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

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

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Intimate partner violence (IPV) is a pervasive, underreported issue, with IPV defined as any act of physical or sexual violence, stalking, or psychological aggression by either a current or previous partner. Women are impacted by IPV at higher rates than men, with one in three women reporting IPV compared to one in four men. Debilitating issues resulting from IPV, especially that of traumatic brain injury (TBI) from physical violence, are far less reported in part because of either lack of screening, insufficient screening methods, or inability to differentiate diagnoses. TBI is defined as a change in brain function caused by an external force (e.g., strike to the head or strangulation). Symptoms of brain injury include headaches, dizziness, fatigue, difficulty concentrating, irritability, and problems with attention, memory, processing speed, decision making, and mood. Another common outcome of IPV, posttraumatic stress disorder (PTSD), shares a number of symptoms with TBI, further complicating diagnosis and treatment.

A diagnosis of PTSD is made on the basis that the client has been exposed to a dangerous or life-threatening stressor and experiences the following: intrusion of thoughts or re-experiencing of the event, including flashbacks; avoidance of experiences or thoughts related to the stressor; negative alterations in cognitions and mood; and changes in reactivity, including hypervigilance or hyperarousal. Studies have shown that physical manifestations of PTSD can include daily cognitive failures in memory, perception, and motor function.

The impact of both TBI and PTSD holds various implications for treatment. For example, researchers have suggested that TBI manifests differently in women than it does men, with women experiencing decreased play or socializing behaviors. The data could suggest considerations for group counseling as well as the utilization of TBI research that is based largely on samples that are majority men. Interpretations of the research also lend themselves to taking a closer look at the counseling and safety planning processes, which may require accommodation according to the deficits that ensue as a result of TBI and PTSD.

Counselors treating women who have experienced IPV should be aware of the high prevalence of TBI, perform the appropriate screenings, consider overlapping symptoms between TBI and PTSD, consider sex differences in TBI research, and make considerations throughout counseling to ensure best practices, such as including the use of compensatory strategies and specific counseling approaches that are conducive to neuroplasticity or that are accommodating.

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Evidence for Use of a Psychometric Inventory of New College Student Adjustment With Ghanaian Students

Implications for the Professional Globalization of Counseling

Danielle Pester, A. Stephen Lenz, Joshua C. Watson, Julia Dell’Aquila, Anthony Nkyi

Higher education in Ghana has experienced tremendous growth over the past two decades. As a result of this increasing access to institutions of higher education, student enrollment has been on the rise. Although access and participation in university education has grown rapidly, the proportion of enrolled students versus those eligible to be enrolled remains low, indicating inadequate pre-college academic preparation, lack of affordability, low retention rates, and inadequate supports once enrolled. With its higher education system facing such challenges, resources and tools that can assist Ghanaian higher education institutions meet student needs as they enter university life, adjust to the unique set of demands, and access existing supports are imperative.

Researchers have found first-year adjustment to an academic setting to be a critical component in student retention. Furthermore, they have found that positive adjustment within the first year of college can significantly impact a student’s academic persistence to degree completion. A study on the help-seeking behaviors of Ghanaian university students found that the first-year student population was least likely to engage in help-seeking behaviors. Knowing this, Ghanaian students’ first year of university experience is an essential time for university support personnel to proactively engage students regarding their adjustment issues. The capacity to identify new university students who are struggling to adjust to college life and who also may be at a higher risk for attrition is essential for Ghanaian university personnel as they seek to improve university retention rates.
Given that one aspect of the counselor identity is the use of evidence-supported assessment practices and another is evidence-supported intervention and programming, there is a call to complete activities to support the actions of Ghanaian mental health professionals charged with promoting adjustment among local university students. The Inventory of New College Student Adjustment (INCA) is one viable instrument for assessing college student adjustment that is free to use and has been identified as a resource to help determine the appropriate support services needed for university students, as well as a resource to assess the overall effectiveness of campus initiatives focused on student adjustment. Although the INCA has been validated using a college student population in the United States, this study evaluated the validity evidence for the INCA using a Ghanaian college student population with the hope that the instrument could be used by mental health professionals working in Ghanaian universities.

The findings revealed that scores on the INCA demonstrated a high degree of validity based on internal structure and relations with similar constructs. Consequently, this may be a viable psychometric assessment for a Ghanaian college student population, and it has the potential to contribute to evidence-supported practices for strengthening optimal development and adjustment among students at Ghanaian universities. It is plausible that the INCA can be used by Ghanaian university personnel to assess student adjustment, make any necessary changes to student affairs programming to improve the adjustment experiences of their college students, identify first year students who are struggling to adjust to university life, and develop proactive strategies to support struggling students.

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The Research Identity Scale: Psychometric Analyses and Scale Refinement

Maribeth F. Jorgensen, William E. Schweinle

One of the most important elements in modern day clinical work is evidence-based theory and approach. There has been an increased demand for counselors to seek and provide evidence that their approach, or theory, is actually helping their client base (i.e., measured outcomes). The American Counseling Association Code of Ethics indicates there is an ethical responsibility for professional counselors to monitor their effectiveness. This is similar to what is required of training programs; counselor training programs that are accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) must define and measure learning that takes place (i.e., student learning outcomes). These standards hold programs accountable to provide the highest quality training by both assessing and reflecting on their practices. Over the years, CACREP has continued to expand on their requirements and have suggested multiple dimensions of professional counselor identity (e.g., researcher, consultant, supervisor, advocate). More recently, there has been an increase in the quality and quantity of CACREP research standards for both entry- and doctoral-level programs. Ultimately, the new demands to quantify professional efficacy have required the counseling profession and training programs to acquire more of an empirical research orientation.

Researchers have explored both the promotion and the impact of these research-oriented CACREP training standards on professional counselor identity development at the program level. Out of that research, the concept of research identity (RI) developed: counseling students view and experience research as a dimension of their overall professional counselor identity. Within the field of psychology, the term science-practitioner has been popular for decades and may be a similar concept to RI. To date, RI has only been defined and explored through qualitative research.

Researchers have described RI as including beliefs, behaviors, and attitudes about research and professional identity. Further, RI is impacted by external factors such as conceptualization of research, professional identity development, faculty, training program, research courses, colleagues, and peers. Even though the qualitative studies have provided the field with a comprehensive understanding of RI, there has been a need for research to quantitatively assess RI. Specifically, previous researchers have recommended using their qualitative research to create a scale to measure RI. They suggested that development of an RI measure would not only expand the understanding of RI, but might also provide another option for counselor training programs to objectively examine student learning outcomes and program effectiveness in executing CACREP research standards. Qualitative methods can be used to inform scale development and are perceived as appropriate and sufficient within the research community.

The aim of the current study was to implement the recommendations of previous researchers by creating a scale to measure RI. A 68-item Research Identity Scale (RIS) was developed from qualitative data. Classical psychometrics and an item response analysis were used to examine reliability and validity and to reduce the number of scale items. The RIS provides counselor education programs with another option to monitor their effectiveness and model the practice of valuing and using research to advance practices, which is expected of counselors-in-training and practitioners.

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Since being identified in 1949 at the Council of Guidance and Personnel Associations conference, counselor professional identity remains a large concern. The lack of a consistent and clear counselor professional identity has led to many contemporary problems, such as transferring licensure to another state, achieving equality with other mental health professions in hiring practices, addressing the lack of recognition of the counseling profession in American society, and being reimbursed for services by private and government health insurance providers. Many professional counseling organizations look to the Council for Accreditation of Counseling & Related Educational Programs (CACREP) standards to strengthen counselor professional identity.

CACREP accreditation requires core faculty members to have degrees specifically from counselor education programs, as well as hold professional memberships, certifications, and licenses within the profession of counseling. CACREP also requires a professional orientation course in counselor education programs that covers the history, ethical standards, professional roles and responsibilities, professional associations, credentialing and licensure processes, professional advocacy, wellness, and public policy issues relevant to the counseling profession. Lastly, many states mandate that independently licensed counselors exclusively provide postgraduate supervision so that counselors understand the role and scope of practice of their profession and are able to communicate their professional identity to others.

Most studies have focused on counselor professional identity development with master’s students. We investigated independently licensed counselors’ views on counselor professional identity training and state supervision standards to achieve independent counseling licensure. Ultimately, we wanted independently licensed counselors’ views on the importance of identifying as a counselor to others as well as five professional identity standards.

Scores for participants fell between Sometimes Clear and Often Clear when asked about consistency in identifying to others as a counselor. Participants rated supervision pre- and post-graduation by an independently licensed counselor (items one and two); counselor educators licensed and trained as counselors (item three); the unique philosophy of the profession of counseling taught in counselor education programs (item four); and the importance of CACREP accreditation for clinical mental health programs (item five) between Slightly Important and Moderately Important. These five results suggest that independently licensed counselors have an awareness that a consistent and clear professional identity could help address many contemporary problems. We lastly investigated the relationship between independently licensed counselors’ clarity in identifying as a counselor to others and their score on the combined scale of the five items measuring the importance of professional identity standards. We found significance with a moderate positive association between independently licensed counselors consistently identifying as counselors and finding some value in CACREP and state standards for clinical mental health counseling students. This outcome suggests that independently licensed counselors have some connection to the fundamental set of values, beliefs, and assumptions specific to the counseling profession.

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When counselor education doctoral students (CEDS) are given teaching responsibilities without the guidance of teaching mentors, they are at risk of developing poor attitudes and skill sets. CEDS need guided learning experiences with feedback from counselor educators to help them become successful university teachers. Although support for using teaching mentorships is present in higher education, less is known about the use of teaching mentorships in counselor education. Many CEDS who become faculty members will teach as a primary component of the faculty job, so it is imperative that counselor educators know more about how to intentionally prepare CEDS for these roles. New counselor educators reported that teaching mentorships by senior faculty members were helpful in enhancing their teaching skills, begging the question: Why wait to support CEDS’ teaching development until they are on the job?

Teaching mentorships, like other mentor relationships, are described as having career (teaching skills) and psychosocial (mentor–mentee relationship) foci. Both career and psychosocial mentoring types, or some combination, are used by academic faculty mentors. Mentoring provides faculty members with a flexible vehicle for addressing the multiple aspects of being a teacher. Ultimately, teaching mentorships transpire between faculty members and CEDS through a variety of formal (planned and more structured), informal (spontaneous and less structured), or combined mentorship styles. We found no evidence in the counselor education literature describing common styles of teaching mentorship used by counselor educators. Our purpose was to learn more about how counselor educators understand and use their own teaching mentorship styles, thus requiring that we measure counselor educators’ subjective understanding of this phenomenon.

Accordingly, Q methodology was used to identify the teaching mentorship styles of 25 counselor educators with at least one year of experience as teaching mentors. Our results suggest three teaching mentorship styles labeled as Supervisor, Facilitator, and Evaluator, which reflect counselor educators’ distinct viewpoints on how to mentor doctoral students in teaching within counselor education doctoral programs. The Supervisor is characterized by a more structured and progressive approach with a focus on teaching skill development, whereas the Facilitator is more relationally focused and student-centered. Evaluators mentor for the creation of higher-order learning environments and do so by using corrective feedback to support CEDS’ growth.

Our findings provide counselor educators with ideas for transferring aspects of the identified teaching mentorship styles to their own practices. To start, counselor educators can consider their current style of mentorship in relation to the teaching mentorship styles (i.e., Supervisor, Facilitator, Evaluator) offered in this study. We encourage counselor educators to identify and discuss their teaching mentorship styles with CEDS early in the mentorship process to facilitate a goodness of fit. Conversely, when CEDS are assigned to a faculty mentor, it may be important for counselor educators to consider how their style of mentorship will fit with their mentee. Finally, counselor educators with a singular teaching mentorship style would do well to integrate strengths from other teaching mentorship styles into their practice.

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For the majority of people, work is a central component of life, as career development is a universal process across demographics. Work can spark joy and purpose in life, while also leading to challenges such as stress, difficult decisions, financial constraints, and burnout. Further, the type of career one pursues may come with specific job-related risks, and there are links between career concerns and overall wellness and happiness.

Because of the important role work and career play in personal and professional well-being, it is important to assess variables related to experiences such as career selection, career stability, career fit, and career satisfaction. Within the counseling profession specifically, counselors must monitor their own career-related process and goals, in addition to providing career-related counseling to their clients. As such, a work- and career-related focus should be integrated into counseling curricula as counselor educators prepare students to practice holistically with individuals of varying backgrounds who inevitably experience work as a critical aspect of life.

For this investigation, a constructivist-based pedagogical approach to instruction was utilized throughout a required career counseling course. Counselors-in-training (CITs) were assessed on a number of career-related variables pre- and post-assessment: work values, occupational engagement, and professional quality of life. The use of assessments within a constructivist classroom allowed CITs to evaluate career variables relative to themselves and also provided valuable experience in utilizing and interpreting career assessment for practice—a vital experience, as CITs often struggle with the use of assessments.
Relative to work values, participants valued Balance, Support, and Helping at both pre- and post-assessment (with Balance being replaced by Honesty at post-assessment) and ranked Power, Competition, and Risk-Taking as their lowest work-related values. Relative to occupational engagement, participants were moderately engaged during their career course throughout the semester and showed a statistically significant increase in scores from pre- to post-analysis. Relative to professional quality of life, we found that participants at pre- and post-assessment reported moderate levels of Compassion Satisfaction and low levels of Burnout and Secondary Traumatic Stress.

Overall, participants experienced moderate levels of compassion satisfaction and experienced low levels of burnout and compassion fatigue, which is promising given the early nature of their counseling careers. In addition, participants valued balance, support, helping, and honesty within their careers, while power, competition, and risk-taking were least valued. Finally, participants increased their levels of occupational engagement over the progression of the career counseling course—something for which we think the constructivist experiential nature of the course was at least partially responsible. As a result, the findings support the idea that counselor educators may do well to intentionally incorporate constructivist-based experiences into their career classrooms in order to boost student engagement. CITs also may benefit from strength-enhancing or wellness-enhancing activities to increase their overall balance, feelings of support, and desire to help others. Finally, counseling programs could incorporate assessments as a way to: (a) engage CITs; (b) increase in vivo experience with assessments (i.e., learning by doing); (c) increase competence in administering and reviewing assessments; and (d) increase basic knowledge in the career content area.

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Bullying remains a significant problem at the high school level. Students who are targets of bullying experience numerous associated negative consequences, including increased substance use, depression, and suicidal ideation. Further, student bystanders who witness bullying at school report increased mental health concerns, substance use, suicidal ideation, and feelings of helplessness. When bystanders observe bullying without intervening, they sometimes report feeling guilty and coping through moral disengagement. However, most bullying programs do not include a bystander component. Further, despite the need for bullying intervention in high school, most programs are designed for elementary and middle school students and are ineffective in high schools. In addition, many programs place high demands on schools in terms of time commitment and resources, posing barriers for implementation. Therefore, there is a need for brief bullying bystander intervention programs that have been “aged up” for high school. An example of such an intervention is STAC, which is a brief bystander intervention that teaches student bystanders to intervene as “defenders.” The STAC acronym stands for the four intervention strategies taught in the program: Stealing the Show, Turning It Over, Accompanying Others, and Coaching Compassion.

The goal of this mixed methods study was to add to knowledge on bullying interventions—specifically STAC—for high school students. We were interested in answering the following research questions: (a) Do students trained in the aged-up STAC intervention report an increase in knowledge and confidence to intervene as defenders? (b) Do students trained in the aged-up STAC intervention have an increased awareness of bullying? (c) Do students trained in the aged-up STAC intervention use the STAC strategies to intervene when they observe bullying? and (d) What were high school students’ experiences of participating in the aged-up STAC intervention and using the STAC strategies to intervene in bullying situations?

We selected a mixed methods design to maximize interpretation of findings. Quantitative findings indicated that students trained in the STAC program (n = 22) had a significant increase in knowledge and confidence to intervene in bullying, and they reported an increase in awareness of bullying. In addition, 100% of students who reported seeing bullying also reported using at least one STAC strategy at 30-day follow-up. We utilized consensual qualitative research methodology to analyze qualitative data, which supported quantitative findings. The following four themes emerged from the data: (1) Awareness and Sense of Responsibility; (2) Empowerment and Positive Feelings; (3) Fears; and (4) Natural Fit of STAC Strategies and Being Equipped to Intervene.

These findings provide implications for counselors working with high school students. Our findings indicate that high school students are invested in helping reduce school bullying and can do so effectively. High school counselors can find encouragement in this and implement bystander intervention programs like STAC. Counselors outside of the school setting can also utilize the STAC strategies to empower their clients with tools to intervene in bullying. Overall, this study provided support for the aged-up STAC intervention as an anti-bullying approach that is appropriate for high school students.
Read full article and references:

Professional Counselor Licensure Portability
An Examination of State License Applications

Seth Olson, Kathleen Brown-Rice, Andrew Gerodias
For many years, counselor license portability, or the ability for a license to be easily carried elsewhere, has been an issue of discussion in the counseling profession. However, complex legislature processes and differing requirements have led to limited success. In recent years, the 20/20: A Vision for the Future of Counseling initiative, a collaboration between the American Counseling Association (ACA) and the American Association of State Counseling Boards (AASCB), began to push for licensure portability. Even more recently, AASCB joined with the National Board for Certified Counselors (NBCC), Association for Counselor Education and Supervision (ACES), and American Mental Health Counselors Association (AMHCA) to create a Joint Statement on a National Counselor Licensure Endorsement Process. Although these are valued steps toward portability, little attention has been paid in the literature to examine the detailed differences in states’ requirements to become a licensed professional counselor. Understanding the various differences between state licensure requirements will be vital in the pursuit of portability.

The purpose of this manuscript was to provide necessary detail by investigating the U.S. licensed professional counselor application forms. This included analyzing specific application requirements, such as historical disclosures (e.g., criminal history, drug use history, mental health history, ethical violations, malpractice proceedings) and educational prerequisites. Additionally, this manuscript identified common and uncommon requirements to become a licensed professional counselor and identified specific jurisdictional standards that may impact license portability. This study utilized a non-experimental descriptive design to provide a summary of data related to the following broad research question: What are the similarities and differences between state professional counseling licensure applications? From 2016–2017, the authors completed an extensive search for counseling licensure applications from all 50 states and the District of Columbia. This included the capture of states with multiple counseling licenses.

The results of this investigation determined that many states require coursework beyond CACREP standards, as well as many other prerequisites that licensing boards consider when endorsing an applicant as a licensed professional counselor. Required hours, examinations, and historical factors (e.g., mental health history, criminal history) were just some of the details that varied from one state to another. Therefore, the counseling profession needs to continue to take a more encompassing view of licensure requirements and be in the forefront of developing common standards–related education requirements, examinations, and historical factors. Further, we need to determine universal criteria related to what is acceptable and unacceptable related to applicants’ criminal history, comportment, drug use, mental health problems, malpractice history, and ethical standards. It is time for the counseling profession to take a more proactive stance and set the standards and a model for state licensure boards to utilize with confidence.

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