

The Alabama Counseling Association Journal



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Letter From the Editors

Some things we can always count on in the month of April, such as April Fool's Day, April showers, spring flowers, longer days, the chill of the winter months gradually fading in the background, Sexual Assault Awareness month, and a good ol' issue of the *Alabama Counseling Journal*.

We certainly hope you look forward to this journal as much as we enjoy pulling it all together. Honestly, we cannot make this journal a reality without the gracious support of the authors, reviewers, editors, and readers. Thus, we take this time to say thank you. We want to give you a bouquet of flowers for your continued support in partnering with us to bring this journal to fruition each year.

As you read through the various articles, we would like to challenge you to consider ways in which you can share the literature that is presented in this journal with your clients, colleagues, and/or students. There is so much knowledge that can be gleaned from the ideas contained in the articles presented here.

As always, we continually look for authors to publish their work with us. Please do not hesitate to share your ideas and support the *Alabama Counseling Journal*. We need your support so that the journal can continue to strive for academic excellence and practical application. So please get your mental wheels turning because we are looking forward to hearing from you in the next journal. In the midst of all the things you can count on in the month of April, let's continue to count on getting an exciting, invigorating, and cutting edge volume of the *Alabama Counseling Journal*.

We are looking forward to hearing from you. Do not silence your voice. This is a great place to be heard.

Remember, friends do not allow friends to write by themselves. -LJMH

All Our Best,

Dr. Brad Willis
Editor

Dr. Linda J. M. Holloway
Editor



Alabama Counseling Association

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Update on The Counseling Compact

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The Counseling Compact

After four years of collaboration between the American Counseling Association (n.d.) and the National Center for Interstate Compacts, the Counseling Compact for Counselor Licensure (the Compact) will soon become operational. The Compact is a contract among states that will allow licensed professional counselors to practice in all states that join the Compact. This brief overview will discuss the purpose, operation, and benefits of the Compact. [This article contains links to further information in each section.]

Purpose of the Counseling Compact

The purpose of the Compact is to facilitate the interstate practice of licensed professional counseling to improve public access to professional counseling services. The Compact is an occupational licensee coalition similar to those in other occupations such as nursing, psychology, medicine, and physical therapy. The Compact does not replace the current licensing systems in member states. As a member of the Compact, each state retains the regulatory authority of licensing in their home states as a means to protect public health and safety ([Counseling Compact: Summary of Key Provisions](#)).

The Compact will provide for the mutual recognition and reverence of other member state licenses. The underlying assumption is that all licensees in member states have met the minimum qualifications for professional practice. The Compact will enhance states' abilities to protect public health and safety through maintenance of a centralized data system. The public will be protected because all member states will use the data system for reporting licensees' complaints, investigations, and any disciplinary actions taken against a practitioner. For instance, if a counselor has disciplinary actions in their home state, the regulatory board or agency will

enter that information into the data system, and the counselor will not be issued a privilege to practice in another state.

The Compact supports the careers of active duty military personnel by allowing them and their spouses to continue in their profession more easily when they relocate. Active duty military personnel and their spouses will designate a home state in which they hold a current license in good standing. The home state will remain valid for the duration of the servicemember's active duty. A significant provision of the Compact is support for practitioners who practice telemental health counseling. Practitioners will be able to provide telemental health services across state lines without having to become licensed in additional Compact states. Practitioners will still have to adhere to the laws and regulations, including scope of practice, of the remote state. Nevertheless, this provision allows for greater access to counseling, especially for those who are traditionally underserved or geographically disadvantaged ([What is the Counseling Compact](#)).

The Counseling Compact Legislation

The Counseling Compact Model Legislation was a collaborative effort between stakeholders, including professional counselors, state regulators, representatives from professional organizations, and staff from the National Center for Interstate Compacts at the Council of State Governments (CSG). The Counseling Compact Model Language was adopted in 2020 by the advisory group and was later introduced into legislation in several state legislatures by CSG. The Compact became operational once 10 states enacted the Counseling Compact Legislation. Georgia was the first state to join the Compact. On March 8, 2022, Governor Kay Ivey signed Senate Bill 99, making Alabama the third state to join the Interstate Counseling Compact. Nebraska was the 10th state to sign the Compact, which officially

activated the Compact. At the time of this publication, 20 states have joined the Compact, and legislation is pending in several other states ([The Counseling Compact Map](#)).

All member states that have enacted the Counseling Compact must adhere to the Compact Model Language. The model language provides uniformity in the legislation, and no state can make substantive changes to the legislation. Though member states retain the authority to regulate professional counselors in their home states, member states must abide by the legislation and adhere to specific provisions. All member states must require licensees to pass a nationally recognized exam and require licensees to have a 60-hour master's degree in counseling or relevant coursework. Member states must require licensees to complete a supervised postgraduate professional experience and pass a criminal background check to receive an initial privilege to practice. In addition to licensure requirements, regulatory boards will be tasked with additional responsibilities such as participating fully in the Compact Commission's licensure data system, complying with the rules of the Compact Commission, and maintaining investigative and reporting guidelines as determined by the Compact Commission ([The Counseling Compact Model Legislation](#)).

The Compact Commission is the administrative entity for the Compact, and it consists of one delegate from each member state's licensing regulatory board or agency and four ex-officio, nonvoting members from four recognized national professional counselor organizations. The Alabama Board of Examiners in Counseling (ABEC) is responsible for nominating a delegate from Alabama. The Commission is responsible for implementing the Compact's provisions for the interstate practice of professionals. The Commission must adopt initial bylaws and rules to carry out the Compact ([Counseling Compact: Summary of Key Provisions](#)).

In addition to setting the standards to implement the Compact, the Commission is responsible for creating an interstate licensure data system to expediently verify a counselor's good standing and share disciplinary information among member states. Once the commissioners agree upon rules and establish a method for Compact member states to share information, states will be able to grant Compact licenses, and individuals residing in those states will be able to take advantage of the benefits the Compact offers. Though the Counseling Commission oversees the Counseling Compact, member states remain the sole authority over licensing provisions in their home states. The home state reserves the right to set practice requirements, such as standards for continuing education, supervision, and fees for issuing the privilege to practice ([Counseling Compact: Summary of Key Provisions](#)).

Benefits of the Counseling Compact for Professional Counselors

The Compact will allow professional counselors in good standing to practice in all states that join the Compact. Thus, counselors will not be required to attain an individual license in each state where they want to practice. The broad goal is to eliminate barriers to practice for counselors and barriers to treatment for clients by ensuring cooperation among member states in regulating the counseling profession. Professional counselors will benefit from several aspects of the Compact. Because it will improve access to professional counseling services, membership in the Compact will increase market opportunities for professional counselors by authorizing practice in all member states (including via telehealth). The Compact will enhance mobility for professional counselors, who will have more opportunities to move or take job opportunities in other states without the burden of reapplying for a license. The Compact will improve the continuity of care when counselors or clients travel or relocate, thus reducing the burden of

having to suspend or terminate counseling services ([The Counseling Compact Fact Sheet: Practitioners and the Counseling Compact](#)).

Other key benefits of the Compact derive from the concept of *privilege*. Under the Compact, professional counselors will receive the privilege to practice. To exercise the privilege of practicing professional counseling in a remote state, a licensee must meet specific criteria. For instance, a counselor must hold a license in their home state, and the home state must be a member of the Compact. In addition, any other state in which a counselor wants to practice must also be a member of the Compact. The professional counselor must have had no encumbrance or restriction on any license or privilege to practice within the previous two years ([The Counseling Compact Model Legislation](#)).

Counselors applying for a privilege to practice must meet any jurisprudence requirements of the remote state and pay all applicable fees. A privilege to practice is valid until the practitioner's home state license expires. If the regulatory board or agency revokes a practitioner's license, the licensee loses the privilege to practice in all member states for the next two years. If a member state revokes a licensee's privilege to practice, the licensee may lose the privilege to practice in other member states for the next two years ([The Counseling Compact Model Legislation](#)).

In addition to the flexibility associated with the privilege to practice in a member state, the Compact makes it easier for counselors to obtain a new home state license based on their privilege-to-practice status. For instance, a licensee who moves from one member state to another may obtain a new, expedited home state license in the new state of residence if they hold the privilege to practice in the new state. The licensee will be required to complete a new Federal

Bureau of Investigation background check, state-level background checks, and jurisprudence requirements of the new home state ([Counseling Compact: Summary of Key Provisions](#)).

Future Implications of the Counseling Compact

The Compact is the gold standard for licensure portability. The Compact is a binding agreement among member states to adopt a set of uniform licensure standards and recognize the validity of a license issued by a member state. The Compact binds member states to a cooperative system of interstate licensure that removes barriers to practice without sacrificing public protection. The Compact Commission rulemaking authority ensures swift adaptation to changes in the profession, securing the long-term viability of the Compact as a comprehensive solution to the challenges of licensure portability ([Counseling Compact Interstate Compacts vs. Universal License Recognition](#)).

In conclusion, the Compact will enhance professional counseling practice for all stakeholders, especially clients. As mentioned, the Compact will allow the practice of telemental health, improve employability of professional counselors, and serve as a military-friendly policy for active service members and their spouses. In addition, the public can feel safe knowing that state licensing boards and the Commission have initiated an extra layer of protection for counseling clients. Anyone interested in learning more about the Counseling Compact or attending any of the public Commission meetings can visit www.counselingcompact.org for additional information.

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Advocacy in the Courtroom: Testimony Training for Counseling Students and Professionals

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Abstract

Counseling professionals are increasingly being subpoenaed to serve as expert witnesses on behalf of their clients; however, many counselors graduate and exit their counseling programs without a sufficient understanding of the legal and ethical ramifications of providing court testimony. We conducted a mixed methods evaluation to determine if a one-day training on testifying in court increased witness self-efficacy of counseling students and professionals. Sixty-one participants completed a demographic survey, the Witness Self-Efficacy Scale, and an evaluation of the training. Results revealed changes in participants' assessments of their self-efficacy as witnesses before and after the training. Recommendations include incorporating courtroom testimony training, including discussions of professional ethics, explanations of crucial court documents, and mock performances of court proceedings, in educational programs for counseling students and professional development programs for practitioners.

Keywords: counselors, testifying, counselor educators, witness self-efficacy

Advocacy in the Courtroom: Testimony Training in Counselor Education Programs

Counseling professionals are increasingly subpoenaed to serve as expert witnesses on behalf of their clients (Bow et al., 2011; Edens et al., 2012; Moore et al., 2013). The Legal Information Institute (2020) defined an expert witness as an individual who provides a professional opinion and draws a conclusion based on evidence from their professional field. Attorneys perceive counselors as experts in their field, resulting in requests to provide an expert opinion for the attorney's client's benefit (Moore et al., 2013, Patel & Choate, 2014). However, in some instances, counselors who are called to testify in court feel unprepared and incompetent to serve as expert witnesses (DeCino et al., 2018; Hatton, 2014; Hermann et al., 2008). Despite the increase in requests for expert testimony, counselors are leaving their counseling programs deficient in legal and ethical understanding of court testimony (Francis et al., 2018).

Counselor education curricula address the importance of ethical and legal issues, confidentiality, privileged communication, and privacy (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016) but do not specifically attend to ethics in counselors' providing expert testimony. The lack of education on legal proceedings leaves counselors unprepared to serve as competent witnesses and incapable of representing the counseling profession adequately (Taylor, 2017). Furthermore, counseling professionals who are poorly informed about aspects of the judicial system are at risk for ethical violations, including breaching confidentiality and not protecting clients' welfare.

The American Counseling Association (ACA, 2018) recognizes the counseling profession is rooted in advocacy and strongly encourages counselors to engage in such efforts for

their clients. The courtroom is an appropriate setting for counselors to engage in advocacy efforts by providing education to judges and jurors on the mental health field and serving as the voice for clients who are unable to represent themselves (Davis & Cates, 2017). Therefore, it is paramount that counselors receive training in how to properly provide court testimony for their benefit and that of their clients. This study was an effort to determine if a one-day training on testifying in court would increase counseling students' and professionals' witness self-efficacy.

Experiences of Counselors in the Courtroom

Clinical mental health and school counseling professionals indicated a need for a deeper understanding of subpoenas and training in providing court testimony (DeCino et al., 2018). Participants who received education on court proceedings reported their legal experiences made them stronger as school counselors (DeCino et al., 2018). In a study focused on school counselors' perceived self-efficacy to testify, Hatton (2014) argued school counselors need to be prepared for court testimony as the demand for school counselors to participate in legal proceedings for child custody, abuse, and neglect cases has increased. Receiving additional court testimony training would increase their self-efficacy to testify (Hatton, 2014).

The paucity of literature that offers guidance for how to prepare counselors for court-related issues is concerning, as clients depend on and trust counselors to support and advocate for their needs in many court-related issues (e.g., child custody, criminal hearings, divorce). Increasing education and support for counselors in training and other counseling professionals regarding legal proceedings involving clients is an urgent need. Therefore, counselor educators must provide specific training that increases counselors' ethical and legal knowledge about court

proceedings. Providing this information may prevent vicarious liability for counselor educators and counseling professionals (Ordway & Cassasnovas, 2019).

Training Students for Court Proceedings

Educators have argued for the inclusion of material on court proceedings in counselor education programs; however, the question about what material should be incorporated has yet to be answered. Researchers suggested incorporating several topics into counselor education courses or training events, including ethics and documentation, understanding court documents, specific suggestions for testifying in court, and examples of mock court testimony (DeCino et al., 2018; Miller et al., 2009; Robertson, 2014). Additionally, counselor education programs should incorporate court testimony training for students to acquire the basic knowledge about court proceedings before entering clinical practicum and internship experiences (Francis et al., 2018).

Results indicated mock trials or role play to be effective in educating counselors on testifying in court (Miller et al., 2009). The use of experiential activities such as mock courtroom proceedings and role plays can help demonstrate the experience of being in a real legal proceeding for counselors (DeCino et al., 2018). Counselors reported having less anxiety and a better understanding of their role in the courtroom after viewing role plays or mock trials. Furthermore, counselor educators can prepare counselors in training for court testimony by conducting panel discussions with counselors who have experience in testifying. School counselors in a research study reported that hearing the stories of other counselors helped them apply the material they learned about testifying in court (DeCino et al., 2018).

Additionally, education and training should include information on proper documentation and how to reference documentation during court proceedings (Robertson, 2016). DeCino et al.

(2018) encouraged counselor educators to include ethical codes relating to legal issues counselors may encounter when they receive subpoenas. Counselors need to understand any documents brought into the courtroom that are accessible to all legal parties involved. A counselor who is uninformed of this legal issue is at risk for violating the confidentiality of their client's records (DeCino et al., 2018).

Witness Self-Efficacy

Bandura (1997) defined self-efficacy as an individual's capacity to engage in a specific behavior and further asserted that self-efficacy can be increased by including four empirically supported methods in training and educational materials: the actual performance of the behavior, observation of someone performing the behavior, verbal persuasion, and physiological signs. In a parallel construct, Cramer et al. (2009) defined witness self-efficacy as an individual's belief in their ability to testify in court and their capacity to create change by providing expert testimony. Increased witness self-efficacy is directly related to competent performance as a witness in court (Cramer et al., 2009). Providing training that will increase witness self-efficacy in counselors is crucial to help the counselors better represent their clients in court and maintain ethical standards by protecting their clients' welfare.

Purpose of the Study

We conducted a mixed methods program evaluation to determine if a one-day training on testifying in court would increase witness self-efficacy among counseling students and professionals. We also sought to determine which components of the training were most effective in increasing the witness self-efficacy of participants.

Method

A mixed methods approach to program evaluation was utilized to understand the effectiveness of a one-day training event on counselor witness self-efficacy in court testimony.

Participants

We recruited participants for the training through counseling listservs at the state level. To participate in the study, participants had to be at least 19 years of age, a student in a graduate counselor education program (school counseling, clinical mental health counseling, or counselor education), a counselor in the community, a counselor educator, or a retired counselor. All participants had to attend the one-day in-person training event. Before completing the surveys, participants provided informed consent and were informed that the sponsoring university had provided Institutional Review Board approval for the study.

Procedures

We offered two separate identical training sessions; presenters for the training included one counselor educator, one district judge, and two attorneys. The training was six hours long and included material on ethics and documentation, understanding court documents (subpoenas and motions to quash), understanding court systems, specific suggestions for testifying in court, and mock court testimony examples. Prior to the start of the training, participants completed a demographic questionnaire and pretest, which included the Witness Self Efficacy Scale. At the conclusion of the training event, participants completed the posttest, which included the Witness Self Efficacy Scale and the training evaluation with two qualitative open-ended questions.

A total of 61 people participated in this study, attending one of the two all-day trainings. Of the 61 participants, 55 (92%) were female, and six (8%) were male. The age of participants

varied. Twelve (20%) of the participants were 18 to 24 years of age, 16 (27%) were 25 to 34, 15 (25%) were 35 to 44, 10 (17%) were 45 to 54, and eight (12%) of the participants were 55 to 64. In regard to race and ethnicity, 45 (76%) were White, nine (15%) were African American, one (2%) was Asian, three (3%) were Hispanic/Latino, and three (3%) were bi-racial/multi-racial. Nineteen participants (31%) were counselor education students, four (7%) were counselor educators, and 38 (62%) were counseling professionals. Thirty-eight participants (63%) identified clinical mental health as their specialty; six (10%) identified school counseling; six (10%) specialized in counseling psychology, five specialized in marriage and family counseling (8%), and four in counselor education (7%). Thirty-four of the participants (58%) reported never testifying in court. Fifty-five participants (95%) had never participated in a court testimony training before.

Measures

Participants completed a brief demographic questionnaire, The Witness Self-Efficacy Scale (WSES), and a brief training evaluation. The WSES was administered to participants before the training workshop and after its conclusion.

Demographic Questionnaire

A brief demographic questionnaire gathered participants' age, gender, education, ethnicity, employment status, area of counseling specialization, populations served as a counselor, and experience in court testimony.

Witness Self-Efficacy Scale

In this study, we used the WSES (Cramer, 2009) to assess witness self-efficacy. The WSES consists of 30 items used to measure an individual's perceived ability to testify in court.

The scale has subscales assessing three constructs, including affective, cognitive, and behavioral aspects of the witness role (e.g., confidence to control one's behavior on the stand; Cramer, 2009). Participants provide responses on a 5-point Likert scale (1 = *never*, 2 = *seldom*, 3 = *sometimes*, 4 = *often*, 5 = *always*) based on Bandura's (1997) General Self-Efficacy Scale. Items assess self-efficacy for skills ranging from basic testifying abilities to more challenging tasks. In this study, the Cronbach's alpha test indicated strong internal consistency ($\alpha = .96$).

Training Evaluation

The training evaluation consisted of two open-ended questions: 1. What parts of this training were most valuable? and 2. What parts of this training were least valuable? Additionally, participants used a 5-point Likert scale (1 = *strongly disagree*; 5 = *strongly agree*) to rate the content, design, and facilitators of the workshop in 11 items.

Results

Quantitative Results

We used the Statistical Package for Social Sciences (SPSS) statistical program to analyze participants' responses to the WSES, computing descriptive statistics and paired sample t-tests to compare pre- and post-data. We figured the average score of all pre-tests and post-tests and then conducted a paired sample t-test to evaluate the significance of each pre- and post-question from the WSES. Results from the paired sample t-test indicated a significant improvement after attending the one-day training event that would not be found by chance ($p = .001$). Analysis revealed a significant difference in the scores for the pretest ($M = 3.63$, $SD = 0.879$) and the posttest [$(M = 4.27$, $SD = .824$); $t(61) = 7.12$, $p < .001$ (two-tailed)]. The mean increase in scores was 0.6469 with a 95% confidence. The eta squared statistic (0.46) indicated a large effect size.

Thus, a one-day training on testifying in court increased the witness self-efficacy of counselors (Table 1).

Table 1

Paired Samples T-Test

	<i>M</i>	<i>n</i>	<i>SD</i>	<i>R</i>	<i>p</i>
Pretest	3.6234	61	.87956	.659	.000***
Posttest	4.2703	61	.82445	.659	.000***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

To obtain additional information about the impact of aspects of the workshop's content, we inspected pre-post scores on items and compared the means to assess the impact of the program on participants' assessment of self-efficacy on specific witness behaviors. Post-hoc test revealed significant gains ($p < .000$) in the following items:

2. Control my emotions when questioned by an aggressive attorney
3. Maintain a stable tone of voice when speaking
4. Avoid fidgeting
7. Respond to questions at a reasonable rate of speech
9. Tell a vivid story to the jury
12. Remain poised when being questioned by an attorney
13. Maintain eye contact with the jury
14. Hold eye contact with an attorney
21. Speak up to the judge when I feel my rights have been violated
28. Appear credible

Qualitative Findings

Next, we completed thematic analysis on the two open-ended questions participants answered at the conclusion of the training. The primary author of this study began by carefully examining all participant responses. From this examination, they created a list of all responses from each question. The primary author then rigorously reviewed the responses and identified repetitive statements to identify themes within the responses; next, they created a code book and completed peer debriefing with another author to enhance the validity of the analysis. Three themes emerged from the first question and three themes emerged from the second question.

First Open-Ended Question

The themes for the first open ended question included (a) the value of the role plays, (b) the importance of allowing time for questions, and (c) legal information provided. Each theme is further described below. The responses to these questions informed the researchers of what the participants perceived as the importance of court testimony in regard to their practice as a counselor and preparation for future court testimony.

The Value of Role Play. Participants indicated the most valuable components of the training to be the role play demonstrations. One participant stated, "Honestly, everything was valuable. I was pretty ignorant about everything related to the courtroom prior to this. I appreciate being taught the information and then being able to watch real attorneys and counselors." Of the 61 participants, 24 indicated the role plays to be most beneficial.

The Importance of Allowing Time for Questions. Participants indicated time for questions and answers to be valuable to their learning experience. One participant stated, "The ability to ask as many questions as possible and answers were given from different perspectives."

Legal Information Provided. Several participants stated the training was “very helpful and informative” and appreciated attorneys’ providing a variety of legal information, including how to file a motion to quash and how to respond to subpoenas for records and court testimony.

Second Open-Ended Question

Three themes emerged from the second open-ended question. These themes were (a) no changes necessary to the training, (b) inclusion of additional counseling settings, (c) improvement to setting of training. Each theme is discussed further below.

No Changes to the Training Necessary. Several participants reported they would not change anything about the training. One participant stated, “Nothing, it was all valuable and personable.”

Inclusion of Additional Counseling Settings. A second theme in the responses to the second open-ended question was to include more counseling settings in training material and role plays. Participants indicated they would have liked a broader focus on role plays including additional scenarios with adults and fewer scenarios with children. These findings further indicated the value of the role playing in the training but highlighted the need for additional clinical settings and scenarios to be included.

Improvement to Setting of Training. Several participants indicated problems with the training setting, specifically the seating. Participants may have benefited from a different seating arrangement that allowed for more collaboration with other participants and ease of viewing presenters. One participant stated, “Maybe have some seating in a semi-circle. It was a little bit difficult for me to see the presenters in the front at some points.”

Discussion

The findings of this study were consistent with previous researchers' suggestions for preparing counselors for court testimony. Francis et al. (2018) suggested counselor education programs should incorporate material on court testimony so students can gain a basic knowledge of court proceedings before entering their clinical practicum and internship experiences. This training included information on court proceedings, understanding court documents, suggestions for responding to court documents, directions on filing protective orders for client records, and recommendations on court testimony.

Studies have indicated mock trials or role play to be effective in educating counselors on testifying in court (Miller et al., 2009). Findings from this study aligned with the literature on the importance of including experiential learning. Participants from this study indicated the role plays and mock testimony were most valuable in increasing their efficacy. DeCino et al. (2018) further asserted that gaining encouraging feedback and guidance from educators and supervisors better prepares counselors for court testimony. Participants from this study agreed that feedback from attorneys and other presenters was valuable in decreasing their anxiety and helping them feel more prepared.

Cramer et al. (2009) defined witness self-efficacy as an individual's belief in their ability to testify in court and their capacity to create change by providing expert testimony. Increased witness self-efficacy is directly related to competent performance as a witness in court (Cramer et al., 2009). We found a one-day training was effective in increasing the witness self-efficacy of counseling professionals. Therefore, the provision of this training has the capacity to increase the competent performance of counselors as witnesses in court.

The knowledge gained from this study may inform counselor educators of the importance of incorporating information on testifying in court in counselor education curriculum. Well prepared and informed counselors can avoid the ethical and legal pitfalls that are common during court testimony. Furthermore, competent counseling professionals are better able to represent themselves, their clients, and the profession of counseling. This study suggested specific ways for counselor educators to incorporate material to prepare students for testifying in court, including lecture, panels, guest speakers, and role plays.

Limitations

These findings need to be viewed in relation to the limitations of this study. The primary limitation of this study was that no comparison group was included in the design of the study, thus limiting the internal and external validity of the study. Having a comparison group would have helped rule out any factors that influenced the results of this program evaluation. Additionally, the sample for this study was minimally diverse; participants were majority White and female. The counseling profession is generally dominated by a female presence; however, it would have been beneficial to gain the experience of male counseling professionals and people of color when navigating legal issues and courtroom testimony.

Furthermore, participants indicated in the training evaluation that it would have been helpful to include more case studies on adults and non-custody-related court cases. The training limited mock courtroom testimony examples to specific scenarios involving children and custody matters. Participants in future trainings would benefit from additional examples of court experiences, such as adult criminal proceedings, drug court, and probation hearings.

Implications for Counselor Educators

Findings from this study established a one-day training event on testifying in court was effective in increasing the self-efficacy of counseling students, school counselors, mental health counselors, and counselor educators. Counselor educators and supervisors would benefit from incorporating a one-day training event or material into their counseling program curricula. Material to be included in either coursework or a training event should include ethics and documentation, knowledge and understanding of crucial court documents such as subpoenas and motions to quash, recommendations for testimony, and role plays of actual court proceedings.

Furthermore, this study found role plays/mock trial examples to be the most effective component of the one-day training event. Again, this specific component can be included in either a classroom lesson with guest speakers or a training event. Counselor educators would benefit from networking with community counselors who possess testimony experience as well as legal professionals in the community. Professionals are often eager to share knowledge with students and other professionals to promote well-informed practice in the profession.

If a one-day training event is unrealistic or impossible for educators to facilitate, this material would be appropriate for inclusion in counseling courses. Courses for master's-level clinical mental health counselors and school counselors may include Orientation to Counseling, Advanced Counseling Practice, practicum, or internships. In doctoral counseling programs, this material could be infused into a counseling practicum course. Counselor educators may include material as well as guest speakers who possess courtroom testimony experience.

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Free Verse: Integrating Spoken Word in Counseling With Youth of Color

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Abstract

Youth of color can benefit from creative, culturally responsive counseling interventions that address issues of power in cross-cultural relationships. Clinical mental health counselors may offer concrete integration of spoken word in treatment plans for this population. This article offers cultural background, philosophical support, and descriptions of modes in which mental health professionals can make use of spoken word in clinical practice.

Keywords: spoken word, creative interventions, clinical mental health counseling, youth of color

Free Verse: Integrating Spoken Word in Counseling with Youth of Color

“only through new words
might new worlds
be called
into order”
-Saul Williams

Spoken word is a universal cultural paradigm that exists across all demographics. Spoken word poets illustrate human experiences creatively to express desire, report, critique, and call into order a unique vantage point on the world. The Kiowa tell stories in small groups with family, friends, and neighbors. Storytellers engage in teasing and joking to impart a mixture of facts, lore, and perspectives on the nature of being. Rendered through spoken word, stories are an expression of humans’ ontological position in the world conveyed through verse, allegory, or anecdote (Palmer, 2003). For the Kiowa, spoken word or storytelling is a way of cultivating community through creative dialogue. Stories also help people understand, conceptualize, and engage the natural world through the innate human activity of oration (Palmer, 2003). Spoken word as a cultural exchange allows people to give and receive narratives authentically, and the traditions are integral to the formation and expression of human identity.

These oral traditions predate written communication and ideological heritage; they extend into modern times in the form of spoken word performances or slam poetry. Lowery and Walker (2017) described spoken word as

a contemporary form of expressing one’s milieu through an aesthetic style of culture- and history-laden verse, it offers a unique dialectic for examining the continuing pedagogic

problems embedded in practices and expectations that reflect mainstream thinking in our current society. (p. 9)

Spoken word imbues performers with a creative license to engage and live within the natural ambiguity at the intersections of the dimensions of their characters. This flexibility to inhabit and explore complex internal states makes the oral storytelling tradition useful in counseling.

Counseling Youth of Color

Current mental health culture and counseling praxis frame helping relationships, in part as a way of identifying clients' deviation from normal or ideal functioning and fostering restoration of normality (Hansen, 2017). All the while, diagnosis and clinical techniques are founded primarily in White Eurocentric benchmarks of normal, inadvertently indoctrinating counselors into recreating (knowingly or unknowingly) oppressive dynamics within therapeutic relationships, especially when counseling youth of color. Youth are aware of this power differential in the counseling relationship in academic and community settings (Cook & Monk, 2020) and may view counselors as authority figures (Pearce & Sewell, 2014).

This lack of positional power in counseling may perpetuate power imbalances that youth of color experience in their daily interactions with others. For example, counselors who fail to address power in the therapeutic relationship with youth may unknowingly limit their clients' agency, silence divergent perspectives, force change, and ingrain fear that restricts the youth's ability to be authentic (Jordan, 2017). As a result, clients of color are more likely to terminate early due to perceptions of bias in treatment (Kearney et al., 2005). Therefore, it is imperative that counselors tune into how they and others within youth's sociocultural environments create power-over relationships that suppress youth narratives. In doing so, counselors may create a

unique opportunity and setting for agentic youth to lead and create their own rendering of their circumstances. Spoken word can be a catalyst for constructing and cultivating this therapeutic environment.

Spoken word as a supplement to counseling enhances youth engagement by creating a space of authenticity, ease of reference, and actualization of the youth's subjectivity without judgment. Counselors who accept the invitation to incorporate more written and spoken expressive work into their relationships with youth of color can actualize an environment to legitimize and embolden youth voices. Spoken word as an extension of clients' self-exploration can address problematic power imbalances in the therapeutic relationship, and through counter-narratives, youth can develop greater familiarity with their self-concepts.

Acknowledging the ideological origins of their practices can place counselors in a position to recognize latent modes of marginalization within counseling relationships. Incorporating spoken word as a medium of experiencing clients' narratives can bypass the theoretical and societal dynamics of power, allowing the youth's perspective to be central and valid. This article provides philosophical support for the concrete integration of spoken word in clinical mental health counseling with youth of color.

The Multi-Axis Self

Counseling theories evolve and fluctuate in response to their contexts and a growing body of knowledge on effective counseling. Theories of change are inevitably contextualized by the time and social settings in which they are conceived and applied (Chávez et al., 2019; Palacios, 2018, 2021; Williams, 1994). Clinical mental health counseling settings can inadvertently pass external power dynamics into therapeutic relationships with

marginalized youth. Scholars of critical race theory (CRT) provide two primary arguments to characterize the nature of helping relationships with minority youth and the place of spoken word in the efforts of healing.

CRT supports the ideological inseparability (intersectionality) of race, gender, class, ability, and so on (Crenshaw et al., 1995; Vereen et al., 2020; White & Palacios, 2019). Therefore, clinical conceptualizations of clients should accommodate the same simultaneity and complexity. Furthermore, individuals exist as embodied, agentic beings (Merleau-Ponty, 2014; Sartre, 1966, 2007) who encounter policy and social norms that impinge upon core aspects of their selves. If counselors consider clients to be *embodied* and *agentic*, they must acknowledge clients' capacity to influence or have agency over their life outcomes. Each client presents with a unique palate for agency depending upon the social positions they occupy.

Further, minority youth in the United States exist within both a blatant and overt discriminatory society with a long, oppressive history. Clients of color, by virtue of living in this context, internalize the social power dynamics and marginalization of people of color (Delgado & Stefancic, 2017; Hannon & Vereen, 2016; Howard & Navarro, 2016; McCall, 2005; Singh et al., 2020). When those with social power detect expression of internalized oppression in youth narratives, they may subject the youth to majority norms (Hipolito-Delgado, 2016; Trahan & Lemberger, 2014). However, spoken word allows youth of color, through artistic authority, to declare the message *and* the context that can best describe their life experiences.

Generally, new approaches to counseling relationships are emerging from postmodern intellectual traditions. Modernism can partly be characterized by the tendency to see phenomena as existing in parts that can be separated, measured, and evaluated as a mode of understanding a

whole (Slife & Fisher, 2000). This perspective can lead to embedded dualisms within counselors' understanding of their clients' circumstances. For instance, counselors commonly use the terms *function/dysfunction* or *health/sickness*, among many others (Scholl & Hansen, 2018; Slife & Fisher, 2000). Such categorical distinctions can protect and harbor discriminatory and deficit thinking that shapes the experiences of youth of color.

Counselors who wield the authority to deem something normal or abnormal must do so by making use of a conceptual benchmark or criterion of an ideal disposition. Collective benchmarks of normality are often rooted in White, Eurocentric concepts of health. Postmodernism is distinguished in this regard by positing the need to forego conceptual separation of a whole into parts and categories. To challenge the idea that the self is a singular entity intrinsic within youth, postmodern views of the self in counseling depict a socially rooted concept of self. Therefore, because youth of color occupy multiple social spaces and relationships, the self is plural and fluid in nature. If this concept of a multi-axis self is true, then the degree to which a person is able to express their inner world to others is related to their wellness. Further, current best practice trends in counseling may negatively influence the therapeutic environment with youth of color.

Limitations of Contemporary Theoretical Foundations in Counseling

Contemporary developments in the counseling profession tend toward medicalizing and empirically validating the counseling process (Hansen, 2006, 2017; Singh et al., 2020). If counselors establish a concrete concept of best practices, they may create rigid conceptions of clients. Several factors have influenced the acceptance of best practice perspectives within the counseling profession. A best practice perspective elevates the counseling profession's socio-

political status among other mental health professionals (Hansen, 2006) and provides empirical support for the utility of counseling approaches, which helps secure third-party reimbursements for services rendered (Hansen, 2017).

Although many counselors and counselor educators have uncritically accepted the best practice approaches (Hansen, 2006), several unintended consequences may occur because of the counseling profession's endorsement. For example, current literature demonstrated that power dynamics within the counseling relationship may become hegemonic if practitioners endorse a best practice ideology. According to Hansen (2006), a best practice perspective includes a modernist epistemology of seeking the truth. This philosophical assumption holds that clients have verifiable disorders that counselors can objectively treat. This reductive conceptualization of clients' problems positions the counselors as experts with the ability to treat the psychologically disordered clients. Essentially, the counselors assume dominance in the counseling relationship, wielding their power through clinical decision making (Hays et al., 2010).

Counselors (with their treatment techniques) are positioned as the catalysts of change who fix broken clients, as medical doctors ostensibly heal sick patients. However, unlike medicine, counseling functions in ambiguity, and clients' unique experiences and concerns are not easily visualized, measured, or resolved (Hansen, 2017). Nevertheless, this underemphasized power-over relational dynamic is antithetical to the counseling profession's valuing of egalitarian relational dynamics and honoring of clients' subjective experiences of being-in-the-world (Vereen et al., 2014). Research into counseling outcomes underscores how factors common to all

therapeutic approaches produce more significant client change than specific treatments and techniques (Wampold, 2015).

Moreover, reductive counseling perspectives are inadequate for understanding the complexity of the human experience. As a result, counselors who uncritically accept this orientation may restrict diversity in practice and silence clients' divergent epistemological stances (Hansen, 2006). For example, counselors may disregard clients' cultural ways of understanding their complaints, their goals for therapy, and their suggested interventions (Brady-Amoon, 2011) because they are positioned as expert technicians. This paternalistic posturing is embedded within Western and Eurocentric cultural worldviews and values (Corey et al., 2015; Fleuridas & Kraficik, 2019; Singh et al., 2020) that stress individualism, power, and authority, while at the same time, the dominant group determines social values, morals, and ethics. These worldviews represent "White, male, Eurocentric, middle-class perspectives, values, and cultural biases" (Crethar et al., 2008, p. 274) and broader hegemonic social structures that adversely impact the wellbeing of culturally diverse individuals.

Counselors may commit human rights violations and act unethically if they fail to adapt best practice perspectives that incorporate clients' cultural knowledge (Corey et al., 2015). For example, counselors who employ a best practice perspective may perpetuate a "colorblind" ideology that supports Whiteness by unintentionally normalizing social power-over relationships, giving the appearance that clients racialized experiences of existence are insignificant within the counseling process (Bartoli et al., 2015; Sue et al., 2007). This perpetuation occurs when counselors define normality and optimal psychological health (Hansen, 2017) with a concept that

may be antithetical to clients' epistemological assumptions about psychological health and which may incorrectly pathologize normal cultural behaviors (Corey et al., 2015).

Counselors who support this perspective may fail to attend to the social, political, cultural, economic, ethnic, and gender institutional structures that many culturally diverse clients have identified as impacting their experiences (Ratts et al., 2016). These external structures affect clients' unique experiences, behaviors, personal meaning, and communication processes (Brady-Amoon, 2011; Carter, 2007; Ratts et al., 2016). Thus, this perspective is often ineffective for working with culturally diverse clients and may reinforce contemporary social power structures that limit the agency of populations who lack sociopolitical capital. The counseling profession has evolved to endorse alternative epistemologies and counseling practices, as evidenced by the five forces in counseling: psychoanalytic, behavioral, humanistic-existential, multiculturalism, and social justice (Fleuridas & Kraficik, 2019). This development has led to the production of counseling practices that recognize the complexity and contextually laden nature of human existence.

However, contemporary developments to empirically validate the counseling process through best practice approaches may suppress variable epistemological approaches and diverse client experiences. These approaches may create power-over therapeutic relational dynamics incongruent with the presuppositions guiding the counseling profession (Vereen et al., 2014). Therefore, it is essential that counselors and counselor educators continuously critique best practice orientations and generate postmodern approaches for working with culturally diverse individuals, including youth of color. Postmodern approaches, like spoken word, cultivate

therapeutic environments that decolonize divergent epistemological stances and help counselors experience clients as layered and irreducible beings.

Spoken Word: Youth of Color Reclaiming Their Narrative

Spoken word “embodies a set of metaphors and themes—often unconscious, at times inherent—that are communicated in rhymes and refer to an educative process implicit in the life of the poet” (Lowery & Walker, 2017, pp. 52-53). Performing centers the poet as the bearer of power at their present disposition. As an arts-based tool, spoken word facilitates creative positioning, and a performer “exhibits resourcefulness, originality, and freshness that eventually becomes commodified by the dominant culture” (Desai, 2017, p. 348). Therefore, spoken word is egalitarian and anti-hegemonic, and in order to be heard, youth of color position themselves, build relationships with the “other,” and communicate using innovative and imaginative methods (Alim, 2011; Desai, 2016; Fisher, 2005; Jocson, 2006; Richardson, 2003).

Emdin (2010) argued that the act of composing lyrics “connects the histories of the marginalized, echoes their pain, and concurrently articulates the stance of new people who either have been or are being marginalized in different spaces around the globe” (p. 5). Therefore, at a cultural level, spoken word gives youth voice and agency. Performers can upend the narrative as they represent their experiences using a familiar language that allows for the succinct and varied representations of their ideas.

According to Lowry and Walker (2017), “Although the U.S. citizenry continues to diversify, often the identity of difference is stifled in the systemic processes of education” (p. 40). As it relates to youth of color, Lowry and Walker’s critique begs the question: Are there a myriad of ways for youth to represent what they are experiencing, and are these alternative

practices given fundamental consideration over traditional ones? Philosopher Maxine Greene (2001) posited, “Perceivers of a given work of art apprehend that work in the light of their backgrounds, biographies, and experiences. We have to presume a multiplicity of perspectives, a plurality of interpretations” (p. 175). Therefore, spoken word allows performers “to transfer focus away from deficit thinking and blaming” (Lowery & Walker, 2017, p. 41).

Participation becomes a sociocultural activity, and the listeners' engagement develops a conducive environment for the acknowledgment of their communal social experiences. In addition, youth engagement snowballs because everyone is welcomed, and the space becomes one of authenticity, ease of reference, and subjectivity without judgment. Knowledge disclosure, reconstruction, and generation are also accepted constructs. Youth of color are empowered to share their understanding of the narratives considered the norm and the relationship to their sociocultural positioning. More importantly, spoken word participants can use reflective knowledge to connect their lived experiences to their present understanding of the world. Ultimately, this level of consciousness, which should not be divorced from cognitive development, allows youths of color to see themselves as meaningful contributors to their existence, and the hegemonic “structures of knowledge must be presented to such a consciousness as a possibility” (Greene, 1997, p. 136).

Implications for Spoken Word in Mental Health Counseling

Given the need for counseling professionals to adopt culturally responsive epistemologies that honor the complex intersectionality of clients' identities (Singh et al., 2020), the inclusion of spoken word interventions in counseling practices may be fruitful. The counselor is responsible to perceive clients, particularly clients of color, authentically within their environments,

eschewing implicit biases that risk reducing clients' identities (Hannon & Vereen, 2016). At a cultural level, people have described the acts of both writing and performing spoken word poetry as cathartic and empowering, offering platforms to genuinely report on their lived experiences (Endsley, 2014; Jenkins et al., 2017).

Mental health practitioners have explored the inclusion of spoken word in sessions in the form of bibliotherapy, wherein clients read aloud and discuss the poems of others (Pettersson, 2018). Mazza (2018) further described that the utility of creating and "sharing of poetry in lending a voice to the oppressed is a powerful form of resistance and affirmation of social justice and spirituality" (p. 207). If counselors intend to draw on interventions that allow youth of color the comfort to explore all of themselves, then practitioners should be encouraged by the propensity of spoken word interventions to elicit complex affective and cognitive content from clients.

Practical Strategies

As a practical guide to the implementation of some of the aforementioned practices, counselors may consider the following. First, develop the clinical skill of appraising the youths' comfort level with performing spoken word. For example, some youths of color might be apprehensive about writing their own spoken word poems or performing them. In this case, beginning with a bibliotherapy-rooted intervention of listening to a pre-existing piece is a good starting point. A variety of spoken word poems exist on YouTube that counselors or youths can locate themselves.

Digesting a spoken word piece together and using a third party's words as a discussion prompt presents an easier way for ambivalent youth to make sense of their own experiences

(Levy, 2012). As a homework assignment between sessions, counselors can task youth with finding a spoken word piece that resonates with them and sharing it during the following session. Borrowing from Beck's (1963) technique of cognitive journaling, counselors can offer youth a journal for a reflective homework assignments of writing poems between sessions thematically centered around salient emotions, thoughts, or behaviors (Levy, 2019).

Counselors may also encourage clients to reach out to locate a community or network. Jenkins et al. (2017) described the value of "open mic nights," semi-structured community events that welcome impromptu amateur performances. These events include performances of spoken word, music, and poetry with the focus on championing the voices of the marginalized. Counselors may locate age-appropriate open mic nights that youth can attend, when or if they feel ready, to publicly share the spoken word poems they have written. Leaning on narrative therapy research and practice, Ricks et al. (2014) detailed that the act of sharing one's story, while being something that many clients fear, is often the most therapeutic and liberatory. By consulting with local artists, coffee shops, or public venues, counselors can build networks of open mics that function as places for story sharing that youth aspire to attend. Ultimately, however, it is up to counselors to take steps to understand spoken word and the culture that surrounds it because few if any pipelines exist for developing spoken word poetry counseling skills.

Counselors' Professional Development

Counselors themselves can engage in a variety of practices to increase their knowledge and build competency regarding spoken word. First, it is important to locate any feelings of resistance that emerge when considering using spoken word poetry in practice. If it feels

unfamiliar, why is that? Is unfamiliarity an inherently bad thing in counseling, or an invitation for additional development as a counseling professional?

Despite the professional mandate to incorporate more cultural competence training in pre-service counseling programs (CACREP, 2016), clients of color still report feeling a sense of distrust towards counseling professionals as a result of unheard or invalidated (Lindsey & Marcell, 2012). Counselors may ponder whether any unfamiliar feelings they experience when considering using spoken word reflect deficits in counselor preparation programs, which are overly saturated with claims that White Eurocentric approaches to counseling theory are best. Reframing their approach to allow feelings of uncertainty regarding this approach to function as an invitation to begin practicing cultural humility (Hook et al., 2016) may improve counselors' practice.

Developing cultural competence is a lifelong process that requires counselors to engage in constant self-reflection, critique, collaboration, and consultation to ensure their ability to listen nonjudgmentally to clients (Hook et al., 2016; Ratts et al., 2016). Considering counselors are all initially trained to actively listen to clients when they express content in traditional talk therapy (Weger et al., 2010), counselors need to evaluate their own ability to listen nonjudgmentally to clients when they engage in modes of expression with which the counselors themselves are unfamiliar. For example, if a client shares a spoken word poem about anger in session, can the counselor clearly identify that anger, and the accompanying thoughts and feelings? The counselor may be too fixated on curse words or the way that spoken word poetry makes the counselor feel to circumvent the emergent implicit biases that prevent nonjudgmental listening. In this sense, counselors' urges to avoid embracing a mode of expression that feels particularly

real for minority youth may be an act of reducing clients' identities and experiences. Acting on those urges would be the antithesis of counseling's humanistic core mandates.

Therefore, mental health counselors should develop comfort with the myriad ways in which youth of color express. To begin, counselors should listen to spoken word poetry on their own to break down words and highlight affective and cognitive content. This practice may prepare counseling professionals to use basic Rogerian skills in response to content expressed in spoken word (Levy & Lemberger-Truelove, 2021). As an experiential exercise, mental health counselors may attend open mic nights without their clients to witness both the cathartic nature of these events and so that they can advise clients to attend open mic nights with a genuine understanding of how these events function.

Additionally, following organizations like Poetryfoundation.org help counselors cultivate a familiarity with emergent poets and poems that might be infused into the counseling process. Last, the greatest resources for continuing to develop competence are the clients that mental health counselors serve. Counselors' willingness to admit what they do not know and to honor their clients as bearers of cultural knowledge that they must understand in order to support them, is paramount.

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Music in Therapy: Neuroscientific and Clinical Evidence

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Abstract

The healing power of music has been well documented throughout history, and the premise of integrating music as a creative technique in counseling derives from its universal appeal. Evidence suggests music contributes to positive outcomes for people with mental health problems, including anxiety, autism spectrum disorders, dementia, depression, grief, substance use disorders, and sleep disorders. In this article, we examine the current neuroscientific and clinical research that supports the healing power of music. The purpose of this article is to bring together information on how music has been creatively integrated either as a standalone therapy or combined with other therapeutic interventions. This review discusses neurobiological underpinnings of music therapy's effects as well as the clinical evidence to support its therapeutic application.

Keywords: Music as creative intervention, creativity in counseling, neuroscience, clinical evidence

Music in Therapy: Neuroscientific and Clinical Evidence

Introduction

The knowledge that music has the power to heal psychological issues dates to antiquity and is currently supported by neuroscientific and clinical research. The Biblical story of David's use of the harp to heal Saul is very familiar. In a famous play, *The Mourning Bride: A Tragedy*, Congreve (1735/2008) indicated, "Musick has Charms to soothe the savage Breast/to soften Rocks, or bend a knotted Oak" (p. 13). Congreve's portrayal of the power of music metaphorically epitomizes the curative nature of music in the hands of a creative counselor. Singing, music-making, and drumming are cultural ceremonial rituals that help members cope with painful experiences such as death, and to instill hope (Ogden, 2000). As Bruscia et al. (2009) asserted, music has the power to engage clients, regardless of the issues they are facing.

Researchers and practitioners in the field of counseling have extolled the benefits of creativity in counseling (Duffey et al., 2009; Duffey & Kerl-McClain, 2008). Cole and Sarnoff (1980) suggested creativity in counseling has a reciprocal effect on both client and counselor. The authors asserted counseling is the facilitation of the creative process in which "the important goal is the increased creative ability of the person being counseled" (p. 144). At a practical level, counselors can model creativity in problem solving. Use of music in therapy takes a creative view of healing. According to Proctor (2002), music therapy can promote client responsibility and involvement in counseling "building on [clients'] experiences of who they are and what they can do" (p. 96).

Music in counseling is either active (recreating, improvising, or composing music) or receptive (listening to music selected by the client or therapist; Atiwannapat et al., 2016). In the past two decades, neurobiological and clinical researchers have suggested the utility of music in the therapeutic process (Levitin & Tirovolas, 2009; Lin et al., 2011). Its efficacy lies within the intricate neurobiological networks and the areas affected by auditory stimuli. Within the brain, music acts as a precise stimulus that modulates “synaptic plasticity and neuronal learning/readjustment” (Gutiérrez & Camarena, 2015, p. 24), and its scope of systemic engagement rivals that of language. The hierarchical engagement of auditory processes of acoustic information arouse memory as well as emotional and behavioral responses.

The emotions differ depending on what part of the brain the music activates. Elements such as tempo, rhythm, pauses, the type of music, the profile of the participants (cultural backgrounds, professions, attitudes) are also factors. This activation exerts influence on neurobiological processes such as “cognition, emotional regulation, autonomic activity, behavioral and psychophysiological response” (Lin et al., 2011, p. 38). Lin et al. (2022) pre-screened subjects for musicogenic epilepsy, amusia probable (a defect in processing pitch or “tone-deafness”), trauma associated with music, or other music-related problems.

Understanding the Neuroscience of Music

Advances in neuroscience using functional magnetic resonance imaging (fMRI) and electroencephalography (EEG) have identified how the brain converts sound waves into music. These findings suggest music can trigger physiological changes in the brain when used in counseling (Flores-Guiterrez et al., 2009). Neuroscientific research and clinical studies have revealed music stimulates various parts of the brain and promotes psychological healing (Clark,

& Thompson, 2016). Practitioners must distinguish between playing music to achieve a clinical effect and “the use of music therapy as a form of psychotherapy within an epistemological context” (Gutiérrez & Camarena, 2015, p. 22). Music therapy is “a behavioral science concerned with changing unhealthy behaviors and replacing them with more adaptive ones through the use of musical stimuli” (Davis et al., 2008, p. 14). Music therapy has grown into a distinct field of therapeutic inquiry with its own peer-reviewed literature, professional organization, and licensing process. According to peer reviewed literature, music therapy must be performed by trained and certified music therapists. For each of the following mental health diagnoses, the neurobiological outcomes and clinical evidence of the use of music in therapy will be discussed.

Generalized Anxiety Disorders (GAD)

Lin et al. (2011) indicated GAD is different from normal, everyday anxiety because it includes “debilitating conditions” (p. 42), in which the individual becomes apprehensive, withdrawn, and experiences arousal of the autonomic nervous system. As Gutiérrez and Camarena (2015) noted, while various first-line treatments exist, 50% of GAD patients remain symptomatic. This challenge highlights the need for novel interventions to buttress established therapies, both pharmacological and psychosocial.

Researchers Etkin and Wager (2007) and Kemper and Danhauer (2005) asserted music can promote relaxation in clients with anxiety disorders in different settings. Neural pathways, originating from the cerebral cortex (the outermost part of brain, associated with activities such as emotion, memory, learning, and reasoning), hypothalamus (helps stabilize body and maintain homeostasis), limbic system, and insula (functions include desires, addiction, and cravings), are involved in this process. These pathways alter the endogenous opiate and nitric oxide processes

to promote the calming effect of music. The calming effects are precursors to a number of other physiological changes, including lower blood pressure and slower heart rate (Chai et al., 2017).

Gutiérrez and Camarena (2015) studied the effectiveness of music therapy with patients who received adjunct pharmacotherapy under clinical control. The study group consisted of seven patients (three men and four women) with no comorbidities. A pre-test/post-test design was established using the Beck Inventories of Anxiety and Depression. (Although subjects pre-tests indicated mild depression, depression was measured given its co-occurrence with anxiety.) Researchers designed 12 two-hour structured group sessions. Two modalities were employed, receptive and active music therapy. Receptive therapy involved pre-recorded music or facilitation by a music instructor without the patient's involvement in the creation of the music.

Active therapy involved both the therapist and patient in the creation of music (voices, bodies, or musical instruments). Both active and receptive methods were folded within sessions. In post-tests, the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) decreased significantly. (For the BAI, 24.8 to 8.2 with $p < .028$, and for the BDI, 14.5 to 6.2 with $p < .043$.) While the trial was unblinded, limited in size, and employed only two measurement instruments, significant outcomes pointed to music therapy with GAD as appropriate for future study for clinical use.

Autism Spectrum Disorder

Autism spectrum disorder (ASD) manifests as severe impairment in social interactions, communication, and restricted and fixed patterns of behavior and interests (Volkmar & Pauls, 2003). Studies have provided evidence that music can be used to treat people with ASD (Gebauer et al., 2014; LaGasse, 2014). These studies found music carries neurolinguistic

meanings through the activation of the right temporal lobe, eliciting the N400, a pattern of electrical activity with a waveform that peaks at 400 milliseconds post-stimulus. This brain response includes a range of stimulus types, both written and spoken, that help people process their surroundings.

Using fMRI, neuroscientists (Lin et al., 2011) observed that listening to music automatically engaged the emotional and perceptual centers in the brain. This finding suggests dynamic neurobiological cognitive processing activities occur for both music creators and music listeners. These outcomes aligned with previous indications that music can function as nonverbal communication and social exchange for individuals with ASD (Brownell, 2002). These findings suggested the use of music with children with ASD may aid in the development of self-expression, emotional communication, and appropriate social interactions.

Dementia

Dementia clients exhibit cognitive impairment that includes a progressive decline in cognitive functioning and accompanying behavioral problems not due to normal aging. Such behavioral symptoms include agitation that affects quality of life for both clients and caregivers. Cohen-Mansfield (2001) indicated that while pharmacology remains the standard treatment, side effects and drug interactions may increase dementia and behavior problems. Extensive neuroscience research suggested music is a science-backed option (Brotons et al., 1997; Guétin et al., 2009).

Based on earlier neuroscientific research, Lin and colleagues (2011) postulated that a relationship exists between autobiographical memory and familiar music recall, which takes place in the rostral medial prefrontal cortex, the area of the brain that is last to atrophy in

dementia clients. In these studies, participants appeared happier and behaved in more socially acceptable ways, and relationships among staff, participants, family, and caregivers deepened. Also, the use of music with dementia clients decreased wandering, confusion, and the need for physical restraint and triggered recall in elderly patients (Sacks, 2012). According to Sacks, pleasure in listening to music and musical ability seem to be retained in dementia patients even when language has declined. Although dementia is capable of destroying an individual's ability to remember family members, it may spare music memory.

In a systematic review and meta-analysis, van der Steen et al. (2018) reviewed 17 studies, 16 of which contributed a total of 620 participants with dementia. Active and receptive music therapies were employed. There was moderate evidence that music therapy reduced depressive symptoms (SMD -0.28, 95% CI -0.48 to -0.07; 9 studies, 376 participants.) There was low quality evidence of little or no effect on emotional well-being, quality of life (SMD 0.32, 95% CI -0.08 to 0.71; 6 studies, 181 participants), behavioral problems (SMD -0.20, 95% CI -0.56 to 0.17; 6 studies, 209 participants) and cognition (SMD 0.21, 95% CI -0.04 to 0.45; 6 studies, 257 participants). The authors also found music therapy did not increase agitation or aggression (SMD -0.08, 95% CI -0.29 to 0.14; 12 studies, 515 participants.) The quality of evidence on anxiety and social behavior and long-term outcomes were of very low quality. As a result, the authors could not estimate effect sizes (van der Steen et al., 2018)

However, a more recent meta-analysis (Morena-Morales et al., 2020) with a total of 816 dementia patients (with significant overlap with van der Steen analysis) found significant improvement of the effect of music therapy on cognitive function among dementia patients

(SMD 0.23 95% CI: 0.44, 0.02). For clinicians, these outcomes supported music therapy as an impactful tool for those with dementia and their caregivers.

Depressive Disorders

Depressive disorders are characterized by sadness, feelings of emptiness, and irritability with accompanying somatic and cognitive changes that significantly affect the individual's ability to function daily. Anti-depressant medications and psychotherapy have been the primary treatment modalities used with clients diagnosed with a depressive disorder (Atiwannapat et al., 2016). These authors asserted that more than one-third of patients with major depressive disorder (MDD) failed to respond to antidepressants alone. In an earlier study, Morgan and Jorm (2008) asserted that a combination of music, anti-depressant medication, and talk therapy led to significant depressive symptom reduction. Chanda and Levitin (2013) indicated music impacts individuals by stimulating the areas of reward, motivation, pleasure, stress reduction, and arousal. Both the Morgan and Jorm (2008) and Chanda and Levitin (2013) studies suggested the benefit of music to caregivers as an adjunct to antidepressants alone in the treatment of depression.

Lepping et al. (2016) found that listening to music activates the dopamine system, the pleasure area in the brain, releasing endorphins that have been implicated in healing. Lepping and colleagues' conclusion was consistent with earlier findings that music can promote healing by triggering dopamine release in the brain (Salimpoor et al., 2011). Results from Shamai-Leshem (2020), Braun Janzen et al. (2019), and Ribeiro et al. (2018) also indicated significant reductions in both depression and anxiety. Taken together, these conclusions confirmed the

healing power of music; additionally, they provide clinicians with potential intervention strategies for use with clients.

Substance Use Disorders (SUDs)

Music as a creative intervention has been shown to help SUD clients maintain sobriety by supporting their physical, mental, emotional, and spiritual needs (Aletraris et al., 2014; American Music Therapy Association, 2014). According to the American Music Therapy Association (2014), music therapy can support treatment motivation, regardless of a patient's musical background, and interactions with music may include listening to different types of music, lyric analysis, relaxation training, songwriting, musical games, and improvising. Other benefits of music therapy for clients recovering from SUDs include purging clients of destructive emotions. Listening to or creating music can improve stress management and reduce boredom, another relapse trigger for those in early recovery. Music is helpful for people with SUDs who may feel isolated, and music can be a good introduction to meditation. Also, music may help improve concentration levels and help individuals recovering from SUDs better deal with depression (American Music Therapy Association, 2014).

Earlier studies suggested that a reaction between the frontal cortex and other brain areas through the activation of the limbic system supported cognitive-emotional integration and social bonding (Goldstein & Volkow, 2002; Winkelman, 2003). Winkelman et al. (2003) suggested music triggers the dopamine areas of the brain, arousing feelings of pleasure that may help to explain the therapeutic value of music as a treatment for SUDs. A systematic review in 2017 included 34 quantitative and six qualitative studies on music therapy and music-based interventions. Hohmann et al. (2017) abandoned a plan for meta-analysis due to the diversity of

the quantitative studies and inability to compute effect sizes; accordingly, the authors concluded the efficacy of music therapy in substance abuse disorder remains unclear.

Another study, a cluster-randomized trial of 113 patients with SUD, examined the relative impact of three different types of music therapy: recreational music therapy, education lyric analysis for illness recovery, and educational song writing for illness management and recovery (Silverman, 2021). The study included no nonmusical therapy control group, and Silverman (2021) reported no significant difference between the three groups. Still, both educational modalities performed significantly better on a scale measuring patients' sharing of emotions and experiences.

Sleep-Wake Disorders

Sleep-wake disorders (SWDs) can lead to irritability, anxiety, fatigue, tiredness, sensitivity to pain, muscle tremor, immunosuppression, and issues with general daytime alertness with serious implications for functioning (Schmidt et al., 2012). In a meta-analysis, Feng et al. (2018) gathered evidence from various clinical trials addressing SWDs and music therapy as a preferred non-pharmacological method of treatment. Twenty trials involving 1,339 patients and 12 intervention arms on the Pittsburg Sleep Quality Index were deemed eligible for analysis. Patients ranked listening to music as the best means of intervention (SMD: -0.65, 95% CrI -1.01 to -0.20). Only music-associated relaxation was statistically more effective than usual care. In terms of sleep onset and latency, music interventions had the most significant advantage (-0.26, -0.64, to -0.09 and -0.28, -0.53, -0.02). The researchers concluded that music and music-related options demonstrated efficacy in adults and should be considered in the application of music therapies with SWDs (Feng et al., 2018).

Schizophrenia

Schizophrenia is a debilitating mental illness that involves emotions, perceptions, and cognitions that manifest in several aspects of behavior. Izumi et al. (2002), in a single ($N = 1$) case study of a patient with both auditory and musical hallucinations, found two different patterns of blood flow to the brain that may be implicated in the hallucinations. Menon and Levitin (2005) found that music listening stimulated the mesocorticolimbic system (the part of the brain that controls/releases dopamine). In addition to noting the impact on the emotional centers of patients with schizophrenia, Menon and Levitin (2005) asserted that therapists can use listening to music to detect neural disintegration or dysfunction in patients with schizophrenia because of diminished affective responses to music. Based on previous results that indicated a high degree of neuroplasticity in the mesocorticolimbic system of laboratory animals stimulated with pharmacology products, Lin et al. (2011) hypothesized that the therapeutic benefits found in schizophrenic patients exposed to music therapy derived from the enhancement of plasticity.

In a review and meta-analysis, Geretsegger et al. (2017) analyzed 18 studies and 1,215 patients and concluded that moderate to low quality evidence with standard care improves the “global state, mental state, social functioning and quality of life of people with schizophrenia” (p. 2.). Positive effect on global state was determined for music therapy versus standard care (medium term, 2 RCTs, $n = 133$, RR 0.38 95% confidence interval (CI) 0.24 to 0.59, low-quality evidence, number needed to treat for beneficial outcome NNTB 2, 95% CI 2 to 4). Medium-term continuous data isolated good effects for music therapy on negative symptoms using the Scale for the Assessment of Negative Symptoms (3 RCTs, $n = 177$, SMD - 0.55 95% CI -0.87 to -0.24, low-quality evidence). General mental state scores on the Positive and Negative Symptoms Scale

were favorable for music therapy (2 RCTs, $n = 159$, SMD -0.97 95% CI -1.31 to -0.63, low-quality evidence), as were average scores on the Brief Psychiatric Rating Scale (1 RCT, $n = 70$, SMD -1.25 95% CI -1.77 to -0.73, moderate-quality evidence). Medium-term average end scores using the Global Assessment of Functioning showed no effect for music therapy on general functioning (2 RCTs, $n = 118$, SMD -0.19 CI -0.56 to 0.18, moderate-quality evidence).

However, Geretsegger et al. (2017) stated,

Positive effects for music therapy were found for both social functioning (Social Disability Screening Schedule scores; 2 RCTs, $n = 160$, SMD -0.72 95% CI -1.04 to -0.40), and quality of life (General Well-Being Schedule scores: 1 RCT, $n = 72$, SMD 1.82 95% CI 1.27 to 2.38, moderate-quality evidence). (p. 2)

For clinicians, music therapy may provide another avenue to enhance global outcomes in serious and enduring mental disorders.

Conclusion

Counseling professionals practice in a period of transition and growth characterized by the need to find evidence-based techniques to help clients. Research provides evidence of the efficacy of both active and reactive music, either as a standalone treatment or as an adjunct to other therapeutic modalities. The growing body of research lends credence to the creative integration of music into the counseling practices. As neuroscience technology evolves, “neurocounseling” (McHenry et al., 2014) will be able to improve counselors’ understanding of the role of music in counseling.

Examination of neurobiological and clinical studies revealed complex mechanisms and explained the physiological and therapeutic ways music impacts the brain to foster healing.

Music exposes patients and clients to what Maratos et al. (2011) described as a “new aesthetic, physical and relational experience” (p. 132). Clinical evidence also suggested that music can be viewed as a low-cost, low-risk, and noninvasive adjunct to standard care to improve global state, symptoms, and overall functioning of people with mental illness; music is also well accepted by clients and patients (Gold et al., 2009).

Also, music in and of itself is culturally universal. Thus, caregivers may creatively integrate music that is consistent with their clients’ culture and preference into their practices. Given these findings, counseling professionals should encourage practitioners and educators to integrate music more fully as a creative modality into their practices. Future research should include further examination of the use of music with other *DSM-5* mental health disorders not included in this article. However, the low to moderate quality of evidence related to the disorders examined highlighted here also implied the need for adequately powered clinical trials, better defined interventions, and a focus on patient-centered outcomes.

The strength of such future endeavors will contribute to our understanding of the power of music as a creative adjunctive modality in the counseling process with a variety of mental health problems based on both the neuroscience and clinical evidence. Evidence to date implied that the therapeutic use of music in counseling can be limited only by the creative acumen of counselors.

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Predicting Grit for College Students: The Impact of Parental Workaholism and Students' Meaning in Life on Academic Probation

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Abstract

At many accredited institutions, college students must maintain a 2.0 cumulative GPA or higher to successfully matriculate at their academic institutions. Those who fall short of this threshold are placed on academic probation, which can lead to academic suspension and ultimately, attrition. The degree of ‘grit’ that students possess has often been explored in relation to academic achievement. However, few researchers have explored the relationship between grit and other factors that can influence college adjustment, such as students’ parents’ orientation towards work and students’ personal views of life’s meaningfulness. The current study was designed to determine whether students’ grit scores could be predicted based on their parents’ workaholism tendencies and the students’ meaning in life scores.

Keywords: grit, parent workaholism, meaning in life, academic probation

Predicting Grit for College Students: The Impact of Parental Workaholism and Students' Meaning in Life on Academic Probation

National 6-year university graduation rates of 60% for students attending public schools and 66% for those attending private institutions indicate that the college journey does not always follow a predictable, straight-line trajectory to degree attainment (U.S. Department of Education, National Center for Education Statistics, 2019). One factor that prevents many college students from obtaining their diploma is a failure to maintain adequate academic marks. At accredited institutions of higher learning, students must obtain at least a 2.0 cumulative grade point average (GPA) to remain in good academic standing. Those who fall short of this demarcation point find themselves on academic probation. Once placed on probation, students will not be able to graduate unless they increase their GPA to a 2.0 minimum, regardless of the number of credits they have previously accrued (American Public University System, 2020). As a result, students placed on academic probation are particularly vulnerable to attrition.

Reasons for College Attrition

A number of researchers have examined why some students graduate and others fall short. Common explanations for students' failure to graduate include personal circumstances such as finances and/or mental health concerns (Higher Education Standards Panel, 2017; National Audit Office, 2007; Tertiary Education Quality and Standards Agency, 2017), poor social fit, the stress of maintaining a heavy workload (Naylor et al., 2018), and feeling underprepared for their coursework. These variety of reasons for failure establish the need for institutions to identify the factors with which their student population struggles most, to develop

targeted, successful interventions. As Reysen et al. (2019) stated, “Institutions of higher learning from across the country continue to search for effective strategies to increase both recruitment and retention” (p. 1).

Researchers have explored how students’ grit level influences their likelihood of academic success (Palisoc et al., 2017). Such a focus may prove especially beneficial when applied to the needs of vulnerable student populations. The purpose of this study was to explore whether grit scores could be predicted for students on academic probation as a function of their parents’ tendencies toward workaholism and students’ assessments of the meaning in life. If such a relationship exists, it may inform higher educational administrators and staff of key psychological variables to consider when designing interventions to assist students on their paths towards successful graduation.

Grit

According to Dr. Angela Duckworth, a well-known psychologist from the University of Pennsylvania who has made “grit” a household term, grit is one of the primary determinants of educational success (Duckworth et al., 2007) and career outcomes (John & Srivastava, 1999). Duckworth et al. (2007) defined grit as passion and perseverance for very long-term goals. More specifically, if individuals are both enthusiastic and willing to invest significant time and effort into their work, they are more likely to achieve their goals over time. By the same token, those who lack grit may be weak in either passion or perseverance, which may prevent them from ever accomplishing the goals that they have set for themselves (Duckworth et al., 2007). Additionally, Duckworth et al. (2007) emphasized that a person finds success not because they are talented, smart, or capable, but rather because they are gritty enough to pursue a meaningful goal that

instills a feeling of passion which allows them to overcome any real or perceived obstacles on the path to success.

In their seminal article, Duckworth et al. (2007) found that grit was a strong predictor of whether or not an individual would graduate from a prestigious institution (e.g., West Point military school) or win high stakes competitions (e.g., National Spelling Bee winners). Researchers have also found a significant relationship between grit and graduating high school, obtaining tenure at a job, achieving success in a sales position, and success in romantic relationships (Eskreis-Winkler et al., 2014). Reysen et al. (2019) also described a significant relationship between grit and academic metrics such as cumulative GPA and semester GPA for college students.

In addition to observing that grit is related to academic success, researchers have also found grit to relate to psychological characteristics and values. For example, Aswini and Deb (2017) concluded that grit and meaningfulness were both strong predictors of success in graduate school. More recently, Rutberg et al. (2020) found that grit was related to goal setting, motivation, and meaningfulness. Von Culin et al. (2014) noted that grittier individuals strive to attain higher levels of well-being by engaging in tasks that help them find meaning in their lives as opposed to a sense of gratification after completion of a goal. One related topic that has not been addressed is the relationship between grit and parenting practices, specifically between parents' workaholism tendencies and their children's levels of grit. The aim of the present study was to fill this gap in the literature.

Grit, Parenting, and College Students' Success

Parents play a vital role in their child's physical, psychological, and academic development. As Hoghughi (1998) stated,

Parenting is probably the most important public health issue facing our society. It is the single largest variable implicated in childhood illnesses and accidents; teenage pregnancy and substance misuse; truancy, school disruption, and underachievement; child abuse; unemployability; juvenile crime; and mental illness. These are serious in themselves but are even more important as precursors of problems in adulthood and the next generation. (p. 1545)

Additionally, a large body of research indicates that parents can influence their children's academic performance in various stages of development. For example, children who had parents who were involved in their education performed better academically than children whose parents were less involved (Hara & Burke, 1998; Hill & Craft, 2003; Marcon, 1999; Topor et al., 2010). Also, parents' attitudes about the importance of education can have a significant impact on their children's academic performance (Rimm-Kaufman et al., 2003), and parenting style is a significant predictor of academic outcomes for college students (Zahed Zahedani et al., 2016). Therefore, although college is a time when many students are experiencing newfound independence from their nuclear family (Andreatta, 2012), their childhood experiences can continue to impact their lives (Shaw et al., 2004) and their performance at the university level (Yasmin & Kiani, 2015).

To date, no studies have examined the relationship between parent workaholism tendencies, children's grit levels, and students' meaning in life in a college population. Exploring

this topic for students on academic probation, in particular, may allow researchers to better understand the factors that predict grit and the subsequent academic success with which it is reportedly inextricably linked.

Parents' Workaholism Tendencies

More than 40 years ago, Oates (1971) coined the term “workaholism,” which appears widely in career development literature. According to Robinson et al. (2001), approximately a quarter to a third of workers in the United States are workaholics or work addicts, suggesting the need for effective prevention and treatment. Robinson and Post (1997) explained that workaholism is an individual characteristic referring to self-imposed demands, compulsive overworking, an inability to regulate work habits, and an overindulgence in work to the exclusion of most other life activities.

Although workaholism has previously been operationalized by researchers as the average number of hours spent working over a one-week span (Mosier, 1983, as cited by Burke, 1999), debate persists about how to operationally define workaholism and determine how it manifests in specific occupations. For example, Selinger (2007) defined workaholism as engaging in job demands compulsively, which often results in adverse effects in other areas of life, while Schaufeli et al. (2008) described workaholism as a craving or desire to labor compulsively. Further, Garson (2005) considered work engagement to be a coping strategy, one wherein workaholics could escape into another realm for the purpose of reducing stress.

A growing body of research indicated that workaholism is related to poor psychological and physical health (Andreassen et al., 2007; Burke & Matthiesen, 2004; Spence & Robbins, 1992). Findings also revealed that while workaholics attempt to relieve emotional suffering by

overworking, they suffer some of the same symptoms as alcoholics (Haymon, 1993; Pietropinto, 1986; Robinson, 1998a, 1998b; Spence & Robbins, 1992; Spruell, 1987). If children of workaholics live with problems similar to those of children of alcoholics, then children of workaholics may experience similar mental or emotional problems.

Due to their overwhelming desire to choose work over other life activities and because workaholics are willing to sacrifice personal relationships to derive satisfaction from work (Porter, 2001), it is perhaps unsurprising that studies have revealed a negative relationship between workaholism and relationship quality. According to Srivastava (2014), parental attitudes and work patterns can influence a child's subsequent susceptibility to workaholism. Many workaholics originate from families whose parents encouraged high performance. Srivastava went on to say that work addiction, like other addictions, can be passed from parent to child.

Evidence regarding the children of workaholics is scarce because according to Robinson (1999), they present as having a profound work ethic, competitive spirit, social competence, and success; that is, on the surface, they do not appear to be dealing with mental health issues. However, Robinson (1998a, 1998b) suggested that children of workaholics carry private pain, which they mask with the "best dressed" addiction of the century, parental workaholism. Further, symptoms like resilience, over-responsibility, self-reliance, and difficulty asking for help frequently mask feelings of low self-esteem, anxiety, and depression (Robinson, 1999).

Meaning in Life

Students' *meaning in life* is their sense of life's having a purpose or their willingness to invest time and energy into the pursuit of important goals (Ryff & Singer, 1998). Frankl (1963) wrote that searching for meaning is "the primary motivational force in man" (p. 121). Humans

have an innate drive and desire to understand themselves and the world around them, and they expend cognitive and behavioral energy to fulfill those desires (Epstein, 1985; Heine et al., 2006; Janoff-Bulman, 1992; Ryff & Singer, 1998). Therefore, people experience the presence of meaning when they comprehend themselves and the world, understand their unique fit in the world, and identify what they are trying to accomplish in their lives (Steger & Shin, 2010).

According to Ebersole (1998), when participants wrote about a personally meaningful event in their lives, the responses usually fell into categories such as involvement in interpersonal relationships, self-improvement and understanding, and behaving in ways that were congruent with their beliefs. Empirical researchers have consistently demonstrated that perceiving life to be meaningful positively relates to well-being (Reker et al., 1987; Ryff, 1989; Zika & Chamberlain, 1992).

Researchers have also studied this construct in relation to student development. For example, findings indicated that students are more likely to put forth effort into activities that they personally find meaningful; similarly, if students find tasks less meaningful, then they are less likely to complete those tasks (Rutberg et al., 2020). For students on academic probation, it is crucial that educators better understand any lack of motivation or perceived lack of meaningfulness to create a better opportunity for academic success and, ultimately, graduation.

Purpose

The purpose of the present study was to examine whether parent workaholism tendencies and students' meaning in life scores could predict grit for undergraduate students on academic probation. The following research questions and hypotheses guided this inquiry:

RQ1: Does a combination of parent workaholism tendencies, presence of students' meaning in life, and search for students' meaning in life predict grit scores for students on academic probation?

H1: Researchers will be able to successfully predict academic probation students' grit scores using the aforementioned variables.

RQ2: What percentage of parents of students on academic probation struggle with workaholism tendencies?

H2: A high percentage of parents of students on academic probation struggle with workaholism tendencies.

RQ3: What levels of grit and students' meaning in life do students on academic probation possess?

H3: Students on academic probation have low levels of grit and meaning in life.

RQ4: Do some households experience a higher level of workaholism tendencies than others?

H4: Some households experience a higher level of workaholism tendencies than others.

To date, no researchers have examined the relationship between these variables for students on academic probation or those in good academic standing. By exploring the relationship between these factors, we aimed to fill a potentially important gap in the literature.

Method

Participants and Procedures

Using the G-Power program (Faul et al., 2009), we conducted an a-priori analysis in order to estimate an appropriate sample size for the study. Based on an F-test with three

predictors, analysis indicated the need for a minimum of 77 individuals. Next, we sent an email to 576 students who were on academic probation and enrolled in an academic support course at a large public Southern institution. These courses included *EDHE 101: Academic Skills for College* (for freshmen on academic probation), *EDHE 202: Fundamentals of Active Learning* (for students returning from academic suspension and dismissal), and *EDHE 303: Academic Skills for Transfer Students* (for transfer students on academic probation).

The email contained both an information letter that described the study along with a link to the survey. In order to ensure participants did not accidentally miss a response, we used a forced choice format in Qualtrics. The instructions explained that students were not obligated to participate, that the researchers did not anticipate any risks to taking these assessments, and that participants could drop out at any time without penalty. To receive extra credit for their time, participants could cut and paste a link at the end of the survey into a new web browser. This link routed participants to a second survey that contained spots for their names and email addresses.

Two hundred forty-six participants responded to our call, resulting in a 42.71% response rate. Of the 246 participants who initiated the survey, one dropped out early. Additionally, one respondent identified as being 211 years old; these responses were not included in the data for analysis. Of the remaining 99.2% ($n = 244$) of the original sample, all were at least 18 years of age ($M = 22.12$; $SD = 3.17$); 46.3% ($n = 113$) of the sample identified as female, 52.9% ($n = 129$) as male, 0.4% ($n = 1$) as “other” ($n=1$), and 0.4% ($n = 1$) preferred not to reveal their gender. Participants disclosed their ethnicity, and 0.8% ($n = 2$) reported having Alaskan Native/American Indian heritage, 1.2% ($n = 3$) identified as Asian, 29.5% ($n = 72$) as Black/African American,

5.3% ($n = 13$) as Hispanic/Latino, 59.4% ($n = 145$) as White, 1.6% ($n = 4$) responded “other,” and 1.2% ($n = 3$) opted not to share.

Measures

Parent Workaholism Tendencies. Robinson and Carroll (1999) developed The Children of Workaholics Screening Test, which contains 30 items. Respondents answer each question according to a dichotomous *no-yes* framework, and the total of all *yes* scores provide a total score between 1 and 30. Questions include items such as “Have you ever thought that one of your parents worked too much?” Each item assesses an individual’s perception and attitude towards their parents’ work habits. The higher the score on this assessment, the greater the likelihood their parent struggled with workaholism tendencies. Robinson and Carroll (1999) found this assessment to have high internal reliability. For the current study, we found $\alpha = .93$.

Grit. Duckworth et al. (2007) created the 12-Item Grit Scale to measure the grit construct. When taking this assessment, participants report how much they agree with various statements, including, “New ideas and projects sometimes distract me from previous ones.”. Participants rate half of the responses on a scale from 5 (*very much like me*) to 1 (*not like me at all*) and the other six items on a scale of 1 (*not like me at all*) to 5 (*very much like me*). Participants then average their scores and divide by 12; final scores range from 1 to 5. A score of 1 indicates that participants lack grit, while 5 indicates that they are very gritty. Duckworth et al. (2007) reported this instrument to have an internal consistency reliability of $\alpha = .85$. For the current study, we found $\alpha = .74$.

Meaning in Life Questionnaire. We used the Meaning in Life Questionnaire (MLQ; Steger et al., 2006) to measure students’ perceptions of how meaningful they viewed their lives

to be. The MLQ contains two subscales, the Presence of Meaning subscale and the Search for Meaning subscale. Strack (2007) found the instrument to have good internal consistency and reliability. Examples from the Presence of Meaning subscale include “I understand my life’s meaning” and “My life has a clear sense of purpose,” while the Search for Meaning subscale includes “I am looking for something that makes my life feel meaningful” and “I am always looking to find my life’s purpose.” We found the MLQ to have a good internal consistency reliability of $\alpha = .85$ for the Presence of Meaning subscale and $\alpha = .86$ for the Search for Meaning subscale.

Data Analysis

We conducted all statistical analyses using IBM SPSS Statistics for Windows, version 25.0. These analyses included a multiple linear regression and an independent samples t-test. For each research question, we explored the interrelationships among factors of grit, parent workaholism tendencies, and students’ meaning in life. We also calculated the percentage of academic probation students who reported perceiving their parents as having workaholism tendencies and which types of households experienced greater levels of parental workaholism tendencies than others. Knowing more about the parental work patterns of college students may provide researchers with an opportunity to learn more about the students themselves—in this case, college students on academic probation.

Results

First, we confirmed that assumptions for linearity and homoscedasticity were met, and that no multicollinearity was apparent. For Research Question 1, a multiple linear regression analysis determined whether parent workaholism tendencies and students’ life meaningfulness

could predict grit scores. These factors successfully predicted grit, with $F(3, 240) = 28.97$, $p < .001$, $r = .52$. Table 1 illustrates these results.

Table 1

Regression Predicting Grit

Variable	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Parental workaholism	-.003	.00	-.79	.428
Presence of meaning	.04	.00	8.31	.000
Search for meaning	-.01	.01	-3.16	.002

This analysis revealed that approximately 27% of the variance may be explained by the combination of these variables, although due to the skew of the dependent variable, the model is underpredicting between 50% and 70% of the probabilities. Overall, parents' workaholism scores did not appear to predict grit scores. However, an increase in the presence of students' life meaningfulness predicted increased grit scores, and greater searching for students' life meaningfulness scores predicted decreased grit. Table 2 displays correlations, means, and standard deviations.

Table 2

Means (Standard Deviation) and Correlations Between Assessed Variables

Variable	Grit	Parental workaholism	Presence of meaning	Search for meaning
Grit	--	--	--	--
Parental workaholism	-.16**	--	--	--
Presence of meaning	.48**	-.20**	--	--
Search for meaning	-.19**	.09	-.02	--
Mean	3.19	7.15	22.57	24.34
<i>SD</i>	0.55	7.05	6.91	6.72

** $p < .01$

For Research Question 2, we explored the rates of workaholism tendencies in parents of probation students. Robinson and Carroll (1999) stated that the higher the score on the Children of Workaholic's Screening Test, the more likely a respondent's parent is a workaholic. In alignment with this criterion, results revealed that the parents of students on academic probation scored low on parental workaholism tendencies ($M = 7.17$).

For Research Question 3, results indicated that students in this sample reported having moderate levels of grit themselves ($M = 3.19$), as well as moderate levels of presence of life meaningfulness ($M = 22.57$) and search for life meaningfulness ($M = 24.34$).

For the final research question, an independent samples t-test supported exploration of whether parents of students on probation were significantly more likely to be workaholics in dual-parent households than single-parent homes. The t-test was significant, $t(234) = 2.063$, $p < .05$, and dual-parent households ($M = 8.08$, $SD = 7.05$) had higher rates of parent workaholism tendencies than single-parent households ($M = 6.21$, $SD = 6.68$).

Discussion

Grit is a crucial factor in predicting undergraduate graduation rates (Duckworth et al., 2007). As a result, this study was an attempt to determine whether three factors: (a) having workaholic parents, (b) the presence of meaningfulness in students' lives, and (c) the search for meaning in students' lives, could predict grit scores for students' on academic probation. Having a better understanding of the factors that contribute to grit could allow for more targeted interventions to improve upon these variables, supporting the development of grittier students and increased graduation rates.

Using two of these variables, we were able to predict grit for undergraduate students on academic probation. The third factor, parents' workaholism, did not predict grit. Further, students' higher meaning in life scores predicted more grit, and lower searching for meaning in life scores predicted higher grit. These findings suggest that students who report having a high presence of meaningfulness in their lives are likely to be grittier than their counterparts who find themselves still searching for life's meaning.

Given the direction of these findings, it appears possible that targeted interventions intended to reduce students' search for meaningfulness and lead them to a point where their lives are meaningful could in turn improve grit and lead to higher graduation rates. This intervention may take the form, for example, of targeted career and/or mental health counseling interventions for students who feel as though they are still searching for meaning in their lives.

Frustratingly, we cannot make clear recommendations about how to directly improve students' grit scores. Fortunately, however, given the results reported here, any number of indirect pathways may be available to improve grit by helping students end their search for life's meaningfulness and begin work toward actually achieving it. Several plausible options include making sure that students are enthusiastic about their major areas of study, inviting students to get involved in social and educational opportunities at their institutions, and helping students set meaningful, intrinsically motivating goals. Although such recommendations are certainly positive steps on their own merits, it is possible that they could also simultaneously reduce students' search for meaningfulness, increase students' life meaningfulness, and ultimately lead to higher grit scores.

Limitations and Recommendations for Future Research

Several limitations impacted this study. First, this study took place at a public university in the Southern United States. Key characteristics of this institution may not apply to other universities and therefore limit the generalizability of the results. Additionally, this study involved voluntary participation. Students who chose to participate may have had qualities that differentiated them from those who chose not to participate in the study. Finally, the students who participated in the study were on academic probation at the time of their participation. It is possible that different outcomes may be associated with students who were not on academic probation.

For future research, one recommendation is to determine whether decreasing students' search for meaningfulness scores and increasing their feelings of meaningfulness scores can, in fact, increase grit scores. Researchers may determine what concrete steps can be taken to help students achieve these aims. In addition, although dual-parent households reported higher workaholism levels than single-parent households, overall, the workaholism rates for parents of students on academic probation were low. Although workaholism itself is certainly negative, it is possible that parents who are workaholics might model some positive behaviors related to academic success for their children, subsequently improving their children's success. Another avenue for future research is to determine whether workaholism rates in parents of children who are not on academic probation differ from those who are.

Implications for Counselors

College counselors can provide a safe, supportive environment for students to explore the key underlying factors that make their lives meaningful. To facilitate this process, counselors

might administer the Meaning in Life Questionnaire (Steger et al., 2006) and then explore the areas in which students expressed dissatisfaction. Next steps would include setting goals to increase satisfaction in those areas, and regularly measuring how close students are to reaching those goals. Additionally, counselors can provide students with the opportunity to take helpful career assessments, so that students can learn more about their own personality and career interests. In addition to assisting them in choosing a specific major, these actions might increase their meaning in life scores.

Counselors may also explore any other mental health concerns that students experience, potentially impacting their ability to experience higher levels of life meaningfulness. For example, if a student is struggling with depression, the counselor may help them explore how mood impacts their academic and career development. Counselors may also connect students with other key campus resources, such as the campus psychiatrist, in a holistic approach to helping students reach their academic and career goals.

Conclusion

Overall, helping students end the search for meaningfulness in their lives and actually achieve it may improve their grit scores. Given the well-known relationship between grit and academic success (including graduation rates), this goal is worthwhile on its own. However, because of the difficulty of identifying factors that can directly influence grit scores, we propose an additional counseling intervention. After identifying the factors that predict grit, counselors and students should work together toward improving those aspects of students' lives, thus improving their general level of life satisfaction as well as their academic prospects.

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**Be YOUnique: A Tech-Savvy Self-Esteem
Group for Adolescent Females**

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Abstract

During adolescence, females experience a decline in self-esteem and may meet with significant challenges to their mental health and wellbeing. High rates of social media usage can cause additional challenges to their self-esteem in the form of cyberbullying and body image. School counselors, whose roles are to ensure students' academic, social/emotional, and career needs are being met, can help adolescent females feel connected and promote positive self-esteem through small groups. This article outlines the proposal for a nine-session, psychoeducational small group counseling program for middle school counselors to use with adolescent females struggling with low self-esteem. This article addresses additional considerations related to COVID-19 and setting up the small group.

Keywords: self-esteem, adolescent females, technology, small group counseling,
school counselors

Be YOUNique: A Tech-Savvy Self-Esteem Group for Adolescent Females

Positive self-esteem in middle school-aged girls is crucial to their future well-being. Self-esteem, which refers to how individuals view themselves, is an integral aspect of mental health (Ngo et al., 2020). Self-esteem is more a continual process, fluctuating between periods of highs and lows, than a static state of mind. Positive self-esteem is a core aspect of being mentally well, and robust self-esteem protects against and combats threats to mental health. Without intervention, self-esteem among adolescent females can decline, and the resulting negative effects on mental well-being may include depression and high-risk behaviors (Veselska et al., 2009). Self-esteem begins to decline at age 11 in girls as they transition from elementary school to middle school and undergo cognitive and physical changes (Biro et al., 2006; Prabhu & D'Cunha, 2018). Furthermore, self-esteem is more unstable during early adolescence than later in life (Ngo et al., 2020). Focusing on self-esteem at the middle school age, especially in adolescent females, is necessary to preemptively address the negative effects of low self-esteem.

Self-Esteem and Social Media Among Female Adolescents

Self-esteem among adolescent females correlates with feelings of social connectedness (Wu et al., 2016). High levels of social connectedness help combat high-risk behaviors and contribute to positive mental health (Jose et al., 2012; Wu et al., 2016). High self-esteem and social connectedness can also lead to higher academic achievement, positive coping skills, and better relationships with peers (Biro et al., 2006; Ngo et al., 2020; Preeti et al., 2016). Low levels of social connectedness negatively impact self-esteem. Low self-esteem in girls leads to more internalizing behaviors, such as withdrawing from others, feeling nervous, or having trouble concentrating (Ngo et al., 2020; Preeti et al., 2016; Veselska et al., 2009). These behaviors may

lead to diagnoses of depression, anxiety, self-harm, or suicidal ideation (Biro et al., 2006; Ngo et al., 2020; Veselska et al., 2009). Low self-esteem also correlates with risky behaviors, such as engaging in sexual intercourse at a young age and without protection, substance abuse, and other delinquent behaviors (Biro et al., 2006; Ngo et al., 2020). Building positive self-esteem is necessary to combat these behaviors.

To properly address self-esteem issues among female adolescents, it is necessary to address their use of social media and technology. The majority of youth report daily internet use, and many use social media an average of two hours each day (James et al., 2017; Madden et al., 2013; Woods & Scott, 2016). These figures indicate a new mode of socialization, wherein adolescents have moved from a physical to a digital platform to build connections with each other (Bers, 2012; Koltz & Tarabochia, 2014; Wu et al., 2016).

Adolescent girls in the United States use social media at higher rates than boys of the same age (Anderson & Jiang, 2018; Rideout & Robb, 2020). Because girls use social media so extensively, they are susceptible to the negative effects of improper social media use (Booker et al., 2018). With this increased use of technology and social media, adolescents face added pressures as they confront the unique challenges of digital socialization (Stengard & Appelqvist-Schmidlechner, 2010).

In some cases, social media and technology use can positively affect self-esteem. When used appropriately, social media can improve adolescents' self-esteem by providing a space to promote emotional support and belongingness and reduce anxiety (Best et al., 2014; Quinn & Oldmeadow, 2012). Adolescents who have difficulty expressing themselves in person or feeling connected with peers can use social media to build socialization skills that translate to face-to-

face interactions and promote positive self-esteem (Best et al., 2012; Kircaburun et al., 2018; Wu et al., 2016). Adolescents who use social media in a healthy way are able to engage in self-disclosure and find emotional support from their peers (Best et al., 2014; Quinn & Oldmeadow, 2012; Valaitas, 2005).

Social media also has the potential to harm adolescent females' self-esteem. Students who are already suffering low self-esteem are more likely to demonstrate problematic social media use (Andreassen et al., 2017; Kircaburun et al., 2018). Problematic social media can cause mood changes and social media dependency (Bányai et al., 2017), which can lead to even lower levels of self-esteem. Adolescents who become dependent on social media to build positive self-esteem may experience the opposite effect when those expectations are not met (Forest & Wood, 2012; Patchin & Hinduja, 2010).

Constant social media use can also cause sleep disturbances and put adolescents under continuous pressure to be sociable, both of which contribute to low self-esteem levels (Woods & Scott, 2016). Additionally, social media use can also have a negative effect on body image. The use of filters and other image editing programs can create an unrealistic ideal that can cause young girls to feel self-conscious and decrease their levels of self-esteem (Adams et al., 2020; Prabhu & D'Cunha, 2018). Girls are also likely to use social media to compare themselves to others and seek feedback from peers (Nesi & Prinstein, 2015). Self-esteem can be negatively impacted if that feedback is not positive. Furthermore, adolescents who are dependent on social media may create dissonance between their online and real-life personae, leading to feelings of loneliness, which then negatively impact self-esteem (Wu et al., 2016).

Because social media, when used in a problematic manner, has the potential to have a negative influence on adolescent girls' self-esteem, it is vital not only to understand the effects of social media use but also to enact interventions to show adolescents' how to use social media in a healthy way, especially as society becomes increasingly technology based (Best et al., 2014; James et al., 2017; Qureshi et al., 2015; Wu et al., 2016).

Small Group Therapy in Schools

Offering support for adolescent females in a small group format would allow school counselors to reach more students, and it would establish a space for students to connect with their peers and work together toward building higher self-esteem (Gray et al., 2018; Swank & Shin, 2015). Because social media is a central feature of adolescence for many females, the small group work should incorporate technological features as well. Acknowledging the ways adolescents use social media and technology by infusing elements of those digital platforms may allow counselors to meet students where they are and instill healthy technology habits that focus on the positive uses of social media and thereby build self-esteem (Bers, 2012; Casares & Binkley, 2021; James et al., 2017).

Several practitioners have developed self-esteem small group programs for use in middle school settings, and outcomes indicated positive impact on adolescent development. Swank et al. (2015) created a gardening group for increasing females' self-esteem in the school setting, and Casares and Binkley (2021) created a social media intervention for adolescent females. However, examples of group interventions that applied the concepts together over time (i.e., positive technology and social media use, self-esteem, and adolescent females in the school setting) are limited.

It is appropriate for school counselors to address both self-esteem and social media use as they pertain to the American School Counselor Association's (ASCA, 2019) three domains: social/emotional, academic, and career. While self-esteem is primarily a social/emotional issue, it influences academic performance as well (Taylor & Montgomery, 2007). Previous findings indicated that self-esteem is an indicator of future career maturity (Creed & Patton, 2003), and appropriate social media use is an important skill for students to develop, for example, because inappropriate posts may jeopardize future career opportunities.

Incorporating aspects of social media and technology use into the school counseling program also allows school counselors to connect with students in a meaningful way by working within the current socialization dynamics of the students (Casares & Binkley, 2021). For example, Koltz and Tarabochia (2014) demonstrated that social media can be a powerful tool in counseling sessions, as its inclusion acknowledges the current arena in which adolescents communicate with each other. Casares and Binkley (2021) concluded that social media can be used in a small group setting within the school to address idealized images.

Be YOUNique

These findings imply that infusing elements of social media and technology into a small group to address self-esteem might be a useful tool to help counselors culturally connect with the group and teach the members how to use a potentially influential tool to continue building their self-esteem beyond the group. Because of the limited number of interventions that include technology and social media in female adolescent small groups related to addressing self-esteem, we created the Be YOUNique group. This nine-session program incorporates technology and social media interventions to help adolescent youth positively build upon their self-esteem.

The theoretical foundations that inspired the use of small group work to address self-esteem in middle school-aged girls were cognitive behavioral therapy (CBT) and narrative therapy (NT). CBT is an effective intervention for low self-esteem as it provides clients with the tools to change negative thinking into positive thinking (McManus et al., 2009; Taylor & Montgomery, 2007). Furthermore, CBT teaches long-term skills that students can use throughout their lives to manage their self-esteem (Taylor & Montgomery, 2007).

NT has also been shown to be an effective approach in the group setting and with adolescents (Ricks et al., 2014). At its most basic, NT aims to help an individual reauthor their own narrative to construct a more positive story for themselves (White & Epston, 1990). In NT, counselors work with clients to externalize their problems and emphasize unrecognized strengths (Qureshi et al., 2015). A NT approach is applicable to a small group inspired by technology and social media use because digital identities are an extension of each person's perceived self. Taking inspiration from a digital platform with which adolescents are already familiar may help them develop the skill of therapeutic storytelling in which they may be able to see themselves in a new perspective (Sawyer & Willis, 2011). Applying NT techniques may help participants in the small group learn how to externalize negative messages they may receive online, embrace their own strengths, and construct positive self-narratives that promote self-esteem.

Rationale

Living in the age of COVID-19 has shown the world the value of technology and social media. While in-person contact was limited, people expanded online means of connecting with others. Adolescents were stripped of their access to in-person communication with peers as the overwhelming majority of students in the United States transitioned to remote learning

(McElrath, 2020). Without physical connectedness with peers, adolescents fulfilled their need to socialize through social media and technology with an increase in usage during the pandemic (Drouin et al., 2020).

Social media and technology are powerful tools for adolescents to connect with one another and develop socialization skills, but when used inappropriately, can have negative, long-term effects on self-esteem. Therefore, we propose a psychoeducational small group with the goal of helping adolescent females use social media in a positive way that builds self-esteem. Although we acknowledge self-esteem is an issue that boys struggle with as well (and could benefit from a similar group proposal), in the present group proposal, we focus on working with adolescent females.

Group Logistics

The Be YOUnique small group is a closed, theoretical psychoeducational group that empowers adolescent females to gain confidence and develop positive self-esteem. During the group, students will hear experiences from their classmates that will help them feel connected to other group members. Group members will participate in activities to encourage them to identify positive qualities about themselves, practice positive affirmations, and determine what aspects of their life contribute to their low or high self-esteem. The small group will accommodate six to 10 adolescent females in middle school. The group meets weekly for nine weeks and for the length of one class period. We intend the group to be conducted in person; however, minor adjustments can be made for the group to be completed via an online platform. Group members will have access to art materials (i.e., paper, pens, post-its, markers, and related supplies) during each group session.

Recruitment of initial members will take place via recommendations from teachers who identify students who may be experiencing low self-esteem and self-referrals prompted by advertisements for the group (e.g., flyers posted around the school and in the main office). The flyers and information to teachers will contain a brief description of the group, meeting time, number of sessions, and eligibility criteria. Once potential group members have been identified, they will meet with the school counselor, who will provide them with an informed consent document for the student and caregiver to complete and return before the group begins.

To determine the group's effectiveness, the school counselor (group leader) will utilize a weekly check-in and an overall pre- and post-assessment tool. This tool will be a questionnaire adapted from Schiraldi's (2001) *Self-Esteem Workbook*. Group members will complete the questionnaire during the first and last group sessions. The group members will rate statements from 0 (*I do not believe it at all*) to 10 (*I completely believe it*). The statements will relate to how they feel about their self-esteem and body image, such as "I believe in myself" and "I am happy to be me."

The students will also rate their overall self-esteem and respond to an open-ended question about what it would take for them to improve their self-esteem overall score. During the post-assessment, students will respond to the same questions. Additionally, group members will respond to an open-ended question about their experience of the group. Collectively, these responses will help the school counselor leader to determine effectiveness of group interventions on self-esteem and the members' perspectives on the group overall.

Group Curriculum

Week 1: Introduction and Group Norms

The first group meeting focuses on group member introductions, the informed consent process, and setting group norms. At the beginning of the session, the school counselor will explain the informed consent process, confidentiality, and its limits. Next, the group members will complete the pre-assessment tool. Then, the group members and leader will create a list of group norms and discuss individual and collective group goals. Group norms will include confidentiality and its limitations, the provision that members will not post information about the group on social media platforms, guidelines for being respectful to self and others, and encouragement to come to group prepared and willing to share. As part of the trust building process, the group leader can encourage members to create their own norms for their group. To integrate technology into the session, group members will complete a self-esteem Facebook page. A blank Facebook page template can be found on the Ditch That Textbook website (Miller, 2023). Group members will end the session by completing the following statements: “I’m looking forward to _____ in our group sessions” or “One goal that I have for myself in this group is _____.”

Week 2: Positive Self-Thoughts

The second session centers on learning about negative self-talk, reframing negative self-talk, and increasing positive self-talk. To facilitate this goal, students will create a list of positive affirmations by completing the worksheet titled, “My Thought Replacement Playlist” (Teachers Pay Teachers, 2019). To process the activity, the school counselor group leader will provide the prompt, “In this moment, what is something you want to tell yourself?”

Week 3: Charging Your Self-Esteem

In the third session, group members will discuss the effects of positive and negative self-esteem. Students will identify what increases and decreases their self-esteem with the goal of identifying coping strategies. During the first part of the session, the group leader educates the group members about positive and negative self-esteem. Next, the leader introduces examples of coping skills, and group members will complete the “Self-Esteem Battery” (see Appendix A). To process the activity, the school counselor group leader will ask members to complete the sentence, “Before ____ depleted my self-esteem battery, now ____ fills my self-esteem battery.”

Week 4: Positive Qualities of Self

Week 4 emphasizes identifying group members’ positive qualities. During the session, the leader will incorporate a feelings chart, art supplies, and a Twitter post template (Witherspoon, n.d.). The group leader begins by describing positive qualities. Members will brainstorm positive qualities they see within themselves and others. Group leaders will pass around some blank Twitter posts. Students will write their names at the top and #IAM_____ in the message area and fill in the blank with a positive quality about themselves (e.g., #IAMSmart). The leader will encourage students to include parts of their identities that are important to them in this activity, for example, #IAMBlack, #IAMGay, #IAMinasingleparentfamily.

Then, group members play a game like musical chairs; while a song plays, members pass their Twitter posts around the circle. When the music stops, each member writes something kind about the person whose post they are holding. Students write @(name of group member) #YouAre_____ and write a few positive qualities about the group member whose paper they

received. To end the session, the school counselors will go around the room and ask students to complete the sentence, “Before I used social media to post ____; now I could use social media to post ____.”

Week 5: Body Positivity

In Session 5, the objective is to work toward excising the negativity from group members’ self-image. Students will engage in an activity called Filter the Negativity. Students will bring a picture of themselves, then make and put a filter (in the style of an Instagram or digital photo filter) on it by drawing with a marker on a page protector (provided by the group leader). Students will be asked to create filters that illustrate something they like about themselves that someone would not know just by looking at them. A processing question for the end of the session related to increasing their self-esteem will be, “Before I used filters to ____, now I use filters to ____.”

Week 6: Reflection of Self

In Session 6, group members reflect on the strengths, future goals, and positive qualities that others see in them. To accomplish the week’s objective, students will engage in writing from prompts found in the Journal Buddies website (Shoenberg, 2012). Students will choose one of the writing prompts from the list and write for about 10 to 15 minutes. When students have completed this prompt, the group members will encourage students to share what led them to choose their prompt and what they wrote down.

The last half of the group session will be spent writing a letter to a person in their life who has helped build their self-esteem. These people might be classmates, family members, or friends. Students can finish their letters at home if they do not finish during the session. It is up

to the student what they would like to do with their letters; they might mail the letter to the person, keep the letter, throw the letter away, or give it to the group leader to keep. To process the group session, group leaders will ask students, “What emotions came up for you as you were writing?” The group leader may also invite students to think about how they could use writing as a form of coping and using their notes app on their phone as a place to write their thoughts and feelings.

Week 7: Cyberbullying

Week 7 focuses on members identifying and blocking negative comments. Group members will talk about negative experiences they have had online and what they can do in the future to combat cyberbullying. Students will be placed into dyads and will work with their partner to think of a solution to the scenario provided within a Block, Delete, Repeat format. When all groups are ready, members will come back together as a group to discuss each of the scenarios and the solutions they generated. It may be helpful for the group leader to begin the group discussion with an example scenario and outcome solution. Students will be encouraged to report bullying, especially if someone is being threatened or harmed. At the end of the session, students will ask students to complete the sentence, “Knowing how to handle negative comments makes me feel _____ because _____.”

Week 8: Self-Care

Week 8 focuses on identifying coping strategies. To accomplish the week’s objective, students will complete the App Store (see Appendix B) worksheet and Self-Care assessment (Therapist Aid, 2018). The group leader could also administer an assessment such as the Indivisible Self Evidence Based Model of Wellness (Myers & Sweeney, 2004), which rates

levels of self-care in each of the five selves: creative, coping, essential, social, and physical. Students will discuss the areas in which they scored highest and the areas in which they might improve. Then, students will be given the App Store worksheet where they can write or draw self-care techniques and activities that they want to incorporate into their lives. To end the session, the group leader will ask students to complete the sentences, “When I am feeling sad, I can _____” and “Self-care is important because _____.”

Week 9: Closing

For the last group session, the group completes a closing activity and wrap-up use of technology in a positive way. Group members will reflect on what they learned over the course of the group. They will complete this objective by writing a blog post using a blank template from the website Powered with Technology (Witherspoon, n.d.). Students will act as though they are writing a post to other students in the world who are struggling with self-esteem and will share their advice on how to improve their self-esteem. Group members will be encouraged to be creative with this assignment by titling their blog and their post. The group will discuss what everyone wrote when they are done. To end the group, group leaders will ask students to share their answers to the questions, “What can you take away from this group to remind yourself that you are YOUnique?” and “What did you like most about this group?” The group members will complete the post-assessment tool and discuss their experiences of the group overall.

Conclusion

This article outlined a nine-week, small group psychoeducational curriculum for school counselors to use with female adolescents. The overall goal of the Be YOUnique self-esteem small group experience is to provide adolescent females with a supportive environment where

they can build positive self-esteem alongside their peers and through the incorporation of positive technology metaphors and activities. Previous researchers have established that self-esteem begins to decline for females during the transition from elementary to middle school and the onset of puberty. Persistent low self-esteem is a predictor of risky behaviors in the future. To prevent such events and harm to young women, this small group therapy focuses on building a variety of resources and methods to help girls strengthen their self-esteem and develop healthy ways of connecting socially.

Because this program is still in the proposal stage, further investigation is needed to support and refine its content and develop a means to monitor effectiveness. Also, the guidelines for behavior in the group must incorporate the important ethical consideration of confidentiality and its limits (ASCA, 2022). For instance, group members will keep the contents of the group discussion away from social media platforms. Despite the need for further refinement, each session of this small group contains an activity that asks the members to reflect on themselves, share with others, and create a toolkit of techniques to maintain a positive self-esteem in the hopes of remediating and preventing harm to girls in middle school and beyond.

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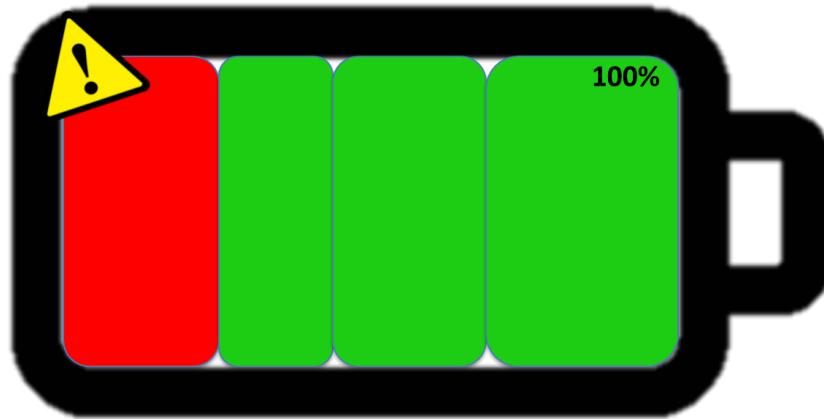
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Appendix A. Self-Esteem Battery

Self-Esteem Battery

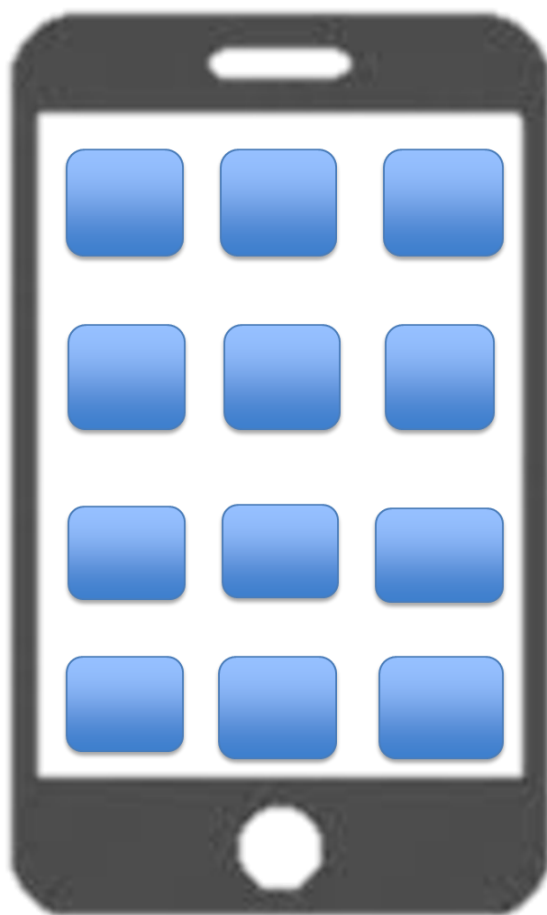


What are some things that “lower” or decrease your self-esteem?

What are some things that “charge” or increase your self-esteem?

Appendix B. Appstore

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What “apps”
would you add to
your phone to help
you manage your
self-esteem?

The Toll of Noncounseling Duties: Listening to the School Counselors in Alabama

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Abstract

In a statewide survey of 291 participants, professional school counselors in Alabama reported being burdened by noncounseling duties. Noncounseling duties frustrated the school counselors and prevented their alignment with the American School Counselor Association's standards and competencies. This article reports additional analysis of the data from that survey. Three overarching and urgent concerns emerged: (a) Alabama school counselors have significant noncounseling duties, (b) Alabama school counselors feel overwhelmed and misunderstood, and (c) Alabama school counselors need increased support and advocacy.

Keywords: school counselors, role-related concerns, noncounseling duties, burnout

The Toll of Noncounseling Duties: Listening to the School Counselors in Alabama

The roles and responsibilities of school counselors have been a matter of discussion for over 100 years (Brewer, 1918; Fitch, 1936; Lortie, 1965; Myers, 1923; Ohlsen, 1955; Pietrofesa & Vriend, 1971). In recent decades, role-related concerns have remained commonplace (Astramovich et al., 2013; Blake, 2020; Fye et al., 2018; Lambie et al., 2019; Levy & Lemberger-Truelove, 2021; Savitz-Romer, 2019a, 2019b). More specifically, Alabama researchers have pinpointed many role issues, particularly related to noncounseling duties for school counselors (Barron, 2002; Burnham & Jackson, 2000; Cecil & Comas, 1985; Chandler, 2006; Chandler et al., 2018; Dahir et al., 2009). Consequently, it is important to distinguish appropriate from inappropriate duties (American School Counselor Association [ASCA], 2022a), gain insight from school counselors, and consider ways to make improvements.

School Counseling and Role Challenges

The history of school counseling points to the need for role clarity (Astramovich et al., 2013; Geesa et al., 2019; Havlik et al., 2019). While the term *role ambiguity* is most often used to describe the role challenges faced by school counselors, other terms also express the challenges that “hinder the work of the school counselor” (Havlick et al., 2019, p. 9). Other terms or constructs that appeared in the school counseling literature included *role conflict*, *role incongruence*, *role stress*, *role diffusion*, *role confusion*, and *role overload*.

The term role ambiguity has been used in a significant number of school counseling studies for over 25 years (Astramovich et al., 2013; Blake, 2020; Burnham & Jackson, 2000; Cervoni & DeLucia-Waack, 2011; Chandler et al., 2018; Culbreth et al., 2005; Freeman & Coll, 1997; Havlik et al., 2019; Johnson, 2000; Lambie et al., 2019; Levy & Lemberger-Truelove,

2021; Liberman, 2004; Paisley & McMahon, 2001). When counseling roles are not clear or openly communicated “in terms of responsibilities or expected performance levels,” role ambiguity ensues (Culbreth et al., 2005, p. 59; Freeman & Coll, 1997). In a similar light, Blake (2020) postulated that role ambiguity happens when a person does not have the needed information or when “expectations of the job do not match the reality” (p. 317).

Role conflict happens when duties of the school counselor conflict with each other or when roles given to the counselor contradict (Freeman & Coll, 1997). Researchers have studied this phenomenon (Blake, 2020; Cervoni & DeLucia-Waack, 2011; Coll & Freeman, 1997; Culbreth et al., 2005; Furlong et al., 1979; Hart & Prince, 1970; Kameen et al., 1985; Liberman, 2004). For example, Cervoni and DeLucia-Waak (2011) found that many duties of the school counselor negatively correlated with the ASCA National Model (2019a). Liberman (2004) provided an example of this type of conflict as when a school counselor is responsible for disciplinary action, which is not the role of the school counselor.

Role incongruence is a term that has been used since before the publication of the ASCA National Model (2003), and it refers to the “incongruities between preferred duties and actual duties” (Freeman & Coll, 1997, p. 33). For example, incongruity occurs when school policies do not align with the ASCA National Model (2019a). In this light, Coll and Freeman (1997) indicated that elementary-level school counselors are particularly vulnerable to reporting different sets of expectations, depending on the stakeholder. Culbreth et al. (2005), expanding on the concerns of Coll and Freeman (1997), noted that school counselors’ job expectations often conflict with the training they received in counseling programs.

Scholars have discussed role stress before and after the publication of the ASCA National Model (2003) as well (Astramovich et al., 2013; Culbreth et al., 2005; Coll & Freeman, 1997; Dahir, 2001). Culbreth et al. (2005) incorporated three constructs—role conflict, role ambiguity, and role incongruence (Coll & Freeman, 1997)—to define the construct. Role stress leads to ineffective counseling in schools. Culbreth et al. (2005) concluded that discrepancies between job perceptions and actual practice predicted role stress among school counselors.

Role diffusion is the “process of assuming or being appointed to roles and duties that individuals from other fields or specialties are equally qualified to perform in the work environment” (Astramovich et al., 2013, p. 176). An example of role diffusion is when a school counselor also fulfills the role of building test coordinator when other faculty members are capable of that role. Astramovich et al. (2013) suggested that role diffusion must first be assessed before tackling role ambiguity (i.e., they postulated that role diffusion develops before role ambiguity). These researchers described that school counselors must advocate for themselves to be allowed to provide the school counseling roles for which they were trained rather than duties administrators often assign to them.

While used less frequently, two additional terms appeared in the literature. Role confusion takes place when roles unrelated to school counseling are required of the school counselor (Chandler et al., 2018; Liberman, 2004). Role overload means “too many roles and the conflict that occurs when a school counselor is caught between the expectations of two groups” (Coll & Freeman, 1997, p. 58).

The Current Study

In our analysis of data from a statewide school counseling survey, we observed discouraging quantitative and qualitative responses related to the noncounseling roles placed on school counselors. In this study, we focus on the responses related to noncounseling duties and allow the voices of school counselors across the state to be heard. We found that noncounseling duties frustrated the school counselors and hampered their alignment with the ASCA National Model (2019a), the expectations of the ASCA (2019b, 2021, 2022a), and the ASCA role statements (2022b, 2022c).

In this study, we used descriptive data analyses to examine the following questions: (a) What is the percentage of time spent on noncounseling duties for Alabama school counselors? and (b) What are the specific noncounseling duties expected of Alabama school counselors? We also examined qualitative responses from the Alabama school counselors to answer the following questions: (c) What role-related terms (i.e., role ambiguity, role conflict, role incongruence, role stress, role diffusion, role confusion, and role overload) were found in the literature are evident among Alabama school counselor qualitative comments? and (d) What is the most frustrating aspect of school counselors' jobs?

Method

Participants

Two hundred ninety-one Alabama school counselors completed the statewide study. Demographic data included age, gender, and race/ethnicity. The ages ranged from 25 to 71 years of age ($M = 43.77$, $SD = 29.03$). Of the participants, 229 (78.7%) identified as female, 20 (6.9%) identified as male, 5 (1.7%) identified as other, and 37 (12.7%) did not answer this question. For

race/ethnicity, 182 (62.54%) identified as White, 61 (20.96%) identified as African American/Black American, five (1.72%) identified as multiracial, three (1.0%) identified as other race/ethnicity, two (0.69%) identified as Hispanic/Spanish, two (0.69%) identified as American Indian/Alaskan Native, and 36 (12.4%) did not respond to this question.

The school counselors' years of experience ranged from 1 to 30 years ($M = 10.23$, $SD = 7.21$). Participants included 72 (24.7%) elementary school counselors, 39 (13.40%) middle school counselors, 71 (24.40%) high school counselors, 69 (23.71%) who identified as Other (e.g., K-8, K-12), and 40 (13.8%) who did not respond. The counselors worked in the following school settings: 139 (47.8%) from rural settings, 70 (24.1%) from suburban settings, 40 (13.7%) from urban settings, and 42 (14.4%) did not respond. The school counselors also listed their school counselor-to-student ratio; 31 (10.7%) had a ratio of 1: 1-250, 160 (55.0%) had a ratio of 1: 251-500, 55 (18.9%) had a ratio of 1: 501-750 (18.9%), six (2.1%) had a ratio of 1: 751-1,000, one (.3%) had a ratio of 1: 1,501-1,750 (0.3%), and 38 (13.1%) did not respond.

Instrument

The descriptive information survey was an updated version of Burnham and Jackson's (2000) School Counselor Questionnaire. The survey is not scaled or scored. Since the original School Counselor Questionnaire was developed before the publication of the ASCA National Model (2003), questions were modified based on that model (ASCA, 2019a). The items were designed to determine noncounseling duties of school counselors. Several open-ended questions addressed roles, job satisfaction, and frustrations.

Procedure

We received Institutional Review Board (IRB) approval and informed consent before this study began. Then we replicated the steps Burnham and Jackson (2000) used. We sent recruitment emails to 179 directors of school counseling in the state of Alabama. The email included a Qualtrics link to the survey. After the participants provided consent, the survey took approximately 15 minutes to complete.

Data Analysis

In this study, 291 school counselors in Alabama completed the School Counselor Questionnaire (Burnham & Jackson, 2000). We followed the same data analyses procedures as Burnham and Jackson (2000) and analyzed the open-ended qualitative questions as well.

Results

In this study, 288 of the 291 school counselors reported that noncounseling duties have been assigned to them. The overall average time spent on these duties was 36%, with a range of 1% to 100% of their time spent on those duties. Table 1 presents details about the counselors' noncounseling duties. Counselors mentioned 26 duties other than counseling they were required to complete. The highest percentages of time for noncounseling duties included 79% dealing with "testing materials and test results," 71% supervising "bus duty, hall duty, lunchroom, restroom," 66% completing "scheduling responsibilities and maintaining student records," and 60% "requesting and receiving records." The data that identified these duties were quantitative measures.

Table 1*Alabama School Counselors: Noncounseling Duties (N = 291)*

Noncounseling Duty	No. of Counselors With Duty	Percentage
Working with testing materials and test results	230	79%
Supervising bus duty, hall duty, lunchroom, restroom	206	71%
Scheduling responsibility	193	66%
Maintaining student records	192	66%
Requesting and receiving records	174	60%
Student enrollment and withdrawals	171	59%
Record keeping	165	57%
Maintaining transcripts	164	56%
Computer time	149	51%
Checking attendance	148	51%
Duplicating or copying materials	142	49%
Building the master schedule	141	48%
Report cards	136	47%
Special education referrals and placement	125	43%
Scholarship recommendations	113	39%
Providing office sitting or reception services	111	38%
Averaging grades or GPAs	110	38%
Clubs/organizations	102	35%
Telephone reception services	96	33%
Nurse or medical concerns	68	23%
Substitute teaching	67	23%
Monitoring study hall	44	15%
504 plan coordinator	37	13%
Homeroom responsibility	27	9%
RTI/PBIS/MTSS coordinator	23	8%
Supervising detention hall	19	7%
Additional duties (Other)	77	26%

Note. Percentages for the subcategories reflect the total percentage for each category and percentages may not total 100% due to rounding.

Participants also described their role-related concerns in qualitative responses, using the same terms that appeared in previous literature (i.e., role ambiguity, role conflict, role incongruence, role stress, role diffusion, role confusion, and role overload). We highlighted matches between the role-related concerns from the literature and the qualitative responses of the counselors. Table 2 lists the role-related concerns with their definitions from previous researchers, along with qualitative comments from the counselors who shared those same concerns. For example, one of the counselors described role ambiguity as follows:

This job has no well-defined job description. We often get passed to us roles and responsibilities no one else in the building wants or can do. There is no autonomy ,and every task I am responsible for accomplishing relies on someone else doing their job. I have very little time for students.

Table 2

Role Constructs Defined and Identified by Counselors

Constructs and Definitions	Role-Related Concerns Identified by Alabama School Counselors
<p>Role ambiguity</p> <p>Roles are not clear or communicated related to “responsibilities or expected performance levels” (Culberth et al., 2005, p. 59; Freeman & Coll, 1997).</p> <p>The “expectations of the job do not match the reality” (Blake, 2020, p. 317).</p>	<p>“I would not recommend anyone to school counseling if their desire were to counsel individuals. School counseling from my master schooling is NOT school counseling. The [reason] I went into counseling is being taken away when schools hire career coaches and mental health professionals in the schools. Now administration sees [counselors] have more time to do more clerical work such as CIP [comprehensive instructional programs], testing, etc. Most of my time is coordinating state assessment and AP [advanced placement classes] and administering.”</p> <p>“There are too many administrative clerical and unrelated duties for me to effectively do my job as a counselor.”</p>

Table 2*Role Constructs Defined and Identified by Counselors (continued)*

Constructs and Definitions	Role-Related Concerns Identified by Alabama School Counselors
<p>Role conflict</p> <p>Takes place when duties conflict with each other or when role contradictions are given to the counselor (Freeman & Coll, 1997).</p> <p>Duties of the school counselor are negatively correlated the ASCA National Model (Cervoni & DeLucia-Waak, 2011).</p>	<p>“No one has a clearly defined idea of what your role is. They can heap many duties on you and assume that they will not conflict with jobs that may fit your role.”</p> <p>“I enjoy doing the actual job of a school counselor; it’s all of the noncounseling duties that I don’t appreciate.”</p> <p>“If schools would follow ASCA’s guidelines of the role of a school counselor and I did not have to do state testing or Section 504 services [accommodations for students with disabilities], I would be a school counselor again.”</p> <p>“All I do is testing, 504’s, EL [English learner] eligibilities, and gifted testing. I do NOT have much time for my job, the counseling part.”</p>
<p>Role incongruence</p> <p>“Incongruities between preferred duties and actual duties” (Freeman & Coll, 1997, p. 33). Takes place when job expectations conflict with the training received (Culberth et al., 2005).</p>	<p>“I do more secretarial work than actual counseling.”</p> <p>“I find my role very disengaged. I feel the administrator views me as a resource to give teachers a break and a testing coordinator.”</p> <p>“In a perfect world, it is very autonomous and respected, at worst, misunderstood and secluded.”</p>
<p>Role stress</p> <p>Discrepancies between job perceptions and actual practice predict role stress (Culbreth et al., 2005).</p>	<p>“Due to the behavior and mental health concerns that are OVERWHELMING, I am not sure. I do not feel that I am able to do what I went to school for and that saddens me, greatly!”</p> <p>“I would love to stay in this field if the testing, 504, and other large duties are not on our department. These duties prevent us from being available to students and are a conflict of interest in many scenarios. Previously, as the testing coordinator, I spent over 40% of my documented time on testing. My students were upset at not being able to find me, and this made it hard for me to sleep at night.”</p>

Table 2*Role Constructs Defined and Identified by Counselors (continued)*

Constructs and Definitions	Role-Related Concerns Identified by Alabama School Counselors
<p>Role diffusion</p> <p>The “process of assuming or being appointed to roles and duties that individuals from other fields or specialties are equally qualified to perform in the work environment” (Astramovich et al., 2013, p. 176).</p>	<p>“I would have more time to conduct classroom counseling and small group counseling, if I did not have to write and annually review and update my school's Section 504 plans, as well as having to coordinate State Testing for my school. There is approximately 6 weeks that I can barely offer any counseling due to the State Testing window.”</p> <p>“I love when I get to be a counselor, but the truth is I am a teacher most of the time, a records keeper a lot of the time, and a crisis counselor when issues arise. I really want to be a good counselor and feel I could be IF I had the time to be a counselor.”</p> <p>“I honestly think it's the amount of noncounseling duties and high caseload 1/480(+/-) that makes me unsure. I believe if these weren't factors I would do it over a million times.”</p>
<p>Role Confusion</p> <p>Takes place when roles unrelated to school counseling are required of the counselor (Chandler et al., 2018; Liberman, 2004).</p>	<p>“I chose to be a school counselor because I wanted to be a counselor. I had no idea there would be so many non-counseling duties involved.”</p> <p>“My role has changed a lot over the last 15 years. I did not go to school to be a case manager and I spend most of my time in relation to 504 Plans. I don't get to spend a lot of time in the classroom, zero time doing groups and very little individual counseling.”</p> <p>“It is more of an administrative position between scheduling, testing, record keeping, and leading 504 and RTI [response to intervention]. I spend more than half of my time on noncounseling duties, and it is very difficult to meet the needs of the students with all the other duties that must come first.”</p>
<p>Role Overload</p> <p>Takes place when there are “too many roles” or the “conflict when a school counselor is caught between the expectations of two groups” (Coll & Freeman, 1997, p. 58).</p>	<p>“So much of my time is dedicated to things other than attending to the social, emotional, and academic needs of my students that I often feel more like a clerk of some type than a trained professional. It's extremely disheartening. I've had to turn students away because my office was strewn with testing materials - that shouldn't happen.”</p> <p>“It feels like a constant struggle to find time to work with students. I have tried different methods over the 13 years of my school counseling career, and yet it always feels like I'm working on to-do lists rather than face time with students.”</p>

Other role-related concerns mentioned by previous researchers were evident in the comments of the school counselors. For in describing role conflict, one counselor acknowledged the contradictions between her actual roles and the expectations of the ASCA: “If schools would follow ASCA's guidelines of the role of a school counselor and I did not have to do state testing or Section 504 services, I would be a school counselor again.”

Similarly, comments about role stress from the counselors revealed layers of uncertainty and worry:

Students’ mental health needs are no longer being met and ethically, I struggle with the job as it has evolved. We are “dumped” on and expected to do some of everything, and I feel I don't do any of it like it should be done when I have so many responsibilities. My first few years were more student-oriented, and I felt my position made a difference. I don't feel that way now.

“I carry too many of my students' burdens with me. I hate doing testing. I feel all alone because I can't talk to anyone about what I deal with every day.”

Role overload was another concern with strong sentiments in this study:

I have been a military spouse and worked in other states. Alabama is unreasonable about the non-counseling duties they expect school counselors to facilitate. There is no way to help kids when I am responsible for testing, RTI, 504s, special education referrals, records, and all the extraneous duties that administrators should be responsible for.

“The responsibilities are overwhelming! I love the students but it ridiculous the amount of work output that is expected.”

On the statewide survey, 45.3 % of school counselors also answered the open-ended question “What is the most frustrating aspect of being a school counselor?” One participant indicated that she had plans to leave the school counseling field because of her demoralizing experiences as a school counselor:

It is extremely frustrating to work so hard for a degree that you rarely utilize. The skills I learned in my master's degree program were plentiful, however, they are largely under-utilized due to the amount of paperwork, testing, and random roles that I must play which do not serve a purpose in the counseling field. It is, for this reason, I would not choose to be a counselor at the school level again. I am hoping to begin my licensure so that I can leave the school and not look back.

Another counselor described the advocacy and role protection they needed but had not received:

Not having anyone to advocate for and protect school counselors' roles . . . We often express how we feel forgotten or overlooked. Along with that, there's a lack of respect shown by others. For example, people still call us “Guidance Counselors” even though we've gone on record many times we are “School Counselors.” We no longer call the librarian a “librarian” but respect the preferred title of “Media Specialist.” Why can't the same be given to us? Principals with less experience do not seem to have any knowledge about what a school counselor's roles are and how to collaborate with us. Therefore, we are left out of key opportunities to advocate for students. It would be helpful if the direct supervisor for the district of school counselors was a school counselor or if they had a counseling background.

Responses from 20 other school counselors appear in the following list:

- Administration not being aware of what a school counselor does.
- All the noncounseling duties
- All the standardized testing and how much time it takes. We are living in a world where you will lose your job faster over a testing issue than an issue of not meeting the needs of your students.
- All the paperwork involved in trying to help students and testing!
- All the Testing, 504 Plans, Clerical Duties
- All the things given to Counselors that are not counseling related.
- Being "stuck" doing jobs that take me away from being a counselor for the students!
- Being expected to perform duties as an assistant principal.
- Being pulled many ways with not many resources.
- Being so busy with paperwork (PST, 504, Special Ed referrals, testing) that it often feels impossible to devote enough time to make a positive impact on students.
- Deadlines of tasks from the Central Office staff that have little or nothing to do with counseling.
- Finding time to be a "counselor"
- Having to do other jobs that are not considered to be under the counseling umbrella.
- Lack of help from the courts, DHR [Department of Human Resources]
- Lack of mental health resources for students
- Noncounseling duties; not being appreciated

- Not being able to do all that is needed or asked of me because I am being pulled into different directions.
- Not enough time in the day! Wish there were more “me” to be able to focus on different aspects of the job.
- TESTING!!!
- The school counselor's office is the dumping ground for all new initiatives and directives for the school system.

Discussion

We hope the transparent, persuasive comments found in this article underscore the need for transformation, realignment, and change in the school counseling field in Alabama. We see an urgent need for advocacy and change. The school counselors identified three overarching concerns that need to be addressed at the local and state levels in Alabama. School counselors need more professional development, advocacy, and training.

The first overall concern is that Alabama counselors have significant noncounseling duties. These clerical, administrative, and service roles pull counselors away from their direct service delivery to students. The school counselors expressed many challenges and frustrations with noncounseling duties. For example, one school counselor stated, “There are too many administrative clerical and unrelated duties for me to effectively do my job as a counselor.”

Most of the noncounseling duties the counselors listed in Table 1 are “inappropriate duties” based on ASCA’s (2022a) list of appropriate activities for school counselors. These indirect services (often inappropriate duties) take valuable hours and days away from the students. The amount of time spent on indirect hours, particularly on testing, is alarming. This

finding aligned with Hanna's (2019) description of the "unbearable caseloads" of school counselors" (p. 20).

The second overall concern is that Alabama school counselors feel overwhelmed and misunderstood. Tables 2 and 3 established the magnitude of school counselors' concerns. The following comments add to this perspective. The school counselors stated they were overwhelmed. Their remarks accentuated their thoughts about being overextended and stressed; see Table 2, comments related to role stress and role overload, for example.

The school counselors also shared they were misunderstood and encountered role confusion. Several school counselors noted the lack of support from school administrators and described how stressful it was to be supervised by someone who misunderstood or disregarded school counselors' roles. For example, one counselor stated, "Most superintendents and other school administrators are completely oblivious to what we should be doing."

The third overall concern is the need for increased support and advocacy. We echo ASCA's (2021) call for "continued advocacy . . . to support appropriate school counselor roles" (p. 15). Counselors, counselor educators, school administrators, and other stakeholders must advocate for and assist school counselors. School counselors must also learn better ways to advocate for themselves and to carry out advocacy in their schools.

Professional development and training for school counselors must be prioritized. In the past, when comparing the training of counselors and teachers, Savitz-Romer (2019b) noted that "professional learning for school counselors is often an afterthought, in stark contrast to a common districtwide commitment to professional learning for teachers" (pp. 50-51). School counselor training cannot be an afterthought in Alabama. High caseloads, mental health needs of

students, COVID-19 issues, the recent shootings, and academic, personal/social, and career concerns magnify the need for more training and stronger advocacy from administrators, fellow counselors, and counselor educators.

Results from this study revealed a gap in administrators' awareness of the roles and responsibilities of school counselors. This lack of understanding leads to the role-related issues shown in Tables 2 and 3. More academic training and professional development related to school counselors' roles and responsibilities and ways to support school counselors for principals and other administrators is strongly indicated (Savitz-Romer, 2019b). Superintendents, administrators, principals, and directors of counseling need to understand the roles of school counselors, and they need to ensure that 80% of the school counselors' time allotment is devoted to direct service roles (ASCA, 2019a). Otherwise, the cycle of noncounseling duties will likely continue.

Limitations

Limitations existed in this study. This survey was distributed in one state and the timeframe of delivery was during the COVID-19 pandemic in Fall 2020. Therefore, findings from this study are not generalizable to other states.

Conclusions

This study underlined three concerns related to noncounseling duties and the need for immediate attention. Concerted professional development efforts and training opportunities to lessen the noncounseling roles are imperative. School counselors want to carry out the duties they were trained to perform, but they need assistance. Without more training and advocacy, educators can expect to lose more school counselors to burnout. Further, the increased number of

school counselor retirements and the decrease in the number of new K-12 educators (Knox, 2022) only heighten the importance of addressing these issues.

In Alabama schools, tasking school counselors with noncounseling duties is not a new problem. Schools have not alleviated noncounseling duties despite the call for changes over four decades from Alabama researchers (Barron, 2002; Burnham & Jackson, 2000; Cecil & Comas, 1985; Chandler, 2006; Chandler et al., 2018; Dahir et al., 2009). Administrators must address the question of who should perform noncounseling duties in Alabama. Hanna (2019) asked, “What is it going to take for us to reimagine the pivotal role of school counselors in the lives of students?” (p. 20). We are in alignment with Hanna. Now is the time to address critical school counselor role issues in Alabama.

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What School Counselors Need to Know About Web 3.0

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Abstract

School counselors must stay up to date with new technology and trends in education so they can help bring new technology to education. Web 3.0 is one of the most innovative and exciting new technologies. If counselors learn how to use Web 3.0, they will be able to enhance the school environment and make learning more engaging for students. This article provides an overview of Web 3.0 and details about the different aspects of Web 3.0. It also contains a discussion of how Web 3.0 can be implemented into the educational environment and the school counseling program.

Keywords: Web 3.0, school counselors, technology, engagement

What School Counselors Need to Know About Web 3.0

School counselors frequently change their strategies and techniques to meet the needs of the students and families that they serve. To meet these diverse needs, school counselors have to stay current on new and innovative technologies such as Web 3.0, the third generation of the World Wide Web. Web 3.0 aims to provide a decentralized and distributed platform for creating and consuming web-based applications and services (Investopedia, 2022).

Web 3.0 technologies such as blockchain and decentralized computing enable users to own and control their data rather than relying on central authorities or intermediaries to manage and secure it. Web 3.0 applications are often built on top of decentralized networks such as Ethereum, and they can be designed to be open, transparent, and secure (Jha, 2022). Some common examples of Web 3.0 applications include cryptocurrency, decentralized finance (DeFi) platforms, non-fungible tokens (NFTs), decentralized autonomous organizations (DAO), and the metaverse. Web 3.0 technologies have the potential to disrupt a wide range of industries and applications, including finance, identity verification, supply chain management, and more (CK Publishing, 2022). Although many Web 3.0 technologies have not made it to the mainstream, many companies are already using these technologies to get ahead of their competitors. These companies include but are not limited to Visa, Pfizer, Ford, Walmart, BBVA, AIG, Prudential Finance, Shell, Delta Airlines, and Coldwell Banker (Iredale, 2020).

In reading this article, school counselors will become more knowledgeable about Web 3.0 and its new technologies. Following an overview of the different eras of the World Wide Web, the article will identify and discuss the different parts of Web 3.0, including blockchain

and cryptocurrencies, DeFi, NFTs, DAO, and the metaverse. Finally, the article will discuss how Web 3.0 can be implemented in schools and school counseling programs.

Comparison of Web 1.0, 2.0, and 3.0

To better understand Web 3.0, counselors must first understand Web 1.0 and Web 2.0. Web 1.0, also known as the “static web,” was the first generation of the World Wide Web, which emerged in the 1990s. It was characterized by a lack of interactivity and the presence of mostly static, unchanging web pages. Web 1.0 was primarily used for the dissemination of information, and it relied on central servers and networks to host and deliver content (Raj, 2022).

Currently, we are living in the era of Web 2.0, also known as the “dynamic web,” the second generation of the World Wide Web, which emerged in the late 1990s and early 2000s. Web 2.0 was characterized by the rise of social media, blogging, and other interactive platforms, as well as the use of rich media such as video and audio. Web 2.0 also saw the emergence of web services and APIs (application programming interfaces), which enabled different applications for users to communicate and exchange data (Raj, 2022).

Web 3.0, also known as the “decentralized web,” is the third generation of the World Wide Web, which focuses on enabling decentralized and distributed applications and services. It is characterized by using technologies such as blockchain and decentralized computing to create a more open, transparent, and secure online environment. Web 3.0 technologies have the potential to disrupt a wide range of industries and applications, including finance, identity, supply chain management, and more (Raj, 2022).

All three generations of the World Wide Web are innovative and introduced new technology that changed and will continue to change the world. In summary, Web 1.0 was a

read-only, visual, interactive web with home pages. Web 2.0 is a read-and-write, programmable web with wikis and blogs. Web 3.0 will be a read, write, and interact, linked-data web with waves and live streams. During the eras of Web 1.0 and Web 2.0, companies made money from data and creators. In the time of Web 3.0, creators develop and own their platforms (Terra, 2022). The next section contains a more specific discussion of the features of Web 3.0.

Different Parts of Web 3.0

Blockchain and Cryptocurrency

Cryptocurrency is a digital or virtual currency that uses cryptography for security. It is decentralized, meaning that it is not controlled by a central authority such as a government or a bank. Cryptocurrencies are transmitted through a network of computers and are verified by a process called mining, in which computers solve complex mathematical problems to add transactions to the cryptocurrency's public ledger, called the blockchain. Some popular cryptocurrencies include Bitcoin and Ethereum (Cointelegraph, n.d.b).

Cryptocurrencies are often used as a medium of exchange or as a store of value, and they can be traded on online exchanges for fiat currencies or other cryptocurrencies. Cryptocurrency exchanges are websites or platforms where users can buy, sell, or exchange cryptocurrencies for other digital currencies or traditional fiat money, such as U.S. dollars or Euros. Some exchanges also allow users to trade cryptocurrencies for other assets, such as gold or oil.

To use a cryptocurrency exchange, a user must create an account and verify their identity. Once they have an account, they can deposit funds using a variety of methods, such as bank transfer or credit card. Users can then use these funds to buy cryptocurrencies or transfer existing cryptocurrencies from a wallet to an exchange account and sell them for fiat currency or other

digital assets (Crowson, 2023). Users can choose from many different cryptocurrency exchanges, and they all have unique features and fees. Users must do their research and choose a reputable exchange that fits their needs. Some examples of exchanges include Coinbase, Binance, and Kucoin.

Decentralized Finance

DeFi is a financial system that is built on blockchain technology and is designed to be open, transparent, and secure. It is intended to provide financial services and products that are accessible to anyone with an internet connection, regardless of their location or financial status. DeFi is based on the principles of decentralization, meaning that it is not controlled by a central authority such as a bank or government. Instead, it relies on smart contracts, decentralized applications (DApps), and other blockchain-based technologies to facilitate transactions and financial services. Some common examples of DeFi products and services include peer-to-peer lending, decentralized exchanges, and stablecoins (Sharma, 2022b). One of the main goals of DeFi is to provide financial services and products to people who may not have access to traditional financial institutions or who may not be able to afford their fees. By using blockchain technology, DeFi can offer financial services that are more transparent, secure, and accessible than those provided by traditional financial institutions (Cointelegraph, n.d.a).

Non-Fungible Tokens

NFTs are digital assets that represent ownership of a unique item or asset. They are stored on a blockchain, which is a decentralized, distributed ledger that records transactions on multiple computers. This storage method makes NFTs unique and verifiable, as the ownership and authenticity of the item can be traced through the blockchain (Ethereum.org, n.d.). NFTs can

represent a wide range of items, including digital art, music, videos, games, and even physical objects. They are often used to sell and trade rare or one-of-a-kind digital items, such as collectible art or music. Some popular platforms for buying and selling NFTs include OpenSea and Nifty Gateway. One of the main benefits of NFTs is that they can be bought and sold easily and securely on the blockchain without the need for intermediaries such as galleries or auction houses (Sharma, 2022a). They also allow for the creation of new types of digital ownership models and can open up new revenue streams for artists and other creators. Some examples of well-known NFTs are CryptoPunks, Bored Apes Yacht Club, and CryptoKitties.

Decentralized Autonomous Organization

A DAO is a type of organization that is run using blockchain technology and smart contracts. It is designed to be decentralized, meaning that it is not controlled by a central authority or individual. Instead, it is run by a set of rules encoded in smart contracts, which are self-executing contracts with the terms of the agreement between buyer and seller being directly written into lines of code. DAOs are intended to be transparent and democratic, and the holders of tokens or voting rights within the organization make the decisions (Cointelegraph, n.d.c). DAOs can be used to manage a variety of different types of organizations, such as companies, charities, or even governments. One of the main benefits of DAOs is that they can operate efficiently and transparently without the need for intermediaries or central authorities.

Metaverse

The metaverse is a collective virtual shared space, created by the convergence of virtually enhanced physical reality and physically persistent virtual space, including the sum of all virtual worlds, augmented reality, and the internet. It is a virtual reality space where users can interact

with each other and with computer-generated objects and environments (Hackl, 2021). In recent years, advances in technology have made it possible for the metaverse to become a reality, and various virtual reality platforms and virtual worlds have been developed that allow users to interact with each other in a virtual space. The metaverse is expected to play a significant role in the future of the internet and of society as a whole. It has the potential to revolutionize industries such as entertainment, education, and commerce, and to create new opportunities for social interaction and communication (Marr, 2022).

Applications of Web 3.0 in School Counseling and Education

School counselors need to understand Web 3.0 and how it will impact people's everyday lives so that they will understand specific impacts on their jobs and on schools, families, and students. This section offers a look at how educators are currently using Web 3.0 and how school counselors may use these applications.

Learn-to-Earn

An example of how Web 3.0 is currently being used in education is with learn-to-earn programs. Learn to earn is a term that is sometimes used to describe educational programs or initiatives that aim to help people learn about cryptocurrencies and how to earn money through trading or investing in them (George, 2022). These programs may take the form of online courses, in-person workshops, or other educational materials and may cover a variety of topics, including the basics of cryptocurrency and blockchain technology, how to buy and sell cryptocurrencies on exchanges, and strategies for successful trading and investing.

The purpose of these programs is typically to help people learn the skills and knowledge they need to make informed decisions about cryptocurrencies and potentially earn a profit from

them. K12 Crypto (n.d.) is an example of a learn-to-earn program for schools. The company's mission is to improve financial literacy and awareness of cryptocurrencies in K-12 students. K12 Crypto has plans to identify pain points in the current education system and create solutions powered by decentralized finance for the future. They will develop curriculums and courses with top institutions worldwide with a focus on art, game development, finance, marketing, DeFi, machine learning, engineering, content creation, and more.

K12 Crypto will offer an immersive experience where children can grow real-world skills while earning enough to secure an education for the future. After learning these real-world skills, children may earn the \$K12 cryptocurrency, which they can use to fund their post-secondary education (K12 Crypto, n.d.). By using this program in K12 schools, school counselors can work with the school administrators and teachers to develop career lessons that help students to understand the education, knowledge, skills, and abilities needed to be successful in certain careers that align with the curriculum and courses in K12 Crypto. School counselors can also work with administrators to identify ways students can earn \$K12 tokens for completing assessments, simulations, resumes, and programs implemented by the school counselors.

Two of the biggest areas that interfere with student achievement are poor attendance and behavior. School counselors can use \$K12 tokens to help students improve their attendance and behavior through an incentive program. Implementing this type of incentive program may help students not only improve behavior and attendance, which may positively impact academics, but also earn \$K12 tokens. School counselors can use learn-to earn programs to help students improve in all areas.

Play-to-Earn

Another method of applying the blockchain in education is play-to-earn. For example, Learning Economy and the LEGO Foundation developed a learning ecosystem called SuperSkills! This play-to-earn system allows children ages 4 through 12 to embark on quests to help save a league of superheroes by participating in learning-through-play activities that send them out into the world of discovery and away from their devices. SuperSkills! may help students develop cognitive, creative, social, emotional, and physical abilities that will be important when they enter the workforce.

After completing the quests, students earn digital badges or credentials that are stored in a blockchain-based identity. These credentials earned and stored in the digital wallet can be used as a lifelong learning portfolio (Learning Economy, n.d.). School counselors can incorporate SuperSkills! into their guidance lessons to help students develop the skills needed to complete their schooling and enter the workforce. The ASCA (2014) National Model's Mindsets and Behaviors can be aligned with the standards in SuperSkills! Thus, school counselors can use the SuperSkills! assessments to report the effectiveness of the guidance lessons and activities they implement.

Virtual and Augmented Reality

Virtual and augmented reality (VR and AR) technologies can be used in school counseling and counselor education programs. In school counseling, VR and AR technologies may be used as tools to help students develop coping skills, practice social skills, and work through difficult emotions. For example, VR experiences could be used to simulate situations that may trigger anxiety or other challenging emotions, allowing students to practice managing

those emotions in a controlled environment. AR experiences could be used to provide students with additional information or resources in real time, such as prompts to help students regulate their emotions during a counseling session.

VR and AR technologies may also be used by a school counselor education faculty to provide students with experiential learning opportunities. For example, VR experiences could simulate counseling scenarios, allowing students to practice counseling skills and receive feedback on their performance. AR experiences could provide counseling students with additional resources and information during simulations or role-plays, such as prompts to help students reflect on their own emotions or the emotions of their clients.

While VR and AR technologies have the potential to be useful in counselor education, they should not be used as a replacement for traditional education methods. Counselor educators should consider the unique needs and learning styles of their students. Additionally, counselor educators need to ensure that students are receiving adequate training and supervision in the use of VR and AR technologies. Similarly, while VR and AR technologies have the potential to be useful in school counseling, they should not be used as a replacement for traditional counseling methods. Counselors must consider each student's unique needs and circumstances and use a variety of approaches as appropriate.

Non-Fungible Tokens

According to Brereton (2022), NFTs can be used in many different ways in schools, including to store educator and student records in a decentralized ledger. They can be used to support sports and art programs in the school. Students can create digital products like yearbooks or paintings and use them to raise funds for organizations. NFTs can also be used to help boost

student engagement by issuing NFT badges when students complete assignments or gain new experiences. School counselors could issue NFT badges to students based on their behavior, attendance, grades, and other achievements. Using NFTs in schools can positively impact the school environment and student success.

School counselors may use NFTs outside of K-12 as well. NFTs could be used in counseling organizations to show membership and/or leadership in the organization. These NFTs would be rewarded for each year completed by a school counselor. NFTs might also be given to school counselors as they complete workshops, boot camps, and/or conferences. The NFTs would replace certificates. The counselor could store the NFTs in their personal wallet and provide links so administrators, parents, colleagues, or community members, could view their accomplishments and qualifications. This method of showcasing NFTs may be useful for documenting training and qualifications during job searches.

Ways School Counselors Can Learn More About Web 3.0

Counselors may wish to learn more about Web 3.0 and its potential applications. One way is to read articles and reports that focus on Web 3.0 and education. After reading the articles, school counselors can identify ways to use the knowledge gained from the article to develop and implement programs and ideas in their schools. School counselors can also join online communities and forums to learn more about Web 3.0. There are many online communities and forums, such as Facebook, Discord, Reddit, and LinkedIn groups, where users discuss Web 3.0 and connect with other people who are interested in the topic.

Attending conferences and events can also increase counselors' knowledge of Web 3.0. Following industry blogs and publications that cover Web 3.0 and related technologies can also

increase Web 3.0 knowledge. Some popular blogs and publications about Web 3.0 include Coindesk, Cointelegraph, and Medium. School counselors can also use learn-to-earn platforms to learn about Web 3.0. Coinbase.com, learncrypto.com, and crypto101.com are just a few examples of platforms where school counselors can learn about crypto and earn NFTs, badges, or crypto.

One of the best ways to learn about Web 3.0 is to get hands-on experience with the technologies and applications that are being developed. Counselors can try DApps or experimenting with blockchain development to get a feel for how these technologies work and what they can do. It is best to complete these hands-on experiences as part of a workshop or boot camp when there are professionals available to walk users through the process and answer questions.

Conclusion

This article presented information to increase school counselors' understanding of Web 3.0 and its associated technologies. It covered the different eras of the World Wide Web, and then delved into the components of Web 3.0, including blockchain and cryptocurrencies, Defi, NFTs, DAOs, and the metaverse. It also explored the potential for incorporating Web 3.0 into education, specifically in schools and school counseling programs, by using learn-to-earn, play-to-earn, NFTs, and VR and AR to enhance the learning experience.

Because school counselors serve as leaders in schools and communities, they must be knowledgeable about new and upcoming technologies. The article described different ways that school counselors can learn more about Web 3.0. The technology in Web 3.0 will be around for many years, and school counselors must prepare to enter this new era of technology by not only

reading about Web 3.0 but also developing and implementing different applications into their school counseling programs. The use of this new technology, as a tool, will help school counselors reach their main goal, to help students develop the skills and knowledge needed to be successful in school and life.

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**The Relationship Between Childhood Maltreatment and Maladaptive
Coping in Adults With Substance Use Disorder, Major
Depressive Disorder, and Anxiety Disorders**

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Abstract

Childhood maltreatment (CM) is associated with various adverse health outcomes for adults; these conditions represent a growing concern for mental health professionals. Studies indicate that adults with a history of CM, especially emotional maltreatment carried out by the primary caregivers, experience deficits in areas of social, cognitive, and emotional development. Emotional abuse and neglect are particularly potent forms of CM that may go unrecognized, yet they present significant challenges in treating various mental illnesses in adults. This paper is a literature review from 2014 to 2023 on the relationship between CM, particularly emotional abuse and neglect, and maladaptive coping in adults with substance use disorder (SUD), major depression disorder (MDD), and anxiety disorders (AD). EBSCO was the primary search engine used to identify studies examining the relationship and mediators of early emotional abuse and neglect exposure and mental illness in adults. Six qualitative and seven quantitative articles were selected from various credible scientific journals for review. The results indicated that while childhood emotional abuse and neglect survivors may benefit from targeted treatment, a piece of their childhood is lost forever. Efforts toward prevention are necessary and may be achieved by reducing intergenerational transmission of CM.

Keywords: childhood maltreatment, coping, substance use disorder, major depression disorder, anxiety disorders

The Relationship Between Childhood Maltreatment and Maladaptive Coping in Adults With Substance Use Disorder, Major Depressive Disorder, and Anxiety Disorders

Despite the well documented adverse effects and prevalence of CM perpetrated by primary caregivers on emotional and psychological development, the maladaptive coping mediators between early emotional abuse and neglect and adulthood diagnoses of SUB, MDD, and AD remain unclear (Božac, 2020; Kisely et al., 2018; Kiesly et al., 2020; Lim et al., 2020; Vallati et al., 2020). This review was an exploration of previous literature about childhood coping mechanisms associated with the distress of CM that prove maladaptive in adults diagnosed with SUD, MDD, and ADs to target for treatment. I also attempted to determine possible preventative measures taken by survivors of childhood emotional abuse and neglect to reduce intergenerational transmission. This review includes 13 peer-reviewed articles, six qualitative and seven quantitative, published in the last 10 years from academic journals. The articles consist of case studies, meta-analyses, and mixed-methods studies.

Background

Childhood emotional abuse and neglect are forms of CM that impede children's psychological and emotional development and leave behind deep emotional scars and impact their sense of self-worth (McCormack & Thompson, 2017). The adverse outcomes of emotional abuse are particularly potent when the abuse occurs within the family of origin. In early relationships, children are meant to feel safe and protected, to have their basic needs met, and to experience conditions that allow for healthy physical, psychological, and social development (Božac, 2020; Erozkhan, 2016). Under these circumstances, secure attachments that fulfill

children's need for protection from danger and comfort under distress can be established.

Attachment needs remain significant throughout a lifetime. Bowlby's (1969) attachment theory provides a framework for understanding the long-term behavioral outcomes of survivors of childhood emotional abuse and neglect by suggesting that children's developmental models and relationships are based on these early relationships. Failure to establish a secure attachment causes children to internalize frightening rather than safe parental figures, a state of mind that impedes development of healthy emotional regulation.

Problem Statement

This literature review had two aims. The first was to discover what the research showed regarding the mediators between exposure to early emotional abuse and neglect and maladaptive coping in adults with SUD, MDD, and AD. The second aim was to determine whether the literature indicated any possible factors to prevent intergenerational transmission of this maltreatment. Previous research established a link between adult survivors of emotional abuse and neglect, mental illness, and intergenerational transmission; however, less is known about the specific mediators that could inform recovery in a clinical setting.

Literature Review

An exhaustive review of the literature identified a total of 13 peer-reviewed articles. Six qualitative studies using inductive approaches are included; four feature a phenomenological approach with thematic analysis, and two focus on grounded theories, as introduced by Glasser and Strauss (Božac, 2020; Roberts, 2014). The other seven articles are nonexperimental quantitative studies; most implemented a cross-sectional design, limiting causal effect, except for one longitudinal birth-cohort study. Most of the studies were retrospective; therefore, the

potential for the limitation of recall bias exists. Most of the researchers used self-reported scales and questionnaires, and all those used were valid and reliable. All studies adhered to appropriate ethical approval and consent procedures, including the right to withdraw for any reason. In many cases, participants had access to mental health professionals because of the risk of re-traumatization inherent in recounting CM in interviews.

Distal Mediators of Emotional Abuse and Neglect on Adult Mental Health

Unresolved childhood abuse and neglect may comprise the undercurrent of multiple mental diagnoses, including SUD, MDD, and AD, in adulthood. Clients with a history of development trauma likely have rigid and deeply entrenched behavioral patterns driving their maladaptive behaviour. In this literature review, I identified two distal mediators of emotional abuse and neglect at the root of SUB, MDD, and AD, schemas related to attachment and resiliency.

Attachment Systems and Self-Identity

One mechanism of interest is CM's impact on the development of the attachment system and self-identity. Erozkan (2016) investigated the relationship between childhood trauma and attachment types in a large sample ($n = 492$ female; $n = 419$ male) of 19 to 24-year-olds and found a significant negative association between emotional abuse, emotional neglect, and secure attachment. Participants with higher levels of abuse and neglect tended towards insecure attachment types (fearful, preoccupied, and dismissive), which are associated with a potent disturbance of psychological development of positive internal working models. Although the data were self-reported and retrospective, the results achieved significance; however, the generalizability of the findings was limited because of the purposive sampling methods.

Nonetheless, these findings may provide insight into the negative internal models observed in a study by McCormack and Thompson (2017) on the meaning of a recent psychiatric diagnosis in five adult survivors of complex childhood trauma. After interpretative analysis, childhood betrayal, identity, and worthiness emerged as the superordinate themes. Receiving the correct diagnosis seemed to act as a conduit for disengagement from the self-blame and feelings of unworthiness by allowing patients to shift the narrative and meaning of their CM (McCormack & Thompson, 2017). Although these findings offered optimistic deep insights into the meaning of a correct diagnosis, they could be not generalized, and cause and effect could not be established. Additionally, some participants questioned their core strength and character in comments such as “I should have been able to overcome these obstacles” and “Why did I come out of that experience with it [diagnosis], whereas other people could get through that experience and not get it?” (McCormack & Thompson, 2017). The answer may be resiliency.

Resiliency

Evidence suggested a reduction in resiliency capacity that inhibited children's ability to process psychological distress well into adulthood may be linked to a lack of secure attachment. According to a qualitative study on resilience by Yoon et al. (2021), some may be more resilient than others depending on whether a positive, supportive caregiver buffered the impact of maltreatment and resilient inhibitory factors became internalized from childhood to adolescence. Yoon et al.'s (2021) results were based on the observations made by mental health professionals working with children and not reports from the children themselves; this condition raises doubts about the appropriateness of phenomenological methods for this study.

Regardless, the data was collected using semi-structured, face-to-face interviews averaging 40 minutes in length. Findings suggested that the capacity to face stress may be inhibited without at least one secure attachment. In contrast, Nishimi et al. (2020) collected data from 1,962 adult participants, mostly African American females (73.9%), and found that regardless of the timing of initial exposure, as emotional abuse increased, resilience capacity decreased in adults; however, confounding variables may have influenced these results. Additional limitations included the lack of measures of emotional neglect and the frequency of abuse and neglect. CM exposure seems to be associated with the following coping strategies: insecure attachment system, negative self-identity, and reduced resiliency capacity starting in childhood lasting into adulthood.

Proximal Mediators of Emotional Abuse and Neglect on Adult Mental Health

There is no denying that adults diagnosed with SUD, MDD, and AD experience a great deal of suffering. Addressing the layers of suffering in those with a history of CM by discovering more proximal mediators of emotional abuse and neglect may provide the necessary insight for effective targeted treatment. While the layers are often complex, this literature review revealed emotional regulation and intergenerational transmission to be significant proximal mediators.

Emotional Regulation

Several studies indicated that the scars from CM in the form of emotional abuse and neglect perpetrated by a caregiver are emotional and may be implicated in the development of SUD, MDD, and AD in adulthood. Notably, Kisely et al. (2018), in a longitudinal birth cohort study with 7,223 mother-child dyads, found that by age 16, the most prevalent form of abuse was emotional, while neglect came in third after physical abuse. After the researchers adjusted for

many sociodemographic variables, results revealed that by age 21, those exposed to CM were 80% more likely to report depression, and victims of sexual abuse, who were more likely to develop PTSD, a form of AD.

In terms of anxiety, emotional abuse and neglect showed the strongest association. Vallati et al. (2020) studied 575 adolescents and adults with a current episode of unipolar depressive disorder and found higher levels of emotional maltreatment emerged as significantly associated with greater depression severity, mainly when the mothers, not the fathers, carried out the abuse. These findings and those previously stated by Erozkean et al. (2016) suggested that depression may be associated with an insecure attachment system stemming from relational trauma and neglect.

Given an understanding the emotional nature of relational trauma, Božac (2020) suggested that a deeper understanding of the survivor's emotional worlds is needed. To this end, Božac (2020) carried out a qualitative study using ground theory and content analysis methods to focus on discovering and processing early relational trauma at the emotional level in a therapeutic setting. The results highlighted potential difficulties with alexithymia, knowing the difference between past and present emotions; distinguishing one's own emotions from the projections of others; and experiential avoidance; and difficulty managing and regulating emotions—all signs of unresolved trauma (Božac, 2020). Although these findings suggested traumatized people may cope with their unresolved trauma by doing everything possible not to feel their feelings, the researcher was limited by the lack of investigator and data triangulation. Once a functional adaptation in childhood becomes dysfunctional in adulthood, some researchers

suggest it may even pose a vulnerability to addictive behaviours and depression (Lim et al., 2020; Roche et al., 2019; Watts et al., 2020).

Lim et al. (2020), Roche et al. (2019), and Watts et al. (2020) investigated the mediating role of emotional regulation and emotional avoidance in survivors of CM diagnosed with MDD and SUD. These findings supported those offered by Božac (2020). For example, Lim et al. (2020) recruited 1,233 adults by crowdsourcing and collected data on adverse childhood experiences, emotional regulation, addictive behaviours, and health. Results revealed a small to medium positive association between early childhood adversity, emotional dysregulation, and depression severity. More specifically, after measuring participants' perceived difficulty regulating their own emotions, Lim et al. (2020) concluded poor impulse control and poor clarity of emotion were the most common mediators of early adversity and addictive behaviours.

Unlike Lim et al. (2020), Watts et al. (2020) measured the effects of emotional abuse separately in 114 participants who sought treatment for SUD and found that as the reported incidents of emotional abuse rose, so did experiential avoidance. Similarly, Roche et al. (2019) asserted that experiential avoidance was a mediating factor between early trauma, defined as physical, sexual, and emotional abuse and/or neglect before eighteen years of age, and problem behaviour in 414 university students. However, the researchers did not report the type of trauma or timing of exposure. All three of these studies were limited by sampling bias; therefore, generalizations cannot be established.

Intergenerational Transmission

Since early relational trauma seems to be a distal risk factor for SUD, MDD, and AD, many researchers have identified the risk of intergenerational transmission of abuse and neglect

from parent-survivors to their children. Three qualitative studies emerged; in the first, Tedgård et al. (2018) investigated the perceived challenges of adult children of alcoholics when becoming a parent. Among the 19 participants, all but one reported experiencing emotional neglect, while 15 reported experiencing emotional abuse. Parents were nearly universally described as being “absent or non-attentive, manipulative, unpredictable, and incapable of expressing love and affirmation” (Tedgård et al., 2018, “Results,” para. 5). Almost half reported mental health problems and seeking treatment only once their first child arrived, and most reported difficulty managing the transitional stress of becoming a parent. Participants wanted to provide a secure base for their children but lacked the proper model in their childhood and sometimes repeated the same behaviour they experienced as children.

Matthews and Desjardins (2019) investigated the meaning of risks associated with reproductive decisions after CM and found similar concerns among their 15 participants, who expressed not wanting to “gift” dysfunction to their children and preferring to offer them the “good life.” Those who trusted they would not pass on dysfunction decided to become parents; those who were unsure remained undecided, and some opted not to reproduce because they did not trust themselves to break the cycle. These results supported Roberts’s (2014) findings that most parents with a history of CM yearned to attain an evolved parental identity compared to their parents’.

Summary

The relationship between childhood emotional abuse and neglect and adult SUD, MDD, and AD is complex. Distal mediators appear to be associated with insecure attachment, negative self-identity, and unworthiness, which impede a person’s resiliency capacity well into adulthood.

If left untreated, dysfunctional emotional regulation strategies may develop and persist, resiliency capacity may diminish, and intergenerational transmission is possible. However, the findings from the studies in this review did not indicate a high risk of intergenerational transmission. Instead, they suggested that survivors may have difficulties transitioning to parenthood and forming their parental identity since some reported seeking support for unspecified mental health problems after they became a parent. For this reason, the risk of intergenerational trauma was included as a possible proximal mediator. Additionally, emotional regulation was a significant proximal risk factor for SUD, MDD, and AD; therefore, it is associated with the proximal mediators.

Implications

Given the high prevalence of CM in the form of emotional abuse and neglect, it is likely that most counselors will end up working closely with survivors of CM. Previous literature suggested SUD, MDD, and AD in adulthood may be associated with maladaptive coping strategies developed in childhood as a response to the distress and insecure attachment caused by emotional abuse and neglect. Mental health professionals working with adults diagnosed with SUD, MDD, and AD should routinely check for early CM and attachment-related trauma. Because these findings support the growing consensus that most counselors will work with trauma-exposed clients (Borders et al., 2022), trauma-focused training should be a mandatory component of all counselor training programs. Awareness of a client's trauma history may provide insight into the possible types of therapy that would best facilitate their psychological growth, such as emotional regulation and resiliency capacity, within a therapeutic relationship built on trust.

Rather than focusing on what is wrong with a client, a counselor using a trauma-informed approach seeks to understand what happened to the client as the basis for the presenting concerns (Sweeney et al., 2018). Trauma-informed care represents a paradigm shift that promotes recovery and prevention of re-traumatization, a topic which far exceeds the scope of this article. However, it is worth noting trauma-informed care includes an understanding of the widespread trauma exposure of both the users and providers of mental healthcare. This acknowledgment that therapists also experience trauma supports the growing need for trauma-informed clinical supervision for counselors. Borders et al. (2022) suggested trauma-informed clinical supervision may provide protective benefits against burnout associated with counselors' vicarious traumatization.

Most of the studies in this review established and discussed a link between emotional dysregulation and SUD, MDD, and AD in adults with a history of relational trauma. Counselors should strive to understand the emotional worlds of adult survivors of CM; also, counselors must be aware that many clients will resist sensations associated with emotions at all costs, a behavior that emerged as an early survival strategy (Božac, 2020; Watts et al., 2020). Counselors should be prepared for possible unresolved trauma to emerge as alexithymia, trouble separating their own emotions from other people's, experiential avoidance, and difficulty managing and regulating emotions (Božac, 2020).

Watts et al. (2020) suggested acceptance and commitment therapy (ACT) may provide a framework for counselors to conceptualize, intervene, and facilitate adaptive changes with this population. Counselors trained in ACT should emphasize the need to build trust and safety with survivors of relational trauma before implementing any therapeutic interventions (Božac, 2020).

The ACT framework may help counselors address the considerable shame associated with the narrative around which survivors form their identity of unworthiness (Božac, 2020; McCormack & Thompson, 2016). Targeting a shift in this narrative through the core tenets of ACT (acceptance of pain, making purposeful choices, and solution-focused interventions) may assist in recovery.

Last, some of the studies reported the transition into parenthood as a vulnerable time for survivors of CM. Counselors should anticipate some level of difficulty with parental identity formation and may be able to provide support for clients who want to break the intergenerational transmission of abuse and neglect by addressing the clients' insecure attachment and boosting resiliency through a strength-based model of care (Yoon et al., 2021).

Opportunities for Future Research

More research is required to examine effective methods for addressing healthy emotional regulation in survivors of CM who present with SUD, MDD, and AD. Roche et al. (2019) found a possible link between two specific mindfulness interventions—acting with awareness and refraining from judging inner experience—as possible mediators associated between CM and problem behavior in a group of college students. Future researchers could explore the long-term benefits of mindfulness-based interventions with adult survivors of CM seeking treatment for SUD.

Additionally, future researchers should investigate a possible link between insecure attachment in mothers-to-be and the risk of postpartum depression. Findings may help mediate intergenerational transmission of insecure attachment, neglect, abuse, and risk to those mothers' children. For example, Kisely et al.'s (2018) birth cohort study could be improved by including

measures of attachment and depression in the mothers both pre-and post-natal and measures of attachment in their children. Such a study might capture data on intergenerational transmission of attachment and associated risk of postpartum depression related to CM. Future qualitative studies using a grounded theory method should focus on the process of recovering from CM by developing a secure attachment system in adulthood.

Conclusion

The findings of these articles suggested that exposure to childhood emotional abuse and neglect by a primary caregiver is significantly associated with insecure attachment, reduced capacity for resiliency, and difficulty with emotional regulation into adulthood. The initially adaptive coping strategies that develop in childhood eventually become maladaptive in adulthood and may be critical mediators to target in treatment for adults diagnosed with SUD, MDD, and AD. Due to the association between CM and mental illness in adults and the prevalence of emotional abuse and emotional neglect, counselors should routinely investigate for CM and take a trauma-informed approach.

An in-depth look at the practical implications associated with the findings of these articles fell beyond the scope of this review and should be the focus of future research. Additionally, future research should target the prevention of CM by investigating the possibility of intergenerational transmission of attachment systems and mental health outcomes. Finally, investigating the process of developing an earned secure attachment in adulthood may provide insight into effective treatment for adults diagnosed with SUB, MDD, and AD.

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**Hurricane Michael and the COVID-19 Pandemic:
The Impact of Multiple Traumatic Events on Wellness**

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Abstract

Research has indicated that exposure to multiple traumatic events increases the likelihood of mental health issues such as PTSD, acute stress reactions, depression, and anxiety. Residents of Bay County, Florida survived a Category 5 hurricane that destroyed homes, schools, and hospitals, and then experienced the COVID pandemic while still rebuilding their community. The intent of this study was to explore multiple stress exposures and attempt to identify common factors that affected citizens' wellness. Adult residents from Bay County Florida volunteered to be interviewed for this study. This study examined specific wellness factors such as emotional, social, and intellectual wellness. Results indicated that experiencing the Category 5 hurricane significantly increased the stress levels of most participants, and in most cases, the hurricane was more stressful than the pandemic. The close chronological proximity of the two events made them especially harmful to wellness.

Keywords: wellness, multiple trauma, hurricane, stress, COVID-19

Hurricane Michael and the COVID-19 Pandemic: The Impact of Multiple Traumatic Events on Wellness

In October of 2018, a Category 5 hurricane struck the Panhandle of Florida. Hurricane Michael made landfall over Bay County with a windspeed of 160 mph (Sullivan et al., 2019), resulting in destruction of structures, including both of the local hospitals (Francis & Strauss, 2018), that totaled \$7 billion dollars in losses (Associated Press, 2019). The storm displaced an estimated 22,000 individuals (Associated Press, 2019.)

In the aftermath, increased housing prices, impaired medical treatment, and loss of jobs traumatized the region (Sullivan et al., 2019). The hurricane left mental health services overwhelmed. In the school year following Hurricane Michael, 125 Bay County students received mental health services; many were hospitalized for mental health reasons. A year after the hurricane, 350 students remained on a waitlist to receive mental health services; the delay was due in part to the loss of 40% of mental health providers in the area. Area agencies reported increased domestic violence since Hurricane Michael (Associated Press, 2019).

About a year after the hurricane, the COVID-19 pandemic emerged. In April 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) hotline reported a 900% increase in disaster distress calls to hotlines (Jackson, 2020). There are few examples in history of one community experiencing these levels of devastation and stress outside of war-time settings.

Background: Multiple Trauma and Wellness

Instances of posttraumatic stress disorder (PTSD), depression, and anxiety increase in adults following exposure to more than one traumatic event. Similarly, elevated instances of both PTSD and depression have been found in adolescents (Suliman et al., 2009). Also, experiencing a multitude of traumatic events tends to result in more complex symptoms than those in cases of a single traumatic event (Taycan & Yildirim, 2015). In a study of two different definitions of index trauma, the severity scores for PTSD were considerably higher when the index trauma incorporated multiple and distinct traumatic events than when it included only the worst single event (Priebe et al., 2018). Similarly, researchers documented less improvement in PTSD-related symptoms when subjects were dealing with multiple traumas than when measurements focused only on the single worst incident.

Both internal and external factors may increase the level of impact on a person's mental health following a crisis. Factors such as poverty level, family conflict, maladaptive behaviors, low IQ, and low social support may increase the risk of PTSD in children following exposure to traumatic events (Milan et al., 2013). Additionally, factors related to the event itself, such as loss of property, proximity and extent of exposure, and personal injury, also increase risks of mental health disorders (van den Berg et al., 2012) of various types.

Risk Factors Associated With Multiple Traumas

Maes et al. (2000) examined risk factors for major depression and anxiety disorders in relation to posttraumatic stress in individuals who had experienced two different traumatic events. Physical injury was the strongest predictor for major depression, while type of trauma, degree of physical injury, feeling that one did not have control, contextual stimuli, younger age,

and being a female were the best predictors for new-onset anxiety disorders. Risk factors for developing PTSD included presence or extent of physical illness, life-threatening experiences or serious injury, and feeling helpless during the disaster. Fifty-one percent of the victims diagnosed with PTSD had a secondary diagnoses of major depression (26.2%), agoraphobia (21.0%), or generalized anxiety disorder (24.6%). Maes et al. (2000) also reported that 13.4% of victims reported new symptoms of major depression, 12.6% developed generalized anxiety disorder (GAD), 10.2% reported agoraphobia, and 6% developed psychoactive substance use disorders.

Van den Berg et al. (2012) found that certain factors increased the likelihood of PTSD after a disaster. These factors included relocation due to loss of housing, death of loved ones (including family, relatives, and colleagues), injuries that required treatment, feelings of guilt, having seen/heard/felt the disaster, witnessing injury or death of others, and feelings of intense anxiety during the event. Within the first four years following the disaster, victims' extent of exposure demonstrated a positive relationship to PTSD symptoms but not to distress symptoms. The loss of place of residence was the factor independently related to symptoms of PTSD at a year and six months after the disaster. Researchers theorized this effect could be attributed to the loss of all personal belongings and having to relocate, which may have led to longer-lasting stress than disaster experiences that are relatively acute and time limited. Van den Berg et al. (2012) also found that prior mental health issues were strong predictors for negative reactions.

The two major traumas in this study were Hurricane Michael and the COVID-19 pandemic, which occurred a year apart. The following paragraphs address these disasters more directly.

Natural Disasters

The traumatic nature of living through a natural disaster is well established. In a meta-analysis of studies from 1980 to 2017, Beaglehole et al. (2018) reported that mental health distress and psychiatric disorders increased after natural disasters, specifically for PTSD and depression. Additionally, the researchers reported that disaster-related variables and post-disaster responses have the potential of mitigating adverse side effects.

COVID-19 Pandemic

Previous results have established the traumatic nature of living through the COVID-19 pandemic, as well. Sun et al. (2021) found significantly elevated levels of stress, depression, and insomnia symptoms in adults both with and without prior mental health disorders during the time of the COVID-19 pandemic. The study also revealed that 16% to 28% of subjects had symptoms of anxiety or depression. Results indicated possible associations between the pandemic itself, fear of infection, increasing cases, delayed work and school, economic-related stress, travel restrictions, and changes in daily life. Adults already experiencing mental health issues were even more at risk for developing worsening symptoms during the COVID-19 outbreak (Sun et al., 2021).

Data gathered during China's early experience with the COVID-19 pandemic indicated that the virus caused a significant rise in mental health issues (Adler, 2020.) A study conducted in China included 746,217 students who completed an anonymous, cross-sectional, web-based survey (Ma et al., 2020). Results indicated 45% of individuals surveyed suffered from mental health problems as a result of the COVID-19 pandemic. The prevalence rates for acute stress, depression, and anxiety were 34.9%, 21.1%, and 11.0% respectively (Ma et al., 2020.)

The same results revealed that anxiety was 2.13 times more likely when students spent more than 3 hours a day exposed to media coverage of the virus (Ma et al., 2020). Individuals with low social support were 4.84 to 5.98 times more likely to experience symptoms of anxiety and depression than individuals with high social support. Additionally, having a friend or family member who was infected also increased the risk of mental health problems. Prior mental health issues increased the risk of additional symptoms. Overall, results supported the hypothesis that psychological distress was prevalent across the country regardless of the actual severity of personal risk (Ma et al., 2020).

Previous findings established that living through a natural disaster and the COVID-19 pandemic are traumatic events; additionally, people who live through multiple traumas experience complex and compounded impacts. To learn more about this phenomenon, we designed a study to determine whether the residents of Bay County, Florida, who endured Hurricane Michael and then a year later, the COVID-19 pandemic, suffered the effects of multiple traumas. The following sections describe the theoretical basis for the study and the methods and procedures we used to conduct it.

Theoretical Foundation: Swarbrick's Dimensions of Wellness

Swarbrick (2006) identified a variety of dimensions for wellness. This model served as the conceptual framework for this study, and the interview items were based on the model. The dimensions of wellness include emotional, physical, social, financial, intellectual, environmental, and spiritual. Occupational wellness is often included as well in the model. Emotional wellness refers to the ability to manage stress and maintain emotional balance. Physical wellness includes activity level, nutrition, and sleep. Social wellness encompasses relationships with friends and

family. Financial wellness can relate to stable income and living within a budget. People who read, learn new things, and challenge themselves mentally demonstrate intellectual wellness. Being organized and clean in your settings and taking care of the planet are examples of environmental awareness. Spiritual wellness means feeling connected to a higher purpose and engaging in behaviors that support this connection, such as prayer or meditation. And occupational wellness comes from having a sense of purpose in work and working in a supportive setting. According to SAMHSA (2016), the key component of wellness is a sense of balance among these domains. For example, during a crisis such as a hurricane, people experience extreme emotional and physical stressors that can cause imbalance. Conversely, a shared sense of purpose for recovery within the community can counterbalance some of the negative stressors. The primary research questions for this study were 1. How did wellness change during these time periods? and 2. What factors supported or impeded wellness during these periods?

Methods

Study Design

We applied generic qualitative inquiry (GQI) for the design of the study. According to Percy et al. (2015), a GQI approach is useful when exploring people's attitudes and beliefs about a particular event or experience. This design is also applicable when researchers have predetermined categories, such as the wellness dimensions. GQIs often feature semi-structured interviews to gather data about experiences with real world events.

Participants

Participants in this study included individuals over the age of 18 from Bay County, Florida. The sample of 10 participants was self-selected according to their willingness to participate in an interview. To increase participation across the spectrum, information regarding the study was posted at a college site and on community websites. Individuals had to have resided in Bay County in 2018 during Hurricane Michael. The sample had a mean age of 37.1 years and a range of 25 to 52 years. There were six females (60%) and 4 males (40%). The sample was 50% European American and 50% African American.

Procedures

The Institutional Review Board (IRB) of a regional university approved this study before any information gathering began. Flyers with information regarding the study were distributed to university classes and to local websites and blogs. The flyers briefly explained that researchers were looking for residents over the age of 18 from Bay County to participate in a study regarding wellness and widespread traumatic events, specifically Hurricane Michael and COVID-19. University students were not eligible to participate to avoid a conflict of interest with the researchers who taught at the university, but students helped distribute flyers into the community.

Participants who had lived in Bay County in the designated time frame, who were over the age of 18, and who had a college degree qualified for the survey and were presented a form informing them that (a) all information in the survey would remain confidential, (b) they could stop the survey at any time, and (c) they would receive a \$25 gift certificate for their participation in the study. Participants were asked to complete an informed consent form, which

outlined the benefits and risks of the study. The reading level of the informed consent document required the use of college-level participants, according to the IRB. Participants were interviewed for 30 to 120 minutes about their experiences during the hurricane and the pandemic.

Data Collection

Data collection included the use of 30 to 120 minute semi-structured interviews. The interview items (Appendix A) derived from Swarbrick's (2006) dimensions of wellness. The interviews were audio recorded, and the researcher took notes to assist with analysis. The interviews explored the participants' experiences at four time periods: before the hurricane, during the worst part of the hurricane, during the worst part of COVID, and the current time period. We asked participants to focus on the wellness factors during these time periods. In addition, the interviewers explored what factors promoted or obstructed wellness over time. Interviewers used perception checks to clarify and confirm responses.

Data Analysis

When data collection was complete, we performed a theoretical thematic analysis, which was appropriate because predetermined categories from a wellness model guided the questions and provided a way to group the content into meaning categories. Percy et al. (2015) described the steps of a theoretical thematic analysis as follows: (a) review the data, (b) highlight data relevant to the research questions, (c) eliminate or store data unrelated to the questions, (d) give the relevant data a coding descriptor, (e) group items that relate to each other, (f) relate predetermined categories, (g) arrange themes, (h) analyze the data that did not originally fit into the categories for relevancy, and (i) support themes using quotations from the data.

Three researchers coded the recorded interviews, and at least two researchers reviewed and edited each interview for coding. Participants' statements that represented smaller areas of content than the dimensions of wellness received separate codes. Patterns of these statements were then grouped into larger themes. These themes, along with specific examples, are outlined in the Results section. The use of recordings helped support validity and reliability of content. More than one researcher reviewed each coding sheet to support reliability and validity of content. Finally, an external reviewer confirmed the protocols and data analysis.

Trustworthiness

A variety of procedures supported validity and reliability in this study. Kerry and Armour (2000) recommended using participants' exact language to provide accuracy of detail. We used specific language as provided by the participants in data results. We used validity checks with participants to confirm our understanding of their responses. Audio recording interviews and notetaking provided further accuracy and reliability. Multiple researchers reviewed coding sheets to increase validity and reliability of data analysis. Finally, an external reviewer offered feedback on collection and analysis of data.

Results

Six themes related to the wellness model emerged from participants' interviews. Discussion of these themes appears below. We highlight the differences in these experiences at different times—before and after the hurricane and during the COVID pandemic. Additionally, we identify and describe the coping responses participants described using during these times of trauma.

Theme 1. Extreme Emotional Distress From the Hurricane

The most profound responses to the interviews were participants' emotional responses to the hurricane. They reported feelings of loss of property and community, fear, sadness, and frustration. They also described feeling disoriented because many people lost jobs and houses on the same day. For example, a large Air Force Base was destroyed by the hurricane; those in the military were scattered throughout the region with no real home or direction for months. And many people in the community had to move in with friends and family on very short notice.

Sample responses included the following:

"The experience was jarring and haunting. I cried a lot and had survivor's guilt."

"I needed to act strong and be strong for my children. But I did not feel strong, I would cry and scream when alone."

"Things got pretty dark and depressing for me after the hurricane. I had to get out of there."

"It was a 5-minute drive to Walmart, and it now took 3 hours, and they had people with machine guns on guard. It looked like a war zone."

Participants used terms like "surreal" and "overwhelmed" to describe their emotions after the hurricane. Their emotional distress related to the hurricane was much greater than COVID-related stress unless a close family member had been hospitalized. This group of participants reported few serious medical issues related to COVID-19, meaning the hurricane had a much greater impact on them in general. The overall pattern was low to moderate stress before the hurricane, and then they hit a ceiling effect with the hurricane stress. Then, COVID stress compounded this already high level.

The emotional distress for some became severe enough that they sought counseling. And many showed signs of PTSD from their experience of the storm, such as a fear of being crushed in a house, or from being isolated afterwards with no food or water. Therefore, counseling was among their coping mechanisms. Participants also listed coping through faith, time with family, community support, and activity. Keeping active with clean up and helping others were especially therapeutic. Because there was so much to do at the neighborhood and community levels, people had a sense of purpose and specific activities to keep them engaged and connected.

Theme 2. Stress from COVID

While Bay County Florida residents were in the middle of a major reconstruction effort to rebuild the city's schools, hospitals, neighborhoods, and businesses, the COVID-19 pandemic hit. Most residents were already exhausted and disoriented, and this new disaster added to the pressure and stress. From a historical perspective, it is difficult to find a community that has taken on two mass tragedies so close in time. Although most residents were affected more by the hurricane, some reported COVID as the bigger stressor:

"I was out of work for 8 weeks and feeling down. Lowest I have ever been. Felt sad like never before. I didn't feel purposeful, and my spouse was working, and I did not want to bother them."

"I was laid off of work and felt a lot of pressure to keep my family together. I felt depressed and bored with everything, and I went to counseling."

"With COVID, I was in constant fear of dying. My stress level was a 10. I felt a total lack of control."

“During lockdown, my daughter started having mental health issues and had to be hospitalized it was so severe.”

Loss of work and fear of getting sick were the most frequently mentioned causes of stress during the pandemic. The previous 2 years of high levels of hurricane stress amplified and complicated this response. Many respondents reported feelings of helplessness and loss of control. Unlike during the hurricane, participants found it more difficult to find purposeful activity during the pandemic. However, some participants found very helpful ways of coping during COVID. They began using new creative outlets such as art or music. Participants also reported more reading and use of educational websites, and some started new hobbies while in lockdown.

Theme 3. Social Effects of the Hurricane and Pandemic

Participants descriptions of social changes resulting from the hurricane and the pandemic varied. The hurricane scattered many people to new locations, and for some, that meant moving in with family or friends. The pandemic caused greater effects related to social stress than other areas. Almost all participants reported some stress related to social disconnection.

One participant reported that living with an older spouse meant having to isolate herself to protect them from the virus. Those in stable home situations with healthy relationships managed the best. For others, the isolation caused depression and substance abuse. Several respondents reported increased drinking. In several instances, the COVID stress had a major impact on their children. Several of the participants' children were either hospitalized or treated for severe mental health issues during the pandemic. In describing how they coped, many

participants reported using online activities to manage the isolation. They used online gaming, Zoom socials, and social websites to stay connected:

“My house was just repaired from the hurricane when COVID hit. My daughter got COVID, and I was afraid of her dying. And the national political tension tore the fabric of the family.”

“The stress level with COVID was a 10 because of the lack of control and fear.”

“COVID ruined social life and everything. It was horrible seeing children not able to play normally. I am afraid of losing my job and everything, so stressful.”

“I loved being able to be with my kids more during COVID. We did movies, played, and danced.”

“During COVID, I focused more on my art and sold more prints than usual. It was helpful that way.”

“COVID was less stressful for me than the hurricane, but with COVID I drank more and was less active.”

“COVID was very stressful on me. I was angry, isolated, and suicidal at one point.”

Theme 4. Spiritual Wellness

Participants described how the combination of hurricane and pandemic affected their spiritual wellness. Impacts included reliance on beliefs and formal or informal activities that provide connection and peace. Most participants described church activities and a Christian viewpoint. They reported the trauma and stress sometimes challenged their faith and many times confirmed it:

“At times, I felt like this all was a test from God. I felt hopeless. I stayed in touch with my pastor though it all.”

“I actually have more faith now seeing how people in the community responded, how everyone helped after the storm.”

“I have much gratitude seeing how many people suffered.”

“I found my identity through nature and art; being isolated in a cabin helped me understand myself better.”

“At some point after the hurricane, I questioned my beliefs. I had a lot of anger asking why.”

“When COVID hit, I joined an online church and enjoyed the service part more and less focus on buildings and growth.”

The hurricane tested spiritual wellness because formal church activities were suspended because churches were destroyed. Many moved services onto the lawn. But for many, church was the main connection to their community, and this interruption severely impacted them. When COVID-19 hit, they already had over a year of disconnection, and now they had to go online for church activities. One participant discussed a growth in spiritual connection during COVID that resulted from spending time in isolation with art and nature.

Theme 5. Environmental Distress

Environmental wellness refers to how people relate to their outside world and may include activities such as recycling or conserving energy. It also relates to feeling comfortable and at peace with your settings. The loss of trees and total destruction of buildings created

extreme issues with environmental wellness for residents of Bay County. The pine trees were broken at the base, and mature oak trees were toppled onto their sides. Participants shared,

“Looked like a war zone.”

“Disorienting with no street signs and landmarks left.”

“Quit going outside so much; it looked so abnormal.”

“I felt a mental health connection with the environment and trees, I am grieving the loss of trees.”

Theme 6. Physical Distress

The biological distress of having COVID was the most significant factor for physical wellness. Participants reported long-term issues with general health and cognitive acuity. Extreme fatigue was another major feature. Participants reported a wide range of positive and negative coping mechanisms from focusing on fitness to increasing alcohol consumption:

“Stress went down from exercising.”

“I did yoga more and walked more during COVID.”

“My health went down during COVID when I was drinking more and [was] more sedentary.”

The physical effects from the hurricane were varied; some people reported they had to spend energy either cleaning up or moving, so it was very physically demanding time. In some ways, they reported, the physical demands gave them a focus and purpose for coping, whereas during the pandemic, they had less to do.

Discussion

The purpose of this study was to gain insight on the wellness effects for people who experienced two major catastrophes in a period of a few years. In the wake of historic Hurricane Michael, some people lost their home, school, job, hospital, and stability all in one day. Everyone faced property damage and chaos in the community. Many people were able to work remotely and avoid relocation, but even they were affected by the loss of community resources. During the rebuilding period, the community faced the COVID 19 pandemic crisis. Already distressed schools, hospitals, and workplaces now had to work through closings and shortages.

Experiencing multiple traumatic events arise associated with high levels of PTSD, anxiety, and depression in adults (Suliman et al., 2009.) Symptoms and psychopathologies that develop after repeated events have been found to be more complex than those after a single traumatic experience, and Taycan and Yildirim (2015) suggested the need for different treatment strategies for those dealing with multiple events. The content of the participants' interviews aligned with these findings. The participants characterized the combined stress of both events in close proximity as overwhelming. Most participants stated their stress level doubled at some point.

In regard to the hurricane and the pandemic, the most significant responses related to emotional distress. Participants reported fear, disorientation, helplessness, anxiety, and depression. For some participants and their families, outpatient and inpatient counseling was necessary. Their responses during the hurricane included fear of life-threatening wind and falling trees. Afterwards, they experienced the fears of living without power or transportation and of

having no access to medical facilities. COVID-related fears focused on death or sickness of self or others. In addition, participants reported fear of losing jobs and incurring financial loss.

Participants reported a variety of issues with physical wellness related to both the hurricane and the pandemic. The hurricane recovery required extensive physical demands, such as clearing debris and making repairs. Some participants noted the physical aspects were therapeutic, while for others, the work was a strain on their physical wellness. The pandemic also had positive and negative effects on physical wellness. Some participants used the time away from work to increase exercise and make health gains. Others reported an increase in alcohol use and time being sedentary.

The variety of reactions were influenced by the participants' cognitive and spiritual perceptions of the events. People with self-defeating thoughts focused on loss and damage. They had tunnel vision of the short-term effects of the events. Those with more positive spiritual and cognitive reactions thought about recovery and the future. Spiritual reactions ranged from reaffirmation of faith to a significant sense of doubt. One participant reported seeing everyone help each other after the hurricane was a source of inspiration. Another reported that the political division and animosity surrounding COVID-19 caused a severe crisis of faith in people and the world.

Last, a significant theme for the participants was changes in social wellness. Unlike the other themes, the participants nearly unanimously reported a negative effect in this area for both disasters. With regards to the hurricane, people reported having sudden shifts in social engagement. Many had to move away to different places and lost their social network altogether. Others stayed in town but had limited time or opportunities for social engagement. Loss of

churches and some workplaces caused immense damage to social wellness for several participants, and some had to move in with family or friends, a severe change that caused distress. During the pandemic, social stress continued due to lack of live connection with friends and family. The isolation caused severe distress for several participants and their families. Online connections were helpful and provided some relief, but they did not fulfill the need for in-person interactions.

The participants in this study lived through one of the most challenging times in modern history, surviving a catastrophic hurricane and a pandemic within a few years. However, a majority of the participants reported in the wake of COVID, they were almost back to normal with their levels of stress. This recovery demonstrates the resiliency of a community and shows how people can recover quickly from major stressors.

The following list contains recommendations for counselors based on content reported from the participants:

1. Be prepared to refer people to inpatient and outpatient clinics that are outside your community and maintain ongoing connections with them.
2. Use cognitive behavioral therapy techniques to reframe the crisis as a short-term challenge, focusing on one goal at a time.
3. Prepare a crisis plan for clients in similar situations; include online meetings if possible.
4. Help clients to set realistic expectations while in a crisis mode; loss of work productivity and stress related to parenting are to be expected.

5. Be prepared to make telehealth referrals for any client who needs medication for mental health issues.

Limitations and Suggestions for Further Research

Diversity of the sample was a strength of this study; the participants include both European American and African American men and women. Also, we ensured the validity of the data using recordings and notes. Limitations of the study included researcher bias since we were also affected by both disasters, and use of a small sample size may have precluded getting a wide range of experiences. Also, people may not be totally accurate when reporting the past.

Suggestions for future research are to focus on comparing gender and ethnic differences in the reactions to multiple disasters along with exploring the long-term effects of surviving multiple catastrophes.

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Appendix A.**Wellness Interview Questionnaire**

Please listen to the following descriptions of wellness. Describe yourself in those areas before Hurricane Michael, after Hurricane Michael, and during the COVID-19 pandemic.

1. Emotional health: managing stress, sufficient sleep, staying on top of work, seeking therapy
2. Intellectual health: staying curious, learning new things, reading, joining clubs, enhancing intellectual interests
3. Physical health: sufficient exercise, balanced nutrition, preventative medical care
4. Social health: robust social network offering guidance, and reducing stress
5. Environmental health: caring for surroundings, avoiding clutter, recycling and volunteering for environmental initiatives
6. Financial health: living within financial means, creating a budget
7. Spiritual health: understanding the beliefs and values that shape who you are and guide your life

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