The refereed, online, open-access journal promoting scholarship and academic inquiry within the profession of counseling

THE NATIONAL BOARD FOR CERTIFIED COUNSELORS, INC.®

About *The Professional Counselor*

The Professional Counselor ®

In This Issue
Contents

Volume 9, Issue 3

"God Is a Keeper": A Phenomenological Investigation of Christian African American Women's Experiences With Religious Coping

Janeé R. Avent Harris, Jasmine L. Garland McKinney, Jessica Fripp

Many African Americans utilize religious coping strategies when responding to life transitions and challenges. Although research related to religious coping practices is represented in the literature, studies related specifically to African Americans are limited. Therefore, the purpose of this qualitative phenomenological study (*N* = 7) was to investigate the religious coping practices of Christian African Americans. The following six themes emerged: (1) God is a keeper: Getting through the "valley"; (2) positive religious coping; (3) negative religious coping; (4) spiritual growth; (5) "godly counsel" and "sound doctrine"; and (6) "Black people do not go to counseling." Implications for counselors in providing more culturally relevant services, assessing for religious coping strategies, and collaborating with local faith communities are included. Recommendations for future research are provided.

Keywords: **African Americans, religious coping, Christian, qualitative, phenomenological**

According to the National Institute of Mental Health (NIMH; 2016), 44.7 million adults live with a mental illness in the United States. However, less than 50% of those adults participate in mental health services. Although the value of mental health treatment is not relegated to a particular group, participation in mental health treatment among the general population remains inconsistent. Notably, African Americans are less likely than other racial and ethnic groups to attend counseling services, but they live with more severe conditions because these matters remain unaddressed (Fripp & Carlson, 2017; National Alliance of Mental Illness [NAMI], 2018). The American Psychiatric Association (APA; 2017) reported that only 1 in 3 African Americans who need mental health treatment receive it, utilizing services at lower rates than non-Hispanic Whites. Similarly, Dalencour et al. (2017) noted that between 2008 and 2012, roughly 30% of African Americans with a mental illness utilized services to treat their condition. Although poverty and exposure to violence are not exclusive to African Americans, these experiences exacerbate the development of mental health conditions (Kawaii-Bogue, Williams, & MacNear, 2017), resulting in post-traumatic stress disorder, major depression, suicide, and attention deficit hyperactivity disorder among this particular population. African American women, in particular, often face the pressure to adhere to the "strong Black woman" image (Matthews, Corrigan, Smith, & Aranda, 2006, p. 258), as they are expected to manage stressors without assistance.

Better mental health can increase overall wellness, build resilience, and provide individuals with the necessary tools and coping skills to combat mental health symptoms. Although these benefits reduce the negative psychological, behavioral, and emotional impact of life stressors, certain factors prevent African Americans from seeking services for symptomology. NAMI (2018) reports that a lack of understanding about the benefits of mental health is a contributing factor that distances African Americans from the services they need. They are often unfamiliar with the warning signs of mental health symptoms and report apprehension about accessing care (Avent Harris & Wong, 2018). For

Janeé R. Avent Harris, NCC, is an assistant professor at East Carolina University. Jasmine L. Garland McKinney is a graduate research assistant at East Carolina University. Jessica Fripp, NCC, is an assistant professor at Austin Peay State University. Correspondence can be addressed to Janeé Harris, 225A Ragsdale Hall, Mail Stop 121, Greenville, NC 27858, aventj16@ecu.edu.

African Americans that do access care, they can receive the wrong diagnosis or be prescribed higher dosages of medication (NAMI, 2018). Additionally, when African Americans believe there is a mental health problem, they take concerns to a primary care provider versus a mental health professional (Hays & Lincoln, 2017). Often, African Americans feel most comfortable seeking support for emotional and mental health concerns from their religious communities (Avent, Cashwell, & Brown-Jeffy, 2015).

Faith and spirituality are reliable resources for African American communities (Hays & Lincoln, 2017; NAMI, 2018; Young, Griffith, & Williams, 2003) and can provide a means to cope when engagement in counseling services is low. Turner, Hastings, and Neighbors (2018) conducted a study with a large number of participants ($N = 5,008$) focusing on the mental health help-seeking patterns of African American and Black Caribbean adults. These researchers sought to understand the relationship between race, ethnicity, religion, and help-seeking. Their results indicated that older adults with a stronger connection to their religion were more likely to participate in counseling (Turner et al., 2018). In many ways, this finding conflicts with some previous findings that suggest higher religiosity might decrease mental health treatment usage (Avent Harris & Wong, 2018). Researchers must continue to investigate this phenomenon and seek opportunities to harness religious coping as a pathway to mental health and wellness among African Americans.

The Role of Religious Coping in Mental Health

Although researchers are intrigued by religion's role in mental health outcomes, religious coping remains a complicated construct to unpack. Religion is often a source of support and provides a sense of meaning when experiencing difficult life stressors (Park, 2005). According to Jackson and Bergeman (2011), multiple benefits for religiosity include resilience, broader support system, sense of meaning and hope, and perceived control over circumstances. Religious coping is often accessible and includes but is not limited to prayer, meditation, and worship (Pargament, Smith, Koenig, & Perez, 1998).

Pargament, Feuille, and Burdzy (2011) recognize Pargament et al.'s (1998) Brief Religious Coping (Brief RCOPE) scale as the most common assessment of religious coping. In this quantitative assessment, individuals can identify the particular religious coping strategies they use (e.g., *looked for a stronger connection with God*). Pargament et al. (1998) found that religious coping can be classified as negative or positive. Usually those who employ adaptive coping strategies create opportunities to incorporate belief in God in a healthy way, coalescing religious strategies with coping tools received in mental health treatment. However, it also is possible for individuals to engage in maladaptive forms of religious coping. This is characterized by depending solely on God for action and often blaming God when adverse circumstances persist (Avent, 2016; Pargament et al., 1998). Maladaptive religious coping is linked to negative health outcomes (Pargament et al., 2011). Further, there are psychological implications of negative religious coping. When individuals depend solely on spirituality without therapeutically confronting traumas and emotional symptoms, they miss opportunities to uncover and appropriately heal from past and present hurts (Avent, 2016). Although African Americans are known to use faith and spirituality to address emotional, physical, and psychological concerns, the research remains limited on *how* these strategies are enacted.

Although there is extensive research with the Brief RCOPE, Pargament et al. (2011) recommend further investigation into the instrument's application with diverse populations. The brief nature of the assessment allows counselors to obtain information in a short amount of time; however, it might limit the amount of data collected and other styles of religious coping can remain unaccounted for. Thus, it

is important for counselors and counseling researchers to seek more information about the religious coping practices of individuals, such as African Americans, who are historically underrepresented in mental health research and central to the conversation on mental health and spirituality.

African Americans' Use of Religious Coping

The Pew Research Center (2018) reported that African Americans are more likely to identify as Christian than other Americans in the United States. Eighty-three percent of African Americans believe in God with absolute certainty (Pew Research Center, 2018) and 75% consider religion to be important in their lives. Seventy-five percent of African Americans report that they pray daily (Pew Research Center, 2018). Given the salience of religion in the lives of African Americans, it is imperative for counselors to consider how these beliefs inform coping practices. Chatters, Taylor, Jackson, and Lincoln (2008) reported that African American and Black Caribbean women were more likely to use religious coping than men, and those who are married utilized religious coping more than those who are unmarried.

Although African Americans have increased their proximity to mental health resources, preferences toward religiosity over formal help-seeking remain (Dempsey, Butler, & Gaither, 2016; Hardy, 2012). Hankerson, Watson, Lukachko, Fullilove, and Weissman (2013) conducted a series of focus groups with African American pastors of a predominantly Black megachurch in New York to learn more about individuals' experiences with depression and the role and responsibilities of churches to respond to this diagnosis. Through consensual qualitative research, the scholars found that pastors prayed with members and provided them scripture-based guidance. The pastors also mentioned referring parishioners to more formal counseling services depending on the severity of the issue. However, the church remains an integral part of African Americans' coping support systems (Campbell & Littleton, 2018). Similarly, Avent et al. (2015) found that Christian African Americans seek out religious supports for a diverse range of life circumstances, often going to their pastor for guidance rather than a professional counselor. These strong ties to faith communities and reliance on religious coping support warrant additional attention from counseling researchers and practitioners.

The integration of an individual's religious and spiritual background is not only culturally responsive, but it is considered ethically responsible in treatment (American Counseling Association, 2014; National Board for Certified Counselors, 2016). However, given the dearth of literature that exists that focuses explicitly on Christian African American experiences with religious coping, counselors may feel ill-prepared to have these critical conversations and unequipped to integrate these interventions and techniques in the therapeutic relationship. Therefore, the purpose of this study was to investigate the religious coping practices of Christian African Americans. The research question that guided the study was, "What are the experiences of Christian African Americans who use religious coping practices?"

Methods

The purpose of phenomenology is to unearth the essence of individuals' experiences with a particular phenomenon (Moustakas, 1994). This research approach assumes that multiple realities can co-exist simultaneously and juxtaposes more positivist, quantitative perspectives that suggest a certainty in knowledge (Hays & Singh, 2012; Hays & Wood, 2011), and participants can share their personal experiences with the phenomenon under investigation (Hays & Wood, 2011). In this case, this methodological approach seemed to be most appropriate to investigate the experience of African

Americans in using religious coping to respond to life stressors. More specifically, in regards to counseling research, phenomenology is often used to explore issues related to culture and diversity (Flynn, Korcuska, Brady, & Hays, 2019).

Research Team

The research team consisted of the first and second authors. Both team members identify as Christian African American women with personal experience and professional interest in the study's phenomena. The first author is an assistant professor with a background in teaching and conducting qualitative research. The second author is a master's-level counseling student with previous research experience.

The research team remained intentional throughout the methodological procedures to minimize the influence of their own biases and expectations. For example, the team met before data collection to engage in bracketing. Through bracketing, the research team discussed their own experiences and how they may impact their relationship to the study and understanding of the data. The bracketing continued through the data analysis process when the team members identified any reactions to the data and agreed to hold each other accountable in minimizing the impact of their own biases on the findings (Hays & Singh, 2012).

Participants

One of the critical elements of the phenomenology approach is the intentionality in choosing participants; eligible participants are considered those who have an in-depth and intimate knowledge of the phenomena (Hays & Singh, 2012). Eligible participants were adults who identified as African American and Christian, recruited through purposive and snowball sampling methods via social media postings and email, and invited to tell others who may be interested (Hays & Singh, 2012).

In total, seven participants responded and completed the interview. This number of participants is sufficient for phenomenology methodology (Creswell, 2013). All the participants identified as heterosexual women. The recruitment was open to men as well. Two men indicated interest in participating but did not follow through with completing the interview. Of the seven participants, five indicated their relationship status as married and two described themselves as single. The participants' ages ranged from 26–58 years old, and the mean annual income of participants was $69,071. This study revealed a mix of denominations: Two participants identified as non-denominational, and one participant each identified as Methodist, Christian, Pentecostal, Protestant, and Presbyterian, respectively. Three participants graduated with their master's degree, one graduated with a doctorate, two graduated with bachelor's degrees, and one indicated that she was currently attending college. Three participants indicated they had participated in counseling services, three indicated they had not, and one indicated participation in pastoral counseling.

It is important to situate the current study's participants' demographics within the context of the larger society. Generally, African American women earn less than African American men and White men and women (Hegewisch & Hartmann, 2019). The median income of the current participants is higher than the median income of African American households in the United States (i.e., $40,258; Fontenot, Semega, & Kollar, 2018). According to the U.S. Census Bureau (2017), 24% of African American women have at least a bachelor's degree. In the current study, all of the participants were in college or had obtained at least a bachelor's degree. The demographics of the current study are promising and reflect within-group differences among African Americans in regards to education and income.

Data Collection

Participants completed a demographic questionnaire and a semi-structured interview. The first author created the interview protocol questions based on what is known in existing literature and areas that warrant further exploration (Hays & Singh, 2012). For instance, there is existing research on religious coping practices; however, the questions in this interview protocol seek to understand Christian African Americans' perspectives in particular. The qualitative nature of this study created an opportunity for participants to give their feedback on Pargament et al.'s (1998) classifications of negative and positive religious coping. The semi-structured format of the interview allowed the researchers the flexibility to follow up on participants' responses and explore topics that emerged during the conversation (Hays & Singh, 2012). The interviews ranged from 26 to 48 minutes, with a mean of 36 minutes.

The interview protocol included the following questions: (1) If you have participated in counseling before, please tell me why you chose to go to counseling and about the process; (2) In what ways, if any, have you been encouraged to seek out professional counseling? In what ways, if any, do you feel you have been discouraged from seeking out professional counseling? (3) How would you define religious coping? (4) What are some ways you use your religious practices to cope with life circumstances? (5) In what ways do you think religious coping is beneficial? What are some limitations? (6) Often, people who engage in religious coping are less likely to seek professional counseling services. Why do you think this may be? (7) Tell me about a time you encountered a life challenge and used your religion to cope. What did this look like? How was it helpful? How was it not helpful? (8) Researchers have identified "positive" religious coping strategies and "negative" religious coping strategies. What are your reactions to these? (9) Are there any that you would classify differently? Are there any that you would take away? and (10) Can you think of times when you have used positive religious coping? What about negative religious coping? The interview concluded with asking the participants if they would like to share anything they were not asked and to reflect on their experience in the interview process. Each participant completed the interview individually.

Data Analysis

We followed Moustakas' (1994) modification of the van Kaam method to phenomenological data analysis. We met to discuss bracketing and process our reactions and insights before the data analysis. Then, we analyzed two interviews together and identified themes. These meetings provided the second author with an opportunity to learn the process and feel more comfortable coding data independently. Next, we proceeded to review the transcripts individually, reconvening and discussing emerging themes. Themes emerged from a series of steps that included grouping participants' words, reducing and eliminating raw data that is not related to the phenomena or might be repetitive, and clustering related statements into overarching themes. We refined the emerging themes again by checking them against the participant interviews a second time. The first author created textural and structural descriptions and shared them with the second author for discussion (Moustakas, 1994).

Trustworthiness

It is essential that researchers in qualitative studies ensure trustworthiness to maximize rigor (Hays & Singh, 2012). There are several strategies that researchers utilize to increase trustworthiness, and we infused several of these tools in our current study. The procedures in the current study reflect strategies commonly enlisted in counseling research (see Flynn et al., 2019), including our engagement in bracketing throughout the research process.

Additionally, participants received the themes and were invited to provide feedback as a part of the member checking process (Hays & Singh, 2012). Participants who responded ($n = 2$) agreed with

the findings. We included "thick descriptions" (i.e., participant direct quotes) of the data in this article to provide context and supporting evidence for the identified themes. We also maintained an audit trail throughout the research process. Information from the audit trail, documenting the procedures and approaches from this current study, can help readers understand how the researchers arrived at the findings (Flynn et al., 2019; Hays & Singh, 2012).

Auditor findings. The external auditor was a critical part of the trustworthiness process for the current study (Hays & Singh, 2012). Our auditor identifies as a White woman. She is a graduate student who has some experience working on qualitative research studies. The auditor reviewed the participant transcripts, identified themes, and then provided feedback regarding the research team's findings. The auditor's findings were consistent with the research team's themes. The auditor did note the participants' acknowledgment for *the need* for professional counselors. The research team had not highlighted this perspective. Thus, we incorporated this into the discussion of the findings.

Findings

We identified the following themes: (1) God is a keeper: Getting through the "valley"; (2) positive religious coping; (3) negative religious coping; (4) spiritual growth; (5) "godly counsel" and "sound doctrine"; and (6) "Black people do not go to counseling." The following section will expound on these findings and provide support for the themes.

God Is a Keeper: Getting Through the "Valley"
The participants recalled challenging times and transitions such as grief and loss, divorce, physical sickness, and financial difficulties. Although these defining moments are universal in the human experience, the participants interpreted these challenges through the lens of the attributes of God and their religious beliefs. The name of this theme came directly from one of the participant's responses as she spoke to the vital role God played in sustaining her through the difficult times. This sentiment resonated with five of the seven participants, who identified God as the reason why they were able to endure struggles. God was referred to as a "keeper" either explicitly or implicitly in many of the interviews. Charisma stated, "I do believe that salvation has kept me through a lot of difficult times." This participant identified the loss of her sibling as her most challenging circumstance, and she recalled vividly how her relationship with Christ kept her through that challenge, even as a young person. Many participants identified their challenges as the catalyst for identifying who God is in their life and connecting with this attribute. Tee defined religious coping as "a heavy or absolute reliance on God to get you through whatever . . . the trauma is or the struggle is, or in religious terms, your valley."

Further, in many ways the participants closely aligned their church communities with God as "keeping" factors. For example, Amy recalled a "pretty dark time" in her life when she was going through a divorce. She and her husband were very involved in church and were not expecting to separate. She attributes the connection to her church, pastoral counseling, and friendships with sustaining her during that time. Amy, like many of the participants, found solace and community in her church family. These relationships were crucial sources of coping.

Positive Religious Coping
Religious coping strategies came up numerous times throughout the interviews because this was a focus of the study. Although the participants did not always talk about positive religious coping in the exact terminology (e.g., *sought God's love and care*) presented by Pargament et al. (2011) and

Pargament et al. (1998), all of the participants referenced times in their lives when they enacted these strategies. Some of the examples provided by the participants included following God's direction, use of scripture and prayer to focus, attending worship services, and viewing God as a faith companion. For instance, Donna stated that she prays daily, does morning devotionals, and participates in Bible studies when she is able. She said that these practices are essential to respond to the daily struggles she may encounter. It is important to note that although church was an important element for coping for most of the participants, Kira expressed a different sentiment. Kira expressed discontent with the idea of church, but the concept of religious coping still resonated strongly with her. She spoke about using religion to help her make sense of her circumstances. For her, scriptures provided a source of meaning-making. She also expressed the fact that her understanding of religious coping evolved and deepened as she became older and the scriptures seemed more relevant. When asked, participants tended to agree on the positive religious coping styles presented by Pargament et al. (2011) in the Brief RCOPE scale and acknowledged the fine line between adaptive and maladaptive religious responses.

Negative Religious Coping

Although most participants more readily offered examples of positive religious coping, negative religious coping came up in each interview more implicitly. Some of the sentiments expressed in the interviews included jealousy, frustration, "the devil," questioning God, isolation, lack of trust, "why me?," "God is enough," and a sense that moments of doubt or struggle can indicate a betrayal of God.

Toni recalled a time in her career when she felt that she had enacted negative religious coping. She said that she made statements such as "the devil must want me to be here right now." Similarly, Kira spoke about hearing others say, "The devil this, the devil that." After hearing the negative religious coping strategies from Pargament et al. (2011), Kira stated that although she had not felt completely abandoned by her church, she felt misunderstood many times. Tee also recalled the ways in which negative religious coping intersected with mental health in her upbringing. She remembered hearing messages such as "you just need to pray about it" and "suck it up because you're strong." These negative messages seemed to be perpetuated both in church and within the immediate family, as participants were encouraged to "not share family business."

Spiritual Growth

Spiritual growth and development was an important part of conceptualizing and responding to life stressors. Participants often reflected on their faith development and attributed some of their challenges with triggering their growth. Jonica explained her journey from a young person "going through the motions" to an adult with a "relationship with God for myself." Through this process she learned from preachers and her family to seek consultation in the scriptures. The participants spoke about the impact that their spiritual maturity has had on their coping strategies and responses to life circumstances. Many of the participants stated that they were much more spiritually mature now and, therefore, would have a more faith-based response to challenges as they arise. For instance, Donna recalled her experience with cancer and the ways the process impacted her spiritual development. She stated that her response would be different now because of her spiritual maturity. Previously she considered the cancer diagnosis as a death sentence, felt unloved by God, and was angry. Now, she said she would "smile about it and keep it going."

For many, the church also tended to be an integral part of personal faith and spiritual development. The worship experience, in particular, was seen as a therapeutic release. Although many of the connections to the church were positive, there were some points of tension. It is important to note how

different individuals' experiences can vary. For some, the church was a path to a stronger relationship with others. For some participants, like Toni, negative experiences with the church were traumatic and created distance between the individual and their local fellowship. She recalled that "the church I grew up in was very fire and brimstone." Whether the experiences were positive or negative, the church served as a conduit in the participant's spiritual journey and development.

"Godly Counsel" and "Sound Doctrine"

Participants emphasized the value of the Bible and the role it played in providing guidance and direction throughout their lives, particularly during challenging situations. Often, participants juxtaposed this idea of "godly counsel" with secular counseling services. In these cases, participants emphasized the importance of advice that did not contradict the "word of God." Charisma stated, "therapy is godly and providing you with godly wisdom" and can be a supplement to pastoral instruction and prayer. Similarly, Amy stated that she could have benefited from professional counseling but instead relied solely on pastoral counseling. In this counseling, her pastors prayed with her and gave her "godly wisdom [and] godly advice." Participants specifically highlighted the importance of the idea of "sound doctrine" as opposed to false teaching to provide direction and comfort. For participants, "sound doctrine" meant that scriptures were properly interpreted and applied.

"Black People Do Not Go to Counseling"

All of the participants highlighted the stigma that exists among many African Americans regarding mental health help-seeking and referred to the notion that "Black people do not go to counseling." Participants noted that in many African American communities, and especially within traditional Black Church communities, mental health is a taboo subject. The participants identified social media, family, and friends as influences on their attitudes and perspectives toward counseling. Jonica, a long-time educator, recalled some of her experiences with students and families. She noted that Black and Brown communities often have stigma about mental health treatment. A number of her students' families experienced trauma but were discouraged from counseling because they considered it "for people who are crazy." Participants noted the lack of African American representation amongst counselors as a potential deterrent. Amy said, "I mean a Black person going to a White person to get help? No." The participants all agreed that the stigma about mental health treatment needed to end and that more needed to be done to increase mental health help-seeking in their communities.

Discussion

Statistics highlight the disproportionate use of mental health services by African Americans (APA, 2017). Scholars are challenged to gain a more in-depth understanding of the narratives and experiences behind these figures. Thus, the researchers in this qualitative phenomenological study sought to understand how African Americans utilized religious coping practices in response to challenging situations. Seven women participated in the interviews. This discussion contextualizes the current findings within the current literature landscape and highlights the ways this research offers new understandings.

Overwhelmingly, the majority of African Americans believe that God exists (Pew Research Center, 2018). The findings of this current study support this understanding and also illuminate the ways Christian African American women, in particular, consider God to be at work in their lives. Thus, for Christian African Americans, it is important to not only acknowledge God's existence, but that God is active in the fabric of their everyday lives. Our participants attributed much of their resilience and ability to cope with God sustaining them through various life circumstances. Although participants

did not state that God was their only source of sustainment, they did seem to suggest that it was the most vital. Although the counseling research about African Americans' perspectives of God is more limited, this finding is consistent with research in other professions. For instance, Woodward and Sowell (2001) conducted a qualitative investigation of women diagnosed with HIV/AIDS. The participants in that study emphasized that "God is in control" as a means of coping and alluding to the involvement of God in their personal lives (p. 240). Similarly, the participants in our study found solace in trusting the sovereignty of God.

Participants in our study spoke about positive and negative religious coping strategies. It is important to note that all the participants in our sample were women, which could explain the centrality of religious coping, as Chatters et al. (2008) found that African American women were more likely to engage in religious coping practices than African American men. The participants used religious coping as a support but also as a way to make meaning, particularly in stressful situations. Although much of the literature on the intersections of faith and mental health focuses on the influence on help-seeking, the responses from these participants also provide insight into meaning-making, which is important for counselors to understand as they work with this population.

Although the focus of this current study was on religious coping, our participants spoke a great deal about faith development. Many of the insights shared aligned with popular faith development models, such as Fowler's (1981) Stages of Faith. Thus, one can assume that a particular stage of faith may inform the type of religious coping strategy utilized. Moreover, the participants seemed to suggest that higher-order stages of faith (i.e., those stages that involve more self-reflection, awareness, openness, and the ability to acknowledge the existence of multiple truths) aligned with more positive religious coping strategies. Although an in-depth description and analysis of Fowler's Stages of Faith is outside the scope of our study, it is important to discuss to offer some additional context for this particular theme and as a way for counselors to deepen their client conceptualizations and inform their therapeutic interventions (Parker, 2011).

The emphasis on the Bible as a coping mechanism is consistent with data from the Pew Research Center that reports that 54% of African American adults read scripture at least once per week and 51% support a literal interpretation of scripture. Thus, African Americans may be inclined to endorse scripture texts that identify suffering as a means of entry into heaven. For instance, 1 Peter 5:10 (New International Version) states: "And the God of all grace, after you have suffered for a little while, will himself restore you and make you strong, firm, and steadfast." The ideas of suffering are extraordinarily nuanced for African Americans, as religion became a way to cope with and understand oppression. Some Black Church theologies consider suffering as a means to the desired reward in heaven (Avent & Cashwell, 2015). These theological underpinnings and understandings of scripture have an essential influence on African Americans' preference for religious coping and under-utilization of counseling services (Avent & Cashwell, 2015).

Overall, the findings that emerged support longstanding notions that mental health stigma is prevalent in African American communities and that religion and spirituality are critical components of coping responses and understanding help-seeking patterns (Avent Harris & Wong, 2018). It is noteworthy that participants in our study were generally supportive of participating in counseling; three of the participants had participated in secular counseling. Therefore, the current findings suggest that even when negative attitudes are absent, it still might not result in help-seeking. Thus, it is time to move beyond seeking to solely understand attitudes toward help-seeking and learn more about actual coping behaviors.

One participant noted that the lack of African American counselors might serve as a deterrent for many African Americans because they may not feel comfortable opening up to someone who is Caucasian. Currently, African Americans comprise 18% of master's students enrolled in counseling graduate programs (Council for Accreditation of Counseling and Related Education Programs, 2017). Studies such as Kim and Kang (2018) found that clients who had counselors with the same racial/ethnic identity attended more counseling sessions. Thus, counselor education programs should consider intentional recruitment efforts to increase the number of African Americans enrolled in graduate counseling programs in order to diversify the workforce. These efforts could lead to more African Americans engaging in professional counseling.

Implications for Counselors

There are many important implications for counselors from the findings of our study. First, although African Americans are confronted with many stressors stemming from both systemic oppression and universal human experiences, our participants demonstrated resilience. Counselors should be intentional in identifying strengths and highlighting ways African American communities, often led by Black churches, have persisted (Avent et al., 2015; Lincoln & Mamiya, 1990). Although counselors should ensure that they are aware of cultural barriers that contribute to a lack of participation in counseling resources, they also should be intentional about highlighting the important ways religion, spirituality, and churches are a trusted resource and source of advocacy (Avent et al., 2015; Avent Harris & Wong, 2018).

Findings from our study support the extant literature reporting that African Americans frequently adhere to cultural beliefs that suggest "Black people do not go to counseling" and are more comfortable utilizing their faith (Avent Harris & Wong, 2018; Schnittker, Freese, & Powell, 2000). This could stem from a lack of trust for mental health professionals to provide an environment that is both non-judgmental and confidential. Counselors should intentionally work to earn trust and build rapport among African Americans. One potential means to increase African American participation in counseling would be to host group therapy sessions in churches led by professional counselors. Hankerson et al. (2013) found that pastors were open to the idea of hosting group sessions and likened them to peer support groups that might already exist. For many African Americans like the participants in our study, therapeutic groups can be attractive when they are held within the context of a religious setting and can help to reduce mental health stigma.

Church–Counseling Collaborations

Although it is important to emphasize the importance of help-seeking from secular counselors, our study acknowledges value in the church as a resource and an integral part of the support networks of many African Americans. Hankerson et al. (2013) encouraged engaging Black churches as stakeholders in advancing mental health awareness and treatment. Results from our study confirm that pastors often provide both spiritual and personal counseling to members of their churches. The church has proven to be a consistent place of solace for many African Americans whether members are participating in premarital, financial, or other counseling (Avent Harris & Wong, 2018). Thus, counselors can create professional relationships with church leadership to connect to church members (Robinson, Jones-Eversley, Moore, Ravenell, & Adedoyin, 2018).

Dempsey et al. (2016) provided an overview of examples of successful collaborations with community stakeholders and Black churches. Most of these connections focus on physical health initiatives. Thus, it is incumbent upon counselors to harness support networks; the authors challenge counseling professionals to consider these collaborations as a template for mental health-focused

programming. Dempsey et al. suggested the following steps can make these efforts successful: awareness, assessment, seeking approval, church health fairs, mental health training, joining the community, conducting research, and inviting wisdom. Furthermore, many historically Black fraternities and sororities have created initiatives strategically targeted to increase education and awareness around Black men's mental health. As these organizations often have significant ties to local churches, they serve as a great partner for counselors and professional organizations.

It is vital that mental health professionals approach collaborations as mutually beneficial and growth-fostering (Jordan, 2010). That is, counselors need to be careful not to consider themselves experts, but to *invite wisdom* from church leaders (Dempsey et al., 2016). Participants in our study repeatedly talked about their pastors and the counseling they received from their church leaders. Although counselors are clinically trained through graduate courses and continuing education, they might consider seeking training from pastors on building rapport and relationships with African Americans. It is important to note that although licensed counselors have some commonalities in their training (e.g., CACREP standards) and must have graduate degrees, training and educational experiences among pastors vary greatly. Therefore, when forming collaborations, counselors should be aware that pastors can have varying levels of knowledge and experience related to mental health and counseling skills.

Assessment of Religious Coping

The Association for Spiritual, Ethical and Religious Values in Counseling competencies challenge counselors to consider religion and spirituality in their assessment procedures (Cashwell & Watts, 2010). Although religion and spirituality can be assessed informally or qualitatively through intake forms, the Brief RCOPE (Pargament et al., 2011; Pargament et al., 1998) provides counselors with a structured, quantitative scale. Our participants were more hesitant to volunteer information about harmful religious coping practices. However, this lack of admission did not mean they were not utilizing maladaptive practices. Researchers have noted the consequences of maladaptive religious coping (Pargament et al., 2011) on health. These considerations are especially important for African Americans as they are disproportionately represented in many physical illnesses (Singh et al., 2017). In using the Brief RCOPE scale, counselors can intercept religion as a barrier to help-seeking behaviors and in turn might promote positive religious coping strategies and significantly decrease delays in receiving mental health treatment as a result of negative religious coping (Chatters et al., 2008). Furthermore, the Brief RCOPE can serve as an important conversation starter for counselors to engage their clients about their religious coping patterns.

Recommendations for Future Research

There are many opportunities to increase our understanding of this phenomenon through future empirical investigations. Inquiries can be both qualitative and quantitative. Future researchers could replicate our qualitative study with an added emphasis on recruiting men to participate. African American men seek help less often than African American women (Sue & Sue, 2016). Therefore, future research studies should focus on the narratives of African American men in order to inform culturally relevant practices to recruit and retain this population for counseling services. Flynn et al. (2019) recommended that counseling researchers also consider diverse data types in addition to traditional interviews and focus groups. For example, researchers could ask participants to include songs that help articulate religious coping patterns; then, song lyrics could be analyzed for themes as well.

Limitations

It is important to consider our findings within the limitations of the study. First, all of the participants were women. Thus, it is unclear how gender could have impacted our results and how

our findings might have differed if gender representation was more diverse. Although the data reached saturation, there may have been an opportunity to learn more about this phenomenon with an increased number of participants. An additional limitation is minimal participation ($n = 2$) in member checking. Increased participation in this process might have challenged the research team's perspectives and could have increased the overall trustworthiness of the findings.

Conclusion

The participants in our qualitative study identified six themes that highlight the essence of Christian African Americans' experiences with using religious coping to respond to challenging life circumstances. These themes confirm existing literature by reiterating the importance of religious coping and the stigma that often exists in African American communities regarding seeking formal counseling services for their emotional and mental health. Counselors have a unique opportunity to use the religious coping practices of African Americans to strengthen the cultural relevance of treatment modalities and guide collaborations with community stakeholders and faith leaders.

References

American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.

American Psychiatric Association. (2017). *Mental health disparities: African Americans*. Retrieved from https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf

Avent, J. R. (2016). This is my story, this is my song: Using *A Musical Chronology and the Emerging Life Song* with African Americans in spiritual bypass. *Journal of Creativity in Mental Health*, *11*, 39–51. doi:10.1080/15401383.2015.1056926

Avent, J. R., & Cashwell, C. S. (2015). The Black Church: Theology and implications for counseling African Americans. *The Professional Counselor*, *5*, 81–90. doi:10.15241/jra.5.1.81

Avent, J. R., Cashwell, C. S., & Brown-Jeffy, S. (2015). African American pastors on mental health, coping, and help-seeking. *Counseling and Values*, *60*, 32–47. doi:10.1002/j.2161-007X.2015.00059.x

Avent Harris, J. R., & Wong, C. D. (2018). African American college students, the Black Church, and counseling. *Journal of College Counseling*, *21*, 15–28. doi:10.1002/jocc.12084

Campbell, R. D., & Littleton, T. (2018). Mental health counselling in the Black American church: Reflections and recommendations from counsellors serving in a counselling ministry. *Mental Health, Religion, & Culture*, *21*, 336–352. doi:10.1080/13674676.2018.1494704

Cashwell, C. S., & Watts, R. E. (2010). The new ASERVIC competencies for addressing spiritual and religious issues in counseling. *Counseling and Values*, *55*, 2–5. doi:10.1002/j.2161-007X.2010.tb00018.x

Chatters, L. M., Taylor, R. J., Jackson, J. S., & Lincoln, K. D. (2008). Religious coping among African Americans, Caribbean Blacks and Non-Hispanic Whites. *Journal of Community Psychology*, *36*, 371–386. doi:10.1002/jcop.20202

Council for Accreditation of Counseling and Related Educational Programs. (2017). *2017 annual report*. Alexandria, VA: Author.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: SAGE.

Dalencour, M., Wong, E. C., Tang, L., Dixon, E., Lucas-Wright, A., Wells, K., & Miranda, J. (2017). The role of faith-based organizations in the depression care of African Americans and Latinos in Los Angeles. *Psychiatric Services, 68*, 368–374. doi:10.1176/appi.ps.201500318

Dempsey, K., Butler, S. K., & Gaither, L. (2016). Black churches and mental health professionals: Can this collaboration work? *Journal of Black Studies, 47*, 73–87. doi:10.1177/0021934715613588

Flynn, S. V., Korcuska, J. S., Brady, N. V., & Hays, D. G. (2019). A 15-year content analysis of three qualitative research traditions. *Counselor Education and Supervision, 58*, 49–63. doi:10.1002/ceas.12123

Fontenot, K., Semega, J., & Kollar, M. (2018). *Income and poverty in the United States: 2017*. Washington, DC: U.S. Government Printing Office.

Fowler, J. W. (1981). *Stages of faith: The psychology of human development and the quest for meaning* (1st ed.). San Francisco, CA: Harper & Row.

Fripp, J. A., & Carlson, R. G. (2017). Exploring the influence of attitude and stigma on participation of African American and Latino populations in mental health services. J*ournal of Multicultural Counseling and Development, 45*(2), 80–94.

Hankerson, S. H., Watson, K. T., Lukachko, A., Fullilove, M. T., & Weissman, M. (2013). Ministers' perceptions of church-based programs to provide depression care for African Americans. *Journal of Urban Health, 90*, 685–698. doi:10.1007/s11524-013-9794-y

Hardy, K. M. (2012). Perceptions of African American Christians' attitudes toward religious help-seeking: Results of an exploratory study. *Journal of Religion & Spirituality in Social Work, 31*, 209–225. doi:10.1080/15426432.2012.679838

Hays, K., & Lincoln, K. D. (2017). Mental health help-seeking profiles among African Americans: Exploring the influence of religion. *Race and Social Problems, 9*(2), 127–138. doi:10.1007/s12552-017-9193-1

Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York, NY: Guilford Press.

Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development, 89*, 288–295.

Hegewisch, A., & Hartmann, H. (2019). *The gender wage gap: 2018 earnings differences by race and ethnicity*. Retrieved from https://iwpr.org/publications/gender-wage-gap-2018

Jackson, B. R., & Bergeman, C. S. (2011). How does religiosity enhance well-being? The role of perceived control. *Psychology of Religion and Spirituality, 3*(2), 149–161. doi:10.1037/a0021597

Jordan, J. V. (2010). *Relational-cultural therapy*. Washington, DC: American Psychological Association.

Kawaii-Bogue, B., Williams, N. J., & MacNear, K. (2017). Mental health care access and treatment utilization in African American communities: An integrative care framework. *Best Practices in Mental Health, 13*(2), 11–29.

Kim, E., & Kang, M. (2018). The effects of client–counselor racial matching on therapeutic outcome. *Asia Pacific Education Review, 19*, 103–110. doi:10.1007/s12564-018-9518-9

Lincoln, C. E., & Mamiya, L. H. (1990). *The Black Church in the African American experience.* Durham, NC: Duke University Press.

Matthews, A. K., Corrigan, P. W., Smith, B. M., & Aranda, F. (2006). A qualitative exploration of African-Americans' attitudes toward mental illness and mental illness treatment seeking. *Rehabilitation Education, 20*, 253–268. doi:10.1891/088970106805065331

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE.

National Alliance on Mental Illness. (2018). *African American mental health*. Retrieved from https://www.nami.org/find-support/diverse-communities/african-americans

National Board for Certified Counselors. (2016). *Code of ethics*. Greensboro, NC: Author.

National Institute of Mental Health. (2016). *Prevalence of any mental illness*. Retrieved from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Pargament, K., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions, 2*, 51–76. doi:10.3390/rel2010051

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, *37*, 710–724. doi:10.2307/1388152

Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, *61*, 707–729. doi:10.1111/j.1540-4560.2005.00428.x

Parker, S. (2011). Spirituality in counseling: A faith development perspective. *Journal of Counseling & Development*, *89*, 112–119. doi:10.1002/j.1556-6678.2011.tb00067.x

Pew Research Center. (2018, April 23). *Black Americans are more likely than overall public to be Christian, Protestant*. Retrieved from http://www.pewresearch.org/fact-tank/2018/04/23/black-americans-are-more-likely-than-overall-public-to-be-christian-protestant

Robinson, M. A., Jones-Eversley, S., Moore, S. E., Ravenell, J., & Adedoyin, A. C. (2018). Black male mental health and the Black church: Advancing a collaborative partnership and research agenda. *Journal of Religion and Health*, *57*, 1095–1107.

Schnittker, J., Freese, J., & Powell, B. (2000). Nature, nurture, neither, nor: Black–White differences in beliefs about the causes and appropriate treatment of mental illness. *Social Forces*, *78*, 1101–1132. doi:10.2307/3005943

Singh, G. K., Daus, G. P., Allender, M., Ramey, C. T., Martin, E. K., Perry, C., . . . Vedamuthu, I. P. (2017). Social determinants of health in the United States: Addressing major health inequality trends for the nation, 1935–2016. *International Journal of MCH and AIDS*, *6*(2), 139–164.

Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice* (7th ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Turner, N., Hastings, J. F., & Neighbors, H. W. (2018). Mental health care treatment seeking among African Americans and Caribbean Blacks: What is the role of religiosity/spirituality? *Aging & Mental Health*, *23*, 905–911. doi:10.1080/13607863.2018.1453484

U.S. Census Bureau. (2017). American community survey. Retrieved May 9, 2019, from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

Young, J. L., Griffith, E. E. H., & Williams, D. R. (2003). The integral role of pastoral counseling by African-American clergy in community mental health. *Psychiatric Services*, *54*, 688–692. doi:10.1176/appi.ps.54.5.688

Woodard, E. K., & Sowell, R. (2001). God in control: Women's perspectives on managing HIV infection. *Clinical Nursing Research*, *10*, 233–250. doi:10.1177/c10n3r2

nbcc

Children of Incarcerated Parents: Considerations for Professional School Counselors

Jeffrey M. Warren, Gwendolyn L. Coker, Megan L. Collins

The rate of school-aged children with incarcerated parents continues to rise in the United States. These children are especially prone to experiencing social-emotional, behavioral, and academic issues in school as a result of various factors, including general strain and stress associated with incarceration. Given their unique role in schools, professional school counselors are well positioned to provide support to children of incarcerated parents. This article presents a review of relevant literature, including key theories that explain the challenges faced by children with incarcerated parents. The impact of incarceration on children as well as protective and risk factors are presented. Finally, strategies and resources school counselors can use when working with this population are offered.

Keywords: **incarceration, school counselors, children, risk factors, protective factors**

The United States has the highest incarceration rate in the world (Graham & Harris, 2013). Over the last 30 years, the rate of incarceration has significantly increased, and as a result the number of children whose parents are incarcerated has risen (Boudin, 2011). In 2007, approximately 809,800 incarcerated parents in the United States had minor children (Glaze & Maruschak, 2008; Graham & Harris, 2013). In 2008, around 2.7 million children of incarcerated parents were under the age of 18, with most incarcerated parents having two or more children (Johnson & Easterling, 2015). The rate of parental incarceration has continued to grow over the last decade. According to the National Resource Center on Children and Families of the Incarcerated (2014), approximately 10 million children have experienced parental incarceration at some point in their lives.

Although reasons for jailing or imprisonment vary, a central concern persists: the impact of parental incarceration on children. The sudden disruption of a close relationship can cause traumatic stress and inadequate care—factors that influence and in some cases delay a child's development (Nesmith & Ruhland, 2008). Incarceration often leads children to experience unwarranted stress, lack of supervision, socioeconomic strain, and additional responsibilities at home (Robertson, 2007). Many children suffer emotionally, mentally, physically, and academically as a result of the loss of a parent to jail or prison. The identification of educational resources and support mechanisms are central to ensuring that the needs of children with incarcerated parents are met.

Operating within their scope of practice and the national model advanced by the American School Counselor Association (ASCA; 2012), school counselors can offer enhanced services to support children with incarcerated parents. However, school counselors have expressed the need for additional training and resources to effectively work with this student population (Brown, 2017). Without a firm understanding of theory, research, and best practice for working with children of incarcerated parents, school counselors can fail to deliver sufficient support. In this article, we aim

Jeffrey M. Warren, NCC, is an associate professor at the University of North Carolina at Pembroke. Gwendolyn L. Coker is a graduate student at the University of North Carolina at Pembroke. Megan L. Collins is a professional school counselor in Robeson County, NC. Correspondence can be addressed to Jeffrey Warren, 1 University Drive, Pembroke NC 28372, jeffrey.warren@uncp.edu.

to further develop school counselors' knowledge and increase awareness of available resources for working with this student population. To this end, we present historical and theoretical perspectives of parental incarceration and describe the effects of incarceration on children. Support mechanisms applicable to school counselors' work with children of incarcerated parents are provided.

Incarcerated Parents and Their Children: An Historical Perspective

Between 1991 and 2007, there was a 79% increase in the number of parents in state and federal prisons and an 80% increase in the number of children with incarcerated parents, because some parents had more than one child (Glaze & Maruschak, 2008). In 1999, over 1.3 million children had a father in a state or federal prison; almost 130,000 children had a mother in prison (Mumola, 2000). Since 1990, the rate of female prisoners has grown at a rate of 106% compared to 75% for male prisoners (Lopez & Bhat, 2007). The average age of children who have an incarcerated parent is 8 years old; one in five children with an incarcerated parent is under 5 years old (La Vigne, Davies, & Brazzell, 2008). The Pew Charitable Trusts (2010) estimated that one in 28 children has an incarcerated parent. One in 14 children has had a parent incarcerated at some point in their life (Murphey & Cooper, 2015).

Historically, children of color experience parental incarceration more frequently than White children. For example, "African American children were nearly nine times more likely to have a parent in prison than Caucasian children. Hispanic children were three times more likely than Caucasian children to have a parent in prison" (Lopez & Bhat, 2007, p. 141). More recently, the Annie E. Casey Foundation (2016) reported that African American, Hispanic, and American Indian children were significantly more likely than their Caucasian peers to have an incarcerated parent. Today, the rates of parental incarceration remain polarized by race. Morsy and Rothstein (2016) indicated that 10% of African American students have an incarcerated parent, with 25% experiencing parental incarceration at some point in their life. Perhaps these statistics are, in part, explained by the mass incarceration of persons of color resulting from social injustices that stem from initiatives such as the war on drugs. The use of incarceration in the United States to retaliate against nonviolent drug offenses has contributed to a large number of children separated from their parents and explains the emotional and psychological distress they often experience (Allard, 2012).

Theoretical Perspectives on Incarceration

Numerous sociological, criminal justice, and psychological theories articulate the effects of incarceration. *General strain theory* and *attachment theory*, in particular, are useful to conceptualize the impact of incarceration on children. These theories offer valuable insights for school counselors who aim to support children with incarcerated parents. However, it is important that these theories only serve to guide school counselors toward greater awareness of this population rather than to dictate services; no two children are impacted by incarceration in the same manner.

General Strain Theory
General strain theory originated from the work of Merton (1938). The theory explicates the manner in which individuals experience strain and their response to the strain during adverse situations. According to general strain theory, a lack of goal attainment, negative experiences, and loss can lead to strain (Brezina, 2017). Individuals who experience strain are more susceptible to emotions and behaviors that lead to problematic outcomes. As strain intensifies, more extreme responses often emerge.

Incarceration of a parent can lead to strain on the child and caregiver left behind. As a result of parental incarceration, fewer caregivers provide for the household. Additionally, children of incarcerated parents often are limited in resources required to meet their basic needs. Nichols and Loper (2012) suggested that the removal of financial and social resources can contribute to the strain experienced by both the child and the caregiver. Therefore, children generally are unable to respond in acceptable ways to the social, emotional, and academic expectations or challenges of school.

Strain can have a significant effect on a child's academic performance and motivation. As strain increases, the child can become vulnerable to feeling disconnected from school (Nichols & Loper, 2012). When children are in strained homes, their focus shifts from academics to difficulties faced within their microsystems. Children with an incarcerated parent might become more concerned with food security or personal safety. Adolescents are often tasked with taking on more responsibilities to alleviate the strain and work to help support the family or care for siblings because of the loss of a parent to incarceration; school is no longer a top priority.

The well-being of caregivers also is a concern. When dysfunction arises in the home, the caregiver and child experience stress or strain. When a parent is incarcerated, there is less supervision of the child "due to the indirect effect of increased strain on their caregiver" (Nichols & Loper, 2012, p. 1456). The parent or guardian who remains in the home with the child often is ill-equipped with the time and resources necessary to provide adequate supervision and support. The adjustment as a new primary caregiver can determine their ability to provide basic needs, support, and protection to the child. The caregiver often has ongoing concerns about the level of protection and support that they can provide for the child (Feeney & Woodhouse, 2016; Shlafer & Poehlmann, 2010).

Myers et al. (2013) indicated that children of incarcerated parents often live in adverse conditions. Many of these children live in poverty or have an unstable home life. Although children typically are unaware of the strain they experience, they are aware of the strain on their caregiver and often try to alleviate that stress by taking on more responsibilities (Nesmith & Ruhland, 2008). Notably, incarceration adds to the strain of an already potentially unstable living condition.

Attachment Theory

Attachment theory emerged from Bowlby's (1958) work with children and parents. This theory suggests that children who are consistently cared for have stronger and healthier attachments with their caregivers. Alternatively, when parents provide inconsistent support, children maintain less secure attachments. According to Bowlby (1988), the quality of early parent–child interactions plays a significant role in the development of a child's relationships across their lifespan.

Based on attachment theory, a child's attachment organization, or the manner in which they attach to caregivers, is disrupted when a parent becomes incarcerated (Nichols & Loper, 2012). These disruptions, such as those that occur when children move from one caregiver to another, can have detrimental effects (Kobak, Zajac, & Madsen, 2016; Shlafer & Poehlmann, 2010). For example, children who fail to receive direct attention from their parent or guardian can feel confused and lack support for academic and social-emotional development.

Dallaire, Ciccone, and Wilson (2012) and Dallaire, Zeman, and Thrash (2015) explored the effects of parent incarceration on child and parent attachment. In instances of a noncontact visitation policy (i.e., physical contact between the incarcerated parent and child is forbidden), children experienced

more insecurity and disorganization, including vulnerability, emotional distance, isolation, tension, and anger. The "experience of parental incarceration represents a significant family stressor that may negatively impact children's feelings of safety and security" (Dallaire et al., 2012; p. 161). Poehlmann (2005) stated that in order for young children to cope with the detachment of their incarcerated parent, they must have additional emotional support.

Additionally, Shlafer and Poehlmann (2010) used the Attachment Story Completion Task to assess the relationships of children ages 2.5 to 7.5 years old and their incarcerated parent. The majority of the children studied fit the criteria for an insecure attachment with their incarcerated parent. Alternatively, children who received consistent care by one individual as opposed to multiple caregivers were classified as having a secure relationship with their caregiver (Shlafer & Poehlmann, 2010). A key determinant of a child's level of attachment is the ability to be in close proximity with another attachment figure and feel protected. Attachment theory and general strain theory are useful frameworks for conceptualizing the impact of incarceration on the children with whom school counselors frequently work.

Impact of Incarceration on Children

Children's experiences with parental incarceration are vast. Some children have witnessed their parent's crime or observed their arrest. Children also experience custodial separation, instability in living arrangements, and stressful visitations with their parents who are in jail or prison (Davis & Shlafer, 2017). Moreover, these experiences impact the mental health, behavior, and academic performance of children.

Disruption at home because of incarceration often weighs heavy on the life of a child, leaving them unattached, dissociated, and strained (Murray, 2007). For example, early signs of antisocial behavior were present in children who experienced parental incarceration before the age of 10 (La Vigne et al., 2008). Additionally, Kjellstrand, Reinke, and Eddy (2018) found that parental incarceration led to an increase in externalizing behaviors during adolescence. Incarceration can lead to a host of mental and behavioral health issues, including anxiety and depressions (Johnson & Easterling, 2015; Murray & Farrington, 2008; Wilbur et al., 2007), aggressive behaviors (Geller, Cooper, Garfinkel, Schwartz-Soicher, & Mincy, 2012; Johnson & Easterling, 2015; Sharp & Marcus-Mendoza, 2001; Wildeman, 2010), delinquency or criminal activity (Huebner & Gustafson, 2007; Kjellstrand & Eddy, 2011; Murray, Janson, & Farrington, 2007; Murray, Loeber, & Pardini, 2012), and school-related problems (Cho, 2011; Hanlon et al., 2005; Johnson & Easterling, 2015). Nichols and Loper (2012) suggested that these effects often extend beyond children to other household and family members.

Children who have a parent in jail or prison often are viewed differently than their peers. For example, peers and teachers can associate the actions of an incarcerated parent with that of the child. Dallaire, Ciccone, and Wilson (2010) found that students with incarcerated parents were more likely considered at-risk and faced stigmas in the school setting. Moreover, teachers maintained low expectations of students with incarcerated parents; knowing that a parent was incarcerated was a factor in determining expectations and the perceived competence level of a student. This is especially problematic for students of color who frequently are susceptible to low expectation from teachers (Liou & Rotheram-Fuller, 2019). Children with incarcerated parents are often stigmatized as inferior because of their parents' life choices and subsequent incarceration (Shillingford & Edwards, 2008). This stigma can lead students to feel unaccepted by school staff and classmates, and disconnected from the academic environment (Nichols & Loper, 2012). In an attempt to manage the stigma, children often do not disclose information and isolate themselves from relationships (Saunders, 2018).

Cho (2009) indicated that the negative effects of having an incarcerated parent often are short-lived and do not last the entirety of a child's educational career. However, the effects of parental incarceration on a child's academic performance are evident. For example, Dallaire et al. (2010) suggested that children who have an incarcerated parent or guardian are at risk of academic difficulties or eventually drop out of school. Most children do fairly well in school and eventually go on to have a good life; however, a significant number of children do not share such a positive fate (Shillingford & Edwards, 2008).

Long-Term Effects of Incarceration

Martin (2017) referred to children of incarcerated parents as "hidden victims" (p. 1) because often the impact of incarceration on the child is not considered. However, when children witness a parent's arrest, for example, they can experience high levels of stress that can result in a traumatic emotional response (Johnson & Easterling, 2015). The stress children experience as the result of an incarcerated parent or guardian can continue as long as that parent is incarcerated, and in many cases, after the parent or guardian returns home. Factors that can have a long-term impact on the child include duration and frequency of disruptions in caregiving relationships (Johnson & Easterling, 2015; Murray & Murray, 2010; Parke & Clarke-Stewart, 2003); degree of economic and residential stability (Geller, Garfinkel, Cooper, & Mincy, 2009; Phillips, Erkanli, Keeler, Costello, & Angold, 2006); social stigma and pressure to keep the incarceration hidden (Saunders, 2018); and having a parent that is physically absent, yet socially and emotionally present (Bocknek, Sanderson, & Britner, 2009).

Children of incarcerated parents can learn attitudes, behaviors, and a way of life that positions them for lives similar to their parents. Aaron and Dallaire (2010) found that children who had parents with a history of incarceration reported more delinquent behavior. This finding was moderated by a parent's recent incarceration. Similarly, Farrington (2000) found that the conviction of a parent was a predictor of their child's antisocial behaviors and eventual incarceration. These findings suggest that exposure to parental incarceration and related issues may result in children becoming incarcerated themselves. However, a variety of risk and protective factors often serve to facilitate the outcomes of these children.

Risk and Protective Factors

Separation or loss of a parent is considered one of six indicators of adverse childhood experiences (ACEs), according to Felitti et al. (1998). Findings from a study conducted by Turney (2018) suggested that children experience five times as many ACEs when they have an incarcerated parent. ACEs can impact brain development and lead to impulse control issues, emotional dysregulation, and the inability to anticipate consequences, recognize social cues, and manage interpersonal conflict (U.S. Department of Health and Human Services, 2015). These psychological challenges also can result in poor school performance, gang involvement, substance use, and pregnancy.

Children often have an insecure attachment with their parent when support and encouragement are inconsistent (Poehlmann-Tynan, Burnson, Runion, & Weymouth, 2017). According to Shlafer and Poehlmann (2010), some children have a positive relationship with their incarcerated parent, while others report negative experiences. Children who have no contact with their incarcerated parent often have greater feelings of alienation and minimal attachment. The Federal Interagency Working Group for Children of Incarcerated Parents (2013) suggested that children, especially those in the adolescent stage, typically work toward finding an equilibrium between individuality and their connection to society. However, the separation between the parent and child during incarceration impedes the ability of the child to acquire the proper social skills needed to function effectively on a daily basis.

In some instances, children are unable to recover from the traumatic experience of parental incarceration. As a result, children are at risk of becoming antisocial, internalizing symptoms, and struggling academically (Murray & Farrington, 2008; Shlafer & Poehlmann, 2010). When parental incarceration is recurrent, children are at risk of continuous emotional strain; oftentimes children do not know how long their parent will be gone or when they will return (van Agtmael, 2016). Children can become defiant, aggressive, antisocial, experience a loss of self-esteem, have difficulty sleeping, or develop an attachment disorder, and may go on to exhibit other problematic behaviors if they lack support during these times (Lopez & Bhat, 2007). Children of incarcerated parents are at higher risk for exposure to stress, violence, and abuse (Phillips, Burns, Wagner, Kramer, & Robbins, 2002; Shillingford & Edwards, 2008). These experiences can further exacerbate a child's struggle to manage life, including school, with an incarcerated parent.

According to Johnson and Easterling (2015), the majority of children who experience parental incarceration employ a combination of coping strategies to manage the situation including "de-identification from the incarcerated parent, desensitization to incarceration, and strength through control" (p. 244). However, a variety of protective factors can serve to help thwart or reduce the negative impact of parental incarceration on children. Frequent contact visits (i.e., physical contact is allowed) and quality communication with the incarcerated parent can serve as protective factors for the child (Cramer, Goff, Peterson, & Sandstrom, 2017). Kumpfer, Alvarado, and Whiteside (2003) identified several such protective factors, including self-control, academic self-efficacy, and family supervision. The identification of and access to positive influences and role models, engagement in leadership opportunities through school or community organizations, social-emotional skill development, as well as maintaining faith and hope also are factors that help mitigate the impact of incarceration (Adalist-Estrin, Krupat, deSousa, Bartley, & Hollins, 2019).

A key protective factor is the positive relationship the new caregiver forms with the child (Buss, Warren, & Horton, 2015; Cramer et al., 2017). A secure and stable home for children of incarcerated parents offers an opportunity to overcome challenges and succeed in school and life. School counselors can help facilitate student success through the use of a variety of targeted approaches and resources that serve to protect children with incarcerated parents.

Approaches and Resources for School Counselors

Professional school counselors offer a variety of services within a comprehensive school counseling program that can meet some of the needs of children with incarcerated parents. Many of these services are well-suited for supporting this group of children. Although these services often are beneficial to these children and their caretakers, in many instances, alternative or targeted services are needed. Therefore, it is important for school counselors to consider students' strengths and needs within the context of emerging literature and evidence-based practices. A variety of strategies and resources rooted in theory and research are available to support school counselors' efforts to develop and promote protective factors for children of incarcerated parents.

Determining Student Strengths and Risk

In order to provide targeted services and support, school counselors must first identify students who have incarcerated parents. Strain is not always obvious to teachers or school counselors, and families, caregivers, or students may not readily seek help. As a result, building and maintaining healthy relationships with parents, grandparents, or other guardians is central to identifying and

meeting the needs of these students (Hollihan & Krupat, 2016). School counselors also should consider becoming familiar with community professionals who are likely to interact with children of incarcerated parents. For example, Brown and Barrio Minton (2017) suggested that when school counselors collaborate and consult with community stakeholders such as social workers, child protective services, mental health counselors, and other child advocates, they better understand the child as well as acquire pertinent information that facilitates meeting the needs of the student. School counselors who are proactive and regularly demonstrate community investment as a component of their comprehensive school counseling program are well-positioned to identify, assess, and meet the academic and social-emotional needs of children of incarcerated parents.

Once a student is identified as having an incarcerated parent, school counselors are encouraged to conduct an assessment to determine the risk and protective factors for the student and the family. Students, teachers, caregivers, and other stakeholders can provide valuable information during the assessment process (Petsch & Rochlen, 2009). Measurements such as the Child Behavior Checklist, Teacher's Report Form, and Youth Self-Report, available via the Achenbach System of Empirically Based Assessment (2019), are valuable tools for capturing family, teacher, and student concerns. These instruments assess for social problems, anxiety, depression, cognitive issues, and aggressive behaviors. School counselors can use these types of instruments to identify areas of support and formulate approaches that meet the students' academic and social-emotional needs. It is important that assessments and student support plans are completed in a collaborative manner while remaining sensitive to the students' and caregivers' experiences.

The assessment process should include an evaluation of the student's family history, school performance, and risk and protective factors. It also is important to assess current services and determine the lack of services that may not be available, but needed (Solomon & Uchida, 2007). School counselors should consider age as a factor when determining the needs of children of incarcerated parents. Younger children can process potentially traumatic situations, such as the incarceration of a parent, differently than older children (Buss et al., 2015). Unhealthy coping, along with emotional and behavioral problems at this stage of development, are likely to arise and should be taken into account when determining needs (Parke & Clarke-Stewart, 2003). Furthermore, school counselors should determine the exact relationships between the incarcerated parent, the caregiver left behind, and the child. In some instances, the incarcerated parent or caregiver is not the biological parent, yet the relationship is strong enough that separation can significantly impact the child. The caregiver left behind often is the other parent or a grandparent, but in some cases is a foster parent (Glaze & Maruschak, 2008; Graham & Harris, 2013).

School counselors are encouraged to gather as much data as possible in order to determine the risk and protective factors at play for the family and child. Additionally, school counselors are encouraged to be aware of and reflect on their own perceptions of incarceration and ensure those beliefs do not interfere with their assessment of student needs or the services provided. School counselors must be sensitive and understanding of the needs and worldviews of the family and student's culture, especially their views on incarceration. Furthermore, when discussing incarceration with the family or child, it is important to specify the type of incarceration (i.e., jail, prison) and use terms such as *felon*, *con*, and *inmate* with caution, or not at all. A child will perceive the severity of his or her parent's incarceration based on how it is described (Bennett, Lewis, & Hunsaker, 2012). Prison often is perceived more negatively than jail because of different aspects between the two such as demographics, sentencing, and capacity.

Children who have an incarcerated parent or guardian often struggle with a variety of significant social-emotional, behavioral, and academic problems in school (Poehlmann, 2005). Professional school counselors who understand student challenges, as well as strengths, can intervene and support this group of children who often are vulnerable and underserved. School counselors should recognize the benefit of home–school–community collaboration in assessment and consider it an important aspect of implementing effective strategies that can help children of incarcerated parents succeed.

Strategies and Interventions

Comprehensive school counseling programs that align with the ASCA National Model (2012) include components that aim to meet the needs of all students. A number of direct and indirect student support services exist that encompass strategies and interventions that can increase protective factors for children of incarcerated parents. Brown (2017) suggested these services are essential to meeting the needs of these children. However, school counselors are encouraged to utilize results of a needs assessment when determining the provision of targeted services within a system of support. For example, school counselors can offer support prior to and after visits with the incarcerated parent; these are isolated occasions that can present emotional challenges for the child. Alternatively, some students who display ongoing, unhealthy emotions or behaviors may need more intensive support, such as small group or individual counseling. Goals of these services should include building on student strengths, fostering resilience, and addressing challenges that directly impede student performance.

During individual and small group counseling, it is important for school counselors to broach the topic of incarceration with caution; school counselors should not disclose this information during group work, yet provide a safe space for the student to do so. Bibliotherapy and expressive art strategies can serve as valuable opportunities for children of incarcerated parents to gain awareness and process their thoughts and feelings. As such, school counselors are encouraged to maintain access to developmentally appropriate literature on incarceration via their own collection or the school's library. For example, the book *Far Apart, Close in Heart* (Birtha, 2017), written for elementary-age children, explores life with an incarcerated parent, and *Clarissa's Disappointment* (Sullivan, 2017), a book written for upper-elementary and middle school students, is about the transition of a parent out of prison. Books such as *Surviving the Chaos: Dontae's Story: Daddy, Jail & Me* (Bell, 2013) and *Coping When a Parent is Incarcerated* (DeCarlo, 2018) are appropriate for upper-middle and high school students. These resources are useful for facilitating family conversations about incarceration as well. School counselors who know that parental incarceration often impedes student performance are best positioned to help students develop protective factors including strong relationships with peers and the community, appropriate social and self-regulation skills, and academic achievement (Lopez & Bhat, 2007).

School counselors are well-positioned to advocate for children of incarcerated parents through the delivery of in-service trainings and other awareness-building activities. Given their role, teachers are often the first school staff members to have academic or behavioral concerns for a child with an incarcerated parent. However, Brown and Barrio Minton (2017) suggested that many school personnel, such as teachers and other school staff, face barriers when working with children of incarcerated parents because of their inability to identify them and meet their needs. In-service training for teachers, administrators, and other stakeholders can increase awareness of the negative effects of parental incarceration on the social-emotional and academic development of students. For example, school counselors can share the video, *School Staff: Supporting Youth with Incarcerated Parents* (https://goo.gl/uDmYvu), followed by an open discussion during a staff meeting. School counselors can empower school staff through the dissemination of information that challenges barriers, stereotypes, and stigmas about this student population. It is important for teachers to explore their

beliefs and feelings about incarceration as well as their perceptions of students with incarcerated parents. For example, teachers who maintain a deficit ideology toward children with incarcerated parents are not best equipped to meet their needs (Gorski, 2016). Additionally, school counselors should advance schoolwide trauma-informed practice initiatives, address insensitive schoolwide policies, and encourage collaborative efforts to remove barriers that impede the well-being of children of incarcerated parents (Buss et al., 2015). Through basic knowledge, skill development, and collaboration, teachers and other school personnel can support children of incarcerated parents and help facilitate success in and outside of school.

Finally, collaboration is useful when engaging a variety of stakeholders while working with children of incarcerated parents. Stakeholders can include caregivers, mental health providers, correctional officers and facilities, school resource officers, teachers, and social workers. For example, Brown (2017) found that professional school counselors consulted and collaborated with school social workers to support students who needed financial assistance because of parental incarceration. School counselors also can provide targeted and intentional consultation to teachers and administrators to address student academic and behavioral performance concerns (Warren, 2018). School counselors are encouraged to coordinate with stakeholders to facilitate the incarcerated parents' access to report cards and virtual participation in school-related meetings. Maintaining community connections can help establish a wealth of resources that can be delivered to children of incarcerated parents and their caregivers. When student or family need necessitates therapeutic services, school counselors should refer the family to a community-based agency.

It is important for school counselors to support the academic, social-emotional, and career development of children with incarcerated parents. However, school counselors are encouraged to not engage in the provision of long-term counseling, unless there are extreme circumstances. Resources such as the Children of Incarcerated Parents Program (New York City Office of Training and Workforce Development, 2019) and those listed below offer a variety of community-based services and are eager to partner with professional school counselors to promote protective factors for children with incarcerated parents.

Complementary Resources
Several organizations across the nation offer resources and informational material that aim to reduce risk factors for children of incarcerated parents. For example, the National Mentoring Resource Center (nationalmentoringresourcecenter.org) provides a wealth of information on mentoring children with incarcerated parents. This program is designed to strengthen services that focus on the academic and social-emotional development of children who are experiencing parental incarceration (National Mentoring Resource Center, n.d.). The program provides no-cost training and assistance as well as evidence-based support services to students. Benefits of this mentoring program include practice reviews, webinars, a blog, implementation strategies, and additional readings.

The Prison Fellowship (www.prisonfellowship.org), a faith-based organization, trains community stakeholders in restorative practices. This organization provides resources that help link children and caregivers to support groups and other services. A central focus of this organization's work is to restore the relationship between incarcerated parents and their children. The Prison Fellowship (n.d.) supports families and children of incarcerated parents by offering a variety of resources and programming such as the Angel Tree, a Christmas present donation program for children of incarcerated parents. School counselors should consider the religious beliefs of families prior to making a referral to the Prison Fellowship.

In addition to the National Mentoring Resource Center and the Prison Fellowship program, Save Kids of Incarcerated Parents (SKIP; skipinc.org) supports children of incarcerated parents by conducting academic and behavioral support groups. The program offers an online community that serves as a vehicle for teenagers of incarcerated parents to connect. SKIP (n.d.) provides research reports and other useful practitioner-focused resources. The program also provides online and hands-on training to interested participants. Trainees are provided relevant information for working with children who experience parental incarceration. School counselors may find it beneficial to collaborate with programs such as SKIP because of its focus on community involvement and partnerships with other support services.

Finally, the Service Network for Children of Inmates (www.childrenofinmates.org) provides a model of comprehensive, community-based services for children of incarcerated parents. Based in Florida, this network has demonstrated the role state-based agencies can play in supporting children of incarcerated parents. The organization works to re-establish positive relationships between parents and children by facilitating bonding visits and providing assistance with linking children and their families with community services for support. The organization offers support groups for children to develop and refine social and emotional skills to help offset the negative impact of parental incarceration (Service Network for Children of Inmates, 2008). School counselors are encouraged to visit these organizations' websites, utilize the resources they provide, and seek out similar organizations in their state or region. School counselors can stay informed when working with children of incarcerated parents by visiting the following websites and taking advantage of the resources they offer: the Child Welfare Information Gateway (www.childwelfare.gov); youth.gov (youth.gov/youth-topics/children-of-incarcerated-parents); National Institute of Corrections (nicic.gov); and The National Resource Center on Children and Families of the Incarcerated (nrccfi.camden.rutgers.edu).

Conclusion

The number of incarcerated parents has continued to grow over the past decade, and children of color are more likely to experience the incarceration of a parent (Graham & Harris, 2013). Children of incarcerated parents face a number of challenges, including stigma, low expectations and academic performance, social and emotional issues, and behavioral difficulties. For example, Cho (2009, 2011) and Shlafer, Reedy, and Davis (2017) found that students of incarcerated parents were more likely to receive disciplinary referrals and earn lower grades, and were less connected to and engaged in school. These children are often required to navigate the experience of their parent's incarceration with little support while attempting to proceed with their day-to-day lives, including the everyday demands of school. School counselors can play a vital role by helping to support and advocate for these students. Research on incarcerated parents and the impact of incarceration on children is scant, especially in school counseling literature. However, there is clear evidence that the incarceration of a parent can significantly impact children. The degree to which children are impacted by incarceration is dependent upon a host of factors, including age and support system, and symptoms can emerge in a variety of ways.

A central goal when working with children of incarcerated parents is to increase protective factors while attempting to minimize risk factors. It is important for school counselors to identify and assess for risk and strengths of children in their school who have incarcerated parents. These students should be supported within the context of their lived experiences. Knowledgeable school counselors can effectively serve children with incarcerated parents through a comprehensive school counseling

program. In most cases, specifically designed programming is not required. Alternatively, some students may require additional school counseling services as well as community-based support. The recommendations provided in this article are based on theory and the best evidence available for working with students who have incarcerated parents. School counselors who are knowledgeable of the impact of incarceration and related support mechanisms can play an integral role in offering support and advocating for students.

In addition to utilizing the resources provided in this article, school counselors are encouraged to seek professional development to further their knowledge, attitudes, and skills for working with children of incarcerated parents. School counselors can serve as valuable advocates and strive to disseminate relevant information to teachers, school administrators, and the caregivers of children with incarcerated parents. It is important for teachers to develop empathy and provide a consistent and nurturing classroom environment for all students, especially those with incarcerated parents. Additionally, school counselors should place the emotions and behaviors of students with incarcerated parents within the context of theory and research when consulting with teachers. In order to best support these children, collaboration and the willingness of professional school counselors to intervene is critical.

References

Aaron, L., & Dallaire, D. H. (2010). Parental incarceration and multiple risk experiences: Effects on family dynamics and children's delinquency. *Journal of Youth and Adolescents*, *39*, 1471–1484. doi:10.1007/s10964-009-9458-0

Achenbach System of Empirically Based Assessment. (2019). *School-age (CBCL, TRF, YSR, BPM/6-18)*. Retrieved from https://aseba.org/school-age

Adalist-Estrin, A., Krupat, T., deSousa, J. M., Bartley, L., & Hollins, W. (2019). *Webinar on supporting children of incarcerated parents in schools*. Retrieved from https://ndprevention.neglected-delinquent.ed.gov/webinar-supporting-children-incarcerated-parents-coip-school

Allard, P. (2012). When the cost is too great: The emotional and psychological impact on children of incarcerating their parents for drug offences. *Family Court Review*, *50*, 48–58. doi:10.1111/j.1744-1617.2011.01427.x

American School Counselor Association. (2012). *ASCA national model: A framework for school counseling programs* (3rd ed.). Alexandria, VA: Author.

Annie E. Casey Foundation. (2016). *A shared sentence: The devastating toll of parental incarceration on kids, families and communities.* Retrieved from https://www.aecf.org/m/resourcedoc/aecf-asharedsentence-2016.pdf

Bell, S. D. (2013). *Surviving the chaos: Dontae's story: Daddy, jail & me*. Indianapolis, IN: norahS Youth Publications.

Bennett, E., Lewis, M., & Hunsaker, E. (2012). Counseling kids with incarcerated caregivers. In *Ideas and research you can use: VISTAS 2012, volume 1*. Retrieved from https://www.counseling.org/resources/library/VISTAS/vistas12/Article_56.pdf

Birtha, B. (2017). *Far apart, close in heart: Being a family when a loved one is incarcerated.* Park Ridge, IL: Albert Whitman & Company.

Bocknek, E. L., Sanderson, J., & Britner, P. A., IV. (2009). Ambiguous loss and posttraumatic stress in school-age children of prisoners. *Journal of Child and Family Studies*, *18*, 323–333. doi:10.1007/s10826-008-9233-y

Boudin, C. (2011). Children of incarcerated parents: The child's constitutional right to the family relationship. *Journal of Criminal Law and Criminology*, *101*, 77–118. doi:0091-4169/11/10101-0077

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, *39*, 350–373.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.

Brezina, T. (2017). General strain theory. *Oxford Research Encyclopedia of Criminology.* Retrieved from https://oxfordre.com/criminology/view/10.1093/acrefore/9780190264079.001.0001/acrefore-9780190264079-e-249

Brown, E. C. (2017). *Experiences of professional school counselors with children of incarcerated parents: A case study* (Unpublished doctoral dissertation). The University of Tennessee, Knoxville, TN.

Brown, E. C., & Barrio Minton, C. A. (2017). Serving children of incarcerated parents: A case study of school counselors' experiences. *Professional School Counseling*, *21*, 1–11. doi:10.1177/2156759x18778811

Buss, K. E., Warren, J. M., & Horton, E. (2015). Trauma and treatment in early childhood: A review of the historical and emerging literature for counselors. *The Professional Counselor*, *5*, 225–237. doi:10.15241/keb.5.2.225

Cho, R. M. (2009). Impact of maternal imprisonment on children's probability of grade retention. *Journal of Urban Economics*, *65*, 11–23. doi:10.1016/j.jue.2008.09.004

Cho, R. M. (2011). Understanding the mechanism behind maternal imprisonment and adolescent school dropout. *Family Relations*, *60*, 272–289. doi:10.1111/j.1741-3729.2011.00649

Cramer, L., Goff, M., Peterson, B., & Sandstrom, H. (2017). *Parent-child visiting practices in prisons and jails: A synthesis of research and practice.* Washington, DC: Urban Institute.

Dallaire, D. H., Ciccone, A., & Wilson, L. C. (2010). Teachers' experiences with and expectations of children with incarcerated parents. *Journal of Applied Developmental Psychology*, *31*, 281–290. doi:10.1016/j.appdev.2010.04.001

Dallaire, D. H., Ciccone, A., & Wilson, L. C. (2012). The family drawings of at-risk children: Concurrent relations with contact with incarcerated parents, caregiver behavior, and stress. *Attachment & Human Development*, *14*(2), 161–183. doi:10.1080/14616734.2012.661232

Dallaire, D. H., Zeman, J., & Thrash, T. (2015). Differential effects of type of children's contact with their jailed mothers and children's behavior problems. In J. Poehlmann-Tynan (Ed.), *Children's contact with incarcerated parents* (pp. 23–28). Basel, Switzerland: Springer International.

Davis, L., & Shlafer, R. J. (2017). Mental health of adolescents with currently and formerly incarcerated parents. *Journal of Adolescence, 54*, 120–134. doi:10.1016/j.adolescence.2016.10.006

DeCarlo, C. (2018). *Coping when a parent is incarcerated.* New York, NY: Rosen Publishing.

Farrington, D. P. (2000). Psychosocial predictors of adult antisocial personality and adult convictions. *Behavioral Sciences and the Law, 18*, 605–622. doi:10.1002/1099-0798(200010)18:5<605::AID-BSL406>3.0.CO;2-0

Federal Interagency Working Group for Children of Incarcerated Parents. (2013). *Promoting social and emotional well-being for children of incarcerated parents*. Retrieved from https://csgjusticecenter.org/nrrc/publications/promoting-social-and-emotional-well-being-for-children-of-incarcerated-parents/

Feeney, B. C., & Woodhouse, S. S. (2016). Caregiving. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (3rd ed., pp. 827–851). New York, NY: Guilford Press.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*, 245–258. doi:10.1016/S0749-3797(98)00017-8

Geller, A., Cooper, C. E., Garfinkel, I., Schwartz-Soicher, O., & Mincy, R. B. (2012). Beyond absenteeism: Father incarceration and child development. *Demography*, *49*, 49–76. doi:10.1007/s13524-011-0081-9

Geller, A., Garfinkel, I., Cooper, C. E., & Mincy, R. B. (2009). Parental incarceration and child well-being: Implications for urban families. *Social Science Quarterly*, *90*, 1186–1202. doi:10.1111/j.1540-6237.2009.00653.x

Glaze, L. E., & Maruschak, L. M. (2008). Parents in prison and their minor children. *Bureau of Justice Statistics Special Report.* Retrieved from https://www.bjs.gov/content/pub/pdf/pptmc.pdf

Gorski, P. C. (2016, May). Re-examining beliefs about students in poverty. *School Administrator*, 17–20. Retrieved from: http://www.edchange.org/publications/Reexamining-Beliefs-About-Students-in-Poverty.pdf

Graham, J. A., & Harris, Y. R. (2013). Children of color and parental incarceration: Implications for research, theory, and practice. *Journal of Multicultural Counseling and Development*, *41*(2), 66–81. doi:10.1002/j.2161-1912.2013.00028.x

Hanlon, T. E., Blatchley, R. J., Bennett-Sears, T., O'Grady, K. E., Rose, M., & Callaman, J. M. (2005). Vulnerability of children of incarcerated addict mothers: Implications for preventive intervention. *Children and Youth Services Review*, *27*, 67–84. doi:10.1016/j.childyouth.2004.07.004

Hollihan, A., & Krupat, T. (2016). *See us, support us: Identifying and supporting children of incarcerated parents in child welfare*. Retrieved from http://www.osborneny.org/services/strengthening-communities/new-york-initiative-for-children-of-incarcerated-parents/identifying-and-supporting-children-of-incarcerated-parents-in-child-welfare

Huebner, B. M., & Gustafson, R. (2007). The effect of maternal incarceration on adult offspring involvement in the criminal justice system. *Journal of Criminal Justice*, *35*, 283–296. doi:10.1016/jcrimjus.2007.03.005

Johnson, E. I., & Easterling, B. A. (2015). Coping with confinement: Adolescents' experiences with parental incarceration. *Journal of Adolescent Research*, *30*, 244–267. doi:10.1177/0743558414558593

Kjellstrand, J. M., & Eddy, J. M. (2011). Parental incarceration during childhood, family context, and youth problem behavior across adolescence. *Journal of Offender Rehabilitation*, *50*, 18–36. doi:10.1080/10509674.2011.536720

Kjellstrand, J. M., Reinke, W. M., & Eddy, J. M. (2018). Children of incarcerated parents: Development of externalizing behaviors across adolescence. *Children and Youth Services Review*, *94*, 628–635. doi:10.1016/j.childyouth.2018.09.003

Kobak, R., Zajac, K., & Madsen, S. D. (2016). Attachment disruptions, reparative processes, and psychopathology: Theoretical and clinical implications. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (3rd ed., pp. 25–39). New York, NY: Guilford Press.

Kumpfer, K. L., Alvarado, R., & Whiteside, H. O. (2003). Family-based interventions for substance use and misuse prevention. *Substance Use & Misuse*, *38*, 1759–1787. doi:10.1081/JA-120024240

La Vigne, N. G., Davies, E., & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents.* Washington, DC: The Urban Institute. Retrieved from https://www.urban.org/research/publication/broken-bonds-understanding-and-addressing-needs-children-incarcerated-parents/view/full_report

Liou, D. D., & Rotheram-Fuller, E. (2019). Where is the real reform? African American students and their school's expectations for academic performance. *Urban Education*, *54*, 397–429. doi:10.1177/0042085915623340

Lopez, C., & Bhat, C. S. (2007). Supporting students with incarcerated parents in schools: A group intervention. *Journal for Specialists in Group Work*, *32*(2), 139–153. doi:10.1080/01933920701227125

Martin, E. (2017). Hidden consequences: The impact of incarceration on dependent children. *National Institute of Justice Journal*, *278*, 1–7. Retrieved from https://nij.gov/journals/278/Pages/impact-of-incarceration-on-dependent-children.aspx

Merton, R. K. (1938). Social structure and anomie. *American Sociological Review*, *3*, 672–682. doi:10.2307/2084686

Morsy, L., & Rothstein, R. (2016). *Mass incarceration and children's outcomes: Criminal justice policy is education policy.* Washington, DC: Economic Policy Institute.

Mumola, C. J. (2000). Incarcerated parents and their children. *Bureau of Justice Statistics Special Report.* Retrieved from https://www.bjs.gov/content/pub/pdf/iptc.pdf

Murphey, D., & Cooper, P. M. (2015). *Parents behind bars: What happens to their children?* Retrieved from https://www.childtrends.org/wp-content/uploads/2015/10/2015-42ParentsBehindBars.pdf

Murray, J. (2007). The cycle of punishment: Social exclusion of prisoners and their children. *Criminology & Criminal Justice*, *7*, 55–81. doi:10.1177/1748895807072476

Murray, J., & Farrington, D. P. (2008). The effects of parental imprisonment on children. *Crime and Justice*, *37*, 133–206. doi:10.1086/520070

Murray, J., Janson, C.-G., & Farrington, D. P. (2007). Crime in adult offspring of prisoners: A cross-national comparison of two longitudinal samples. *Criminal Justice and Behavior*, *34*, 133–149. doi:10.1177/0093854806289549

Murray, J., Loeber, R., & Pardini, D. (2012). Parental involvement in the criminal justice system and the development of youth theft, marijuana use, depression, and poor academic performance. *Criminology*, *50*, 255–302. doi:10.1111/j.1745-9125.2011.00257

Murray, J., & Murray, L. (2010). Parental incarceration, attachment and child psychopathology. *Attachment & Human Development*, *12*, 289–309. doi:10.1080/14751790903416889

Myers, B. J., Mackintosh, V. H., Kuznetsova, M. I., Lotze, G. M., Best, A. M., & Ravindran, N. (2013). Teasing, bullying, and emotion regulation in children of incarcerated mothers. *Monographs of the Society for Research in Child Development*, *78*(3), 26–40. doi:10.1111/mono.12019

National Mentoring Resource Center. (n.d.). *Children of incarcerated parents.* Retrieved from https://nationalmen toringresourcecenter.org/index.php/component/content /article.html?layout=edit&id=149

National Resource Center on Children and Families of the Incarcerated. (2014). *Children and families of the incarcerated fact sheet*. Retrieved from https://nrccfi.camden.rutgers.edu/files/nrccfi-fact-sheet-2014.pdf

Nesmith, A., & Ruhland, E. (2008). Children of incarcerated parents: Challenges and resiliency, in their own words. *Children and Youth Services Review*, *30*, 1119–1130. doi:10.1016/j.childyouth.2008.02.006

New York City Office of Training and Workforce Development. (2019). *Children of incarcerated parents program*. Retrieved from https://www.nycacstraining.org/about/video-library/children-of-incarcerated-parents-program-chipp

Nichols, E. B., & Loper, A. B. (2012). Incarceration in the household: Academic outcomes of adolescents with an incarcerated household member. *Journal of Youth and Adolescence*, *41*, 1455–1471. doi:10.1007/s10964-012-9780-9

Parke, R. D., & Clarke-Stewart, K. A. (2003). The effects of parental incarceration on children: Perspectives, promises and policies. In J. Travis & M. Waul (Eds.), *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities* (pp. 189–232). Washington, DC: The Urban Institute Press.

Petsch, P., & Rochlen, A. B. (2009). Children of incarcerated parents: Implications for school counselors. *Journal of School Counseling*, *7*(40), 1–27.

Pew Charitable Trusts. (2010). *Collateral costs: Incarceration's effect on economic mobility.* Washington, DC: Author.

Phillips, S. D., Burns, B. J., Wagner, H. R., Kramer, T. L., & Robbins, J. M. (2002). Parental incarceration among adolescents receiving mental health services. *Journal of Child and Family Studies*, *11*, 385–399. doi:10.1023/a:1020975106679

Phillips, S. D., Erkanli, A., Keeler, G. P., Costello, E. J., & Angold, A. (2006). Disentangling the risks: Parent criminal justice involvement and children's exposure to family risks. *Criminology & Public Policy*, *5*, 677–702. doi:10.1111/j.1745-9133.2006.00404.x

Poehlmann, J. (2005). Representations of attachment relationships in children of incarcerated mothers. *Child Development*, *76*, 679–696. doi:10.1111/j.1467-8624.2005.00871.x

Poehlmann-Tynan, J., Burnson, C., Runion, H., & Weymouth, L. A. (2017). Attachment in children with incarcerated fathers. *Development and Psychopathology*, *29*, 389–404. doi:10.1017/S0954579417000062

Prison Fellowship. (n.d.). *Angel tree resources.* Retrieved from https://www.prisonfellowship.org/resources/angel-tree

Robertson, O. (2007). *The impact of parental imprisonment on children*. Retrieved from https://quno.org/resource/2 007/4/impact-parental-imprisonment-children

Saunders, V. (2018). What does your dad do for a living? Children of prisoners and their experiences of stigma. *Children and Youth Services Review*, *90*, 21–27. doi:10.1016/j.childyouth.2018.05.012

Save Kids of Incarcerated Parents. (n.d.) *About us.* Retrieved from http://skipinc.org/about-us

Service Network for Children of Inmates. (2008). *Assistance for children.* Retrieved from https://www.childrenof inmates.org/ServicesforChildren.aspx

Sharp, S. F., & Marcus-Mendoza, S. T. (2001). It's a family affair: Incarcerated women and their families. *Women & Criminal Justice*, *12*(4), 21–49. doi:10.1300/j012v12n04_02

Shillingford, M. A., & Edwards, O. W. (2008). Professional school counselors using choice theory to meet the needs of children of prisoners. *Professional School Counseling*, *12*, 62–65. doi:10.1177/2156759X0801200107

Shlafer, R. J., & Poehlmann, J. (2010). Attachment and caregiving relationships in families affected by parental incarceration. *Attachment & Human Development*, *12*, 395–415. doi:10.1080/14616730903417052

Shlafer, R. J., Reedy, T., & Davis, L. (2017). School-based outcomes among youth with incarcerated parents: Differences by school setting. *Journal of School Health*, *87*, 687–695. doi:10.1111/josh.12539

Solomon, S. E., & Uchida, C. D. (2007). *Needs assessment and operation plan summary: Children of incarcerated parents in Miami-Dade County*. Retrieved from https://www.childrenofinmates.org/FileStore/Documents/Needs%20Assessment%20Children%20of%20Inmates.pdf

Sullivan, M. (2017). *Clarissa's disappointment: And resources for families, teachers and counselors of children of incarcerated parents.* Sherman, IL: Twelve Winters Press.

Turney, K. (2018). Adverse childhood experiences among children of incarcerated parents. *Children and Youth Services Review*, *89*, 218–225. doi:10.1016/j.childyouth.2018.04.033

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2015). *Child Health USA 2014*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from http://mchb.hrsa.gov/chusa14

van Agtmael, P. (2016). *Incarceration's impact on kids and families*. Retrieved from http://humantollofjail.vera.org/the-family-jail-cycle

Warren, J. M. (2018). *School consultation for student success: A cognitive behavioral approach*. New York, NY: Springer.

Wilbur, M. B., Marani, J. E., Appugliese, D., Woods, R., Siegel, J. A., Cabral, H. J., & Frank, D. A. (2007). Socioemotional effects of fathers' incarceration on low-income, urban, school-aged children. *Pediatrics*, *120*(3), 1–13. doi:10.1542/peds.2006-2166

Wildeman, C. (2010). Parental incarceration and children's physically aggressive behaviors: Evidence from the Fragile Families and Child Wellbeing Study. *Social Forces*, *89*, 285–309. doi:10.1353/sof.2010.0055

nbcc

School-Based Child Sexual Abuse Prevention: Implications for Professional School Counselors

Rebecca Cowan, Rebekah F. Cole, Laurie Craigen

The purpose of this qualitative collective case study was to explore the experiences of four key internal stakeholders who are involved with a school-based child sexual abuse prevention program in a southeastern state in the United States. In order to explore the experiences of participants, in-depth, semi-structured interviews were conducted. After the data were collected, transcribed, and coded by a qualified research team, three main themes emerged from this study. These themes highlighted the importance of school-based child sexual abuse prevention education, various program impacts resulting from child sexual abuse prevention and intervention within a school setting, and barriers to implementation of child sexual abuse prevention programs in school settings. Implications for professional school counselors, including how they can assist with the implementation of child sexual abuse prevention education, are discussed. Finally, inherent limitations to the research design and implications for future studies are addressed.

Keywords: **sexual abuse, prevention, children, collective case study, professional school counselors**

In 2017, there were 57,964 reports of child sexual abuse (CSA) in the United States (U.S. Department of Health and Human Services [DHHS], 2018). However, the incidence of CSA is likely higher, as cases of sexual abuse often go unreported (Leclerc & Wortley, 2015; Wurtele, 2009). Overall, between 7.5%–16% of males and 19.7%–25% of females report a history of CSA (Dube et al., 2005; Pereda, Guilera, Forns, & Gòmez-Benito, 2009), and approximately 39 million adults in the United States are CSA survivors (Child Molestation Research and Prevention Institute, 2015). More than 3 million children are victims of CSA, with a mean age of onset of 11.2 years of age (Broman-Fulks et al., 2007). CSA has been linked to a variety of health and mental health issues, including substance abuse, suicide attempts, sexual revictimization, high-risk sexual behavior, anxiety, depression, cognitive disturbances, post-traumatic stress disorder (PTSD), gastrointestinal issues, and chronic pain (Dube et al., 2005; Irish, Kobayashi, & Delahanty, 2010; Lalor & McElvaney, 2010; Sabella, 2016; Wurtele, 2009). Therefore, because of the high incidence and resulting consequences of CSA, prevention is paramount (Letourneau, Eaton, Bass, Berlin, & Moore, 2014).

Abel and Harlow (2001) reported that CSA perpetrators represent a variety of ethnicities and socioeconomic groups. Ninety percent of perpetrators know their victims; only 10% of perpetrators sexually abuse children unknown to them. Sixty-eight percent of CSA perpetrators sexually abuse children in their own families (e.g., biological children, stepchildren, nieces, nephews, grandchildren) and 40% sexually abuse children within their social circle (Abel and Harlow, 2001). Additionally, 5.9% of all girls and 0.3% of all boys in the United States are sexually abused by a known adult (Finkelhor, Turner, Shattuck, & Hamby, 2013). CSA perpetrators who sexually abuse boys report an average of 10.7 victims as compared to 5.2 victims of perpetrators who sexually abuse girls (Abel & Harlow, 2001). Those who sexually abuse both boys and girls report an average of 27.3 victims (Abel & Harlow, 2001).

Rebecca Cowan, NCC, is a professor at Walden University. Rebekah F. Cole, NCC, is an assistant professor and Director of the School Counseling Program at Arkansas State University. Laurie Craigen, NCC, is an associate professor at Boston University School of Medicine. Correspondence can be addressed to Rebecca Cowan, School of Counseling and Human Services, Walden University, 100 Washington Avenue South, Suite 900, Minneapolis, MN 55401, rebecca.cowan@mail.waldenu.edu.

Professional school counselors play an important role in CSA prevention. They are federally mandated to report suspected cases of abuse (Federal Child Abuse Prevention and Treatment Act, 2010), including CSA, and also provide counseling services to victims and organize advocacy efforts (American School Counselor Association [ASCA], 2015; Sikes, 2008). Furthermore, professional school counselors are in the position to address barriers and support the implementation of CSA prevention programs within their schools. These school-based prevention efforts are imperative; despite the high incidence of children who are sexually abused, research indicates that many parents do not educate their children about CSA at home (Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008). Therefore, it is vital that evidence-based CSA prevention programs are provided within the schools so that children have an opportunity to gain knowledge and personal safety skills.

In 1995, 67% of children ages 10–16 reported that they had participated in a school-based CSA prevention program (Finkelhor & Dziuba-Leatherman, 1995). However, this percentage has significantly declined in recent years because of increased focus on other topics, such as bullying prevention, standardized testing, substance use, and intimate partner violence (Morris et al., 2017; Wurtele, 2009). Despite this shift, the implementation of CSA prevention programs within school systems remains ideal because of the ability to concurrently reach multiple children in that setting (Finkelhor, 2009; National Sexual Violence Resource Center [NSVRC], 2011; Tutty, 2000; Wurtele, 2009). However, in recent years, there has been resistance to establishing CSA prevention education within the schools, as some believe that talking about sexual abuse is not appropriate in a school setting (NSVRC, 2011; Wurtele, 2009). Additionally, according to Topping and Barron (2009), CSA prevention programs might be limited because of constraints on funds and time. Some CSA prevention education critics also argue that these types of programs place an unfair burden on the child to report or prevent CSA attempts and that it may not be appropriate to expect children to defend themselves against perpetrators (Finkelhor, 2007; Rudolph & Zimmer-Gembeck, 2018). However, many opponents have "offered little evidence that support their claims of potential negative side-effects" (Kenny et al., 2008, p. 50). In fact, Walsh, Zwi, Woolfenden, and Shlonsky (2015) found in their meta-analysis of several school-based CSA prevention programs "evidence of improvements in protective behaviours and knowledge among children" (p. 2). Furthermore, this increase in knowledge and skill was seen in children regardless of the type of CSA prevention program that was implemented. A study conducted by Gibson and Leitenberg (2000) provided further evidence of the effectiveness of CSA prevention programs, as they found that 9% of participants who had participated in a school-based prevention program were sexually abused compared to 16% who had never participated in CSA prevention.

In order to effectively implement CSA prevention programs within the schools, a better understanding of these challenges and barriers needs to be gained. Findings from this study may promote awareness, enhance programming, and contribute to prevention efforts for CSA. The purpose of this collective case study research was to explore the experiences of several key internal stakeholders who are currently involved with a CSA prevention program in a southeastern state in the United States. The primary research question answered by this study was: How do key internal stakeholders who are involved with a school-based CSA prevention program describe their experiences with program implementation?

Method

Collective case study research (Yin, 2003) was utilized to explore the experiences of internal stakeholders and their views of a school-based CSA prevention program. The case study tradition focuses upon the constructivist paradigm in which the truth is relative and reliant on one's unique

perspective (Baxter & Jack, 2008). According to Creswell (2007), in a collective case study, "the inquirer purposefully selects multiple cases to show different perspectives on the issue" (p. 74), and this type of approach is often utilized when the unit of analysis is a program. According to Patton (2002), a case study may represent one single program or case. However, within that single program case, a researcher can conduct case studies of several participants. Utilizing the qualitative case study tradition facilitates an issue being explored through multiple lenses, rather than just one (Baxter & Jack, 2008). This approach helps "multiple facets of the phenomenon to be revealed and understood" (Baxter & Jack, 2008, p. 544).

Participants

Purposive and criterion sampling (Creswell, 2007) were utilized to recruit four key internal stakeholders for this study. Each participant had been involved with the program for at least one year (range = 1–25 years). For the purpose of this study, a *stakeholder* meant "people or small groups with the power to respond to, negotiate with, and change the strategic future of the organization" (Eden & Ackermann, 1998, p. 117). Two participants included in this study were current board members and two were current staff members.

Setting

This nonprofit CSA prevention organization is dedicated to preventing CSA through the education of children. Their 45-minute performance for children in kindergarten through fifth grade features a puppet who provides children with guidance on how to respond when faced with potentially dangerous situations. A safety net of professionals from Child Protective Services (CPS) and the police department, in addition to school counselors, are present at every performance so that any child who comes forward to disclose sexual abuse is properly cared for with the correct protocols in place. This CSA prevention program has resulted in the arrest and incarceration of 158 CSA perpetrators.

Researchers

The principle investigator (PI) conducting this study is a Caucasian female in her thirties. She is a licensed professional counselor and has a PhD in counselor education and supervision. The PI has experience treating children who have been sexually abused and adults who were sexually abused during childhood. Two additional researchers assisted with research design and data analysis. Both researchers have doctoral degrees in counselor education and supervision and are licensed professional counselors. One of the researchers has a master's degree in school counseling and the other researcher has an EdS in school psychology. They are knowledgeable in treating children who have been sexually abused and have experience working within school settings. Engaging a research team of three researchers helped to reduce researcher bias and generated triangulation for the research study (Creswell & Poth, 2018).

Data Collection

Individual interviews were conducted in a southeastern U.S. city. The PI met with participants in a confidential space and informed consent was reviewed and signed prior to the commencement of data collection. After informed consent was given, the PI individually interviewed participants using a semi-structured interview guide pertaining to their experiences as key internal stakeholders involved with this CSA prevention organization. These interviews were audiotaped and transcribed verbatim and lasted approximately 30–45 minutes. All participants were assigned a unique identifier (number) in order to protect confidentiality.

Data Analysis

Transcripts were initially read through by the researchers to gain an overall familiarity with them.

The researchers then engaged in content analysis by open-coding the data (Patton, 2002). Through this analysis, patterns and themes were identified and overlapping data was deleted. Researchers developed coding schemes independently and then together they compared and discussed similarities and differences (Patton, 2002). Word tables were utilized to organize the data from each individual case (Yin, 2014). The analysis of these individual word tables allowed researchers to draw cross-case conclusions. Data across cases were analyzed and similarities and differences were noted (Eisenhardt, 1989; Miles & Huberman, 1984).

Strategies for Trustworthiness

In an effort to achieve trustworthiness of the data, triangulation was attained (Baxter & Jack, 2008) as multiple sources were used to collect data, including semi-structured individual interviews, demographic sheets, and program documents. Clarifying researcher bias was another strategy employed for trustworthiness as bracketing, through the use of reflexive journals, was utilized by the researchers (Tufford & Newman, 2010). Bracketing was completed prior to data collection so that the researchers were made aware of their assumptions and biases. Finally, a thick description, as defined by Patton (2002) as having "detailed description and rich quotations" (p. 438), was used as an overreaching strategy to increase the trustworthiness of this study.

Results

A total of three themes emerged from the data analysis: (1) importance of school-based CSA prevention education, (2) program impact within a school setting, and (3) barriers to implementation of CSA prevention within school systems.

Theme 1: Importance of School-Based CSA Prevention Education

This theme includes the participants' perspectives on the importance and value of CSA prevention education within the school setting. The following sub-themes are included in this section: (1) children and (2) parents and teachers.

Children. The majority of participants discussed the importance of child abuse education so children could implement good boundary setting and learn the language they need in order to express themselves if they feel they are at risk. When outlining the importance of educating children on this issue, one participant discussed how if children are not educated about boundaries and body safety starting at a young age, this could potentially leave a gap for this type of abuse to take place. She stated, "They groom them at a young age and so they break down their resistance and by the time they get to middle and high school, they are assimilated already into this lifestyle and so they think it is normal." Another participant had similar thoughts and discussed the importance of empowering children to protect themselves. She stated, "We can't protect them all the time, and I think it is important to give them the knowledge that what's happening to them is wrong and that they can make a difference by saying *no*." Likewise, another participant discussed how teaching children to protect themselves from predators is "fundamental." She went on to ask the question, "How do you go to school and learn to become a successful adult and have good decision-making if you are carrying this around?" Another interview revealed, "At every turn around every corner, there is someone who is looking to take advantage of that child," and that child needs to understand how to protect him- or herself. This participant went on to describe the importance of equipping children with the language they need to express what is happening to them. He stated, "What kind of language does a 6-year-old child have to be able to tell an adult that they are being sexually abused? They don't have a way to even express what's happening to them."

Parents and teachers. Many participants identified a significant need for parents and teachers to become educated on how to talk with children about these issues. One participant discussed how many parents do not know how to educate their children or how to appropriately respond if a child discloses sexual abuse. She stated, "Parents need to not just be talking about this big, bad rapist" and discussed how parents need to educate their children beyond "stranger danger." A participant also touched on the importance of educating parents: "I do think we need to be more aggressive with the adult education piece . . . it's an adult problem, it needs an adult solution." Another participant shared similar thoughts and discussed how parents should be providing this type of education to their children at home. He stated, "As parents, as people in authority positions, we should be the ones answering those questions versus them hearing it from their classmate, or in the streets, or in the locker room."

Another participant discussed how some parents might be averse to having their child participate in CSA prevention education at school. He discussed how these parents might be concerned about discussing CSA with children who have not previously been exposed to sex and how perhaps this type of discussion could pique their curiosity. This participant countered this by stating, "What better way to do it in a controlled environment and you can answer the questions that they may have." Another participant also discussed how some parents do not believe their children should learn about CSA prevention at school, but that many of these children are simply not being educated at home. He stated, "What those parents don't understand is that while they may be proactive in what they're doing in educating their children about these types of things, 90% of the kids in schools today are not getting this education at home." Another participant went on to discuss how teachers also do not get enough training on this topic. He stated, "That's something that's got to change. They got to get the training that surrounds this issue to be able to understand the issue and wrap their head around what's happening in their classrooms."

Theme 2: Program Impact Within a School Setting

Many of the participants discussed how CSA prevention programs within the schools can provide children with the courage to speak up and learn how to protect themselves from potentially dangerous situations. One participant discussed the appreciation he has for how this particular CSA prevention program creates a support system so that children may feel comfortable coming forward and disclosing sexual abuse. He highlighted how law enforcement officers, social services, and school administrators are present throughout the performance "so you have a support system that is right there that says . . . *you can have the courage to share if something like that has happened*." Another participant shared similar thoughts and discussed how this particular CSA prevention program is "different" because of the safety net of professionals they have available throughout the production.

Two participants shared their personal experiences with witnessing CSA disclosures as a result of the program. One participant discussed her personal experience of watching children come forward and disclose sexual abuse after participating in the program. She stated, "I really believe the program works. In 25 years, I have seen kids come forward, you know . . . and kids learn how to prevent it from happening." Another participant described how he had witnessed children disclose prior and current sexual abuse after participating. He stated that when children come forward and tell a teacher, "if we can . . . save one child from the horror of being sexually abused by an adult, then this program is worth its weight in gold."

Numerous perpetrators have been prosecuted because of disclosures that occurred after children participated in this program. One participant stated, "Having 158 perpetrators prosecuted comes from when she [the director of the program] was in all the elementary schools here in the city."

However, this may be underestimated, as disclosures and prosecutions as a result of the program were difficult to track because of confidentiality and the sensitive nature of the information. Another participant also discussed prosecutions as a result of this program. He stated, "We're seeing the prosecutions go up because there's been more exposure of what has taken place in the dark, and so either way, it is a great success."

Theme 3: Barriers to Implementation Within School Systems

This theme includes the participants' perspectives on the barriers and obstacles toward implementing this CSA prevention program. The following sub-themes are included in this section: (1) funding issues, (2) a taboo topic and negative attitudes, (3) intervention is stressed, and (4) community support.

Funding issues. Funding was identified by all participants as a major barrier to implementing CSA prevention programs, as many school systems do not have funding allocated to support this effort. One participant stated, "I'm researching grants that we can apply for and there is plenty of grant money out there for treatment, but not prevention." Another participant believed that perhaps fundraising for this cause is difficult because the topic makes many people "feel very uncomfortable." She further stated, "Everybody's opening up their wallets for ALS, everybody's opening up their wallets for autism, and those are all great causes . . . but CSA prevention is removed from them." A third participant discussed how important it is to "champion legislative funding" and discussed how this is "key" to the implementation of CSA prevention programs within the schools in the future.

A taboo topic and negative attitudes. Participants also discussed how sexual abuse is a "taboo" topic that is often viewed very negatively and, therefore, is often not discussed. In return, this leads to barriers to implementing CSA prevention programs. One participant discussed how many individuals seem to be in denial about the prevalence of CSA. She discussed how people need to "just open up the communication on this really disgusting tabooed subject. People don't want to talk about it, people don't want to hear about it. It's so uncomfortable." She went on to state, "Someone coined the phrase, 'Not in My Backyard.' It's in every backyard." Another participant shared similar thoughts. He discussed how some are opposed to CSA prevention programs as they believe these programs are similar to sexual education or that the topic is not "age appropriate." However, he suggested that these individuals "would be amazed at what children already know and would be amazed at what they're being exposed to already."

Participants noted that attitudes about CSA prevention tend to be negative and this hinders efforts in implementing these types of programs. For instance, when one participant was asked what she would like to see changed regarding CSA prevention programs, she stated, "What would I see changed? Just people's attitudes towards it." Another participant explained how people working within the school systems often negatively view CSA prevention programs. He discussed how difficult it can be to get "buy-in from school administrators when school administrators know they have kids in their school who are being sexually abused and they know that if they see this program that they are going to possibly come forward." He went on to discuss how CSA disclosures often result in a "tremendous amount of paperwork for them [school administrators], it creates huge logistical issues like dealing with parents and dealing with CPS and the police" and how this could potentially fuel resistance to implementing these programs. Another participant discussed how their senator supports CSA prevention education, but only in middle and high schools. He stated, "There is a reason for that . . . whether they believe that the elementary school students would not be an appropriate age demographic or whether they thought they would get some resistance, maybe from parents."

Intervention is stressed. Participants emphasized how too much focus is often placed on the intervention of CSA, whereas more attention needs to be focused on prevention. When discussing what he would tell people when explaining why CSA prevention is important, one participant said he would invite them to visit juvenile court and watch as he puts a child on the stand who must disclose CSA. He challenges people to think about how these children must find the courage to relive their experience all over again on the witness stand "in front of the judge, in front of the jury, in front of strangers . . . then you tell me how important it is that we educate our kids about child sexual abuse prevention." Another participant said, "I think that as the general population becomes more educated about the fact that you can prevent the issue from happening, I think they could see that it's more important to put money into prevention than treating something." This participant went on to explain the importance of "getting people interested in prevention more than just putting the fire out once the fire starts . . . I think people wait until it's too late and then they rather put out the fire and until it becomes a fire, they don't want to have to deal with it." A third participant shared similar thoughts: "It needs to be more preventive and more proactive and we need to start talking about it."

Community support. Community support was identified by participants as being difficult to come by but essential to the successful implementation of CSA prevention programs. One participant discussed how "there are so many fundraisers . . . and you have to pick and choose what you are passionate about," noting that not too many people choose to support CSA prevention. Another participant discussed the importance of networking with community partners in order to gain additional support. In particular, he highlighted the importance of developing trust between the organization and community partners. He stated, "When you know a person and you have a relationship with a person, it's easier to trust them to always do the right thing." A third participant discussed his personal efforts related to attempting to gain additional community support: "Every opportunity I get to talk to a person about the program, I do . . . I ask them to get in touch with me if they have any questions."

Discussion

In this study, the participants emphasized that addressing the often taboo topic of sexual abuse with children is imperative. They discussed how the topic of sexual abuse is frequently avoided, especially by parents and guardians—a trend that is confirmed by the professional literature (Kenny et al., 2008). The participants noted that this avoidance hinders opportunities for both prevention and intervention in the lives of children. Notably, with education, parents and guardians are empowered to teach their children about ways to avoid sexual abuse. These discussions are crucial to preventing harm to children and providing them with the knowledge and awareness they need to protect themselves. Additionally, participants discussed how the focus on "stranger danger" by parents neglects the most common perpetrators of sexual abuse—acquaintances. Deblinger, Thakkar-Kolar, Berry, and Schroeder (2010) supported this finding, as they also found that the parents who discuss CSA with their children can erroneously focus on the dangers of interacting with strangers and not with individuals the child may already know. Additionally, Deblinger et al. found that the number of parents who stated that they desired to educate their children about CSA at home was more than those who had actually followed through with this task. Therefore, parents may lack the knowledge they need in order to adequately address this issue with their children. Professional school counselors are in an ideal position to help fill this void by developing educational opportunities for parents and guardians, so they feel better equipped to talk with their children about CSA. It would be prudent to include information about perpetrators so that parents do not solely focus on strangers when discussing safety with their children.

Professional school counselors also can play an important role in the education of teachers, administrators, and other school staff. The participants in this study discussed how there may be some resistance on behalf of school administrators to implement CSA prevention programs because of fear about the logistical issues that may result from disclosures. Therefore, as also discussed by Sikes (2008), it is important that a protocol is in place for when children disclose sexual abuse. Professional school counselors can assist with the development of this protocol and can educate school administrators and teachers about how to appropriately respond to and report disclosures of CSA. Professional school counselors should clearly define which individuals are mandated to report suspected CSA to CPS and in what timeframe the report must be made. A reporting form could be developed in order to streamline this process (see Sikes, 2008). Additionally, professional school counselors should provide educational resources to teachers and school administrators on how to identify signs of CSA.

In response to the taboo placed on discussing CSA, the participants described how their program offers stakeholders a vehicle for openly discussing CSA, as it provides a forum for creating awareness regarding the dangers of sexual abuse. In addition, the participants were proud of the community awareness that the program created, allowing for the prosecution of child sex abusers in the community. CSA prevention should not only include education of children, but also the general public, professionals, and other stakeholders (Wurtele, 2009). Professional school counselors can be an important vehicle for this type of collaboration. The participants all discussed how having social services, the police, and CPS as part of their program helped to provide a safety network for when CSA disclosures were made. According to the NSVRC (2011), "prevention programs designed for children are only one of many components of a successful community effort to prevent CSA. The burden of prevention should also be distributed across community members, organizations, and social structures" (p. 3). Participants also discussed how imperative it is to develop strong community partnerships to work together to help prevent CSA. Therefore, it could be noteworthy for professional school counselors to focus on building these partnerships so that funding and support may be bolstered for such programs to continue or be implemented within schools.

The participants also discussed how intervention is often stressed and prevention is overlooked in the treatment of CSA. This could be due to limited scholarly research that provides evidence for the effectiveness of CSA prevention programs (Rudolph & Zimmer-Gembeck, 2018). CSA prevention programs characteristically utilize a risk-reduction approach in which children are educated about sexual abuse and learn the skills necessary to avoid and report abuse (NSVRC, 2011). However, empirical support of these programs is limited (Lynas & Hawkins, 2017; Topping & Baron, 2009), as CSA prevention programs are difficult to measure (Lynas & Hawkins, 2017). In response to the lack of outcome data, the NSVRC has put forth that "additional rigorous evaluations of child sexual abuse prevention programs are needed" (2011, p. 6). Additionally, few follow-up studies have been conducted in order to determine if knowledge from these prevention programs has been retained and, more importantly, whether children can apply this knowledge to real-world scenarios. Professional school counselors can assist with the development and implementation of research and program evaluation studies in order to provide additional evidence in support of CSA prevention programs within the schools. Implementation of research within a school setting is no easy feat, as multiple approvals are necessary in order to ensure research participants are not harmed and that research is conducted in an ethical manner. Therefore, school administrators can be hesitant to approve research conducted within this setting. Professional school counselors can collaborate with administrators and make a strong case for why this type of research is absolutely necessary, so that more evidence-based CSA prevention programs are developed.

Program fidelity is another issue that has been identified within the literature when it comes to the evaluation of CSA prevention programs (Johnson, 1994; Lynas & Hawkins, 2017). Program evaluation research has indicated that when teaching about CSA, teachers can leave out content because of their own personal discomfort. This type of modification to program material could potentially impact findings of program evaluations and might minimize program effectiveness. Therefore, when educating teachers about CSA prevention, professional school counselors could discuss how sensitivities may arise while teachers deliver this type of content to their students, as well as how to ensure they are adhering to the protocol of the selected program (Lynas & Hawkins, 2017). If personal sensitivities arise because of a teacher's own history of CSA, it may be prudent for the professional school counselor to connect these individuals with mental health providers within their community.

Limitations and Implications for Future Research

This study lays the groundwork for qualitative as well as quantitative analysis of CSA prevention programs and other similar programs that exist. The results of qualitative research designs inherently are limited in their ability to be extended to a wider population (Atieno, 2009). Our case study design was limited to four participants. In addition, as the researcher is the primary research instrument in our qualitative research design, our biases could have influenced both data collection and analysis (Anderson, 2010). Thus, the validity of the findings might be called into question.

Additional quantitative research might survey participants' understanding of the material presented both before and after the program, measuring the knowledge that they gain. Further, a future phenomenological qualitative study might examine the experiences of the participants themselves as they process the material they encounter in a CSA prevention program. Future qualitative research studies might explore parents' perceptions of CSA education and the ways in which they are currently addressing this issue with their children. This exploration also could highlight areas that need further parent education in order to help them prevent CSA in the lives of their children. Finally, future studies could focus on the experiences of professional school counselors as they work toward the prevention of CSA.

Conclusion

CSA is a major public health concern affecting thousands of children in the United States (U.S. DHHS, 2018). Although research is limited to the efficacy of CSA prevention programs, outcome data indicates that effective programs promote education and awareness, decrease stigma, and increase rates of reporting sexual abuse. Results from this collective case study yielded three central themes: the importance of school-based CSA prevention education, program impact within a school setting, and barriers to the implementation of CSA prevention within the schools. The data that emerged from the participants provide valuable perspectives on the challenges and benefits of CSA prevention programs and how professional school counselors may advocate for their implementation within the schools.

References

Abel, G. G., & Harlow, N. (2001). *The stop child molestation book: What ordinary people can do in their everyday lives to save three million children.* Philadelphia, PA: Xlibris.

American School Counselor Association. (2015). *The school counselor and child abuse and neglect prevention.* Retrieved from https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_ChildAbuse.pdf

Anderson, C. (2010). Presenting and evaluative qualitative research. *American Journal of Pharmaceutical Education*, *74*(8), 1–7. doi:10.5688/aj7408141

Atieno, O. P. (2009). An analysis of the strengths and limitation of qualitative and quantitative research paradigms. *Problems of Education in the 21st Century*, *13*, 13–18.

Baxter, P. E., & Jack, S. M. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, *13*, 544–559.

Broman-Fulks, J. J., Ruggiero, K. J., Hanson, R. F., Smith, D. W., Resnick, H. S., Kilpatrick, D. G., & Saunders, B. E. (2007). Sexual assault disclosure in relation to adolescent mental health: Results from the National Survey of Adolescents. *Journal of Clinical Child and Adolescent Psychology*, *36*, 260–266. doi:10.1080/15374410701279701

Child Molestation Research and Prevention Institute. (2015). *Tell others the facts.* Retrieved from http://www.childmolestationprevention.org/pages/tell_others_the_facts.html

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (1st ed.). London, UK: SAGE.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Thousand Oaks, CA: SAGE.

Deblinger, E., Thakkar-Kolar, R. R., Berry, E. J., & Schroeder, C. M. (2010). Caregivers' efforts to educate their children about child sexual abuse. A replication study. *Child Maltreatment*, *15*, 91–100. doi:10.1177/1077559509337408

Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, *28*, 430–438. doi:10.1016/j.amepre.2005.01.015

Eden, C., & Ackermann, F. (1998). *Making strategy: The journey of strategic management.* London, UK: SAGE.

Eisenhardt, K. M. (1989). Building theories from case study research. *The Academy of Management Review*, *14*, 532–550. doi:10.2307/258557

Federal Child Abuse Prevention and Treatment Act of 2010, 42 U. S. C. A. § 5106g (2010).

Finkelhor, D. (2007). Prevention of sexual abuse through educational programs directed toward children. *Pediatrics*, *120*, 640–645. doi:10.1542/peds.2007-0754

Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children*, *19*(2), 169–194. doi:10.1353/foc.0.0035

Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs: A national survey of children's exposure and reactions. *Child Abuse & Neglect*, *19*(2), 129–139. doi:10.1016/0145-2134(94)00111-7

Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2013). Violence, crime, and abuse exposure in a national sample of children and youth: An update. *JAMA Pediatrics*, *167*, 614–621. doi:10.1001/jamapediatrics.2013.42

Gibson, L. E., & Leitenberg, H. (2000). Child sexual abuse prevention programs: Do they decrease the occurrence of child sexual abuse? *Child Abuse and Neglect*, *24*, 1115–1125. doi:10.1016/S0145-2134(00)00179-4

Irish, L., Kobayashi, I., & Delahanty, D. L. (2010). Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *Journal of Pediatric Psychology*, *35*, 450–461. doi:10.1093/jpepsy/jsp118

Johnson, B. (1994). Teachers' role in the primary prevention of child abuse dilemmas and problems. *Child Abuse Review*, *3*, 259–271. doi:10.1002/car.2380030405

Kenny, M. C., Capri, V., Thakkar-Kolar, R. R., Ryan, E. E., & Runyon, M. K. (2008). Child sexual abuse: From prevention to self-protection. *Child Sexual Abuse Review*, *17*, 36–54. doi:10.1002/car.1012

Lalor, K., & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence, & Abuse*, *11*(4), 159–177. doi:10.1177/1524838010378299

Leclerc, B., & Wortley, R. (2015). Predictors of victim disclosure in child sexual abuse: Additional evidence from a sample of incarcerated adult sex offenders. *Child Abuse & Neglect*, *43*, 104–111. doi:10.1016/j.chiabu.2015.03.003

Letourneau, E. J., Eaton, W. W., Bass, J., Berlin, F. S., & Moore, S. G. (2014). The need for a comprehensive public health approach to preventing child sexual abuse. *Public Health Reports*, *129*, 222–228. doi:10.1177/003335491412900303

Lynas, J., & Hawkins, R. (2017). Fidelity in school-based child sexual abuse prevention programs: A systematic review. *Child Abuse & Neglect*, *72*, 10–21. doi:10.1016/j.chiabu.2017.07.003

Miles, M. B., & Huberman, A. M. (1984). *Qualitative data analysis: A sourcebook of new methods*. Thousand Oaks, CA: SAGE.

Morris, M. C., Kouros, C. D., Janecek, K., Freeman, R., Mielock, A., & Garber, J. (2017). Community-level moderators of a school-based childhood sexual assault prevention program. *Child Abuse & Neglect*, *63*, 295–306. doi:10.1016/j.chiabu.2016.10.005

National Sexual Violence Resource Center. (2011). *Child sexual abuse prevention: Programs for children*. Retrieved March 9, 2015 from https://www.nsvrc.org/sites/default/files/2012-03/Publications_NSVRC_Guide_Child-Sexual-Abuse-Prevention-programs-for-children.pdf

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). London, UK: SAGE.

Pereda, N., Guilera, G., Forns, M., & Gòmez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, *29*, 328–38. doi:10.1016/j.cpr.2009.02.007

Rudolph, J., & Zimmer-Gembeck, M. J. (2018). Reviewing the focus: A summary and critique of child-focused sexual abuse prevention. *Trauma, Violence, & Abuse*, *19*, 543–554. doi:10.1177/1524838016675478

Sabella, D. (2016). Mental health matters: Revisiting child sexual abuse and survivor issues. *American Journal of Nursing*, *116*(3), 48–55. doi:10.1097/01.NAJ.0000481280.22557.45

Sikes, A. (2008). A school counselor's guide to reporting child abuse and neglect. *Journal of School Counseling*, *6*(25).

Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs: A review of effectiveness. *Review of Educational Research*, *79*, 431–463. doi:10.3102/0034654308325582

Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work*, *11*, 80–96. doi:10.1177/1473325010368316

Tutty, L. M. (2000). What children learn from sexual abuse prevention programs: Difficult concepts and developmental issues. *Research on Social Work Practice*, *10*, 275–300. doi:10.1177/104973150001000301

United States Department of Health and Human Services. (2018). *Child maltreatment 2017*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015). School-based education programmes for the prevention of child sexual abuse (review). *The Cochrane Library*, *4*, 1–121.

Wurtele, S. K. (2009). Preventing sexual abuse of children in the twenty-first century: Preparing for challenges and opportunities. *Journal of Child Sexual Abuse*, *18*, 1–18. doi:10.1080/10538710802584650

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: SAGE.

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: SAGE.

nbcc

Experiences of Cross-Racial Trust in Mentoring Relationships Between Black Doctoral Counseling Students and White Counselor Educators and Supervisors

Eric M. Brown, Tim Grothaus

The literature is replete with research and references to racism experienced by Black faculty and students in counselor education. Although explorations of the mistrust in relationships between races is extant, empirical investigations into trusting cross-racial relationships in counselor education have been scarce. To address this void, the researchers conducted a phenomenological qualitative study with 10 Black doctoral counseling students concerning their experiences of cross-racial trust with White counselor educators and clinical supervisors who were mentors. Researchers identified three superordinate themes during data analysis: reasons for trust, reasons for mistrust, and benefits of cross-racial mentoring. The researchers also identified several themes and subthemes that delineated the interpersonal and intrapersonal factors that helped generate cross-racial trust, despite participants' ubiquitous experiences of racism. The participants' experiences are discussed, and implications are offered for enhancing trust in cross-racial relationships in mentoring, supervision, counseling, and training programs.

Keywords: cross-racial, trust, supervisors, mentors, counselor educators

The counseling profession purports to value racial inclusivity, cultural competence, and social justice (e.g., American Counseling Association [ACA], 2014; Council for Accreditation of Counseling and Related Education Programs [CACREP], 2015; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015). Yet, this vision remains unrealized. Black counselor educators and students report that White racism is pervasive (Baker & Moore, 2015; Brooks & Steen, 2010; Henfield, Woo, & Washington, 2013; Holcomb-McCoy & Addison-Bradley, 2005). Although empirical studies have documented the negative experiences of Black people within counselor education because of the prevalence of racism (Baker & Moore, 2015; Cartwright, Avent-Harris, Munsey, & Lloyd-Hazlett, 2018; Haskins et al., 2013; Henfield et al., 2013), research regarding positive interracial relationships, specifically involving successful Black–White mentoring connections, has been scarce (Fleig-Palmer & Schoorman, 2011; Leck & Orser, 2013). Our study sought to address this inequity and incongruence by using a strength-based lens to explore successful, trusting, cross-racial mentoring relationships.

Racism in Counselor Education

Baker and Moore's (2015) qualitative study examined the experiences of 19 ethnic minority doctoral students in counselor education, 12 of whom were Black. The student participants voiced their frustrations with the pressures they felt to suppress their ethnic identity and to act in ways aligned with White cultural standards. Although Henfield et al.'s (2013) phenomenological study of 11 Black doctoral students found a desire for mentoring from faculty members, the students shared similar conclusions regarding their isolation and disconnection from the faculty in their programs. This appeared to mirror the experiences reported by Black faculty. Holcomb-McCoy and Addison-Bradley (2005) found Black counselor educators did not feel included as valuable assets by their White colleagues. Finally, a study of 11 Black doctoral counseling students by Henfield, Owens, and Witherspoon (2011) revealed that

Eric M. Brown is an assistant professor at Wheaton College. Tim Grothaus is an associate professor at Old Dominion University. Correspondence can be addressed to Eric Brown, 501 College Avenue, BGC, Wheaton, IL 60187, eric.brown@wheaton.edu.

despite feeling marginalized, their participants used relational resources, such as peer support, race-based organizations, and personal and professional advisors, to promote their success. Together, these studies expose a pernicious incongruence between what the counseling profession champions and what Black students and faculty are experiencing. One promising means of ameliorating these concerns could be culturally responsive cross-racial mentoring, which may assist in bridging this gap (Alvarez, Blume, Cervantes, & Thomas, 2009). In particular, cross-racial mentoring has been viewed as an avenue to enhance the recruitment and retention of counselor education faculty of color (Borders et al., 2011; Butler, Evans, Brooks, Williams, & Bailey, 2013).

Cross-Racial Mentoring

Blackwell (1989) defined mentoring as "a process by which persons of superior rank, special achievements, and prestige instruct, counsel, guide, and facilitate the intellectual and/or career development of persons identified as protégés" (p. 9). Positive mentoring can be an asset and also an antidote to the bigotry and marginalization often experienced by students of color (Luedke, 2017; D. L. McCoy, Winkle-Wagner, & Luedke, 2015). Effective mentoring also can enhance students' likelihood of academic and career success and professional growth, along with increasing self-efficacy, mental health, and social and cultural capital (Chadiha, Aranda, Biegel, & Chang, 2014; Chan, Yeh, & Krumboltz, 2015; Gaddis, 2012; Hurd & Zimmerman, 2014).

Although students of color often desire mentoring from ethnic minority faculty, there is a need for cross-racial mentoring because of the lack of faculty of color (Brooks & Steen, 2010; Ortiz-Walters & Gibson, 2005; Patton, 2009). Yet, some scholars (Johnson-Bailey & Cervero, 2004) note that cultural mistrust may hinder the forming of these beneficial interracial relationships, thus denying many Black graduate students the professional and psychological benefits associated with mentoring.

Cross-Racial Trust and Mistrust

For successful mentoring, a trusting relationship appears to be vital (Chan et al., 2015; Chun, Litzky, Sosik, Bechtold, & Godshalk, 2010; Eller, Lev, & Feurer, 2014; Gaddis, 2012; D. L. McCoy et al., 2015; Merriweather & Morgan, 2013; Rademaker, Duffy, Wetzler, & Zaikina-Montgomery, 2016). Yet, in the United States, the largest gap in cross-racial trust is between Black and White people (S. S. Smith, 2010).

As a result of both the long history and current experiences of racism in America, cultural mistrust, or the mistrust of White people by ethnic minorities, may serve a psychologically adaptive function in affording self-protection (Bell & Tracey, 2006; Terrell & Terrell, 1981; Whaley, 2012). Black people rate highest in cultural mistrust of all major ethnic minority groups, which may be a result of the particular history of slavery and the oppressive practices that continue to this day. Although cultural mistrust can serve as a protective factor, Bell and Tracey (2006) found that Black patients with higher levels of cultural mistrust suffered psychologically. Another effect of high levels of mistrust may be a lack of desire for Black people to build alliances with White professionals of goodwill who can assist with their professional development (Johnson-Bailey & Cervero, 2004). Although additional studies examining racism and its impact on the professional development of students of color are needed, the more conspicuous gap in the literature is with regard to cross-racial trust and positive cross-racial relationships.

With the disproportionate underrepresentation of Black faculty in counselor education, it is likely that some Black graduate students will need to connect with White mentors (Brooks & Steen, 2010; Haizlip, 2012). Although multiple studies have examined the challenges experienced by Black students in counselor education programs (Baker & Moore, 2015; Haskins et al., 2013; Henfield et al., 2013), there is a dearth of explorations of trust in the counseling literature, especially cross-racial

trust. Our phenomenological study addresses this omission by investigating successful Black–White trusting mentoring relationships in counselor education.

The goal of our study was to examine Black doctoral counselor education students' experiences of cross-racial trust with White mentors in the counseling profession. The results of this study may encourage Black students to consider seeking mentoring relationships with White individuals, given the relative shortage of racial minorities within the profession, and also help White people of goodwill to mentor and aid Black students in achieving their academic and professional goals.

Methodology

In order to explore and represent the lived experiences of Black students' successful cross-racial mentoring relationships in the counseling profession, the first author conducted a qualitative study in the tradition of transcendental phenomenology with Black doctoral counseling students who had trusting relationships with White mentors in the profession (Moustakas, 1994). Phenomenological research focuses on the lived experiences of people, amplifying their voices as it seeks to ascertain the meanings they give to their experiences (Adams & van Manen, 2008). Through this lens, we examined the experiences of 10 Black doctoral counseling students who participated in at least one trusting cross-racial relationship with a White mentor.

Our study was guided by the following research question: What are the lived experiences of Black doctoral students who have participated in or are currently in trusting relationships with White mentors within the counseling profession?

Researcher Bias

Researcher bias may threaten the validity of qualitative research conclusions. All research team members bracketed their assumptions through recording their expectations before the interviews and via ongoing conversation throughout data analysis (Gearing, 2008). The primary researcher was a Black middle-class male doctoral counselor education student who conducted this study for his dissertation. His ethnicity and student status qualified him as an insider in relation to the participants (Tinker & Armstrong, 2008). His *a priori* assumption was that participants would be more inclined to trust White people who acknowledged present-day racial injustices. The research team included two doctoral counselor education students, a White female and a White male, who had each completed at least one doctoral-level qualitative research course. Both research team members believed Black students would trust White people who showed unconditional positive regard. A White male counselor educator with a record of published qualitative research served as the independent external auditor. The research team also utilized reflective journaling and consensus coding to manage and reduce researcher bias.

Participants

The purposive sample of participants was recruited from the lead researcher's informal network of doctoral counselor education students and faculty (who recommended possible participants). Selection criteria included being a Black doctoral counselor education student who had one or more trusted White mentors within the counseling profession. Each participant was given the definition of mentoring used by the primary researcher (Blackwell, 1989). A total of 10 doctoral students in counselor education expressed interest, met the criteria, and were interviewed for our study. This falls within the range of three to 10 participants recommended by Creswell (2014).

Five participants identified both a White professor(s) and a clinical supervisor(s) they trusted. Three identified at least one professor, and two identified at least one supervisor. See Table 1 for demographic information regarding the participants and the role of their mentor.

Table 1

Participant Demographic Information

Gender	Age Range	Ethnic Undergrad	Research Level PhD Program	Area/ Location Raised	Socio-Economic Status	Parents' Education	How Many Mentors	Position of Mentor
Male	20s	HBCU	2	Urban/ Northeast	Working Class	FGG	One for 3 years	Professor
Male	20s	PWI	1	City/ Southeast	Working Class	FGG	Five between 1–5 years	Professors/ Supervisors
Male	20s	PWI	3	Urban/ Midwest	Working Class	CGG	Two for 2 years	Professor/ Supervisor
Male	20s	PWI	1	Urban/ Midwest	Working Class	CGG	Two for 3–4 years	Professor/ Supervisor
Female	50s	HBCU	2	Suburban/ Mid-Atlantic	Middle Class	FGG	Two for 3 years One for 10+ years	Supervisors
Female	20s	PWI	2	Urban/ Mid-Atlantic	Middle Class	FGG	Three for 2–3 years	Supervisors
Female	30s	PWI	1	Suburban/ Southeast	Working Class	FGG	One for 8 years	Professor
Female	20s	PWI	2	Suburban/ Mid-Atlantic	Working Class	CGG	Three for 1–2 years	Supervisor/ Professor
Female	20s	PWI	2	Appalachian/ Midwest	Poor	FGG	One for 1 year	Professor
Female	30s	MSI	2	Suburban/ Southeast	Working Class	FGG	One for 10 years One for 1 year	Supervisor/ Professor

Note. CGG = Continuing Generation College Graduates   MSI = Minority-Serving Institution
    FGG = First Generation College Graduates   PWI = Predominately White Institution
    HBCU = Historically Black College/University

Procedure

Subsequent to receiving IRB exempt approval from the authors' college review board, the primary researcher sent an introduction letter explaining the study via email to counselor education faculty and doctoral students with whom he was familiar through professional networking. Once consent was obtained, the lead researcher sent the demographic questionnaire and the interview questions to participants 48 hours before their interviews in order to provide time to reflect about their experiences (James, 2014). The protocol was constructed by the authors based on pertinent literature related to trust and ethnic minority experiences and reviewed by a team of three counselor educators. The primary researcher then conducted semi-structured interviews focused on the participants' experiences of cross-racial trust. Interview questions included: (a) Can you please describe experiences in your past that enabled you to trust a White person as a mentor? (b) What did you experience within this cross-racial relationship(s) that enabled you to trust this White mentor? and (c) Can you share the differences between the Whites you chose to trust and those that you trusted less? Initial interviews ranged from 30 to 60 minutes and were conducted by the primary researcher either face-to-face or via a secure connection on Adobe.

A professional transcriptionist confidentially transcribed each interview. Each participant received a copy of the transcript for member checking (Creswell, 2014). The lead researcher also conducted a follow-up interview to allow participants to add or revise anything that was said in the initial inquiry. Eight of the 10 doctoral students participated in follow-up interviews, which lasted between 10 and 20 minutes. The two participants who declined stated they had nothing further to add.

Data Analysis

The research team employed Moustakas' (1994) data analysis process for each transcript, beginning with horizontalization, which included noting individual meaning units and holding them with equal importance. The team then engaged in reduction and elimination of meaning units based on redundancy, and also whether they were "necessary . . . for understanding the phenomena" (Moustakas, 1994, p. 120). The team members individually categorized remaining meaning units related to the phenomena and identified clusters and themes from the data. After independently analyzing transcripts, the research team met after the first two interviews to ensure fidelity in the coding process, and again after the eighth and 10th set of interview transcripts were coded. They came to a consensus regarding whether each code had sufficient support based on textural descriptions; then they created a final code book (Hays & Singh, 2012). The research team also engaged in a deviant case analysis to honor the diverse phenomena represented amongst participants. Next, the team utilized textural-structural descriptions from the transcripts to illustrate codes and themes identified in the data.

Trustworthiness refers to the accurate reflection of the participants' voices and perspectives (Given & Saumure, 2008). In this study, trustworthiness attributes included credibility, confirmability, transferability, and dependability (Lincoln & Guba, 1985). In an effort to secure trustworthiness, the research team utilized Moustakas' (1994) process of analysis, reflective journals, consensus coding, member checking, follow-up interviews, use of an external auditor, and providing thick descriptions of the research process and participants.

Results

The research team identified three superordinate themes from the data: reasons for trust, reasons for mistrust, and benefits of cross-racial mentoring.

Superordinate Theme One: Reasons for Trust

All 10 of the participants identified factors that fostered their willingness to engage in a cross-racial trusting relationship with White mentors, which provided the basis for this superordinate theme. We identified four themes from the participants' data: past experiences, trusting by proxy, personal attributes, and the necessity of White people.

Past experiences. Data from nine participants supported this theme and its two subthemes: experiencing positive relations with White people and experiencing rejection from Black people.

Experiencing positive relations with White people. Half of the participants shared experiences illustrating how White people had proven themselves to be trustworthy. For example, participants spoke of experiencing White people who married into the family or who were part of their experience being raised in a multiracial church, and of having White coaches and teachers who invested in them personally during key developmental stages in their life. The investment of time and emotional resources from these White people established a sense of safety and trust during their younger years. These relationships helped to provide the experiential and emotional base for the risk of cross-racial trust.

Experiencing rejection from Black people. Four participants shared negative past experiences with Black people, involving peers, professors, supervisors, or former employers, which led them to be hesitant to trust Black people—opening the door to choosing White people as possible mentors. One female participant shared that she had not felt welcomed by some Black women in the profession. A male participant spoke of being mocked in childhood for not being "Black enough" and his subsequent struggles: "It was actually heart-wrenching for me to recognize that I'm not comfortable being in a room full of Black people. . . . I was always worried about being, even in a professional setting, being outed as, 'Oh well, he's Black, but he's not really.'" All four participants exhibited reticence about sharing these experiences and the accompanying feelings of frustration, shame, and isolation.

Trusting by proxy. Half of the participants shared that they would consult with Black colleagues when discerning whether a White person may be trustworthy. These students trusted their Black peers, seeking their opinions concerning which White professors and clinical supervisors could be trusted. One shared the importance of having friends indicate, "You can trust this person…they get it."

Personal attributes. This refers to personal attributes or qualities of the participants themselves that enabled trust in White people. The two subthemes identified were being generally trusting and being courageous.

Being generally trusting. Five participants shared that they were generally trusting and therefore willing to give all people a chance. These students believed their generally trusting nature helped them be open to the possibility of a cross-racial trusting relationship.

Yet, not all participants described themselves as generally trusting. One doctoral student shared his cautious and guarded nature toward people regardless of race. He indicated that he chooses to observe people over time in order to discern whether they are trustworthy.

Being courageous. Two participants noted that courage is needed to engage in cross-racial trust. They were cognizant of the vulnerability that interracial trust entails for the protégé and spoke to the emotional resilience needed for a Black person to pursue and then persist in a Black–White mentoring relationship. All 10 participants spoke of the reality of racism in their lives and in their counselor

education programs. Therefore, Black students who attempt to develop a cross-racial trusting relationship are exposing themselves to the possibility of further injury and experiences of bigotry and marginalization.

Necessity of White people. Four participants shared their understanding from a young age that Black people would likely need relationships with White people if they were to succeed academically or professionally. White mentors can help serve as a guide to navigating predominately White systems. Therefore, achieving success as a Black person necessitated placing oneself in a precarious position. These students believed that one must have positive relationships with White people even though most White people are not trustworthy.

Superordinate Theme Two: Reasons for Mistrust

All 10 participants spoke about reasons they had for mistrusting White people. Four themes describe the various causes for Black mistrust of White people: receiving family messages, experiencing overt racism, experiencing tokenism, and experiencing dissonance.

Receiving family messages. Participants spoke of learning cross-racial mistrust through observation and receiving direct messages from family members. There were two subthemes under family messages: overt messages and White voice.

Overt messages. Half of participants shared that they heard messages since childhood from family members that White people are untrustworthy. One interviewee's parents told him he could not have White friends; other participants were explicitly told by family members that White people were not to be trusted. Yet, this was not true for all participants. One student recalled "I was constantly told 'you can have people around you, but just don't trust the White people that are around you' . . . [but] some Whites are trustworthy." Yet, as he grew older, his parents began to discuss the realities of racism and navigating life as a Black male.

White voice. Two participants shared implicit messages they witnessed while growing up, such as noticing that Black people would change their dictation and mannerisms when interacting with White people. One participant shared that "we used to just call it the White voice . . . around professional people who they weren't super comfortable with." As children, these participants observed their families codeswitching and understood implicitly that Black individuals cannot be themselves around White professionals.

Experiencing overt racism. Five participants described past racist experiences with neighbors, educators, and police that hindered their willingness to engage in cross-racial trust. Some students shared stories from childhood; others noted more recent occurrences. One male interviewee reported that he had been pulled over several times by White police officers as a teenager but only received one ticket, which he believed showed the lack of justification White police had for pulling him over. He also told the story of a police officer pulling a gun on him and his friends while he was in his car. All such experiences confirmed the explicit and implicit messages they received from their families concerning White people being untrustworthy.

Experiencing tokenism. Five participants stated that they were suspicious of White counseling professionals' motives for desiring a relationship. One female student stated she wonders if White people are trying to make up for a racial injustice they committed in their past, stating, "I definitely am a little hesitant to see what's your true motive."

Other participants questioned the motives of White people who want to build a professional relationship with Black people. One interviewee said he felt "commodified" by White counseling professionals. He reported feeling put in a box as "the Black male counselor" who works with trauma. Another participant felt used by a White professor who she believed wanted her participation to give validity to a presentation on a multicultural topic at a conference.

Experiencing dissonance. Several participants spoke about internal conflicts that stemmed from their experience in the predominately White field of counseling. Four subthemes emerged from this data: internalizing racism, feeling isolated, questioning one's perception, and considering White trust.

Internalizing racism. Two male participants shared distressing thoughts about their place in the counseling program, which stemmed from internalized racism. One participant shared that at times he did not feel equal to his White peers although objective measures demonstrated they were not superior to him intellectually or clinically. Although both Black male participants who shared these insecurities seemed poised and self-confident, they experienced self-doubts they attributed to internalized oppression.

Feeling isolated. Three participants shared that they felt isolated, either in their master's or doctoral programs. One participant noted, "I'm that one student who brings up race, and who brings up people of color, and anybody who's not White, and our issues in counseling, and none of my cohort does that." These participants expressed frustration with fellow students, including people of color, who were unwilling to share their experience in class.

Questioning one's perception. Two participants discussed periodically questioning their perceptions of racism, whether it actually occurred or if it was their own issue that they were imposing on White faculty and students in their department. One participant shared this process of questioning with two Black alumni from his program and was reassured "It's not just you. It's not in your head. You're not wiling out." He believed that this reflexive process of questioning one's perception is a burden that Black people often carry in White settings.

Considering White trust. Two participants believed it was important for trust to be mutual. One participant questioned whether White people would trust her as a Black person. These participants recognized that they could not trust White people who would not trust them.

Superordinate Theme Three: Benefits of Cross-Racial Mentoring

The final superordinate theme was voiced by nine participants and contained two themes: benefiting from networks of privilege and disconfirming over-generalizations of White individuals.

Benefiting from networks of privilege. Five participants noted that White mentors had helped them make professional connections or hoped that they would do so. They believed that White mentors have access to social networks that some Black faculty and supervisors do not and believed their White mentors could use their privilege and cultural capital on their behalf.

Disconfirming over-generalizations of White individuals. Finally, four participants shared that trusting their White mentor helped them to trust other White people. One participant shared, "It helps me as a Black woman not to make these gross over-generalizations about White people, about White men in academia, about White counselor educators." A few participants indicated the cross-

racial trust emboldened them to branch out into new areas professionally and personally as a result of being more willing to build relationships with White people of good will.

Discussion

To help diversify the counseling profession, scholars have noted the importance of mentoring students from underrepresented groups (Fleig-Palmer & Schoorman, 2011; Leck & Orser, 2013). Considering the disproportionately low representation of counselor educators and supervisors of color and the numerous benefits of mentoring (Chadiha et al., 2014; Chan et al., 2015; Hurd & Zimmerman, 2014), interracial mentoring provides a viable pathway to increasing access to this valuable resource and enhancing inclusion and diversity (Brooks & Steen, 2010; Patton, 2009). One significant hindrance to interracial mentoring relationships is cultural mistrust, which is a result of historical and present experiences of racism and marginalization (Johnson-Bailey & Cervero, 2004). This study addressed a gap in the literature regarding cross-racial trust by examining the experiences of Black doctoral counseling students who were successful in establishing trusting relationships with White mentors, providing a complementary perspective to the literature that details reasons for and costs of the mistrust of White people by Black people in counselor education.

Our results shed light on the perilous nature of interracial trust for these Black participants. Trust by its very nature entails vulnerability (Eller et al., 2014; Merriweather & Morgan, 2013). Furthermore, the misuse of power intrinsic in White racism makes interracial trust risky for Black students desiring mentors in predominately White institutions (D. L. McCoy et al., 2015). For example, despite the success that led them to their doctoral student status, the themes of internalizing racism and questioning one's perception speak to the added vulnerability involved in interracial trust. In Gildersleeve, Croom, and Vasquez's (2011) article, "Am I Going Crazy?!," the authors found that questioning one's perception of racism may be characteristic of the experience of many doctoral students from underrepresented ethnic groups. Given documented experiences of racism within counselor education (e.g., Baker & Moore, 2015; Henfield et al., 2013), the questioning of one's experience of marginalization is compounded within counseling programs, despite the profession's claims to have a multicultural and social justice emphasis. Unless we are ready to actively examine privilege and bias in our programs and enact effective, substantive, and systemic actions to address and remediate the embedded inequities, our profession's aspirational language will be revealed to be hollow and hypocritical.

Despite experiencing racism in their counseling programs, these participants did co-create successful and beneficial cross-racial relationships. Participants shared factors that encouraged them to engage in trusting relationships with White mentors. Having a generally trusting nature, and also prior positive experiences with White people, may be intuitive findings, but experiencing rejection from Black people as an impetus for interracial trust appears to be unique to this study. Participants also discussed White allies being needed for success, with systemic issues of racism hindering Black people from relying solely on resources from their own community both in counselor education and outside the profession.

Our findings also highlight the collectivist sensibilities that influenced participants' decisions to trust White people. Participants confirmed S. S. Smith's (2010) description of cultural mistrust being taught to Black children by their parents as a protective factor to equip these students to deal with the racism experienced both within counselor education and in society. Despite experiencing the veracity of these familial warnings, some students engaged in trust by proxy, itself a collectivist practice, in order to lessen the risk of interracial trust.

Scholars have proposed the need for cross-racial mentoring because of the lack of faculty of color (Brooks & Steen, 2010; Haizlip, 2012; Ortiz-Walters & Gibson, 2005). Yet, even when faculty and supervisors of color are present, some Black students may desire to connect with White faculty or supervisors. Although Patton (2009) found that Black women preferred faculty mentors who shared their race and gender, four participants of the current study, two males and two females, experienced rejection from Black people, which opened the possibility of a White mentor. Though some doctoral students and faculty can view this as a form of internalized racism, the narratives shared spoke more to a fear of being rejected by one's racial group. Although discouraging encounters with other Black people occurred in their past, participants spoke of negative experiences with Black supervisors or faculty within their counseling programs and clinical settings. Therefore, one should not assume that Black faculty or supervisors will be inevitably preferred as mentors by Black doctoral students and supervisees.

The themes of the necessity of White people and benefiting from networks of privilege captured participants' beliefs that cross-racial mentoring helps Black students advance academically and professionally. Borders et al. (2011) suggested that women and people of color may need several mentors to help them meet the unique challenges of their professional and psychosocial development in a context that is often White- and male-dominated. This study's participants were cognizant of the numerous benefits of mentoring (Bynum, 2015; Gaddis, 2012) and, more specifically, the particular benefits of having a White mentor (Ortiz-Walters & Gibson, 2005).

Implications for Counseling Training Programs

Racism continues to inform exploitive institutional and systemic norms, values, and policies ensuring that the privileged preserve their advantages (DiAngelo, 2018). While there has been a recent resurgence of more flagrant forms of racist expression in these tumultuous times, the insidious effects of less egregious forms of racial bias, such as blindness to or avoidance of the topic, are still prevalent (Oluo, 2018). In the academy, and in counselor education specifically, despite our aspirations to embody and enact cultural responsiveness and social justice, Black doctoral students continue to be subject to oppressive individual and institutional bias in terms of treatment, climate, and policies (ACA, 2014; Baker & Moore, 2015; CACREP, 2015; Henfield et al., 2013; S. Z. McCoy, 2018; Ratts et al., 2015).

One example or result of racism in graduate education is students of color having less access to the mentoring and social connections that positively impact educational and career opportunities (Rudolph, Castillo, Garcia, Martinez, & Navarro, 2015). An additional pernicious contributor to this inequity is the prevailing deficit narratives White faculty often hold about the abilities of students from non-dominant statuses (D. L. McCoy et al., 2015; S. Z. McCoy, 2018). Given the benefits of positive, trustworthy mentoring experiences and the disproportionately large representation of White counselor educators, cross-racial relationships hold promise if trust can be established (Baker & Moore, 2015; Cartwright et al., 2018; D. L. McCoy et al., 2015).

To generate conditions for more equitable and trusting mentoring relationships, our profession needs to vigorously promote the cultivation of cultural humility, signified by actions and attitudes reflecting respect, openness, genuineness, and curiosity (Davis et al., 2016; Hook, Davis, Owen, Worthington, & Utsey, 2013). This should be reflected in our standards for accreditation of training programs and licensure as counselors and supervisors. Specifically, White counselor educators and supervisors need to continuously examine and actively address their own, often implicit, racial biases (S. Z. McCoy, 2018). In addition, the existing oppressive climate in our profession, our preparation programs, and the society at large needs to be met with active social justice advocacy for, by, and with our students, protégés, and clients. These efforts will include addressing racism and microaggressions promulgated by people

and policies (ACA, 2014; Davis et al., 2016; Ratts et al., 2015). As has been noted, if we are not actively advocating for solutions, we are promoting the inequitable status quo.

In addition, we need to seek, invite, and include extraordinary strengths, wisdom, and capital possessed by students and clients of color in our programs and counseling and supervision sessions. Appreciation and incorporation of these assets would invite more reciprocal and culturally responsive relationships (Butler et al., 2013; Chadiha et al., 2014; Rudolph et al., 2015). Finally, specifically with mentoring relationships, being open to a more holistic relationship including important personal (e.g., experiences of oppression) and professional concerns is supported in the literature (e.g., Chan et al., 2015; Henfield et al., 2011). White mentors are invited to be proactive in seeking and cultivating relationships in which mutual learning is expected and discussion about racism and oppression is safe and welcome (Luedke, 2017; D. L. McCoy et al., 2015).

Transformational efforts should include encouraging and expecting culturally relevant pedagogy that fosters critical thinking and reflexivity, integrates cultural strengths as valued resources, and promotes proficiency for effecting social change (Gay, 2018; Motulsky, Gere, Saleem, & Trantham, 2014; Spanierman & Smith, 2017). For example, recognizing oppression at a structural level is associated with enhanced social justice commitment and less blaming of oppressed individuals and groups (L. A. Goodman, Wilson, Helms, Greenstein, & Medzhitova, 2018; L. Smith & Lau, 2013; Swartz, Limberg, & Gold, 2018). Also important is the creation of a program-wide *safe space* to foster frequent conversations regarding biases, microaggressions, positionality, benefits accrued from dominant statuses, and responsibilities to use privilege for community enhancement (in a culturally humble fashion), both at the individual and program levels (Davis et al., 2016; D. J. Goodman, 2011). Finally, service provided to the community in a collaborative fashion by both students and faculty has been shown to help build cultural responsiveness and advocacy skills (L. A. Goodman et al., 2018; Midgett & Doumas, 2016; Toporek & Worthington, 2014). The desired effect of the examples shared above is not only to increase cultural and social justice competence of individuals, but also to build a culturally responsive learning community in which reasons for mistrust are diminished, experiences of trust increase, and accessing beneficial mentoring can flourish.

Limitations

Despite efforts to conduct a rigorous study, the research team acknowledges our limitations within this phenomenological study. Researcher bias had the potential to influence our study at several stages. In an attempt to ameliorate bias, we followed several practices associated with enhancing trustworthiness such as keeping a reflective journal, using consensus coding, member checking, providing thick descriptions, and having an external auditor.

Social desirability was a potential limitation, as participants' answers to questions could have been influenced by what they felt would be more acceptable in either Black academic circles or the counseling profession. To address this, the primary researcher withheld probing questions when participants told narratives that were emotionally powerful and salient. That some of the participants informally knew the primary researcher (e.g., from conversations at professional conferences) might also have influenced what was shared.

Future Research

This study highlights several possibilities for further research on trust within the counseling profession. As noted, the counseling literature lacks empirical studies on trust, despite its importance for both the supervisory and therapeutic relationship. There is a dearth of instruments measuring

interpersonal trust in counseling. Creating such an instrument may be beneficial for a profession that is essentially relational.

Further inquiries into cross-racial mentoring may prove beneficial for our understanding of its benefits and perils, such as the effects of cross-racial mentoring on the racial identity development of both the mentee and the mentor. Future studies might also examine the perspectives of the White mentors involved in cross-racial relationships with students or supervisees. In addition, researchers could examine cross-racial mentoring relationships in which the mentor is Black and the mentee is White, examining the benefits and challenges experienced in these dyads. Investigations of interpersonal trust between dyads or groups comprised of marginalized and privileged people will be beneficial to the profession and those we serve. Finally, research is needed on the boundaries within the counseling profession. Most of the participants of this study believed that their relationship with their mentor needed to be more informal and less rigid (see Alvarez et al., 2009; Luedke, 2017). It may be beneficial to examine how much of one's perspective of professional boundaries is culturally conditioned.

Summary and Conclusion

In our study, 10 Black doctoral counseling students shared a range of experiences related to cross-racial trust with White mentors, along with their perspectives about succeeding in a profession that is predominately White. Their lived experiences entailed both racial stress and cross-racial support, cultural isolation within their departments, and empathic encouragement from their mentors. The research team identified three superordinate themes related to cross-racial trust in mentoring relationships: reasons for trust, reasons for mistrust, and benefits of cross-racial mentoring. We also identified several themes and subthemes that delineated the interpersonal and intrapersonal factors that helped generate cross-racial trust, despite participants' ubiquitous experiences of racism.

References

Adams, C., & van Manen, M. (2008). Phenomenology. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Vol. 2, pp. 614–619). Thousand Oaks, CA: SAGE.

Alvarez, A. N., Blume, A. W., Cervantes, J. M., & Thomas, L. R. (2009). Tapping the wisdom tradition: Essential elements to mentoring students of color. *Professional Psychology: Research and Practice*, *40*, 181–188. doi:10.1037/a0012256

American Counseling Association. (2014). *Code of ethics*. Retrieved from https://www.counseling.org/docs/default-source/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=fde89426_5

Baker, C. A., & Moore, J. L., III. (2015). Experiences of underrepresented doctoral students in counselor education. *Journal for Multicultural Education*, *9*, 68–84. doi:10.1108/JME-11-2014-0036

Bell, T. J., & Tracey, T. J. G. (2006). The relation of cultural mistrust and psychological health. *Journal of Multicultural Counseling and Development*, *34*, 2–14. doi:10.1002/j.2161-1912.2006.tb00022.x

Blackwell, J. E. (1989). Mentoring: An action strategy for increasing minority faculty. *Academe*, *75*(5), 8–14. doi:10.2307/40249734

Borders, L. D., Young, J. S., Wester, K. L., Murray, C. E., Villalba, J. A., Lewis, T. F., & Mobley, A. K. (2011). Mentoring promotion/tenure-seeking faculty: Principles of good practice within a counselor education program. *Counselor Education and Supervision*, 50, 171–188. doi:10.1002/j.1556-6978.2011.tb00118.x

Brooks, M., & Steen, S. (2010). "Brother where art thou?" African American male instructors' perceptions of the counselor education profession. *Journal of Multicultural Counseling and Development*, *38*(3), 142–153. doi:10.1002/j.2161-1912.2010.tb00122.x

Butler, S. K., Evans, M. P., Brooks, M., Williams, C. R., & Bailey, D. F. (2013). Mentoring African American men during their postsecondary and graduate school experiences: Implications for the counseling profession. *Journal of Counseling & Development*, *91*, 419–427. doi:10.1002/j.1556-6676.2013.00113.x

Bynum, Y. P. (2015). The power of informal mentoring. *Education*, *136*, 69–73.

Cartwright, A. D., Avent-Harris, J. R., Munsey, R. B., & Lloyd-Hazlett, J. (2018). Interview experiences and diversity concerns of counselor education faculty from underrepresented groups. *Counselor Education and Supervision*, *57*, 132–146. doi:10.1002/ceas.12098

Chadiha, L. A., Aranda, M. P., Biegel, D. E., & Chang, C.-W. (2014). The importance of mentoring faculty members of color in schools of social work. *Journal of Teaching in Social Work*, *34*, 351–362. doi:10.1080/08841233.2014.937891

Chan, A. W., Yeh, C. J., & Krumboltz, J. D. (2015). Mentoring ethnic minority counseling and clinical psychology students: A multicultural, ecological, and relational model. *Journal of Counseling Psychology*, *62*, 592–607. doi:10.1037/cou0000079

Chun, J. U., Litzky, B. E., Sosik, J. J., Bechtold, D. C., & Godshalk, V. M. (2010). Emotional intelligence and trust in formal mentoring programs. *Group & Organization Management*, *35*, 421–455. doi:10.1177/1059601110378293

Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards*. Retrieved from http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: SAGE.

Davis, D. E., DeBlaere, C., Brubaker, K., Owen, J., Jordan, T. A., II, Hook, J. N., & Van Tongeren, D. R. (2016). Microaggressions and perceptions of cultural humility in counseling. *Journal of Counseling & Development*, *94*, 483–493. doi:10.1002/jcad.12107

DiAngelo, R. (2018). *White fragility: Why it's so hard for White people to talk about racism*. Boston, MA: Beacon Press.

Eller, L. S., Lev, E. L., & Feurer, A. (2014). Key components of an effective mentoring relationship: A qualitative study. *Nurse Education Today*, *34*, 815–820. doi:10.1016/j.nedt.2013.07.020

Fleig-Palmer, M. M., & Schoorman, F. D. (2011). Trust as a moderator of the relationship between mentoring and knowledge transfer. *Journal of Leadership & Organizational Studies*, *18*, 334–343. doi:10.1177/1548051811408615

Gaddis, S. M. (2012). What's in a relationship? An examination of social capital, race and class in mentoring relationships. *Social Forces*, *90*, 1237–1269. doi:10.1093/sf/sos003

Gay, G. (2018). *Culturally responsive teaching: Theory, research, and practice* (3rd ed.). New York, NY: Teachers College Press.

Gearing, R. E. (2008). Bracketing. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Vol. 1, pp. 63–65). Thousand Oaks, CA: SAGE.

Gildersleeve, R. E., Croom, N. N., & Vasquez, P. L. (2011). "Am I going crazy?!": A critical race analysis of doctoral education. *Equity & Excellence in Education*, *44*, 93–114. doi:10.1080/10665684.2011.539472

Given, L. M., & Saumure, K. (2008). Trustworthiness. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (Vol. 2, pp. 895–896). Thousand Oaks, CA: SAGE.

Goodman, D. J. (2011). *Promoting diversity and social justice: Educating people from privileged groups* (2nd ed.). New York, NY: Routledge.

Goodman, L. A., Wilson, J. M., Helms, J. E., Greenstein, N., & Medzhitova, J. (2018). Becoming an advocate: Processes and outcomes of a relationship-centered advocacy training model. *The Counseling Psychologist*, *46*, 122–153. doi:10.1177/0011000018757168

Haizlip, B. N. (2012). Addressing the underrepresentation of African-Americans in counseling and psychology programs. *College Student Journal*, *46*, 214–222.

Haskins, N., Whitfield-Williams, M., Shillingford, M. A., Singh, A., Moxley, R., & Ofauni, C. (2013). The experiences of black master's counseling students: A phenomenological inquiry. *Counselor Education and Supervision*, *52*, 162–178. doi:10.1002/j.1556-6978.2013.00035.x

Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York, NY: Guilford.

Henfield, M. S., Owens, D., & Witherspoon, S. (2011). African American students in counselor education programs: Perceptions of their experiences. *Counselor Education and Supervision*, *50*, 226–242. doi:10.1002/j.1556-6978.2011.tb00121.x

Henfield, M. S., Woo, H., & Washington, A. (2013). A phenomenological investigation of African American counselor education students' challenging experiences. *Counselor Education and Supervision*, *52*, 122–136. doi:10.1002/j.1556-6978.2013.00033.x

Holcomb-McCoy, C., & Addison-Bradley, C. (2005). African American counselor educators' job satisfaction and perceptions of departmental racial climate. *Counselor Education and Supervision*, *45*, 2–15. doi:10.1002/j.1556-6978.2005.tb00126.x

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, *60*, 353–366. doi:10.1037/a0032595

Hurd, N. M., & Zimmerman, M. A. (2014). An analysis of natural mentoring relationship profiles and associations with mentees' mental health: Considering links via support from important others. *American Journal of Community Psychology*, *53*, 25–36. doi:10.1007/s10464-013-9598-y

James, N. (2014). Using email interviews in qualitative educational research: Creating space to think and time to talk. *International Journal of Qualitative Studies in Education*, *29*, 150–163. doi:10.1080/09518398.2015.1017848

Johnson-Bailey, J., & Cervero, R. M. (2004). Mentoring in black and white: The intricacies of cross-cultural mentoring. *Mentoring & Tutoring: Partnership in Learning*, *12*, 7–21. doi:10.1080/1361126042000183075

Leck, J., & Orser, B. (2013). Fostering trust in mentoring relationships: An exploratory study. *Equality, Diversity and Inclusion: An International Journal*, *32*, 410–425. doi:10.1108/EDI-01-2010-0007

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Newberry Park, CA: SAGE.

Luedke, C. L. (2017). Person first, student second: Staff and administrators of color supporting students of color authentically in higher education. *Journal of College Student Development*, *58*, 37–52. doi:10.1353/csd.2017.0002

McCoy, D. L., Winkle-Wagner, R., & Luedke, C. L. (2015). Colorblind mentoring? Exploring white faculty mentoring of students of color. *Journal of Diversity in Higher Education*, *8*, 225–242. doi:10.1037/a0038676

McCoy, S. Z. (2018). The intellectual war zone: An autoethnography of intellectual identity development despite oppressive institutional socialization. *Journal of Diversity in Higher Education*, *11*, 325–346. doi:10.1037/dhe0000062

Merriweather, L. R., & Morgan, A. J. (2013). Two cultures collide: Bridging the generation gap in a non-traditional mentorship. *Qualitative Report*, *18*(6), 1–16.

Midgett, A., & Doumas, D. M. (2016). Evaluation of service-learning-infused courses with refugee families. *Journal of Multicultural Counseling and Development*, *44*, 118–134. doi:10.1002/jmcd.12041

Motulsky, S. L., Gere, S. H., Saleem, R., & Trantham, S. M. (2014). Teaching social justice in counseling psychology. *The Counseling Psychologist*, *42*, 1058–1083. doi:10.1177/0011000014553855

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: SAGE.

Oluo, I. (2018). *So you want to talk about race.* New York, NY: Hachette Book Group.

Ortiz-Walters, R., & Gibson, L. L. (2005). Mentoring in academia: An examination of the experiences of protégés of color. *Journal of Vocational Behavior*, *67*, 459–475. doi:10.1016/j.jvb.2004.09.004

Patton, L. D. (2009). My sister's keeper: A qualitative examination of mentoring experiences among African American women in graduate and professional schools. *The Journal of Higher Education*, *80*, 510–537. doi:10.1080/00221546.2009.11779030

Rademaker, L. L., Duffy, J. O., Wetzler, E., & Zaikina-Montgomery, H. (2016). Chair perceptions of trust between mentor and mentee in online doctoral dissertation mentoring. *Online Learning*, *20*, 57–69. doi:10.24059/olj.v20i1.605

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice counseling competencies*. Retrieved from https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20

Rudolph, B. A., Castillo, C. P., Garcia, V. G., Martinez, A., & Navarro, F. (2015). Hispanic graduate students mentoring themes: Gender roles in a bicultural context. *Journal of Hispanic Higher Education*, *14*, 191–206. doi:10.1177/1538192714551368

Smith, L., & Lau, M. Y. (2013). Exploring the corollaries of students' social justice intentionality. *Education, Citizenship, and Social Justice*, *8*, 59–71. doi:10.1177/1746197912461327

Smith, S. S. (2010). Race and trust. *Annual Review of Sociology*, *36*, 453–475. doi:10.1146/annurev.soc.012809.102526

Spanierman, L. B., & Smith, L. (2017). Roles and responsibilities of White allies: Implications for research, teaching, and practice. *The Counseling Psychologist*, *45*, 606–617. doi:10.1177/0011000017717712

Swartz, M. R., Limberg, D., & Gold, J. (2018). How exemplar counselor advocates develop social justice interest: A qualitative investigation. *Counselor Education and Supervision*, *57*, 18–33. doi:10.1002/ceas.12091

Terrell, F., & Terrell, S. F. (1981). An inventory to measure cultural mistrust among Blacks. *The Western Journal of Black Studies*, *5*, 180–184.

Tinker, C., & Armstrong, N. (2008). From the outside looking in: How an awareness of difference can benefit the qualitative research process. *Qualitative Report*, *13*, 53–60.

Toporek, R. L., & Worthington, R. L. (2014). Integrating service learning and difficult dialogues pedagogy to advance social justice training. *The Counseling Psychologist*, *42*, 919–945. doi:10.1177/0011000014545090

Whaley, A. L. (2012). Psychiatric and demographic predictors of memory deficits in African Americans with schizophrenia: The moderating role of cultural mistrust. *Psychiatric Quarterly*, *83*, 113–126. doi:10.1007/s11126-011-9188-9

nbcc

Further Validation of the Consultation Skills Scale (CSS): Relationships Between Consultation Skills, Supervisory Working Alliance, and Interprofessional Collaboration

Gulsah Kemer, Jeffry Moe, Kaprea F. Johnson, Emily Goodman-Scott, Zahide Sunal, Chi Li

We conducted a confirmatory factor analysis (CFA) to obtain validity support for the Consultation Skills Scale (CSS) in a sample of 369 counseling professionals and interns. Upon obtaining a poor model fit from an initial CFA, we utilized modification indices and removed nine items from the CSS. As a result, we achieved a better model fit for the shorter 8-item instrument (CSS-S). To further examine validity of the CSS-S, we also explored the relationships between counselors' consultation skills and two related professional activities, ability to foster supervisory working alliance and ability to engage in interprofessional collaboration. We discuss the results along with the implications for further practice and research as well as limitations to the current study.

Keywords: consultation skills, confirmatory factor analysis, counseling professionals, supervisory working alliance, interprofessional collaboration

As an important component of counselors' scope of practice (Kurpius & Fuqua, 1993; Scott, Royal, & Kissinger, 2015), consultation is included in the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2015) standards, referenced in the American Counseling Association (ACA) *Code of Ethics* (2014), and supported as a best practice for helping counselors resolve ethical dilemmas (Sangganjanavanich & Lenz, 2012). Literature on consultation encompasses diverse professional perspectives, models, and theoretical frameworks (Brown, Pryzwansky, & Schulte, 2011; Goodman-Scott, 2015; Moe, Perera-Diltz, & Sepulveda, 2010). In an attempt to define consultation for professional counselors, Scott et al. (2015) proposed that consultation is a professional helping relationship in which a consultant seeks to foster growth and change to benefit the consultee, the consultee's clients, and the organizational context in which the consultee provides services. Both mental health and school counselors utilize consultation to enhance practice and support recognized standards of care. As a distinct mode of intervention, consultation is recognized as a key component of the *Multicultural and Social Justice Counseling Competencies* (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015), in which counselors are strongly encouraged to act outside of the counselor–client dyad to advocate for the competent provision of services to marginalized groups.

Consultation as a Distinct Area of Practice

In the consultation literature, scholars tend to conflate consultation with other related practices, such as supervision and interprofessional collaboration. The practice of consultation does overlap in some areas with both supervision and interprofessional collaboration, while differing in how the duty of care toward identified clients and students is shared between professional stakeholders.

Gulsah Kemer, NCC, is an assistant professor and graduate program director at Old Dominion University. Jeffry Moe, NCC, is an associate professor at Old Dominion University. Kaprea F. Johnson is an associate professor at Virginia Commonwealth University. Emily Goodman-Scott, NCC, is an associate professor and graduate program director at Old Dominion University. Zahide Sunal is a doctoral student at Old Dominion University. Chi Li, NCC, is an assistant professor at the University of Memphis. Correspondence can be addressed to Jeff Moe, ODU Counseling and Human Services, 2106 New Education Building, Norfolk, VA 23529, jmoe@odu.edu.

In supervision, the relationship rests on a *de facto* hierarchy in which supervisors take on ultimate responsibility for ensuring the standard of care is being met and utilize consultation as one of their supervisory roles (Bernard & Goodyear, 2018). In interprofessional collaboration, the duty of care is co-equal across the specific roles and functions of the collaborating care providers. In consultation, on the other hand, the duty of care rests with the primary provider, though consultants are obligated to act ethically within the consultation relationship. These general comparisons between consultation, supervision, and collaboration, however, are not rigid and the skill sets, responsibilities, and best practice guidelines governing a specific relationship between two professionals may share elements of each depending on context. Developing competency in each area appears to share a common theme, though counselors and other helping professionals should be intentional about practicing through the lens of a coherent, guiding framework when engaging in supervision, consultation, or interprofessional collaboration with other professionals and on behalf of the clients and students being served. Although recent scholarship on supervision and collaboration can be found supporting the efficacy of each intervention, recent scholarship on consultation in the professional counseling literature is largely conceptual and continues to lack robust empirical grounding. In our study, we addressed these gaps by obtaining further validation of a consultation skills instrument, the Consultation Skills Scale (CSS; Moe, Perera-Diltz, & Sparkman-Key, 2018).

The Need for Counseling-Specific Consultation Research

Given the commonality of peer consultation and collaboration across the various health care and allied fields (Newman & Ingraham, 2017), it is imperative to consider the research base on the apparent efficacy of consultation as an adjunctive practice. Research on consultation is similar to research on clinical supervision in counseling, with outcome-based research focusing on the effect consultation has on the consultee as opposed to clients or organizational contexts. The main evidence-based outcome of consultation appears to be improvement in treatment integrity or fidelity, with this effect being documented with consultees working with both youth (Brennan, Bradley, Allen, & Perry, 2008) and adults (Collier-Meek & Sanetti, 2014). The improvement of practitioners' treatment fidelity attributable to the effect of consultation has been documented in manualized, experimental research (Ruble et al., 2018), and with single-subject design research (Smith, Eichler, Norman, & Smith, 2015). As supervision is only mandated for counselors during distinct periods early in their training, Ruble et al. (2018) suggested that consultation as a mode of intervention is ideal for diffusing innovation and evidence-based practice throughout counselors' career development. For example, promising results have been generated in the critical area of child and adolescent behavioral and mental health consultation, in which consultants are viewed as enhancing the standard of care being provided by another primary therapist (Vuyk, Sprague-Jones, & Reed, 2016). The ability to diffuse affirmation of lesbian, gay, bisexual, transgender, and other gender- and sexuality-diverse people as the standard of care in mental health work also appears to be supported through consultation practice (Moe et al., 2018).

In a comprehensive meta-synthesis of qualitative studies sharing a focus on consultation processes, five cross-cutting themes were identified related to best practice in consultation implementation (Newman et al., 2017). The five themes were: (a) taking system-level factors into consideration; (b) providing consultation in a coherent and consistent manner; (c) creating space for consultee voice, social-emotional support, and learning; (d) striving for ecologically valid and culturally competent consultation practice; and (e) obtaining sufficient training to apply relational process skills before engaging in consultation (Newman et al., 2017). These themes are echoed within both classic and recent scholarship on consultation and underscore the need for training in consultation as a distinct intervention. What training is needed specifically, and how to assess training in consultation, is an overlooked area in the professional counseling and counselor education literature base. As an under-

researched area of scholarship (Guiney, Harris, Zusho, & Cancelli, 2014; Sangganjanavanich & Lenz, 2012), the dearth of counseling-specific consultation research may exist because of the lack of a valid measure specifically designed to assess counselors' consultation skills and proficiencies. Guiney et al. (2014) developed the Consultation Self-Efficacy Scale (CSES) to assess school psychologists' relative self-efficacy for implementing consultation. Presenting a complex framework, the CSES defined consultation self-efficacy as comprised of six interconnected domains that overlap substantially with common professional helping skills (e.g., communication ability, multicultural sensitivity). This conceptual foundation for the CSES is more aligned with the profession of school psychology as opposed to counseling, limiting our ability to use it for assessing counselors' general skills and proficiency in consultation.

Moe et al. (2018) developed the theory-based CSS, focusing on counselors' perceived knowledge of consultation models and frameworks and related consultation skills as a distinct practice modality akin to group counseling, clinical supervision, and crisis response (Brown et al., 2011). Rather than practicing consultation as an adjunct or supplement to their preferred mode of counseling, the CSS incorporated awareness of models, interventions, and dispositions identified in the literature base as distinguishing consultation from other modes of professional helping. The items for the CSS were created using a rational-empirical approach, with the aim of developing a construct that would assess respondents' awareness of consultation theory, process, and skills, and relative adherence to the idea that consultation is a distinct area of practice as opposed to an ad hoc one. In a study specifically examining counseling professionals' lesbian, gay, and bisexual counseling competence in relation to their consultation skills, Moe et al. established the initial construct validity for the CSS through an exploratory factor analysis (EFA). However, Moe et al. stated that the targeted sample and sample size in the study were limited, requiring further collection of validity evidence for the CSS.

Purpose of the Study

In our study, we aimed at further examining the validity and reliability properties of the CSS to advance our knowledge base regarding consultation skills and proficiency among counselors. Thus, our research questions were: (1) Is the unidimensional structure of the CSS confirmed with a cross-validation sample? (2) Does the CSS demonstrate different types of validity (i.e., convergent, divergent, concurrent, incremental)? and (3) Is the derived factor internally consistent and stable? We explored validity evidence for the CSS by testing the factorial structure through a confirmatory factor analysis (CFA). We also further tested validity evidence for the instrument by assessing the relationships between participants' scores on the CSS and two related constructs: supervisory working alliance and interprofessional collaboration. Finally, we explored the reliability properties of the CSS.

Methodology

Participants

Demographics for participant ($N = 369$) cultural background, gender identity, age, years of experience, counseling specialty, training in consultation, and highest degree earned are reported in Table 1. Only participants who completed all measures plus the demographic information were included in the present study.

Table 1

Self-Reported Participant Demographics (N = 369)

Gender Identity	Number	% Total
Male	101	27.4
Female	245	66.4
Choose Not to Respond	23	6.2
Cultural Heritage		
White, Non-Hispanic	298	81.0
Black/African American	9	2.4
Latinx/Hispanic	15	4.1
Asian/Asian American	10	2.7
Native American	4	1.1
Multiple Heritage	15	4.1
Other Background	5	1.4
Choose Not to Respond	12	3.2
Highest Earned Degree		
Bachelor's	80	22.0
Master's	265	72.0
EdS	11	2.5
Doctorate	13	3.5
Counseling Specialty		
School Counseling	41	11.1
Clinical Mental Health Counseling	219	59.3
Counselor Education	25	6.8
College Counseling	12	3.3
Addictions Counseling	7	2.0
Rehabilitation Counseling	47	12.7
Other	18	4.8
Training in Consultation[a]		
No Training	89	24.1
Required Course	181	49.0
Elective Course	54	14.7
CEUs	135	36.5
Supervised Practice	115	31.2

Age		
Range	24 to 79	
Mean	51.6	
SD	13.9	
Practice Experience		
Range	6 months to 48 years	
Mean	17.5	
SD	11.8	

[a]Training in consultation percentage not cumulative; participants could report more than one type of training.

Data Collection Procedure

We recruited participants via direct email and posting announcements to professional counselor-focused listservs such as CESNET and COUNSGRADS. We accessed emails through the purchase of a member email list from the American Mental Health Counselors Association, whose membership is comprised of self-identified mental health counselors, and the publicly available contact information for practicing school counselors in Virginia, as well as members of national and state school counselor professional associations. Because of the use of the web-based survey method for recruiting participants via the internet, we could not calculate a rate of response. Although we knew the total number of available emails in advance, the number of non-working emails and the presence of email firewalls prevented the assessment of how many potential respondents received the recruitment notice. Potential respondents were emailed five times over a period of three months. Of the people reached, 610 began the web-based survey but only 369 (60%) completed the study measures and demographic information to a sufficient extent for inclusion as a participant. We used this particular sampling method to identify practicing counselors affiliated with ACA and its divisions and branches. We aimed to generalize results of the current study to the ACA community, comprised of a diverse national and international group of practicing counselors and very similar groups. We also used an incentive raffle to encourage participation, and participants had the opportunity to win one of two $25 electronic gift cards.

Instruments

Demographic information form. The demographic information form was administered to obtain information about the participants' ethnicity, age, gender, educational background, years of counseling experience, specialty area, current position, consultation training, supervision training, and experiences of consultation and supervision.

CSS. Moe et al. (2018) developed the CSS to assess counselors' awareness of consultation theory and related consultation skills. In the CSS, Moe et al. aimed at differentiating consultation from other areas of practice, while keeping the focus applicable across counseling specialties. The CSS's specific focus on consultation practice supports the evaluation of training and practice in consultation as a distinct modality relative to other professional counseling practice domains. With a sample of 145 counseling professionals and interns, Moe et al. conducted an EFA on the 19-item CSS using a maximum likelihood extraction with direct oblimin rotation. In the preliminary analysis, the unrotated solution for the EFA revealed two factors; however, a single-factor structure with 17 items appeared as the most robust solution for the CSS. Indicating validity, the CSS was positively associated with counseling experience and sexual orientation competence, and the Cronbach's alpha coefficient for the total scale was reported as .97. The CSS utilizes a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). In the present study, the Cronbach's alpha coefficient for the 17-item CSS was .98.

Supervisory Working Alliance Inventory – Supervisor (SWAI-S). Participants' perceptions of being able to establish a working alliance in counselor supervision were assessed with the Supervisory Working Alliance Inventory – Supervisor Scale (SWAI-S; Efstation, Patton, & Kardash, 1990). The SWAI-S is a 23-item, 7-point Likert scale ranging from 1 (almost never) to 7 (almost always). Client Focus, Rapport, and Identification are the three domains that comprise the overall items on the SWAI-S. The Client Focus domain emphasizes the supervisor's contribution to the supervisee's perception of the client. Rapport stresses the supervisor's effort in the supervisory rapport-building process, and Identification draws attention to the supervisor's view of the supervisee's identification in the supervision process. Efstation et al. (1990) reported alpha coefficients for SWAI-S subscales as

.71 for Client Focus, .73 for Rapport, and .77 for Identification. In the current study, we found alpha coefficients for SWAI-S subscales as .98 for Client Focus, .99 for Rapport, and .99 for Identification. Convergent and divergent validity of the scales were established through intercorrelations with the Supervisory Styles Inventory (Efstation et al., 1990). For the purposes of the current study, participants were asked to indicate the extent to which SWAI-S items were characteristic of their work with trainees during their supervision.

Modified Index for Interdisciplinary Collaboration (MIIC). Participants' perceptions of collaboration on interdisciplinary teams were measured with the Modified Index for Interdisciplinary Collaboration (MIIC; Oliver, Wittenberg-Lyles, & Day, 2007). The MIIC is a 42-item self-report questionnaire with a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Including four subscales of Interdependence and Flexibility, Newly Created Professional Activities, Collective Ownership of Goals, and Reflection on Process, the MIIC's conceptual framework is based on the original instrument, the Index for Interdisciplinary Collaboration (IIC; Bronstein, 2002); therefore, it is expected to have the same face validity with the IIC (Oliver et al., 2007). The internal consistency estimate of the MIIC, calculated as Cronbach's alpha, was found to be .94 for the present study. The subscale internal consistency estimates were found to be .87 for Interdependence and Flexibility, .77 for Newly Created Professional Activities, .80 for Collective Ownership of Goals, and .79 for Reflection on Process (Oliver et al., 2007). For the purposes of our current study, participants were asked to specify their agreement on the MIIC statements with regards to their current primary work setting and organization.

Data Screening and Analyses

Confirmatory Factor Analysis (CFA). To examine the fit for the single-factor solution of the CSS in our sample, we utilized Mplus 6 to run a CFA. Prior to conducting the analysis, we initially examined the necessary assumptions for the CFA (i.e., multivariate normality; Kline, 2011). We observed 26 cases as multivariate outliers in our sample. Upon the examination of these cases' influence on our results with and without them, we decided to remove these outliers from the final analysis. To have a robust understanding of our CFA results, we observed multiple fit indices for the single-factor model from Moe et al.'s (2018) EFA (i.e., chi-square test, root mean square error of approximation [RMSEA], confirmatory fit index [CFI], and standardized root mean square residual [SRMSR]), as recommended by Lent, Lopez, Brown, and Gore (1996).

Other validity analyses. We also examined convergent, divergent, concurrent, and incremental validity psychometrics of the CSS. We first explored the correlations between the CSS and the subscales of the SWAI, namely Client Focus (CF), Rapport (R), and Identification (I), for the convergent validity—as they measured similar, but not identical concepts. To explore divergent validity, we checked the correlations between the CSS, the MIIC, gender (identifying as male), and ethnicity (identifying as European American)—as all measured different concepts. Next, concurrent validity of the CSS was investigated through the examination of mean differences between participants without consultation training, those with one to two consultation training experiences, and those with three or more consultation training experiences. Finally, we tested incremental validity of the CSS via a hierarchical regression analysis in which predictive ability of the CSS was examined to predict participants' MIIC scores beyond the variables of age, gender, and years of experience.

Reliability analyses. Finally, we examined Cronbach's alpha coefficient as well as split-half reliability properties of the CSS for internal reliability.

Results

CFA

In our sample, the CFA fit indices for the single-factor model yielded a poor model fit for single-factor solution. Specifically, although non-significance is desirable (Tabachnick & Fidell, 2013), we obtained a significant result for the chi-square test of model fit. This test is known as sensitive to sample size (Lent et al., 1996), and to account for this, we continued with examining other criteria for our model fit. We also obtained initial values for RMSEA (.12) and CFI (.90) outside the recommended criteria for fit (RMSEA < .06, CFI > .95; Hu & Bentler, 1999). The SRMSR was the only index meeting the recommended fit criteria (.04 < .08; Hu & Bentler, 1999). After this initial review, we followed Cole and Maxwell's (2003) recommendations on examining modification indices. As a result of conducting necessary modifications, we removed nine items from the CSS, and the CFA results revealed a better fit for an 8-item version of the instrument the authors called the Consultation Skills Scale-Short Form (CSS-S; $\chi^2(28) = 86.21$, $p = .00$, CFI = .98, RMSEA = .075, 90% CI [.06, .90], SRMSR = .02). See Table 2 for means, standard deviations, and factor loadings of the eight items.

Table 2

Means, Standard Deviations, and Factor Loadings of the Items of the CSS-Short Form

Item #	Item labels	M^a	SD	Factor Loadings
1	I know how to help consultees improve programming issues for work with identified clients.	4.31	1.63	.86
2	I know how to develop a consultation contract.	3.71	2.21	.83
3	I know how to apply established problem-solving models to address consultee concerns.	4.23	1.76	.89
4	I am familiar with systems consultation.	3.77	2.10	.87
5	I know how to operate as an external consultant.	3.97	2.05	.87
6	I know how to operate as an internal consultant.	4.16	1.85	.87
7	I know how to assess the culture and climate of consultee organizations.	3.97	1.92	.85
8	I can address theme interference effectively with consultees.	3.88	1.98	.85

[a] Means are based on a scale of 1 to 5.

Validity Analysis

We obtained initial evidence for the construct validity of the CSS-S through our CFA results. Convergent validity of the CSS-S was established through the obtained significant correlation coefficients between the CSS-S and SWAI-CF ($r = .50$), SWAI-R ($r = .46$), and SWAI-I ($r = .46$). Indicating divergent validity for the CSS-S, the correlation coefficients between the CSS and the MIIC, gender, and ethnicity were .34, .05, and -.03, respectively. The results of a one-way ANOVA indicated concurrent validity for the CSS-S with significant differences between the three groups of participants without consultation training, those with one to two consultation training experiences, and those with three or more consultation training experiences: [$F(2,368) = 28.27$, $p = .00$]. Participants with three or more

consultation training experiences reported significantly higher consultation practice proficiency perceptions (M = 38.39, SD = 6.40) when compared to participants without consultation training (M = 26.47, SD = 8.96) or with one to two consultation training experiences (M = 32.62, SD = 9.67). Finally, showing incremental validity, the CSS-S also explained an additional 7% of the variance in participants' MIIC scores (R^2 = .132, p = .000), above and beyond the independent variables in the first (i.e., age, gender, and years of experience; R^2 = .004, p > .05) and second (i.e., SWAI; R^2 = .058, p = .000) blocks.

Reliability Analyses

The reliability analyses results showed satisfactory support for the CSS-S. For the present study, Cronbach's alpha coefficient for the CSS was .96; no items appeared to reduce the reliability coefficient of the scale. We also examined the Spearman-Brown coefficient for the split-half reliability and obtained .96.

Discussion

In this study, we obtained strong results for the single-factor structure as well as validity and reliability properties for a shorter version of the CSS-S in a sample of counselors. Our results also revealed further validation for consultation as a distinct area of practice.

Psychometric Qualities of the CSS-S

CFA results revealed that the CSS-S is a psychometrically sound unidimensional instrument, measuring counselors' consultation skills as a distinct modality relative to other professional counseling practice domains. In the current sample, upon poor fit of the initial single-factor solution, we further utilized modification indices and eliminated items. As a result, different than the original 17-item instrument (Moe et al., 2018), we obtained a shorter version of the CSS with eight items indicating a good CFA solution fit.

We further obtained significant results for the CSS-S via convergent, divergent, concurrent, and incremental validity procedures. For convergent validity, we found that counselors' CSS-S scores were moderately related to the subscales of the SWAI (i.e., Client Focus, Rapport, and Identification). These relationships revealed that the CSS-S measured a similar but different competency area compared to the area of supervision. We also found that counselors' CSS-S scores were unrelated to gender or ethno-cultural identification and were weakly related to the MIIC, establishing divergent validity. In other words, counselors' consultation skills were distinctly different than their gender or ethno-cultural identification and separate from their interdisciplinary collaboration ability. Supporting concurrent validity, counselors' CSS-S scores got higher as they had more consultation training (i.e., three or more consultation training experiences vs. one to two or no consultation training experiences). Beyond other variables (i.e., years of experience and supervisory working alliance), counselors' consultation skills significantly contributed to their interdisciplinary collaboration ability, indicating incremental validity of the CSS-S.

Finally, we examined the reliability of the CSS-S by observing the internal consistency across the items. Both Cronbach's alpha and split-half reliability results were strong, demonstrating satisfactory results for the CSS-S. The CSS-S appears to possess useful validity and reliability characteristics for assessing counselors' perceptions of their own abilities to practice consultation and may help scholars develop more empirically grounded scholarship on consultation as a distinct mode of practice.

Consultation and Supervision as Related and Distinct Areas of Practice

In addition to validation of the CSS-S, our findings also point out other significant information. The domains of consultation and supervision have long been conceptually linked in the literature, primarily in terms of both serving as modalities for senior clinicians to provide support and mentorship to their colleagues (Truneckova, Viney, Maitland, & Seaborn, 2010). The consultation paradigm of consultee-based mental health consultation (Newman & Ingraham, 2017) shares similarities to clinical supervision in terms of a shared focus on promoting skill development in consultees or supervisees to work with an identified client population or presenting problem. In the Discrimination Model, consultation is presented as one of the roles of clinical supervisors while training professional counselors (Bernard & Goodyear, 2018). According to the Discrimination Model, supervisors' engagement in a consultative, collaborative relationship is seen as a hallmark of supervisee development, in which the supervisee is invited to contribute as a peer and fellow professional expert (Bernard & Goodyear, 2018). From their phenomenological study of the supervisory relationship between female supervisors and supervisees, Mangione, Mears, Vincent, and Hawes (2011) also reported that consultation emerged as an important theme when participants reflected on how to create a collaborative environment during the supervision process. Adopting the role of consultant may enhance the supervision process for counselors-in-training (Sangganjanavanich & Lenz, 2012). For example, Granello, Kindsvatter, Granello, Underfer-Babalis, and Moorhead (2008) identified peer consultation as an intervention for promoting perspective taking and overall cognitive development in supervisees. The relationships between the counselors' perceptions of their consultation skills and supervisory working alliance in the current study were indications of the complementary relationship between counseling professionals' consultation and supervision roles. Our findings appear to promote the understanding that although consultation skills and different dimensions of supervisory work are intertwined, they are also distinct concepts, and expertise in one modality does not necessarily ensure expertise in the other.

Limitations

The current study involved limitations that need to be reported. First, we specifically targeted counseling professionals in this study and did not include participants from other fields. Another group of counselors or participants from other fields (e.g., social work, nursing) may have yielded different results than the ones we obtained in this study. Second, we did not examine some of the specific demographic variables (e.g., specialty areas, position) within our data set. Those variables may have influenced the results of the current study. Lastly, despite being part of a master list of licensed counselors, self-selection of our participants in this study could indicate participants' interest in consultation as an area of practice. The authors may not have reached out to enough participants who lacked knowledge and experience of consultation, or had sufficient participants with experience as a supervisor to effectively complete the SWAI-S.

Implications for Future Research and Practice

Our results supporting the psychometric qualities of the CSS-S have both research and practical implications, many of which are connected to one another. The lack of a psychometrically sound measure of counselors' consultation skills has limited research on consultation efficacy in the counseling literature and the research base of other helping fields (Dougherty, 2013). Assessing counselors' perceptions of their consultation skills with the CSS-S can help to clarify and contribute to consultation efficacy research in counseling and counselor education. The small number of items on the CSS-S also offers researchers the convenience of a brief measure for participants to self-assess their consultation skills and can help clarify how this construct influences other areas of counseling practice. For example, the CSS-S may be used with participants from different specialty areas of counseling (e.g., school counseling, mental health counseling) and different professional development levels (e.g., counseling

interns, counselors working toward licensure, licensed counselors) to understand the participants' consultation skills perceptions and their potential needs. Researchers also could utilize the CSS-S to address the need for examinations of consultants' relative competence to practice consultation from a theory-based foundation. The CSS-S could address the gap between consultation training, practice, and research. Particularly, as counselors and counselor educators prepare to operate in a modern clinical environment, where behavioral and physical health care professionals are encouraged and expected to collaborate effectively, assessing counselors' consultation abilities could help support development of the skills necessary to operate within the integrated care paradigm. Similarly, because of the generic language of the instrument, researchers could establish the validity and reliability properties of the CSS-S with samples from other fields (e.g., social work, nursing). In these efforts, researchers also could compare professionals from different fields (e.g., counseling vs. nursing) to examine similarities and differences among the participants' consultation skills perceptions as well as other variables (e.g., consultation training and practice experiences), and explore the discipline-specific factors that may influence how consultation is practiced and when it is considered to be an effective intervention.

Researchers have identified the process nature of consultation as an impediment to establishing the efficacy of consultation (Erchul & Sheridan, 2014). Consultants' ability to practice consultation as a distinct helping intervention is both a process and outcome variable, and a valid measure of this construct can help to establish baseline levels of consultant ability or serve to identify when during the consultation relationship a consultant feels most capable. In tandem, counselor education programs could use the CSS-S as a baseline instrument to identify relative levels of familiarity with the consultation paradigm and tailor their consultation-related pedagogy to the needs and expectations of counselor trainees with different levels of consultation proficiency. Being able to assess consultation proficiency also can help to clarify when and what types of training are most effective. Questions related to where in the curriculum this domain should be introduced, what methods are optimal for ensuring retention and mastery, and what benchmarks exist for the development of consultation skills can be explored empirically with the measure presented in this study.

Conclusion

We presented the results of a psychometric investigation of the CSS-S, a derived measure assessing participants' perceptions of their skills to practice consultation as a distinct modality based on specific knowledge and skills. The preliminary findings demonstrate support for continued use of the CSS-S in research on consultation and support previous conceptual scholarship identifying consultation as complementary to but also distinct from clinical supervision and interprofessional collaboration. Training in consultation (i.e., coursework, supervised experience, postgraduate workshop attendance) appeared to increase participants' perceptions of consultation skills as measured with the CSS-S. Consultation is a distinct mode of counseling and behavioral health practice, and being able to assess consultants' perceptions of their own abilities is an important step in advancing the research base on consultation theory and how this domain can be employed to promote better outcomes for clients, students, and communities, not only in educational and clinical settings, but also in integrated health care settings.

References

American Counseling Association. (2014). *Code of ethics.* Alexandria, VA: Author.

Bernard, J. M., & Goodyear, R. K. (2018). *Fundamentals of clinical supervision* (6th ed.). Boston, MA: Pearson.

Brennan, E. M., Bradley, J. R., Allen, M. D., & Perry, D. F. (2008). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. *Early Education and Development*, *19*, 982–1022. doi:10.1080/10409280801975834

Bronstein, L. R. (2002). Index of interdisciplinary collaboration. *Social Work Research*, *26*, 113–123. doi:10.1093/swr/26.2.113

Brown, D., Pryzwansky, W. B., & Schulte, A. C. (2011). *Psychological consultation and collaboration: Introduction to theory and practice* (7th ed.). Boston, MA: Pearson.

Cole, D. A., & Maxwell, S. E. (2003). Testing mediational models with longitudinal data: Questions and tips in the use of structural equation modeling. *Journal of Abnormal Psychology*, *112*, 558–577. doi:10.1037/0021-843X.112.4.558

Collier-Meek, M. A., & Sanetti, L. M. H. (2014). Assessment of consultation and intervention implementation: A review of conjoint behavioral consultation studies. *Journal of Educational and Psychological Consultation*, *24*, 55–73. doi:10.1080/10474412.2014.870482

Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards*. Alexandria, VA: Author.

Dougherty, A. M. (2013). *Psychological consultation and collaboration in school and community settings* (6th ed.). Boston, MA: Cengage.

Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, *37*, 322–329. doi:10.1037/0022-0167.37.3.322

Erchul, W. P., & Sheridan, S. M. (Eds.) (2014). *Consultation and intervention in school psychology series. Handbook of research in school consultation* (2nd ed.). New York, NY: Routledge/Taylor & Francis Group.

Goodman-Scott, E. (2015). School counselors' perceptions of their academic preparedness and job activities. *Counselor Education and Supervision*, *54*, 57–67. doi:10.1002/j.1556-6978.2015.00070.x

Granello, D. H., Kindsvatter, A., Granello, P. F., Underfer-Babalis, J., & Moorhead, H. J. H. (2008). Multiple perspectives in supervision: Using a peer consultation model to enhance supervisor development. *Counselor Education and Supervision*, *48*, 32–47. doi:10.1002/j.1556-6978.2008.tb00060.x

Guiney, M. C., Harris, A., Zusho, A., & Cancelli, A. (2014). School psychologists' sense of self-efficacy for consultation. *Journal of Educational and Psychological Consultation*, *24*, 28–54. doi:10.1080/10474412.2014.870486

Hu, L.-T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, *6*, 1–55. doi:10.1080/10705519909540118

Kline, R. B. (2011). *Principles and practice of structural equation modeling* (3rd ed.). New York, NY: Guilford.

Kurpius, D. J., & Fuqua, D. R. (1993). Fundamental issues in defining consultation. *Journal of Counseling & Development*, *71*, 598–600. doi:10.1002/j.1556-6676.1993.tb02248.x

Lent, R. W., Lopez, F. G., Brown, S. D., & Gore, P. A. (1996). Latent structure of the sources of mathematics self-efficacy. *Journal of Vocational Behavior*, *49*(3), 292–308. doi:10.1006/jvbe.1996.0045

Mangione, L. L., Mears, G., Vincent, W., & Hawes, S. (2011). The supervisory relationship when women supervise women: An exploratory study of power, reflexivity, collaboration, and authenticity. *The Clinical Supervisor*, *30*, 141–171. doi:10.1080/07325223.2011.604272

Moe, J. L., Perera-Diltz, D., & Sepulveda, V. (2010). Are consultation and social justice advocacy similar? Exploring the perceptions of professional counselors and counseling students. *Journal for Social Action in Counseling and Psychology*, *2*(2), 106–123.

Moe, J., Perera-Diltz, D., & Sparkman-Key, N. (2018). Exploring the relationships among practitioners' consultation skills, competence to counsel lesbian, gay, and bisexual clients, and attitudes toward transgender people. *Journal of Gay & Lesbian Social Services*, 30, 374–392. doi:10.1080/10538720.2018.1516170

Newman, D. S., & Ingraham, C. L. (2017). Consultee-centered consultation: Contemporary perspectives and a framework for the future. *Journal of Educational and Psychological Consultation*, *27*, 1–12. doi:10.1080/10474412.2016.1175307

Newman, D. S., McKenney, E. L. W., Silva, A. E., Clare, M., Salmon, D., & Jackson, S. (2017). A qualitative metasynthesis of consultation process research: What we know and where to go. *Journal of Educational and Psychological Consultation*, *27*, 13–51. doi:10.1080/10474412.2015.1127164

Oliver, D. P., Wittenberg-Lyles, E. M., & Day, M. (2007). Measuring interdisciplinary perceptions of collaboration on hospice teams. *American Journal of Hospice and Palliative Medicine*, *24*, 49–53. doi:10.1177/1049909106295283

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice counseling competencies.* Alexandria, VA: Association for Multicultural Counseling & Development.

Ruble, L. A., McGrew, J. H., Toland, M., Dalrymple, N., Adams, M., & Snell-Rood, C. (2018). Randomized control trial of COMPASS for improving transition outcomes of students with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *48*, 3586–3595. doi:10.1007/s10803-018-3623-9

Sangganjanavanich, V. F., & Lenz, A. S. (2012). The experiential consultation training model. *Counselor Education and Supervision*, *51*, 296–307. doi:10.1002/j.1556-6978.2012.00022.x

Scott, D. A., Royal, C. W., & Kissinger, D. B. (2015). *Counselor as consultant*. Los Angeles, CA: SAGE.

Smith, J. D., Eichler, W. C., Norman, K. R., & Smith, S. R. (2015). The effectiveness of collaborative/therapeutic assessment for psychotherapy consultation: A pragmatic replicated single-case study. *Journal of Personality Assessment*, *97*, 261–270. doi:10.1080/00223891.2014.955917

Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics* (6th ed.). Boston, MA: Allyn and Bacon.

Truneckova, D., Viney, L. L., Maitland, H., & Seaborn, B. (2010). Personal construct peer consultation: Caring for the psychotherapists. *The Clinical Supervisor*, *29*, 128–148. doi:10.1080/07325223.2010.519248

Vuyk, M. A., Sprague-Jones, J. J., & Reed, C. (2016). Early childhood mental health consultation: An evaluation of effectiveness in a rural community. *Infant Mental Health Journal*, *37*, 66–79. doi:10.1002/imhj.21545

nbcc

A Child Abuse Reporting Framework for Early Career School Counselors

Malti Tuttle, Lacey Ricks, Margie Taylor

School counselors experience various emotions, such as anxiety, when in the role of mandated reporter of child abuse. This manuscript addresses how early career school counselors might experience distress because of the lack of established child abuse reporting procedures, fear of repercussions for the school counselor or student, and limited training in identifying types of abuse. Based on the previous literature, the authors discuss the imperative role early career school counselors have as mandated reporters and provide a framework to assist in the child abuse reporting process. The framework, specifically designed for school counselors, is collaborative in nature and emphasizes maintaining ethical and legal standards, obtaining continual professional development, and following best practices for mandated child abuse reporting.

Keywords: child abuse, mandated reporter, early career, school counselors, framework

School counselors often experience anxiousness regarding child abuse reporting (Lambie, 2005; Sikes, 2008). Early career school counselors in particular can experience this because of the lack of established reporting procedures (Lambie, 2005), fear of repercussions for the school counselor or student (Bryant & Milsom, 2005; Kenny, 2001), and limited training on identifying types of abuse (Alvarez, Kenny, Donohue, & Carpin, 2004; Kenny, 2001). Because of these factors, early career school counselors seek and request support to assist them with the child abuse reporting process and clarification on these procedures (Bryant & Baldwin, 2010; Ricks, Tuttle, Land, & Chibbaro, 2019). Therefore, we propose a child abuse reporting framework designed to assist early career school counselors, who are ethically and legally mandated to report child abuse, in the child abuse reporting process (American School Counselor Association, 2016; Sikes, Remley, & Hays, 2010). This manuscript is different from previous literature (e.g., Alvarez et al., 2004; Bryant & Milsom, 2005; Kenny, 2001; Lambie, 2005; Sikes, 2008) because it focuses specifically on the concerns and needs of early career school counselors, as well as expands on previous literature. For the purpose of this article, *child abuse* and *neglect* are defined by the Child Abuse Prevention and Treatment Act Reauthorization Act of 2010 (2010) as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm" (p. 6).

Child maltreatment can have lasting harmful effects on victims. *Maltreatment* includes "medical neglect, neglect or deprivation of necessities, physical abuse, psychological or emotional maltreatment, sexual abuse, and other forms included in state law" (U.S. Department of Health & Human Services [USDHHS], Administration for Children, Youth and Families, & Children's Bureau, 2019, p. 108). Minimum standards for what constitutes child abuse are defined by federal law and further stipulated under state law (ASCA, 2015; Stone, 2013). Laws and definitions of child abuse can vary across each state, and ASCA (2019b) provides information on Child Protective Services (CPS), laws, and statutes for different states. Furthermore, ASCA's (2015) position statement, *The School Counselor and Child Abuse and Neglect Prevention,* states: "It is the school counselor's legal, ethical and moral responsibility to report suspected cases of child abuse and neglect to the proper authorities" (p. 7).

Malti Tuttle is an assistant professor and School Counseling Program Coordinator at Auburn University. Lacey Ricks is an assistant professor at Liberty University. Margie Taylor is a visiting assistant professor at Auburn University. Correspondence can be addressed to Malti Tuttle, 2084 Haley Center, Auburn, AL 36849, mst0022@auburn.edu.

Mandated reporting is among the many responsibilities school counselors perform within the school setting. School counselors are required by the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 to report suspected cases of child abuse to the appropriate authorities. School counselors need to become familiar with federal guidelines, their state laws, and school policies regarding child abuse and mandated reporting laws and procedures. ASCA (2016) speaks to the role of the school counselor in child abuse reporting by stating that school counselors are ethically and legally responsible for reporting suspected cases of child abuse to appropriate agencies. These agencies include, but are not limited to, CPS, law enforcement agencies, attorneys, social workers, and case managers assigned to open cases (Bryant, 2009; Hinkelman & Bruno, 2008).

It is essential for school counselors to have knowledge and an understanding of the ethical standards and legal statutes that apply to child abuse reporting (Corey, Corey, & Callanan, 2011). Two sections from the *ASCA Ethical Standards for School Counselors* (2016) specifically address child abuse reporting. The "Serious and Foreseeable Harm to Self and Others" (A.9.) section speaks to ensuring the welfare and safety of students by making appropriate reports to CPS, parents and guardians, and agencies and authorities regarding the abuse. The "Bullying, Harassment and Child Abuse" section (A.11.) highlights the ethical mandates school counselors must follow when reporting suspected child abuse (ASCA, 2016).

Froeschle and Crews (2010) echoed the vital role ethics and legalities play as well as the challenges presented in working with students. Because school counselors serve as an integral part of protecting the health and well-being of children by performing in the role of responsible mandated reporters, it is imperative that school counselors recognize the importance of maintaining student welfare when making decisions pertaining to suspected child abuse. Research regarding school counselors' ethical and legal competency is limited; however, it has been noted that knowledge of ethical and legal parameters around child abuse reporting has increased in coursework and trainings (Lambie, Ieva, & Mullen, 2013). This necessitates the call for school counselors to have additional knowledge and training in detecting signs and symptoms of abuse and a general understanding of how to report child abuse.

Although the ethical and legal responsibilities of school counselors in the role of reporting child abuse and maltreatment has been recognized (Kenny & Abreu, 2016), counselors might not have received adequate training in identifying and reporting child abuse. Therefore, the authors of this article further recognized the dutiful call to provide a framework for early career school counselors to assist with the process of reporting child abuse. The purpose of this manuscript is to develop an effective mandated reporting framework for school counselors. The development of the framework within this manuscript was guided by the *ASCA Ethical Standards for School Counselors* (2016), recommendations by early career school counselors (Ricks et al., 2019), previous literature and research studies (Bryant & Baldwin, 2010; Lambie, 2005; Sikes, 2008), and current mandated reporter procedures (Hogelin, 2013). However, it is imperative to acknowledge that within any such framework, state and school policy must be followed and considered.

Child Abuse Trends

Mandated reporting is increasingly needed because of the extent of child abuse and neglect in the United States. In 2015, CPS agencies received approximately 4.1 million referrals for potential child abuse or neglect, which involved roughly 7.5 million children (USDHSS et al., 2019). Gullatt (1999) published a manuscript that reported the number of abused children to be astonishing. Despite decades passing since the 1990s, the number of children abused today is still considered shocking. In

2017 it was reported that 674,000 children were victims of abuse and neglect (USDHHS et al., 2019). The number of children abused increased by 2.7% from 2013 to 2017, and it is estimated that 1,720 children died from abuse and neglect in 2017, a rate of 2.32 per 100,000 children (USDHSS et al., 2019). These staggering statistics attest to the need for school counselors to become more educated and confident in reporting child abuse.

"Abuse is encountered in all socioeconomic groups, races, and religions" (Lambie, 2005, p. 250). The racial distribution for all children within the United States who experience abuse is 50.7% Caucasian, 13.7% African American, and 25.2% Hispanic (USDHHS et al., 2019). The percentages of victims are similar for both boys (48.6%) and girls (51.0%; USDHHS et al, 2019); however, rates of abuse seem to vary by socioeconomic status. According to Sedlak et al. (2010), children from households of low socioeconomic status experience some type of maltreatment at a rate more than five times higher than other children; they also were more than three times as likely to experience abuse and about seven times more likely to experience neglect. Bias has been suggested as a cause of differentiation in demographics of reported child abuse cases. When looking at school counseling reporting trends, a recent study specifically examining school counselors' decisions found school counselors were not statistically more likely to report students based on race but were more likely to suspect abuse when students were from a middle or lower socioeconomic class (Tillman et al., 2015). However, research data suggest that the variation in the overrepresentation of low-income children is driven by the presence of increased risk factors among this population (Jonson-Reid, Drake, & Kohl, 2009).

Despite the increased need for school counselors to be proficiently trained in mandated reporting, many school counselors experience challenges with the reporting process. School counselors are frontline workers who develop trusting relationships with children, which in turn leaves school counselors with a much higher reporting rate than other professionals within the school (Bryant, 2009). A study by Bryant and Milsom (2005) found the second most reported legal issue experienced by school counselors was whether to report alleged sexual abuse. However, there are some laws that no longer give school counselors the choice. Furthermore, according to Davis (1995) and Sikes (2008), the reporting of child and sexual abuse cases are the second highest reasons for school counselors to attend court. The increase in reports of child abuse, legal issues experienced by school counselors, and the frequency of court appearances by school counselors also are valid reasons for developing a better, more effective, and easily understood framework for mandated reporting.

Challenges in Reporting Child Abuse

Reporting child abuse and neglect can often be a challenging and stressful experience for school counselors. This might be due to difficulty in collaborating with reporting agencies; the lack of training in child abuse symptomology (Alvarez et al., 2004; Kenny, 2001); unclear guidelines for reporting child abuse (Lambie, 2005), including what defines reasonable suspicion to report (Levi & Brown, 2005); and the fear of repercussions from parents and school officials (Bryant & Milsom, 2005; Kenny, 2001). A recent research study (Ricks et al., 2019) identified challenges faced by early career school counselors, which provided the impetus to further consult the literature to seek what circumstances led to these challenges and how to mitigate potential barriers to reporting child abuse. Each of these challenges are discussed in further detail.

Collaboration with reporting agencies. A review of literature on school counselors' relationships with reporting agencies found that the relationships are disconnected and misunderstood (Bryant & Baldwin, 2010). A study conducted by Sikes et al. (2010) indicated most school counselors had negative experiences when making reports to reporting agencies. Participants in the study reported

high levels of anxiety because of the concern that the report would not be investigated. Consistent with findings from the research study conducted by Ricks et al. (2019), Bryant and Baldwin (2010) found that school counselors experience frustration and irritation when the school counselor's report did not result in an investigation from CPS. Furthermore, a study conducted by Behun, Cerrito, Delmonico, and Kolbert (2019) found that school counselors chose not to report suspected child abuse because of the belief CPS would not intervene effectively.

Furthermore, school counselors experience concern when CPS does not provide follow-up information regarding the report of alleged abuse. A study conducted by Bryant (2009) found school counselors reported 77% of alleged cases of child abuse to CPS, and only 66% of those cases were investigated by CPS. Some school counselors believe they are entitled to information about the ongoing investigation of the report made; however, because of confidentiality, CPS is not legally obligated to provide school counselors with detailed information about an ongoing investigation (Child Welfare Information Gateway, 2003; Minnesota Department of Human Services, 2016). After the initial assessment, the CPS caseworker will determine the disposition of the reported case based on state laws, agency guidelines, and gathered information (Child Welfare Information Gateway, 2003).

According to the Child Welfare Information Gateway (2003), CPS agencies use different terminology for this decision. Most states use a two-tiered system of substantiated–unsubstantiated or founded–unfounded. Some states use a three-tiered system of substantiated, indicated, or unsubstantiated. The *indicated* classification means evidence of abuse has been found, but not enough to substantiate the case. A school counselor can be provided information on whether the case was indicated or not indicated by CPS (Minnesota Department of Human Services, 2016; Washington State Department of Social & Health Services, 2018).

To resolve this issue, further education and collaboration with CPS and other agencies can aid school counselors' understanding of policies, leading to less frustration for school counselors. Bryant (2009) recommended CPS provide additional training for school counselors on mandated reporting and recognition of child abuse. This training conducted by CPS with schools can improve the working relationship between CPS and school counselors.

Likewise, Hinkelman and Bruno (2008) recommended attorneys, CPS, and mental health professionals gather to discuss child abuse through in-service trainings. During such time, school administrators can review their written policies to be certain they correspond with state laws, ensuring the reporting process is both ethical and legal for school counselors. This practice would mitigate challenges to communication, consultation, and collaboration between school counselors and reporting agencies, which would be helpful.

School counselors' knowledge of child abuse symptomology. Previous research studies indicated the most significant hindrance to reporting child abuse is the lack of knowledge in recognizing signs of child maltreatment (Kenny & Abreu, 2016). A study conducted by Bryant (2009) evaluated school counselors' perceived ability to recognize different types of child abuse. Generally, most school counselors felt confident in their knowledge to recognize physical abuse; however, fewer counselors reported certainty in identifying sexual as well as emotional abuse (Bryant, 2009; Bryant & Baldwin, 2010; Bryant & Milsom, 2005; Kenny & Abreu, 2016).

More experienced counselors believe themselves to be competent in recognizing and reporting child abuse, while beginning school counselors with less experience perceive themselves to be less

knowledgeable and in need of additional training (Tillman et al., 2015). Bryant and Baldwin (2010) also found most experienced school counselors reported more confidence in recognizing signs of physical abuse in children. Certain physical and behavioral concerns in children can serve as indicators of physical abuse (Mayo Clinic, 2015; Sikes, 2008). Behavioral changes can include isolation, change in school performance, depressed affect, sudden weight loss or gain, or inability to control emotions (Lambie, 2005; Mayo Clinic, 2015; Minnesota Department of Human Services, 2016; Sikes, 2008). School counselors spend a significant amount of time with children and can be alert to the changes in behavior of a student, or teachers can notify the school counselor of their concerns for a child (Brown, Brack, & Mullis, 2008).

Conversely, certain forms of abuse, such as sexual and emotional abuse, are not as easily recognized by school counselors (Bryant & Baldwin, 2010). *Emotional abuse* can be defined as the continuous use of abusive language that hurts the child's self-esteem or well-being (Mayo Clinic, 2015). Emotional abuse includes verbal and emotional assault, and isolating, ignoring, or rejecting a child (Mayo Clinic, 2015). Lack of empathy, warmth, and understanding also are associated with emotional abuse (McEachern, Aluede, & Kenny, 2008). A study conducted by Bryant and Milsom (2005) stated three-quarters of school counselors in the study felt sure of their ability to identify child physical abuse, but less so in their ability to recognize sexual and emotional abuse. The difficulty in determining emotional abuse can lead to school counselors feeling less qualified to make a report of suspected child abuse (Valkyrie, Creamer, & Vaughn, 2008).

Further training and education on the signs and symptoms of different types of abuse are necessary for school counselors to feel more confident in making a report of suspected child abuse (Herlihy & Corey, 2015). Awareness and instruction on the symptomology of the various forms of child abuse can increase early reporting from school counselors, resulting in improved chances of children recovering from the negative effects of child abuse (Valkyrie et al., 2008).

Unclear guidelines for reporting child abuse. Although school counselors are in the role to report suspected child abuse, many still struggle to determine if a report is warranted. School counselors have voiced the issue of needing evidence to make a report of child abuse (Valkyrie et al., 2008). Past studies indicated school counselors felt more comfortable reporting abuse when they had solid evidence the abuse occurred and were more likely to hesitate to report if less evidence was present in the case (Bryant & Milsom, 2005; Tillman et al., 2015). Moreover, a study conducted by Bryant (2009) indicated that the lack of evidence was the main reason school counselors decided not to report the suspicion of abuse.

Despite these findings, it is important that school counselors recognize that it is not their responsibility to investigate the case or determine the truth of the allegation of abuse. In fact, it is not in the best interest of the child for school counselors to investigate the alleged abuse because they do not have the proper resources and it could lead to further issues for the child (Hinkelman & Bruno, 2008; Lambie, 2005; Miller, Dove, & Miller, 2007). The school counselor's responsibility is to follow legal and ethical obligations as a mandated reporter (ASCA, 2016) by reporting all suspected child abuse. It is important for school counselors to be aware of their state laws because it can be a felony if child abuse is not reported (Child Welfare Information Gateway, 2019).

Additional education on the school counselor's role in reporting child abuse could elevate their understanding of their role in mandated reporting. Being aware that the law does not require school counselors to investigate cases and that they will not be held liable if a report is false (Hinkelman & Bruno, 2008) may increase the reports made by school counselors. It is important for school

counselors to report suspected child abuse to the appropriate agencies and authorities by following state laws and school district protocol to ensure the safety of all children.

Fear of Repercussions. Numerous studies have suggested school counselors fear the repercussions that can result from reporting suspected child abuse (Bryant, 2009; Bryant & Baldwin, 2010; Bryant & Milsom, 2005; Sikes et al., 2010). These repercussions may originate from school administration, colleagues (Bell & Singh, 2017; Kenny, 2001; Sikes et al., 2010), or the family of the student (Bryant & Baldwin, 2010; Kenny, 2001; Valkyrie et al., 2008), or impact the relationship with the student (Alvarez et al., 2004; Bryant & Baldwin, 2010; Sikes et al., 2010). Moreover, school counselors may be afraid the family of the child will file a lawsuit against the school and the counselor for making a report of suspected child abuse (Valkyrie et al., 2008). Conversely, a study conducted by Kenny, Abreu, Helpingstine, Lopez, and Mathews (2018) found that all 50 states give immunity to professionals who report alleged child abuse. The purpose of the immunity is to encourage professionals to report suspected abuse, knowing they do not have to fear the repercussions of disgruntled family members (Kenny et al., 2018). Further exposure to the law of mandated reporting can in fact reduce the anxiety of reporting and encourage more reporting of alleged abuse.

Additional education on mandated reporting and a specific plan for mandated reporting can help to alleviate the fears school counselors have when reporting abuse. If the school policy includes a specific model for mandated reporting, then school counselors may be less likely to fear repercussions and follow appropriate guidelines (Committee for Children, 2014; Oloumi-Johnson, 2016; Sinanan, 2011). If faced with disgruntled parents, school counselors can refer to their school policy within the mandated reporting model to verify to the concerned individual that school policy and procedures were followed.

Challenges of the Early Career School Counselor

Early career school counselors are often faced with tremendous challenges as they enter their new work environment. These challenges include differing expectations from site to site and district to district (Hatch, 2008). Although school counselors are designated as mandated reporters, many may struggle with identifying different types of abuse, understanding reporting procedures, and understanding their district and state policies (Bryant, 2009; Ricks et al., 2019). New school counselors may be especially vulnerable to challenges because they are still defining their roles within their new school system and learning what the expectations are for their site. Past research also has shown that school counselors' understanding of child abuse reporting is related to past professional experiences (Bryant, 2009), and early career school counselors can be deficient in this knowledge. Additional training in child abuse reporting is needed to help school counselors become more proficient and knowledgeable in these procedures (Tillman et al., 2015). Currently, there is a lack of research and resources for early career school counselors on child abuse reporting. This proposed framework aims to aid early career school counselors in developing their understanding of child abuse reporting procedures and expectations.

Framework Foundation

The purpose of this article is to develop an effective mandated reporting framework for school counselors based on the *ASCA Ethical Standards for School Counselors* (2016), the research from Ricks et al. (2019), and previous literature reviews and research studies. Even though previous recommendations for collaboration have been made, we recognized the need for school counselors to have a specific framework for reporting child abuse that is collaborative and specific to school counseling.

Ricks et al. (2019) examined the experiences of child abuse reporting by early career school counselors (0 to 5 years of experience as a school counselor) in the Southeastern United States. Early career school counselors were targeted because they can be confused and frustrated regarding their roles within the school as mandated reporters (Slaten, Scalise, Gutting, & Baskin, 2013). Participants responded to a survey allowing them to share their experiences and suggestions regarding child abuse reporting using two open-ended questions (Ricks et al., 2019). The two open-ended questions asked: (1) *What types of additional training do you need regarding child abuse reporting?* and (2) *What challenges did you or are you facing as a new SC (0–5 years) regarding mandated reporting?* (Ricks et al., 2019). Findings revealed the need for help identifying types and signs of abuse; staff and faculty training; information on reporting procedures; and additional mandated report training. Additionally, the findings found challenges with mandated reporting including fear of repercussions, agency concern and collaboration, reporting policies, identifying types of abuse, and school counselor responsibilities. The responses to the open-ended questions informed the direction and development of this framework to assist early career school counselors as they navigate the child abuse reporting process.

Child Abuse Reporting Framework for Early Career School Counselors

The purpose of this framework is to provide steps for early career school counselors to ensure their school counseling program is following best practices in mandated reporting. The steps are designed based on the recommendations by the participants in the study by Ricks et al. (2019) to provide clarity in the informed decision-making process when child abuse is suspected. School counselors should adhere to all the steps identified to ensure they are knowledgeable of current research and best practices on child abuse reporting. This information is considered vital for reviewing mandated reporter guidelines and identifying resources to assist students. Additionally, early career school counselors are encouraged to continuously review guidelines and procedures to ensure execution of streamlined services; however, keeping resources is not enough. School counselors should continually update their collected information by participating in ongoing professional development to ensure they remain abreast of changes in laws, policies, agencies, and personnel.

The authors recognize that reporting child abuse is a collaborative effort within the school setting, which includes faculty, administrators, school counselors, and other mandated reporters. Therefore, a collaborative approach was deemed appropriate, especially when seeking support and understanding the gravity of reporting child abuse to the appropriate agencies and authorities. A collaborative approach is substantiated based on previous literature by Gullatt (1999), Bell and Singh (2017), and Ricks et al. (2019). Gullatt called for a collaborative approach to child abuse reporting and recommended school principals be aware and know how to identify child abuse as well as the laws for reporting.

Eight steps have been outlined in the Child Abuse Reporting Framework for Early Career School Counselors to guide early career school counselors in their role as mandated reporters: (1) become familiar with and follow state laws and district/school child abuse reporting policies, (2) become familiar with and follow the ASCA ethical standards, (3) obtain training to identify and recognize signs of child abuse, (4) identify stakeholders, (5) build collaborative partnerships, (6) provide school-based training, (7) report child abuse, and (8) perform post-reporting procedures. Each of these steps includes recommendations and considerations to assist in increasing self-efficacy for early career school counselors in the child abuse reporting process.

Step I: Become Familiar With and Follow State Laws and District/School Child Abuse Reporting Policies

State laws define the role of community members, helpers, and school officials as mandated reporters. Therefore, it is in the best interest of early career school counselors to review the laws on mandated reporting within their state of employment to understand what is expected for mandated reporters, the timeframe to report, and contact information. Knowledge and awareness of state laws is particularly imperative because state requirements to report child abuse vary for each state (Hogelin, 2013; Lambie, 2005). Not only do state laws differ, but schools within the same district can vary in their child abuse reporting policies. Early career school counselors must make familiarizing themselves with state laws and district/school child abuse reporting policies a priority. This should be done during the pre-planning period and first days on the job in order to be knowledgeable and aware of what the laws and policies state. Areas in particular to be aware of include who is to be contacted when knowledge of suspected child abuse has been identified; who officially makes the report; what the procedures are; how to make a report (e.g., electronically, phone call, in person, website); where and how to file documentation of the report; and who to inform once the report has been made.

Some schools and states require everyone who has knowledge of suspected child abuse to file a report. This would include school counselors, administrators, teachers, and school personnel. In some school districts, a designated school official is the individual to make the report. This generally is the school counselor. Therefore, it is incumbent on early career school counselors to be aware of what their role is and how it meets the legal and ethical requirements. School counselors should be aware that if the school has designated only a specific individual to file a report, this may go against the law and possibly jeopardize the school counselor's licensure and certification. Therefore, it is important that all stakeholders in the school setting be aware of their respective state's laws.

Step II: Become Familiar With and Follow the 2016 ASCA Ethical Standards

ASCA ethical standards A.9. and A.11. highlight the responsibilities school counselors have in reporting child abuse (ASCA, 2016). Early career school counselors have received training in their master's programs regarding ethics; however, it is especially imperative to review the ethical standards pertaining to child abuse reporting on a regular basis. This will aid in maintaining ethical dispositions at the forefront, while leveraging the ASCA ethical decision-making process as a guide (ASCA, 2016). Additionally, the ASCA ethical standards can be used as a tool to advocate for school counseling services in reporting child abuse. This is especially useful in circumstances when there might be role confusion by administrators, school personnel, authorities, and agencies. By referencing the ethical standards, school counselors can advocate for their role in reporting child abuse and working to keep students safe.

Step III. Obtain Training to Identify and Recognize Signs of Child Abuse

It is recommended that educators consistently receive training to identify and recognize signs of child abuse (Hogelin, 2013). Kenny and Abreu (2016) recommended counselors seek continued education on child abuse reporting by attending workshops that will help them remain abreast of the changes to reporting laws and requirements. Therefore, school counselors should advocate to receive opportunities to attend professional development conferences and trainings by the district and/or local agencies (Hogelin, 2013). Advocacy is considered an integral component of the ASCA National Model (ASCA, 2012; 2019a). Although regular training is recommended, it is not guaranteed this practice occurs across states and school districts. Furthermore, it would be beneficial for early career school counselors to seek and participate in professional development because of varying types of training they have or have not received on identifying and reporting child abuse during their master's-level school counseling programs.

Laws, protocols, procedures, and staff are continuously changing; therefore, early career school counselors should remain cognizant and aware of these changes. In order for knowledge to remain relevant, school counselors should engage in continued professional development on recognizing child abuse indicators and child abuse reporting. This practice allows the school counselor to remain informed while increasing their self-efficacy in reporting suspected child abuse. Additionally, each year school counselors must continue to update administration and school personnel on procedures and protocol for identifying and reporting child abuse.

Step IV. Identify Stakeholders

School counselors who seek to strengthen partnerships with administrators (e.g., principals and assistant principals) are in a position to initiate discussion on child abuse reporting procedures and protocols to ensure an understanding of the role of the school counselor as a mandated reporter. Particularly building a partnership with principals is vital to identify the key role school counselors play in the school setting. A study conducted by Bringman, Mueller, and Lee (2010) shed light on the perception principals have on the role of the school counselor. This research indicated that principals have not received prior education on the role of the school counselor; therefore, it would be beneficial to discuss the role of the school counselor with administration. This step is deemed significant because school counselors generally see themselves as more informed in recognizing and reporting child abuse than principals (Tillman et al., 2015).

Nevertheless, a study conducted by Kenny and McEachern (2002) mentioned that both school counselors and school principals report child abuse, although school counselors reported child abuse at a higher percentage than school principals. Still, it is imperative to recognize that both professions—school counselors and administrators—share the common goal of protecting children by reporting suspected child abuse (Kenny & McEachern, 2002; Tillman et al., 2015).

Early career school counselors can leverage this insight by approaching their administrators through a collaborative stance, highlighting this shared goal, and discussing how to ethically and legally report suspected child abuse. This discussion can include, but is not limited to, state laws, district policies, and district/school child abuse reporting procedures. Furthermore, school counselors and school principals who keep the safety of students at the forefront and work together need to reduce role confusion.

Step V. Build Collaborative Partnerships

CPS. This step has been included to encourage partnerships between school counselors and CPS. District school counseling supervisors can support this endeavor by extending an invitation to CPS supervisors to attend a meeting with school counselors. This meeting would be utilized as a rapport-building opportunity as well as a way to share each other's roles, challenges, and strengths. Additionally, this would be an opportunity for CPS to provide updates, contact information, and any other pertinent information.

It also has been recommended that joint training be done with local CPS members and school counselors (Bryant & Baldwin, 2010) to ensure collaboration between agencies and to ensure all participants are exposed to consistent training. Additionally, CPS may be able to provide training to the school system and not only school counselors. "When school counselors understand the limitations inherent in receiving a report, they might, in turn, be more efficacious in their reporting of child abuse" (Bryant & Milsom, 2005, p. 70). This training should include information on the

reporting process, but also on the investigative process so that school counselors develop an understanding of the reactions and behaviors of the investigators (Bryant & Baldwin, 2010). Other stakeholders, such as school psychologists, social workers, and nurses, would benefit from this training as well.

Law enforcement. Public safety is the mission of law enforcement officers. Within the school system, police officers and especially school resource officers (SROs) engage in numerous activities and perform numerous duties. One of the duties can include being a member of the school's crisis response team (Cowan, Vaillancourt, Rossen, & Pollitt, 2013). School counselors should work to build a positive working relationship with their SRO and local law enforcement. These individuals can help assist school counselors in providing services when students are a danger to themselves or when the student is in danger. Additionally, SROs have been provided specific training on "student needs and characteristics, and the educational and custodial interests of school personnel" (Cowan et al., 2013, p. 10). Law enforcement and SROs also can help ensure the safety of everyone in the building when a threat arises.

Attorneys. School counselors should consider consulting with the school district's attorney to ensure that their rights and the rights of their students and others are being maintained. Most schools have a school attorney that school counselors can communicate with when issues or questions arise. School counselors also must make sure they are aware of legal and ethical guidelines on confidentiality and privacy of student information. Nonetheless, if school counselors find themselves in situations where discrepancies arise, they should call their local department of children's services or attorney (Mitchell & Rogers, 2003). Participants from a study conducted by DeCino, Waalkes, and Matos (2017) reported positive experiences with legal counsel. An attorney not only provides guidance on ethical dilemmas but also legal advice for potential court hearings.

Step VI. Provide School-Based Training

Stakeholders in the school setting, such as teachers, school nurses, coaches, paraprofessionals, custodians, lunchroom staff, and other support staff in the building, should be provided with training to identify and report child abuse (Hogelin, 2013; Lambie, 2005). It is recommended that training on child abuse identification and reporting procedures be conducted each year; this is mandatory in some states. These individuals interact with students daily and are able to recognize if a student is in distress. Despite their daily interactions with students, many teachers struggle to identify signs of abuse and have a lack of knowledge of reporting procedures (Greytak, 2009). Therefore, school counselors are in the position to schedule dates and times at the beginning of the school year, such as during pre-planning, and mid-year as a refresher to provide school personnel with the training to identify and recognize child abuse as well as inform them of their mandated reporter obligations. This involves addressing state laws, ethical requirements, and district/school policies for child abuse reporting as well as providing the procedures and contact information to make a report.

Step VII. Report Child Abuse

Child abuse reporting involves several crucial details. These details include, but are not limited to, the name of the child, name of family members (e.g., parents, siblings), individuals who reside in the home, phone number, address, previous history of abuse, academic performance, child dispositions, and concern leading to the report (Sikes, 2008). It would behoove early career school counselors to determine if their school districts have a specific form to complete while filing an abuse report. This resource would guide the process of obtaining all the details for filing a complete

report. If no such resource is available, school counselors should work with key personnel to create a standardized form for abuse reporting. Furthermore, knowledge of the method to make a report is necessary. Reporting procedures for CPS vary by state. Most states prefer an oral report be made to CPS; however, some states require a written report be completed after the oral report has been made (Child Information Gateway, 2017). Because there may be a timeframe in which to call according to state policy, early career school counselors who are aware of the specific method to report will not only report in a timely manner but be more prepared and self-efficacious in their reporting skills and capabilities.

Step VIII. Perform Post-Reporting Procedures

    After the child abuse report has been made, questions often arise about how to support the student who needs to be aware of the child abuse report, and how to respond to parents who inquire about the report. Early career school counselors can reach out to the caseworker to inquire as to what supports might be provided at the school, check in with the student to ensure they are safe, and seek what procedures the district has in place to address parents. When approached by parents, early career school counselors can maintain the disposition of informing parents that all child abuse reports are confidential and that they may contact the caseworker with their questions. Additionally, pamphlets on the role of mandated reporting and resources can be made available in the school counselor's office to provide the parents with assistance in identifying supports. School counselors also can provide parents with referrals to outside agencies, such as counseling or family supports, when asked by parents who are seeking interventions.

Conclusion

    Reporting child abuse is recognized as a crucial element in the role of a school counselor. Early career school counselors often are anxious about reporting child abuse because of the fear of repercussions from parents, lack of self-efficacy in identifying abuse, limited knowledge of child abuse reporting procedures, unclear reporting procedures for school counselors, and lack of collaboration with outside agencies. This article has addressed the challenges faced by early career school counselors and provides a framework to alleviate their anxiety while increasing their self-efficacy as mandated reporters.

References

Alvarez, K. M., Kenny, M. C., Donohue, B., & Carpin, K. M. (2004). Why are professionals failing to initiate mandated reports of child maltreatment, and are there any empirically based training programs to assist professionals in the reporting process? *Aggression and Violent Behavior*, *9*, 563–578. doi:10.1016/j.avb.2003.07.001

American School Counselor Association. (2012). *ASCA national model: A framework for school counseling programs. (3rd ed.).* Alexandria, VA: Author.

American School Counselor Association. (2015). *The school counselor and child abuse and neglect prevention*. Retrieved from https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_ChildAbuse.pdf

American School Counselor Association. (2016). *ASCA ethical standards for school counselors*. Alexandria, VA: Author. Retrieved from https://www.schoolcounselor.org/asca/media/asca/Ethics/EthicalStandards2016.pdf

American School Counselor Association. (2019a). *ASCA national model: A framework for school counseling programs. (4th ed.).* Alexandria, VA: Author.

American School Counselor Association. (2019b). *Legal & ethical*. Retrieved from https://www.schoolcounselor.org/school-counselors-members/legal-ethical

Behun, R. J., Cerrito, J. A., Delmonico, D. L., & Kolbert, J. B. (2019). The influence of personal and professional characteristics on school counselors' recognition and reporting of child sexual abuse. *Journal of School Counseling, 17*(13). Retrieved from http://www.jsc.montana.edu/articles/v17n13.pdf

Bell, M. M., & Singh, M. I. (2017). Implementing a collaborative support model for educators reporting child maltreatment. *Children & Schools, 39*, 7–14. doi:10.1093/cs/cdw041

Bringman, N. M., Mueller, S. M., & Lee, S. M. (2010). Educating future school principals regarding the role of professional school counselors. *Journal of School Counseling, 8*(3). Retrieved from http://www.jsc.montana.edu/articles/v8n3.pdf

Brown, S. D., Brack, G., & Mullis, F. Y. (2008). Traumatic symptoms in sexually abused children: Implications for school counselors. *Professional School Counseling, 11*, 368–379. doi:10.1177/2156759X0801100603

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

Bryant, J. K., & Baldwin, P. A. (2010). School counsellors' perceptions of mandatory reporting training and mandatory reporting experiences. *Child Abuse Review, 19*, 172–186. doi:10.1002/car.1099

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

Child Abuse Prevention and Treatment Act Reauthorization Act of 2010, Pub. L. No. 111-320 (2010). Retrieved from https://www.congress.gov/bill/111th-congress/senate-bill/3817/text

Child Welfare Information Gateway. (2003). *Child protective services: A guide for caseworkers*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/cps.pdf

Child Welfare Information Gateway. (2017). *Making and screening reports of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/repproc.pdf

Child Welfare Information Gateway. (2019). *Penalties for failure to report and false reporting of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/report

Committee for Children. (2014). *Child protection in schools: A four-part solution*. Retrieved from http://www.cfchildren.org/wp-content/uploads/programs/docs/child-protection-in-school.pdf

Corey, G., Corey, M. S., & Callanan, P. (2011). *Issues and ethics in the helping professions (8th ed.)*. Belmont, CA: Brooks/Cole.

Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). *A framework for safe and successful schools* [Brief]. Bethesda, MD: National Association of School Psychologists. Retrieved from https://www.schoolcounselor.org/asca/media/asca/home/FrameworkforSafeandSuccessfulSchoolEnvironments.PDF

Davis, T. (1995). Elementary and middle level counselors' courtroom hearing experiences. *NASSP Bulletin, 79*(570), 10–15. doi:10.1177/019263659507957003

DeCino, D. A., Waalkes, P. L., & Matos, C. (2017). "Be ready for it": School counselors' experiences with subpoena and testifying in court. *Professional School Counseling, 21*, 1–9. doi:10.1177/2156759X18786450

Froeschle, J. G., & Crews, C. (2010). An ethics challenge for school counselors. *Journal of School Counseling, 8*(14). Retrieved from http://www.jsc.montana.edu/articles/v8n14.pdf

Greytak, E. A. (2009). *Are teachers prepared? Predictors of teachers' readiness to serve as mandated reporters of child abuse* (Doctoral dissertation). Retrieved from https://repository.upenn.edu/edissertations/57

Gullatt, D. (1999). Collaborative efforts are required as schools address suspected child abuse. *Contemporary Education, 71*, 24–31.

Hatch, T. A. (2008). Professional challenges in school counseling: Organizational, institutional, and political. *Journal of School Counseling, 6*(22).

Herlihy, B., & Corey, G. (2015). *ACA ethical standards casebook seventh edition*. Alexandria, VA: American Counseling Association.

Hinkelman, L., & Bruno, M., (2008). Identification and reporting of child sexual abuse: The role of elementary school professionals. *The Elementary School Journal*, *108*, 376–391. doi:10.1086/589468

Hogelin, J. M. (2013). To prevent and to protect: The reporting of child abuse by educators. *Brigham Young University Education & Law Journal*, *2013*(2), 225–252.

Jonson-Reid, M., Drake, B., & Kohl, P. L. (2009). Is the overrepresentation of the poor in child welfare caseloads due to bias or need? *Children and Youth Services Review*, *31*, 422–427.

Kenny, M. C. (2001). Child abuse reporting: Teachers' perceived deterrents. *Child Abuse & Neglect*, *25*, 81–92. doi:10.1016/S0145-2134(00)00218-0

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*, 112–124. doi:10.1080/23727810.2016.1228770

Kenny, M. C., Abreu, R. L., Helpingstine, C., Lopez, A., & Mathews, B. (2018). Counselors' mandated responsibility to report child maltreatment: A review of U.S. laws. *Journal of Counseling & Development*, *96*, 372–387. doi:10.1002/jcad.12220

Kenny, M. C., & McEachern, A. G. (2002). Reporting suspected child abuse: A pilot comparison of middle and high school counselors and principals. *Journal of Child Sexual Abuse*, *11*, 59–75. doi:10.1300/j070v11n02_04

Lambie, G. W. (2005). Child abuse and neglect: A practical guide for professional school counselors. *Professional School Counseling*, *8*, 249–258.

Lambie, G. W., Ieva, K. P., & Mullen, P. R. (2013). Graduate counseling students' learning, development, and retention of knowledge. *Journal of the Scholarship of Teaching and Learning*, *13*(4), 54–67.

Levi, B. H., & Brown, G. (2005). Reasonable suspicion: A study of Pennsylvania pediatricians regarding child abuse. *Pediatrics*, *116*, e5–512. doi:10.1542/peds.2004-2649

Mayo Clinic. (2015). *Child abuse*. Retrieved from https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864

McEachern, A. G., Aluede, O., & Kenny, M. C. (2008). Emotional abuse in the classroom: Implications and interventions for counselors. *Journal of Counseling & Development*, *86*, 3–10. doi:10.1002/j.1556-6678.2008.tb00619.x

Miller, K. L., Dove, M. K., & Miller, S. M. (2007, October). *A counselor's guide to child sexual abuse: Prevention, reporting and treatment strategies*. Paper based on a program presented at the Association for Counselor Education and Supervision Conferences, Columbus, OH.

Minnesota Department of Human Services. (2016). *Resource guide for mandated reporters of child maltreatment concerns*. Retrieved from https://www.dow.org/img/Reporting%20Child%20Abuse%20and%20Neglect%201_16.pdf

Mitchell, C. W., & Rogers, R. E. (2003). Rape, statutory rape, and child abuse: Legal distinctions and counselor duties. *Professional School Counseling*, *6*, 332–338.

Oloumi-Johnson, R. (2016). *The lived experiences of middle school counselors in reporting abuse and neglect to child protective services: A phenomenological study* (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses Database. (UMI 10307713).

Ricks, L., Tuttle, M., Land, C., & Chibbaro, J. (2019). Trends and influential factors in child abuse reporting: Implications for early career school counselors. *Journal of School Counseling*, *17*(16). Retrieved from http://www.jsc.montana.edu/articles/v17n16.pdf

Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/nis4_report_congress_full_pdf_jan2010.pdf

Sikes, A. (2008). A school counselor's guide to reporting child abuse and neglect. *Journal of School Counseling*, *6*(25). Retrieved from http://www.jsc.montana.edu/articles/v6n25.pdf

Sikes, A., Remley, T., Jr., & Hays, D. G. (2010). Experiences of school counselors during and after making suspected child abuse reports. *Journal of School Counseling*, *8*(21). Retrieved from http://www.jsc.montana.edu/articles/v8n21.pdf

Sinanan, A. N. (2011). *Bridging the gap of teacher education about child abuse*. Educational Foundations. Retrieved from https://files.eric.ed.gov/fulltext/EJ954988.pdf

Slaten, C. D., Scalise, D. A., Gutting, K., & Baskin, T. W. (2013). Early career school counselors' training perspectives: Implications for school counselor educators. *Journal of School Counseling, 11*(20). Retrieved from http://www.jsc.montana.edu/articles/v11n20.pdf

Stone, C. (2013). *School counseling principles: Ethics and law* (3rd ed.)*. Alexandria, VA: American School Counselor Association.

Tillman, K. S., Prazak, M. D., Burrier, L., Miller, S., Benezra, M., & Lynch, L. (2015). Factors influencing school counselors' suspecting and reporting of childhood physical abuse: Investigating child, parent, school, and abuse characteristics. *Professional School Counseling, 19*, 103–115. doi:10.5330/1096-2409-19.1.103

U.S. Department of Health & Human Services, Administration for Children, Youth and Families, & Children's Bureau. (2019). *Child maltreatment 2017*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf

Valkyrie, K. T., Creamer, D. A., & Vaughn, L. (2008). Mandatory reporting and school counselors: Reporting law, obstacles, and solutions. *The Alabama Counseling Association Journal, 34*, 18–33.

Washington State Department of Social & Health Services. (2018). *Protecting the abused & neglected child: A guide for recognizing and reporting child abuse & neglect*. Retrieved from https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-163.pdf

nbcc

Interstate Licensure Portability: Logistics and Barriers for Professional Counselors

Anna Elliott, Lynn Bohecker, Gregory M. Elliott, Bethany Jean Townsend, Veronica Johnson, Anna Lopez, Elizabeth D. Horn, Ken Roach

Counseling licensure portability is in a state of crisis. The collaborative 20/20 initiative made headway in establishing the profession's objectives toward consistent licensure standards across states; however, inconsistencies and significant barriers persist. The authors conducted a qualitative content analysis to understand the logistics associated with interstate portability of counseling licenses in the Rocky Mountain Region of the Association for Counselor Education and Supervision (Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming). Results describe participants' experiences in fulfilling licensure requirements and the barriers encountered because of discrepancies in practice standards. Recommendations for counselors, supervisors, and state licensing boards are described.

Keywords: license portability, interstate portability, licensing boards, licensure requirements, qualitative analysis

The American Counseling Association (ACA) was originally formed in 1952 in part to develop consistency among practice and ethical standards for the counseling profession (Simmons, 2002). Since then, counselors have gone through various phases of seeking professional unity, complicated by and arising from the joining of four different specialty areas (Kaplan, 2002; McKinney, West, Fye, Bradley, & Storlie, 2018). Historically, there have been different opinions on counselor professional title, scope of practice, and educational requirements (Burns & Cruikshanks, 2018; Gale & Austin, 2003). This disparity has been presented as evidence of a young, fragmented profession searching for a solid professional identity (Calley & Hawley, 2008; Cashwell, Kleist, & Scofield, 2009; McKinney et al., 2018). Counselor professional identity consists of understanding the profession's historical context, the scope of a counselor's practice, associated laws and ethics, and pride and engagement in counseling professional organizations (Remley & Herlihy, 2007).

Even with attempts within the counseling profession to develop consistent expectations and requirements related to educational standards, national examinations, and state licensing criteria, barriers remain (Kaplan & Kraus, 2018). Licensed professional counselors moving from state to state experience difficulties maintaining their licensed status, resulting in a "licensure portability crisis" (Kaplan & Kraus, 2018, p. 223). There is movement in the counseling profession toward established licensure portability practices as clinicians report significant barriers moving from one state to another (Kaplan & Kraus, 2018). However, as it stands, each state develops its own laws and statutes and is not bound to align with other states or recognize licenses issued in another state. These inconsistent regulations create barriers for licensed professional counselors looking to relocate and raise issues for counselors working near state borders who must be licensed in both states.

Anna Elliott is an assistant professor at Montana State University. Lynn Bohecker is an associate professor at Liberty University. Gregory M. Elliott is an assistant professor at Colorado Christian University. Bethany Jean Townsend is an assistant professor at Northwest Nazarene University. Veronica Johnson is an associate professor at the University of Montana. Anna Lopez is an assistant professor at New Mexico State University. Elizabeth D. Horn is a professor at Idaho State University. Ken Roach is a clinic director at the University of Phoenix—Utah. Correspondence can be addressed to Anna Elliott, PO Box 173540, Bozeman, MT 59718, anna.elliott@montana.edu.

Recent Portability Efforts in the Counseling Profession

In order to unify the counseling profession under a single professional identity, 20/20: A Vision for the Future of Counseling was developed through collaboration between ACA and the American Association of State Counseling Boards (AASCB; Kaplan & Gladding, 2011; Kaplan, Tarvydas, & Gladding, 2014). This initiative focused on the importance of defining a professional identity and promoting licensure portability (Kaplan & Gladding, 2011; Kaplan & Kraus, 2018). By 2010, a consensus was reached on the definition of counseling and the importance of strengthening professional identity (Kaplan & Kraus, 2018). Establishing these two areas of agreement was a step forward; however, the counseling profession remained divided on criteria for educational programs and accreditation, which contribute significantly to licensure portability (Kaplan & Kraus, 2018). The 20/20 initiative's final achievement before disbanding was the formation of the Building Blocks to Portability Project, designed to address issues of portability such as education requirements and number of supervised hours (Kaplan & Kraus, 2018). A consensus was obtained for the title of Licensed Professional Counselor (LPC) and scope of practice, and recommendations were made to state licensing boards (Kaplan & Kraus, 2018).

In addition to portability, *license through endorsement* is a term that has been used in some states to better facilitate obtaining a license in a new state. Endorsement means a license may be granted reciprocally to a professional counselor who has been licensed by another state. More recently, in 2013, the CACREP Board adopted a position statement on licensure portability for professional counselors, and then in 2015 endorsed portability standards proposed by the Association for Counselor Education and Supervision (ACES), the American Mental Health Counselors Association (AMHCA), and the National Board for Certified Counselors (NBCC; CACREP, 2018). In 2016, ACA developed and proposed a different aspirational licensure portability model (ACA, 2017). AASCB, ACES, AMHCA, and NBCC together released a joint statement, the *Joint Statement on a National Counselor Licensure Endorsement Process* (AMHCA, 2017; NBCC, 2017). The CACREP Board voted to publicly endorse the joint position statements later that same year (CACREP, 2018).

The consistent standards needed in order to establish licensure through an endorsement process were summarized by Olson, Brown-Rice, and Gerodias (2018). These criteria were: (a) no disciplinary sanctions for at least 5 years; (b) possess the highest tiered license; (c) completion of a jurisprudence exam if necessary; and (d) complies with one of the following: meets all academic, exam, and postgraduate supervised experience standards as adopted by the state counseling licensure board; holds the National Certified Counselor (NCC) credential; or holds a CACREP-accredited graduate degree (NBCC, 2019; Olson et al., 2018). However, most states still require a detailed application to demonstrate that the specific educational, experiential, supervision, and exam requirements of licensure have been met for that state (ACA, 2019).

In addition to licensure portability and licensure endorsement, licensure reciprocity is one mechanism of portability that states employ to grant full recognition for a license from another state. Reciprocity includes an expedited type of application process for LPCs. One example is a signed reciprocity agreement between Tennessee and Kentucky (Tennessee Department of Health, 2015). In general, to apply for licensure in another state, the license earned in another jurisdiction must be in good standing with no unresolved legal or ethical issues and have equivalent or higher requirements. Exam scores must meet the current state's passing score and there may be additional specific state examinations. Other states do not have specific provisions for reciprocity or endorsement and require the full application process. The lack of uniformity between states can significantly increase the time and effort to provide documentation and evidence of competence to be issued a full license in another

state. The exact definitions of these terms differ from state to state, further highlighting the lack of clarity and consistency counselors encounter when navigating this process.

The counseling profession continues to be divided on the topics of educational requirements for number of credit hours, accreditation, number of supervised experience hours, number of supervision hours, and examinations. Even though there has been work toward solidifying a professional identity and addressing licensing issues, jurisdiction of issuing a counseling license resides within each state. Consistency between state licensure requirements would facilitate counselor mobility to support career and family options and increase client access to care.

Specific Issues in Licensure Portability

Each state is responsible for determining its own licensure laws, and as a result of this differentiation significant differences exist (ACA, 2016). A licensed counselor's move from one state to another is often met with difficulties. Kaplan (2012) stated, "We have a real crisis in counseling licensure. Counselors are trapped in their own states" (p. 1). There remains a wide range of educational requirements, accreditation, number of hours of supervised experience, number of hours of supervision, and examinations. For example, a majority of states in the United States ($n = 37$) require 60 educational credit hours (ACA, 2016). However, some states require specific coursework, such as family counseling, human sexuality, and addictions. Therefore, counselors who graduate from an accredited program still may not meet the educational requirements for licensure in a second state. Regarding accreditation, 29 states explicitly identify CACREP, CACREP/Council on Rehabilitation Education (CORE), or NCC certification for licensure. Other states do not specify accreditation or simply use the word "accredited."

Across the United States, there are vastly different requirements for supervision, specifically who can supervise, types of supervisor, frequency of supervision, number of supervisees per supervisor, and supervisor requirements (Henriksen, Henderson, Liang, Watts, & Marks, 2019). Henriksen et al. (2019) conducted an analysis of supervision rules and laws. The number of clinical hours of experience required for master's-level prelicensure counselors varied from 500 to 7,000 if the program of study did not meet CACREP (2015) standards.

There are differences in the frequency of prelicensure supervision and variations in how requirements are described (e.g., not defined, based on client hours, a specific number of hours or sessions, weekly and special rules). Sometimes additional postgraduate supervision hours are required. These range from not specified to 200, with many states ($n = 28$) requiring 100 hours of supervision. The minimum exam requirements for the majority of states ($n = 42$) is a passing score on the National Counselor Examination (NCE). Other states require the National Clinical Mental Health Counseling Examination (NCMHCE) or Certified Rehabilitation Counselor Exam (CRCE). Alternatively, a state may require more than one exam, a higher minimum score, or a different or additional exam (ACA, 2016).

In addition to the burden of already possessing a license and having to complete another application in a different state with varied requirements, there are logistical and economic barriers as well. Finding a clinical supervisor, syllabi to support coursework verification, and a clinical agency that will hire a professional counselor without a valid state license are just a few of the issues that need to be navigated. Many of the state licensing differences can result in financial stress, with practitioners having to wait extended periods of time without income, as well as possibly incurring extra costs related to taking another exam, obtaining licensure documentation, additional coursework, supervision, and unpaid client contact hours. The counseling profession will clearly

benefit from a consensus on licensure requirements, resulting in fewer barriers to licensure portability (Burns & Cruikshanks, 2018). In an attempt to explore these issues in one area of the United States, the authors established a regional licensing committee.

The Interstate Licensing Agreement Committee

In 2015, the Rocky Mountain Association for Counselor Education and Supervision (RMACES) board authorized the formation of the Interstate Licensing Agreement Committee. The committee members were comprised of counselor educators and clinicians who represented the six states in the RMACES region: Colorado (CO), Idaho (ID), Montana (MT), New Mexico (NM), Utah (UT), and Wyoming (WY). The goal of the committee was to have representatives from each state in the RMACES region work together and with their respective state licensing boards to develop an interstate agreement for counseling licensure reciprocity.

Table 1 shows the similarities and differences between the state licensing requirements in the Rocky Mountain region (ACA, 2016). The first column identifies the state, and the second column contains the acronym for the top tier title for a counseling license. The next two columns contain the educational requirements, including type of programmatic accreditation and the minimum number of credit hours. The next four columns are experiential requirements, which include the required number of hours of clinical supervision, the number of direct client hours, the minimum number of years of post-graduation experience, and the total number of overall counseling-related hours.

Many attempts to find common licensing ground and facilitate discussions between even two of the state boards was met with resistance from licensure board members. The committee hoped to open dialogue regarding the possibility of establishing greater alignment between a minimum of two states. The attempts of collaboration between state boards became futile so the committee then turned their efforts toward engaging in research on topics related to counselor licensure and portability. The Interstate Licensing Agreement Committee representatives are the researchers in this study and the authors of this manuscript.

Table 1

Summary of State Licensing Requirements in the RMACES Region

State	Top Tier Title	Educational Requirements		Experiential Requirements				Exams
		Accreditation	Credit Hours	Supervision Hours	Direct Hours	Years	Total Hours	
CO	LPC	CACREP	60	100	NS	2	2,000	NCE + CO Exam
ID	LCPC	Accredited	60	80	2,400	2	3,400	NCE + NCMHCE
MT	LCPC	Accredited	60	1:20[a]	1,000	NS	3,000	NCE
NM	LPCC	Accredited	48	100	3,000	2	NS	NCE + NCMHCE
UT	LCMHC	CACREP	60	100	NS	NS	4,000	NCE + NCMHCE + UT Exam
WY	LPC	CACREP/CORE	60	100	1,200	NS	3,000	NCE or NCMHCE or CRCE

Note. NS = Not specified. Table adapted from data in *Licensure Requirements for Professional Counselors: A State-By-State Report (2016 Edition)*. Copyright 2016 by the American Counseling Association.
[a]Requires 1 hour of supervision for every 20 clinical hours.

Although research exists examining aspects of counselor licensure portability, there appears to be a gap in the literature of studies conducted that address the experiences and challenges counselors face when relocating. We were aware of some logistical and economic barriers counselors experienced when attempting to obtain an additional counseling license (Kaplan, 2012). Therefore, the purpose of this study was to increase understanding of counselors' experiences of obtaining licensure in another state. We interviewed 12 licensed counselors who sought licensure in one of the RMACES region states of CO, ID, MT, NM, UT, and WY, after obtaining licensure in any other state throughout the country. We sought to answer the following research question: What are the experiences of obtaining clinical licensure in counseling after moving from one state to another within the RMACES region of the United States?

Researcher Positionality

Because the researchers each held a state-issued license to provide mental health services, we brought our individual experiences into the development of this research. Some of the authors had personal experiences of obtaining a license in more than one state, ranging from a fairly simple process to one that took over a year to complete. The researchers were all trained counselor educators ranging from a doctoral candidate to assistant, associate, and full professors. The researchers were intentional to rely on the participants' views of their experiences obtaining a counseling license and not their own anecdotal stances on the issue.

Method

We sought to understand licensed counselors' experiences of obtaining a counseling license after moving to one of the RMACES states. We wished to focus on participants' perspectives to understand the logistics and challenges associated with the interstate portability of counseling licenses. The constructivist approach of qualitative research provides opportunities for participants to report meaningful experiences and allows for multiple perspectives and participant realities (Hays & Wood, 2011). Qualitative content analysis is a method based on naturalistic inquiry with rigorous coding to systematically categorize data to describe "the meaning of qualitative material" (Schreier, 2012, p. 1). Data were collected from recollections of personal experiences obtaining a state counseling license. We used both a deductive and an inductive content analysis approach to draw themes directly from the data and analyzed experiences using qualitative content analysis to classify data into categories of experiences with similar meanings (Cho & Lee, 2014; Schreier, 2012).

Participants

We obtained the required human participants research approval from the institutional review boards of our respective institutions. We used purposeful and snowball sampling to recruit subjects who were licensed counselors in one state and then obtained an additional license in the states of CO, ID, MT, NM, UT, and WY. We looked for people who met the criteria of involvement and had a willingness to describe their experiences. Each state has different procedures and qualifications for licensure; therefore, we wanted to include at least two participants' experiences from each RMACES state. The involvement inclusion criteria were people who (1) have been licensed as a professional counselor or equivalent in another state in the United States, (2) have subsequently moved into an RMACES state and applied for a counseling license, and (3) were granted the counseling license. The resulting sample consisted of 12 participants (seven women and five men). Participants ranged in age from 33 to 68 years and all identified as Caucasian.

Data Collection

   Participants were asked to take part in an interview lasting between 15 and 40 minutes based on the length of participant responses. Participants were asked questions specifically related to their experience obtaining a license in the RMACES region, beginning with the overarching question: "What is your experience of obtaining clinical licensure, transitioning from one state to another?" The authors recruited participants from their own state and conducted at least one of the interviews, which were audio- or video-recorded. In addition to the initial research question, participants were asked, "What factors/elements have influenced your experience of licensure portability?" "What has been positive and what has been challenging or created a barrier?" "What have your interactions with the state's licensure board been and how has this impacted your experience?" and "Can you briefly describe the step-by-step process that you had to go through to obtain licensure and how long the overall process took to complete?" The researchers attempted to meet the criteria of thematic saturation, or the continual sampling of the data collected from the participants until repetition was achieved and no new information was obtained (Bowen, 2008; Strauss & Corbin, 1990).

Data Analysis

   Analysis consisted of engaging in the systematic nature of qualitative content analysis (Schreier, 2012). This helped set the stage for approaching the data with a beginner's mind. First, we collected and transcribed interview data (n = 12). Next, two members of the research team read through the collection to get a sense of the whole experience. The next step consisted of these two researchers individually reading the interview transcriptions and engaging in open coding to identify the most common and analytically rich essential themes from which to base a more selective coding scheme or category (Schreier, 2012). The researchers then engaged in selective coding to determine the units of analysis, categories, and themes (Cho & Lee, 2014; Schreier, 2012). In this case, the unit of analysis was related to the licensing process. The researchers engaged in the use of deductive and inductive analysis. The two approaches differ on how initial codes or categories are developed. The deductive approach starts with preconceived codes or categories derived from prior relevant theory, research, or literature, while in the inductive approach, codes and categories are directly drawn from the data (Cho & Lee, 2014). The initial codes were developed from a deductive approach using the categories of title, education, experience, and exam, identified previously in Table 1. Every unit of analysis was placed into a mutually exclusive category, meaning that no data fell between two categories or was placed into more than one category (Crowley & Delfico, 1996).

   Next the researchers engaged in inductive coding based on the aspects of the participants' experiences that were not captured by the a priori deductive codes (Schreier, 2012). Inductive categories were developed as a means to compress the large amount of individual text into fewer content-related groups with similar meanings and connotations (Schreier, 2012; Weber, 1990). This also is known as a data reduction process in qualitative content analysis and is achieved through limiting "analysis to those aspects that are relevant with a view to your research question" (Schreier, 2012, p. 7). Next, two researchers compared codes and where discrepancies existed, we described our coding process (Cho & Lee, 2014; Saldaña, 2016). A third researcher triangulated the coding by the first two researchers. Discrepant data and negative cases were discussed among the three coding researchers, and we decided collectively on categories that best represented and explained the data (Cho & Lee, 2014; Saldaña, 2016). We formed a final codebook of the categories and descriptions. Each category contained the name, a description of meaning, examples, and inclusion and exclusion decision rules. The identification of categories and themes continued until no new themes were identified within the data and redundancy occurred (Guest, Bunce, & Johnson, 2006;

Strauss & Corbin, 1990). Theoretical saturation was obtained meeting this "critical methodological concept in qualitative research" (Walker, 2012, p. 37). The last step consisted of a review of the codes conjointly to discuss refinement of categories, impressions of the themes, and interpretation of the meanings (Schreier, 2012). Based on this analysis, the content of the interviews fit into six categories: professional title; graduate education; clinical hours; licensure exams; barriers to licensure; and recommendations for counselors, counselor educators, supervisors, and state boards.

Trustworthiness

In qualitative research, trustworthiness is used to acknowledge the subjectivity of experience while also engaging in rigorous methods to establish meaning. We embraced Corbin and Strauss's (2008) assertion that in qualitative research, "findings are trustworthy and believable in that they reflect participants', researchers', and readers' experiences with a phenomenon" (p. 302). To establish trustworthiness of the data, we used Creswell's (2014) methods. Two researchers coded the comments separately and met to preserve congruence in coding definitions and check the trustworthiness of the process (Creswell, 2014). Coding was triangulated with a third researcher to add to the trustworthiness. Because all data in qualitative research pass and are filtered through the researchers' lens, how we were positioned in this study is stated in the conceptual framework and authors' positions. All of the authors identify as counselor educators or doctoral students in counselor education, and each author holds a professional counseling or marriage and family therapist license. Trustworthiness was deepened through participants as they were asked to take part in a member check at the conclusion of data analysis. The authors shared the categories and themes with participants to assess whether the conclusions were congruent with the participants' experiences.
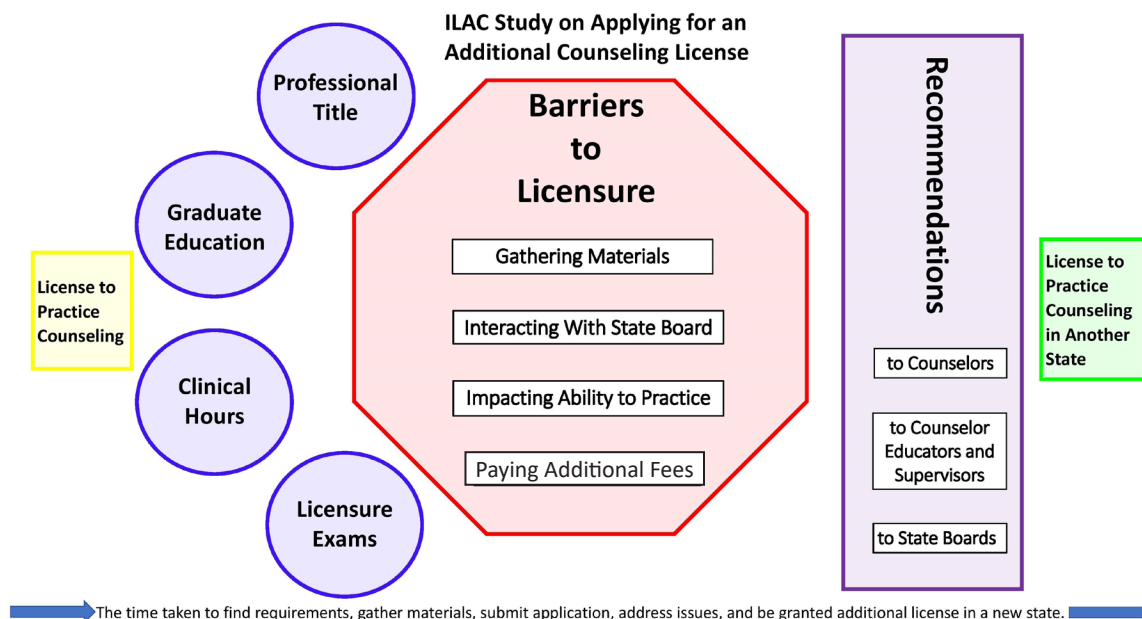
Results

Figure 1. *Inductive and Deductive Categories*

The categories were derived from deductive (professional title, graduate education, licensure exams, and clinical hours) and inductive (barriers to licensure and recommendations for counselors, counselor educators, supervisors, and state boards) approaches to data analysis. Overall, the

researchers concluded that the categories reflected the participants' experiences upon receiving a license in another state (see Figure 1). Each category is individually described with "sentences that elaborate on the researcher's interpretations of the participants' meanings in more nuanced and/or complex ways," supported with quotations from the data (Saldaña, 2016, p. 204).

Professional Title

Professional counseling licenses are available today in all 50 states and three jurisdictions (Washington, D.C., Guam, and Puerto Rico). The title of this license is not consistent across all states, or even between the RMACES states. Some states have two tiers, meaning counselors are first awarded a provisional license before obtaining full licensure, while other states have one tier, and a clinician cannot describe himself or herself as a licensed counselor until the license is obtained. This can cause confusion when the top-tier or full license title in one state is the same as the bottom-tier title or conditional license in another state.

This deductive category was established with the description *applying for an additional license involves understanding the differences in tiers, titles, and equivalencies*. Participants described the necessary investigation and discovery of the differences in titles across states, and in some cases how the same title meant different things in each state. Table 1 illustrates the differences between top-tier licensure titles for counselors in each state within the RMACES region, and even more variations and inconsistencies exist outside of the RMACES region. Most participants' confusion related to the inconsistencies among these licensure titles. For example, Ann described how in Indiana the full license is called a Licensed Mental Health Counselor (LMHC) and in New Mexico, the conditional license is called an LMHC and the full license title is an LPC. This caused confusion when she was trying to obtain full licensure in New Mexico and board members assumed she only held the conditional license. Other participants described similar experiences of frustration and confusion related to navigating differences in licensure titles, including one participant who did not "understand why there isn't just one name for what we do?" Having one title for a full counseling license would clarify scope of practice for practitioners, state licensing boards, and clients, regardless of jurisdiction.

Graduate Education

A second significant discrepancy between state licensure requirements was related to whether participants graduated from an accredited master's program. Even though it was clear that a master's degree in some form of counseling is required to obtain a counseling license in any state, participants described different ways in which their master's education affected their ability to obtain licensure when switching states. It is important to note that CACREP-accredited programs require 60 credit hours, as do many programs, while some school counseling specializations within CACREP-accredited programs are only 48 credit hours, as licensure is not required (Table 1 documents the differences in requirements in the RMACES states). Some non-accredited programs only require 48 credits, which can create a barrier for obtaining licensure in some states. Many states are implementing educational requirements based on CACREP standards; therefore, it is useful for graduate students to attend a CACREP-accredited program, potentially facilitating ease of the licensure process.

Education was established as a category with the description *applying for an additional license is continuing to prove a master's degree was conferred, unless the program was CACREP-accredited*. Consistently, participants who graduated from CACREP-accredited programs described how their process was made easier because their program was CACREP-accredited. Graduating from a CACREP-accredited program meant that the state board required less documentation of their academic curriculum. Participants who did not graduate from CACREP-accredited programs described how needing to provide extra

documentation as proof of the legitimacy of their graduate program compounded their experiences. Echoing other participants, Kathy, for example, reflected on how when a counselor graduates from a CACREP-accredited program "you check a box here instead of having to go through and fill out all this [extra paperwork] . . . so that was a positive that saved me a lot of steps." Conversely, Amy described having to jump through a lot of hoops when first licensed in Colorado because she did not attend a CACREP-accredited program and had to send all her syllabi to an organization in North Carolina to evaluate her education. Although graduating from a CACREP-accredited program did not entirely prevent participants from facing challenges during the licensing process, it appears that graduating from a CACREP-accredited program positively impacted their portability experiences. Participants reported graduating from a CACREP-accredited program reduced the volume and time required to complete the process. Participants from non–CACREP-accredited programs needed to submit course syllabi and, in some cases, take extra classes required by the state.

Clinical Hours

All counseling licenses require the completion of a certain number of clinical hours, both during the master's program and following graduation. The requirements can vary widely from state to state, as depicted in Table 1. Direct hour requirements for states in this study ranged from 1,000 to 3,000, and overall hours varied between 2,000 and 4,000. Participants described the issues encountered based on differences in state requirements.

The deductive category of clinical hours was further defined as *applying for an additional license is tracking hours of client contact and supervision with varying requirements*. Participants described a variety of logistical issues related to required clinical hours, such as needing to complete additional supervised hours in their new state because the state they moved from required fewer hours. Some participants highlighted that the additional hours were required despite having been endorsed and "fully" licensed in the previous state. Multiple participants indicated that differences in clinical hours and years needed to practice led to challenges when relocating. Aside from the challenge of having to complete additional clinical hours, multiple participants described difficulty with obtaining verification of hours from previous supervisors. Challenges getting documentation completed included difficulty accessing supervisors, time that had passed since they had been supervised by these individuals, and overall inconvenience of tracking down previous supervisors and asking for verification.

Licensure Exams

All states require a licensure exam as part of the requirements for obtaining a counseling license. Participants described the ease or difficulty this caused in the process of obtaining a counseling license in a second state. Table 1 illustrates the different exam requirements among the RMACES states, where some accept either the NCE or the NCMHCE, some require both exams, and others additionally require their own state-specific counselor exam. For example, the exam requirements differ between states without expectation that the exam be reliable and valid according to state law, but rather applicants need to have passed "an equivalent exam" that is subjectively determined by current members of a state board (ACA, 2016, p. 108).

The deductive category of licensure exams included the description *applying for an additional license is sending the scores to each state board and potentially taking another exam*. Participants described the logistical difficulties of moving to another state and in addition to having to fill out the application for licensure, having to take another exam in order to be eligible. Participants reported a lack of uniformity between states regarding the required licensure exam, which further complicated their ability to obtain a counseling license in another state. Both Colorado participants described the

burden created by the state's jurisprudence examination that is required in addition to the NCE. Veda elaborated that taking the state exam was a "huge hindrance" and the test information was not applicable to her practice as a counselor.

Barriers to Licensure

This inductive category was established by researchers based on the overwhelming amount of data that related to descriptions of barriers that participants experienced while trying to obtain counseling licensure in a Rocky Mountain state. The category of barriers to licensure is described as *encountering unexpected barriers and challenges when applying for an additional license*. This data went beyond the specific deductive categories that defined required aspects of the licensure application to describe significant flaws in the overall logistics of the licensure process. This category encompassed the largest amount of data from interviews and was further divided into four themes: interacting with a state licensing board, gathering materials, impacting ability to practice, and paying additional fees.

Interacting with a state licensing board. The most salient theme across interviews captured the difficulties and barriers created by interactions with the state licensing boards. All participants described some degree of confusion experienced when seeking licensure requirement information on the state board website. They reported that then when calling the board directly, they would encounter additional points of confusion. They dealt with state board staff who provided vague or confusing information, who were unable to answer detail-specific questions, and who were unwilling to refer the counselor to someone who was capable of answering their questions. Participants also lamented the additional barrier of often being unable to get the same staff member on the phone, and therefore having to repeat their questions and explanations of specific circumstances each time they called. State board staff answering the phones also often had no counseling background and therefore had no context for the questions being asked by applicants. A final significant barrier identified by participants was that submitted paperwork would be lost by the state board, therefore delaying the application process further and even preventing counselors from getting licensed before arriving in the new state.

Some participants described not obtaining a full license in a new state even though they maintained one in the first state. They indicated sometimes this was because they did not meet the requirement in the second state, but also because the verification process was too convoluted when they attempted to verify their qualifications for full licensure with the new board. George described how he had been licensed for over five years in Washington and attempted to acquire a full license in Idaho. He opted to pursue the conditional license, even though he should have qualified for the full license, because of the lack of clarity from the state board about what was required of him. Other participants described conflicting answers regarding what was needed in their application, but that their experience was positively influenced by pleasant interactions with board or administrative members they called. Dorothy expressed gratitude for the ability to get someone on the phone who was able to answer specific questions, even though the information on the website was difficult to decipher.

Gathering materials. Participants from all six states described multiple barriers that slowed down their ability to become licensed related to gathering applications materials. This included the time required to gather documents and find required documents that were not readily available or clearly described as required on state board websites, having to provide notarized documents, tracking down former supervisors, having to document continuing education for multiple states, and requesting letters from other state boards. Idaho, for instance, requires licensure documents to be notarized, and both Idaho participants described the additional barrier this created. George shared how it felt like a burden to ask former supervisors to "go out of their way to find a notary or even pay for it."

Impacting ability to practice. Participants described the hardship associated with not being able to practice in the new state. Barriers included waiting for the application to be received, processed, and approved, which sometimes took months; needing to have an address in the new state in order to apply; not being able to supervise in the new state when that is a required part of their new job; and not being able to provide client care. Participants described the process as taking between six weeks and six months to obtain their new license, preventing them from seeing clients and earning an income. One participant described having a spouse with a career requiring him to move states periodically and how much additional stress this created, as she had to endure the licensure portability process each time her husband was transferred.

Paying additional fees. In addition to potential income barriers, participants described the burden of paying multiple fees that occurred simultaneously with relocating to a new state and not yet being able to practice counseling. Brian described the tedium of his application process and how it took about six months to complete, and in addition, "it was very costly . . . all-in-all it came out to close to $800 to get licensed here." Rosie echoed this experience: "By the time everything was done, I spent $600 to get my license transferred . . . that's a substantial amount of money before I can even start working." Because of having to pay additional fees, participants lost money and were unable to work for prolonged periods while waiting until they were licensed in their new state.

Recommendations for Counselors, Counselor Educators, Supervisors, and State Boards

The category of recommendations emerged from participants offering their perspective on what could have potentially made their experiences easier and less burdensome. Recommendations were designated as a category with the description *making recommendations to facilitate or improve the process of obtaining an additional license*. Recommendations were divided into three themes of recommendations for counselors, programs, and state licensing boards. The recommendations will be briefly described here and expanded upon in the implications section.

Recommendations for counselors. All participants emphasized the importance of strict documentation of all hours, supervision, and training, and keeping copies of all paperwork submitted to the state boards. This recommendation was based on supervisors later being unavailable to verify hours (e.g., lack of available contact information or death); state boards not accepting documentation or verification from other states; or in some cases the board losing the applicant's paperwork, compelling the applicant to complete the paperwork a second time. Multiple participants described how the licensure process was generally easier after having been fully licensed for five years because certain states allow for licensure reciprocity if that time frame has been met (e.g., ID and NM). Participants therefore recommended trying to maintain licensure in one state for at least five years, even if one left the state, so that they would have access to licensure reciprocity if they decided to relocate to another state. Participants also recommended saving copies of course syllabi, particularly if they graduated from a non–CACREP-accredited program, as it was difficult to find syllabi retroactively.

Recommendations for counselor educators and supervisors. Participants recommended counselor educators and supervisors be clear on the expectations of licensure to assist their students and supervisees. Participants believed that facilitating students' preparation for the licensure process may help them avoid the barriers that many described.

Recommendations for state boards. All participants described the lack of clarity they experienced in accessing information about licensure either from the state board websites or calling and talking to a board member or administrator. Therefore, the most poignant recommendation for state boards

was to work to provide clearer information on their website and to ensure that staff who answered questions over the phone were well-versed in licensure requirements and application procedures. One participant's recommendation was for state boards to create a flow chart detailing the paperwork required for licensure applications based on the variety of contexts from where counselors might be operating.

Discussion

Our exploration began with the understanding that despite initiatives and calls for consistency among licensure standards, the counseling profession continues to struggle to establish a unified identity. Participants' narratives supported previous researchers who emphasized the need for a unified counselor identity, accomplished in part through consistent licensing criteria (Eissenstat & Bohecker, 2018; Mascari & Webber, 2013; Mellin, Hunt, & Nichols, 2011; Myers, Sweeney, & White, 2002). Participants described confusion related to licensure titles and licensing categories across states. Within the RMACES region, the highest level of licensure for professional counselors has four different titles. In addition to making the application process more confusing and tedious, this inconsistency contributes to the deeper problem of counselors not having a clear professional identity.

The results of this study support both the objectives and the proposed outline for the national counselor licensure endorsement process. This initiative was prompted by calls from within the profession to establish greater consistency between state licensure requirements (AASCB, 2019; Kaplan & Gladding, 2011; Kaplan & Kraus, 2018; Kaplan, Tarvydas, & Gladding, 2014). In response, AASCB, ACES, AMHCA, CACREP, and NBCC have all agreed upon a national process for counselor licensure by endorsement. The joint statement's proposal for licensure reciprocity demonstrates key governing organizations within the counseling profession are aligned on this issue and if enacted would eliminate the majority of issues participants described. Counselors can work to effect systemic change through advocacy at the state level. The more states that adopt this joint process for licensure endorsement, the easier the licensure reciprocity process will be for professional counselors who move to a new state. Professional counselors who directly serve on their state licensing boards also may be able to influence their state in moving toward this standard.

Although we expected to hear narratives of frustration related to the licensure portability process, we were surprised by how pervasive this frustration was across everyone's experience, to varying degrees. Our call for participants simply sought out licensed counselors who obtained a second license in a Rocky Mountain state, so it seems indicative of a larger issue of inefficiency across states that all participants described a system that does not function well. Specifically, we were surprised by how many different types of barriers applicants could encounter. Interactions with the state boards overwhelmingly contributed to the struggle to obtain clear instructions on how to manage typical and also unique circumstances. We were surprised that no participants spoke about the benefits of the NCC endorsement through NBCC. In addition to access to clinical resources, designation as an NCC voluntarily demonstrates to the public that a counselor has met high national standards (NBCC, 2019). Participants either did not address this certification or described it as irrelevant toward helping them with their licensure process.

Until greater consistency between state licensure requirements can be enacted, the authors recommend counselors keep documentation of everything related to their clinical training, remain in a state for five years prior to relocating, and communicate with the board of the state that one

is moving to ahead of time in order to promote understanding of requirements needed in order to obtain licensure. All of these suggestions reduced the barriers experienced in the licensure process. State boards are encouraged to develop a flow chart outlining the licensing process. The authors suggest counselors organize their application materials behind a detailed cover letter to the board which delineates each enclosed item, and ensure the following are included: (1) previous license verification, (2) contact information for previous state board, (3) unofficial transcript with official one ordered to be sent directly to board, (4) CV or résumé, (5) the appropriate state application, and (6) application fees. Highlighting discrepancies that exist between state requirements or titles that might confuse board members also can help applicants successfully achieve licensure.

Limitations and Future Research

Participants were selected for the study based on acquiring an additional counseling license within an RMACES state. Although our participants ranged in gender, age, and number of years licensed, we offer a generally small, homogenous sample, who all identified as Caucasian. It would be advantageous to understand if there are different experiences with this process across other regions of the United States and for counselors from other cultural demographics. Explicit interview questions were established for this study; however, six different interviewers conducted the interviews. Variances in follow-up questions were noted during the analysis. This might have impacted the depth of the participant experiences captured by the interview process, representing our second limitation.

Future research should include qualitative examinations of other regions' challenges to licensure portability, as well as larger-scale quantitative surveys of licensure issues across the country. What remains to be addressed is the vast difficulty of states interacting with one another—getting state legislatures and governing organizations to coordinate activities. For example, ACA has not yet endorsed the joint portability statement. Greater than the need for describing the problem, as a profession we need to continue moving toward a unified solution. This requires collaboration and proactivity on the part of leaders within counseling. A more resounding message needs to reach the state boards regarding their role in the effectiveness of the current system. The joint portability statement is a step in the right direction; however, the profession needs to determine what specific actions come next.

Conclusion

Unification of the licensure process is imperative, and we see this research as illustrating the importance of prioritizing licensure portability. We have outlined the spectrum of challenges counselors face when obtaining an additional counseling license and offered recommendations for how to mitigate the inconsistent standards. Counselors should continue to advocate locally and nationally for unification of licensure standards across state lines in order to promote uniformity and consistency, and enhance counselor practice and well-being.

References

American Association of State Counseling Boards. (2019). *Licensure & portability.* Retrieved from http://www.aascb.org/aws/AASCB/pt/sp/licensure

American Counseling Association. (2016). *Licensure requirements for professional counselors: A state-by-state report* (2016 Edition). Alexandria, VA: Author.

American Counseling Association. (2017, June 6). ACA continues to push forward for licensure portability. *Counseling Today*. Retrieved from https://ct.counseling.org/2017/06/aca-continues-push-forward-licensure-portability

American Counseling Association. (2019). Licensure requirements for professional counselors, A state by state report. Retrieved from https://www.counseling.org/knowledge-center/licensure-requirements

American Mental Health Counselors Association. (2017, April). *Joint statement on a national counselor licensure endorsement process*. Retrieved from www.amhca.org/advocacy/portability/portability2017

Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research*, *8*, 137–152. doi:10.1177/1468794107085301

Burns, S. T., & Cruikshanks, D. R. (2018). Independently licensed counselors' connection to CACREP and state professional identity requirements. *The Professional Counselor*, *8*, 29–45. doi:10.15241/stb.8.1.29

Calley, N. G., & Hawley, L. D. (2008). The professional identity of counselor educators. *The Clinical Supervisor*, *27*, 3–16. doi:10.1080/07325220802221454

Cashwell, C. S., Kleist, D., & Scofield, T. (2009). A call for professional unity. *Counseling Today*, *52*, 60–61.

Cho, J. Y., & Lee, E.-H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report*, *19*(32), 1–20.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Thousand Oaks, CA: SAGE.

Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards.* Alexandria, VA: Author.

Council for Accreditation of Counseling and Related Educational Programs. (2018). *CACREP endorses AMHCA-NBCC-AASCB-ACES portability statement*. Retrieved from http://www.cacrep.org/wp-content/uploads/2018/11/Portability-Statement.pdf

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: SAGE.

Crowley, B. P., & Delfico, J. F. (1996). *Content analysis: A methodology for structuring and analyzing written material.* United States General Accounting Office (GAO), Program Evaluation and Methodology Division. Retrieved from http://www.gao.gov/assets/80/76281.pdf

Eissenstat, S. J., & Bohecker, L. (2018). United we stand: Narrative study to aid the counseling profession in developing a coherent identity. *The Qualitative Report*, *23*, 1314–1333.

Gale, A. U., & Austin, B. D. (2003). Professionalism's challenges to professional counselors' collective identity. *Journal of Counseling & Development*, *81*, 3–10. doi:10.1002/j.1556-6678.2003.tb00219.x

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*, 59–82. doi:10.1177/1525822X05279903

Hays, D. G., & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling & Development*, *89*, 288–295. doi:10.1002/j.1556-6678.2011.tb00091.x

Henriksen, R. C., Jr., Henderson, S. E., Liang, Y.-W., Watts, R. E., & Marks, D. F. (2019). Counselor supervision: A comparison across states and jurisdictions. *Journal of Counseling & Development*, *97*, 160–170. doi:10.1002/jcad.12247

Kaplan, D. M. (2002). Celebrating 50 years of excellence! *Journal of Counseling & Development*, *80*, 261–263. doi:10.1002/j.1556-6678.2002.tb00189.x

Kaplan, D. M. (2012, January 25). Licensure reciprocity: A critical public protection issue that needs action. *Counseling Today online exclusives.* Retrieved from http://ct.counseling.org/ 2012/01/licensure-reciprocity-a-critical-public-protection-issue-that-needs-action

Kaplan, D. M., & Gladding, S. T. (2011). A vision for the future of counseling: The 20/20 principles for unifying and strengthening the profession. *Journal of Counseling & Development*, *89*, 367–372. doi:10.1002/j.1556-6678.2011.tb00101.x

Kaplan, D. M., & Kraus, K. L. (2018). Building blocks to portability: Culmination of the 20/20 initiative. *Journal of Counseling & Development*, *96*, 223–228. doi:10.1002/jcad.12195

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

Mascari, J. B., & Webber, J. (2013). CACREP accreditation: A solution to license portability and counselor identity problems. *Journal of Counseling & Development*, *91*, 15–25. doi:10.1002/j.1556-6676.2013.00066.x

McKinney, R., West, E., Fye, M., Bradley, R., & Storlie, C. A. (2018). Chi Sigma Iota chapter faculty advisors' experiences of professional counselor identity. *Journal of Counselor Leadership and Advocacy*, *5*, 56–70. doi:10.1080/2326716X.2017.1422995

Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling & Development*, *89*, 140–147. doi:10.1002/j.1556-6678.2011.tb00071.x

Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling & Development*, *80*, 394–402. doi:10.1002/j.1556-6678.2002.tb00205.x

National Board for Certified Counselors. (2017, April). *Joint statement on a national counselor licensure endorsement process*. Retrieved from www.nbcc.org/Assets/Portability/Portability-Statement-Endorsement-Process.pdf

National Board for Certified Counselors (2019). *Benefits of being an NCC*. Retrieved from https://www.nbcc.org/resources/nccs/benefits

Olson, S., Brown-Rice, K., & Gerodias, A. (2018). Professional counselor licensure portability: An examination of state license applications. *The Professional Counselor*, *8*, 88–103. doi:10.15241/so.8.1.88

Remley, T. P., Jr., & Herlihy, B. (2007). *Ethical, legal, and professional issues in counseling* (2nd ed.). Upper Saddle River, NJ: Pearson Merrill/Prentice Hall.

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: SAGE.

Schreier, M. (2012). *Qualitative content analysis in practice.* Thousand Oaks, CA: SAGE.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques* (2nd ed.). Newbury Park, CA: SAGE.

Tennessee Department of Health. (2015). *Reciprocity agreement between Tennessee and Kentucky*. Retrieved from www.tn.gov/content/dam/tn/health/documents/TN-KY_Reciprocal_Agreement_(SIGNED_COPY).pdf

Walker, J. L. (2012). Research column. The use of saturation in qualitative research. *Canadian Journal of Cardiovascular Nursing*, *22*(2), 37–42.

Weber, R. P. (1990). *Basic content analysis* (2nd ed.). Newbury Park, CA: SAGE.

nbcc