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Toward Research and Statistics: A Comparison of Counseling Education Students and Practicing School and College Counselors

Jeff McLaughlin

This study examined and compared the attitudes of counselor education students and practicing counselors toward research and statistics, specifically in those curricular areas required for program accreditation. The *Counselors' Attitudes Toward Research and Statistics (CATRS)* instrument was developed for this purpose and utilized in one counselor education program in Pennsylvania. Results and implications are discussed in relation to counselor education program goals. Also, suggestions are made for further research using the *CATRS* instrument.

Keywords: Counselor education, professional development, research

Graduate programs in counselor education are charged with a number of missions, one of which is to assist future counselors in the formation of a professional identity or personal perspective that guides their professional work (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016a). This program goal is often incorporated into counselor education program curricula via accreditation processes required by professional organizations like CACREP, which includes a series of standards related specifically to professional counseling identity (CACREP, 2016b).

Beyond the world of counselor preparation, there is great diversity in professional identity among practicing counselors (du Prees & Roos, 2008; Gordon & Luke, 2016; Munlet, Thiagarajan, Carney, Preacco, & Lidderdale, 2007; Prosek & Hurt, 2014; Timm, 2015). Once in the field practicing counselors vary widely in how they describe important or essential dimensions of their professional identities. So, although preparation programs may be standardized in many ways, counselors eventually enter a field in which their professional identities are further formed by the realities of counseling work and by the variety of challenges that exist in the profession (Gale & Austin, 2003; Moss, Gibson, & Dollarhide, 2014; Woo, Storlie, & Baltrinic, 2016).

One area of diversity in professional identity involves the extent to which practitioners incorporate research methods and/or rely on the results of professional research literature to inform their professional practice. The typical graduate experience includes coursework in research methods, statistics, and assessment. While focusing primarily on the development of the counselor as an informed consumer of research, this coursework may also provide a foundation for the counselor to produce original research as part of program evaluation or professional improvement. The following questions are therefore relevant for counselor educators: To what extent is the content of graduate-level coursework in research methods actually incorporated into the practicing counselors' professional identity in the field? Do experienced counselors value research and do they incorporate the results of research in their professional practice? And are we – as counselor educators – facilitating the development of appropriate research skills and attitudes that will actually serve counselors as they enter the profession? The answer to these questions will suggest implications for the graduate program itself as well as for the accreditation standards upon which that program is based (Gerig, 2012; Steele & Rawls, 2015).

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In the 2016 CACREP Standards, there are six sections overall (CACREP, 2016a). The most relevant to the current investigation is Section 2 (Professional Counseling Identity), within which there are eight essential curriculum areas, including assessment (#7) and research methods (#8). Other CACREP core curriculum areas include social and cultural diversity, human development, career development, and group counseling.

In the minds of many graduate students, the latter areas (social and cultural diversity, human development, career development, and group counseling) align most closely with what they perceive as the essence of their future professional work (Huber and Savage, 2009). Research methodology and interpretation may "carry a sense of associated interest but not personal/professional value" (Huber and Savage, 2009, p. 168). Master's-level students, according to Huber and Savage (2009) are typically more interested in acquiring skills in individual, group, and career counseling than in areas more associated with the work of professors and doctoral students (Gelso, Mallinckrodt, & Judge, 1996; Goodman-Scott, 2015; Scarborough, 2005).

As an instructor of assessment and research methods courses in a counselor education program, I deal with concepts and skills that may not (according to Huber and Savage, 2009) be obviously relevant to students who are planning to become counseling professionals. As a result, one of the on-going challenges is to relate classroom work in assessment (more specifically, descriptive statistics and score reports) and research methods (especially inferential statistics) to the work of professional counselors in the field. The ultimate goal is for graduate students to develop an appreciation of how practicing counselors actually use the methods and results of research in their daily professional lives. This kind of discussion often begins by challenging graduate students' own assumptions about research and its utility as a part of a counselors' work. Then, by presenting real world applications of research in counseling practice, one can facilitate a process whereby graduate students analyze their own attitudes and assumptions in light of those applications. For the counselor educator, this line of inquiry and discussion requires an understanding of practicing counselors' attitudes toward research as well as knowledge of how graduate students typically view these same issues. Toward this end, the present study was designed to assess the attitudes of counselor education students toward research-related topics and to compare them with the attitudes and practices of school and college counselors working in the field.

The rationale for this investigation lies in the assumption that to the extent that counselor educators understand the priorities and practices of counselors in the field, they will be better equipped to prepare graduate students for the profession. Further, since that preparation may also require adherence to standards of accreditation, the counseling educator is often faced with the challenge of balancing of accreditation standards and actual professional practice (Gibson, Dooley, Kelchner, Moss, & Vacchio, 2012; Johnson, 2000). In order to navigate this terrain, counselor educators must identify the specific areas where graduate curricula correspond with professional practice as well as those areas where such correspondence does not exist. This study was designed to explore these factors as they specifically relate to the teaching of research methods and statistics in a CACREP-accredited graduate program. More specifically, this study sought to explore the attitudes of counselors prior to entering the profession as compared with attitudes among practicing counselors. Conclusions based upon this exploration could facilitate further study of the development of research-related aspects of professional counselor identity.

Review of Literature

Steele and Rawls (2014) found that, although most counselor education programs emphasize the development of knowledge and skills in research methodology, statistics, and program evaluation, students generally have low efficacy and perceived knowledge in these areas. In the study, a group of 804 counselor education students were asked to rate their preparedness in various CACREP areas on a scale from 1 (*low*) to 6 (*high*). The mean rating for research methods was 4.03 and for statistics, the mean rating was 3.84. Since, in the view of Steele and Rawls (2014), research-based knowledge is central to counseling practice, they recommended that counselor education programs include early exposure to research and statistics, integration of research topics across coursework, research-specific mentoring, and open discussion of these issues with students. Steele and Rawls (2014) claim "research both informs and improves practice and is considered a primary strategy for strengthening and unifying the counseling profession" (p. 134). Huber and Savage (2009) also advocate for the early inclusion of practitioner-directed action research as a means for developing graduate students' skill and confidence in research methods.

Using a modification of the *School Counselor Activity Rating Scale (SCARS)*, developed by Scarborough (2005), Goodman-Scott (2015) found that practicing counselors perceive a number of mismatches between their professional preparation and what they are actually required to do in the field. While the *SCARS* instrument does not include items related to

research and statistics, one implication of this study is that programs in counselor education may benefit from a closer look at practicing counselors' actual activities and the implications of any mismatches for the counselor education curriculum. In other words, are there areas of counselor education curricula that include knowledge and competencies that are not actually employed or valued by practicing counselors? To the extent that such mismatches exist, according to Goodman-Scott (2015), counselor educators should consider ways to close the gap between curriculum standards and professional expectations and behaviors in the field.

Other studies have explored related issues, such as the discrepancy between the professional priorities of practicing counselors and the realities of their daily practices, though these studies generally deal with activities related specifically to professional practice, such as counseling, consultation, and curriculum (Lewis & Hatch, 2008; Swank, Lambie, & Witta, 2012). For example, Nelson, Robles-Pina, and Nichter (2008) reported differences between counselors' actual activities and their preferred activities. This study used the *SCARS* instrument (Scarborough, 2005) in its original form, by which respondents rate a number of activities in two separate columns, one for *actual* and one for *prefer*, as each item relates to the counselor's own practice and preferences. Again, while this rating scale does not include items related to research and statistics, the results of the Nelson, Robles-Pina, and Nichter (2008) study further illuminate the phenomenon of potential mismatches, in this case between counselors' preferences and actual practices.

Another line of research in counselor education has focused on background variables (life experience, for example) contributing to the formation and maintenance of professional identities (Lloyd-Hazlett & Foster, 2017). Others have examined how various activities in college classrooms impact professional identity (Gordon & Luke, 2016; Rockinson, Pritchard, McComb-Beverage, & Schellenberg, 2013; Lewis & Hatch, 2008).

While these and other studies have explored counselors' preparedness, professional identity, and the relationship between expectations and actual practice (Dollarhide, Gibson, & Moss, 2013; Gelso, Mallinckrodt, & Judge, 1996; Gerig, 2012; Huber & Savage, 2009; Swank, Lambie, & Witta, 2012), there has been little exploration of the differences between the role expectations and attitudes of counselors-in-training and those of counselors in the field, specifically as related to the application of skills in research and statistics. Though researchers such as Steele and Rawls (2014) and Huber and Savage (2009) emphasize the primary function of research in counselor education, it should not be assumed that research and statistics occupy the same exalted position in the real world of counseling. The current study contributes to a better understanding of the relationship between the perspectives of counselor education students and practicing counselors as they relate to the applicability and relevance of research and statistics in the counseling profession.

Specifically, this study sought to answer the following key questions: (1) What attitudes toward research and statistics are expressed by counselor education students, practicing school counselors, and practicing college counselors? (2) How do subjects in the same three groups rate their confidence and understanding in research-related and assessment-related areas of counseling practice? (3) How do these attitudes and perceptions differ among subjects in the three groups?

Method

Participants

Three groups of subjects were identified for this study: counselor education students, school counselors (K - 12), and college counselors, all from the southeastern Pennsylvania region. The counselor education students were selected as a convenience sample, consisting of graduate students (M.Ed. and M.S.) in a CACREP-accredited program, enrolled in the second of two required assessment and research methods courses at a large state university. School counselors (from both elementary and secondary levels) were identified and contacted through publicly available school district staff directories. Likewise, college counselors were identified and contacted via information available on college websites. The college counselor group was recruited from a wider area than the school counselor group due to the lower concentration of institutions available in a single county. For the college counselor group, invitations to participate were distributed via e-mail throughout a five-county area in southeastern Pennsylvania. A letter of introduction and explanation was e-mailed to each target group, along with a link to the appropriate on-line survey. In each of the three groups, potential respondents were assured that all survey data would remain anonymous and confidential.

Instruments

In the spring of 2015, a pilot version of the *Counselors' Attitudes Toward Research and Statistics (CATRS)* survey was developed and field-tested with a group of 73 graduate students in counselor education. The Likert-style items in the *CATRS* were designed with reference to specific research and assessment

competencies from the 2016 CACREP standards (CACREP, 2016a). The feedback and data analysis from this pilot administration were used primarily to revise the instrument for clarity and ease of use and interpretation. Revisions were based upon students' comments about the wording of individual items, the overall format of the instrument, and the relevance of items to CACREP standards.

Three versions of the *CATRS* survey were developed for the study. The surveys were developed using *Qualtrics* software (Qualtrics Labs, 2016) and were completed on-line by individuals from the three groups. To facilitate comparisons, the core questions are essentially the same on all three surveys, but each survey contains demographic and background questions appropriate to the specific group. For each survey, the *Qualtrics* program generates a unique Internet link and these links were included in the introductory letter and consent form that was e-mailed to each potential participant. Since no specific identifying information is requested, all survey responses remain anonymous and confidential. This is an important consideration for all participants, but particularly for the student group, who may otherwise feel pressured to complete a survey distributed by one of their course instructors. For this reason, student participation was requested after all course requirements were completed and semester grades submitted. Additionally, since this was the final course in their research methods sequence, the student subjects would not be working with the researcher (instructor) in any future classroom settings.

Procedures

Prior to implementing the study, permission was secured from the Institutional Review Board (IRB) at the researcher's university. In compliance with IRB guidelines, letters of informed consent were developed for each group of subjects. In the letters, subjects were informed of the overall purpose of the study and were asked to indicate consent to participate. Also, subjects were informed that they could withdraw from the study be discontinuing completion of the survey at any point. In compliance with IRB guidelines, acceptance of the consent documentation, followed by completion and final submission of the on-line survey, constituted consent to participate in the study.

The invitation to complete the *CATRS* survey was distributed to the graduate student group at the end of each semester between the summer of 2015 and the fall of 2016. In other words, as each cohort completed the second required research methods course, the consent letter and link were provided and students were asked to participate in the on-line survey. The school counselor and college counselor surveys were all completed in the spring of 2016. A single e-mail was sent to these counselor groups with a consent letter and request for participation. In all, 211 e-mail requests were sent to school counselors, college counselors, 231 requests were sent to college counselors, and 106 requests were sent to counselor education students. At the end of the fall 2016 semester, the survey was closed and the data were compiled for analysis.

Results

At the conclusion of the data collection period, there were 58 surveys completed and submitted by counselor education students (22 who indicated a school counseling interest, 31 who indicated a college counseling interest, and four who indicated other interests), 52 surveys completed and submitted by school counselors (K - 12), and 29 surveys completed and submitted by college counselors. Thus, the separate return rates were as follows: 25% for school counselors, 13% for college counselors, and 55% for counselor education students. The return rates for school counselors and counselor education students are within the typical range for on-line surveys (Nulty, 2008; Shih & Fan, 2009), while the rate for college counselors is below that range. The 13% rate for college counselors could be attributable to the fact that higher education professionals represent a wide diversity of roles, titles, and departmental affiliations. It is possible that, upon receiving the e-mail request, some college counselors determined that it was not relevant to their particular professional roles and therefore declined to respond. In future research, it would be advisable to incorporate additional follow-up contacts to assure that the most appropriate campus counselors are receiving and responding to the request to participate.

In the following sections, both descriptive and inferential data analyses are described. In order to address the three key research questions, it is necessary to first identify and describe the attitudes toward research and statistics expressed by the three groups of subjects (questions 1 and 2). Then, inferential analyses are necessary to identify any significant differences among the groups with respect to attitudes toward research and statistics (question 3).

Counselor Education Students' Predicted Use of Assessment and Research Methods

An analysis of descriptive statistics reveals some trends in graduate students' attitudes toward assessment and research methods, particularly as these areas relate to their future professional lives. Respondents (N = 58) were asked to predict the extent to which they will engage in nine separate activities as counselors, using the following Likert-style scale: 1 = *never*, 2 = *once in*

a while, 3 = *often*, 4 = *very often*. Of the nine activities, two received the highest mean ranking. They were *Using research to improve counseling effectiveness* and *Observing individual students in academic settings*, each with a mean rating of 3.21 (between often and very often). Also ranked in the top five were *Reading counseling-related research*, *Interpreting test scores*, and *Administering standardized tests*.

The two lowest ranked items (8th and 9th) for counselor education students were *Using assessment results to make recommendations* and *Explaining test results to parents*. Table 1 depicts the complete set of ranked items with mean scores.

Practicing Counselors' Reported Use of Assessment and Research Methods

An analysis of descriptive statistics reveals some trends in practicing school and college counselors' reported use of assessment and research methods. Respondents (N = 81) were asked to report the actual extent to which they engage in nine separate activities as counselors, using the following scale: 1 = *never*, 2 = *once in a while*, 3 = *often*, 4 = *very often*. The counselors chose the same top five items as the graduate students, though in a somewhat different order. For practicing counselors, the top two items were *Observing individual students in academic settings* and *Interpreting test scores*. Additional items in the top five were *Using research to improve counseling effectiveness*, *Administering standardized tests*, and *Reading counseling-related research*.

The two lowest ranked items (8th and 9th) for practicing counselors were *Using reliability and validity information to make assessment decisions* and *Selecting assessments for use in counseling practice*. Table 1 depicts the complete set of ranked items with mean scores.

Counselor Education Students' Confidence in and Self-Assessment of Their Preparation in Research Methods and Statistics

Next, respondents were asked to indicate a level of confidence in their ability and preparation in seven different areas, using the following scale: 1 = *none*, 2 = *little*, 3 = *some*, 4 = *much*. Of the seven areas, *Using research to improve counseling effectiveness* received the highest rating, with a mean of 3.28 (between "some" and "much" confidence). *Observing individual students in academic settings* was ranked second, with a mean of 3.26. The area in which counseling students expressed the least confidence was Explaining test results to parents, with a mean score of 2.71. The mean scores for confidence are presented in Table 2.

In another section of the *CATRS* survey, graduate students were asked to rate their level of understanding of specific concepts covered in two required assessment and research methods courses, using the following scale: 1 = *low/none*, 2 = *medium*, 3 = *high*. Of the seven areas, two were tied for the highest ranking. They were *Descriptive statistics* and *Qualitative vs. quantitative research*, each with a mean rating of 2.76 (between medium and high). The lowest ranked item was *Specific assessment instruments (knowledge of)*, with a mean of 2.31. Table 3 depicts mean scores for each of the self-assessment items.

In a prior section of the *CATRS* survey, counselor education students (all counseling areas, N = 58) were asked to judge their understanding of the same concepts (described above) before completing the two required assessment and research methods courses. A series of one-way analyses of variance was conducted to compare perceived prior understanding with perceived understanding after completing the two related courses. It is important to note that both of these judgments were occurring after the courses had been completed. In other words, graduate students were asked to retrospectively rate (recall) their understanding of the concepts prior to completing the coursework. For six of the seven concepts, there were significant differences in *before* and *after* levels of understanding. In each of these instances, graduate students reported a significantly greater level of understanding ($p < .05$) after completing the courses, as shown in Table 4. The only item for which significant differences did not exist was *Standardized tests*, with mean ratings of 1.77 (before) and 2.56 (after).

Comparing School Counseling Students and Practicing School Counselors

A series of one-way analyses of variance was conducted to explore differences between the survey responses of school counseling students and practicing school counselors. These data were collected to explore the possibility of mismatches between counselor education curricula and the priorities of practicing school counselors. On nine separate survey items, graduate school counseling students (N = 22) were asked to predict how often they would incorporate certain activities into their professional practice. In similar survey items, practicing school counselors were asked how often they actually incorporate these activities in their professional lives. In three cases, there were significant differences in the responses of the two groups. In each of these instances, graduate students predicted a significantly higher degree of predicted application ($p < .05$) than the actual activities reported by practicing school counselors, as indicated in Table 5.

On seven separate survey items, graduate students were asked to indicate levels of confidence in the preparation they received in specific areas of counseling practice. In similar survey items, practicing school counselors were asked how prepared they currently are in the same areas. For six of the seven items, there were significant differences in the responses of the two groups. In each of these instances, graduate students reported a significantly greater level of preparation ($p < .05$) than practicing school counselors, as shown in Table 5. (The only item for which significant differences did not exist was *Interpreting test scores*, with mean ratings of 2.91 (graduate students) and 2.79 (counselors).

On seven separate survey items, graduate students were asked to rate their level of understanding of specific concepts covered in two required assessment and research methods courses. In similar survey items, practicing school counselors were asked to rate their understanding of the same seven concepts. For three of the seven items, there were significant differences in the responses of the two groups. In each of these instances, graduate students reported a significantly greater level of understanding ($p < .05$) than practicing school counselors, as indicated in Table 5. There were no significant differences between the two groups in their reported understanding in the following areas: standardized tests, reliability, validity, and understanding of specific assessment instruments.

Comparing College Counseling Students and Practicing College Counselors

One-way analyses of variance were conducted to explore differences between college counseling students and practicing college counselors. Graduate school counseling students (N = 31) were asked to predict how often they would incorporate certain activities into their professional practice, while practicing college counselors (N = 29) were asked how often they actually incorporate these activities in their professional lives. In four cases, there were significant differences in the responses of the two groups. In each of these instances, graduate students predicted a significantly higher degree of predicted application ($p < .05$) than the actual activities reported by practicing college counselors, as indicated in Table 6. There were no significant differences between the two groups in the following reported activities: administering standardized tests, interpreting test scores, explaining test results to parents, reading counseling-related research, and observing individual students in academic settings.

Comparisons were also made between graduate students and practicing college counselors in their assessment of the preparation they received in specific areas of counseling practice. For four of the seven items, there were significant differences in the responses of the two groups. In each of these instances, graduate students reported a significantly greater level of preparation ($p < .05$) than practicing college counselors, as shown in Table 6. There were no significant differences between the two groups in their reported preparation in the following areas: administering standardized tests, interpreting scores, and using research to improve counselor effectiveness.

Graduate students and college counselors were also asked to rate their levels of understanding of specific concepts related to assessment and research methods courses. For all seven items, there were significant differences in the responses of the two groups. In each of these instances, graduate students reported a significantly greater level of understanding ($p < .05$) than practicing college counselors, as indicated in Table 6.

Years of Service and Practicing Counselors' Attitudes Toward Research and Statistics

To further examine differences based upon practicing counselors' years of service, a Multiple Analysis of Variance (MANOVA) was conducted to compare two groups of counselors, those with 1 to 8 years of service and those with 15 or more years of service. Each of these groups represents one third of the sample of practicing school and college counselors. Though there were some differences in mean responses on the survey, only two items showed statistically significant differences ($p < .05$) between the two groups. These items were: *preparation for interpreting test scores* and *understanding of qualitative vs. quantitative research methods*. First, counselors with less professional experience (1 – 8 years) rated their *preparation for interpreting test scores* significantly higher than more experienced (15 + years) counselors (with mean ratings of 3.19 and 2.46 respectively). Second, counselors with more professional experience (15 + years) rated their *understanding of qualitative vs. quantitative research methods* significantly higher than less experienced (1 – 8 years) counselors (with mean ratings of 2.65 and 2.35 respectively). Despite these two differences, there are no clear conclusions to be drawn with respect to specific relationships between survey items and years of service.

Discussion

One over-arching trend in these results is that research-related activities and concepts are generally ranked higher than assessment-related activities and concepts by graduate students in terms of predicted

usefulness in practice as well as in terms of the students' confidence and perceived understanding in those areas. However, since this survey was completed at the end of the research methods course (with the assessment course having been completed in a prior semester), the research-related information may have simple been fresher in the minds of the graduate students. These data should all be interpreted with possible recency effects in mind.

It is also with the research-related survey items that the greatest differences exist between counseling education students and practicing counselors, which points to another trend in the overall results. On the survey, counselor education students predicted that they would apply research-based concepts to a greater degree than practicing counselors report the actual application of those concepts. At the time of the study, the graduate students were participating in a program based explicitly on CACREP standards. Because these standards emphasize the development and application of research-related knowledge, it is not surprising that these students expect to use this knowledge in their future practice. What is notable, however, is that practicing counselors do not place the same degree of emphasis on research-related activities in their professional work. This is an area where CACREP standards for counselor education do not align with practicing counselors' actual behaviors and priorities in the field. The nature of this mismatch is a subject for further consideration within the counseling profession and among counselor education faculty.

As a group, counselor education students perceive the value of research-related activities, as evidenced by their prediction that they will *often* or *very often* read and utilize research in order to enhance their counseling practice. In addition, the mean ratings for *Using research to improve counseling effectiveness* and *Observing individual students in academic settings* suggest that counseling students consider both research knowledge and observation skills as important in professional practice. Further, counseling students rated their confidence in these areas highly as well. Finally, when rating their understanding of specific concepts in assessment and research, graduate students' highest rankings were for *Descriptive statistics* and *Qualitative vs. quantitative research*; these scores fall between *medium* and *high* levels of understanding. Incidentally, of the seven concepts listed, all were ranked between *medium* and *high* for understanding. To summarize, these counselor education students place a priority on research methods and knowledge and also display confidence in their preparation and levels of understanding in this area. This finding is encouraging in light of the fact that these curricular areas address priorities for CACREP accreditation. However, this group of findings also contradicts some research and opinion suggesting that counselor education students possess low efficacy and perceived knowledge of research and statistics (Steele & Rawls, 2014) and display relative professional disinterest in research and statistics (Huber & Savage, 2009).

For practicing counselors, the picture differs somewhat. Both practicing school counselors and practicing college counselors reported significantly less engagement with *Using research to improve counseling effectiveness* than the predictions of the corresponding groups of graduate students. School counselors also reported less involvement with *Reading counseling-related research studies and journals* than was predicted by graduate students in school counseling, while for college counselors this difference did not appear.

School counselors reported significantly less confidence in their ability to use research than graduate students, while – again – this difference did not appear for college counselors. When asked to rate their levels of understanding for assessment and research concepts, school counselors produced significantly lower ratings than graduate students in three areas: *Descriptive statistics*, *Derived scores*, and *Qualitative vs. quantitative research*. These are the most research-related items in the list of seven concepts, indicating that school counseling students, in addition to valuing research knowledge as part of professional life, also possess a positive view of their preparation and understanding in this area. This result is not entirely surprising, since the graduate students' exposure to these topics is more recent. However, it is also informative to consider that, once in the field, school counselors may experience a diminishing interest and confidence in the methods and results of research. The results of a MANOVA did suggest some differences based on years of experience, but no clear conclusions can be drawn in this area. Furthermore, since this study did not account for differences in the original academic preparation of practicing counselors, any specific conclusions about counselors' knowledge loss would be tentative at best. Finally, it is also possible that the ongoing process of CACREP accreditation has resulted in graduate certification programs with greater emphasis in these areas (and perhaps others) over recent years. This would account for current students exhibiting greater knowledge and confidence in statistics and research than counselors who have been practicing for a number of years. However, a case could also be made that practicing counselors do not prioritize the same areas that are emphasized in the CACREP standards. Again, this raises a question of whether the mismatch implies a need for revision of the standards or a rethinking of professional development for practicing counselors.

In a parallel analysis of the results for college counselors, the ratings for practicing counselors were significantly lower than ratings by graduate students in all seven areas listed on the survey, including both assessment-related and research-related areas. It is more difficult to generalize about this finding but, once again, practicing counselors may "lose" some level of confidence and understanding (at least in their own judgment) once they have spent some time in the field.

From the results of this single study, it seems that these students in counselor education do, according to their self-assessment, complete the graduate program with both understanding and confidence in several areas from Section 2 of the 2016 CACREP standards (CACREP, 2016a), specifically those related to research methods, interpretation of statistical assessment data, and application of research in counseling settings. However, there is also evidence that practicing counselors exhibit less interest in and application of research methods and concepts in professional practice. It is possible that, once they enter the counseling field, individuals may experience a diminishment in their professional interest and application of what they have learned in these areas. But again, as stated above, specific conclusions about knowledge loss are beyond the scope of the present study. This could be partly due to an increased focus on and additional on-the-job learning within other areas of professional skill that seem more immediately relevant, such as human development, career counseling, and group counseling (each of which is also a CACREP core curriculum area).

In conclusion, counselor educators face several challenges based upon the results of this study. For example, while CACREP standards emphasize the understanding and research and statistics in professional preparation programs, practicing counselors in the field may not equally prioritize these concepts. This implies a dual task for the counselor educator, who must both develop these understandings and equip future counselors to draw upon and apply the knowledge in their professional practice. An initial step in this process would be to continue gathering data on the attitudes and understandings of the appropriate groups of professionals (perhaps using the *CATRS* survey). The next step would be to design experiences and employ strategies to help close the gap between graduate school curricula and professional practice. Finally, there should be on-going efforts to assure that accreditation standards do indeed reflect the best practices of counselors in the field. The results of this study (along with follow-up replications of the methodology) could be informative for the accrediting agencies themselves, as they seek to align professional standards with the practical priorities of the counseling profession. Again, the *CATRS* survey could be a useful tool for this purpose.

Limitations

Limitations of this study include the numbers of subjects overall and the fact that a single graduate program was used as a source for counselor education student data. This study represents the initial use of the *Counselors' Attitudes Toward Research and Statistics (CATRS)* survey. It is hoped that other researchers will consider following up with additional data collection using the instrument. If data from several studies could be combined, it would also be possible to conduct a factor analysis to explore the nature of the dimensions used to develop the survey. Survey items were designed with reference to CACREP standards (also drawing upon CACREP language in the wording of items). A factor analysis would help to confirm (or disconfirm) the validity of these underlying dimensions. Such an analysis could serve as evidence of the validity of the survey as well as of the content of the CACREP standards themselves.

Another limitation lies in the nature of the survey data, which is exclusively quantitative. In future research efforts, it would also be advisable to collect qualitative (e.g., interview) data. Such narrative data could provide a richer and more comprehensive picture of how counselors perceive research and statistics as part of their overall professional identities. Specific items in the *CATRS* could be adapted as questions for a semi-structured interview, allowing for the triangulation of data in the reporting of mixed-methods results.

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Table 1

Ranked Mean Scores for Predicted and Actual Use of Assessment and Research Methods

Counselor Education Students' Predicted Use	
Item	Mean score
Using research to improve counseling effectiveness	3.21
Observing individual students in academic settings	3.21
Reading counseling-related research	3.00
Interpreting test scores	2.81
Administering standardized tests	2.76
Selecting assessments for use in counseling practice	2.55
Using reliability and validity information to make assessment decisions	2.44
Using assessment results to make recommendations	2.35
Explaining test results to parents	2.17

Practicing Counselors' Actual Reported Use	
Item	Mean score
Observing individual students in academic settings	2.98
Interpreting test scores	2.84
Using research to improve counseling effectiveness	2.56
Administering standardized tests	2.44
Reading counseling-related research	2.43
Explaining test results to parents	2.37
Using assessment results to make recommendations	2.36
Using reliability and validity information to make assessment decisions	1.95
Selecting assessments for use in counseling practice	1.77

Note. Rating scale: 1 = *never*, 2 = *once in a while*, 3 = *often*, 4 = *very often*

Table 2

Ranked Mean Scores for Counselor Education Students' Confidence in Their Preparation

Item	Mean confidence score
Using research to improve counseling effectiveness	3.28
Observing individual students in academic settings	3.26
Administering standardized tests	3.00
Interpreting test scores	2.98
Using assessment results to make recommendations to teachers and parents	2.79
Selecting assessment instruments for use in counseling practice	2.74
Explaining test results to parents	2.71

Note. Rating scale: 1 = *none*, 2 = *little*, 3 = *some*, 4 = *much*

Table 3

Ranked Mean Scores for Counselor Education Students' Assessments of Their Learning

Item	Mean self-assessment score
Descriptive statistics (mean, standard deviation, etc.)	2.76
Qualitative vs. quantitative research	2.76
Reliability	2.69
Validity	2.67
Standardized tests	2.57
Derived scores (percentiles, z scores, T scores, etc.)	2.52
Specific assessment instruments (knowledge of)	2.31

Note. Rating scale: 1 = *low / none*, 2 = *medium*, 3 = *high*

Table 4

Mean ratings for students' understanding before and after coursework

Item: Rate your current level of understanding *(before and after coursework)* of each concept.	Before	After
Descriptive statistics: mean, standard deviation, etc.	2.12	**2.77**
Derived scores: percentiles, T scores, etc.	1.49	**2.53**
Reliability	1.65	**2.70**
Using assessment results to make recommendations to teachers and parents	1.61	**2.68**
Using research to improve your own counseling effectiveness	1.51	**2.32**
Qualitative vs. quantitative research	1.84	**2.75**

Note. Rating scale: 1 = *low / none*, 2 = *medium*, 3 = *high*

All differences significant at the $p < .05$ level.

Table 5

Comparisons of Mean Ratings for School Counseling Students and Practicing Counselors

School Counseling Activities	Students	Counselors
Item: How often do you *(students)* predict you will engage in ...		
Item: How often do you *(counselors)* engage in ...		
Selecting assessment instruments for use in practice	**2.36**	1.71
Reading counseling-related research studies and journals	**2.91**	2.33
Using research to improve your own counseling effectiveness	**3.27**	2.56

Note. Rating scale: 1 = *never*, 2 = *once in a* while, 3 = *often*, 4 = *very often*

School Counselor Preparation	Students	Counselors
Item: How much preparation did you *(students)* receive in each of the following areas as part of your counselor education?		
Item: How confident do you *(counselors)* feel about your preparation for carrying out each of the following activities?		
Administering standardized tests	**2.91**	2.33
Explaining test results to parents	**2.82**	2.23
Selecting assessment instruments for use in counseling practice	**2.59**	1.87
Using assessment results to make recommendations	**2.73**	2.23
Using research to improve your own counseling effectiveness	**3.32**	2.87
Observing individual students in academic settings	**3.41**	2.92

Note. Rating scale: 1 = *none*, 2 = *little*, 3 = *some*, 4 = *much*

School Counselors' Understanding of Concepts	Students	Counselors
Item: Rate your current level of understanding of each concept.		
Descriptive statistics: mean, standard deviation, etc.	**2.77**	2.29
Derived scores: percentiles, T scores, etc.	**2.45**	1.96
Qualitative vs. quantitative research	**2.59**	2.23

Note. Rating scale: 1 = *low / none*, 2 = *medium*, 3 = *high*

Note. All differences significant at the $p < .05$ level

Table 6

Comparisons of Mean Ratings for College Counseling Students and Practitioners

College Counseling Activities	Students	Counselors
Item: How often do you *(students)* predict you will engage in ...		
Item: How often do you *(counselors)* engage in ...		
Selecting assessment instruments for counseling practice	**2.58**	1.86
Using reliability and validity information to make decisions	**2.53**	1.86
Using assessment results to make recommendations	**2.10**	1.55
Using research to improve counseling effectiveness	**3.10**	2.55

Note. Rating scale: 1 = *never*, 2 = *once in a* while, 3 = *often*, 4 = *very often*

College Counselor Preparation	Students	Counselors
Item: How much preparation did you *(students)* receive in each of the following areas as part of your counselor education?		
Item: How confident do you *(counselors)* feel about your preparation for carrying out each of the following activities?		
Explaining test results to parents	**2.66**	1.59
Selecting assessment instruments for use in counseling practice	**2.81**	2.24
Using assessment results to make recommendations	**2.81**	1.76
Observing individual students in academic settings	**3.13**	2.45

Note. Rating scale: 1 = *none*, 2 = *little*, 3 = *some*, 4 = *much*

College Counselors' Understanding of Concepts	Students	Counselors
Item: Rate your current level of understanding of each concept.		
Standardized tests	**2.65**	2.31
Descriptive statistics: mean, standard deviation, etc.	**2.77**	2.28
Derived scores: percentiles, T scores, etc.	**2.61**	1.82
Reliability	**2.84**	2.31
Validity	**2.81**	2.34

Specific assessment instruments (knowledge of)	**2.55**	2.10
Qualitative vs. quantitative research	**2.87**	2.59

Note. All differences significant at the $p < .05$ level.

Note. Rating scale: 1 = *low/none,* 2 = *medium*, 3 = *high*

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Counselors in Trouble: A Review of Disciplinary Actions for Counselors in Pennsylvania

Gregory Roth, Sarah Mount, and Charles Jacob

The purpose of this article is to identify ethical violations cited by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors over the course of 5 years (2011 - 2016). Among the most common were the misrepresentation of credentials, failure to complete continuing education, and boundary violations. These results appear congruent with other studies examining disciplinary actions taken against mental health professionals.

Keywords: Ethics, board sanctions, supervision, boundary violations

The American Counseling Association (ACA) created and maintains a code of conduct for its members and the counseling profession. Counselors, in turn, are expected to understand and abide by the standards set forth in the *ACA Code of Ethics* (2014). According to Herlihy and Dufrene (2011), ensuring that counselors abide by the ethical code is the leading concern of counseling ethicists. To secure and maintain a license as a professional counselor in Pennsylvania, individuals must attest to being of good moral character and promise to honor the aforesaid code, as well as the state's laws and regulations.

Licensed professional counselors that violate ACA's code or state laws and regulations risk financial penalties, suspension, or even expulsion from the profession (Pennsylvania Department of State, 2017). In an effort to better understand what types of unethical activities are being committed by licensed counselors in Pennsylvania, the authors have reviewed and compiled all sanctions meted out by the state's licensing board between 2011 and 2016. The purpose of this review is to aid in preparing trainees and in helping current practitioners avoid common pitfalls.

A Brief History of Ethical Violations Reporting

At the time of this writing, most states display ethical violation and sanctions of counselors on their respective, publicly accessible webpages. Ethical violation data are typically *not* systematically shared between state licensing boards or with outside professional ethics committees (Mascari, 2004; Mascari & Webber, 2006). In a seminal effort to consolidate disparate findings about counselors, Herlihy, Healy, Cook, and Hudson (1987) surveyed 10 states about ethical complaints filed through 1984. Seven of those states had reportable findings, revealing a total of 191 complaints. Herlihy et al. found that the most frequent types of ethical complaints were the result of misrepresenting credentials (n = 37), breaching state licensing board standards (n = 21), and engaging in inappropriate or sexual relationships with clients (n = 18). A similar, but expanded follow-up effort by Neukrug, Healy, and Herlihy (1992) surveyed 34 licensing boards, uncovering 1,143 complaints from the 32 boards that responded. The results indicated that of the complaints, 27% were for the *inaccurate representation of credentials*, 20% for *sexual relationships* with clients, 12% *inappropriate fee assessment*, and 7% for *inappropriate dual relationships* (Neukrug et al., 1992).

Several years later, a similar review by Neukrug, Milliken, and Walden (2001) uncovered comparable results in their inquiry of 30 state licensing boards' complaints against counselors. For the 5-years examined, they found that *inappropriate dual relationships* were the focus of 24% of the 1,018 complaints filed, with *incompetence in the counseling relationship* (17%), and *misrepresentation of credentials* (8%) occurring second and third in frequency. *Sexual relationships with clients* were reported in 6% of the complaints. Other noted violations included *breaches of confidentiality, inappropriate fee assessment, failure to get appropriate informed consent*, and an *other* category (including felonies and drug charges).

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From the complaints, 241 disciplinary actions were taken. This included 87 revocations of licenses (36%), 45 suspensions (19%), 12 letters of reprimand (5%), 10 mandates for supervision (4%), 2 fines (.8%), and 85 other actions (35%; e.g., probation, public reprimand, community service, further education; Neukrug et al., 2001).

The Compliant, Review, and Sanctions Processes in Pennsylvania

Pennsylvania's State Board of Social Workers, Marriage and Family Therapists and Professional Counselors regulates the practices for the interrelated professions (Pennsylvania Department of State, 2017). At the time of this writing, the board is comprised of a mix of representatives from the professions (five Licensed Clinical Social Workers [LCSW], two Marriage and Family Therapists [MFT], two Licensed Professional Counselors [LPC], and one alternating appointment of an MFT or LPC), two lay people, and the state's Commissioner of Professional and Occupational Affairs. The foremost duty of the board is ensuring the integrity of the professions and protecting the public. Two central strategies for this are the regular reviews of required filings and reviews of complaints received. These two processes account for nearly all counselor sanctions. Basic audits of applicants' materials may uncover problems such as lapsed licenses, inaccurate reporting of continuing education credits, or falsification of credentials. As an example, a counselor applying for initial licensure may submit paperwork detailing the required hours of clinical supervision, yet a review of that overseeing supervisor's status may reveal that the supervisor failed to renew his or her license.

The other avenue for discovery is the formalized complaint process. The Commonwealth of Pennsylvania maintains publicly viewable webpages that detail how complaints against counselors can be lodged, as well as a hotline to request information and/or forms that may need to be completed. Clients, stakeholders, other professionals, or the public may file complaints. It can be done online, or the needed documents can be printed and mailed to the board. Complainants may remain anonymous. If complainants reveal themselves in the process, they may be called upon to participate in any subsequent investigations or hearings (Commonwealth of Pennsylvania, 2017).

Once a complaint is received, a legal assistant does an initial review of merit and may consult with the state's legal office. Complaints may be summarily discarded for issues such as grossly incomplete information or a lack of jurisdiction over the referenced matter (e.g., a complaint against a person who is *not* licensed in Pennsylvania). Some complaints may provide wholly complete information but, if additional information is needed, the complaint is forwarded to the state's Bureau of Enforcement and Investigation. Members within this department follow-up on gathering missing information and interviewing involved parties or witnesses. Once all needed material is gathered, the case is then forwarded to Pennsylvania's Professional Compliance Office where the case is then assigned to a prosecuting attorney. The prosecuting attorney then determines whether the complaint should be closed with no further action or if formal disciplinary charges should be entered (Commonwealth of Pennsylvania, 2017).

The board is responsible for assigning sanctions and notifying accused counselors. The state provides a schedule of violations and penalties. As an example, a 1st offense of failing to complete the required 30 hours of continuing education is met with a fine of $100 per hour of deficiency (if the shortcoming is between 3-10 hours). Once notified of any sanctions, counselors can accept them or request a hearing. If a hearing is requested, the state prosecutors present their case to the licensing board and the accused counselors may respond with their defense. The board, after hearing both sides, can then determine whether to uphold, amend, or dismiss the sanctions (Commonwealth of Pennsylvania, 2017).

Summary of Ethical Violations in Pennsylvania

For this article, the Pennsylvania Department of State Archives was examined for disciplinary actions taken by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors. A 5-year period from December 2011 through September 2016 was chosen to provide a portrait of the most recent actions. Overall, there were 186 instances of professional counselors receiving disciplinary actions. There were many more complaints filed than disciplinary actions taken; as some complaints were dismissed without any action from the board.

The most common disciplinary action was for practitioners falling short of the required number of continuing education credits for their bi-annual license renewal review. This failure resulted in 34% of all sanctions. The second most common disciplinary action was for misrepresenting credentials, lapsed credentials, or practicing with an expired license. This represented

20% of the board's sanctions. Submitting falsified documents (e.g., misleading licensing renewal information) comprised 15% of disciplinary actions, while 6% were the result of practitioners being convicted of crimes (felonies and/or misdemeanors). Nearly 5% of the sanctions were for substance relate

offenses and 4% were for having sexual relationships with current or former clients. The remainder of the violations (i.e., failure to comply with previous disciplinary action, inappropriate dual relationship, violating consent/failure to obtain informed consent, and failure to report abuse) each comprised less than 4% of the disciplinary actions. Lastly, the hodgepodge *Other* category (for offenses such as: posing a danger to society, failure to comply with acceptable terms of practice, domestic relations code violation, unprofessional conduct, undisclosed past criminal history, and receiving unreported disciplinary action from another state board) accounted for nearly 6% of sanctions. Table 1 provides an overview of all the actionable offenses between December 2011 and September 2016. Table 2 sorts all the occurrences of noted violations by year.

Discussion

Reviewing and assessing ethical code violations at the state level may be a useful strategy for improving ethics education training for counselors and counselors-in-training, and for providing guidance in reformulating ethical codes. This review of recent citations in Pennsylvania provides insights into what types of behaviors are problematic and may help to focus educators' and supervisors' efforts toward areas that may need heightened attention. Problems related to maintaining bureaucratic standards (e.g., continuing education requirements and licensure status) were the largest number of citations; as such, supervisors and educators may need to provide further guidance to their charges related to licensure maintenance. This failure to complete continuing education and licensing requirements is especially concerning, considering that employers, professional organizations, and individual counselors all have a vested interest in ensuring ongoing professional development (Mulvey, 2013) which, in turn, attempts to enhance practical competence and the delivery of ethical services to clients (Remley & Herlihy, 2014).

Overall, the majority of the cited ethical violations in PA fell outside the face-to-face counseling relationship. It can be argued, however, all unethical behaviors adversely affect clients. Unethical behaviors more closely related to the person-to-person counseling interactions appeared to be cited in less than 11% of the violations in Pennsylvania (i.e., sexual relationships, failure to provide informed consent, inappropriate dual relationships, and failure to report abuse).

Pennsylvania as Compared to National Surveys

The citations issued to Pennsylvania counselors during the 5 years reviewed is consistent with the reports from past reviews by Neukrug and Milliken (2011) and Herlihy, Healy, Cook, and Hudson (1987). Similar to those national surveys, failure to complete continuing education training and inaccurate representation of credentials were the most commonly cited violation by counselors in Pennsylvania. Filing false documents was the third most frequent violation and, it could be suggested, that such filings were efforts to obfuscate or misrepresent shortcomings in training or licensing. These violations are then followed in frequency by a host of unacceptable actions that may have occurred outside of the counseling office (e.g., a conviction for driving under the influence of alcohol or retail theft).

Neukrug and Milliken's (2011) survey of counselors found that nearly 90% of the respondents rated *dual relationships* as unethical and 95% rated *not participating in continuing education* as unethical. Understanding of ethical issues, however, appear inversely and disproportionately related to the types of violations noted in Pennsylvania, with inappropriate dual relationships comprising 3% of all cited violations and failure to complete continuing education credits as 34% of the violations. A better understanding of how knowledge of ethics affects actual behaviors is needed.

The relatively lower prevalence rate of unethical behaviors *within* the client/counselor relationship may be influenced by a heightened awareness of professional expectations brought about by the expanding number of training programs that adhere to the Council for Accreditation of Counseling and Related Programs' (CACREP, 2015) requirement that ethics training be an integral component for any of its approved programs. An enhanced understanding of ethical behaviors within the counseling relationship may be influential in maintaining the standards of practice. It is, however, at odds with the higher rate of professionals cited for incomplete continuing education credits or for falsify documents, as these issues are also typically included in CACREP-approved programs and clearly outlined in the central document studies in such programs (i.e., ACA's 2014 *Code of Ethics*).

There also appears to be a schism between teaching, comprehension, and practice regarding boundary issues. Counselors have reported that they

view boundary issues as a major concern (Neukrug, Healy, & Herlihy, 1992; Herlihy, Healy, Cook, & Hudson, 1987), yet boundary violations are often one of the most frequently cited problems within the counseling relationship (Neukrug, Milliken, & Walden, 2001). This disconnect may explain why boundary issues are rated as the 3rd most significant concern for counseling ethicists (Herlihy & Dufrene, 2011). That same Helihy and Dufrene survey noted that *ensuring that counselors abide by ethical codes* was the most important concern. As counselor education programs move toward more rigorous standards and states continue to assess professional eligibility and practices, there is the expectation that more counselors will have the knowledge and skills to closely adhere to the ethical codes.

Limitations

There are, however, some limitations regarding what can be discerned from the reported numbers. Most significantly, the number and types of violations cited does not capture the occurrences of all unethical behaviors committed by professional counselors. What has been cited, it can be assumed, is only a small portion of the total population of problematic behaviors that go unexamined or unreported. Additionally, it is not clear why the distribution of violations and citations are so unevenly disbursed from year to year. As examples, 2012 had 24 citation for *inaccurate representation of licensure*, yet across the years 2014, 2015, and 2016 there was a total of one citation for such behaviors. Separately, 2014 had one-half (n = 4) of all citations issued (across all 6 years) for *sexual relationships with a client*. These uneven distributions could be accurate representations of what was occurring in the field, but they could also be caused by changes in counselors' training protocols, the public's attention to certain issues, funding limitations for investigations, changing focus or scrutiny by reviewers, or any number of other confounding factors.

Recommendations

Many of the violations that were cited could be sorted into 1 of 3 broad themes: administrative issues (attending/tracking continuing education credits), neglecting self (misusing drugs and alcohol [driving under the influence charges]), and violating boundaries. Framing the citations in such a manner may be helpful toward preventing such violations. To avoid ethical violations, it is recommended that counselors utilize strategies for staying organized, attending to self-care, and enacting a decision-making plan when confronted with boundary dilemmas.

Stay Organized and Connected

While some of these practices may seem elementary, this review highlights the importance of staying on top of the administrative tasks related to continuing education. Using technology like smartphones or electronic calendars to remind oneself of important dates related to approaching educational opportunities or paperwork deadlines may be useful. Properly maintaining a continuing education file, either physical or on a computer desktop, may prove invaluable toward tracking and facilitating quick access to earned certificates of credit. Professional counselors are trained in setting goals, documenting, assessing, and completing paperwork for clients' needs. These same skills can be applied toward one's own career maintenance. Additionally, being proactive by staying connected to professional electronic bulletin boards, chatrooms, and listservs can aid in prompting registration for conferences, workshops, or training sessions that will garner valuable continuing education credits.

Attend to Self-Care Needs

Professional counselors in Pennsylvania are required to be of good moral character, which includes adhering to state laws. Several of the violations cited during the 5 years reviewed were the results of convictions related to the misuse of drugs or alcohol. While it is difficult to know the full circumstances related to the individual violations that led to convictions, it is known that workers within human services experience relatively high rates of professional burnout and the factors that contribute to burnout are often complex (Maslach & Jackson, 1981). Additionally, burnout can manifest itself in many different forms, including the reliance on drugs and alcohol (Gutierrez & Mullen, 2016; Oser, Biebel, Pullen, & Harp, 2013). The term *self-care* has in fact become so ubiquitous in our profession that its utility and exact meaning have become somewhat convoluted (Bober & Regher, 2006).

Knowing the warning signs and carefully assessing oneself for precursory indications of burnout is crucial (Remely & Herlihy, 2014). Changes such as decreased job satisfaction, increased cynicism, loss of empathy, and withdrawal from normal activities are just a few of the signs of burnout (Maslach, Schaufeli, & Leiter, 2001). Refocusing priorities, setting limits, scheduling recreational time, practicing meditation, and developing renewed perspectives are just a few ideas that could help toward preventing burn out; while seeking supervision, attending personal counseling, restructuring job duties, and seeking continuing

education could be helpful toward remedying symptoms (Remely & Herlihy, 2014). The nature of professional counseling can be stressful (Mullen, Morris, & Lord, 2017) and, accordingly, counselors need to be vigilant in attending to their well-being.

Make Use of an Ethical Decision-Making Model

Per the most recent revisions to the American Counseling Association's code of ethics (ACA, 2014), counselors are expected to make use of an ethical decision-making model in their clinical practice. This mandate addresses the importance of using a formalized process for vetting decisions that is thoughtful, planned, and can be documented. Though a specific model is note endorsed, a thorough review of a decision making model can be found in Jacob, Roth, Cilento, and Stoler (2015).

Conclusion

In reviewing ethical violations cited by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors over the course of 5 years (2011 - 2016), it was found that trends of violations in Pennsylvania are consistent with national surveys. Bureaucratic upkeep of licensure was the most common grouping of violations (e.g., misrepresentation of credentials, failure to complete continuing education) followed by boundary violations. These results suggest that supervisors and educators work to encourage self-care among their charges, while also offering support and guidance related to maintaining licensing standards.

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Table 1

Prevalence of Violations receiving Disciplinary Action in PA, December 2011 - September 2016

Type of Violation	*n*	Prevalence (%)
Insufficient CEs	64	34.40
Inaccurate representation of licensure	37	19.89
Submitting false documents	28	15.05
Conviction of a felony/misdemeanor	12	6.45
Other	11	5.90
Substance abuse related	9	4.84
Sexual relationship with a client*	8	4.30
Failure to comply with previous disciplinary action	6	3.22
Inappropriate Dual Relationship	6	3.22
Violating consent/failure to obtain informed consent	4	2.15
Failure to report abuse	1	0.50

Table 2

Violations receiving disciplinary action in PA by year, December 2011 - September 2016

Violation	Year 2011	2012	2013	2014	2015	2016
Substance Related	5	1	1	1	1	0
Inaccurate representation of licensure		1	24	11	1	0
0						
Insufficient CEs	17	20	24	1	1	1
Submitting false documents			9	8	7	1
1 2						
Conviction of a felony/misdemeanor		4	1	4	3	0
0						
Failure to comply with a previous action		3	1	1	0	0
1						
Sexual relationship with client*		0	1	0	4	2
1						
Failure to report abuse	1	0	0	0	0	0
Inappropriate dual relationship*		2	0	1	1	1
1						
Other	2	2	0	1	4	2
Failing to obtain informed consent	1	0	2	1	0	0

Note: *Other* includes: posing a danger to society, failure to comply with acceptable terms of practice, domestic relations code violation, unprofessional conduct, undisclosed past criminal history, and receiving unreported disciplinary action from another state board.
*with a current or former client

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Preadolescents' Depressive Symptoms and Attributions for Negative Experiences with Peers

Michael Morrow, Marissa Sharp, and Julie Hubbard

The authors explored preadolescents' attributions for negative interactions with peers and tested whether their attributions are linked to depressive symptoms. A sample of 532 fourth- and fifth-grade boys and girls completed self-report measures of attributions and depressive symptoms, as well as peer nominations of peer rejection. Controlling for peer rejection, children's depressive symptoms were positively associated with internal-stable attributions and negatively associated with external-unstable attributions. Implications for counseling are briefly discussed.

Keywords: attributions, depressive symptoms, peer rejection

A rich history of theory and research has emerged on individuals' explanations for their personal experiences (Weiner, 2008). These explanations are known as attributions (Heider, 1958), and certain patterns of attributions (i.e., attributional styles) have been connected to adaptive and maladaptive functioning (Anderson, Miller, Riger, Dill, & Sedikides, 1994; Mezulis, Abramson, Hyde, & Hankin, 2004). In the past three decades, research has revealed that children's attributions for their experiences with peers are linked to psychological adjustment, with certain attributions positively correlating with loneliness, social anxiety, and depressive symptoms (Graham & Juvonen, 1998; Prinstein, Cheah, & Guyer, 2005; Schacter & Juvonen, 2017). The current study expands upon this work by examining whether the specific attributions that children make to explain their negative peer interactions (e.g., being ignored, rejected, or victimized) are associated with depressive symptomology.

The current study is grounded in Weiner's (1986) classic model positing that attributions reflect several causal dimensions, including locus and stability. Locus refers to whether an event is attributed to internal or external causes. Stability captures whether an event is ascribed to enduring or fleeting causes. Based on these two dimensions, children could attribute their negative experiences with peers to four types of attributions: internal-stable (e.g., my personality), internal-unstable (e.g., my mood that day), external-stable (e.g., the peer's disposition), and external-unstable (e.g., bad luck that day). In this study, we assessed children's tendency to make these types of attributions when explaining negative encounters with peers.

Theorists suggest that individuals are typically motivated to explain situations in ways that protect their self-esteem (Heider, 1958; Weiner, 1986). For instance, when explaining negative events, theorists posit that it is more adaptive to make external than internal attributions (Graham & Bellmore, 2007; Metalsky, Abramson, Seligman, Semmel, & Peterson, 1982). That is, aversive experiences are thought to have less impact on individuals' self-views when they attribute those events to situational factors rather than blame themselves. Thus, children may be more likely to ascribe negative peer experiences to external than internal causes, which could protect their self-perceptions and reduce their subsequent risk for depressive symptoms.

A robust research literature has emerged on children's internal attributions and internalizing symptoms. While many of these studies focus on different attributional dimensions, they largely reveal that children's internal-stable attributions for negative experiences are linked to a variety of internalizing challenges, such as social anxiety, loneliness, and depressive symptoms (e.g., Graham & Juvonen, 1998; Graham, Bellmore, Nishina, & Juvonen, 2009; Metalsky et al., 1982; Prinstein et al., 2005; Schacter & Juvonen, 2017).

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For example, Graham, Juvonen, and colleagues have found that children's characterological (internal-stable-uncontrollable) attributions for peer victimization are associated with concurrent and future depressive symptoms (Graham et al., 2009; Schacter & Juvonen, 2017). Other studies indicate that internal-stable-global attributions are associated with higher levels of depressive symptomology (Metalsky et al., 1982). Notably, global attributions reflect causes that span all situations versus specific ones. Collectively, these studies point to internal-stable attributions as a robust correlate of childhood depressive symptoms.

In contrast with internal attributions, research is quite limited on the links between children's external attributions and depressive symptoms. In one exception, Metalsky and colleagues (1982) found that children's external attributions for failing a midterm did not increase (nor decrease) their risk for depression. With regard to interpersonal experiences, Graham and Bellmore (2007) speculated that external attributions for negative peer interactions may be more adaptive than blaming oneself. However, it appears that researchers have yet to directly test this hypothesis. Therefore, the current study is aimed to fill this gap by examining the relations of children's depressive symptoms with their internal *and* external attributions for negative peer interactions (e.g., being ignored, rejected, or victimized). More specifically, we first assessed the bivariate relations of each attribution with depressive symptoms. We then tested their relative associations by including all attributions as simultaneous predictors of depressive symptoms within a single regression model. This approach allowed us to identify the attributions that are uniquely tied to children's depressive symptomology.

To properly examine the connections between children's attributions for negative peer events, it is necessary to consider their actual experiences with peers. That is, children's unique peer relations may influence the ways in which they explain aversive exchanges with other children. For instance, youth who have experienced more frequent mistreatment by peers have been found to make more internal-stable and external-stable attributions for their harassment (Graham & Juvonen, 1998; Morrow, Hubbard, & Sharp, 2017). Conversely, children with more reciprocal friendships have been found to endorse fewer internal-stable and external-stable attributions for negative peer experiences (Morrow et al., 2017). Thus, to carefully assess the links between children's attributions and depressive symptoms, it is imperative to account for their actual peer experiences. To accomplish this, children's peer rejection was assessed and controlled for when testing the relations between attributions and depressive symptoms.

In the current study, we focused on two causal dimensions of children's attributions, locus and stability. Children were presented with four hypothetical vignettes of negative peer encounters and asked to rate the degree to which they would endorse four types of attributions: internal-stable, internal-unstable, external-stable, and external-unstable. Children also completed peer nominations to assess peer rejection. It was hypothesized that children's internal attributions, particularly their internal-stable attributions, would positively correlate with their depressive symptoms, whereas their external attributions would negatively correlate with their depressive symptoms. This hypothesis is consistent with the notion that internal attributions for personal failures are more maladaptive than external explanations (Mezulis, et al., 2004). We tested these predictions while controlling for children's peer rejection in their analyses. Moreover, all attributions were entered simultaneously into a single predictive model to assess each one's relative association with depressive symptoms.

Method

Participants

Participants were recruited from 37 fourth- and fifth-grade classrooms across four public schools in one Mid-Atlantic school district. Parental consent forms were distributed to 901 children, and 581 children (64%) returned their forms with parental permission. During the data collection, 19 children declined to participate and 7 were absent. Consequently, data were collected for 555 boys and girls. Children were given the option to skip items that they did not wish to complete, and 23 skipped data for at least one full measure; they were removed from the dataset, leaving a final sample of 532 children (243 boys and 289 girls; 248 fourth-graders and 284 fifth-graders). Consenting parents completed a brief demographic questionnaire attached to the consent form. Parents reported an average age of 10 years and the following racial/ethnic groups: 37% White, 32% Black, 15% Hispanic, 7% mixed race, and 2% Asian. Parents declined to report race/ethnicity for roughly 7% of the children.

Procedure

A graduate research assistant administered child assent forms and paper-and-pencil measures to all consented and assenting children in each class. Several undergraduate research assistants circulated within the classrooms to answer children's questions or read

measures aloud to small groups of children identified by their teachers as having reading difficulties. For this study, children completed self-report scales of depressive symptoms and attributions for negative peer experiences, as well as peer nominations for peer rejection. These measures took roughly 20 minutes to complete. All students, regardless of study participation, were compensated with brief classroom parties featuring healthy snacks and fun activities. Shortly after each data collection, the principal investigator (PI) screened the child-report depression measures to identify children who scored in the clinically significant range. Several children reported significant elevation in depressive symptoms; the PI then contacted their parents by phone to share the findings and discuss options for mental health services.

Measures

Attributions. Children's attributions for negative peer events were measured with a scale based on Hoza, Bukowski, and Pelham's (1990) Peer Social Attribution Questionnaire (PSAQ). The original measure presents eight vignettes of peer interactions (four positive and four negative). For each vignette, children rate eight explanations reflecting internal (ability, own personal qualities, effort, own mood) and external causes (task difficulty, other's personal qualities, luck, and other's mood). Per Hoza and colleagues (1990), these attributions can be further divided in terms of stability. We borrowed the format of the PSAQ, along with the eight attributional categories. However, four new vignettes were developed to reflect more concrete and vivid negative experiences with peers (see Table 1).

As seen in Table 1, attributions were categorized into four types: internal-stable (ability and own personal quality), internal-unstable (effort and own mood), external-stable (task difficulty and other's personal quality), and external-unstable (other's mood and luck). Children rated each explanation on a 5-point scale (1 *Not true at all* to 5 *Really true*). Scores were computed by averaging the two ratings for each explanation and then aggregating across vignettes. Higher scores reflect greater endorsement of that attribution; internal consistency was satisfactory for every attribution: internal-stable (α = .86), internal-unstable (α = .79), external-stable (α = .77), and external-unstable (α = .78).

Depressive Symptoms. Children completed Kovacs's (2001) 10-item short version of the Children's Depression Inventory (CDI-S). For each item, children are asked to choose one of three statements (e.g., *I am sad once in a while. I am sad many times. I am sad all the time.*) associated with a numeric value (1, 2, or 3). The CDI-S has evidenced acceptable test-retest reliability (Smucker, Craighead, Craighead, & Green, 1986) and is highly correlated with the well-validated full inventory (Kovacs, 1992). Depressive symptoms scores were calculated for each child as the average of the 10 items, with higher scores indicating greater levels of depressive symptomology. Internal consistency was satisfactory (α = .83).

Peer Rejection. Two peer nomination items were used to assess peer rejection. One item asked participants to nominate classmates whom they liked (*Who do you really like?*), and the other item asked them to nominate classmates whom they disliked (*Who do you not like very much?*). These items appeared at the top of separate pages with class rosters below including their classmates' names. Children were allowed to nominate an unlimited number of peers; however, only data for consented and assenting children were analyzed. A class participation rate of at least 40% is needed to collect accurate unlimited peer nomination data (Terry, 1999). The average classroom participations rate in this study was 61% (range of 40% to 88%).

Peer rejection scores were calculated in three steps. First, the number of liking and disliking nominations received by each child were tallied. Second, these scores were divided by the total number of participating children in each classroom. This step was necessary in order to standardize liking and disliking scores across classrooms with varying numbers of participants. Third, children's liking scores were subtracted from their disliking scores to yield a final peer rejection score; higher scores indicate greater levels of peer rejection. These nominations for peer rejection are well validated in many previous studies (e.g., Parker & Asher, 1993).

Results

Descriptive Statistics and Preliminary Tests

Table 2 presents descriptive statistics. Paired *t* tests were conducted to explore differences between children's endorsements of each pair of attributions. Every comparison was significant (all *p*s < .01); children endorsed external-stable attributions to the greatest extent, followed by external-unstable, then internal-stable, and lastly internal-unstable attributions.

Independent *t* tests were conducted to examine gender (boys = 0; girls = 1) and grade (fourth = 0; fifth = 1) differences. Regarding gender, girls endorsed external-stable attributions more than boys (boys = 2.65; girls = 2.80), $t = -2.12$, $p = .04$. Boys scored higher than girls in peer rejection (boys = -.11; girls = -.24), $t = 4.30$, $p < .001$. There were no difference

between fourth- and fifth-graders on any of the variables (*p*s = .16 - .85). Given that the primary analyses involved regression, racial/ethnic differences were explored by dichotomizing this variable into two groups, the most prevalent group (White) and all others combined (Others = 0; White = 1). Independent *t* tests were then computed for this binary variable. One difference emerged; compared to all other racial/ethnic groups, White children endorsed internal-stable attributions to a greater extent (Other = 2.00; White = 2.17), $t = -2.09$, $p = .04$.

Bivariate Correlations

Bivariate correlations are presented in Table 3. All four attributions positively correlated with one another and also with depressive symptoms. Peer rejection positively correlated with one attribution (internal-stable) and with depressive symptoms.

Multiple Regression

To test the relations of children's attributions with their depressive symptoms, a regression model was estimated. Because children's depressive symptoms scores were significantly skewed (see Table 2), the regression model was tested using maximum likelihood estimation with robust standard errors (MLR). Per Huber (1981), this procedure permits estimation of parameters and standard errors that are resilient to non-normality.

It is important to acknowledge that the current child-level data are nested in classrooms. Nested data are interdependent, such that data from the same unit (e.g., one classroom) tend to correlate more strongly than data from different units (e.g., between classrooms). Failure to account for interdependence inflates risk of Type I error (Raudenbush & Bryk, 2002). We made an effort to account for classroom interdependence by using "complex" estimation in *Mplus 7* (Muthén & Muthén, 2012). This approach accounts for interdependence by using a sandwich estimator to calculate standard errors and sampling weights to estimate parameters with a weighted loglikelihood function (see Asparouhov, 2006).

Within the regression model, depressive symptoms was entered as the dependent variable. Peer rejection was specified as a covariate. No demographic variables (gender, grade, or race/ethnicity) were included as covariates because none were associated with significant differences in depressive symptoms. Finally, all four attributions were entered as simultaneous predictors. This model allowed us to examine the relations of each individual attribution with depressive symptoms while controlling for children's own experience of peer rejection, as well as the effects of all the other attributions. Table 4 presents unstandardized estimates for the model. Peer rejection and internal-stable attributions both positively predicted depressive symptoms, whereas external-unstable attributions negatively predicted depressive symptoms. No other attributions were linked to depressive symptoms.

Discussion

In the current study, we examined the attributions that preadolescents endorse for negative peer experiences and explored how these explanations related to their depressive symptoms while controlling for their actual rejection by peers. It was hypothesized that children's internal attributions, especially internal-stable ones, would be positively associated with depressive symptoms, whereas their external attributions would negatively relate to depressive symptoms. Overall, these predictions were partially supported.

Bivariate correlations revealed that all four attributions were positively associated with depressive symptoms. Thus, children's general tendency to endorse any attribution was associated with greater depressive symptomology. To some extent, this finding may be driven by variance in children's general reporting styles, with some children endorsing most items and others endorsing very few. However, while controlling for the effects of all four types of attributions simultaneously, along with the effects of peer rejection, internal-stable attributions maintained its positive relation, whereas external-stable attributions appeared negatively related to depressive symptoms. Accordingly, only two specific attributions explained unique variance in children's depressive symptoms while accounting for the others' effects.

The first finding supports our hypothesis that internal-stable attributions (e.g., own ability or personal characteristics) function as a risk factor for depression. This result is consistent with theories suggesting that blaming personal failures on enduring personal characteristics is maladaptive to individuals' socioemotional well-being (Anderson et al., 1994; Mezulis et al., 2004). The relation between internal-stable attributions and depression is well documented in previous research (Graham et al., 2009; Metalsky et al., 1982; Prinstein et al., 2005; Schacter & Juvonen, 2017); thus, this study adds to the existing literature by providing another replication of this link. Moreover, this study advances previous research by showing that the relation between children's internal-stable attributions for negative peer interactions and depressive symptoms is not simply an artifact of their own rejection by peers.

Furthermore, the finding that internal-unstable attributions did not positively relate to depressive symptoms is consistent with a particular line of research. As noted earlier, Graham, Juvonen, and colleagues have thoughtfully studied the relations of children's internal attributions with internalizing symptoms (Graham & Juvonen, 1998; Schacter & Juvonen, 2017). In their research, they have revealed that characterological attributions (internal-stable-uncontrollable) for peer victimization confer greater risk for internalizing difficulties than behavioral ones (internal-unstable-controllable). They have speculated that characterological attributions are likely to elicit shame and surrender to peers' mistreatment, while behavioral attributions are likely to prompt guilt and motivation to rectify the mistreatment. Although we did not assess the controllability of attributions in this study, the present findings fall in line with this past work, such that internal-stable (but not internal-unstable) attributions for negative peer experiences were linked to preadolescents' depressive symptomology.

Additionally, this study extends past research by revealing that external-unstable attributions are linked to lower levels of depressive symptoms. Notably, many past studies of children's interpersonal attributions have neglected to assess external attributions (e.g., Graham & Juvonen, 1998; Prinstein et al., 2005). Consequently, the relation between external attributions and childhood depression has been largely unstudied, even though theorists have speculated that external explanations are more adaptive for negative interpersonal events (Graham & Bellmore, 2007). The current findings suggest that children's external-unstable attributions for negative peer experiences could deflect risk for depression. That is, children who endorsed more passing aspects of the situation (e.g., peer's mood or bad luck) to explain the negative peer interactions reported lower levels of depressive symptoms. Accordingly, this attributional style might reflect a cognitive resource that buffers youth from depression. In contrast, endorsing more stable aspects of the situation was not associated with depressive symptoms.

Although peer rejection was largely conceptualized as a control variable in this study, it is worth noting that peer rejection correlated with only one type of attribution. Specifically, children higher in peer rejection endorsed internal-stable attributions to a greater extent than children lower in peer rejection. These findings parallel research documenting that children who experience more peer victimization also tend to endorse higher levels of internal-stable attributions (Graham & Juvonen, 1998; Morrow et al., 2017). As children experience ongoing rejection by peers, they may develop stable cognitive patterns that are consistent with their mistreatment by others (Crick & Dodge, 1994), including an attributional style in which they blame their peer harassment on enduring personal characteristics, which could in turn, place them at risk for internalizing disorders. In support of this model, Graham and Juvonen (1998) found that children's characterological attributions for negative peer experiences partially mediated the effect of their peer victimization experiences on their loneliness and social anxiety. That is, these specific attributions appear to partly explain the connection between children's peer victimization and internalizing symptoms.

Future Directions

For this study, we examined two dimensions of children's attributions, locus and stability. We considered including additional dimensions (e.g., controllability or globality), but declined to do so for several reasons. First, adding other dimensions would have considerably lengthened our attribution scale and in turn, the duration of the classroom data collection periods. In addition, we discovered, as others have noted (Anderson et al., 1994), that certain dimensions (e.g., controllability) are very difficult to cleanly represent in rating-scale items. Nonetheless, exploring additional dimensions in future research will provide a more fine-grained analysis of children's attributions and their links to psychosocial adjustment. To accomplish this, it may be beneficial to employ Anderson and colleagues' (1994) method of asking individuals to generate their own attributions and then rate their own responses along different causal dimensions.

It is also important to acknowledge that all data were concurrent in this study, and it is not possible to draw conclusions on the temporal relations among variables. By analyzing the attributions as predictors of depressive symptoms within our regression model, we implied that attributions precede depressive symptoms. However, it is just as plausible that depressive symptoms influence later attributions. Children's attributions and depressive symptoms could also exhibit a bidirectional association, such that each contributes to the other over time. In future studies, longitudinal designs would allow researchers to evaluate various sequential relations between children's attributions and depressive symptoms. It would also be possible to test whether attributions mediate the relation between peer rejection and depressive symptoms.

Limitations

Several limitations of this study warrant discussion. First, the sample was limited to children in fourth- and fifth-grade; thus, the findings should not be generalized outside of this developmental period. Second, children's attributions and depressive symptoms were

both assessed via self-report. Consequently, the relations observed between these variables may be inflated due to shared method variance. Third, it is likely that the attribution scale did not capture the full range of preadolescents' explanations for negative peer interactions. Fourth, it would have been useful to measure children's attributions for positive events with peers, along with their negative peer interactions. It is possible that certain combinations of attributions for positive and negative peer interactions (e.g., internal-stable for negative and external-stable for positive peer experiences) could confer additive risk for depressive symptoms.

Implications for Interventions

The present study may have implications for counseling youth with depression and related internalizing difficulties. To reiterate, the current findings suggest that internal-stable attributions for negative peer experiences may confer risk for depression, whereas external-unstable attributions might offer protection from depression. Accordingly, helping children shift their attributions from self-blame toward less stable aspects of their environment could attenuate their depressive symptomology. This work could readily be integrated into well-established cognitive-behavior therapies for pediatric depression (David-Ferdon & Kaslow, 2008).

Within a cognitive-behavioral approach to counseling, children could learn to monitor, assess, and test their attributions for peer interactions. Thought records could be used to help youth track their negative peer experiences, along with their attributions for these situations. By reviewing thought records in session, counselors can guide children to recognize the potential errors in their attributions and related automatic thoughts. Throughout this process, children may gradually overwrite maladaptive attributional styles with more adaptive ones. For instance, a child might initially attribute all negative experiences with peers to her self-perceived social awkwardness. However, through repeated analysis of these incidents, the child may learn that other factors often contribute or even fully account for many of these events.

Nevertheless, some children's attributions may reflect the reality of their situation (e.g., they are not skilled at interacting with peers *or* a majority of their peers do dislike them). In these situations, it is likely critical to first guide children in developing insight into their challenges with peers, along with the skills needed to improve their peer relations. Once they have developed greater social awareness and skills, these children may then benefit from cognitive training aimed to help them move toward more adaptive ways to explain their peer experiences.

Conclusion

In sum, children's explanations of their negative experiences with peers are linked to their own depressive symptomology. We sincerely hope that these findings advance future research in this area and provide helpful information to the counselors who work tirelessly to support and empower children struggling with depression and related challenges.

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Table 1

Attribution vignettes and items for negative peer experiences

1. Imagine that one day on the playground you try to become friends with a kid in your class, but the boy or girl says they do not want to be friends with you. Why would this happen?	
A	Because I am not good at making friends.
B	Because it is hard to make friends.
C	Because I did not try hard enough that day to make friends with the kid.
D	Because there is something about me that makes other kids not want to be my friend.
E	Because the other kid was in a bad mood that day.
F	Because the other kid is not a friendly person.
G	Because I was in a bad mood that day.
H	Because I had bad luck that day making friends.
2. Imagine that one day you are standing in line waiting to go into the gym, and another kid walks by and pushes you into the wall and laughs at you. Why would this happen?	
A	Because I am not good at keeping other kids from picking on me.
B	Because it is hard to keep kids from picking on each other.
C	Because I did not try hard enough that day to keep the kid from picking on me.
D	Because there is something about me that makes other kids pick on me.
E	Because the other kid was in a bad mood that day.
F	Because the other kid is not a nice person.
G	Because I was in a bad mood that day.
H	Because I had bad luck that day keeping kids from picking on me.
3. Imagine that one day on the bus you ask another kid to hang out with you after school, but the boy or girl says that they do not want to hang out with you. Why would this happen?	
A	Because I am not good at getting other kids to hang out with me.
B	Because it is hard to get kids to hang out.
C	Because I did not try hard enough that day to get the kid to hang out with me.
D	Because there is something about me that makes other kids not want to hang out with me.
E	Because the other kid was in a bad mood that day.
F	Because the other kid is not a friendly person.
G	Because I was in a bad mood that day.
H	Because I had bad luck that day getting kids to hang out with me.
4. Imagine that one day you are reading a book in the library, and another kid walks over to you, takes your book and calls you a mean name. Why would this happen?	
A	Because I am not good at keeping other kids from picking on me.
B	Because it is hard to keep other kids from picking on each other.
C	Because I did not try hard enough that day to keep the kid from picking on me.
D	Because there is something about me that makes other kids pick on me.
E	Because the other kid was in a bad mood that day.
F	Because the other kid is not a nice person.
G	Because I was in a bad mood that day.
H	Because I had bad luck that day keeping kids from picking on me.

Table 2

Descriptive statistics

	M	*SD*	Minimum	Maximum	Skewness
Internal-stable attributions	2.06	.92	1.00	5.00	.89
Internal-unstable attributions	1.89	.73	1.00	4.25	.66
External-stable attributions	2.73	.85	1.00	5.00	-.16
External-unstable attributions	2.29	.78	1.00	5.00	.16
Peer rejection	-.18	.35	-.90	.93	.46
Depressive symptoms	1.27	.34	1.00	3.00	1.72

Note. Peer rejection was calculated as: (# disliking nominations received/total # of class participants) – (# liking nominations received/total # of class participants). Liking and disliking scores were divided by the total number of classroom participants. This was necessary to standardize scores across classrooms with differing numbers of participants.

Table 3

Bivariate correlations

	1	2	3	4	5
1. Internal-stable					
2. Internal-unstable	.49**				
3. External-stable	.56**	.40**			
4. External-unstable	.36**	.61**	.52**		
5. Peer rejection	.19**	.03	.02	.01	
6. Depressive symptoms	.45**	.19**	.25**	.09*	.22**

Note. **$p < .01$. *$p < .05$.

Table 4

Regression of depressive symptoms on attributions

	Est.	*SE*	Est./*SE*	*p*
Depressive symptoms intercept	.99	.07	14.99	<.001
Peer rejection	.14	.04	3.43	.001
Internal-stable attributions	.15	.02	6.53	<.001
Internal-unstable attributions	.01	.03	.44	.66
External-stable attributions	.03	.02	1.75	.08
External-unstable attributions	-.05	.03	-1.93	.05

Note. All estimates are unstandardized; "on" indicates "regressed on." The nesting of data in classrooms was addressed using the "complex" function in Mplus 7 (Muthén & Muthén, 2012).

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Parental Corrective Discipline and Child Externalizing Behavior in Bereaved Families: The Moderating Role of Parental Grief

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Bereaved families are at increased risk for challenges with parenting and child behavior. In this study, parental grief is examined as a moderator of the short-term association of parental corrective discipline and child externalizing behavior in bereaved families (N = 35). Parents completed measures of grief, corrective discipline, and child externalizing behavior twice across one month. Corrective discipline predicted increased child externalizing behavior for parents with worsening grief but decreased externalizing behavior for parents with declining grief.

Keywords: grief, parenting, discipline, externalizing behavior

Many people experience the death of someone they love during childhood. In fact, a majority of youth experience the death of someone close to them, with 3 to 5 percent suffering the loss of one or both parents (Sandler et al., 2010; U.S. National Center for Health Statistics, 2000). Bereaved youth are prone to mental health difficulties (Dowdney et al., 1999; Kaplow, Saunders, Angold, & Costello, 2010) and disruptions in parent-child relationships (Lehman, Lang, Wortman, & Sorenson, 1989). To assist bereaved youth, it is critical to understand their risk and resilience as they grieve. In the current study, we investigated the role of parenting in modulating children's risk for externalizing behavior after the death of a loved one. Specifically, we examined whether parental discipline is linked to externalizing symptoms in bereaved youth and whether parents' experience of grief moderates this association.

To conceptualize the relations between parental discipline and child behavior in the context of parental grief, we turned to a theoretical framework known as the *disrupted parenting model* (Conger, Rueter, & Conger, 2000). According to this model, significant stressors contribute to parents' psychological distress, which limits their capacity to parent effectively. This model was originally developed to explain the impact of divorce and economic hardship (Conger et al., 2000) on parenting and subsequent child functioning. More recently, bereavement was included as another stressor likely to disrupt parenting (Kwok et al., 2005). As parents grieve and negotiate the myriad changes associated with their loss, parenting is likely to be very challenging, particularly after the death of a spouse (Lehman et al., 1989) and for parents experiencing intense or prolonged grief (Lin, Sandler, Ayers, Wolchik, & Luecken, 2004).

Though the disrupted parenting model (Conger et al., 2000) provides a helpful foundation for this study, the process through which bereavement could derail parents from effective parenting is not entirely clear. Deater-Deckard (2004) theorizes that stressors lead to ineffective parenting by depleting parents' available store of physical, psychological, and social resources. With greater stress, parents have less capacity to provide nurturing, responsive, and consistent caregiving. Consequently, they might become prone to using critical, irritable, and excessively punitive parenting practices (Webster-Stratton, 1990). The stress of bereavement could deplete parents' psychological resources in ways that compromise their parenting abilities. For instance, grieving parents experiencing intense rumination might lack the cognitive resources to monitor children's behavior, as well as the emotional resources to respond calmly to misconduct.

Emerging research indicates that adults with intense grief display deficits in their cognitive and emotional resources. Adults with complicated grief tend to perform worse than adults with uncomplicated grief in several areas of executive function, including attention, processing speed,

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working memory, and decision making (Rosnick, Small, & Burton, 2010; Saavedra Pérez et al., 2014; Ward, Mathias, & Hitchings, 2007). Complicated grief has also been linked to challenges with emotion regulation, including difficulties modulating emotional expression (Gupta & Bonanno, 2011) and with emotional decision making (Fernández-Alcántara et al., 2016). Research with nonbereaved families also reveals that deficits in executive function (Crandall, Deater-Deckard, & Riley, 2015) and emotion regulation (Morris, Silk, Steinberg, Myers, & Robinson, 2007) contribute to maladaptive parenting. We posit that the psychological challenges linked to worsening parental grief could give rise to ineffective parenting.

An important aspect of parenting is discipline, and we speculate that parents overcome by grief could have increased difficulty disciplining their children. According to the American College of Pediatricians (Trumbull, 2007), *parental discipline* refers to the various ways parents teach their children appropriate behavior and instill positive moral character. Discipline has been categorized into three areas: instruction (e.g., stating expectations, modeling behavior, and coaching behavior), encouragement (e.g., offering verbal praise, physical affection, and tangible rewards), and correction (e.g., using planned ignoring, redirection, and punishments; Trumbull, 2007). In the current study, we focus on parents' use of corrective disciplinary practices and conjecture that this aspect of discipline is especially demanding for parents struggling with grief.

According to Kazdin (2005), effective corrective discipline is both age-appropriate and commensurate with the misbehavior. Moreover, it is delivered immediately, contingently, and calmly (Kazdin, 2005; Trumbull, 2007). To implement corrective discipline in this manner, parents likely employ numerous cognitive and emotional resources. Parents could utilize multiple aspects of executive function to monitor children's behavior, determine whether corrective discipline is warranted, and choose appropriate consequences. Parents also likely enact several aspects of emotion regulation to deliver corrective discipline in a controlled manner and persevere if children resist their consequences. As theorized by Guajardo, Snyder, & Peterson (2009), deficits in such psychological resources could give rise to corrective discipline that is overly lax or overly reactive. In bereaved families, the cognitive and emotional difficulties associated with worsening parental grief, could increase parents' likelihood of employing corrective discipline in ways that render it ineffective or even harmful.

Inappropriate or aversive corrective discipline (e.g., yelling, criticism, and corporal punishment) could place bereaved children at risk for adjustment difficulties, particularly behavioral challenges. In general, bereaved youth appear to display greater externalizing symptoms (e.g., arguing, defiance, delinquency, and aggression) than do nonbereaved children (Dowdney et al., 1999; McCown & Davies, 1995). In a longitudinal investigation, Kaplow and colleagues (2010) compared psychiatric symptomology in early-to-late adolescents who were bereaved (i.e., they lost a parent or another relative) versus those who were not bereaved. Roughly 18 months after the death, bereaved youth were more likely to exhibit externalizing symptoms, such as conduct problems and substance use. Though multiple factors likely contribute to bereaved youth's vulnerability to externalizing challenges (Lin et al., 2004), the parenting that they experience following the death of a loved one is thought to play a critical role in modulating their risk for psychological difficulties (Kwok et al., 2005).

At least two studies have specifically examined discipline in bereaved families, and both suggest that parental discipline is positively associated with children's mental health (Kwok et al., 2005; Lin et al., 2004). Lin and colleagues (2004) found that bereaved child and parent reports of general parental discipline differentiated youth with significant mental health symptoms from those without significant symptomology, such that the better adjusted children experienced more frequent general discipline. In addition, Kwok and colleagues (2005) discovered that a composite index of positive parenting (parental warmth and disciplinary consistency) lessened bereaved children's risk for mental health symptoms nearly one year later. These studies reveal that the frequency and consistency of parents' general use of discipline is linked to better psychological adjustment in children. The present study builds upon this research by examining the relation between corrective discipline and child externalizing behavior in bereaved families. We also explore whether parental grief moderates this association.

We conducted a short-term longitudinal study by assessing corrective discipline, parental grief, and child externalizing behavior twice over one month. This research design allowed us to test whether changes in corrective discipline predicted changes in child externalizing symptoms. Furthermore, it permitted us to explore whether the relation between changes in discipline and changes in externalizing behavior varied with fluctuation in parental grief. Based on the theory and research reviewed earlier, we hypothesized that increased use of corrective discipline would be associated with decreased child externalizing symptoms for parents with improving grief, but increased child externalizing behavior for parents with worsening grief.

Method

Participants

This study was approved by the author's Institutional Review Board and conducted in accordance with the ethical guidelines of the American Psychological Association (APA, 2002). Bereaved parents were recruited from a hospital-based grief support program in the Northeastern United States. Parents and children attended separate concurrent groups led by trained community volunteers. The groups provide members a safe and supportive milieu to express their grief and related stress. Overall, 43 parents were contacted about this study, and 40 (93.02%) consented to participate. Five families were absent for both data collections, leaving a final sample of 35 parents (87.50% of consenting parents).

Consenting parents completed a brief demographic questionnaire. Most parents were women (n = 25; 71.43%); there were 6 men (17.14%), and 4 did not report their gender (11.43%). The average parent age was 45.19 years (SD = 6.88; 32-60). Parents reported on 20 girls (57.14%) and 15 boys (42.86%). The average age of the children was 11.71 years (SD = 4.57; 5-19). Parents were not asked to provide data on their own race or ethnicity but did so for their children; they reported the following: Caucasian (n = 29; 82.86%), African American (n = 4; 11.43%), and American Indian or Alaskan Native (n = 1; 2.86%). One parent did not report a child's race. In terms of ethnicity, one parent reported a child as Hispanic or Latino (2.86%); the remainder reported their children as not Hispanic or Latino (n = 34; 97.14%).

Parents also offered information about their deceased loved one. A majority reported that the deceased individual was their partner (n = 22; 62.86%), followed by their child (n = 4; 11.43%). One parent reported that the deceased individual was a sibling (2.86%), and five selected *other* (14.29%). One parent did not respond (2.86%). The average time since the loved ones died was roughly a year and a half (M = 18.34 months; SD = 13.16; 3-60 months).

Procedure

Questionnaires were administered to all participants before a parent meeting on two occasions, Time 1 and Time 2, across one month (approximately 30 days). At each time point, participants completed measures of parental grief, corrective discipline, and child externalizing behavior. Two graduate research assistants administered measures, which took roughly 15 minutes for participants to complete.

Notably, over half of the participating parents (n = 19; 54.29%) attended a 90-minute workshop delivered by the authors. The workshop provided information on mental health in bereaved children (e.g., common symptoms and psychiatric disorders) and took place between the two assessments in this study. Although the workshop was not expected to influence the variables analyzed in this study, we tested for differences between the parents who attended and those who did not. Specifically, 2X2 ANOVAs were conducted for three outcomes: parental grief, corrective discipline, and child externalizing behavior. Time (Time 1 and Time 2) and condition (workshop and no workshop) were specified as independent variables.

There were no main effects of time on any variables: parental grief, $F(1,51) = .42$, $p = .52$, corrective discipline, $F(1,51) = .01$, $p = .93$, and child externalizing behavior $F(1,51) = .80$, $p = .38$. There were main effects of condition, such that parents who received the workshop reported significantly higher levels of parental grief $F(1,51) = 5.20$, $p = .03$, corrective discipline $F(1,51) = 10.24$, $p < .01$, and child externalizing symptoms $F(1,51) = 9.51$, $p < .01$. The interaction term, condition X workshop, was nonsignificant for all variables: parental grief $F(1,51) = .12$, $p = .73$, corrective discipline $F(1,51) = .49$, $p = .49$, and child externalizing behavior $F(1,51) = 2.45$, $p = .12$. The lack of significant interactions reveals that the workshop did not have differential effects on any variable across the two conditions.

Measures

Parental grief. Participants completed the Present Feelings subscale of the Texas Revised Inventory of Grief (TRIG; Faschingbauer, Zisook, & DeVaul, 1987). This subscale includes 13 items, rated on a 1 (*completely true*) to 5 (*completely false*) scale. Respondents rate how they presently feel about this person's death (e.g., *I still cry when I think about the person who died.*). This subscale has evidenced construct validity regarding time, gender, and degree of relatedness to the bereaved (Faschingbauer, 1981). For this study, all ratings were reverse scored and averaged so that higher scores reflect greater grief; internal consistency was satisfactory at both assessments (Time 1 α = .89; Time 2 α = .83). Notably, the TRIG also includes an eight-item Past Behavior subscale that asks participants to report on their feelings and behaviors at the time their loved one died. Because this subscale anchors participants' reports to one previous time in their bereavement, it is not suited to capture change in grief over time, and thus, it was not appropriate for the current study's longitudinal design.

Parental corrective discipline. Parents completed the Negative Parenting subscale of the Parent Perception Inventory (PPI; Hazzard, Christensen, & Margolin, 1983). The PPI was developed as a child-report measure and adapted for parent report (Torquati, 2002). The full scale includes 20 total items with 10

comprising a Positive Parenting subscale and 10 comprising a Negative Parenting subscale. We focused on the Negative Parenting subscale because its items reflect various corrective disciplinary practices. For each item, parents were asked to rate how often they display different forms of corrective discipline (e.g., ignoring, time-out, and removing privileges) on a 0 (*Never*) to 4 (*A lot*) scale. This subscale has evidenced convergent validity by correlating positively with parent life stress and divergent validity by correlating negatively with parent physical health and self-esteem (Torquati, 2002). Corrective discipline scores were calculated by averaging the ratings for the ten items, with higher scores indicating more frequent discipline. Internal consistency was satisfactory (Time 1 α = .83; Time 2 α = 85.).

Child externalizing behavior. Parents reported on children's externalizing symptoms with subscales from the Behavior Assessment System for Children-2 (BASC-2 PRS; Reynolds & Kamphaus, 2006). Parents who reported on preschool-age children (2 to 5 years) completed the 11-item Aggression subscale. Parents who reported on older children (6 to 11 years) and teenagers (12 to 21 years) completed the Conduct Problems subscales (9 and 14 items, respectively). Parents rated the frequency of externalizing behaviors commonly displayed in childhood (e.g., disobeys, breaks the rules, and argues) and adolescence (e.g., lies, sneaks around, and uses foul language) on a 0 (*Never*) to 3 (*Almost Always*) scale. Research indicates that these subscales are satisfactory in terms of internal consistency, test-retest reliability, criterion-related validity, and construct validity (Reynolds & Kamphaus, 2004).

Externalizing behavior scores were computed by averaging ratings across items. Higher scores indicate more frequent externalizing behavior. In this study, internal consistency varied across the scales administered for the different age groups. Internal consistency was satisfactory for the preschool (Time 1 α = .85; Time 2 α = .85) and child (Time 1 α = .90; Time 2 α = .89) subscales. The internal consistency of the adolescent subscale was satisfactory at Time 1 (α = .88), but much lower at Time 2 (α = .60). We reexamined the raw data for outliers or entry errors but found none. Because the BASC-2 subscales have previously evidenced high internal consistency (Reynolds & Kamphaus, 2004), we retained the Time 2 data for adolescent externalizing behavior, despite the low alpha coefficient for this study.

Results

Descriptive Statistics and Correlations

Table 1 provides descriptive statistics. Table 2 includes bivariate correlations for all Time 1 and Time 2 variables, and also for change scores for each variable. Changes scores were computed by subtracting Time 1 scores from Time 2 scores (e.g., = Time 2 parental grief – Time 1 parental grief = change in parental grief) and reflect change across one month. Each construct positively correlated with itself from Time 1 to Time 2. Participants who reported higher parental discipline, parental grief, and child externalizing behavior at Time 1 reported higher levels of these variables at Time 2. Parental discipline did not correlate with parental grief but correlated positively with child externalizing behavior within and across time points. Therefore, parents who reported higher levels of discipline reported higher levels of externalizing behavior. Parental grief, however, did not correlate with child externalizing behavior.

Two significant correlations were found for change scores. Change in parental grief positively correlated with Time 2 parental discipline; and, change in parental discipline correlated positively with change in child externalizing behavior. Thus, parents who reported greater increases in grief also reported higher levels of Time 2 discipline; also, parents who reported greater increases in discipline reported greater increases in child externalizing behavior.

Multiple Regression Analysis

Multiple regression was performed to test whether change in parental grief moderates the relation between change in corrective discipline and change in child externalizing behavior (Table 3). To accomplish this, change in child externalizing behavior was regressed on change in corrective discipline, change in parental grief, and an interaction term (change in corrective discipline X change in parental grief). We used change scores over another common approach, known as the *regressor method* (Cronbach & Furby, 1970). For the regressor method, the outcome is included as the criterion variable at Time 2 and as a predictor variable at Time 1. By regressing the Time 2 variable on its Time 1 counterpart, the remaining variance in the criterion is considered an estimate of change from Time 1 to Time 2. Strong arguments have been made for both the change score and regressor methods (e.g., Allison, 1990; Cronbach & Furby, 1970). We used the change score approach in light of the current study's relatively small sample size ($N = 35$). Despite debate, it has been recommended to have at least 10 participants per predictor for multiple regression (Howell, 1987). In order to test our research question, the change score approach required three predictors, whereas the regressor method required four. Given our concerns

about the power of our model, we opted to use the change score method.

Prior to running this regression model, we examined the normality of the criterion variable (change in child externalizing behavior). Skewness (-.30) and kurtosis (.72) values both fell within acceptable limits (Curran, West, & Finch, 1996). We also inspected the bivariate correlations among the predictors: change in parental grief and change in corrective discipline (r = .41, p > .05), change in parental grief and the interaction term (r = .22, p < .05), and change in corrective discipline and the interaction term (r = .61, p < .01). None of these correlation coefficients indicated near linear relations, which minimizes concerns about multicollinearity (Montgomery, 2001). While testing the regression model, we also examined Variance Inflation Factors (VIF) for all three predictors; the VIF values (1.10-1.37) all fell below 5, which again, suggests lack of multicollinearity (Montgomery, 2001). Finally, to assess the assumption of homoscedasticity, we computed a scatterplot of residuals versus predicted values for the regression model. The scatterplot did not depict a clear pattern, which minimizes concerns regarding potential heteroscedasticity (Osborne & Waters, 2002).

Overall, the three predictors accounted for 61 percent of the variance in change in child externalizing behavior (R^2 = .61). Neither change in corrective discipline nor change in parental grief predicted change in child externalizing behavior. As hypothesized, the interaction term (change in corrective discipline X change in parental grief) was significant. We probed the interaction to examine the relation of change in corrective discipline and change in child externalizing behavior at low (-1 *SD*) and high (+1 *SD*) levels of change in parental grief. This relation was positive for parents with increased grief (b = .85, t = 5.08, p = .0001) but negative for parents with decreased grief (b = -.80, t = -2.09, p = .05). This interaction suggests that, over one month, the corrective discipline used by parents experiencing with worsening grief was linked to increased child externalizing symptoms, whereas the corrective discipline used by parents with improving grief was linked to decreased child externalizing behavior.

Discussion

We proposed that parents with intensifying grief lack the psychological resources needed to provide children with effective corrective discipline, which enhances children's risk for externalizing symptomology. Using a short-term prospective design, it was hypothesized that the corrective discipline displayed by parents with escalating grief is linked to increasing child externalizing behavior, whereas the corrective discipline exhibited by parents with dissipating grief is associated with decreasing child externalizing behavior.

Bivariate correlations indicated that parents who reported using more frequent corrective discipline also reported greater externalizing behavior in their children. Moreover, parents who reported increasing their use of corrective discipline over one month also reported escalations in child externalizing symptoms. Furthermore, parents who reported the greatest one-month increases in grief also reported more frequent use of corrective discipline at the end of the month. However, these findings were qualified by the regression analysis, which revealed that parental grief moderated the link between corrective discipline and child externalizing behavior.

As hypothesized, increased corrective discipline predicted increased child externalizing behavior for parents with worsening grief. In contrast, increased corrective discipline predicted decreased child externalizing behavior for parents with lessening grief. These results advance previous research on discipline within bereaved families (Kwok et al., 2005; Lin et al., 2004) by suggesting that the influence of corrective discipline on child conduct might vary with fluctuations in parents' own experience of grief. That is, corrective discipline could serve as a resource factor when parents' grief is improving, but a risk factor when it is worsening.

These findings also tentatively support our hypothesis that, in the context of escalating parental grief, corrective disciplinary practices are more likely to be ineffective, which in turn, enhances children's risk for externalizing behavior. We specifically theorized that parental grief impedes appropriate corrective discipline via a depletion of psychological resources, including impairments in cognitive and emotional functioning. It was beyond the scope of this study to assess parents' psychological resources, and thus, we were unable to directly test whether grieving parents' potential cognitive and emotional challenges influence their corrective discipline. Thus, future research is needed to simultaneously examine the relations between parental grief, parents' psychological resources, and parenting behavior.

In particular, studies are needed to identify whether parental grief, and related psychological impairments, influence certain types of corrective discipline. Different forms of discipline likely require distinct types of psychological resources. For instance, the impact of intense grief on parents' attentional capacity (e.g., Ward et al., 2007) could make it difficult to monitor children's behavior and identify misconduct. Intense grief could also impair parents' emotional

decision making (e.g., Fernández-Alcántara et al., 2016) in ways that limit their ability to determine whether children's misbehavior warrants discipline and what specific consequences are appropriate. These potential psychological deficits could also lead grieving parents to enact corrective discipline in ways that are overly punitive (e.g., keeping a child in time out for an excessively long duration) or too lax (e.g., allowing a child to leave time out prematurely).

In future studies, researchers could also explore the role of additional variables, such as parent and child gender, parent and child age, relations to the deceased, and time since the death. While we initially aimed to analyze these variables, the current sample was too small. In particular, it will be important to test whether parents' relation to the deceased influences the effect of grief on the link between discipline and child behavior. The bereavement process is likely to vary substantially between parents who have lost spouses versus children versus other loved ones (Bonanno & Kaltman, 2001). Though we considered limiting our sample to just parents who lost spouses, we declined to do so in that we believed our guiding model (i.e., grief depletes the psychological resources needed to provide effective corrective discipline) was robust enough to capture the shared effects of different types of bereavement (e.g., emotional distress and cognitive instability; Bonanno & Kaltman, 2001) on parenting.

Additionally, it is likely critical to consider children's own grief experiences. Children experiencing greater grief might have fewer resources to cope with the experience of being disciplined by their parents. As such, the relation between corrective discipline and child externalizing behavior could be also moderated by children's experience of grief. Notably, we intended to collect data from children, including data on children's grief. However, the facilitators at the program where this study was conducted were uncomfortable with this; thus, we did not involve the children. Additional studies are needed to consider how bereaved children's own experiences (e.g., grief and psychological resources) and perceptions (e.g., views about their parents' corrective discipline) are linked to parental grief, parental discipline, and children's risk for maladjustment.

This study has several limitations that warrant discussion. As noted, with 35 families, the sample size was relatively small, which limited the exploration of other variables (e.g., gender, age, relation to the deceased, and time since the death). Second, all families were participating in a grief support group and over half received a mental health workshop. Thus, these findings might not generalize to all bereaved families. Third, only parent-report data were collected, which increases potential for inflated effects due to a single informant providing all data (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Fourth, it would have been helpful to gather data over a longer period of time (e.g., 6 months or 1 year). Though we considered lengthening this study, it was not feasible due to scheduling constraints. Nonetheless, it is notable that the current results were detected over just one month. It is also impressive that the regression model predicted 61 percent of the variance in change in child externalizing behavior.

The current results suggest that bereaved parents might enact more effective discipline as their grief dissipates. Therefore, grief-focused interventions could have an indirect effect on parents' use of corrective discipline. However, responses to such interventions might vary dramatically (Neimeyer & Currier, 2009); thus, some parents could benefit quickly, whereas others might progress at slower rates. Moreover, even if bereaved parents are receiving grief intervention, those experiencing prolonged grief could exhibit an extended period of maladaptive parenting that has lasting negative impact on their children's psychological well-being. We speculate that parents who do not respond as well or as fast to grief-focused intervention might also benefit from concurrent parenting intervention.

Empirically supported behavioral parenting programs that address fundamental skills (e.g., monitoring, selective attention, effective commands, positive reinforcement, and appropriate consequences) could benefit some bereaved parents (Eyberg, Nelson, & Boggs, 2008). However, these programs might need to be tailored to meet grieving families' unique needs. Hagan and colleagues (2012) developed a program for parentally bereaved families that includes many common elements of parent training interventions (e.g., praise, effective commands, and consistent consequences), along with specialized topics for bereaved families (e.g., protecting children from additional negative life events). It might also help to incorporate psychoeducation on parental self-care in light of the notion that grief could deplete the psychological resources needed for effective parenting. These types of adaptations could enhance parenting programs to make them more relevant and beneficial to bereaved families.

In conclusion, though additional research is needed to fully understand the links between grief, parenting, and child adjustment, we sincerely hope that the current study offers a helpful foundation for future studies, along with useful information for the counselors who work tirelessly to support bereaved individuals and families

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Table 1

Descriptive Statistics

	M	*SD*	Minimum	Maximum
T1 Corrective discipline	1.23	.57	.20	2.50
T2 Corrective discipline	1.23	.59	.20	2.44
T1 Parental grief	3.40	.76	2.00	4.92
T2 Parental grief	3.52	.57	2.54	4.92
T1 Child externalizing behavior	1.59	.44	1.00	2.89
T2 Child externalizing behavior	1.51	.42	1.00	2.56

Note. T1 is Time 1; T2 is Time 2.

Table 2

Bivariate Correlations

	1	2	3	4	5	6	7	8
1. T1 Corrective discipline								
2. T2 Corrective discipline	.83**							
3. Change in corrective discipline	-.30	.29						
4. T1 Parental grief	-.09	-.11	-.13					
5. T2 Parental grief	.08	.09	.08	.87**				
6. Change in parental grief	.233	.47*	.41	-.34	.16			
7. T1 Child ext. behavior	.78**	.83**	.08	-.24	-.07	.42		
8. T2 Child ext. behavior	.53*	.71**	.19	-.33	-.21	.26	.68**	
9. Change in child ext. behavior	-.34	-.10	.49*	-.12	-.17	-.12	-.38	.42

Note. T1 is Time 1. T2 is Time 2. Change is T2 score minus T1 score. Ext. is externalizing. **$p < .01$; *$p < .05$.

Table 3

Regression Predicting Change in Child Externalizing Behavior

	Est.	*SE*	Est./*SE*	*p*
Change in corrective discipline (PD)	.27	.17	1.59	.11
Change in parental grief (PG)	-.19	.15	-1.27	.21
Change in PD X Change in PG	.69	.15	4.62	.00

Note. Change is Time 2 score minus Time 1 score. Estimates are standardized.

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Self-Care in an Online Graduate Program: How Can Counselor Educators Support Their Students' Needs Remotely?

Kristin A. Vincenzes, Nicole M. Arcuri, and Kellie E. Forziat

Counselor training programs are required to infuse self-care strategies into the program curriculum (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016). The goal of this internal program evaluation was to assess how students in an online program conceptualize the term *self-care*, how often these students participate in self-care activities (including what strategies they use), and how faculty can support students' self-care throughout their program. Results of a small survey found that students in the online program (n = 20) completed, on average, 3.3 hours of self-care per week. While each student response was unique in relation to their definition of self-care, themes included doing activities for oneself. Furthermore, a continuum of strategies that are effective in encouraging self-care development were identified.

Keywords: self-care, counselor-in-training, educators, programs

People who join the mental health counseling field become a helping professional whose central focus is to help others (Brown, 2017; Miller, 2017). However, while professionals focus their time and energy on helping other people, they often forget about the importance of one's own wellness and self-care (Fencl & Grant, 2017). Foundational learning of self-care in graduate school will help new professionals cope with stress. By diminishing stress and increasing self-care activities, new professionals can more effectively provide competent care to their clients (Roach & Young, 2007).

This is particularly true for online training programs, which have become an increasing trend in counselor education. Due to role responsibilities and costs for adult learners, trends indicate online education will continue to rise (Thompson & Porto, 2014). In the last five years, 28 out of the 49 master's level online programs received accreditation (CACREP, 2017). As such, it will be important for counselor educators to advocate appropriately for self-care as a component of distance education.

Counselor Self-Care

In order to decrease the potential for burnout, mental health counselors need to focus on their own wellness and self-care (Roach & Young, 2007). Throughout the literature, authors defined self-care slightly differently (American Counseling Association [ACA], 2002; Baker, 2003; Jordan, 2010; Burck, Bruneau, Baker, & Ellison, 2014; Fencl & Grant, 2017). Baker (2003) described self-care as an ongoing process that may change due to the unique needs of each individual (i.e., personal history, gender, personality, and developmental stages). Jordan (2010) emphasized that it is engagement in a set of behaviors for positive outcomes (e.g., prevention of empathy fatigue). Additional authors (ACA, 2002; Burck et al., 2014; Fencl & Grant, 2017) referenced self-care more holistically and defined it as an individual's ability to meet their physical, cognitive, emotional, and spiritual needs.

Physical self-care means taking care of the body, which counselors can do through maintaining healthy diets, getting regular exercise, and getting enough sleep. Cognitive self-care focused on taking care of the mind (e.g., meditating, reading, and journaling). Emotional self-care engages one's emotions by talking to others (e.g., seeing friends or a counselor) or being free to express the emotions one is feeling (e.g., crying because they feel sad).

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Spiritual self-care means engaging in activities that are spiritual in nature (e.g., self-reflecting, enjoying the outdoors, being involved with religious groups (ACA, 2002).

Some scholars separate self-care into personal and professional self-care (Lee & Miller, 2013; ACA, 2002). Personal self-care is when an individual is intentional about engaging in routines that increase one's well-being (Lee & Miller, 2013; Skovholt, Grier, & Hanson, 2001) while professional self-care focuses more on promoting a positive work experience in order to maintain well-being (ACA, 2002; Lee & Miller, 2013). Examples of professional self-care include a counselor who incorporates mini breaks between clients or who creates boundaries between work and home. Given individuals' uniqueness, counselors need to identify strategies that work for them and provide them with the benefits of *care* and *wellness*.

Burnout

Burnout (Figley, 2002) is characterized as a psychological syndrome where individuals experience a negative change in their overall wellbeing. This leads to varying psychic and somatic response symptoms (Melamed, Shirom, Toker, Berliner, & Shapira, 2006) to include: physical and mental exhaustion, changes in interpersonal relationships, and potential harm to those in the professional's care (Roach & Young, 2007; Shapiro, Brown, & Biegel, 2007). This phenomenon ultimately impacts the welfare of clients, which is the first ethical responsibility as mental health counselors (ACA, 2014, A.1.a.).

Burnout can significantly impact the counselor's ability to work with clients. Maslach and Jackson (1981) explain that burnout has three specific dimensions: emotional exhaustion, depersonalization, and changes in personal accomplishment. The changes that may occur in a counselor include: (a) a reduction in their emotions (i.e. a flat affect) and physical health, (b) detachment from the clients' thoughts, feelings, and experiences, and (c) decreased feelings of accomplishments with job related tasks (Maslach & Jackson, 1981). In the workplace, burnout promotes disengagement with clients, high turnover rates within organizations (i.e. decreased continuity of care), and an increased number of clinicians who leave the field to pursue different career paths (Chiller & Crisp 2012; Schaufeli, Leiter, & Maslach, 2009). Trippany, White Kress, and Wilcoxon (2004) discussed burnout as psychological stress, which James (2008) further explained happens over time. Burnout results from the continual frustration and anger from one's work environment, which can be due in part from the very nature of the helping profession (Figley, 2002), but is not limited to this environment. For example, graduate students may also experience burnout related to graduate school work (Myers et al., 2012).

Students' Self-care Needs in Online Counselor Education

Wester, Trepal, and Myers (2009) discussed the cycle of wellness by stating that counselor educators who maintain their own wellness often have counselor trainees who are holistically healthy. The students' wellness then is mirrored in their clients' overall state of wellbeing. The opposite parallel process can also occur when the counselor educator does not maintain their own wellness because it impacts both the counselor trainees and their clients. Due to the negative impacts that negating self-care can have on the clients as well as the counselor (Roach & Young, 2007; Shapiro et al., 2007), counselor educators have the responsibility of helping students discover self-care activities that are beneficial to their unique self in order to avoid impairment (CACREP, 2016). Counselor educators need to encourage and train students to examine their own experiences and appreciate their unique physical, mental, or emotional needs which may impair one's effectiveness with clients if not monitored consistently. This continual self-assessment and reflection needs to occur throughout one's education so that it becomes foundational and routine when students enter the field (Elman, Illfelder-Kaye, & Robiner, 2005).

Developing effective strategies for counselor educators to utilize in order to promote student self-care practices within online graduate programs is a relatively new concept, albeit an important one. According to Star (2013), much of the research on self-care that does exist has been on medical health care practitioners who work with patients that have chronic and terminal illnesses. There are virtually no research studies that have examined the role of self-care at it relates to burnout for counselors in training as well as those who are working towards their professional licenses (Star, 2013). However, Roach and Young (2007) state that using different methods of education and training are beneficial for students in understanding self-care. Feedback and supervision are critical for new counselors learning prevention strategies of burnout in the field (Rosenberg & Pace, 2006).

According to the American College Health Association (2012) student success can be linked to student wellness. The University of South California's National College Health Assessment Report (2012) indicated 57.1% of graduates experienced "more than average" or "tremendous stress." Online learning may further compound students' stress levels because it allows working individuals to go back to school (Kahu,

Stephens, Zepke, & Leach, 2014). Online graduate students may also decrease their level of self-care due to their inability to access wellness services and resources at the school (Thompson & Porto, 2014).

Present Study

The purpose of this survey was to explore the individual needs of students in an online Master of Science (M.S.) in Clinical Mental Health Counseling program. The internal program evaluation goals included: (a) Conceptualize students' definition of self-care, (b) Compare students' levels of self-care to their peers in the same clinical mental health counseling program, and (c) Identify creative strategies that counselor educators use to promote self-care throughout an online program's curriculum.

Methods

Evaluation Methodology

This program evaluation was designed to gather different but complimentary data to describe the current practices and self-care needs in an online graduate counseling program. First, a qualitative interview focused on the lived experiences of two graduate students in an online clinical mental health counseling program were collected. This approach was necessary to have a more thorough in depth understanding of the lived experiences of graduate students' needs for self-care while attending a graduate counseling program (Creswell, 2013). The interviews were analyzed using NVivo to identify themes within each interview. Second, a survey was emailed to students in various courses in the program asking about their experiences as graduate students.

Participants

Participants in the current study were students in a fully online M.S. Clinical Mental Health Counseling program in a small public university in the Northeastern region of the United States. Two students volunteered to participate in an in-depth interview focusing on their experiences with self-care while being a student in this counseling program. One participant was a 24-year old female in her second year as a full-time student (taking three courses each semester). The second interviewee was a 48-year old male in his third year as a part-time student (taking two courses each semester).

In addition to these two participants, 49 students were emailed with an announcement for the survey. The students needed to be registered in either Research and Evaluation, Ethical, Legal, and Professional Issues in Counseling, or Internship II. The purpose for choosing these three courses was that it allowed the researchers to have a developmentally diverse population for the study. Students in the research course were in either their first or second year of the program (depending on if they were full-time or part-time students). Students registered in the ethics course were in their second or third year (depending on if they were full-time or part-time students) while students enrolled in internship were in their last semester of the program.

Of the 49 students who were sent the invitation, 23 initially volunteered to participate; however, only 20 students completed the survey in its entirety. Ages ranged from 23 to 57 with 50% of the participants aging from 23-32. All of the participants were females with 18 participants self-identifying as Caucasian, one Hispanic or Latino, and one as bi-racial. The data sample included 14 participants who were married, five who were single, and one who was divorced. When asked about employment status, 11 participants were employed full-time, four students were employed part-time, and five students were not employed during that semester. When asked the number of graduate courses each participant was currently taking, 11 were taking three courses, seven students were taking two courses, and two students were taking one course. Of the volunteer sample, five students completed only three courses in the program (first year students), 11 completed 10-14 classes (thus they were in their second-year full time or third year part-time), three students were in their last semester of the program, and one did not answer that specific demographic question.

Qualitative Methods

The two students who volunteered for the in-depth analysis were emailed the questions so that they could reflect on their experiences over time. Participants then responded to the questions by typing out their answers so that the investigators could ensure that the information was an accurate account according to the participants. This was an effort to reduce researcher bias since the participants' faculty members would be the ones analyzing the data. This method also allowed the participants to reflect on their experiences and do more of a qualitative written response rather than being interviewed. Questions were used to capture the specific experience of each participant. These questions included: 1. What was your experience with self-care while studying in an online graduate counseling program? 2. What strategies could faculty use to help reinforce the importance of self-care?

NVivo was used to analyze the interviews (QSR International, 2017). Themes were identified in each of the interviews. These themes aided in helping to construct the core concepts and ideas that were shared

in each of the ideas. NVivo was also used to identify consistent themes across both of the interviews. The lead investigators further reviewed each transcript in order to identify themes. These themes were compared to the NVivo results to ensure consistency and validity of recognized themes.

Quantitative Method

Volunteer purposive sampling was used to include participants in all developmental stages of their graduate program. Forty-nine participants were solicited via email as well as putting a "News Announcement" in each of the learning platform course shells. The self-care survey was adapted from Saakvitne and Pearlman's (1996) Self-Care Assessment Worksheet (SCAW) designed to assess an individual's self-care activities. This assessment tool uses a Likert scale to ask participants to rate the frequency (5=frequently, 4=occasionally, 3=rarely, 2=never, 1=it never occurred to me) that the individual participated in various self-care activities within the last 30 days. The activities were broken down into self-care sub-categories to include: physical (13 items), psychological (13 items), emotional (9 items), spiritual (15 items), relationship (11 items), and overall balance (2 items). Each of the sub-categories also contained an "other" so that participants could include a self-care activity that was not included on the list. There are no psychometric properties for the assessment (Alkema, Linton, & Davies, 2008); however, this measure was selected for this study because it allowed participants to self-rate the frequency of self-care activities. This assessment was used in a previous study examining the relationship between self-care activities and compassion fatigue, burnout, and compassion satisfaction (Alkema et al., 2008).

The current internal program evaluation examined the students' graduate school self-care activities. Previous researchers examined perceived stress among psychology graduates and evaluated self-care practices in areas surrounding mindful acceptance, seeking social support, sleep hygiene, food habits, and physical exercise (Myers et al., 2012). Other researchers studied self-care practices in college students in order to determine whether or not it predicted wellness (Moses, Bradley, & O'Callaghan, 2016). While past research examined self-care, there is no identified assessment tool that includes the integration of graduate student self-care; therefore, the authors added a sub-category to assess the frequency that participants consider their self-care habits as they relate to their educational journey. The 11 activities added to this sub-category included professional self-care strategies identified in research (Thompson & Porto, 2014; Fencl & Grant, 2017; Lawson & Myers, 2017; Moses et al. 2016) as well as strategies that current researchers' faculty recommend to the students for self-care. The specific items were: take time to chat with peers; make quiet time to work; identify projects/tasks that are exciting; take a break during the day; balance my load so that nothing is "way too much"; set limits with my supervisors, advisors, peers; arrange a work space to be comfortable; have a peer support group; get regular supervision or consultation; identify rewarding tasks; negotiate/advocate for my needs; and another category where participants could write in any ideas not mentioned. In addition, the authors added three items to the *overall balance* sub-category. These items included: strive for balance between play and rest; strive for balance between work/service and personal time; and strive for balance in looking forward and acknowledging the moment.

Results

The first part of the evaluation examined two case studies and the second part explored the quantitative results from the Self-Care Assessment Worksheet.

Qualitative Results

Participant one summary. This online graduate student was a 24-year old, Caucasian female in her second year (full-time) of her counseling degree program. This student worked part-time as a Graduate Assistant in addition to being a full-time student. She shared that self-care was difficult to understand, "I am career driven, and constantly battling to balance work, extra-curricular work and research experience, academics, a personal life, and my own wellbeing. I love what I am doing, but often the workload becomes overwhelming. There is nothing to *cut out* as everything is equally important to my life and future." Though self-care had been a hard journey, she finally learned, "I need to take care of myself or I am, ethically, in no position to take care of others." This learning was because her program placed a heavy emphasis on self-care and held her accountable for it through assignments and feedback.

Participant two summary. This online graduate student was a 48-year old, Caucasian male in his third year (part time) of his counseling degree program. He worked full-time as well as had a family. He shared a similar story on how self-care was hard to embrace given time allowance with work and his personal life, "I cannot seem to shut my mind off from all the professional, educational, and personal responsibilities happening in my life. At times, it is closely related to a generalized anxiety disorder. I rationalized that between my professional, educational, and personal responsibilities, I simply do not have the time, or

energy to continue my self-care routine." After learning more about self-care throughout the online counseling program, he shared that he felt he was seriously lacking in his physical, psychological, emotional, spiritual, and workplace/professional self-care. "I now understand that it's very easy for people in the helping profession to neglect caring for themselves, and this can easily lead to them becoming victims of vicarious traumatization and subsequent burnout." With this realization, he was able to establish a plan with action steps to improve his self-care.

Self-care Activities in the Graduate Program

After reviewing each case study, self-care activities in the curriculum were pulled out and organized into the various domains (types) of self-care. These activities were then organized and paired with the type of self-care that was best exemplified given the strategy. Furthermore, the researchers examined the 20 participant surveys for these same categories with the quantitative analysis. This is reflected in Table 2.

Emotional. Both participants discussed that professors "…focus[ed] on the fact that self-care can be learned from others." This was emphasized when the professors would include threaded discussions specifically on self-care. In classroom discussions, students shared what they were doing for self-care and in return, they could see what others were doing to engage in self-care. Discussions were via threaded asynchronous discussions and verbally shared in the virtual synchronous classrooms. Lastly, this student shared that, "Professors are more open to sharing their own experiences with burnout in the field as well as their own personal self-care routines. Being able to converse with professors on this topic gives a different perspective and insight into self-care importance as a student and the importance it will have working in the field with clients." Another participant shared,

> The professors in my online graduate program have enhanced my self-care, simply by letting me know that I am not alone in this educational process. I am part of a cohort, or in other words, with a group of friends and companions who are in this educational journey together. The professors have utilized synchronous and asynchronous modalities such as Blackboard Collaborate (BBC), Desire 2 Learn (D2L), video- seminars, email, and DVD's to help promote a feeling of community and teamwork among my cohort making this experience and program very effective for me personally.

Spiritual. One participant shared the importance of strategies that impacted him emotionally. These strategies included professors "…forwarding and posting positive reinforcers such as motivational quotes, songs, and videos during difficult times in the academic program." In addition, participants reported that faculty reinforced self-care through specific reflection activities focused on self-care, self-awareness, and personal growth with their own wellness. Activities such as the "Pie of Life" and the "Self-Care-Worksheet, Replenish the well: An experience in self-care" helped one student to become more self-aware of their own needs. The student shared, "These exercises helped me personally assess whether or not I was living a whole and balanced life. I learned through these assignments that I was not living my life in balance, or in a way that supported and expressed what I said I valued."

Physical. Participants discussed that professors would frequently, usually around the time of breaks (e.g., Spring Break), give students weeks of light coursework and professors called this "Self-care Week." One student clarified that "with the extra time that we gain not having work due that week, we are essentially assigned to engage in self-care, or something that intentionally takes us away from school work." Three participants within the survey noted having breaks and no assignments during holidays as being helpful in supporting their physical self-care needs.

Cognitive. Two participants stated that their first recollection of the topic was introduced in their first class of the program. Professors utilized the online course shell to provide written "check-ins" and reminders that students should be establishing self-care routines as it is required and necessary for successful practice in the counseling field. Articles also were assigned for reading to increase students' knowledge and application of self-care practices.

Overall, self-care was a process for students in this program. One participant shared, "We need to be self-aware and cultivate this self-awareness. We are the ones who truly know ourselves, our attitudes, values, feelings, and beliefs that make us who we are and what affects us both positively and negatively. Having this self-awareness gives us a better chance to identify the early stages of stress and take steps to address and avoid it." Another participant voiced that it, "took a while to understand and implement self-care into her life, but after being exposed to it in a variety of different learning modalities I began to comprehend how to integrate it into her own life."

Quantitative Results

The second part of the study involved the administration of a survey (Self-Care Assessment Worksheet). At the beginning of the survey, participants were asked to define what self-care meant to them. Some ways participants defined self-care were: (a) "…taking care of yourself..."; (b) "The practice of

maintaining my own personal psychological and physical well-being"; and (c) "Taking time to see to your own needs, taking a break, relaxing to alleviate the stressors of everyday life." When asked how many hours per week the participants engaged in self-care activities, the range was between 0 and 10 hours (M = 3.2, SD = 2.6). There was one extreme outlier that was not included in this data.

Self-Care Assessment Worksheet. Twenty participants completed the self-care worksheet assessment. When asked the question "Currently I feel that the amount of self-care that I take part in…" 80% of the participants stated that their needs were not being met. While the majority of participants felt their self-care needs were not being met, they did note activities they do to help with their self-care. After reviewing the data for each sub-category of the survey, the top three most common self-care strategies were identified (see Table 1). In order to further expand the strategies from the qualitative data collection, participants who completed the self-care survey were asked how instructors *did* and *could* support their self-care needs (see Table 2).

Discussion

Counselors who do not find a proper balance between caring for their clients and caring for themselves are at risk, not only to themselves, but to their clients as well. This program evaluation found that online graduate counseling students benefit when their course instructors emphasize self-care practices for their students and actively promote self-care activities for their students throughout their course. Additionally, support from course instructors was noted to aid the efforts of the students in engaging in self-care practice. Students reported better self-care practice when their course instructors assigned them self-care and planned course time to devote to self-care activities.

Limitations

This internal program evaluation offers insight into the graduate student experience with self-care. However, this was an internal survey with a small sample (i.e., two individuals were interviewed and 20 completed the survey), and the participants were exclusively from one program at one university. Finally, as this was essentially an informal survey, there is the potential for researcher bias in that data analysis was conducted by program instructors. This may have also affected the way the students answered the self-assessments.

In order to increase the validity and reliability of the data, the researchers suggest that another study be done that includes participants from multiple online counseling graduate programs across the nation. As more and more counseling programs are integrating hybrid and distance education aspects, joining research efforts can provide more insight on understanding how self-care practices may help online graduate counseling students improve their self-care and potentially avoid burnout as they enter the field thus enriching our profession. Although there are limitations to the study, it provides important information for counselor educators to help integrate more wellness opportunities into the graduate curriculum with the intent of fostering wellness of our future professionals and avoiding burnout. Offering this survey to other online graduate programs would offer a means of testing the survey for reliability and validity.

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Table 1

Personal self-care domains and activities

Domain	Activity	Mean
Physical		
	Getting medical attention	3.95
	Wear clothes I like	3.90
	Eat Regularly	3.75
Psychological		
	Be curious	4.00
	Notice my thoughts, feelings & beliefs	3.60
	Be ok with leaving work at work	3.30
Emotional		
	Spend time with people whose company I enjoy	4.05
	Find things that make me laugh	3.60
	Stay in contact with important people in my life	3.55
Spiritual		
	Identify what is meaningful to me	3.95
	Be open to knowing	3.90
	Cherish my optimism and hope	3.60
Relationship		
	Spend time with animals	4.30
	Communicate with a significant other, close friend, or family member	4.25
	Call, check on, or see my relatives	3.85
Graduate Student		
	Make quiet time to work	3.64
	Arrange work space to be comfortable	3.60
	Balance my load so that nothing is "way too much"	3.25
Overall Balance	Balance about my family, friends, and Relationships	3.8
	Balance within my work-life and work day	3.75
	Balance in looking forward and acknowledging the moment	3.65

Table 2

Strategies to support self-care across domains and categories

Domain	Categories	Frequency
Emotional	BBC (synchronous classes)	2
	self-care forums/discussions	8
	professors sharing experiences with self-care and burnout	4
	share creative ideas	5
Spiritual	motivational quotes, songs, and videos	1
	self-reflective activities on self-care (Pie of Life and Self-Care-Worksheet, Replenish the well: An experience in self-care)	2
Physical	no assignments during holidays/ breaks	3
Cognitive	introduced in first class	2
	share readings (articles and book excerpts) on self-care	5
	assign self-care	6
	written "check-ins" and reminders for self-care	6

JPCA Test to Earn CE Credit

Note: Earn 2 Free Continuing Education Credits by reading selected articles in this issue. Read the articles identified below and answer 7 of the 10 questions correctly to earn 2 CE credit.

Attitudes Toward Research and Statistics: A Comparison of Counseling Education Students and Practicing School and College Counselors (pp. 2-17)

1. On the basis of the survey results reported in this study, practicing school and college counselors emphasize research-related activities
☐ a. at about the same level as counselor education students.
☐ b. more than activities related to other areas of counselor identity.
☐ c. to a greater degree than counselor education students.
☐ d. to a lesser degree than counselor education students.

2. The *Counselors' Attitudes Toward Research and Statistics (CATRS)* survey was designed to measure
☐ a. a graduate program's compliance with CACREP standards
☐ b. attitudes toward research and statistics
☐ c. research-related skills among practicing counselors.
☐ d. the value of research in counselor education.

Counselors in Trouble: A Review of Disciplinary Actions for Counselors in Pennsylvania (pp. 18-24)

3. The majority of sanctions for LPCs in Pennsylvania were for
☐ a. inappropriate relationships with current clients
☐ b. inappropriate relationships with former clients
☐ c. insufficient CEs
☐ d. failure to report abuse

4. In Pennsylvania, a first offense of failing to complete required continuing education results in
☐ a. a fine of $100 per hour of deficiency
☐ b. a fine of $1,000 per hour of deficiency
☐ c. jail time
☐ d. no repercussions

Preadolescents' Depressive Symptoms and Attributions for Negative Experiences with Peers (pp. 25-35)

5. Past research suggests that pre adolescents blaming personal failures on enduring personal characteristics is
☐ a. a useful motivator
☐ b. maladaptive to socio emotional well being
☐ c. inconsequential to emotional well being
☐ d. related to increased academic ability

6. The findings of this study indicated that children's explanations of their experiences with their peers are linked to their own depressive symptomology
☐ a. True
☐ b. False

Parental Corrective Discipline and Child Externalizing Behavior in Bereaved Families: The Moderating Role of Parental Grief (pp. 36-46)

7. Parental discipline can be categorized into three areas:
☐ a. instruction, encouragement, and punishment
☐ b. instruction, encouragement, and correction
☐ c. praise, discussion, and punishment
☐ d. praise, discussion, and correction

8. This study observed a positive relation between parental corrective discipline and child externalizing behavior for parents with _____ grief and a negative relation between parental corrective discipline and child externalizing behavior for parents with _____ grief
☐ a. normative and complicated
☐ b. decreasing and increasing
☐ c. complicated and normative
☐ d. increasing and decreasing

Self-Care in an Online Graduate Program: How Can Counselor Educators Support Their Students' Needs Remotely? (pp. 47-56)

9. What percentage of the students reported that their self-care needs were not being met?
☐ a. 25%
☐ b. 50%
☐ c. 70%
☐ d. 80%

10. All of the following were examples that the counselor educators infused into the online counseling program to support student wellness *except*

☐ a. built in self-care breaks during the semester
☐ b. assignments specifically focusing on the students' self-care activities
☐ c. decreasing the number of assignments throughout the course
☐ d. self-care threaded discussions/open forums
☐ c. Significant differences in guidance spending per pupil between rural and urban districts for six of the ten years examines

☐ d. Significant differences in guidance spending per pupil between rural and urban districts for eight of the ten years examines

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☐ I certify that I have completed this test without receiving any help choosing the answers.

Feedback

Please rate the following items according to the following scale:

5 – Superior 4 – Above Average 3- Average 2 – Below Average 1 – Poor

	Superior	Above Average	Average	Below Average	Poor
The authors were knowledgeable on the subject matter	☐5	☐4	☐3	☐2	☐1
The material that I received was beneficial	☐5	☐4	☐3	☐2	☐1
The content was relevant to my practice	☐5	☐4	☐3	☐2	☐1
This journal edition met my expectations as a mental health professional	☐5	☐4	☐3	☐2	☐1
How would you rate the overall quality of the test?	☐5	☐4	☐3	☐2	☐1

Comments/Suggestions?

Instructions

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