC license verification search tool (n.d.). We found the data to be consistent with studies that evince multiple barriers to mental health care (Barnett & Huskamp, 2020; Holland et al., 2018; Patel et al., 2020). Although the COVID-19 pandemic has led to a significant nationwide increase in the use of TMH services (Patel et al., 2020), it was surprising to find that less than a third of P-LPCs and just over a third of LPCs had obtained the DPS credential. These findings may identify a lack of resources for P-LPCs, who are often limited to what their workplace demands of them or offers them in terms of

training or certifications. One important inquiry for future research is identifying how many new master's level counseling graduates are receiving this type of training from their college or university and transferring it into the field. For LPCs, these findings could potentially identify a sense of ambivalence if counselors already have an established out-of-pocket clientele or if they are otherwise working with payors that do not require the credential. As insurance companies and payors increase their requirements for these types of services, monitoring these rates for LPCs may provide information on counseling session payment trends for the state of Mississippi. LPC-Ss was the only license type with a majority obtaining the DPS credential, showing that there may be greater perceived value in this training for LPC-Ss who are actively supervising P-LPCs and other counseling students. This may also suggest that supervisees may be receiving some type of indirect training from their supervisor, which would reduce costs for the supervisee or organization while protecting clients. Further research on how LPC-Ss perceive the value of their TMH training with clients and supervisees may be beneficial in identifying factors that can motivate P-LPCs and LPCs to seek similar training.

Generational Waves

When analyzing data for research question 2, a unique time-related factor that was identified as a combination of "generational waves" that may provide additional information on how license issue date may be a predictive factor of those with the LPC licensure obtaining the DPS credential. Figure 1 displayed three chronological periods of time where rates of counselors completing the DPS credential would significantly increase. For LPCs that were first issued their license from 1986 and 2001 (Gen 1), only 15.6% were reported to have obtained the DPS credential. For LPCs that were first issued their license from 2002 to 2011 (Gen 2), the rate nearly doubled (29.3%) were reported to have obtained the DPS credential. Finally, LPCs that were first issued their license from 2012 to 2021 (Gen 3) showed an additionally significant increase as nearly 43.7% were identified with the DPS credential. The implications of these findings may be best understood in tandem with the numbers of active LPCs in

each generation: Gen 1 represents only 15% (186) of all currently active LPCs, Gen 2 represents approximately 24% (297) of all currently active LPCs, and Gen 3 represents 61% (753) of all currently active LPCs. When combining this data, it is revealed in Table 3 that each generation has at least three times the actual number of LPCs with DPS credentials than the previous generation; further identifying a potential for generational differences. One potential limitation for interpreting license issue dates is that when counselors complete their P-LPC and transition to the LPC licensure, the issue date changes to when they received their LPC. Without knowing exactly when each of these counselors first started their counseling career (if they started in other states, if they stopped and returned at some point, etc.), we cannot generalize how age or years of total experience are factors in obtaining a DPS certification. But this finding acknowledges that license issue date is a predictive factor that may be an important topic for future research to better understand counselor perspectives of TMH with age-related and experience-related demographics.

Rural TMH Growth and Advocacy

A significant key limitation for interpreting the county data is that it does not account for counselors that work primarily outside of their reported county. With the state average of 39% of all MS counselors listed with the DPS credential, the average rate of DPS credentialed counselors per county (for every county with at least one DPS credentialed counselor) is only 41.5%. 10 out of the top 15 counties with the greatest amount of actively licensed counselors fall below the 41.5% average, with only Hinds, Madison, Lafayette, Oktibbeha and Lowndes counties above the 41.5% average (counties in which 4 of the 5 four of the five CACREP-accredited programs are located). These counties may have larger concentrations of LPC-Ss because of these programs. This reinforces the possibility that LPC-Ss may be providing P-LPCs and students with TMH-related information and informal training.

With 374 (out of 772) actively licensed DPS-credentialed counselors within the counties that already have the lowest ratios of counselors to residents, there is a significant potential benefit for

increasing TMH accessibility within the state. If 25% of these DPS-credentialed counselors were to offer 25% of their weekly schedule for TMH appointments with rural clients, it would be the equivalent of approximately 23 mental health counselors; if 50% of them offered 50% of their weekly schedule for TMH appointments with rural clients, it would be the equivalent of approximately 93 counselors. If these numbers seem insignificant, the aforementioned statistic of 4% of Mississippi's counselors residing within counties that account for 15% of the population only consisted of 78 counselors. In addition, more urbanized areas are often found to be more diverse, which may contribute to the potential for counselors within these urban areas to offer greater racial, ethnic, sex, sexual orientation, gender identity, and ability diversity of counselors to populations in need throughout the state that may otherwise lack support in their identity formation.

Limitations

To ensure ethical use of this descriptive data, it is important to emphasize that the results and discussion of the data are not intended to imply or suggest statistical or practical significance within the data. There were important limitations throughout the data collection process that were addressed, but the importance of this data exploration is how it may reveal potential patterns and directions for future research. While these discussions does not specifically account for the logistics of reaching out to underserved populations, making sure that services are both affordable to the population and sufficiently profitable to attract counselors, or the realities of reduced technological infrastructure (Andrilla et al., 2018) within many of the counties that report few to no mental health counselors, the COVID-19 pandemic's impact on both public health systems and mental healthcare has further bolstered the social and political awareness of these needs.

Implications for Future Research

When it comes to gathering data sufficient for an array of qualitative, descriptive, correlational or predictive analyses, it is important to first consider the questions that are being explored and how

access to data is decentralized both in the tele-mental health services industry in general and in terms of counselors as tele-mental health service providers. Any future research must draw upon theory that considers the distinct variability of this subject matter, such as the definitions of TMH, titles of individuals who provide tele-mental health TMH services, and regional / or state credentials needed to provide the service. In our study, we used a definition of TMH relevant to the field of professional counseling and only examined titles and credentials classified by the MSBE-LPC. Our decision in this realm impacted our results from the start and excluded various professionals who are mental health providers beyond the counseling field. It also omitted individuals who work in the counseling field through state agencies and other identities that do not require licensure. Future research might be more inclusive in the criteria for providers to gather data sufficient to conduct statistical analyses related to disparities.

Though analyses in our discussion were descriptive in nature, they highlighted the need to consider a multitude of statistical tests that might help answer questions relevant to the provision of TMH services in rural regions. Three lines of inquiry are of urgent concern for future research: reimbursement, experiences, and advocacy. Studies that use statistical analysis to explore reimbursement and its impact on counselors' decisions to offer TMH services may be the greatest priority, as many insurance companies and other payors have already begun to discontinue reimbursement for TMH service as preventative treatments for the COVID-19 virus have become more widely available. A need to better understand the pros and cons of TMH services from both within and between counselor and client perspectives before, during, and post pandemic is warranted. Finally, strategies for counselors and clients to advocate for TMH service access, quality, participation, and rights must also be analyzed as federal and state funding are currently being diverted to expand broadband access in these targeted communities.

TMH and Equity

When interpreting any findings in research, it is important to provide sufficient context using a social justice underpinning for establishing who provides TMH services, a rationale for exploring a certain population of providers for a particular analysis and how any analysis worked to disaggregate data. Careful attention is especially needed in rural spaces where the population is often treated as homogenous despite research showing that rural regions are more often than not a smaller form of their heterogeneous urban counterparts. Given the smaller population sizes that are common in rural regions, future research may benefit from employing correlational designs due to issues of power analysis. If this technique is used, it is crucial that researchers uphold their obligations of ethical practices and multicultural competencies by ensuring that correlational findings are not posited as causal; particularly when examining an already vulnerable population. For this reason, we challenge researchers to consider predictive analyses such as regression discontinuity when examining the impact of the COVID-19 pandemic and policies set by agencies and governments that instantaneously affect access to TMH services for various underserved populations. Interpretation of results from predictive analyses are ideal for growing multicultural competencies and advocacy research as it relates to the need for improving and establishing quality telecommunication infrastructure in rural areas and community education focused on access and use of TMH services.

Conclusion

The goal of our exploratory study was to develop an informational snapshot pertinent to understanding the status of TMH counseling service providers in a state that is composed of a predominantly rural population. We propose that this information might help us further explore the impact of TMH service providers in rural regions as few studies exist in the literature since the onset of the COVID-19 pandemic related to this topic. Given that data on TMH service providers are decentralized, we limited our examination to publicly available data from the MSBE-LPC and gleaned insight into several implications for future research in this area. Namely, the methods of gathering,

analyzing and interpreting data related to TMH service providers shapes our understanding of this matter and whether disparities in access, quality, participation and rights exist and impact client outcomes in a particular region.

References

Agate, S. (2017). Unlocking the power of telehealth: Increasing access and services in underserved, urban areas. *Harvard Journal of Hispanic Policy, 29*, 85-96.

Andrilla, C. H. A., Patterson, D. G., Garberson, L. A., Coulthard, C., & Larson, E. H. (2018). Geographic variation in the supply of selected behavioral health providers. *American Journal of Preventive Medicine, 54*(6), S199-S207. https://doi.org/10.1016/j.amepre.2018.01.004

Barnett, P., Goulding, L., Casetta, C., Jordan, H., Sheridan-Rains, L., Steare, T., ... & Johnson, S. (2021). Tele-mental health services: a rapid umbrella review of pre-COVID-19 literature. Journal of Medical Internet Research, 23(7), 1-45. https://doi.org/10.2196/26492

Barnett, M. L., & Huskamp, H. A. (2020). Telemedicine for mental health in the United States: Making progress, still a long way to go. *Psychiatric Services, 71*(2), 197-198. https://doi.org/10.1176/appi.ps.201900555

Bischoff, R. J., Hollist, C. S., Smith, C. W., & Flack, P. (2004). Addressing the mental health needs of the rural underserved: Findings from a multiple case study of a behavioral telehealth project. *Contemporary Family Therapy, 26*(2), 179-198. https://doi.org/10.1023/B:COFT.0000031242.83259.fa

Chan, Y., Lu, S., Howe, B., Tieben, H., Hoeft, T., & Unützer, J. (2016). Screening and follow-up monitoring for substance use in primary care: An exploration of Rural–Urban variations. *Journal of General Internal Medicine, 31(*2), 215-222. https://doi.org/10.1007/s11606-015-3488-y

Crosby, R. A., Wendel, M. L., Vanderpool, R. C., and Casey, B. R. (2012). *Rural populations and health: Determinants, disparities, and solutions.* John Wiley & Sons.

Goghari, V. M., Hagstrom, S., Madon, S., & Messer-Engel, K. (2020). Experiences and learnings from professional psychology training partners during the COVID-19 pandemic: Impacts, challenges,

and opportunities. *Canadian Psychology/Psychologie Canadienne, 61(*3), 167–189. https://doi.org/10.1037/cap0000250

Harvard Law School Mississippi Delta Project. (2014). Mental health in Mississippi: Analysis and recommendations. *Delta Directions: Publications, 18*, 1-48. https://egrove.olemiss.edu/deltadirections_pub/18

Health and Human Services. (2020). *HHS award $15 million to support telehealth providers during the COVID-19 pandemic*. HHS Press Office.

Holland, J., Hatcher, W., & Meares, W. L. (2018). Understanding the implementation of telemental health in rural Mississippi: An exploratory study of using technology to improve health outcomes in impoverished communities. *Journal of Health and Human Services Administration, 41(*1), 52-86.

Larsen, J. L. S., Frandsen, H., & Erlangsen, A. (2016). MYPLAN–A mobile phone application for supporting people at risk of suicide. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 37* (3), 236-240. https://doi.org/10.1027/0227-5910/a000371

Luxton, D. D., Nelson, E., Maheu, M. M., & EBSCOhost e-book. (2016). A practitioner's guide to telemental health: How to conduct legal, ethical, and evidence-based telepractice (First ed.). American Psychological Association. https://doi.org/10.1037/14938-000

Medieros Carvalho, P.M., Moreira, M. M., de Oliveira, M.N., Macedo Landim, J. M., & Rolim Neto, M. L. (2020). The psychiatric impact of the novel coronavirus outbreak. *Psychiatry Research, 286*, 112902-112902. https://doi.org/10.1016/j.psychres.2020.112902

Mississippi Code of 1972, Section 25-15-9. (2013). http://billstatus.ls.state.ms.us/documents/2013/pdf/SB/2200-2299/SB2209SG.pdf

Mississippi Code of 1972, Section 83-9-353. (2014). http://billstatus.ls.state.ms.us/documents/2014/pdf/SB/2600-2699/SB2646SG.pdf

Mississippi Division of Health (2020; 2021). *Emergency Telehealth Policy*. https://medicaid.ms.gov/wp-content/uploads/2021/06/DOM-Emergency-Telehealth-policy-V10_6.30.2021.pdf

Mississippi State Board of Examiners for Licensed Professional Counselors (MSBE-LPC) (n.d.). *License Search.* https://www.lpc.ms.gov/secure/licensesearch.asp

Myers, C. R. (2019). Using telehealth to remediate rural mental health and healthcare disparities. *Issues in Mental Health Nursing, 40(*3), 233-239. https://doi.org/10.1080/01612840.2018.1499157

Patel, S. Y., Huskamp, H. A., Busch, A. B., & Mehrotra, A. (2020). Telemental health and US rural-urban differences in specialty mental health use, 2010-2017. *American Journal of Public Health (1971), 110*(9), 1308-1314. https://doi.org/10.2105/AJPH.2020.305657

Smallwood, N., & Willis, K. (2021). Mental health among healthcare workers during the COVID-19 pandemic. *Respirology (Carlton, Vic.), 26*(11), 1016-1017. https://doi.org/10.1111/resp.14143

Tarlow, K. R., Johnson, T. A., & McCord, C. E. (2019). Rural status, suicide ideation, and telemental health: Risk assessment in a clinical sample. The Journal of Rural Health, 35(2), 247-252. https://doi.org/10.1111/jrh.12310

United States Census Bureau (n.d.) *QuickFacts: Mississipppi*. https://www.census.gov/quickfacts/MS

Table 1

Mississippi Counselors by Year of Issue Date, License Type and DPS Credential Status

Year	All MS Counselors				Without DPS Credential				With DPS Credential			
	All	LPC	LPC-S	P-LPC	All	LPC	LPC-S	P-LPC	All	LPC	LPC-S	P-LPC
1986	7	6	1		7	6	1		0	0	0	
1987	24	23	1		19	19	0		5	4	1	
1988	2	2	0		2	2	0		0	0	0	
1989	7	6	1		6	5	1		1	1	0	
1990	6	3	3		3	2	1		3	1	2	
1991	1	1	0		1	1	0		0	0	0	
1992	11	6	5		8	5	3		3	1	2	
1993	12	4	8		7	3	4		5	1	4	
1994	17	11	6		13	11	2		4	0	4	
1995	18	14	4		14	13	1		4	1	3	
1996	31	25	6		25	21	4		6	4	2	
1997	24	16	8		11	10	1		13	6	7	
1998	23	14	9		17	12	5		6	2	4	
1999	26	18	8		19	15	4		7	3	4	
2000	24	15	9		16	12	4		8	3	5	
2001	33	22	11		25	20	5		8	2	6	
2002	46	26	20		29	21	8		17	5	12	
2003	40	23	17		26	16	10		14	7	7	
2004	43	27	16		28	19	9		15	8	7	
2005	35	22	13		23	15	8		12	7	5	
2006	39	24	15		25	18	7		14	6	8	
2007	51	36	15		34	27	7		17	9	8	
2008	67	46	21		43	35	8		24	11	13	
2009	47	38	9		26	22	4		21	16	5	

2010	42	25	17		23	15	8		19	10	9	
2011	45	30	15		25	22	3		20	8	12	
2012	70	48	22		39	30	9		31	18	13	
2013	99	72	27		57	50	7		42	22	20	
2014	86	63	23		38	33	5		48	30	18	
2015	88	64	24		43	36	7		45	28	17	
2016	69	53	16		36	29	7		33	24	9	
2017	89	80	9		51	48	3		38	32	6	
2018	161	92	14	55	103	54	7	42	58	38	7	13
2019	180	89	11	80	105	40	4	61	75	49	7	19
2020	182	98	3	81	107	55	0	52	75	43	3	29
2021	211	94	1	116	131	49	1	81	80	45	0	35
Totals	1956	1236	388	332	1185	791	158	236	771	445	230	96

Note. All data was collected on January 7th, 2022 using the MSBE-LPC website.

Table 2

Mississippi Counselors by County, License Type and DPS Credential Status

County	All Licenses	LPC-S	All with DPSC	LPC-S + DPSC	Population	% Broadband Access
Adams	12	2	5	0	30,693	73
Alcorn	16	0	6	0	36,953	71
Amite	0	0	0	0	12,297	61
Attala	3	0	0	0	18,174	68
Benton	2	0	0	0	8,259	59
Bolivar	34	7	10	3	30,628	61
Calhoun	1	0	0	0	14,361	64
Carroll	0	0	0	0	9,947	62
Chickasaw	2	1	0	0	17,103	61
Choctaw	2	0	0	0	8,210	66
Claiborne	3	1	1	1	8,988	65
Clarke	5	1	2	1	15,541	63
Clay	8	4	7	3	19,316	72
Coahoma	8	2	5	2	22,124	62
Copiah	3	0	1	0	28,065	50
Covington	4	0	0	0	18,636	52

Desoto	87	19	36	14	184,945	86
Forrest	69	18	17	6	74,897	75
Franklin	1	0	0	0	7,713	70
George	5	0	2	0	24,500	65
Greene	2	0	0	0	13,586	65
Grenada	7	0	2	0	20,758	67
Hancock	17	1	2	1	47,632	77
Harrison	113	18	38	10	208,080	80
Hinds	236	46	120	31	231,840	78
Holmes	1	0	0	0	17,010	43
Humphreys	2	0	0	0	8,064	61
Issaquena	0	0	0	0	1,327	41
Itawamba	3	0	1	0	23,390	72
Jackson	64	9	23	6	143,617	79
Jasper	11	1	1	1	16,383	45
Jefferson	4	0	2	0	6,990	68
Jefferson Davis	3	0	2	0	11,128	51
Jones	25	4	3	1	68,098	56
Kemper	2	0	0	0	9,742	52
Lafayette	101	22	55	17	54,019	83
Lamar	47	12	17	4	63,343	83
Lauderdale	67	13	15	5	74,125	71
Lawrence	1	1	1	1	12,586	47
Leake	6	0	3	0	22,786	61
Lee	86	16	29	8	85,436	75
Leflore	12	3	3	1	28,183	44
Lincoln	11	3	6	2	34,153	62
Lowndes	31	9	14	7	58,595	77
Madison	174	36	96	30	106,272	85
Marion	6	1	0	0	24,573	56
Marshall	7	0	2	0	35,294	65
Monroe	3	0	0	0	35,252	70
Montgomery	3	1	0	0	9,775	67
Neshoba	15	4	8	3	29,118	66
Newton	9	1	2	1	21,018	65
Noxubee	5	1	2	1	10,417	57
Oktibbeha	55	17	35	11	49,587	76
Panola	15	2	9	2	34,192	60
Pearl River	3	1	0	0	55,535	76
Perry	3	1	1	1	11,973	69
Pike	5	0	2	0	39,288	56
Pontotoc	15	2	9	1	32,174	64
Prentiss	6	1	1	0	25,126	72
Quitman	1	1	1	1	6,792	59
Rankin	157	41	65	22	155,271	83
Scott	6	2	2	1	28,124	60
Sharkey	1	0	0	0	4,321	60
Simpson	10	2	2	0	26,658	59
Smith	4	1	1	0	15,916	51
Stone	4	1	1	0	18,336	69
Sunflower	8	2	3	2	25,110	59
Tallahatchie	1	0	0	0	13,809	54
Tate	8	3	5	3	28,321	70
Tippah	6	2	2	2	22,015	65
Tishomingo	8	2	4	1	19,383	66
Tunica	2	0	2	0	9,632	71
Union	6	0	1	0	28,815	66
Walthall	1	0	0	0	14,286	51
Warren	24	7	8	3	45,381	75
Washington	18	7	2	2	43,909	62
Wayne	7	1	4	0	20,183	61
Webster	4	1	2	0	9,689	68
Wilkinson	0	0	0	0	8,630	53
Winston	3	1	0	0	17,955	63

Yalobusha	5	1	2	1	12,108	56
Yazoo	6	2	1	0	29,690	67
Sum of Counties	1731	358	704	213	2,976,149	-
Actual Totals	1958	388	772	230	2,949,965	
Discrepancy %	-11.59%	-7.73%	-8.81%	-7.39%	+0.89%	

Note. All data was collected on January 7th, 2022 using the MSBE-LPC website. Data for population and % of broadband access was acquired from the United States Census Bureau (n.d.). Raw data for the *actual totals* is available in Table 1.

Table 3

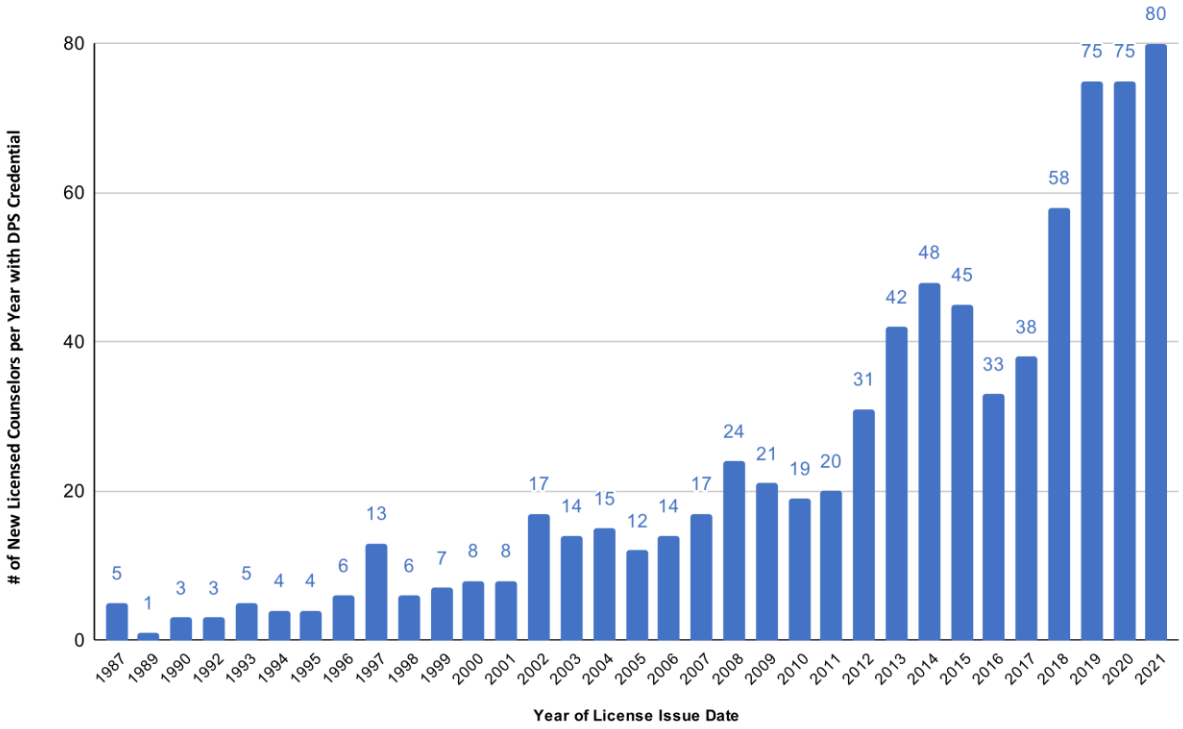
Generational Waves for Counselors with LPC

License Issued Years	# of All Active LPC in Gen	% of Growth from Previous Gen	# of Active LPC w/ DPSC in Gen	% of Growth from Previous Gen
1986-2001 (Gen 1)	186	-	29	-
2002-2011 (Gen 2)	297	159.7%	87	300.0%
2012-2021 (Gen 3)	753	253.5%	329	378.2%

Note. All data was collected on January 7th, 2022 using the MSBE-LPC website. Raw data for this table is available in Table 1.

Figure 1

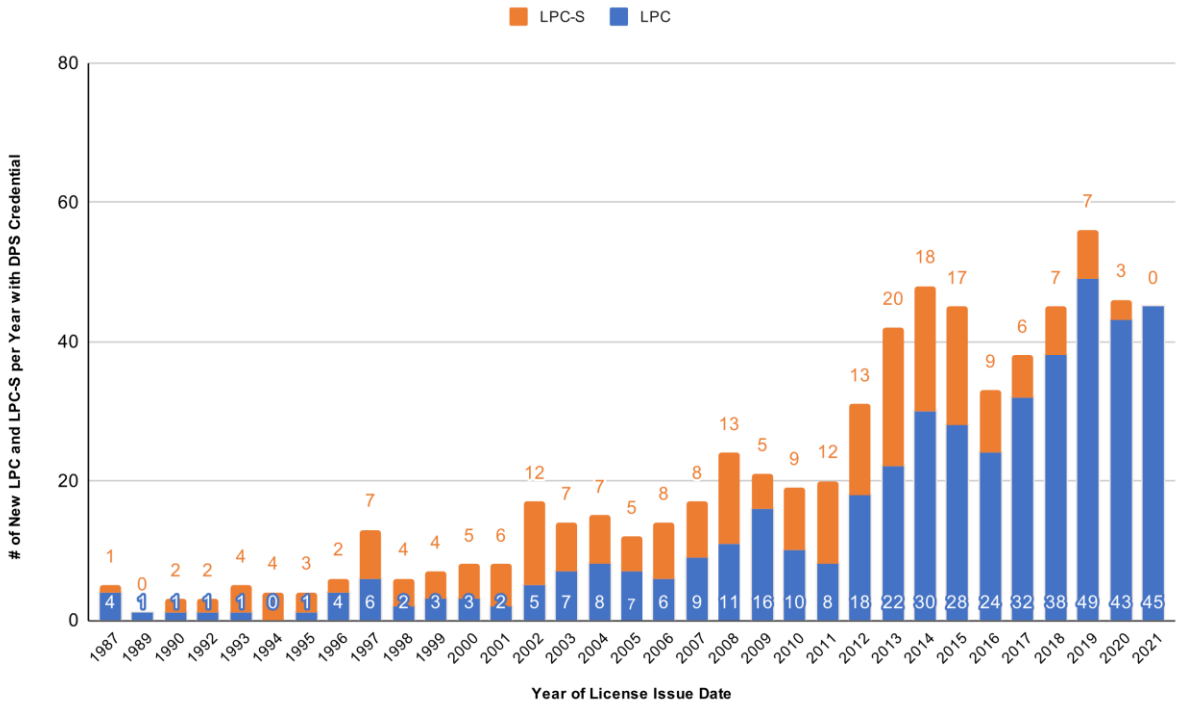
All New Licensed Counselors by Year of License Issue Date with DPS Credential



Note. All data was collected on January 7th, 2022 using the MSBE-LPC website. All license types (LPC, P-LPC, LPC-S) were included. Raw data for this figure is available in Table 1.

Figure 2

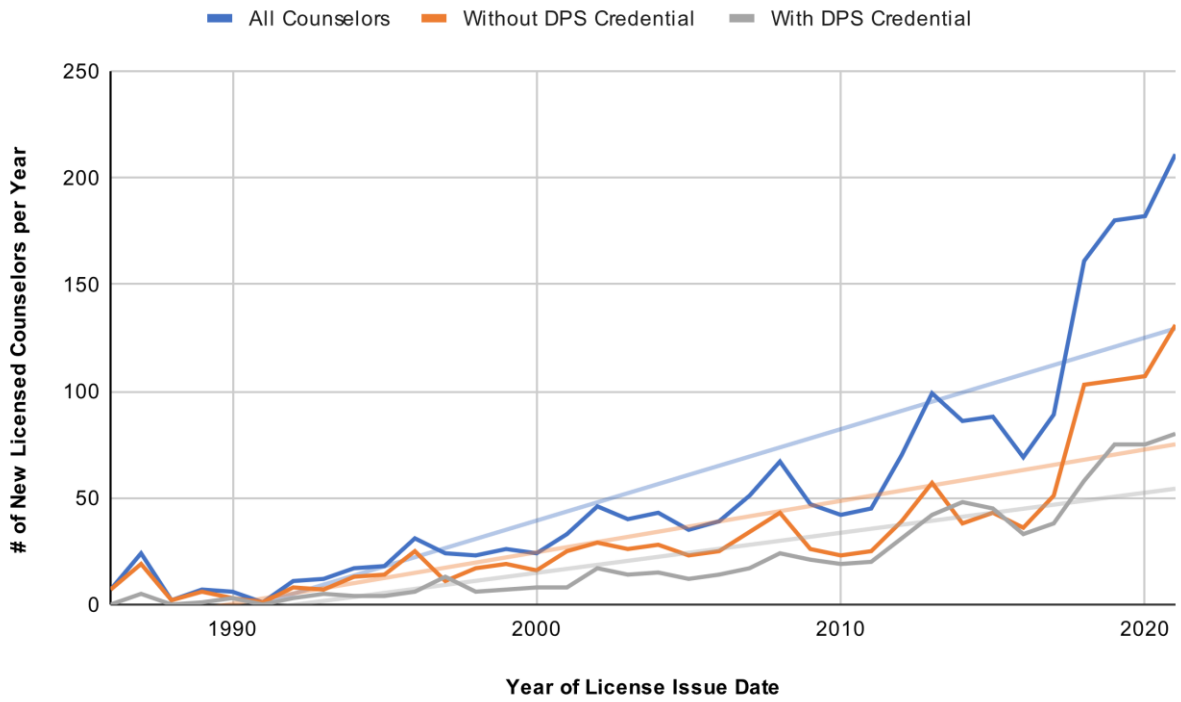
All New LPC and LPC-S by Year of License Issue Date with DPS Credential



Note. All data was collected on January 7th, 2022 using the MSBE-LPC website. Raw data for this figure is available in Table 1.

Figure 3

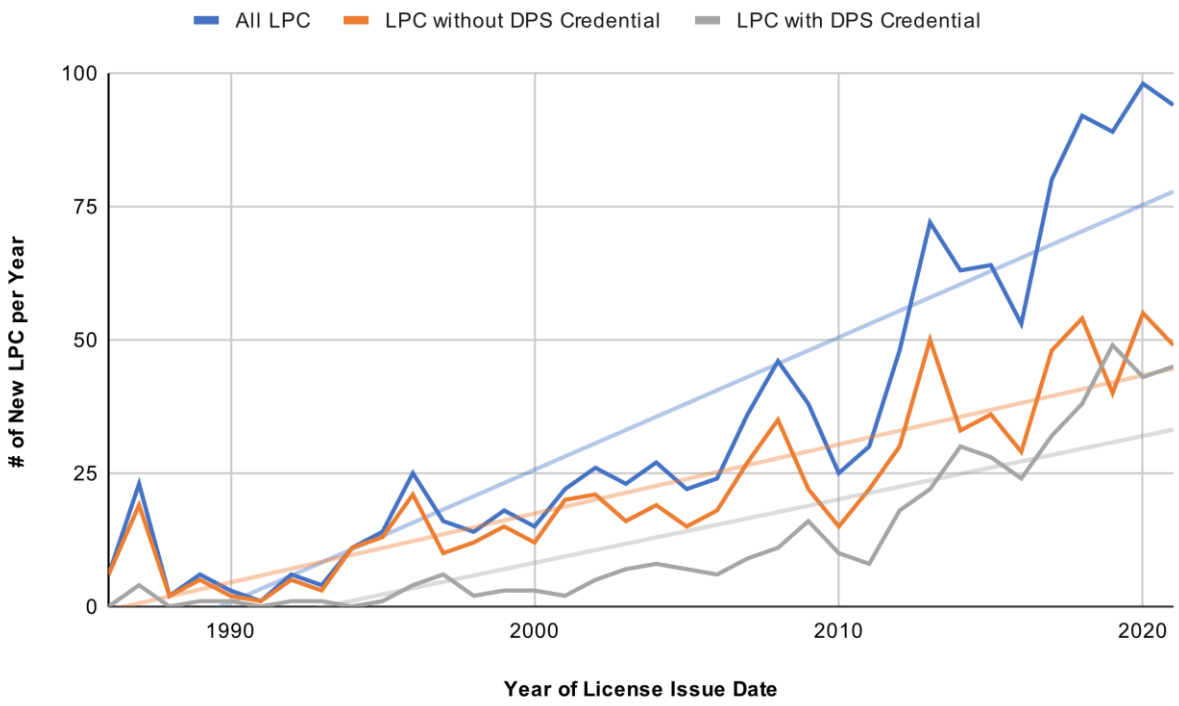
All New Licensed Counselors by Year of License Issue Date and DPS Credential Status



Note. All data was collected on January 7th, 2022 using the MSBE-LPC website. All license types (LPC, P-LPC, LPC-S) were included. Raw data for this figure is available in Table 1.

Figure 4

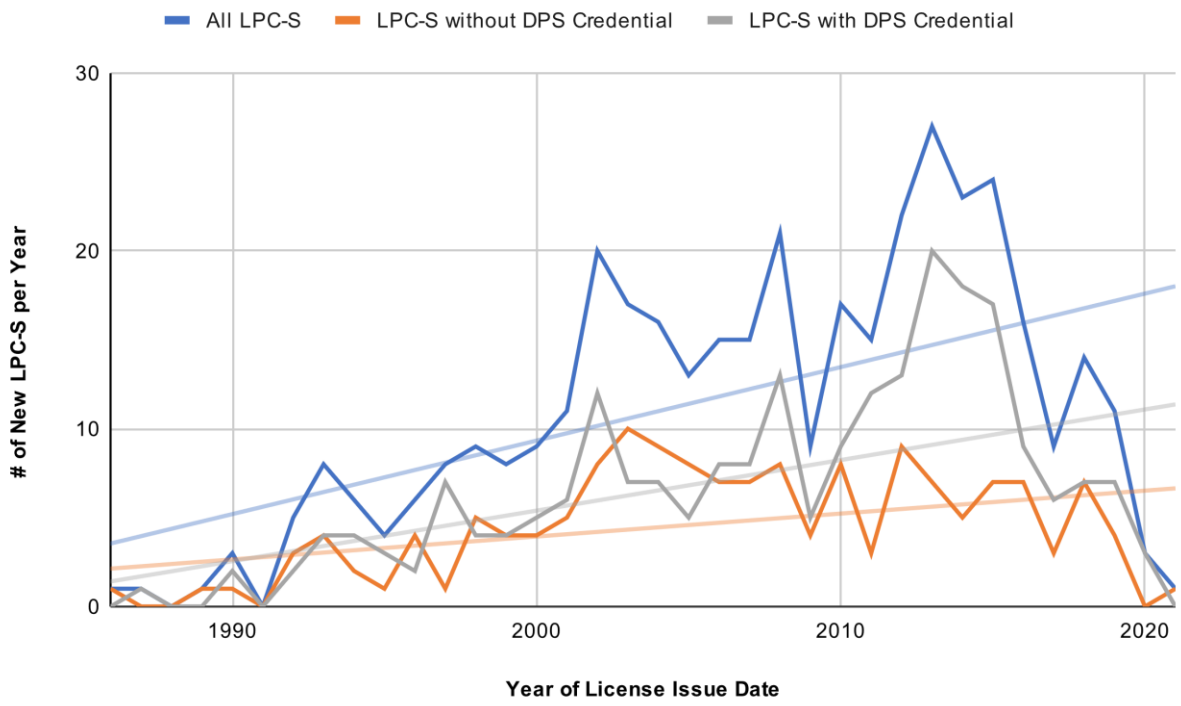
All New LPC by Year of License Issue Date and DPS Credential Status



Note. All data was collected on January 7th, 2022 using the MSBE-LPC website. Raw data for this figure is available in Table 1.

Figure 5

All New LPC-S by Year of License Issue Date and DPS Credential Status



Note. All data was collected on January 7th, 2022 using the MSBE-LPC website. Raw data for this figure is available in Table 1.

Journal of Counseling Research and Practice

Manuscript 1040

An Analysis of School Counselors Time Spent on ASCA Aligned Activities

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Analysis of How School Counselors Spend Their Time

How school counselors spend their time has been an important issue in the field of school counseling for many years (Burnham & Jackson, 2000). Since the inception of the National Model for school counseling programs, the American School Counselor Association (ASCA) has recommended how school counselors should spend their time to maximize efforts to "address the developmental needs of all students through a school counseling program addressing the academic, career and social/emotional development of all students" (ASCA, 2019c, p. 2). Most recently, ASCA (2019b) recommends that school counselors spend 80% or more of their time performing direct (e.g., instruction, advisement, counseling) and indirect services (e.g., collaboration, consultation, referrals), and the remaining time on program management, school support service and fair-share responsibilities.

The rationale behind recommendations that school counselors spend the majority of their time on direct and indirect services comes from literature documenting (1) the beneficial impact school counselors have on student outcomes when they provide direct and indirect services, and (2) the positive effects providing these services has on school counselors' job satisfaction. Research shows that implementing a comprehensive school counseling program (CSCP) aligned with ASCA National Model activities contributes to a variety of important student outcomes (Lapan et al., 2019; Wilkerson et al., 2013). Delivery of direct and indirect services, in particular, is related to increased student achievement, increased student engagement, and decreased discipline problems (Carey, Harrington, Martin, & Hoffman, 2012); higher participation and graduation rates in career and technical education programs (Carey, Harrington, Martin, & Stevenson, 2012); and better attendance (Dimmitt & Wilkerson, 2012). The impact of direct and indirect services extends to school counselors, given that school counselors who implement direct and indirect services rather than non-school counseling duties report higher job satisfaction (Cervoni & DeLucia-Waack, 2011; Pyne, 2011); while participation in non-school counseling activities predicts burnout (Bardhoshi et al., 2014). Not surprisingly, research assessing school counselors' perception indicates they prefer to spend time on direct and indirect services within a CSCP (Cinotti, 2014; Scarborough & Culbreth, 2008).

Despite documented benefits of school counselors spending time on implementing a CSCP aligned with ASCA National Model activities, research indicates that how school counselors spend their time varies (Studer et al., 2011). In Nebraska, school counselors spent about 32% of their time on system support and non-school counseling activities, while school counselors in Connecticut spent between 15% and 50% of their time on non-school counseling activities (Lapan, 2012). Researchers conducting a survey of members of the southern region of ASCA found that 31.5% of school counselors provided small group counseling consistently, 43.1% collaborated with teachers frequently, and 28.8% reported doing non-school counseling and clerical activities on a consistent basis (Oberman & Struder, 2008). Sink et al. (2008) found that less than half of school counselors studied performed classroom lessons, individual planning, and responsive services within the ASCA recommended time allocation. The lack of consistency regarding how school counselors spend their time, the publication of multiple editions of the ASCA National Model since previous use of time research was conducted, and the lack of research reflecting how school counselors spend their time using a national sample all indicate that current research is needed to understand how school counselors spend their time in relation to updated recommended best practices.

Variables Related to How School Counselors Time is Spent

Multiple variables that impact how school counselors spend their time have been explored in the literature, particularly caseload size, school level and school setting. Typically, school counselors are assigned a student caseload based on grade level (e.g., ninth grade counselor), students' last name, or by career themed pathway (Gysbers & Henderson, 2014). The intent of caseloads is for students to be divided up so that all students have access to an assigned school counselor. On average, school counselor caseloads continue to be nearly twice as much as the ASCA recommendation of one school counselor for every 250 students (ASCA, 2019a). As a result, school counselors with large caseloads have greater difficulty providing direct services and meeting students' needs (McCarthy et al., 2010; Woods & Domina, 2014). In contrast, lower school counselor caseloads are associated with decreased student discipline problems (Lapan, Gysbers et al., 2012; Lapan, Whitcomb et al., 2012); increased GPAs (Goodman-Scott et al., 2018); higher SAT scores (Parzych et al., 2019); better graduation rates (Lapan, Gysbers et al., 2012; Palmer & Erford, 2012); and increased postsecondary enrollment (College Board, 2012).

The level at which school counselors work (i.e., elementary, middle, high) also impacts how they spend their time. Overall, elementary school counselors are more likely to implement a CSCP aligned with ASCA National Model activities compared to middle or high school counselors (Chandler et al., 2018). Research shows that school counselors at the middle school level are more involved in social-emotional related counseling services and helping students develop skills to improve academically compared to school counselors at the elementary and high school levels (Dahir et al., 2009). And school counselors at the high school level historically place a higher priority on career awareness, academic and career planning, and postsecondary goals (Dahir et al., 2009; Sanders et al., 2017). However, high school counselors spend more time on non-school counseling activities and administrative tasks, and less time working directly with students than they prefer (Nelson et al., 2008; Scarborough & Culbreth, 2008).

School setting (i.e., rural, suburban, urban) has also been shown to impact how school counselors spend their time. Research indicates school counselors in rural settings are assigned more non-school counseling activities compared to school counselors in urban settings (Chandler et al., 2018). Other studies indicate school counselors in urban settings spend more time counseling students compared to school counselors in rural and suburban settings (Nelson et al., 2008).

Purpose of the Current Study

The purpose of this study was to examine how school counselors spend their time in relation to ASCA National Model aligned activities, as measured by the School Counseling Program Implementation Survey (SCPIS; Clemens et al., 2010). Overall, we sought to answer the following research questions:

1. To what extent do school counselors spend their time on activities aligned with the ASCA National Model for school counseling programs?
2. How does the number of years licensed/certified, caseload size, school size, percent of students eligible for free/reduced lunch, racial diversity of school, school level, and school setting relate to time spent on ASCA aligned activities?

Method

Participants

At the time of survey distribution, there were 30,380 members of ASCA, 15,160 of which were professional members representing school counselors at K-12 levels. All ASCA professional members actively working in elementary, middle, or high school settings were invited to participate in the survey. A total of 4,598 K-12 school counselors responded to the

survey, resulting in a response rate of 30%. In terms of respondent demographic characteristics, 82% identified as Caucasian, 87% identified as female, and 74% reported being between 31 and 60 years of age. In the sample, 58% of school counselors had between one and eight years of experience, 39% worked in schools with 500 to 1,000 students and 54% had student caseloads between 251 and 500 students. Respondents most frequently worked in racially or ethnically diverse schools (54%) in suburban settings (44%). About half of the schools had less than 50% of the students eligible for free and reduced lunch, and half of the schools had more than 50% of students eligible for free and reduced lunch. All grade levels were represented in the sample; however, the highest number of respondents were from the high school level (37%). Detailed responses for the demographic variables are reported in Table 1.

Sampling Procedures

Prior to conducting the research, permission from the institutional review board was received. First, SurveyShare was used to distribute an initial email to all ASCA members who were K-12th grade school counselors explaining the purpose of the study and providing a link to the informed consent and survey. To increase survey participation, participants had the opportunity to provide an email address (dissociated from individual participant responses) to be entered into a random drawing (Dillman et al., 2014). One week after the initial email was sent, a follow up email with the link to the online survey was sent to all participants who did not complete the survey following the initial email. After three weeks, the link to the online survey was closed.

School Counseling Program Implementation Survey

The SCPIS was developed by Eisner and Carey (2005) and adapted by Clemens et al. (2010) to assess the extent to which school counselors implement components of the ASCA National Model. The SCPIS contains 17 self-report items using a four-point Likert scale. Clemens et al. (2010) conducted an exploratory factor analysis using the principal axis factor method and oblique rotation with a sample of 341 school counselors. As a result, items on the SCPIS are divided into three subscales including Programmatic Orientation (seven items; Cronbach's alpha.79), Use of Computer Software and Data (three items; Cronbach's alpha .78) and School Counseling Services (seven items; Cronbach's alpha .81). Each SCPIS item has four possible responses indicating the extent to which school counselors implement components of the ASCA National Model including 1 for *Not Present*, 2 for *Development in Progress*, 3 for *Partly Implemented*, and 4 for *Fully Implemented*. The purpose of this study was to examine the extent to which school counselors spend their time on activities (i.e., frequency) aligned with the ASCA National Model, therefore, the item responses were adapted with permission to 1 for *I never do this*, 2 for *I rarely do this*, 3 for *I occasionally do this*, and 4 for *I frequently do this*.

Design, Data Screening, and Analysis

A non-experimental survey research design was used to address the research questions. Prior to statistical analyses, data were screened for missing data, multivariate outliers, and the assumptions for multivariate regression. Less than 5% of the data for any variable were missing and Little's MCAR test (1.83, $p = .40$) suggested that the missing values could be treated as missing completely at random. While there were some outliers, results of a sensitivity analysis indicated that none of the outliers were overly influential and all responses were included in the data analyses. The final number of participants for this study was 4,598. Evaluation of the linearity, multicollinearity, and homoscedasticity suggested that all the assumptions were tenable. The linear regression residuals were normally distributed suggesting model inferences are stable.

To address the first research question, descriptive statistics were computed to summarize how school counselors spent their time in relation to the outcome variable time spent on ASCA aligned activities. In addition, a multivariate regression was conducted to address the second research question. The three subscales of the SCPIS were the outcome variables, (a) Programmatic Orientation, (b) Use of Computer Software and Data, and (c) School Counseling Services. The predictor variables were (a) number of years licensed/certified as school counselor (1-3, 4-8, 9-14, 15-20, 21+), (b) student caseload size (250 or less, 251-500, 501-1000, 1000+), (c) school size (<500, 500-1000, 1000+), (d) student socioeconomic status (free/reduced lunch <25%, 25-50%, 51-75%, 75%+), (e) student racial diversity (0 = no, 1 = yes), (f) school level (elementary, middle, high, or other configuration), and (g) school setting (rural, suburban, or urban). Categorical predictor variables were dummy coded. For school level, elementary school was the reference group and for school setting, suburban was the reference group.

Results

Descriptive Statistics

Descriptive statistics were computed to examine the first research question focused on the extent to which school counselors spend their time on activities aligned with the ASCA National Model. Table 2 summarizes the means, standard deviations, and medians for the subscales on the SCPIS. Means and medians for all subscales were above 3.0, suggesting that on average, respondents *occasionally* spent time on the aligned activities. Programmatic Orientation had the lowest mean and median (M = 3.01 and Mdn = 3.17) followed by School Counseling Services (M = 3.37 and Mdn = 3.43) then Software and Data (M = 3.43 and Mdn = 3.67). The percentage of respondents who had a rating at or below 3.0 (*occasionally* to *never* doing the activities) was 49.8% for Programmatic Orientation, 28.5% for Software and Data, and 22.6% for School Counseling Services. Four activities had mean values less than 3.0 with over 70% of the respondents reporting they *occasionally*, *rarely*, or *never* do the activities. The activities were (a) write a mission statement and use it as a foundation, (b) complete needs assessments regularly and use to guide program planning, (c) analyze student data by ethnicity, gender, and socioeconomic level to identify interventions to close achievement gaps, and (d) have my priorities represented on curriculum and education committees.

Multivariate Regression Analysis

A multivariate regression analysis was computed to answer the second research question focused on how the number of years as licensed/certified school counselor, school size, caseload size, school level, school setting, socioeconomic status of students, and racial diversity of school relate to time spent on ASCA aligned activities. Results of the multivariate regression analysis indicated there was a significant relationship with the ASCA aligned activities and the predictor variables (Wilk's lambda = .89, F = 17.37, df = 30, 12927, $p < .001$), with an R^2 of .11 indicating that 11% of the variance in the outcome variables was accounted for by the predictor variables.

Standardized and unstandardized regression coefficients for predictor variables are reported in Table 3. For Programmatic Orientation, small positive relationships were found for the number of years licensed/certified as a school counselor, school size, student socioeconomic status, and student racial diversity (0 = no diversity and 1 = diverse student population). Small negative relationships were detected for student caseload size and school level (elementary schools versus secondary and other configurations). School setting had no relationship with Programmatic Orientation. For Use of Computer Software and Data, small positive relationships were found for school size, student socioeconomic status, and school level (middle and high). All

other predictor variables were not statistically significant. For School Counseling Services, small positive relationships were found for the number of years licensed/certified as a school counselor and student racial diversity. Small negative relationships were found for student caseload size, student socioeconomic status, and school level.

Discussion

Previous research indicates that the implementation of a CSCP that is aligned with ASCA National Model activities contributes to successful student outcomes (Wilkerson et al., 2013). Specifically, direct and indirect services (e.g., instruction, advisement, counseling) have been shown to contribute to increased student achievement (Carey, Harrington, Martin, & Hoffman, 2012), and improved attendance (Dimmitt & Wilkerson, 2012). Given these positive outcomes, the present study focused on examining the extent to which school counselors spend their time on activities that are aligned with the ASCA National Model. Specifically, we examined how certain demographic variables related to the outcome variables. There were interesting findings related to how time was spent on specific ASCA aligned activities. Results also indicated there were small but statistically significant relationships between ASCA aligned activities and predictor variables.

When examining descriptive statistics, findings indicate that school counselors spent the least amount of time on Programmatic Orientation. According to Clemens et al. (2010), Programmatic Orientation measures the extent to which school counselors implement a proactive and organized school counseling program rather than a set of separate reactive services. This finding is noteworthy given previous research has indicated that school counselors reported preferring to spend time implementing a CSCP aligned with the ASCA National Model (Cinotti, 2014; Scarborough & Culbreth, 2008). Conversely, school counselors reported spending more time on Software and Data. This finding is promising as the ASCA National Model (2019b) emphasizes the importance of data-informed decision-making and provides guidance to school counselors for how to use data. In addition, data can be a powerful tool to address disproportionality, create culturally sustaining systems and practices that guide student supports, and create systemic change (Goodman-Scott et al., 2020).

Related to specific activities, four had mean values less than 3.0 with over 70% of the respondents reporting they *occasionally*, *rarely*, or *never* do the activities. The first activity that school counselors were least likely to engage in is writing a mission statement and using it as a foundation for their program. This finding is disconcerting given the ASCA (2016) Ethical Code B.1.e. delineates that school counselors inform parents of the mission of the school counseling program. Overall, the program mission statement should (1) describe the school counseling program's focus and purpose, (2) align with the school's mission statement and link to district and state mission statements, (3) emphasize equity, access and success for all students, and (4) indicate long range results desired for all students (ASCA, 2019). To develop a mission statement, school counseling programs are encouraged to first make a list of words and phrases that describe appropriate school counselor roles (e.g., leadership, collaboration, advocacy) and what the school counseling program does to support students in reaching the best possible outcomes (ASCA, 2019c). Second, it is important to identify key words and phrases from school, district mission statements which can be incorporated into and aligned with the school counseling program mission statement (ASCA, 2019c). Third, an emphasis should be put on equity, access and success for all students; and how the school counseling program works toward equity and justice should be described (ASCA, 2019c). These steps can then be combined into a

powerful and concise mission statement that drives school counseling program implementation and how school counselors spend their time.

The second activity school counselors were least likely to engage in is completing needs assessments regularly and using results to guide program planning. Although school counselors in this study reported using Software and Data frequently, this finding is not surprising as research suggests there is a lack of professional development opportunities that support school counselors in the effective use of data (Young & Kaffenberger, 2011).

A similar finding was that school counselors reported spending the least amount of time disaggregating student data to identify interventions to close achievement gaps. This finding is important given researchers call for school counselors to deliver culturally sustaining direct and indirect services and, in turn, evaluate the effectiveness of those services (Goodman-Scott et al., 2020; Grothaus et al., 2020; Schellenberg & Grothaus, 2011). Furthermore, studies have indicated that school counselors' use of data positively impacts student performance and aids in closing achievement gaps (Ware & Galassi, 2006).

Results of the multivariate regression analysis indicated that number of years licensed/certified, school size, caseload size, school level, school setting, socioeconomic status of students, and racial diversity of school had a small but statistically significant relations to the linear combination of outcome variables. Specifically, related to Programmatic Orientation, small positive relationships were found for the number of years licensed/certified as a school counselor, school size, student socioeconomic status, and student racial diversity. These findings indicate that despite school size or school diversity, school counselors who have experience are more likely to engage in implementing ASCA National Model aligned activities.

It is not surprising that a positive relationship, though small, was found for Computer Software and Data and school level. The literature indicates middle school counselors are more involved in helping students develop skills to improve academically; efforts that require the use of data related to grades and homework completion (Dahir et al., 2009). In addition, high school counselors spend more time on tasks such as scheduling and advising; requiring use of computer software and student information systems (Nelson et al., 2008; Scarborough & Culbreth, 2008).

Finally, for School Counseling Services, small positive relationships were found for the number of years licensed/certified as a school counselor and student racial diversity. These findings are particularly promising given that more frequent direct and indirect services in racially diverse schools means students in these schools are more likely to benefit from these services in important ways (Bruce et al., 2009; Davis et al., 2013; Leon et al., 2011). Small negative relationships were found for student caseload size, student socioeconomic status, and school level. These findings are not surprising given large caseloads are associated with challenges to providing direct school counseling services (McCarthy et al., 2010; Woods & Domina, 2014). In terms of socioeconomic status, previous research has also indicated that economically disadvantaged students have less access to educational resources (Aikens & Barbarin, 2008; Basque & Bouchamma, 2016; Bellibas, 2016; Pribesh et al., 2011).

This study supports previous research given that school counselors who had higher populations of students with low socioeconomic status reported engaging in School Counseling Services less frequently. Lastly, small negative relationships were found between School Counseling Services and school level. This result supports previous research indicating that elementary school counselors are more likely to implement a CSCP aligned to the ASCA National Model (Chandler et al., 2018).

Implications

The results of this study indicate that school counselors at least occasionally engage in ASCA National Model aligned activities. This is encouraging given the professions continued emphasis on aligning CSCPs with the ASCA National Model and spending the majority of time (i.e., 80%) on recommended direct and indirect school counseling activities (ASCA, 2019c; Cinotti, 2014). However, the majority of school counselors in this study reported spending little time on important activities such as establishing program foundations (e.g., mission statement) and collecting, disaggregating and analyzing data to make program decisions and meet the needs of underserved student populations. In addition, our analysis confirmed that key variables impact how school counselors spend their time. Taken together, these results highlight that school counselors across a variety of settings spend their time differently, and face similar challenges related to time allocation. Therefore, intentional efforts at the state, district and school level are needed so that school counselors' time is spent on ASCA aligned activities, particularly direct and indirect services, and students get access to a CSCP. For example, at the state level, school counselor associations and state departments of education can collaborate to provide professional development focused on the appropriate role of school counselors and best practice recommendations about how school counselors should spend their time. At the district level, professional learning communities can provide mentorship and strategies for school counselors to engage in ASCA aligned activities, particularly direct and indirect services such as instruction, advisement, and individual counseling. School counselors can use district and school level data to determine the needs of students and allocate their time and activities accordingly. School counselors can also engage in consultation with district and school administrators to navigate barriers that may impede specific school counseling activities. Finally, at the school level, school counselors can utilize use of time logs to determine how and where time is being spent. The data can be presented to school administrators to advocate if necessary.

Limitations

Although this study provides updated and useful information about how school counselors spend their time, limitations of this study are important to consider. The results of this study are based on self-reported survey responses, therefore, school counselors responding to the survey may have responded in socially desirable ways (Heppner et al., 1999). Another limitation of this study is that school counselors who responded to the survey were members of ASCA, therefore, results are not generalizable to school counselors who are not members of ASCA. There was a lack of racial and gender diversity among participants for this study given that the majority of participants identified as Caucasian and female. Finally, the relationships between study variables, which we base our recommendations on, were statistically significant but relatively weak.

Conclusion

The extent to which school counselors spend their time on ASCA National Model aligned activities continues to be an important issue in the field of school counseling (ASCA, 2019c; Burnham & Jackson, 2000). Measuring how time is spent in relation to professional recommendations, identifying areas in need of improvement, and implementing strategies to effectively and efficiently use time are ways to improve how school counselors time is spent. This study adds an updated account of how a large national sample of school counselors spend their time in relation to recommended best practices. Results of this study provide a snapshot of the current state of the profession and can inform state, district and school level efforts to ensure school counselors spend time on practices that have been documented to contribute to important

student outcomes (Carey, Harrington, Martin, & Hoffman, 2012; Carey, Harrington, Martin, & Stevenson, 2012; Dimmitt & Wilkerson, 2012; Wilkerson et al., 2013).

References

Aikens, N. L., & Barbarin, O. (2008). Socioeconomic differences in reading trajectories: The contribution of family, neighborhood, and school contexts. *Journal of Educational Psychology, 100*(2), 235– 251. https://doi.org/10.1037/0022-0663.100.2.235.

American School Counselor Association. (2016). *Ethical standards for school counselors*. https://www.schoolcounselor.org/asca/media/asca/Ethics/EthicalStandards2016.pdf

American School Counselor Association. (2019a). *Student-to-school-counselor ratio 2016-2017*. Author. https://www.schoolcounselor.org/school-counselors-members/publications

American School Counselor Association. (2019b). *The ASCA National Model: A framework for school counseling programs* (4th ed.). Author.

American School Counselor Association. (2019c). *The ASCA National Model implementation guide* (2nd ed.). Author.

American School Counselor Association. (2019c). *The role of the school counselor.* Author. https://www.schoolcounselor.org/asca/media/asca/Careers-Roles/RoleStatement.pdf

Bardhoshi, G., Schweinle, A., & Duncan, K. (2014). Understanding the impact of school factors on school counselor burnout: A mixed-methods study. *The Professional Counselor, 4*(5), 426-443. https://doi.org/10.15241/gb.4.5.426

Basque, M., & Bouchamma, Y. (2016). Predictors of mathematics performance: The impact of prior achievement, socioeconomic status and school practices. *International Studies in Educational Administration* (Commonwealth Council for Educational Administration & Management (CCEAM)), 44(1), 85–104.

Bellibas, M. S. (2016). Who are the most disadvantaged? Factors associated with the achievement of students with low socio-economic backgrounds. *Educational Sciences: Theory and Practice, 16*(2), 671–710. https://doi.org/10.12738/estp.2016.2.0257.

Bruce, A. M., Getch, Y. Q., & Ziomek-Daigle, J. (2009). Closing the gap: A group counseling approach to improve test performance of African-American students. *Professional School Counseling, 12*(6), 450-457. https://doi.org/10.5330/PSC.n.2010-12.450

Burnham, J. J., & Jackson, C. M. (2000). School counselor roles: Discrepancies between actual practice and existing models. *Professional School Counseling, 4*, 41–49.

Carey, J., Harrington, K., Martin, I., & Hoffman, D. (2012). A statewide evaluation of the outcomes of the implementation of ASCA National Model school counseling programs in rural and suburban Nebraska high schools. *Professional School Counseling, 16*(2), 100-107. https://doi.org/10.1177%2F2156759X0001600202

Carey, J., Harrington, K., Martin, I., & Stevenson, D. (2012). A statewide evaluation of the outcomes of the implementation of ASCA National Model school counseling programs in Utah high schools. *Professional School Counseling, 16*(2), 89-99. https://doi.org/10.1177/2156759X0001600202

Cervoni, A., & DeLucia-Waack, J. (2011). Role conflict and ambiguity as predictors of job satisfaction in high school counselors. *Journal of School Counseling, 9*(1). http://files.eric.ed.gov/fulltext/EJ914271.pdf

Chandler, J. W., Burnham, J. J., Riechel, M. E. K., Dahir, C. A., Stone, C. B., Oliver, D. F., Davis, A. P., Bledsoe, K. G. (2018). Assessing the counseling and non-counseling roles of school counselors. *Journal of School Counseling, 16*(7). https://files.eric.ed.gov/fulltext/EJ1182095.pdf

Cinotti, D. (2014). Competing professional identity models in school counseling: A historical perspective and commentary. *The Professional Counselor, 4*(5), 417-425. https://doi.org10.15241/dc.4.5.417

Clemens, E. V., Carey, J. C., & Harrington, K. M. (2010). The school counseling program implementation survey: Initial instrument development and exploratory factor analysis. *Professional School Counseling, 14*(2), 125-134. https://doi.org/10.1177/2156759X1001400201

College Board (2012). *The college board 2012 national survey of school counselors and administrators.* https://secure-media.collegeboard.org/digitalServices/pdf/nosca/Barriers-Supports_TechReport_Final.pdf

Dahir, C. A., Burnham, J. J., & Stone, C. (2009). Listen to the voices: School counselors and comprehensive school counseling programs. *Professional School Counseling, 12*, 182-192. https://doi.org/10.5330/PSC.n.2010-12.182

Davis, P., Davis, M. P., & Mobley, J. A. (2013). The school counselor's role in addressing the Advanced Placement equity and excellence gap for African American students. *Professional School Counseling, 17*(1), 32-39. https://doi.org/10.5330/PSC.n.2013-17.32

Dillman, D.A., Smyth, J. D., & Christian, L. M. (2014.) *Internet, phone, mail, and mixed-mode surveys: The tailored design method*. John Wiley & Sons.

Dimmitt, C., & Wilkerson, B. (2012). Comprehensive school counseling in Rhode Island: Access to services and student outcomes. *Professional School Counseling, 16*(2), 125-135. https://doi.org/10.1177/2156759X0001600205

Elsner, D., & Carey, J. (2005). School counseling program implementation survey. Unpublished assessment instrument.

Goodman-Scott, E., Betters-Bubon, J., Olsen, J., & Donohue, P. (2020). *Making MTSS work.* American School Counselor Association.

Goodman-Scott, E., Sink, C., Cholewa, B., & Burgess, M. (2018). An ecological view of school counselor ratios and student academic outcomes: A national investigation. *Journal of Counseling & Development, 96*, 388-398. https://doi.org/10.1002/jcad.12221

Grothaus, T., Johnson, K. F., & Edirmanasinghe, N. (2020). *Culturally sustaining school counseling: Implementing diverse, equitable, inclusive programs.* American School Counselor Association.

Gysbers, N. C., & Henderson, P. (2014). *Developing & managing your school guidance and counseling program* (5th ed.). American Counseling Association.

Heppner, P. P., Kivlighan, D. M., Jr., & Wampold, B. E. (1999). *Research design in counseling* (2nd ed.). Wadsworth.

Lapan, R.T. (2012). Comprehensive school counseling programs: In some schools for some but not in all schools for all students. *Professional School Counseling, 16*(2), 84-88. https://doi.org/10.5330/PSC.n.2012-16.84

Lapan, R. T., Gysbers, N. C., Stanley, B., & Pierce, M. E. (2012). Missouri professional school counselors: Ratios matter, especially in high-poverty schools. *Professional School Counseling, 16*(2), 108-116. https://doi.org/10.1177/2156759X0001600207

Lapan, R. T., Poynton, T., Balkin, R., Jones, l. (2019). *ASCA national model implementation and appropriate school counselor ratios promote more informed college decision-making.* ASCA Research Report. https://www.schoolcounselor.org/asca/media/asca/Publications/Research-Release-Lapan.pdf

Lapan, R. T., Whitcomb, S. A., & Aleman, N. M. (2012). Connecticut professional school counselors: College and career counseling services and smaller ratios benefit students. *Professional School Counseling, 16*(2), 117-124. https://doi.org/10.1177/2156759X0001600206

Leon, A., Villares, E., Brigman, G., Webb, L., & Peluso, P. (2011). Closing the achievement gap of Latina/Latino students: A school counseling response. *Counseling Outcome Research and Evaluation, 2*(1), 73-86. https://doi.org/10.1177/2150137811400731

McCarthy, C., Van Horn Kerne, V., Calfa, N. A., Lambert, R. G., & Guzman, M. (2010). An exploration of school counselors' demands and resources: Relationship to stress, biographic, and caseload characteristics. *Professional School Counseling, 13*(3), 146-158. https://doi.org/10.1177/2156759X1001300302

Nelson, J.A., Robles-Pina, R., & Nichter, M. (2008). An analysis of Texas high school counselors' roles: Actual and preferred counseling activities. *Journal of Professional Counseling, 36*(1), 30-47. https://doi.org/10.1080/15566382.2008.12033842

Oberman, A. O., & Studer, J. R. (2008). The professional school counselor and performance standards: How is time spent? *Tennessee Counseling Association Journal, 2*, 36-50.

Palmer, L. E., & Erford, B. T. (2012). Predicting student outcome measures using the ASCA National Model program audit. *The Professional Counselor, 2*(2), 152-159. https://doi.org/10.15241/LEP.2.2.152

Parzych, J., Donohue, P., Gaesser, A., Chiu, M. (2019). *Measuring the impact of school counselor ratios on student outcomes.* ASCA Research Report. https://www.schoolcounselor.org/asca/media/asca/Publications/Effectiveness-RatiosOutcomes-ResearchReport.pdf

Pribesh, S., Gavigan, K., & Dickinson, G. (2011). The access gap: Poverty and characteristics of school library media centers. *The Library Quarterly: Information, Community, Policy, 81*(2), 143–160.

Pyne, J. R. (2011). Comprehensive school counseling programs, job satisfaction, and the ASCA National Model. *Professional School Counseling, 15*(2), 88-97. https://doi.org/10.5330/PSC.n.2011-15.88

Sanders, C., Welfare, L., & Culver, S. (2017). Career counseling in middle schools: A study of school counselor self-efficacy. *The Professional Counselor, 7*(3), 238-250. https://doi.org/10.15241/cs.7.3.238

Scarborough, J. L., & Culbreth, J. R. (2008). Examining discrepancies between actual and preferred practice of school counselors. *Journal of Counseling and Development, 86*(4), 446-459. https://doi.org/10.1002/j.1556-6678.2008.tb00533.x

Schellenberg, R., & Grothaus, T. (2011). Using culturally competent responsive services to improve student achievement and behavior. *Professional School Counseling, 14*, 222-230. https://doi.org10.5330/psc.n.2011-14.222

Sink, C. A., Akos, P., Turnbull, R. J., & Mvududu, N. (2008). An investigation of comprehensive school counseling programs and academic achievement in Washington State middle schools. *Professional School Counseling 12*, 43-53. http://www.jstor.org/stable/42732862

Studer, J. R., Diambra, J. F., Breckner, J. A., & Heidel, R. E. (2011). Obstacles and successes in implementing the ASCA National Model in schools. *Journal of School Counseling, 9*(2). http://eric.ed.gov/?id=EJ914272

Ware, W., & Galassi, J. (2006). Using correlational and prediction data to enhance student achievement in K-1 2 schools: A practical application for school counselors. *Professional School Counseling, 9*, 344-356. https://doi.org/10.5330/prsc.9.5.73184524064708t7

Wilkerson, K., Perusse, R., & Hughes, A. (2013). Comprehensive school counseling programs and student achievement outcomes: A comparative analysis of RAMP versus non-RAMP schools. *Professional School Counseling, 16*(3), 172-184. https://doi.org/10.1177/2156759X1701600302

Woods, C. S., & Domina, T. (2014). The school counselor caseload and the high school-to-college pipeline. *Teachers College Record, 116*(10), 1-30.

Young, A., & Kaffenberger, C. (2011). The beliefs and practices of school counselors who use data to implement comprehensive school counseling programs. *Professional School Counseling*, *15*, 67-76. https://doi.org./10.5330/PSC.n.2011-15.67

Table 1

Demographic Characteristics of the Respondent's and Respondent's Schools

Predictor Variables	Range	Frequency	Percentage
Years Licensed	1-3	1547	33.6
	4-8	1170	25.5
	9-14	892	19.4
	15-20	591	12.9
	>21	398	8.7
School Size	<500	1516	33.0
	500-1000	1818	39.5
	>1000	1264	27.5
Caseload	<250	1071	23.3
	251-500	2478	53.9
	501-1000	973	21.2
	>1000	77	1.7
Percent FRL	<25%	1029	22.4
	25-50%	1322	28.8
	51-75%	1099	23.9
	>75%	1148	25.0
Diversity	No	2119	46.1
	Yes	2479	53.9
		4598	
School Level	Elementary	1378	30.0
	Middle	999	21.7
	High	1719	37.4
	K-8	233	5.1
	K-12	269	5.9
School Location	Rural	1501	32.6
	Suburban	2044	44.5
	Urban	1053	22.9

Table 2

Descriptive Statistics for the Three Subscales of the School Counseling Program Implementation Survey (N = 4,598)

Variable	*M*	*SD*	*Median*
SCPIS			
Programmatic Orientation (PO)	3.01	.61	3.17
Software and Data (CS)	3.43	.65	3.67
School Counseling Services (SER)	3.37	.45	3.43

Note. SCPIS = School Counseling Program Implementation Survey.

Table 3

Unstandardized Coefficients (B), Standard Error (SE), and Standardized Coefficients (β) for the Multivariate Multiple Regression

Predictor Variables	*PO*			*CS*			*SER*		
School Counselor	*B*	*SE*	*β*	*B*	*SE*	*β*	*B*	*SE*	*β*
Years License/Certified	**.04**	.01	.09	.01	.01	.02	**.03**	.01	.09
Caseload Size	**-.04**	.01	-.04	.01	.02	.01	**-.06**	.01	-.09
School Characteristics									
School Size	**.06**	.01	.07	**.05**	.02	.06	.00	.01	.00
Percent FRL	**.04**	.01	.08	**.04**	.01	.06	**-.03**	.01	-.08
Diversity	**.11**	.02	.09	.02	.02	.01	**.03**	.01	.04
School Level									
Middle	-.04	.03	-.02	**.16**	.03	.10	**-.09**	.02	-.09
High	**-.09**	.03	-.07	**.17**	.03	.13	**-.09**	.02	-.09
Other	**-.09**	.03	-.04	-.04	.03	-.02	**-.05**	.02	-.04
School Location									
Rural	-.01	.02	-.01	-.01	.02	.00	-.03	.02	-.03
Urban	.00	.03	.00	-.01	.03	.00	-.02	.02	-.02

Note. Bold type = Statistical significance at $p < .05$. PO = Programmatic Orientation; CS = Use of Computer Software and Data; SER = School Counseling Services; MIDDLE = Middle level compared to Elementary; HIGH = High school compared to Elementary; OTHER = K-8/K-12 compared to Elementary; RURAL = Rural compared to Suburban; and URBAN = Urban compared to Suburban.

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Interpreter-Mediated Psychotherapy with Refugees

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The American Counseling Association (ACA) requires all counselors to attain qualified interpretation services when counselors and clients do not speak the same language (American Counseling Association [ACA], 2014). Counselors have an ethical requirement to communicate with clients in a way that is culturally and developmentally appropriate (ACA, 2014). However, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) does not include training on how to conduct interpreter-mediated psychotherapy as part of its accreditation standards for master's level counseling programs (CACREP, 2016). While it is an ethical mandate to use interpreters when needed, counselors are unprepared to do so effectively. The wider mental health profession is generally lacking in training of practitioners to work collaboratively with interpreters (Cerci & Neale, 2018). Moreover, there is little research on how to best use interpretation in psychotherapy and the majority of existing guidelines originated from physical health care settings (van der Rijken et al., 2015). More research is needed to inform training practices relevant to unique needs of interpretation in mental health settings (Searight & Armock, 2013).

According to the US Census Bureau (2019), data gathered from 2015-2019 show 67,802,345 or roughly 21.6% of the population age 5-years-old or older spoke a language other than English at home. Of that number, 25,464,167 spoke English less than very well. Table 1 highlights the languages spoken among those who may have limited English proficiency according to the US Census Bureau (2019).

Language	Percent of Population Age 5+ who speak English Less than very Well
Spanish	38.6%
Indo-European Language other than Spanish	29.8%
Asian or Pacific Islander Language	44.1%
Other	29.6%

In total, there were 12 languages or language groups, such as Afro-Asiatic languages, Haitian, and Spanish, spoken by more than 200,000 people who spoke English less than very well, and there were 30 languages or language groups, such as Indic languages, Navajo, and Japanese, spoken by fewer than 200,000 people who spoke English less than very well such as Tamil, Hebrew, Navajo, and other native languages of North America (U.S. Census, 2019). These languages represent a diverse population in the United States, making it likely that counselors may need to utilize interpretation services to conduct psychotherapy with a client who speaks English less than well. Searight and Armock (2013) suggested that those with limited English proficiency in the U.S. may be more likely to experience psychosocial distress than native or fluent English speakers.

Research into interpreter-mediated psychotherapy in the United States and worldwide indicates that such services have been and continue to be utilized in a variety of care settings with diverse clientele, despite the lack of formal training programs or evidence-based best practices (Cerci et al., 2018; Chatzidamianos et al., 2019; Elkington et al., 2016; Leanza et al., 2015; Paone et al., 2010; Searight et al., 2013; Swartz et al., 2014; van der Rijiken et al., 2016; Zimányi, 2013; Zimányi, 2017). In the U.S., Canada, the United Kingdom, France, the Netherlands, and South Africa, counselors incorporate interpreters into the therapeutic relationship with clients who speak languages other than the countries' specified 'official' languages (Elkington et al., 2016; Leanza et al., 2015; Searight et al., 2013; Swartz et al., 2014; van der Rijiken, et al., 2016) as well as with deaf or hard of hearing clients who sign in the official language (Chatzidamianos et al., 2019). Clients requiring the aid of interpreters to receive mental health care do not look any different from clients who do not need interpreters. Clients are children and adolescents (Leanza et al., 2015; Paone et al, 2010; van der Rijiken et

al., 2016), individual adults (Chatzidamianos et al., 2019), and families (Leanza et al., 2015; van der Rijiken et al., 2016). Furthermore, clients are currently receiving interpreter-mediated care in familiar settings such as in schools (Paone et al., 2010) and in government-funded public mental health facilities (Cerci et al., 2018; Zimányi, 2013).

While the population of the U.S. is diverse and counselors may need interpreters in varied settings and when working with many different populations, refugees and asylum seekers represent a population who may be more likely to require counseling services and interpretation. The United States defines a refugee as a person who has fled their country of origin and is unable to return due to the fear of persecution based on race, religion, nationality, social group membership, or political opinion and an asylum seeker is a person already within the U.S. who appeals for protection based on a similar fear of persecution (Immigration and Nationality Act, 1952). This population has a higher incidence of traumatic distress, depression, and anxiety than other immigrant groups (Kirmayer et al., 2011). The top ten countries of origin among refugees admitted in the fiscal year of 2018 included (in order of most to least): Democratic Republic of Congo, Burma, Ukraine, Bhutan, Eritrea, Afghanistan, El Salvador, Pakistan, Russia, and Ethiopia (National Immigration Forum, 2020). This makeup was affected by the Trump Administration's travel ban of June 2018 preventing refugees from Iran, Libya, North Korea, Somalia, Sudan, Syria, and Yemen. Prior to June 2018, Syria and Iran were two of the top countries of origin for refugees arriving to the United States. In fiscal years 2017-2019, asylum seekers to the U.S. originated from Guatemala, Honduras, Mexico, El Salvador, Venezuela, India, China, Cuba, Ecuador, and Nicaragua (Baugh, 2020). Due to higher incidences of traumatic stress and that refugees to the United States are likely to arrive from non-English speaking countries, counselors may need to use interpretation when working with this

population. Lack of interpretation and availability of bilingual counselors pose a major barrier to this population seeking and participating in mental health services (Kiselev et al., 2020).

Given the diversity of languages spoken in the United States and the ethical mandate to serve all clients with culturally and linguistically appropriate counseling services, counselors need guidelines and training in how to provide interpreter-mediated psychotherapy. Counselors have an ethical mandate to ensure equitable access of counseling services, and language barriers continue to impede non-English speaking populations from benefiting from mental health services in the United States. To address this barrier, the authors reviewed the current literature on interpreter-mediated psychotherapy with refugee and asylum seeker populations to elevate a research agenda for counselors on this topic. Future research is needed to inform evidence-based practices and training guidelines to promote effective use of interpretation in counseling services.

Methodology

The authors conducted a review of peer-reviewed literature published in the last ten years related to interpreter-mediated psychotherapy with refugee and asylum seeker populations. Search terms included "interpret*," "counsel*," and "refugee" & "interpret*," "mental health," and "refugee." Databases searched were Academic Search Complete, APA PsycArticles, APA PsycInfo, ERIC, Social Work Abstracts, and Psychology & Behavioral Sciences Collection. The search yielded 70 articles. Articles that were more than 10 years old, were related to translation rather than interpretation, were related to interpretation in non-mental health settings, or were related to working with refugees broadly but not interpretation specifically were removed. After removing those articles, 22 remained. Seven of those articles were specific to working with refugee and asylum-seeking clients. The authors pulled from these 7 articles: the field of study,

location, research methodology, sample size, findings, practice recommendations, and research recommendations.

Research Team

The research team consisted of three members. The first is a Lecturer and Counselor Educator, descendent of immigrants, and person of color, who organized the project and set the parameters for the literature search. The second is an Assistant Professor and Counselor Educator, an immigrant and person of color, who identifies as a refugee. The third is a masters' student in Clinical Mental Health Counseling, who was involved in coding articles and analyzing findings. Each member of the research team completed an independent review of the identified articles and coded themes.

Data Analysis

When a research question is broad and has an epistemological basis yet does not have a pre-existing and well-developed body of research from which to inform and guide its method of inquiry, researchers may decide content analysis is the most effective plan of action. Drawing from Krippendorff (2019), content analysis is an empirically grounded replicable method of exploring, categorizing, and organizing both primary and latent matter from texts and other types of recorded materials for the purposes of drawing inferential conclusions or suggestions within a greater context. In the present study, researchers were interested in exploring the questions: according to the literature available, what is known in the realm of interpreter-mediated psychotherapy in the last decade; what are the prevailing practices reported; and what might the answers to both of those questions mean for the future of clinical mental health practice as well as counselor education and training? In such problem-driven cases, only through the purposive

examination of published journal articles can the authors begin to infer the need for and direction of future research and practice standards (Krippendorff, 2019).

Results

The seven articles related to interpreter-mediated psychotherapy and counseling services with refugee and asylum seeker populations came from the fields of psychology, psychiatry, and school counseling and were related to research conducted in the United States, United Kingdom, Canada, Australia, Germany, Netherlands, Denmark, and Kenya. They were all empirical research articles, two of which were quantitative studies and five utilized qualitative methodologies. Table 2 outlines major findings, practice recommendations, and research recommendations.

Table 2

Findings

Authors	Field	Location	Methodology	Sample Size	Findings	Practice Recommendations	Research Recommendations
Green, Sperlinger, & Carswell (2012)	Psychology	UK	Qualitative	6 interpreters	Interpreters face challenges coping with the emotional aspects of mental health interpreting especially when early in their careers and when they share a refugee history with the client	Provide clinical supervision for interpreters including regular briefing and debriefing sessions, normalizing of emotional expression, discussing impact of shared trauma history, training on self-care, and communication of clear roles and responsibilities.	More quantitative research investigating the factors associated with interpreters' level of distress and vicarious trauma.
Gartley & Due (2017)	Psychology	South Australia	Qualitative	7 social workers and clinical psychologists	Refugees are unique population from other immigrant groups, despite challenges, utilizing interpreters is necessary and can be important to the therapeutic alliance. Interpreters play more than just a language translation role, serving as cultural brokers and facilitators of therapeutic alliance	Mental health practitioners may need to do some training with interpreters and brief and debrief between sessions. Practitioners may also need to seek consultation from interpreters and should treat them as part of the treatment team. Create a formal	More research on perspectives of interpreters and refugees for a comprehensive picture

Authors	Field	Location	Methodology	Sample Size	Findings	Practice Recommendations	Research Recommendations
					between client and therapist. There are no clear training guidelines for mental health providers on how to use interpretation in counseling.	set of standards for interpretation and its use in mental health field.	
Brar-Josan & Yohani (2019)	School Counseling	Canada	Qualitative	4 cultural brokers who work with refugee youth	Cultural brokers assist in informal and formal ways: facilitating integration, bridging services, providing supportive counseling, facilitating referrals, educating, providing context, and interpreting cultural information.	Interpretation is just one resource available to mental health providers. Having cultural brokering can support services and bridge gaps	More research is needed from youths' perspectives
Mirza et al. (2017)	Psychology	USA	Qualitative	8 sessions	Themes: uniqueness of mental health context, interpersonal rapport within the triad, and dynamic roles and responsibilities of interpreter and practitioner.	Third person interpretation may be appropriate in clinical setting. 1st person can confuse client and potentially traumatize the interpreter in trauma counseling. There's no reason to strive for a conversation between client and therapist as if interpreter is not there. Consecutive rather than simultaneous interpreting allowed therapist to focus on nonverbals. Be attentive and flexible to changing role dynamics among interpreter and practitioner	Research to support the development of mental health specific training curriculum for interpreters and therapeutic-approach specific training for practitioners
Kindermann et al. (2017)	Psychology	Germany, Netherlands	Quantitative	64 interpreters	9% of interpreters had PTSD, 33% had subclinical PTSD. Secondary traumatization was present in 21%. Higher scores for depression, anxiety, and stress. social support, male gender, secure attachment styles were preventative factors.	Interpreter selection and training must account for risk of secondary traumatization	Research to support the development of training and ongoing clinical supervision practices for interpreters
Im, Ferguson, & Hunter (2017)	Psychology	Kenya	Qualitative	15 Somali stakeholders and 4 focus groups with 8 women, 8 men, 11	4 categories of cultural idioms of distress: somatic, psychological, social, and spiritual.	Therapists need to incorporate cultural idioms in their interventions	This work should be replicated with more cultural groups

Authors	Field	Location	Methodology	Sample Size	Findings	Practice Recommendations	Research Recommendations
				teachers, 4 mental health outpatient clients			
Sander et al (2019)	Psychiatry	Denmark	Quantitative	825 refugee patients who received CBT	Less improvement in treatment outcomes with patients who used an interpreter compared to those who did not	Proper diagnosis and assessment may require a higher level of training on interpreters' part. Need best practice guidelines when using interpreters including information that should be offered to the client (such as legal rights and explanation of interpreter's role). More training and certification of the profession is needed to ensure quality. Clinical supervision of interpreters may be helpful	Exploration of the factors contributing to lower outcomes with interpreter-mediated treatment

The findings of the articles highlighted the need for more training for both interpreters and practitioner, attention to and flexibility in the dynamic roles of both interpreter and practitioner, and the risk of traumatization for interpreters.

Discussion & Research Agenda

The current literature suggests that interpretation within mental health settings is a complex and dynamic process and that guidelines must take into account various contextual factors (Yick & Daines, 2019). Interpreters can fill different roles on a continuum of low relationship (strict language translation) to high relationship (serving as co-therapist) (Gartley & Due, 2017). The factors involved in what roles interpreters may take in sessions can include the therapeutic approach, individual preferences of the parties involved, and the cultural backgrounds and possible shared trauma history of client and interpreter (Gartley & Due, 2017). Practitioners utilizing interpretation services need to work collaboratively with flexibility and

trust with interpreters and clients to ensure effective communication and professional rapport (Green, Sperlinger, & Carswell, 2012). This need for flexibility and the dynamic roles played by the interpreter necessitates in-depth training for mental health practitioners to mediate the triadic relationship of client, interpreter, and therapist. A stagnant list of guidelines based primarily on interpretation in other settings such as legal or healthcare settings will not suffice. The complexity of the practice also demands professionalization of mental health interpretation with its own set of ethical guidelines, training, and clinical supervision process. More research is needed to guide the professionalization of the mental health interpretation service and the training of practitioners to best utilize interpretation in sessions and work collaboratively with interpreters.

This future research should go in depth on types of interpretation that yields high treatment outcomes based on specific therapeutic approaches. Current research suggests that different treatment types may require different roles or activities from the interpreter (Mirza et al., 2017). For example, diagnosis and assessment may require more precision in interpretation while interpersonal therapy approaches may require more engagement and cultural brokering to facilitate therapist's development of rapport with client. Treatment-specific research may be useful to inform training guidelines for mental health practitioners so they may brief interpreters on the roles needed in session (Mirza et al., 2017).

More research can be conducted on cultural idioms of distress for diverse cultural groups. This information can provide context for practitioners on how various groups conceptualize mental health (Im et al., (2017). Interpretation in session alone may not be able to facilitate communication if practitioners do not have the basic contextual information on how the culture of their client generally conceptualizes mental illness and potential treatment approaches.

Future research on the interpretation process can also inform the initial training process needed for interpreters working in the mental health field as well as ongoing clinical supervision process. Formalization of standards, ethical guidelines, roles and responsibilities are needed to guide interpreters to work collaboratively with practitioners (Sander et al., 2019). Interpreters also need ongoing supervision to monitor quality, facilitate self-care, and prevent vicarious traumatization (Green et al., 2012). Research to guide best practices in clinical supervision of interpreters is important as the profession grows.

Likewise, more research to inform a set of competencies and training guidelines for counselors is needed (Sander et al., 2019). All counselors must be competent to serve their clients needing interpretation. The training provided to counselors so they may work collaboratively with interpreters will need to be grounded in research. Research that prioritizes client perspectives will be important in developing quality training that is evidence-based and effective.

Conclusion

The purpose of this article was to highlight major themes of the current literature on interpreter-mediated psychotherapy with refugee and asylum seeking clients. From our search, the literature posits interpretation as a dynamic process and that it is necessary to increase access to counseling for an underserved population. There is also little formal training for both interpreters and practitioners on how to conduct interpreter-mediated counseling effectively. Future research is needed related to the complex factors associated with positive treatment outcomes in interpreter-mediated psychotherapy using different therapeutic approaches, client perspectives, preventing vicarious trauma in interpreters, and ongoing clinical supervision processes with interpreters.

References

American Counseling Association (2014). *ACA Code of Ethics*. https://www.counseling.org/Resources/aca-code-of-ethics.pdf

Baugh, R. (2020). Refugees and asylees: 2019. *Department of Homeland Security: Annual Flow Report.* https://www.dhs.gov/sites/default/files/publications/immigration-statistics/yearbook/2019/refugee_and_asylee_2019.pdf

Brar-Josan, N., & Yohani, S. C. (2019). Cultural brokers' role in facilitating informal and formal mental health supports for refugee youth in school and community context: A Canadian case study. *British Journal of Guidance & Counselling, 47*(4), 512-523. doi: 10.1080/03069885.2017.1403010

Cerci, D., & Neale, J. (2018). Working with interpreters in mental health: Are we lost in translation? *International Journal of Social Psychiatry, 64*(5), 509-510. doi: 10.1177/0020764018770699

Costa, B. (2017). Team effort: Training therapists to work with interpreters as a collaborative team. *International Journal of Advanced Counselling, 39*, 56-69. doi: 10.1007/s10447-016-9282-7

Council for Accreditation of Counseling and Related Programs (2016). *2016 CACREP Standards*. http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf

Elkington, E. J., & Talbot, K. M. (2016). The role of interpreters in mental health care. *South African Journal of Psychology, 46*(3), 364-375. doi: 10.1177/0081246315619833

Gartley, T., & Due, C. (2017). The interpreter is not an invisible being: A thematic analysis of the impact of interpreters in mental health service provision with refugee clients. *Australian Psychologist, 52*, 31-40. doi: 10.1111/ap.12181

Green, H., Sperlinger, D., & Carswell, K. (2012). Too close to home? Experiences of Kurdish refugee interpreters working in UK mental health services. *Journal of Mental Health, 21*(3), 227-235. doi: 10.3109/09638237.2011.651659

Im, H., Ferguson, A., Hunter, M. (2017). Cultural translation of refugee trauma: Cultural idioms of distress among Somali refugees in displacement. *Transcultural Psychiatry, 54*(5-6), 626-652. doi: 10.1177/1363461517744989

Immigration and Nationality Act of 1952, § 101(a)(42), 8 U.S.C. § 1101(a)(42)

Kindermann, D., Schmid, C., Derreza-Greeven, C., Huhn, D., Kohl, R. M., Juune, F., Schleyer, M., Daniels, J. K., Ditzen, B., Herzog, W., & Nikendei, C. (2017). Prevalence of and risk factors for secondary traumatization in interpreters for refugees: A cross-sectional study. *Psychopathology, 50*(4), 262-272. doi: 10.1159/000477670

Kirmayer, L. J., Narasiah, L, Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. *Canadian Medical Association Journal, 183* (12), E959-E967. doi:10.1503/cmaj.090292

Kiselev, N., Morina, N., Schick, M., Watzke, B., Schnyder, U., & Pflaltz, M. C. (2020). Barriers to access to outpatient mental health care for refugees and asylum seekers in Switzerland: The therapist's view. *BMC Psychiatry, 20*, 378, Retrieved from: https://doi.org/10.1186/s12888-020-02783-x

Krippendorff, K. (2019). *Content analysis: An introduction to its methodology.* Sage.

Kuay, J., Chopra, P., Kaplan, I., & Szwarc, J. (2015). Conducting psychotherapy with an interpreter. *Australasian Psychiatry, 23*(3), 282–286. https://doi.org/10.1177/1039856215581294

Leanza, Y., Boivin, I., Moro, M. R., Rousseau, C., Brisset, C., Rosenberg, E., & Hassan, G. (2015). Integration of interpreters in mental health interventions with children and adolescents: The need for a framework. *Transcultural Psychiatry, 52*(3), 353-375. doi: 10.1177/1363461514558137

Mirza, M., Harrison, E. A., Chang, H. C., Salo, C. D., & Birman, D. (2017). Making sense of three-way conversations: A qualitative study of cross-cultural counseling with refugee men. *International Journal of Intercultural Relations, 56*, 52-64. http://dx.doi.org/10.1016/j.ijintrel.2016.12.002

National Immigration Forum. (2020). *Fact sheet: U.S. Refugee resettlement*. https://immigrationforum.org/article/fact-sheet-u-s-refugee-resettlement/

Paone, T. R., Malott, K. M., & Maddux, C. (2010). School counselor collaboration with language interpreters: Results of a national survey. *Journal of School Counseling, 8*(13), 1-30. https://files.eric.ed.gov/fulltext/EJ885088.pdf

Rousseau, C., Measham, T., & Moro, M. R. (2011). Working with interpreters in child mental health. *Child and Adolescent Mental Health, 16*(1), 55-59. doi: 10.1111/j.1475-3588.2010.00589.x

Sander, R., Laugesen, H., Skammeritz, S., Mortensen, E. L., & Carlsson, J. (2019). Interpreter-mediated psychotherapy with trauma-affected refugees-A retrospective cohort study. *Psychiatry Research, 271*, 684-692. doi: 10.1016/j.psychres.2018.12.058

Searight, H. R., & Armock, J. A., (2013). Foreign language interpreters in mental health: A literature review and research agenda. *North American Journal of Psychology, 15*(1), 17-38

Swartz, L., & Kilian, S. (2014). The invisibility of informal interpreting in mental health care in South Africa: Notes towards a contextual understanding. *Cultural Medical Psychiatry, 38*, 700-711. doi: 10.1007/s11013-014-9394-7

Traverso, V. (2019). Forms of participation in a mental health care consultation with a nonpresent interpreter. *Research on language and social Interaction, 52*(2), 124-143. doi: 10.1080/08351813.2019.1608095

United States Census Bureau. (2019). *2019 American Community Survey 1-Year Estimates Detailed Tables: Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over.* https://data.census.gov/cedsci/table?q=language&tid=ACSDT1Y2019.B16001&hidePreview=false

United States Census Bureau. (2019). *2019 American Community Survey 1-Year Estimates Subject Tables: Language Spoken at Home.* https://data.census.gov/cedsci/table?q=language&tid=ACSST1Y2019.S1601&hidePreview=false

van der Rijken, R. E. A., Bijlsma, E., Wilpert, J., van Horn, J. E., van Geffen, W., & van Busschbach, J. J. (2016). Using interpreters in mental health care: An exploration of multisystemic therapy outcomes. *Journal of Emotional and Behavioral Disorders, 24*(2), 92-100. doi: 10.1177/1063426615592821

Yick, A. G., & Daines, A. M. (2019). Data in-data out? A metasynthesis of interpreter's experiences in health and mental health. *Qualitative Social Work, 18*(1), 98-115. doi: 10.1177/1473325017707027

Zimanyi, K. (2012). Conflict recognition, prevention and resolution in mental health interpreting: Exploring Kim's cross-cultural adaptation model. *Journal of Language and Politics, 11*(2), 207-228. doi: 10.1075/jlp.11.2.03zim

Zimanyi, K. (2013). Somebody has to be in charge of a session: On the control of communication in interpreter-mediated mental health encounters. *Translation and Interpreting Studies, 8*(1), 94-111. doi: 10.1075/tis.8.1.05zim