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The Journal of Counseling in Illinois Welcomes Two New Co-Editors

Welcome to Volume 7:1 of the Journal of Counseling in Illinois! The Illinois Counseling Association is pleased to welcome its two new Co-Editors, Dr. Shea Dunham and Dr. Kara Wolff who are excited to share this 2022 edition with ICA readership. Before they describe the outstanding contributions found in this edition, they would like to introduce themselves and describe their collective vision for the journal moving forward.

Co-Editor Bios

Shea M. Dunham, Ph.D., is currently an Associate Professor at North Carolina A&T State University. Dr. Dunham has a master's degree in Marriage and Family Counseling/Therapy and her Doctoral Degree from the University of Akron in Counselor Education and Supervision and Marriage and Family Therapy. Dr. Dunham has over 13 years of experience teaching in higher education as a Counselor Educator and over 13 years as a clinician. She is a counselor educator, Licensed Clinical Professional Counselor, and Licensed Marriage and Family Therapist. She specializes in couples therapy, trauma, infidelity, attachment, premarital therapy, and Emotionally Focused Couples Therapy.

Kara E Wolff, Ph.D., is currently a Professor of Counseling at Trinity Christian College in Palos Heights, Illinois. She directs the master's in Clinical Mental Health Counseling Program and chairs the Counseling and Psychology Department. Dr Wolff has been a counselor educator for over 10 years and primarily teaches courses in multiculturalism, supervision, and human development. She co-leads a research team consisting of undergraduate and graduate students who regularly present their findings at national and regional conferences. Dr. Wolff's research focuses on topics of critical consciousness, White racial identity, developing an anti-racist identity, and social justice education. Dr Wolff is also a licensed psychologist and sees clients through her private practice, Wolff Clinical Group.

CO-EDITORS NOTES: THE JOURNAL OF COUNSELING IN ILLINOIS

In this edition of the Journal of Counseling in Illinois, we are pleased to present five articles addressing counseling-related topics.

The first article by Kimberly A. Hart offers a qualitative study exploring the lived experiences of men of color within the counseling profession. The article frames this phenomenological analysis within ecological systems theory, focusing specifically on the construct of multicultural inclusion. Thematic findings provide implications for how the field of professional counseling might promote greater inclusion, particularly regarding the intersection of race and gender for male counselors of color.

The second article by Ryan Holliman, Pedro J. Blanco, and Chris Wilder examines the reliability and concurrent validity and Child Interpersonal Relationships and Attitudes

Assessment (CIRAA). This article offers compelling data on the merits of the CIRAA for use with children, particularly as a strengths-based instrument for assessment using play therapy.

The third article by Jennifer Robertson and Michele Kerulis explores the ethics of blogging for professional counselors. The authors identify the major ethical concerns that can arise when counselors engage in blogging as a part of their professional work. They offer practical considerations for the profession as counselors utilize blogging as a form of communication as well as identify the ways that blogging can expand the reach of counselors.

The fourth article by Alyssa Swan and Carly Bosco offers a pilot study on counselors' interest and engagement with professional counseling literature. The authors explore how relevant counselors find research studies and their perceived usefulness in the practice of counseling. Findings from this initial study suggest that counselors are looking to professional literature to inform their practice in a variety of ways.

The fifth article by Leonis S. Wight, Jon Borland, and Ahmet Can focuses on how school counselors can best address the unique career planning needs of transgender and gender expansive (TGE) students. The article notes the ways that stressors for TGE students may impact academic success and mental health. Using the American School Counselor Association model and standards the authors lay out strategies for social justice in meeting the needs of all students in terms of career counseling.

The depth and breadth of these articles contributes to the field of counseling in varied ways. We believe that the articles in this edition of the journal have significant potential to inform our work with clients and students as well as provide readers with promising opportunities to delve into areas which broaden their own professional knowledge base.

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Journal of Counseling in Illinois (JCI) Sections and Guidelines for Authors

The Journal of Counseling in Illinois is dedicated to increasing the quality and quantity of professional dialog among Illinois counselors by publishing articles concerned with contemporary issues for mental health professionals.

Sections:

Research: These manuscripts focus on qualitative and quantitative research studies that are useful to counseling practice. Studies may be small in nature and can include preliminary findings that will lead to larger research projects. These manuscripts may include program evaluation studies. However, all studies must adhere to rigorous data analysis standards. In these manuscripts, the review of the literature provides the context and need for the study, logically leading to the purpose and research questions. The methodology includes a full description of the participants, variables and instruments used to measure them, data analyses, and results. Authors are expected to discuss the clinical significance of the results.

Practice: These manuscripts focus on innovative approaches and techniques, counseling programs, ethical issues, and training and supervision practices. They are grounded in counseling or educational theory and empirical knowledge. Some evidence of effectiveness in practice is provided. The goal of this section is to offer ideas and techniques for immediate application to practice.

Professional Exchange: These manuscripts are designed to provide readers with information about significant current issues and/or trends in the counseling field. These manuscripts may be reviews of the literature and/or position papers. Relevant areas include diversity, accreditation, licensure, certification, counselor function, needs of special client populations, supervision issues, issues effecting Illinois counselors, issues effecting divisions, regions, or chapters, and other timely topics.

Professional Dialogue: These manuscripts are written to stimulate dialogue, discussion, and debate related to critical issues of interest to the JCI readership. Initial submissions will include a well-reasoned, thought-provoking manuscript on a topic of interest and the names of two potential contributors who will respond/react to the concepts in the original manuscript.

Media Reviews: These manuscripts are written to review current media relevant to mental health professionals. Each review must include information about how the reader may excess the media and background of author relevant to materials being reviewed. Authors may submit reviews on media they have written or developed themselves.

Reviews must be informational and scholarly in nature and cannot be advertisements for the media.

Manuscript Preparation: All manuscripts should be prepared according to the Publication Manual of the American Psychological Association (6th ed.). Authors should consult the APA Publication Manual for guidelines regarding the format of the manuscript, abstract, citations and references, tables and figures, and other matters of editorial style. Tables and figures should be used only when essential. No more than three tables and two figures with each manuscript will be accepted. Figures (graphs, illustrations, line drawings) must be supplied as camera-ready art (glossies prepared by commercial artists) whenever possible. If electronic artwork is supplied, it must be a minimum resolution of 600 dots per inch (dpi) up to 1,200 dpi. Halftone line screens should be a minimum of 300 dpi. JPEG or PDF files are preferred. (See APA Publication Manual, pp. 150–167 for further details on figure preparation.) Figure captions are to be on an attached page, as required by APA style. JCI does not publish footnotes. Instead, incorporate any footnotes into the text or include an endnote.

Authors must also carefully follow APA Publication Manual guidelines for nondiscriminatory language regarding gender, sexual orientation, racial and ethnic identity, disabilities, and age. Lengthy quotations (generally 500 cumulative words or more from one source) require written permission from the copyright holder for reproduction, as do reproductions or adaptations of tables and figures. It is the author's responsibility to secure such permission, and a copy of the publisher's written permission must be provided to the Editor immediately upon acceptance for publication.

Manuscript Length Limitations: Each manuscript submission is limited to no more than three tables and two figures. In total, manuscripts submitted to the Research section must not exceed 20 pages, including references. Manuscripts submitted to the Practice, Professional Exchange and Professional Dialogue are not to exceed 15 pages. Media review manuscripts are not to exceed 10 pages.

Manuscript titles are limited to 80 characters. Abstracts are limited to 75 words. Any submissions that do not adhere to length limitations may be returned without review.

JCI Editorial Review: Manuscripts are reviewed by at least two editorial board members. Manuscripts typically undergo revision before final acceptance. The Editors make final decisions regarding publication.

JCI has a completely electronic manuscript submission and review process. Electronically submit as attachments one copy of the manuscript with authors' names and affiliations on the cover sheet, along with a letter briefly describing the topic of the manuscript and identifying the appropriate JCI section to oliveke@quincy.edu and/or helmka@lewis.edu. The subject line of the e-mail message must state "JCI: manuscript submission."

 JCI expects authors to follow the ACA Code of Ethics (ACA, 2014) regarding publication, including authorship, concurrent submission to only one publication, and informed consent for

research participants, and piecemeal publication of research data. In a cover letter, authors should include statements indicating that they have complied with specified ACA ethical standards relevant to their manuscript.

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Multicultural Inclusion for Men of Color within the Counseling Profession

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Abstract

This research was initiated as one point of inquiry implementing an adaptation of Bronfenbrenner's (1977) Ecology Systems Theory as the conceptual framework for understanding multiculturalism as a contextualized construct among professional counselors. This manuscript is an outline of scholarly literature guiding the interpretative phenomenological analysis. Three primary themes were uncovered in response to the phenomenological question about lived experiences of multicultural inclusion experiences of men of color who are professional counselors.

This article is presented with findings from an interpretative phenomenological study conducted to explore lived experiences of multicultural inclusion for men of color who are counseling professionals. The necessity for counseling professionals' integration of multicultural counseling (i.e., awareness, curiosity, empathy, and sensitivity to cultural diversity) is well documented (Estrada et al., 2013; Moodley, 2007; Pedersen et al., 2016; Sue & Sue, 2016; Vera & Speight, 2003; Wrenn, 1962). Within counseling scholarship, multiculturalism is most frequently discussed through a lens of multicultural competence delineated as knowledge, awareness, and skills (Arredondo et al., 1996; Ratts et al., 2015). Modeling best practices of multicultural competence (i.e., honoring, embracing, and supporting uniqueness within socio-cultural contexts) would imply counselors have internalized and externalized the inclusion of multiple intersecting identities of multicultural individuals (Sue & Sue, 2016). Implicated by these notions are requirements for a community of counseling professionals manifesting self-acceptance of their own multicultural identities and the holistic embracing of their colleagues' and clients' multicultural identities (Dollarhide et al., 2014; Ratts et al., 2015; Sue & Sue, 2016; Vera & Speight, 2003). The research presented herein is an exploration of if "we practice what we preach."

Research Grounding

The grounding research question (RQ1) of this study was, how do men of color who are professional counselors experience multicultural inclusion within the counseling profession? The framework of this study was an adaptation of Bronfenbrenner's Ecological Systems Theory (1977, 1994) applied as a cohesive and symmetrical conceptualization model of the inclusive multicultural self (Hansen, 2010a; Sue & Sue, 2016). As implied through Bronfenbrenner's (1977) model, individuals experience numerous culture-bound influences. These cultural interactions between self and others, interactional dynamics of multiculturalism, and the interdependent nature of these multicultural-system levels are supportive of contemporary conceptualizations of the multicultural self (Sue & Sue, 2016). Through his review of historical human development research, Bronfenbrenner (1977) postulated that human development occurred through complex and reciprocal interactive processes involving various biological, psychological, and social (biopsychosocial) human beings and human systems. Bronfenbrenner (1977, 1994) purported that

these reciprocal interactions became more complex as human beings influenced, and were influenced, across more expansive levels of *ecology*. Bronfenbrenner (1977) identified five ecological systemic levels: (1) microsystems, (2) mesosystems, (3) exosystems, (4) macrosystems, and (5) chronosystems. Specifically, as a model of human development, these organismic relationships are functions within several influential systems that interact like dual-directional ripples in water (Bronfenbrenner, 1977).

Ecology of Multiculturalism

In regard to culture and understanding how individuals may experience multicultural inclusion, the microsystem level is representative of the intraindividual (Hansen, 2010a). This is one's awareness of and acceptance of one's intersectional identities (i.e., gender and gender expression, spirituality, sex assigned at birth and sexual orientation, religiosity, romantic orientation, emotional intelligence, cognitive development, ethnic identity, nationality, age, class and economic status, and additional identity dynamics). The adapted mesosystem level for multicultural ecology is representative of links and processes between individuals in proximal communities such as families, work settings, schools, and intimate friendships or partners of individuals: how individual's identities have an influential capacity on one's multicultural self-awareness and awareness of other individuals' multicultural identities. Exosystems of multiculturalism are represented as relationships and interactional patterns between settings and human networks (i.e., mesosystems). One's exosystem would not directly include one's self as a microsystem cultural being. Nevertheless, exosystems have some indirect influence on one's worldviews, perceived choices, and interactional patterns. Macrosystems of multicultural ecology would be observable aspects of overarching patterns of specific cultures and micro-cultures: what Bronfenbrenner (1994) identified as "belief systems, bodies of knowledge, material resources, customs, lifestyles, opportunity structures, hazards, and life course options" (p. 40). Macrosystems are the influential capacities across multicultural identity and experiences of multicultural inclusion. Chronosystem influences are indicative of how family structures, socioeconomic status, micro-cultural norms, opportunity structures, community policies, and other system-level patterns and processes shift or persist over one's lifetime (microsystem) or across generations (macrosystem).

Multicultural Inclusion

Multicultural inclusion was the primary construct of the study. Understanding multicultural inclusion requires an understanding of multiculturalism, which has multiple significances (Van de Vijver et al., 2007). Here, multiculturalism is defined as an awareness of intersecting and mutually influencing self-identified micro-cultures including gender, gender expression, spirituality, ability and disability, sex assigned at birth, religion, sexual orientation, romantic orientation, ethnicity, nationality, race, age, class, education, and economic status that influence one's self-perception and one's worldview (Hart, 2018). Within this study, *inclusion* was explicitly differentiated from constructs of engagement, membership, affiliation, presence, involvement, access, and/or belonging. Multicultural inclusion is defined as acceptance, valuing, and embracing of one's multicultural identity and intersectionality. Scholars, like Labonte (2004), described inclusion as a valuable and contemporary term used to label civic inequality reform efforts. As such, experiencing of multicultural inclusion has intersecting influences at various ecology system levels (e.g., holistic ways of being with self as multicultural microsystems, with others as developmental

meso- and exosystems, manifested differently across regions or macrosystems and chronosystem generations). The highly contextualized experience of multicultural inclusion warrants the study of this construct using a more homogenous population at this phase of its research history and contemporary development. Men of color who are counseling professionals were chosen as the initial population of the study.

Men of Color

Researchers' studies of professionals of color, professional men of color, and counselors of color were indicative that best practices of multicultural inclusion may not be an experienced reality for men of color who are professional counselors (Cornileus, 2013; Eguchi & Starosta, 2012; Evans, 2013; Smith & Roysircar, 2010). Within the context of the female majority profession of counseling (ACA, 2015; Evans, 2013), male performance and navigation behaviors were moderated by sociocultural dynamics as well as minority male interactive presence in everyday counseling community environments (Sue & Sue, 2016; Wester, 2008). Specifically, within higher education institutions, Salazar (2009) recognized the challenges and conscious strategies counseling faculty of color needed to engage in order to cope with the adversities of persistent racial microaggressions in the macrosystem contexts of higher education spheres. Also, Cornileus (2013) acknowledged the professional challenges and repressive structures of gendered racism. This researcher found that male professionals of African American ethnicity were impacted differently than professional African American women and men of whiteness counterparts (Cornileus, 2013). Eguchi and Starosta (2012) interviewed professional men of Asian American ethnicity, in which participants acknowledged conscious and subtle choices to engage in inauthentic "model minority" behaviors in order to moderate racially-biased expectations. Researchers have found that professional school counselors of color experienced both positive and negative racial experiences based on the environment within which they worked (Dollarhide et al., 2014). Given the very limited and mostly indirect research on this topic and population, a phenomenological approach was most appropriate to help increase understanding of this particular phenomenon (i.e., multicultural inclusion), for this particular population (men of color), in this specific context of the counseling profession (Smith et al., 2009; Willig & Stainton-Rogers, 2008).

Purpose and Methods

In reviewing the literature, very few researchers uniquely studied the intrapersonal multicultural dynamics and the between practitioner multicultural inclusion/exclusion behaviors among counseling professionals. This study was designed to help fill this gap in scholarship and hopefully support the maintenance of and/or growth in manifestations of professional counseling aspirational ethics: "Honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (ACA, 2014, p. 3). As noted above, Interpretive Phenomenological Analysis (IPA) was deemed most appropriate for this study because the research question was a pragmatic ideographic phenomenological inquiry (Smith et al., 2009). IPA is a thorough and systematic approach for conceptualizing participants' experiences and the meaning participants attributed to their experiences in detail. As an analytical approach, ideography coupled with hermeneutics (interpretation theory; Smith et al., 2009), were vital methodological frameworks for making sense of multicultural inclusion experiences of men of color within the counseling profession. Data collection processes were designed and implemented with trustworthiness.

Data Collection

This study was designed such that the data collection processes and analysis procedures were rigorous and ethical (Smith et al., 2009). Consequent to the study design, each participant engaged in multiple data collection mediums. Participants were recruited through snow-ball sampling of a national audience of counseling professionals. Data was initially collected from 10 men of color, most of whom identified as practicing or emerging counselor educators (n = 7). Four additional men of color were recruited and interviewed who identified as non-counselor education practitioners in an effort to corroborate findings across specializations of practice. Primary participant identities included n = 14 cisgender male; n = 8, ages 26 to 35; n = 5, ages 40 to 60; n = 2, Hispanic non-White; n = 1, Asian; n = 11, Black; n = 12, Christian, n = 12, heterosexual; n = 10, monogamous heteroromantic; n = 4, first or second generation US born; n = 5, fourth or fifth generation US born; n = mild to moderate physical impairments; n = 9, annual income over $50,000; n = 9, graduated masters between 2013 and 2017; n = 12, credentialed practitioners; and n = 14, members of professional counseling associations.

Participation included providing informed consent, completing one written demographic questionnaire, one 60-to-90-minute individual audio or video-recorded interview online, one 60 to 90 minute online video-recorded focus-group, and follow-up fact-checking of interview transcripts and written interpretations of participant lived experiences. The demographic questionnaire included expansive identity selections across each aspect of cultural identity represented in the definition of multiculturalism used for the study. The individual interview questions were constructed based on the literature reviewed during the designing of this study and the open essence of interpretative research protocols. The focus group discussion prompts were developed based on responses from participants during initial individual interviews. The definition of multiculturalism was first introduced during the focus group data collection phase. The collective of information gathered, was used to analyze to answer RQ1.

Data Analysis

Maintaining alignment with this study's qualitative methodological philosophy (Smith et al., 2009), the analysis of participant in-depth interview narratives occurred across three phases. Implementation of multiple analysis phases allowed for the presentation of accurate interpretations of the multicultural inclusion experiences within the counseling profession as men of color who are professional counselors (RQ1; Pietkiewicz & Smith, 2012; Smith et al., 2009; Willig & Stainton-Rogers, 2008). The three analytical phases implemented during this study are delineated here.

1. Listening to interview recordings three times and transcribing recordings, reading transcriptions twice, making contextual notations, and completing open-coding

2. Reading transcriptions again and creating themes, notating thematic patterns, and developing focus group discussion prompt protocol

3. Repeating phase one for focus group recordings, implementing cross-thematic analysis, delineation of themes, and articulating interpretations.

By reading, coding, and notating each participant's narratives in sequential phases, the potential for narrowly focusing on preliminary analytical findings based on former participant data

analysis when studying subsequent participants' data was lessened. (Pietkiewicz & Smith, 2012; Willig & Stainton-Rogers, 2008). Also, before the start of each analytical phase, reflective consultations with methodology and content experts were conducted to minimize bias in coding, thematic pattern creation, and interpretation reporting.

The trustworthiness of this IPA research was based upon adequate mechanisms and processes of dependability, credibility, confirmability, and transferability (Smith et al., 2009; Willig & Stainton-Rogers, 2008). As the research tool, my multicultural identity, specifically as a Black-American woman of color who is also a counseling professional was noted as positively influential on data collection accuracy: My positionality as a supportive bridge for participant honesty in their disclosures, in addition to my closing, prompts for participants to consider if there was anything they had not already disclosed related to their experiences of multicultural inclusion. My intentional reflexivity and my engagement in reflective journaling to support the differentiation of my collaborative interpretation of participant experiences from my own biased perspective was maintained throughout the study processes. Moreover, adherence to all ethical data handling processes during all phases of participant recruitment, data collection, data analyses, and information reporting was consistent. Moreover, expert consultations and reflexive journals were maintained during all data collection and analysis phases of this study. Lastly, participant checks were implemented; checking transcription accuracy and corroborating or refuting themes that emerged from analyses. Each aspect of rigorous data analysis contributed to the phenomenological findings and implications of this research.

Findings and Discussion

Table 1 provides a summary of emergent themes and teased-out micro-aspects of each theme that emerged from data analyses in answering RQ1 for this phenomenological research study. A sampling of excerpts of participant disclosures is presented thereafter as evidence of thematic findings (pseudonyms used). Participants noted that they did experience some inclusion among their professional colleagues; but, that their inclusion experiences were not necessarily multicultural inclusion as defined within this study. Moreover, these men of color who are counseling professionals acknowledged that their experiences of general exclusion and multicultural exclusion were familiar. Some participants denoted experiencing surprise that their experiences of multicultural inclusion were present among counseling colleagues, even though they have come to expect such experiences in their non-counseling environments. Most significantly, these 14 counseling professionals expounded that manifesting multicultural inclusion was and needed to be intentional and active choice behaviors.

Table 1

Thematic Findings: Multicultural Inclusion Experiences of Men of Color who are Counseling Professionals

Major Theme	Thematic Aspect
Inclusion is active	Acknowledgment, acceptance, and curiosity
	Creating opportunities for inclusion

	Inclusion sometimes in some spaces
Inclusion, but not necessarily multicultural inclusion	Compartmentalization as a myth
	Inclusion as an ideal
Exclusion as familiar and normative	Factors that influence exclusion
	Factors that moderate exclusion

Theme One: Inclusion is Active

Across participant narratives and experiences, the idea that an effort towards inclusion, particularly multicultural inclusion, required intentional active behavioral choices were evident. Multicultural inclusion is not something that just happens haphazardly. Multicultural inclusion as an active construct was a prominent and pervasive theme communicated throughout participants' narratives. Multicultural inclusion requires personal choices in the allocation of intention, time, resources, and energy. Moreover, these men of color referenced their, as well as their colleagues, action-based engagement as mutually contributing to experiencing multicultural inclusion within notations such as:

> I need to not be complacent. From that ethical standing point, that's really tied into what we believe about multiculturalism. We really need to be active and really see [ourselves] as developmental throughout our entire career. (Thomas)

> You can just openly talk about it. . . . . When I see something ugly, you can engage, as opposed to [saying], 'I'm going to let it ride cuz this isn't the atmosphere for it. . . . Comfortable/uncomfortable, [we're] going to have that conversation. (Tilian)

> Isn't it time for us to embody the action piece? Practices need to be spoken about in the research, the publications. . . . But, how are you now applying this at your community center? How does this work in your community? How are you raising awareness? What are you doing outside of putting it up in some journal or presenting it at some conference? (Tybalt)

> Giving access, allowing access to the same resources that everyone else has access to. When I see people, who are well-off, or people who have privilege, reaching out to people who don't, that's multicultural inclusion. When I see people taking the power that they have and using it in order to uplift the condition of people who have less, much less, I mean don't even have the same access, that's multicultural inclusion. (Taavetti)

> At the end of the day, . . . [if its] is not changing people's lives for the better or helping move the needle from one form of functioning to a healthier, better, and more formed way of functioning then what are we doing it for. (Teijo)

These examples of and calls for active choice-making at the micro- and macro-level of persons living by doing multicultural inclusion, beyond conversational practices about multicultural

inclusion, were pervasive in the articulations of these men of color, including micro-aspects of this phenomena.

Micro-Aspects of Multicultural Inclusion as Active

Phenomenological interpretations about multicultural inclusion experiences for men of color who are professional counselors not only explicated if and what of their experience, but also participant disclosures were indicative of factors that influenced their individualized perception and experiences of multicultural inclusion. Some of these emerging factors were (a) the representation of diverse individuals in leadership, (b) being allowed to share one's own narrative in one's own voice, (c) access to various levels of professional resources, and (d) receiving help that is helpful based on one's individual intersectionality.

Moreover, the intersection of experiencing acknowledgment, acceptance, and curiosity, was a particular crux of multicultural inclusion. Tilian professed that, "The more a person knows about cultural issues, the more they can figure out who they are and the more they can figure out how they can and can't be effective as a counselor." He described acknowledgment, acceptance, and curiosity as internalized cognitive aspects of being. Tapani described active multicultural inclusion through acknowledging, accepting, and being curious about "anything that kind of promotes certain aspects of issues or barriers that certain populations face on a day-to-day basis; ostracism or discrimination." He went on to note that "being open to other people's cultures, validating their experiences, reaching out to see how or when you can assist people who are seeking to get involved" was multicultural inclusion.

Interestingly enough, when participants were asked about their experiences of being multiculturally included, discussions about their actions to create opportunities for others' inclusion were described. These disclosures emphasized the perspective that inclusion is an active process so much so that participants were reflective about how they have enacted inclusion in conjunction with considering how they have experienced inclusion. More so, there was this implicit drive to create opportunities for inclusion because they themselves have not always felt included.

For me it means making room, giving up space to ensure that diversity and complexity is represented and that conversations happen around what those differences mean in the everyday lives of the people that matter, the people that are forgotten about, the people that fall through the cracks. . . . [And,] it isn't just increasing the number of people at the table, but understanding that sometimes it means having to give away your position at that table. (Tiki)

Participants spoke to sporadic experiences of multicultural inclusion in smaller groups or micro-communities of the counseling profession. Experiencing multicultural inclusion throughout all micro-communities of the counseling profession and, thus, the counseling profession as a whole, were not perspectives that were part of participants' narratives. Participant experiences of multicultural inclusion were regularly isolated to specific contexts. As discussed before, manifesting multicultural inclusion requires active intentionality. For these participants, multicultural inclusion experiences were sporadic, marginal, and often inconsistently experienced. There was particular inconsistency among colleagues of Whiteness who have not acknowledged their own multicultural intersectionality or who are not engaged in critical self-reflection about how they perpetuate multicultural oppression and/or exclusion. This theme was a thread in the fabric of the second major theme; differentiating participants' experiences of inclusion were not necessarily multicultural inclusion.

Theme Two: Inclusion, But Not Necessarily Multicultural Inclusion

Each participant spoke of some level of inclusion within the counseling profession by virtue of education and credentialing as a counseling professional. Nevertheless, counseling scholars spoke to the importance of not only being allowed into a community, but the importance of being able to show up and be acknowledged as a multicultural individual with a particular intersectionality as important for truly experiencing inclusion (Cox, 1991; Hansen, 2010a; Mauk, 2014; Moodley, 2007; Smith & Silva, 2011; Sue & Sue, 2016; Wrenn, 1962). The ability of counseling professionals to actively include multiculturally diverse individuals with a collection of diverse intersectionalities would be multicultural inclusion. Participant experiences of multicultural inclusion in educational and practice settings were not always evident even when professional counselor inclusion was experienced. Tiki spoke to cultural privilege lingering and impacting inclusion, but not multicultural inclusion,

> My experience has been: there's inclusion up to a point. People allow me to come to the table. . . . But, after a certain point when you start to make people uncomfortable, then there's no longer inclusion. Like, "you have to come to our table and sit with us at this table, but this is still our table and you have to follow the Robert's Rules of our table, and not make us uncomfortable. . . . That's the last rule on the fine print, "we reserve the right to kick you off of the table if you don't do it our way!" (C)

Micro-Aspects of Not Necessarily Multicultural Inclusion.

Participant narratives reinforced what Crenshaw (1989) described as intersectionality. The notion that the intersection between facets of identity is where lived narrative experiences of the individual or community are illuminated. Within this investigation, participants alluded that whenever compartmentalization of multicultural identities was attempted, the impact was oppression, exclusion, and/or marginalization on some level (e.g., implicit microaggressions through overt isms). This myth of compartmentalization was observed two-fold. One reference was the myth of colleagues enacting multicultural exclusion among colleagues and still being able to enact multicultural inclusion with clients or students. The second reference was the idea that when discounting some aspect(s) of one's intersectionality, one could still be manifesting multicultural inclusion. Notably, multicultural inclusion is an implicit ideal delineated in counseling standards and ethical guides (ACA, 2014; CACREP, 2016; Sue & Sue, 2016). For some participants in this investigation, this ideal was just that, a dream they did not expect to come to fruition because the necessary changes that would need to occur (e.g., reallocation of resources) were perceived as sacrifices socially privileged professional counselors seemed unwilling to make.

Theme Three: Exclusion as Familiar and Normative

The quantity and impact of multicultural exclusion experiences were disproportionate on the side of participants experiencing more multicultural exclusion than multicultural inclusion. Regardless of the number of years within the profession, all participants experienced some type of multicultural exclusion through typically covert forms of marginalization, oppression, or compartmentalization of their multicultural intersectionality.

You're always dealing with this invisible man syndrome. Sometimes by choice, be seen, but not heard and sometimes you're just not seen. . . . [I] realize that while the talk is there; yes, wanting to be inclusive. [We're] wanting to welcome more men into the field, but the walk is not

always there on the part of the profession. . . . I learned early on, often times being the token, as a Black man, to be as non-threatening as possible. I had to learn that skill set early on to be 'nonthreatening' in my language often times in meetings, when you do speak up it's heard differently or someone will someone else will come behind you who is perhaps White and say the same thing, perhaps differently, but they kind of get the credit for it. So, often times even when you're seen, you're not seen. (Trevor)

Some critical reflections about participants' multicultural exclusion experiences emerged through the micro-aspect of this thematic finding.

Aspects of Multicultural Exclusion as Familiar

Various factors influencing participants' perspectives and experiences of multicultural exclusion within the counseling profession were outlined through their narrative disclosures. The disappointment, disbelief, and feelings of disconnection from counseling professionals were noted across participants. Taavetti, summed up the primary factor influencing his experiences of multicultural exclusion as "just being isolated." Trevor described a similar experience of isolation stating, "That's been a constant; isolation in some way or another. Even though you're among your population, there's still a sense of isolation that's there:" Several factors were identified by participants as the unpleasant experiences they could label as multicultural exclusion; (a) isolation and denial of equitable access to the profession, (b) a lack of cooperation and collaboration: being given the run around to find answers by professional colleagues, (c) being left in the dark without information that could help one be an active contributor in professional meetings, (d) being regulated by stereotypes and majority cultural ways of being to certain client populations and research foci, (e) unexpected, yet not surprising, microaggressions experienced within the profession, (f) lack of dialog about what is happening for marginalized non-majority populations within the profession, and (g) lack of cultural connectedness and cultural representations within education environments. While participants communicated feelings of infuriation and frustration in response to experiencing various quantities and severity levels of multicultural exclusion, they also communicated factors that helped moderate the unpleasantness and painfulness of experiencing multicultural exclusion as men of color within professional work settings, professional organization communities, as well as counselor education preparation programs.

In reflecting on exclusion experiences, some participants spoke about being active in confronting exclusion; marginalization; and tokenism: advocating for what they needed. Other participants described finding support in other organizations; other professional colleagues; or micro-communities of the counseling profession. Participants described their beloved (a) opportunities to be inclusive support and mentor, (b) familial support received, and (c) their intrapersonal strengths as moderating factors in experiencing multicultural exclusion. Tahu described instances in which they were able to address the exclusion they had experienced through direct dialog, educating the individuals who perpetrated their multicultural exclusion, and advocating for themselves and their needs in their respective professional counseling communities.

Multicultural exclusion as an experiential norm for men of color within the counseling profession was pervasively communicated throughout participant narratives. Participants identified feelings, actions, responses, lack of response, and limited cultural representation within various professional counseling spaces. Participants also identified moderating mechanisms, some internal and some external that helped mitigate the negativity, disconnection, and isolation created by their multicultural exclusion experiences. These moderating mechanisms were found to be

somewhat of a bridge to why these men of color continued to remain in the profession and active in their respective professional counseling communities despite experiencing multicultural exclusion.

Implications

In answering the question, "how do men of color who are professional counselors experience multicultural inclusion within the counseling profession?," the interpretive findings denoted that these 14 men of color are experiencing marginal, oppressive, and segregated experiences of multicultural inclusion within the counseling profession. These limited experiences of multicultural inclusion were pervasive across micro-communities of the counseling profession in general and individually experienced across participants. Participant individuality, intrapersonal multicultural inclusivity, years within the counseling profession, and variability of engagement across micro-communities of the counseling profession were interpreted as influential on the frequency of multicultural inclusion experiences and the intensity of personal impact for these participants. Participants like Tahu, who has been in the profession for less than five years, has worked in one counseling setting, and has chosen limited involvement in professional associations beyond his work setting, reported fewer experiences of multicultural exclusion within the counseling profession. Participants like Taj and Taavetti, who have been members of the counseling profession for more than 20 years, have worked in several different professional counseling settings, having numerous interactions with numerous counseling professionals, and have chosen involvement with varied numbers of professional associations beyond their counseling practice settings overtime, discussed more frequent, more pervasive, and more impactful experiences of multicultural exclusion within the counseling profession.

All participants acknowledged the historical, as well as normatively expected, experiences of discrimination, marginalization, and multicultural exclusion within general society. Each of the participants spoke to some level of surprise in their initial or early experiences of multicultural exclusion between and among professional counselors. Participants who have been involved in more than one professional field, as well as more than one micro-community or work setting within the counseling profession, spoke about multicultural inclusion and multicultural exclusion experiences as unfortunately normative and contributing influences on their engagement within the counseling profession. These findings have implications for counselor education programs, counseling associations and organizations, and general outreach efforts at mesosystem levels.

Educational and Organizational Change

Based on existing literature and recommendations uncovered through this investigation, the importance of evolving multicultural education modalities and content covered during such primary and continuing education is warranted (ACA, 2014; CACREP, 2016; Estrada et al., 2013; Pedersen et al., 2016; Sue & Sue, 2016). Intentional and applied skills and personhood expansion at all levels of counselor development was an emerging implication from participant disclosures. Systemic structures in education programs, counseling work settings, and nuances of association practices were observed as contributing to limited multicultural inclusion and experiences of multicultural exclusion within the counseling profession. Systemic organizational change within the counseling profession would require a multifaceted, multi-year strategic planning process that would necessitate increased knowledge about the experiences and needs of diverse micro-communities of non-majority counselors within the profession. Organizational change scholars

spoke about how systemic change can be a most daunting and challenging recommendation as well as a critical function for maintaining organizational vitality (Armenakis & Bedeian, 1999; Cox, 1991).

Outreach

A few different types of outreach were noted as essential practices for enhancing and increasing experiences of multicultural inclusion within the counseling profession: (a) authentic efforts in reaching out to diverse individuals and micro-communities of diverse counseling professionals, (b) overt acknowledgment of the diverse needs of men of color who are professional counselors and other diverse micro populations of counselors, and (c) the genuine commitment in supporting the fulfillment of these diverse needs. While increasing the identifiable representation of diverse multicultural professionals was discussed as not being sufficient for manifesting multicultural inclusivity, representation and integration of curriculum and continuing education topics that were representative of diverse professional counseling populations and diverse clients were described as vital to increasing the manifestation of multicultural inclusivity within the counseling profession. Alongside this recommendation, the intentional cultivation of diverse counseling leaders in which leaders' diversity was honored, embraced, celebrated, and integrated into the evolving systemic organizational structures was implied as invaluable and crucial to manifesting holistic multicultural inclusion.

Conclusions

No single research study can cover all the depth and breadth of human experiences. The variable ways in which multiculturalism has been articulated across time and diverse counseling contexts is contributive to differential reactions and responses about experiences of multicultural inclusion. The use of technology, the delicate nature of the topic, and the researcher being woman-identified, was reasonably considered potential limitations to the study. However, the design of data collection and the research being a person of color were mediating factors of these limitations.

This article was a brief summary of a far more comprehensive narrative of the limited manifestation of multicultural inclusion within the counseling profession. The American Counseling Association ethics (2014) includes a deceleration of professional counselors "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 3). While this IPA research was focused on men of color, their experiences are explications that if any one person, or group, within the profession is not experiencing multicultural inclusion, there is a lack of holistic manifestation; and thus, room for growth and change (core aims of professional counseling; ACA, 2014). Findings from this study are indications, alongside participant recommendations, for increased efforts in living out the value, principles, and ethical codes of professional counselors. As professional counselors, there still remains a gap between our preaching about multiculturalism in counseling and our holistic practicing of multiculturalism (e.g., multicultural inclusion) in counseling.

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Reliability and Validity Evidence for the Child Interpersonal Relationships and Attitudes Assessment

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Abstract

The Child Interpersonal Relationships and Attitudes Assessment (CIRAA; Holliman & Ray, 2013) is an instrument specifically designed to be a philosophically consistent assessment for children receiving Child Centered Play Therapy (Landreth, 2012). Most measures used in play therapy studies are focused on pathological behavior, whereas the CIRAA is a strength-based measure. The CIRAA has been examined for factor validity in studies that conducted exploratory factor analysis (Holliman & Ray, 2013) and confirmatory factor analysis (Chung, 2013). However, all research to date has focused on the total score of the CIRAA. The present study conducts a concurrent validity study on the Social Emotional Assets and Resiliency Scale, which was selected due to being a strength based instrument (SEARS; Merrill, 2001). The concurrent reliability estimates were measured using a Pearson's product-moment correlation with scores that ranged from .67 to .89. As well, test-retest analyses were conducted on the total score and the sub-scales with reliability coefficients that ranged from .69 to .72. This new evidence supports the reliability of CIRAA scores, and their concurrent validity of sub-scales.

Validity and Reliability of the CIRAA

Play therapy finds is first roots in the case of Freud and Little Hans during which Freud relied on a parent's report of a child's behavior to diagnosis the root cause of the child's difficulties (Freud, 1955). Investigation into the field of play therapy in one form or another has continued since Freud's initial forays into the use of play, and the Evidence-Based Child Therapy database has identified 111 different studies of play therapy. Kazdin, Kazdin, Bass, Ayers, and Rodgers (1990) have identified instrumentation as a significant issue in research design for child therapy. Kazdin (2005) identifies the issues of the lack of gold standards to differentiate neurotypical behavior from pathological behavior, a conglomeration of multiple instruments in single studies, and the use of multiple informant designs as issues in research design for play therapy. Holliman (2010) indicated that one significant problem with play therapy research was a discrepancy between the philosophy of play therapy and the underlying theory of instruments used. Thus, in 2010 Holliman developed an instrument called the Child Interpersonal Relationships and Attitudes Assessment (CIRAA) which was designed to be an instrument to measure progress in therapy that was grounded in the philosophy of play therapy. In 2013, Chung conducted a confirmatory factor

analysis of the CIRAA thus providing further evidence of its validity and reliability of the CIRAA. This manuscript makes an additional effort to contribute to the reliability and validity evidence of the CIRAA with special attention to the subscales of the CIRAA. What follows is a review of the literature regarding play therapy, the use of assessment instruments in play therapy research, and the development of the CIRAA and attendant psychometric evidence.

Play Therapy

Overview of Play Therapy

Child Centered Play Therapy (CCPT) is a distinctive psychotherapeutic model of play therapy. CCPT is a nondirective model of play therapy based on the work of Virginia Axline (1947) who believed that with the right conditions, children could resolve their issues through therapeutic play with limited instruction and supervision. Utilized primarily with children aged 3 to 11, CCPT imposes generous limits that allow the child to explore their inner world in healthier, positive, and respectful ways (Axline, 1947; Landreth, 2012).

CCPT is unique in that its philosophical perspective expresses confidence in the child's growth, development, and ability to heal through self-directed play (Axline, 1947; Landreth, 2012). With an emphasis on the quality of the therapeutic relationship, understanding and accepting the child in the present moment, "the counselor offers the child an environment that unleashes the child's potential to move toward self-enhancing ways of being" (Ray et al., 2013, p. 15). CCPT offers children free unrestricted play in a relational environment characterized by authenticity and acceptance (Axline, 1947; Bratton, Ray, Rhine, & Jones, 2005; Landreth, 2012). Landreth (2012) elaborated further on a principal CCPT philosophical tenant by describing it as an "encompassing philosophy for living ones' life in the relationships with children" (p. 53). For Landreth, CCPT is not just a theoretical model for working with children, but a deeply held belief in how the therapist works with and interacts with children. Landreth described this concept as a persistent belief "in the capacity and resiliency of children to be constructively self-directing" (Landreth, 2012, p. 53).

Play is described as the way children naturally express their feelings, concerns, and experiences without necessarily putting voice to those concerns (Axline, 1947; Landreth, 2012; Ray, 2011). Trained CCPT therapists are nondirective in the playroom and use developmentally appropriate toys to facilitate a child's expressive play (Holliman, 2010). The play therapist offers a strong, accepting, and authentic relationship with the child along with a permissive environment for the child to grow and express their potential (Axline, 1947; Landreth, 2012; Ray, 2011).

Axline (1947) offered direction and guidance to play therapists with eight basic principles for conducting play therapy:

1. The therapist must develop a warm, friendly relationship with the child.
2. The therapist accepts the child exactly as he/she is.
3. The therapist develops a feeling of permissiveness so that child feels free to express feelings completely.
4. The therapist recognizes and reflects feelings (of a child) so that the child can gain insight into his/her behaviors.
5. The therapist respects that the child can solve his/her problems and believes that the responsibility to change rests on the child.

6.   The therapist does not attempt to direct the child but lets the child lead the way as the therapist follows.
7.   The therapist understands that therapy is a gradual process and does not rush the child.
8.   The therapist establishes only those limitations that are necessary to anchor the therapy to the real world and to facilitate the child's awareness of his/her responsibility in the relationship. (pp. 73-74)

Objectives of Play Therapy

The quality of the therapeutic relationship is essential to facilitating change in clients participating in CCPT (Landreth, 2012 & Ray, 2011). Axline (1947) highlighted eight principles necessary to create conditions that facilitate change. Landreth (2012) suggested that the process of setting limits gives children the opportunity to make choices regarding their behaviors. Landreth posited that limits established in therapy not only provided structure in the therapeutic relationship but helped children to self-regulate, develop self-awareness, and improved coping skills. While these broad constructs are laudable goals for children in play therapy, Landreth (2012) identified specific objectives CCPT:

1.   Develop a more positive self-concept.
2.   Assume greater self-responsibility.
3.   Become more self-directing.
4.   Become more self-accepting.
5.   Become more self-reliant.
6.   Engage in self-determined decision making.
7.   Experience a feeling of control.
8.   Become sensitive to the process of coping.
9.   Develop an internal source of evaluation.
10.   Become more trusting of himself. (p. 84)

Play Therapy Assessment

Commonly Used Measures

Lin and Bratton (2015) and Ray, Armstrong, Balkin, and Jayne (2015) have found CCPT to be an empirically validated, evidenced-based intervention for children experiencing a variety of emotional and behavioral difficulties. Ray et al. 2007 demonstrated the effectiveness of play therapy in reducing anxiety as well as student traits that cause stress in the student-teacher relationship. Post (1999) reported a significant difference in self-esteem between control and experimental groups with students identified as at-risk.

Multiple studies have demonstrated the positive effects of play therapy. In a comprehensive literature review of 82 play therapy studies published between 1942 and 2000, Bratton and Ray (2000) found play therapy to be effective with various emotional and behavioral issues. Bratton, Ray, Rhine, and Jones (2005) meta-analysis demonstrated play therapy effectiveness with children with aggressive behaviors, locus of control, and other emotional issues. Several studies have provided evidence that plays therapy has positive consequences on student academic achievement (Blanco, Holliman & Cabellos, 2019; Blanco et al., 2015; Blanco & Ray, 2011).

In a content analysis review of major trends in play therapy research publications, Yee, Cabellos, and Swan (2019) set out to determine which topics in regard to playing therapy appeared most often in peer-reviewed journals. Assessment and scale development were one of the seven major themes that emerged from their work and were included in the ten-year content analysis. Yee and colleagues reported eight articles in the assessment category and seven of eight articles in this area were research-based and focused on the reliability and validity of the assessment.

To measure specific skills in CCPT, Ray (2004) introduced the Play Therapy Skills Checklist (PTSC). Initially, the PTSC was used primarily as a training and supervision tool for play therapists (Ray, Purswell, Haas, & Aldrete, 2017). Several researchers utilized the PTSC to verify treatment fidelity through reports of measurable adherence (Blanco, Ray & Holliman, 2012; Stulmaker & Ray, 2015). A random review of therapist responses indicated adherence to the PTSC at over 90% or over. Ray et al., (2017) reported that expert analysis of the PTSC resulted in revisions to the instrument, now known as the Child-Centered Play Therapy Research Integrity Checklist (CCPT-RIC). Ray et al. (2017) developed and established psychometric properties of the CCPT-RIC and stated the instrument offers a structured method to determine treatment fidelity.

The process to develop a well-defined, valid, and reliable instrument that accurately measures CCPT constructs is quite an extensive undertaking. Holliman (2010), in an extensive literature review, examined multiple child assessment instruments as a foundation in the development of the CIRAA. His literature review explored seven commonly used child assessment instruments, two instruments specific to play therapy, and several other play related instruments. Holliman (2010) derived the list of assessments to review from Jerome Sattler's (2006) *Child Assessment: Emotional and Clinical Foundations*, a landmark text in child assessment.

Holliman (2010) reviewed the following child assessment instruments that are frequently utilized in play therapy research: the Piers-Harris Children's Self-Concept Scale (PHCSCS II; Piers & Herzberg, 2002); the Behavior Assessment System of Children-2 (BASC-2; Reynolds & Kamphaus, 2004); the Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999); the Behavior Dimensions Rating Scale (BDRS; Bullock & Wilson, 1989); the Parent Child Relationship Inventory (PCRI; Gerard, 1994); the Parenting Stress Index (PSI; Abidin, 1995); and the Child Behavior Checklist (CBC; Achenbach & Rescorla, 2001).

Holliman reviewed multiple factors associated with each instrument including administration procedures, item-count, subscales, and age range. The concepts measured by the various instruments include self-concept, academic/intellectual abilities, and social functioning (PHCSCS II; Piers & Herzberg, 2002); clinical diagnosis, evaluation of educational services (BASC-2; Reynolds & Kamphaus, 2004); Disruptive behaviors, behaviors related to emotional problems (BDRS; Bullock & Wilson, 1989); Parents attitudes toward their children (PSI; Abidin, 1995); Adaptive and maladaptive behaviors, school, social, and activity-based competencies (CBC; Achenbach & Rescorla, 2001).

In addition to reviewing commonly used child assessments in play therapy, Holliman, (2010) reviewed the methodology and psychometrics of discipline-specific instruments intended to measure constructs of play therapy. The Children's Play Therapy Instrument (CPTI; Kerenberg, Chazan, & Normadin, 1998); The Carmichael Therapist/Client Interaction Matrix (Carmichael, 1993); Play Therapy Observational Instrument (PTOI; Howe & Silvern, 1981); The Trauma Play Scale (TPS; Findling, Bratton, & Henson, 2006); The Nova Assessment of Psychotherapy (NAP; Faust & Burns, 1991); The Functional Emotional Assessment Scale (FEAS; Greenspan, DeGangi, & Wieder, 2001); The Measure of Empathy in Adult Child Interactions (MEACI; Guerney, Stover, & DeMerritt, 1968). While these instruments have shown sufficient utility in identifying

problematic behaviors and measuring client progress in therapy, Holliman (2010) and Holliman and Ray (2013) set out to create a child assessment instrument that offered practical use for parents, and aligned with the philosophical concepts of CCPT, and supported research efforts in the field.

Development of the CIRAA

Initial Development

The CIRAA is a self-report instrument constructed to capture parents observations of their children's behavior and designed to align with the constructs, practices, and philosophy of CCPT (Holliman, 2010; Holliman & Ray, 2013). The CIRAA was developed to measure progress in play therapy and to assist clinicians in understanding a child's behavior outside of the play therapy room (Chung, 2013; Holliman, 2010; Holliman & Ray, 2013).

The development of the CIRAA is founded on the principle of creating an assessment that aligned with the stated objectives of CCPT (Holliman, 2010). Although multiple valid and reliable assessment instruments have been used in Play Therapy research, an instrument fashioned on the philosophical constructs of objectives of CCPT did not exist. CCPT posits that children change when growth is enabled in areas of self-direction, self-concept, self-acceptance, self-reliance, self-determination, self-control, self-trust, and development of an internal locus of control (Holliman, 2010; Holliman, & Ray, 2013; & Landreth, 2012).

Holliman (2010) found that the assessments used in CCPT research did not align with the objectives, principles, and philosophy of CCPT. Many instruments focused on the problematic behaviors of children and measured improvement or reduction in identified behaviors. Holliman identified the theoretical chasm that existed in a therapeutic approach that postulates child client change occurs as growth in the areas of self-concept, self-direction, self-acceptance, self-reliance, self-determination, self-control, coping, and internal locus of control, and self-trust are facilitated through the therapeutic relationship. "Thus, there is a strong need for a play therapy assessment instrument that is rooted in the philosophy and objectives of CCPT and adequately measures the outcome of the intervention" (p.59). To address the lack of congruence in CCPT practice and research instrumentation, Holliman (2010) and Holliman and Ray (2013) set out to develop an instrument with sound psychometric properties that aligned with CCPT objectives and had clinical and research utility.

Holliman and Ray (2013) reported that the CIRAA demonstrated factor analysis validity and met "psychometric reliability guidelines for both treatment effect research and individual clinical decision making" (p.73). The CIRAA was found to be effective in identifying children who need therapy, as well as identifying CCPT clients who have demonstrated progress and are ready for termination. The CIRAA is a practical instrument useful to play therapists that measures a child's progress in the objectives of CCPT.

Confirmatory Factor Analysis of the CIRAA

Psychometric reliability guidelines were established during the initial development of the CIRAA (Holliman & Ray, 2013) who found the instrument useful for individual clinical decision making, treatment effect research, identification of children needing therapy, and as a tool to measure progress toward termination.

Chung (2013) following the recommendation of Holliman and Ray (2013) conducted a confirmatory factor analysis (CFA) on the CIRAA. Chung's study was designed to confirm the four-factor model of the CIRAA; Self-Regulation (Self-Control in Holliman's 2010 original

study), Interpersonal Relationship, Coping Skills, and Internal Locus of Evaluation. Furthermore, Chung reviewed and confirmed the psychometric properties' validity, reliability, and instrument utility.

Chung (2013) administered the CIRAA to 206 parents whose children were aged 3 to 10 years old, there were 131 males and 75 females. The participant population distributions in Chung's study were comparable to the distributions in the CIRAA development study. Chung found the CIRAA had an overall reliability coefficient of .928, an acceptable internal consistency for all subscales and total scores. The factorial validity of the CIRAA's four-factor model was supported with additional evidence by the demonstration of acceptable goodness of model fits and interpretable factor loadings. Bratton et. al (2005) meta-analysis of play therapy research reported 6.5 years as the mean age children of child participants in play therapy research. Chung (2013) sample closely replicated the reported mean age as did Holliman (2010) original population to develop the CIRAA.

Several adaptions and modifications to the CIRAA were implemented by Chung (2013) confirmatory analysis. For example, items were distributed across factors instead of factor clusters in Holliman's (2010) original instrument development. Chung also inverted item scoring so higher scores were associated with more positive attitudes, behaviors, and desired strengths and outcomes of children in play therapy. Chung stated that this adaption to the original CIRAA instrument created an enhanced philosophical and theoretical alignment with CCPT and a more positive view of children.

Chung (2013) stated that their results replicated Holliman and Ray's (2013) study results. The psychometric properties of the CIRAA meet guidelines for internal consistency, treatment effect research, individual clinical decision making, identifying when children will benefit from more therapy, and a tool to measure therapeutic progress.

Purpose of the Study

Studies exploring the psychometric properties of the CIRAA have examined the factor structure, reliability, concurrent validity, ability to predict the level of functioning, and clinical cut-off scores for the instrument. However, an instrument, especially one on which practitioners might rely to make clinical decisions, needs a high degree of supporting evidence. This study seeks to add to the growing body of evidence for the CIRAA in two important ways. First, the study will examine the CIRAA's performance as compared with the Social-Emotional Assets and Resiliency Scale (SEARS; Merrell, 201), which is an instrument steeped in the philosophy of positive psychology and focused on the social-emotional assets of children. Second, this study will examine the reliability of the CIRAA over time. The two research questions for the study are the following:

Research Question 1: What is the concurrent reliability of the CIRAA with the SEARS

Research Question 2: What is the test-retest reliability of the CIRAA within a 4-month interval.

Methods and Procedures

Sample

The sample consists of 42 students in an elementary school in the Southwest United States. Prior to pursuing the study, approval was granted from the institutional review board of the university and the local school district. The subjects' ages ranged from five years old to eight years

old, with a mean age of 5.63 years old. Of the subjects in the study 86% of them were in kindergarten and 16% of them were in 2nd grade. The sample was 52.38% male and 47.62% female. In terms of identified ethnicity, 61.90% of the sample identified as Caucasian, 7.14% identified as Hispanic, 9.52% identified as African-American, and 21.43 % identified as Other/Multi-Racial.

Procedures

All of the students in the elementary school Kindergarten and 2nd-grade classes were provided with a research packet in their take home folder for their parents to review at the beginning of the school year during the month of September. Some students were excluded from receiving the research packet if they were already participating in mental health services offered by the school. The packet included an informed consent document, a Child Interpersonal Relationships and Attitudes Assessment (CIRAA), and a Social-Emotional Assets and Resilience Scale Parent form (SEARS-P). In the informed consent document, the parents were asked to complete both assessment instruments as well as complete a post-test instrument that would be sent home later. Parents who returned completed initial packets were then provided a follow-up packet in January. The follow-up packet contained to a CIRAA protocol to help establish test-retest reliability.

Instruments

SEARS

The SEARS is an instrument that is rooted in a strengths-based approach to assessing children (Merrel, 2001). According to Epstein and Sharma (1998), strength-based approaches emphasize measurements of assets that create a sense of accomplishment, enhance interpersonal relationships, and aid in dealing with diversity and stress. The SEARS has a series of different forms for different types of respondents, such as parents/caregivers, teachers, and children. For children aged eight years and older, a self-report form known as the Sears-Children form is used. For feedback from the child's teacher, the SEARS-Teacher (SEARS-T) is used. However, in this study, only the SEARS-Parent was used to gather information about parent's perceptions of their children. In addition to providing a total score, which measures a child's overall emotional assets, the SEARS-P provides three distinct sub-scales: Self-Regulation/Responsibility, Social Competence, and Empathy. The Self-Regulation/Responsibility sub-scale measures self-insight, self-management, the ability to accept responsibility for actions, and the ability to think before acting. The Social Competence scale measures the ability to establish and maintain relationships with peers and effective verbal communication. Finally, the Empathy sub-scale measures the individual's ability to empathize with other's situations and feelings.

The SEARS-P was standardized with a sample of 1204 children. The SEARS has strong convergent validity, and has demonstrated positive strong correlations with the following instruments: Social Skills Rating System (SSRS; Gresham & Elliot, 1990), Internalizing Symptoms Scale for Children (ISSC; Merrell & Walters, 1996), Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998), Student Life Satisfaction Scale (Huebner, 1991), School Social Behavior Scales (Merrell, 1993), Home and Community Social Behavior Scales(HCSBS; Merrell & Caldarella, 2000).

The SEARS-P also has well established patterns of reliability. Reliability scores of .99 to .90 are considered to be highly reliable, and instruments with the reliability of coefficients from .89 to .70 are considered moderately reliable and appropriate for use in between subjects research

(Murphy & Davidshoer, 2005). In a standardization study with 1,204 participants, the total score of the SEARS-P yielded a reliability coefficient of .96 with subscale coefficients ranging from .87 to .95, indicating appropriate reliability for use in research.

CIRAA

The Child Interpersonal Relationships and Attitudes Assessment is the first rapid assessment instrument developed specifically for CCPT. There are many assessments used in play therapy practice and research; however, they are typically rooted in a pathology-based philosophy or are observational instruments that may present difficulties in implementation in practice settings (Holliman, 2010). The CIRAA is comprised of 30 Likert-style questions that measure children on four different domains: Self-Control, Interpersonal Skills, Coping Skills, and Locus of Evaluation.

Holliman and Ray (2013) conducted an exploratory factor analysis of the CIRAA using a four-factor solution which explained 53.83% of the variance in response. Chang (2013) conducted a confirmatory factor analysis of the instrument, which provided further evidence supporting a four-factor structure for the CIRAA. The CIRAA demonstrated strong correlational relationships with the PSI and CBC, with Pearson's correlations of .75 and .74, respectively (Holliman & Ray, 2013). The CIRAA also demonstrated strong internal consistency reliability, with the total score yielding a reliability coefficient of .93, and the subscale reliability coefficients ranged from .91 to .71, indicating adequate reliability for the instrument.

Analysis

This study had two basic aims in generating reliability and validity evidence for the CIRAA: (1) to establish correlative validity between the CIRAA and the SEARS on the total score and the sub-scale level, and (2) to establish test-retest reliability for the CIRAA. To accomplish these goals, a Pearson's product-moment correlation was conducted to compare the total score of the CIRAA and the total score of the SEARS-P. As well correlational analyses were conducted among the following subtests: The Self-Control subscale of the CIRAA and the Self-Regulation and Responsibility subscale of the SEARS-P; and the Interpersonal subscale of the CIRAA and the Social Competence subscale of the SEARS-P. These particular subtests were selected due to the similarity in the construct they are attempting to measure. To establish test-retest reliability a Pearson's product-moment was conducted at pre-test and post-test for the total score of the CIRAA as well as all the sub-scales.

Results

Concurrent validity of the CIRAA with the SEARS

To establish concurrent validity of the CIRAA with the SEARS Pearson's product-moment correlation analyses were conducted between the CIRAA and SEARS-P total scores, which yielded a strong, statistically significant positive relationship, $r=.89$, $n=42$, $p <.001$. The Pearson's product-moment correlation analysis between the CIRAA Self-Control sub-scale and the SEARS-P Self-Regulation and Responsibility subscale yielded a statistically significant, strong, positive relationship, $r=.80$, $n=42$, $p<.001$. A Pearson's product-moment correlation was also conducted between the CIRAA Interpersonal Skills subscale and the SEARS-P Social Competence Subscale, which yielded a statistically significant, strong, positive relationship, $r=.67$, $n=40$, $p<.001$.

Test-Retest Reliability of the CIRAA

To establish the reliability of the CIRAA total score and sub-scale scores over time, the CIRAA was administered to the parents of children who were not participating in any known mental health intervention with the child's school. A Pearson's product-moment correlation was conducted between the CIRAA total score at pre-test and post-test. Preliminary analyses were conducted to ensure that there were no violations of normality, linearity, and homoscedacity. There was a strong positive relationship between the two variables $r=.70$, $n=15$, $p=.004$. A correlation analysis was also conducted between the Self-Control subscale on both pre-test and pos-test which yielded a strong positive correlation, $r=.72$, $n=15$, $p=.002$. For the Interpersonal Skills subscale, a strong positive correlation was found, $r=.69$, $n=15$, $p=.004$.

Discussion

In the original development of the CIRAA (Holliman & Ray, 2013) it was compared to the Child Behavior Checklist (Achenbach & Rescorla, 2001) and the Parenting Stress Index (Abidin, 1995), and the CIRAA was also compared to the Child Behavior Checklist in a study of the confirmatory factor analysis of the instrument (Chung, 2013). While the comparisons in those studies were important in establishing the CIRAA to gold standard instruments, a problem still existed. The CIRAA was originally developed as a philosophically consistent alternative to outcome measures for play therapy that was pathology based. While comparing the CIRAA to instruments such as the CBC and PSI is an important step in establishing its utility, the CIRAA also needs to demonstrate its power to predict positive characteristics, which is best accomplished through correlational analysis between the CIRAA and an instrument such as the SEARS, which is based on the principles of positive psychology. Furthermore, while the CIRAA total score has been compared with other instruments such as the CBC and PSI, no studies to date have examined the performance of its subscales. The current study demonstrated that when compared with SEARS, both the total score and the subscales of Self-Control and Interpersonal Skills of the CIRAA demonstrated strong abilities to predict the presence of strength-based traits in children. This study provides yet more evidence to allow practitioners to have greater confidence in the CIRAA and its abilities to predict pro-social strengths of children.

Another aim of this study was to further examine the reliability of the CIRAA. In the two previous studies with the CIRAA (Chung, 2013; Holliman & Ray, 2013) internal consistency reliability was examined. A next logical step was taken in this study by examining test-retest reliability. The reliability for the CIRAA total score, Self-Control subscale, and Interpersonal relationship subscales indicated overall good reliability.

A major finding of this study tends to center on the ability of the CIRAA in predicting self-control and interpersonal skills. These are two skills that are at the heart of child-centered play therapy. In the original development of the CIRAA interviews were conducted with parents who perceived their children as benefiting from play therapy. The five major categories of characteristics that parents were able to identify as signs of growth in their children were: social skills, self-concept, disruptive behaviors, self-direction/self-responsibility, and coping skills. Thus the strongest of the subscales in the CIRAA, Self-control and Interpersonal Skills tend to be conceptually correlated with the majority of those characteristics identified by parents in the original study. Thus this instrument continues to not only demonstrate psychometric validity and reliability but a philosophical alignment with issues of interest to both parents of clients as well as the interests of practitioners in the field.

Limitations and Directions for Future Research

The current study does possess limitations that should be considered when applying the results of this research. First, this sample size, while sufficient for statistical analysis was still limited and thus caution should be used when attempting to apply the results to populations that differ drastically from the population used in this study. Another issue regards the challenges that exist for social desirability bias. Parents may have difficulty answering questions about their child's behavior objectively due to a number of factors. Future studies for the CIRAA that will be important for its development as an instrument will include larger scale studies to examine the psychometrics of the subscales, the performance of the CIRAA with different cultural and ethnic groups, and how well the CIRAA can predict treatment outcomes.

Conclusion

Instrument development is the most complicated branch of psychological research, and the answers it provides are no less complex. Unfortunately, there is no solid answer to the question of whether an instrument is valid or reliable. There is only evidence that supports assertions about such claims. However, the CIRAA has demonstrated consistent reliability and validity evidence across multiple studies. Play therapy is a growing field, and it is the contention of the authors that one of the important elements for the field to grow is the presence of philosophically consistent measures that can aid in quantitative research efforts. With this study, the CIRAA is one step closer to having the evidence needed to be such a measure.

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Ethical Blogging for Counselors

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Abstract

This article explores ethical (ACA, 2014; AMHCA, 2020) blogging for counselors using an ecological systems (Bronfenbrenner, 2005) conceptual framework and takes into consideration the impact of mental health blogs on individuals, community, and culture with regards to mental health education and stigma. Blogging and other related forms of online multimedia impact individuals and society, and therefore, must be approached using ethical, professional, and multiculturally competent (Ratts et al., 2015) perspectives.

Ethical Blogging for Counselors

Among the many ways that counselors communicate outside of the therapeutic space, blogging remains a powerful method of connection, education, and inspiration (McGregor, 2019; Miller et al., 2015). Blogging offers counselors a professional platform to support, share, and collaborate on different aspects of mental health, provide psychoeducation outside of the therapeutic environment, and diminish stigma regarding mental health by normalizing the biopsychosocial human experience. When counselors approach blogging from an ethical perspective, they benefit their clients, career, community, and the mental health profession.

Our goal is to explore the current relevance of ethical blogging for counselors and examine the requirements, benefits, challenges, and best practices of ethical blogging within an ecological conceptual (Bronfenbrenner, 2005) framework. By examining the impact and accessibility of blogging, we aim to inspire counselors to write blogs that address important issues such as mental health stigma, social justice, and equality using ethical principles and guidelines.

Importance of Ethical Blogging

Blogging remains a powerful and accessible tool available to many counselors (Peek et al., 2015). Beyond the rigor and detail of academic writing, blogging offers an outlet for counselors to share their insight and advance counseling concepts by increasing community engagement and collaboration. As a result, counselors can advance their own knowledge while influencing a larger community. Because the information shared in blogs shapes public perception, it is vital for counselors to use an ethical template to navigate the risks, responsibilities, and rewards of blogging.

The Benefits of Blogging

Before examining the structure of ethical blogging, it is important to review its purpose and benefit of blogging. Despite blogging appearing to be a casual endeavor, counselors should consider the significance of the messages they share with the public and the reasons they intend to

share their messages. The self-reflection required before counselors engage in sharing their knowledge and research aligns with ethical principles (ACA, 2014; AMHCA, 2020) and decision-making models (Forester-Miller & Davis, 2016; Wheeler & Bertram, 2019).

Counselors will experience both intrinsic and extrinsic motivation when blogging (Antunovic & Hardin, 2013). Intrinsically, blogging includes the ability to document original and credible ideas in a more inclusive and unencumbered manner. Blogging offers a platform that does not restrict authors in the same way as articles for academic journals. While counselors who blog should still conduct research for their articles and cite references as they would when writing academic journal articles, they will conduct reviews of the literature in a different way. For example, instead of writing an extensive literature review, in a blog post, counselors can summarize findings in a few sentences. Additionally, bloggers can enjoy increased flexibility with regard to subject matter and scope. The freedom that blogging offers could appeal to people who have been otherwise marginalized and historically exempt from publishing academically (Antunovic & Hardin, 2013; Gabriel, 2016).

Extrinsic motivation for counselors to the blog includes uniting aligned professionals, creating new allegiances across disciplines, and offering rare opportunities to embrace new perspectives (Forbes, 2017; Maryon-Davis, 2012). Another aspect of blogging that will provide extrinsic value involves the democratic and empowering nature of the internet offering people with multicultural identities more opportunities to share and celebrate their dimensional experiences and viewpoint. From this perspective, blogging could be considered an extension of counselors' existing commitment to social justice and activism for equality (Antunovic & Hardin, 2013; Maryon-Davis, 2012; Ratts et al., 2015). Furthermore, blogging could help eradicate prejudice, unearth hidden biases, and challenge counselors to confront their own assumptions by sharing more personal communication while still maintaining the standards of the counseling profession.

Ethical Blogging Considerations

Although blogging may appear to be an exchange between author and reader, a blog's reach could extend past the individual to the extended community, institutions, and beyond. We examine the impact of blogging from a social-ecological conceptual lens (Bronfenbrenner, 2005) that begins with the counselor (individual impact), expands to include and extend beyond their community (microsystem), and then broadens in scope to describe how an individual's actions can create a collective shift (messo-, exo-, and chronosystems). Considering the importance of counselor advocacy (Ratts et al., 2015), blogging can provide a social justice (macrosystem) platform to help shape local, state, and national public policies.

Individual Impact - The Counselor

Because counselors retain an influential professional role as clinicians, colleagues, and often, employees, it is vital to explore the role of ethics and ethical considerations before blogging. Counselors embrace the American Counseling Association (ACA, 2014) and American Mental Health Counselors Association (AMHCA, 2020) Code of Ethics as a way of living in the world, not just a set of regulations to follow when working as a counselor. The basic ethical principles (ACA, 2014; AMHCA, 2020) could feel like a natural extension of a counselor's own value system and possibly even the reason they joined the counseling profession.

Codes of Ethics

Every ethical principle described in the ACA (2014) and AMHCA (2020) ethics codes relates directly to the counselor's influence, intention, and impact when communicating through blogging. Counselors should consider the autonomy of readers by providing information that empowers individuals and nonmaleficence by remembering the core counseling consideration to do no harm. Actively blogging aligns with the ethical principle of beneficence, as sharing mental health information can improve society's understanding of mental health issues and reduce the stigma around mental health (Forbes, 2017; Maryon-Davis, 2012). Blogging can also represent a commitment to justice by providing equal opportunities for individuals from diverse cultures to write and read blogs. One of the most challenging ethical principles with regards to blogging is fidelity, which represents counselors' commitment to honoring their promises and abiding by the trust between clinician and client. Counselors should demonstrate their commitment to veracity, or truthfulness when aligning their professional values and adhering to professional standards at all times.

Because blogging is a public and professional endeavor, it is vital for counselors to abide by all ethical codes (ACA, 2014; AMHCA, 2020) and agreements, as well as all federal, state, and local laws, multicultural competencies (Ratts et al., 2015), and employer policies. Counselors can seize the opportunity to discuss this adherence as part of the initial and ongoing conversation around informed consent with clients (Section H, ACA, 2014; B.2.c., AMHCA 2020). From an ethical perspective, counselors should reflect on the blogging content they create to ensure that it does not reveal or suggest their personal values. If counselors have personal belief systems that do not align with the ACA (2014) and AMHCA (2020) ethical codes or principles, they must refrain from communicating that belief in their professional work (A.4.b. & C.6.c., ACA, 2014; A.4.d., AMHCA 2020). Additionally, counselors employed by an agency, university, or other business should be familiar with their employer's policies regarding media interactions, social media, and blogging.

Ethical codes (ACA, 2014; AMHCA, 2020) provide guidelines to help counselors protect clients, provide the most competent care, and to understand their responsibilities in the counseling profession. While the ethical codes are not an exhaustive list of potential issues, they do provide comprehensive protocols that cover a wide range of topics. Counselors are required to be familiar with all of the concepts covered in the ethical codes (ACA, 2014; AMHCA, 2020), and codes to pay special attention to include counseling relationships, confidentiality and privacy, professional responsibility, relationships with other professionals, evaluation, assessment, and interpretation, technology, and social media, and resolving ethical conflicts.

Counseling Relationships

The therapeutic relationship is a meaningful component of counseling (Summers & Barber, 2010). Counselors remain impartial, supportive, and attuned with clients throughout the process of counseling. When counselors extend their work beyond the therapeutic room, they must reflect on several serious considerations. ACA (2014) Code of Ethics cautions that counselors do not maintain virtual relationships (A.5.e., ACA, 2014), therefore, blogging does not imply or include a relationship outside of the therapeutic alliance. Counselors must discuss boundaries and expectations about blogging and about social media (H.6.b., ACA, 2014; A.6.iv & A.6.j., AMHCA 2020) with clients during the initial and ongoing informed consent discussions.

Confidentiality and Privacy

Before counselors establish a relationship with clients, they should discuss the importance of client confidentiality (B.1.c., ACA, 2014; A.2, AMHCA, 2020) and privacy (B.1.b., ACA, 2014). Counselors should explain the difference between client knowledge that is kept private by the counselor and information that must be disclosed by the counselor per ethical and/or legal requirements. When counselors also have an online presence, they must explore what clients and counselors can expect with regard to engagement online prior to and throughout the therapeutic relationship (H.6, ACA, 2014; A.6.iv & A.6.j., AMHCA 2020).

When contemplating writing a blog, counselors must refrain from revealing any confidential information about their clients, colleagues, and companies (H.6.d, ACA, 2014; A.2, AMHCA 2020). Trust is core to the therapeutic framework, so counselors should obtain supervision, consultation, and peer feedback when compiling fictional case studies so as not to appear to reveal any client information. Counselors should also maintain an affirming, ethical, and professional stance with regards to blog and social media content as they would in their clinical practice.

Professional Responsibility

Counselors continually develop their multicultural competency throughout their career (Ratts et al., 2015) and this consistent endeavor is reflected in their blog content. Inclusive and multiculturally diverse discussions that emphasize and reflect the intersectionality of clients' group identities support social justice initiatives (F.2., AMHCA, 2020. Affirming conversations reflect language, imagery, and content that explore different client experiences. Counselors must remain aware of their biases, assumptions, and prejudice (Ratts et al., 2015) when creating content so consultation and supervision are suggested.

Blogs can appear to be extensions of counselors' identities to their readers. Counselors must promote themselves only within the scope of their skills, training, and competence (ACA, 2014; AMHCA, 2020). Explaining one's qualifications accurately and comprehensively is a basic requirement for counselors and remains essential when blogging. The veracity that counselors embrace should translate into their written work so that readers consider the counselor as a trusted and reliable source.

Relationships With Other Professionals

Counseling ethical codes (ACA, 2014; AMHCA 2020) require counselors to obtain consultation and supervision to continuously deepen their clinical understanding, uncover biases, and build competence. When creating blog content, it is helpful to ask for reviews from peers, supervisors, and experts to ensure that one's messages are accurate, affirming, and inclusive. Counseling professionals who collaborate on blog content should seize the opportunity to expand their message and reach a larger audience. Partnerships among professionals must be respected; therefore, clear expectations about content ownership and approvals for using another's content protects intellectual property. Similar to academic writing, counselors should honor the work done by others and cite accordingly.

Evaluation, Assessment, and Interpretation

While blogs do not need to meet the rigorous demands of academic writing, professional standards remain for counselors who want to assess, clarify, or describe research studies and general clinical work. All requirements for confidentiality remain vital when discussing counseling

clients. Counselors must convey factual information as professionals and delineate when they occasionally speak from a personal viewpoint in the blog. It is helpful to reflect on the intention for the blog, the intended goal, and the audience when deciding on what data to provide and how to disseminate information.

Technology and Social Media

Online media has an undeniable link to social media, therefore it is important to reflect on ethical codes (ACA, 2014; AMHCA, 2020) regarding counselors' professional identity online and their boundaries with existing clients. Before the counseling relationship begins, counselors discuss the limits of technology and social media with clients (ACA, 2014, Section H; A.6.iv, AMHCA, 2020). Counselors and clients do not establish or maintain online relationships (A.5.e., ACA, 2014; A.6.j, AMHCA, 2020). When counselors maintain a professional digital footprint, it is vital to clearly state credentials aligned with all federal, state, and local laws, as well as employer policies. Counselors should avoid sharing personal information that could impair the therapeutic alliance, reveal personal bias, or impact the professional reputation of the counselor, the employer, the academic institution, and the counseling profession.

Resolving Ethical Issues

Ethical issues may arise when counselors share their voices using a blogging platform. Clients could follow the blog and assume that the counselor is writing directly to them. Employers could suggest that the counselor broadcast only messages aligned with the employer's mission. Colleagues could ask for a promotional blog article to boost their online visibility. Each scenario requires a review of the ethical codes (ACA, 2014; AMHCA, 2020) using an ethical decision-making model (Forester-Miller & Davis, 2016; Wheeler & Bertram, 2019) to ensure that the counselor is considering various dynamics along with all federal, state, and local laws.

Counselors can choose an ethical decision-making model prior to experiencing an ethical dilemma. The Wheeler and Bertram (2019) Legal and Ethical Decision-Making Model and the Forrester-Miller and Davis (2016) A Practitioner's Guide to Ethical Decision-Making outline the steps counselors must take to thoroughly define the dilemma and all of the related nuances and implications, examine ethical codes and principles, review all legal issues, refer to literature, seek consultation, consider potential courses of action related to potential outcomes that may impact all involved, and choose a solution that meets the equality, publicity, and universality requirements (Forrester-Miller & Davis, 2016).

Counselor Benefits

Counselors can experience numerous benefits through blogging. The blog could serve as a means for the counselor to attract new clients or receive client referrals. By blogging, counselors can spread their message to multiple people at the same time (Maryon-Davis, 2012; McGregor, 2019). Counselors can feel a renewed sense of purpose using a cost-effective and creative outlet that has the capability of communicating with an intended audience (Maryon-Davis, 2012). Another important benefit for counselors who sometimes work in relative isolation, blogging can create an instant collaborative community that could spark more interest and prevents burnout (Ezzamel, 2013).

Counselor Detriments

Before embarking on blogging, counselors should be aware of several negative dynamics that deserve special attention. Counselors must be vigilant not to use blogging as a substitute for their own personal therapy. Personal stories or issues are best addressed and resolved with the counselor's own therapy. Counselors must be mindful to monitor their self-disclosure as it relates to the impact on readers as well as on counselors' reputations (Ezzamel, 2013) because it could risk blending or distorting the counselor's professional and private personas (Forbes, 2017). Because blogging is a more detached version of communication, counselors should examine how their blog does not replace their own counseling services with clients (Maryon-Davis, 2012).

Another significant consideration is how qualified the counselor is to write about certain subjects (Ezzamel, 2013; Maryon-Davis, 2012). Just as counselors would not work outside of their clinical knowledge, they do not communicate on subjects they are not qualified to discuss. Examples of subjects that counselors should avoid include diagnosing individuals they have not personally assessed and providing medication recommendations.

The most serious of the concerns counselors face when considering writing a blog is the potential harm to others, themselves, and the profession of counseling overall. Counselors must understand all ethical codes, counseling competencies, and legal ramifications of their communications to avoid any inappropriate communications that could malign a person or group (Forbes, 2017). The professional result of such an offense could be an investigation and loss of licensure (Ezzamel, 2013).

Self-Reflection

Counselors who blog experience the opportunity to reflect on all aspects of their life and communicate their insights. While professional blogging does not involve personal anecdotes or experiences, the inspiration for topics and content could come from a counselor's history, interest, or professional curiosity. No matter the intention, counselors who express themselves through blogging can deepen their self-awareness by reflecting on the topics they choose and the approach they take to explaining the concepts or their readers.

Consultation

In addition to relying on supervision to increase their professional insight, counselors should consult with experts to build their understanding and analyze their counseling approach. When writing a blog, counselors should consult with experts to allow collaboration on content and to explain technical content in a way that readers can digest and apply to their lives.

Professional Personal Development

Defining one's professional style is a difficult task. Counselors may begin their professional journey by embracing a style aligned with their favorite professor or respected supervisor (Buono, 2011). However, with time and experience, counselors develop their own professional attributes that define them as mental health professionals (Remley & Herlihy, 2020). From their style of dress and the structure of their session to their theoretical approach, the range of counselors in the field is diverse and dimensional.

Blogging offers counselors the opportunity to develop their professional persona by increasing their interest and research in topics that align with their values as a counselor (Buno, 2011). Counselors may find that by blogging they come to a new awareness about an aspect of

mental health or psychology that alters their approach as a professional. Counselors may also utilize the blog to describe their clinical approach and theoretical perspective.

Multicultural Issues

Counselors can explore the role of multicultural group identities by using a blogging platform (Antunovic & Hardin, 2013) and can examine the role that race, ethnicity, religion, sexual orientation, gender identity, ability, and marital status play in society to encourage a larger discussion around equality. Counselors committed to social justice can use a blogging platform to educate readers about steps to become more knowledgeable, involved, and inclusive.

Microsystems – Beyond the Community

Beyond the individual impact, the microsystem is impacted when counselors communicate via blogging. Clients, family members, colleagues, academic institutions, and employers are influenced when a counselor decides to write a blog. Clients could experience both positive and negative effects if their counselor communicates by blogging.

Client Benefits

Clients have the capacity to add to their insight acquired in session by reading blogs by their counselor or other mental health professionals (Wang et al., 2016). Although reading blogs is not a substitute for counseling, the client can become more familiar with the work which could in turn support the therapeutic relationship with their counselor.

Reading a blog could be a type of support for clients between sessions to promote their sense of well-being (Maryon-Davis, 2012). Clients who read blogs could find the blog acts as a resource for the changes they have discussed in counseling. Similar to a counselor who provides homework for clients, reading blog posts could help clients support the changes and therapeutic goals they are moving toward.

Therapy can sometimes include various clinical terms and concepts that a client will want more information about outside of the session (Maryon-Davis, 2012). If the author is qualified to discuss the content and cites appropriately, clients can consider reading blogs as a part of their therapeutic work and as psychoeducation. Clients could also generate more depth and insight from reading the blog which they can bring into session for further exploration.

Client Detriments

Just as clients can use blogs for support and psychoeducation, clients could feel disappointed and frustrated when not finding the information they are looking for in the blogosphere. Perhaps clients, or as Peek et al. (2015) referred to as "e-patients" (p. 2) search for a very specific resource that has not yet been examined and therefore, makes decisions based on available, and sometimes poor quality, content. Similarly, clients may not find the community they imagined they would find online. Because counselors want to communicate about subjects within their familiarity (Helm, 2013), they can provide resources to other blogs or social news aggregation sites to help people find relevant support and resources. Overall, blogging can be a strong way for counselors to contribute to free online resources (blog posts) to help people gain access to solid mental health information. Counselors can quite literally save lives if people read mental health blogs and decide to call a counselor as a result.

Contributions to the Academic World

Blogging could create international connections across disciplines that allow for increased collaboration and community (McGregor, 2019). Fellow counselors, mental health professionals, medical providers, and others could have an adaptable platform to discuss content, provide insight, and expand the conversation in a meaningful way. Counselors could feel a greater sense of professional acknowledgment and accomplishment by communicating their interests and research using a blogging platform.

The challenge to consider regarding academic collaborations is the nature of research; therefore, counselor-authors who want to blog must know how to evaluate research studies for reliability and validity and stay current on all advances.

Mesosystem and Exosystem – Creating a Collective Shift

As public communications in support of discussions related to mental health, blogging has the potential influence (Feaster, 2016) to eradicate the stigma around mental health issues and unite neighborhoods, social networks, religious groups, and institutions. The greater community is impacted when counselors use their blog platform as an extension of their work as multiculturally competent counselors (Feaster, 2016; Ratts et al., 2015).

Equity, Power, and Narrative

Injustice and inequality remain a reality for so many people across the globe (CDC, 2022; WHO, 2018), it is worthwhile to mention the power of individual voices speaking directly to and educating a collective (Storey & Sood, 2013). As an inexpensive way for many counselors to use their voice to advocate for their work, blogging remains a more available way to convey their narrative to those who have the privilege of access to technology. While the extensive nature of advocacy and activism is beyond the scope of this paper (Ratts, et al., 2015), the ACA Advocacy Competencies (Toporek & Daniels, 2018) offer a description of skills, knowledge, and behavior to help counselors learn ways to understand systematic barriers people face. Counselors who intend to blog about advocacy and activism should seek supervision to understand the complex nature of managing their own values (ACA, 2014; AMHCA, 2020) while feeling the need to be vocal about worldly injustices.

Blogging offers a balance of power and opens an opportunity for all people to transmit their messages and information. Antunovic and Hardin (2013) examined how women bloggers facilitated a larger conversation around health and wellness while providing resources through blogging. Ultimately, blogging platforms can serve to increase an individual's role in various industries as it has done in the fitness world with women bloggers (Antunovic & Hardin, 2013). Similarly, Andreasson and Johansson (2013) and f Gabriel (2016) found that blogs offered a more dimensional and inclusive approach that could challenge traditional cisnormative assumptions.

Expanding beyond the gender binary, blogging can increase readers' knowledge of lesbian, gay, bisexual, transgender, queer, intersex, asexual + (LGBTQIA+) individuals. If a reader lacks the ability to connect with other LGBTQIA+ resources, they could build their understanding and acceptance of people they may not understand but encounter on a daily basis. The result is fundamental growth and change on a personal and community level.

Community Engagement

Blogging has moved beyond a distant connection to become an engaged dynamic that includes speaking engagements, social media campaigns, and guest writing opportunities (Maryon-Davis, 2012). What may have been considered a more stagnant transfer of knowledge, blogging has grown into a catalyst for in-person collaboration and engagement. The combination of resources makes blogging more dynamic and accessible for all people beyond those who have access to technology.

Beyond the local impact, counselors can reach a larger population of people easily via their blogs. The exosystem consists of extended family, the larger community, mass media, health providers, and community agencies. From this level, counselors can have a platform to create a powerful shift in people's awareness and understanding of mental health.

Policy Change

As mental health professionals, counselors should understand the limitations clients face with regard to public policy. Whether clients are challenged by financial, immigration, or medical policy, counselors understand their role as advocates for social justice and equality (Feaster, 2016; Ratts et al., 2015). Blogging can reduce the stigma around mental health issues and disorders and can help promote collective healing (Maryon-Davis, 2012).

Power of Technology

Because blogs are mostly free and can be consumed on a multitude of devices, they provide a convenient way for people to obtain digestible information that can translate into the person's everyday life. Unlike academic articles that may be expensive or unattainable, blogs provide accessible content that can be shared. Another technological benefit is that in some cases, readers have the chance to communicate directly with the authors and provide their feedback.

Extending beyond blogs to include other forms of social media, counselors must remain mindful of their ethical responsibilities and be transparent in their approach and intention (ACA, 2014; AMHCA, 2020; Helm, 2013). By sharing knowledge at the highest level, counselors can provide timely and relevant mental health information that essentially promotes wellness and reduces stigma (Maryon-Davis, 2012; Peek et al., 2015). Additionally, a blog can serve as a collective call to action around issues that can impact people locally and across the globe.

Macrosystem – Multiculturalism

Blogging can be viewed as a part of a larger movement with the potential to impact the macrosystem comprising such domains as the legal system, socioeconomics, race/ethnicity, societal norms, and spirituality. Counselors who contribute content online should seek consultation and supervision to ensure that the rights, privacy, and respect for multicultural identities are preserved for all people. Peek et al. (2015) suggested that mental health professionals should consider that their clients and their supervisors might read their blogs to rely on best practices and professional standards. Therefore, counselors who intend to blog must be aware of their audience and approach as they write.

When considering the macrosystem, it is important to recognize that blogs have the opportunity to shift public opinion in a meaningful way (Feaster, 2016). Because blogs are shared on social media and are often celebrated in mainstream media, blogs can impact public policy creating equality and social justice (Feaster, 2016; Maryon-Davis, 2012).

Before writing blogs, counselors should determine the theme or message of their blog. Likewise, they must consider who the audience is before writing the blog so they can create content that is compelling and relevant. Last, counselors should develop a format for their blog so that the delivery is concise, professional, and consistent. (Counselors who want to blog may read more about how to blog in the body of work of the authors of this article.)

Chronosystem – Historical and Future Perspective

Most emerging bloggers will understand the longevity of information shared online. Before embarking on the journey of blogging, it is vital to consider the content within the confines of time and history. Because counselors cannot conceive what will emerge in the future, they remain mindful of changes in societal awareness after tragic historical events. Something that may have been acceptable prior to an event may no longer appear respectful or relevant. Staying fluid and adaptable when managing a blog is an important consideration because technology develops at such a rapid pace. Counselors can adapt a progressive and modifiable approach based on technological advances so that readers remain connected and engaged with the author.

Research

Learning never ends. Counselors are required to embrace the evolution of research and remain current on advances in the mental health and medical fields to provide current information and references. Because many mental health professionals do not have access to scholarly articles once they complete their degrees, blogging can facilitate a bridge for continuing professionals' informal education. Future research can focus on the impact of ethical blogging on client/consumer mental health.

Best Practices

Once counselors research several variables and find the format for their blog, they will be ready to begin. Some of the elements to consider include segmenting the population of readers into groups to better understand the curation of content from the readers' perspective (Maryon-Davis, 2012). Additionally, the challenge is a beneficial component of counselors' process when developing content. If counselors can envision why the reader might not align or embody what the research provides, they can explore how to create a bridge of understanding by writing blogs that speak to different alignment perspectives. Challenges provide just as much insight as benefits and both concepts are worthy of examination. Counselors should remain transparent in their approach (Helm, 2013) and provide a roadmap toward readers' next steps so that beyond understanding, there is an element of action provided in the message.

Blogging acts as a catalyst for creating new connections and opportunities, so counselors should prepare for their work beyond blogging in the community (Maryon-Davis, 2012; Miller et al., 2015). When counselors develop and distribute press releases, they can engage a larger audience and potentially secure interviews, speaking engagements, or invitations as guest writers or contributors. Ethical self-promotion (ACA, 2014; AMHCA, 2020) is a vital component of securing referrals, building business networks, and expanding our peer relationships (Helm, 2013).

Additional ways that counselors can promote their blogs and increase their professional visibility include hosting campaigns around mental health issues such as eliminating the stigma around mental illness (e.g. Counseling Awareness in April or Mental Health Awareness in May)

and engaging in online mental health forums including discussion boards and chat rooms (Peek et al., 2015), utilizing social media aligned with the ACA (2014) and AMHCA (2020) ethical codes and multicultural and social justice competencies (Ratts et al., 2015), and maintaining helpful websites that engage readers.

Conclusion

By approaching blogging from an ethical (ACA, 2014; AMHCA, 2020) and multicultural (Ratts et al., 2015) standpoint, counselors can seize a powerful opportunity to educate the public, provide vital resources, and dispel mental health stigma (Peek et al., 2015). Beyond the old ways of communicating, blogging offers counselors a modern platform for engagement (McGregor, 2017). Although mental health providers may engage and advocate in various ways, some researchers suggest that all mental health providers maintain an online presence in today's technology-focused culture (Peek et al., 2015). Considering this call to action, the ecological systems framework outlines the benefits and the challenges when counselors communicate outside of the session. By examining individual impact, counselors can use their voices to help eliminate stigma related to seeking counseling, while at the same time reaching beyond the community (microsystems) and helping people across the globe learn through psychoeducation. On the macrosystems level, counselors who blog can harness their multicultural competencies to help people heal from the past as they look to a hopeful future (chronosystems). On a small scale, blogging allows counselors to share their extensive knowledge from an individual perspective and on a grand scale, counselors' blogs can literally save lives.

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A Pilot Survey of Clinical Counselors' Engagement with Professional Literature and Research

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Abstract

We collected survey data about clinical counselors' interest in and engagement with professional literature and research from 39 clinical counselors. Along with preliminary findings, we critiqued the methodology of this pilot survey to inform our proposal of a more rigorous and inclusive survey on this topic. We discussed clinical counselors' experiences with professional literature, relevance of publication sources to clinical counselors' work, and sources of professional information seeking.

Clinical counselors provide direct counseling services and engage in a myriad of clinical responsibilities to support client welfare. Research informed practices are standard ethical expectations among clinical counseling services. Clinical counselors' practices related to professional literature consumption and research application is understudied (Peterson et al., 2020). In the current study, we used pilot survey data to learn how clinical counselors use professional literature and research in their current practice.

Counselors' Role in Research

Whiston (1996) encouraged clinical counselors to conduct action research, regarding the research process as being analogous to the stages of counseling practice. Spruill and Benshoff (1996) described professional counselors, compared to counselor educators, as infrequently engaged in formal research, and suggested research involvement and manuscript publication as methods to increase professionalism among counselors. In 1999, Sexton regarded evidence-based practice as a remedy to narrow the research-practice gap in counseling. In a discussion about challenges to professionalism among counselors, Gale and Austin (2003) cited a tendency of professionals to "pursue fads rather than to establish a well-proven base of research knowledge" (p. 7).

As of 2005, the American Counseling Association developed the Practice Research Network (ACA-PRN) which focused on providing outcome data on evidence-based counseling (Bradley et al.). Special editions of professional journals focus on integrating research and practice (e.g., Hunt & Trusty, 2011; Teachman et al., 2012). Some counselor researchers in the past decade investigated factors of mental health research in public and community counseling settings, including training and consultation in EBPs (Wiltsey Stirman et al., 2010), counselor burnout and perceived competency (Lee et al., 2010), mentorship in practitioner-focused research (Santora et al., 2013), and university-school partnerships (Hooper & Brandt Britnell, 2012).

External stakeholders (such as, third-party payers, institutions, funders, lay persons) may exert a preference for evidence-based practices in counseling (Williams et al., 2021). This may imply that the dominant discourse in counseling calls on professional literature to solidify what could be widely accepted. Many community counseling agencies are required to establish EBPs to demonstrate that research is a major factor for improvement (Wei, 2020). The counselors within the field engaging with clients may not be conducting research, however it is imperative that they be the leaders in proactively investigating the promise of utilizing current professional literature. Unnikrishnan et al. (2018) discussed that 86% of what is researched may not be integrated into clinical practice. Perhaps representative of the practitioner-scholar gap; as full-text professional literature is often located in library databases from Universities, or in established counseling journals. For example, a practicing counselor may no longer have granted access to relevant publication sources. Clinical counselors are essential consumers of counseling research, yet a gap a may persist in clinical counselors accessing and applying professional literature and research. Contemporary research about clinical counselors research practices is needed.

Relevant Research of Counselors

Currently, no quantitative research study exists that investigates clinical counselors' engagement with professional literature and research. Below is a summary of research studies conducted with clinical counselors about their practices, not exclusive to research practices. In 2009, Jones et al. surveyed 182 African American counselors about job satisfaction; most counselors reported being satisfied in their current work positions. Mellin et al. (2011) surveyed 238 professional counselors about their professional identity as counselors. Research engagement was not investigated specifically as part of counselors' jobs in these two studies (Jones et al., 2009; Mellin et al., 2011). Davis et al. (2008) surveyed 187 counseling professionals about questionable research practices in counseling. Practitioners, compared to counselor educators and doctoral students, reported the lowest rates of questionable research practices (e.g., "lack of recognition of others on publications, inappropriate authorship, reporting inaccurate significant results" [p. 203]). Dukic (2015) wrote a conceptual, non-empirical article exploring graduate counseling students' attitudes toward and interest in research, concluding with recommendations for enhancing research training for clinical counselors during graduate school. Bard et al. (2000) compared the results of two studies in which each independently investigated the research interest and research self-esteem among rehabilitation counseling doctoral students and faculty. An interesting conclusion from this comparison was that counseling students' research self-efficacy was not related to interest in conducting research (Bard et al., 2000).

Recently, in 2020, Peterson et al. conducted a large study of 866 counselors, with most of the sample identifying as female school counselors, about program evaluation practices. Findings indicated that lack of time, administrative support, and training were limitations to program evaluation in practice settings. The type of program evaluation practice that was most frequently endorsed by participants was using program evaluation to determine if services resulted in good client outcomes. In 2002, Bauman et al. surveyed 129 school counselors about engagement in research and use of professional literature; and noted that reading professional organization newsletter was the most frequently endorsed professional literature source. Dominant ideology has normalized social media to a point where more professionals are using it than not (Burns et

al., 2018). Little is known regarding the way in which social media influences engagement with professional literature and research among counseling professionals.

Method

The purpose of this pilot survey was to investigate clinical counselors' interest in and engagement with professional literature and research. The primary research questions were:
1. How do clinical counselors engage in professional literature and research?
2. How do clinical counselors rate the relevance of publication sources to their work?
3. What research topics are of most interest to clinical counselors?
4. What sources of professional information seeking were most and least utilized?
5. What limitations to engagement with professional literature and research?

Our goal is that this preliminary data can inform future research with a larger and more diverse sample of mental health professionals and revised survey content based on the results of the current study.

Participants

Thirty-nine clinical counselors participated in this study. To be included in the study, participants met the following inclusion criteria: completed master's level degree in counseling; identified as a clinical counselor; held active counselor license, any tier, or equivalent license title; were 18+ years of age; and consented to participate in research study. Due to the focus on clinical counselors in this study, school counselors are excluded. Individuals who had completed or were in the process of completing PhD degrees were also excluded from this study, to isolate master's level clinical counselors as the sample. Fifty-two individuals began the online survey over a four-week period; five individuals did not start the survey and were excluded from analysis. Eight additional participant surveys were excluded; five due to incomplete and three due to the individuals not identifying as clinical counselors. A total of 39 completed surveys were included in results We calculated a completion rate of 75%, which was lower than anticipated.

Among the 39 total participants, the mean age was 35.3 years old, ranging from 23 to 61 years old. Regarding racial and ethnic identification, participants self-identified as Black or African American (n = 3), Hispanic (n = 1), White or Caucasian (n = 34), "non-white/non-person of color" (n = 1). Most participants (n = 23) practiced in the States of Illinois or North Carolina, 14 participants practiced in other U.S. states, and 2 participants identified as practicing outside of the United States. Participants worked in the following settings: private practice (n = 16), nonprofit (n = 8), community agency (n = 7), hospital (n = 3), university (n = 2), school (n = 1), and other/not specified (n = 3). All except 6 participants stated that they provided direct counseling services to clients on a daily or weekly basis in their current work setting; eleven participants also provided supervision at their work setting at time of this study. Regarding experience, participants reported graduation dates with their master's degree in counseling ranging from 1988 to 2020. Results are presented using aggregate group data rather than individual data.

Instrument

The survey instrument used in this study was modified from a survey designed by Bauman et al. (2002). The survey was originally developed by Bauman et al. in 2002 to survey

school counselors about their interest in and engagement with professional literature and research. The original survey remains unstandardized. With permission from Dr, Bauman, two key modifications were made to the survey instrument for the purposes of the current pilot survey: 1) reworded items to clinical counselors rather than school counselors and 2) included social media as a potential source of professional information.

The survey contained 35 items. Participants were asked to indicate their level of agreement with 32 statements using the 4-point Likert scale (Strongly Disagree to Strongly Agree). The following statement is an example of a survey item: "I look for research evidence to demonstrate the usefulness of approaches or programs I use in my work." For 3 items, participants were asked to identify sources of professional information listed with checkboxes and/or by typing in a response not listed as a checkbox option. Examples of sources of professional information included: titles of journal publications and names of social media/webpages. The survey was administered anonymously via online software, Qualtrics. See Appendix A for a copy of the survey items used in this study.

Procedures

Upon gaining approval from the Institutional Review Board, we used convenience sampling to recruit participants. We emailed professional clinical counselors the study information and shareable link to online consent form and survey. We invited contacts to share with other clinical counselors who may be interested in participating. Inclusion and exclusion criteria were stated on the consent form. Participants self-selected to complete the survey after reading the informed consent document. Because we were unable to determine the exact number of participants who received the study email and link, we could not calculate a reliable response rate.

Participation was voluntary and participants could exit the surrey and end participation at any time. As an incentive, participants could choose to enter to win an online gift card upon completing the survey; two winners were drawn at random and contacted using the provided email address. To protect participant identity and anonymity of survey responses, email addresses were not saved with participant data and were deleted from study materials. Survey responses were collected over a four-week period. We used Excel and Statistical Analysis Software (SPSS) to analyze the survey data. To answer each research question, data are presented as descriptive (e.g., frequencies, percentages, and measures of central tendency). Due to small sample size, we did not conduct inferential statistics.

Results

Results of the survey are described below, organized by research question. All items were answered by participants on a 4-point Likert scale that ranged from strongly disagree to strongly agree. Means, modes, and percentages of participant responses are presented as descriptive data.

Research Question 1

Eighty-seven percent of the 39 participants (n = 34) indicated agreement that they look for research evidence regarding the approaches and programs they use in their work, with a mean of 3.3 and a mode rating of strongly agree. Most participants (69%) indicated agreement that they would not use a counseling program or technique until research has demonstrated its effectiveness; 12 participants disagreed, with a mean rating of 2.95 and a mode rating of agreed.

The majority of participants indicated agreement that research is related to their daily work as a clinical counselor (n = 37, 95%), that part of the role of being a clinical counselor is to be aware of current research in their field (n = 39, 100%), and that the results of research influence the way they do their job as a clinical counselor (n = 32, 82%), with mean ratings of 3.43, 3.36, and 2.97, respectively.

Research Question

Of the 39 participants, most participants (82%) reported that they use professional peer-reviewed journals to access current research. Seven out of the 39 participants (18%) reported that they do not. A little less than half (n = 18) of participants indicated use of social media, while others did not endorse social media (n = 21), as a primary source of current professional literature. The mean response was 2.36 and the mode rating disagreed. Most of the participants endorsed use of books as a source for current literature with a mode rating of agree, and a mean response of 3.21. Five participants (12%) reported they did not utilize books. In response to the item, "I am a member of The American Counseling Association and rely on their newsletters, emails, and website to keep me current about research," 27 participants (69%) indicated disagreement with a mean of 2.08.

Research Question 3

Out of 39 participants, 23 participants listed research topics of interest to them. There were multiple responses from some participants. The most frequently reported interests included reading research on the following topics: play therapy (n = 10), attachment (n = 2), COVID-19 pandemic (n = 1), couples counseling (n = 1), telehealth (n = 2), trauma (n = 4), interventions (n = 6), multiculturalism (n = 1).

Research Question 4

Few participants (n = 9; 23%) responded to the item, "Indicate which, if any, professional journals you access to inform your work as a clinical counselor (Check all that apply and/or none)". Some participants included multiple responses. *Improving Access to Psychological Therapies (IAPT*; n = 4) and *International Journal of Play Therapy (IJPT*; n = 3*)* were most indicated. For the item, "Indicate which, if any, social media sources you use to inform your work as a clinical counselor (Check all that apply and/or none)", there were 34 responses total. Some participants included multiple responses to the item. Participants indicated the following social media sources most: Facebook (n = 23), LinkedIn (n = 16), professionally relevant website (n =13), Instagram (n = 9), Pinterest (n = 7), Blogs (n = 2), other (n = 2). Out of the 39 participants, 27 participants (69%) responded to the question, "If applicable, what counseling-relevant books do you refer to most;" some participants indicated multiple responses to the item.

Research Question 5

Thirty-seven of the 39 participants (95%) reported that they are not expected to conduct research as part of their jobs as clinical counselors, with a mean of 1.62 and a mode rating of disagreed. Most participants (67%) reported feeling unconfident that they can examine the method section and detect flaws in a research design, with a mean of 2.36 and a mode rating of disagree. In response to the item, "My energy is consumed by the day-to-day tasks of my job,

and I don't have the energy to think about research," 24 participants (62%) indicated agreement, with a mean of 2.67. With a mean response of 3.18 and a mode rating of agree, 92% of participants (n = 36) indicated an insufficient amount of research articles that focus on topics of interest to them as a practitioner. Twenty-seven participants (69%) indicated agreement that they would like more training in aligning research to clinical counseling practice, with a mean rating of 2.74. Sixty-seven percent of participants (n = 26) reported agreement with having questions they wished research would address, with a mean of 2.85 and a mode rating of agreed.

Discussion

The descriptive findings of this pilot study data provide context for discussion and future directions. Overall, clinical counselors in this study viewed understanding and engaging with research as an important component of counseling practice. Clinical counselors valued outcomes of research related to efficacy of counseling approaches and techniques. Most participants (82%) indicated that professional-peer reviewed journals, in favor of American Counseling Association (ACA) membership resources and social media, as a primary source they utilized to access current research; however, only nine participants (23%) were able to write the name of a journal they access. This conflicting finding might indicate that clinical counselors access a variety of professional journals for counseling-related information, rather than subscribing to specific journal sources. This finding may also indicate that some clinical counselors do not actively consume professional literature from journals. Because participants indicated an inclination to also rely on books as a source of information, it is possible that professional books contain overviews of research findings from which clinical counselors can understand research implications indirectly.

Access to professional literature is an important topic for discussion. Once counselors graduate from university programs, they typically lose access to the university library databases. Thus, unless employers provide access to professional journals, clinical counselors may no longer have access to professional literature without paying a fee per article. This may account for why 86% of what is researched may not be put into clinical practice (Unnikrishnan et al., 2018). If research is not utilized as frequently as it is published; the impact and application of the research findings can diminish. It was beyond the scope of the current study to understand the clinical implications of counselors' access to professional literature and research.

Interestingly, nearly all participants (92%) endorsed that they perceived an insufficient amount of research articles that were applicable to their work and most all participants (n = 37; 92%) indicated conducting research is not part of their job in their current clinical work setting. Although, 23 participants (59%) did report having ideas for research that would be applicable to their current practices. These findings seem to contextualize a scientist-practitioner gap (Dubois et al., 2020), indicating that master's level clinical counselors are consuming research findings via professional literature, but are not partnered with to conduct clinical counseling research that impacts their application of research findings in clinical work. Bauman et al. (2002) found that school counselors were more likely to engage with the research if they too were conducting research. Relatedly, in a qualitative study, Hamlet et al. (2015) investigated factors that influence counselors' identification of research interests; opportunity to collaborate and conduct research was cited as the first factor that impacted professionals' research interest. Practitioner based research, also referred to as action research (Huber & Savage, 2011) can alleviate a divide between theory and practice.

Clinical counselors in this study cited time, energy, job description, and training as factors that limit their engagement in research. Devlin (2015) studied doctoral-level counselor research training and productivity; participants noted concerns that the lack of empirical inquiry skills and research design knowledge among counselor researchers can lead to published research that is "more opinion-oriented and lacks strong empirical grounding" (p. 7). Advocates for counselor preparation have recommended improved training for community agency counselors in conducting single subjects research design (Smith et al., 2014), program evaluation (Daneker, 2007), mixed methods design (Smith, 2012), and application of evidence-based treatments (Herschell et al., 2010). In 2020, Jorgensen and Umstead discuss practical strategies to increase university and professional level research training for master's level counselors, providing actionable ideas to increase applicability of research training.

Results demonstrated conflicting information related to participants' social media practices for accessing professional information. Participants did not overly endorse use of social media as a primary source of professional information; however, most participants did indicate use of social media for professional engagement. Social media and its impacts on research are understated topics in current professional literature (Iordache & Lamanauskas, 2013). Social media poses a helpful medium for those that may need answers, but there are further dangers beyond the forgoing of professional literature such as addition (Turel et al., 2018). Social media also houses a positive space for professionals to come together and share knowledge, especially healthcare individuals (Househ, 2013). Moreover, it can be a convenient way for people to get information (Klar et al., 2020).

Limitations and Future Research

Pilot studies can protect larger research studies from methodological errors (Hazzio & Maldaon, 2015; van Teijlingen & Hundley, 2001). We critiqued the methodology of the current pilot study to plan for improvement of quality, focus, and rigor in future research on this topic. Specifically, this pilot study provided valuable insight about recruitment, sampling, survey instrument, and research design.

Due to small sample size and nature of research questions, we decided not to conduct inferential statistics, to avoid exaggerated conclusions based on pilot data. We were unable to generalize and interpret results until further research with a larger, more representative sample is achieved. Among previous survey research studies on counselors, personal characteristics of a sample, such as gender and race, were not reported (e.g., Myers & Sweeney, 2004) or were majority white, female participants (e.g., Davis et al., 2008; Mellin et al., 2011). Jones et al. (2009) recommended mental health researchers ensure that African American counselors are represented in studies about counseling. Several studies about counselors' practices related to research engagement, such as Flynn et al., (2006) and Field et al. (2015), did not report racial/ethnic identity as part of participant demographics.

We recommend future research include a diverse sample of mental health professionals, including professionals beyond clinical counselors, such as social workers, rehabilitation counselors, and psychologists. In the pilot study, we restricted our sample to not include clinical counselors who held degrees beyond master's degree, with the intention of not biasing the findings if doctoral level counselors inherently have additional training and opportunity for research engagement compared to master's degree clinical counselors. Future research can explore the impact of quality and type of research training on research engagement among clinical counselors. Based on this pilot study, we recommend utilizing recruitment procedure,

other than convenience sampling, to increase number of participants and chance for sample to represent population characteristics more closely. Relatedly, we recommend that researchers collaborate with practicing master-level clinical counselor to participate on the research team studying clinical counselors. Representative samples are important to make realistic conclusions about data collected.

Regarding data collection, we utilized online survey in this pilot study; other counselor researchers have utilized mailed surveys (Jones et al., 2009) and in-person data collection (Bauman et al., 2002). In-person survey distribution may help increase sample size while mailed surveys can improve representation by targeting mailing lists of specific characteristics of potential participants. An alternative idea is to conduct research about counselors' use of and engagement in research while offering research training to participating counseling professionals. Johnson and Kardatzke (2012) proposed university-community partnerships to conduct meaningful research that is service oriented, such as research on the effects of a training program or clinical workshop. Connected to the findings of the pilot study, we also recommend that researchers can intentionally include mater's level clinical counselors as part of the research team. Rigor can be increased by utilizing standardized instruments of research interest and research self-esteem in addition to research-developed survey.

Future research can utilize research designs other than survey research to inquire about factors that enhance counselors' use of and engagement with research in their clinical practice. With nuanced research design and increase sample size, future researchers can conduct inferential statistical analyses. As this pilot study only presented descriptive data, conclusions are indefinite. The survey instrument used in the pilot study was not a standardized or normed instrument; reliability and validity data were not available. Future researchers can inquire about methods to increase reliability and validity and mitigate confounds in counselor research engagement studies.

Conclusion

In this pilot study, we surveyed clinical counselors about their interest and engagement in professional literature and research. From descriptive results, we concluded that clinical counselors valued research and consumed professional literature, yet few clinical counselors participated in research production and tentatively applied research results. We provided a critique of the pilot study methodology to encourage future research on this topic. We recommend future research related to the needs and experiences of clinical counselors related to research training, access, and application in clinical settings.

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Appendix A. Survey Instrument

Please indicate your level of agreement with the following statements using the 4-point Likert scale – Strongly Disagree, Disagree, Agree, Strongly Agree.

1. I look for research evidence to demonstrate the usefulness of approaches or programs I use in my work.

2. I feel competent to interpret research articles that relate to my work as a clinical counselor.

3. I wish there were more research articles that focused on topics of interest to me as a practitioner.

4. I don't think research is relevant to my work as a clinical counselor.

5. I would not use a counseling program or technique unless research had demonstrated its effectiveness.

6. I don't have time to read professional literature.

7. My source for current research that is relevant to my work is professional peer-reviewed journals.

8. Indicate which, if any, professional journals you access to inform your work as a clinical counselor (Check all that apply and/or none)

> *The Journal of Counseling and Development (JCD)*
> *Counseling Today*
> *Adultspan Journal*
> *The Career Development Quarterly*
> *Counseling and Values*
> *Counselor Education and Supervision*
> *Journal of Addictions and Offender Counseling*
> *Journal of College Counseling*
> *Journal of Employment Counseling*
> *Journal of Humanistic Counseling*
> *Journal of Multicultural Counseling and Development*
> Other: _____

9. My source for current research that is relevant to my work is social media postings.

10. Indicate which, if any, social media sources you use to inform your work as a clinical counselor (Check all that apply and/or none)

> LinkedIn
> Facebook

Instagram
        Pinterest
        Blog: _____
        Professionally relevant website: _____
        Other: _____

11. My source for current research that is relevant to my work is books (i.e., textbook, audiobook, counseling books, etc.).

12. If applicable, what counseling-relevant books do you refer to most? _____

13. I don't feel prepared to read research articles and evaluate them critically.

14. I am a member of my state organization for clinical counselors and rely on its publications to keep me current about research.

15. I am a member of *The American Counseling Association* and rely on their newsletters, emails, and website to keep me current about research.

16. I would like to collaborate with university researchers on research that would relate to my work as a clinical counselor.

17. I don't believe I have the skills to conduct research.

18. I read professional journals in the clinical counseling field but prefer articles that describe techniques and programs rather than research articles.

19. I have questions that I wish research would address.

20. I would be interest in reading about research on the topic of: _____

21. The results of research influence the way I do my job as a clinical counselor.

22. I had a course in Research Methods as part of my training to be a clinical counselor.

23. My training program in clinical counseling did not emphasize the importance of being familiar with current research.

24. I believe that research is unrelated to my daily work as a clinical counselor.

25. Part of the role of being a clinical counselor is being aware of current research in my field.

26. Reading about research is one thing I don't have any time for.

27. When reading research articles, I am confident that I can examine the methods section closely to detect any flaws in the research design.

28. When reading research articles, I am confident that I can understand the results section.

29. When reading research articles, I am confident that I can evaluate the authors' conclusions with a critical eye.

30. My energy is consumed by the day-to-day tasks of my job, and I don't have the energy to think about research.

31. I would like more training in the relationships of research to clinical counseling practice.

32. Research is not valued in my work setting.

33. I am expected to conduct research as part of my job as a clinical counselor.

34. If I were to suggest to my supervisor, and/or in my work setting, that it would be useful to conduct research, I think they would encourage me to proceed.

35. If I or my counseling department have questions, such as whether a program we use is producing the desired outcomes, we seek answers by taking a scientific approach (gathering data, formulating hypotheses, gathering and analyzing data, etc.)

Addressing the Career Needs of Transgender and Gender Expansive Students

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Abstract

Changing demographics, multiple worldviews, and cultural plurality are major influences in the career development process for diverse students. As school counselors are considered social justice advocates, they should utilize differentiated strategies when working with transgender and gender-expansive students (TGE). This conceptual paper provides an overview of TGE individuals' challenges, discusses the American School Counselor Association (ASCA) stance on working with this population, and highlights a career development group counseling curriculum for TGE students at the secondary (middle/high) education level.

There is a wealth of research regarding college-career readiness and the preparation of students for their postsecondary planning (Curry & Milsom, 2017; Hines et al., 2019; Mariani et al., 2016; Parikh-Foxx et al., 2020). However, there is a dearth of literature that addresses the specific career development needs of transgender and gender-expansive students (TGE). TGE is defined as individuals who "have gender identities and/or expressions that do not align with cultural expectations associated with their designated sex at birth" (Delozier et al., 2020, p.842). As a result, the TGE population endures various employment challenges. To address this issue, more distinctive school level interventions are needed to promote TGE students' positive self-worth and career growth.

Based on the United States Transgender Survey (2015), the TGE population faces an unemployment rate that is three times higher than their cis-gender peers. The study also found that 53% of TGE individuals often hide their gender identity 26% delay gender transition, and a further 24% typically are employed in underqualified jobs (James et al., 2016). Additionally, the survey revealed that 15% of the respondents who were employed, described acts of verbal harassment, physical attacks, and sexual assaults because of their appearance and gender identity.

Despite these concerns, TGE students' career development needs have gone unaddressed by career service providers (Niles & Harris-Bowlsbey, 2017). However, the American School Counselor Association (ASCA) National Model for School Counseling (ASCA, 2019) names career development as an essential element in effective school counseling programs. Furthermore, school counselors play a vital and crucial role in the career maturity of TGE students (Dimmitt & Carey, 2007). Therefore, school counselors must know how to provide students, including those who face discriminatory challenges, with the knowledge, mindsets, and skills they need to

transition successfully from school to their post-secondary endeavors and lifelong career exploration (ASCA, 2021).

This conceptual manuscript provides a review of the literature regarding career development challenges faced by the TGE population and ASCA's stance on school counselors' role in addressing this issue. It also highlights an innovative career development group counseling curriculum specifically designed for TGE students. The model incorporates psychoeducational strategies, solution-focused techniques, experiential opportunities, and community resources. The purpose of this model is to provide practical application for school counselors to promote the career development of TGE students and to assist them in their transition from high school to various post-secondary options.

Career Development Challenges faced by the TGE population

TGE individuals often encounter various obstacles when seeking and maintaining employment. According to Pepper and Lorah, as cited by dickey et al. (2016), some TGE individuals may have a lack of work history because of their transition or name change. Problems could also arise during the interview process that could create self-confidence issues. For example, having to supply a resume with a limited work history may cause a person who has transitioned to explain why, which may create safety and emotional concerns for the individual. Another concern relates to career interest inventories. Wada et al. (2019), explain that because such assessments use distinct sex identification and typically do not encourage nontraditional professions, TGE individuals "may experience discomfort and confusion when they are forced to align themselves in a gender binary, and their scores are compared to cisgender norm samples" (p. 265).

Moreover, TGE students have their own set of challenges within their school environment. Data from the National School Climate Survey (2019) revealed staggering data regarding LGBTQ students and their level of feeling safe at school. According to Gay, Lesbian, and Straight Education Network (GLSEN, 2020), over half of LGBTQ students felt unsafe at school due to their sexual orientation, while 42.5% felt unsafe because of their gender expression. Many of these students also experienced harassment and/or assault based on their personal characteristics. As a result, some students may miss certain classes or whole days of school. They also avoid gender-segregated spaces, evade school functions and extracurricular activities, and nearly a fifth of LGBTQ students actually change schools (GLSEN, 2020). Moreover, the effects of such victimization and discrimination on LGBTQ students create negative educational outcomes such as lower self-esteem and higher levels of depression, lower GPAs, and not having a plan to pursue post-secondary education. Additionally, another major concern is the effect gender minority stress has on many TGE students. Gender minority stress is a unique stressor often caused by gender identity discrimination. TGE individuals experiencing gender minority stress typically have more mental and chronic health conditions as compared to their cisgender counterparts (Griffin et al., 2019).

The negative effects of the aforementioned stressors on TGE students' academic success and mental health play a major factor in their career development and decision-making process. According to Schmidt and Nilsson (2006), LGBTQ students struggling with their sexual identity are more likely to have lower levels of career maturity and higher levels of career indecisiveness. The authors also suggest that the psychological toll many LGBTQ adolescents experience while forming their identity leaves little emotional energy for other things. This population of students also perceive they get less support and guidance in their academic and career development (Schmidt & Nilsson, 2006). Thus, in an effort to promote social justice and equity of services for

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TGE students, school counselors must employ differentiated approaches to address some of the academic and social/emotional setbacks TGE students may experience to encourage their career development.

The ASCA National Model in Career Development

The ASCA Student Standards: Mindsets & Behaviors for Student Success

The ASCA National Model (2019) is a framework designed to assist school counselors in developing and implementing comprehensive school counseling programs to meet the academic, social/emotional, and college/career needs of all students. When considering these developmental domains, ASCA created the *Student Standards: Mindsets & Behaviors for Student Success* (2021) as competencies that students should master as a result of an effective comprehensive school counseling program. Some of the competencies focus on students' proficiency to (a) develop a sense of self-acceptance and self-advocacy skills, (b) exhibit self-confidence in their ability to succeed, (c) manage personal safety, (d) utilize effective coping skills, (e) identify and overcome barriers, and (f) understand this importance of postsecondary education for life-long success (ASCA, 2021). Therefore, in considering the career development of TGE students, it is important for school counselors to be aware of how some of the challenges they face such as discrimination, harassment, and assault may negatively affect their growth in these crucial areas.

The ASCA Professional Standards and Position Statements

In addition to the student standards, ASCA created the *School Counselor Professional Standards & Competencies* (2019) and the ASCA *Ethical Standards for School Counselors* (2016a) to ensure that school counselors understand their roles as social justice advocates in meeting the needs of all student populations. Both publications incorporate statements that promote diversity, inclusion, and equity (ASCA, 2019; ASCA, 2016a). These statements include believing that every student can learn and succeed, that every student should have access and opportunity for high-quality education, and that every student should be prepared for postsecondary options after high school (ASCA, 2019). Whereas to address multicultural competence and social justice advocacy and to highlight the expectation for school counselors to understand their ethical obligation to work with diverse populations, ASCA embraces the following declaration:

> B.3.i. Monitor and expand personal multicultural and social-justice advocacy awareness, knowledge, and skills to be an effective culturally competent school counselor. Understand how prejudice, privilege, and various forms of oppression based on ethnicity, racial identity, age, economic status, abilities/disabilities, language, immigration status, sexual orientation, gender, gender identity expression, family type, religious/spiritual identity, appearance and living situations (e.g., foster care, homelessness, incarceration) affect students and stakeholders (ASCA, 2016a, p. 7).

Consequently, as the topics of diversity and inclusion are prevalent, ASCA has authored several position statements on matters such as cultural diversity, equity for all students, gender equity, LGBTQ youth, as well as Transgender/Gender Nonconforming Youth. To highlight the latter, it simply states:

> School counselors recognize all students have the right to be treated equally and fairly with dignity and respect as unique individuals, free from discrimination, harassment, and

bullying based on their real or perceived gender identity and gender expression. School counselors work to safeguard the well-being of transgender and gender-nonconforming youth (ASCA, 2016b).

Thus, as ASCA calls for school counselors to promote the career development of all students (ASCA, 2019), being aware of the challenges the TGE population face in their postsecondary planning, school counselors should attempt to create programs to help them succeed. This paper offers school counselors a career development curriculum distinctively designed to address the challenges hindering middle and high school TGE students and to promote their career development.

Career Development Group Counseling Curriculum

When working on post-secondary planning, it is essential to focus on building interpersonal and adaptability skills (Santilli et al., 2019). The use of group intervention is a successful tool to accomplish such goals (Curry & Milsom, 2017; Dik et al., 2019; Hines et al., 2019; Mariani et al., 2016). Thus, the authors recommend the use of the following closed, psychoeducational group to aid in the career exploration and development of adolescent TGE students.

Prior to Starting the Group

Before beginning the application of the curriculum, there are a number of things a counselor should consider. First, counselors should educate and familiarize themselves with the LGBTQIA+ community (Platt, 2020). Specifically, practitioners must understand the differences between Trans*, non-binary or genderqueer, and cis-gendered identities, as well as work to incorporate affirming language in everyday dialogues (dickey et al., 2016). Further, counselors need to have familiarity with state and federal laws that affect the rights of TGE persons. This knowledge not only supports practice, but further aids in our ability to be advocates for this specific population.

Second, counselors must have an awareness of their own personal values and biases surrounding the TGE population, as well as college and career readiness (Dik et al., 2012). Because most of society has been raised with a colonized understanding of gender and college/career trajectory norms, therapists can cause unknowing harm to this population (Dik et al., 2012). Counselors should be prepared to ask themselves (a) what biases do they hold about gender? (b) what biases do they have with the TGE or LGBTQIA+ population? and, (c) what are their personal thoughts/feelings on college and career readiness for all student-clients? Completing a self-assessment of values allows practitioners the opportunity to bracket out any internalized biases prior to counseling sessions (Kocet & Herlihy, 2014).

Finally, complete a needs assessment of the population, school, and community. Safety and discrimination are chief trepidations that are pertinent to TGE students' career exploration and decision-making process (Huang, 2020). Moreover, counselors must possess a familiarity with gender minority stress and its influence on the development of TGE clients (Goldberg et al., 2021). Practitioners can address such concerns head-on by exploring the sociopolitical climate of the environment, prior involvements of discrimination, the coming-out, and transition progression, and stages of distress over specific life-career issues (Hook & Bowman, 2009). This last, vital step supplies information that guides counselors in the psychoeducational process, as well as supports the adaptability of the following curriculum.

Group Recruitment and Screening

An essential step in any group proposal is the recruitment and screening of members. It is challenging to make general recommendations to counselors (i.e., group size), as the circumstances vary greatly based on subjectivity, location, administrators, and climate. We encourage counselors to heed the information collected from the previously advised needs assessment. Then, based on this acquired knowledge, determine the best way to recruit and screen students for the group. However, we do propose leaders hold a private screening session with each individual candidate. When hosting such a session, counselors need to consider the following: (a) trusting students' abilities to know themselves, (b) respecting requests regarding name and pronouns, (c) honoring privacy, and (d) addressing any concerns regarding support and safety, as well as limitations to confidentiality (Krieger, 2017). Additionally, counselors should inquire about students' understanding of the purpose of the group and their level of motivation to participate in activities.

The Curriculum

ASCA Alignment

The curriculum presented is set in a 9-week closed, psychoeducational format to use with middle or high school-aged students at any time in the school year. The lessons and topics are adaptable to a variety of desired standards or outcomes. Figure 1 shows the weekly topics, as well as suggests the *Student Standards, Mindset, and Behaviors for Student Success* (ASCA, 2021) most relevant to each session. This alignment should not limit practitioners in their use of this curriculum to address certain desired outcomes. As is best practice, decisions about alignment to standards must be made using the knowledge gained from the above-mentioned needs assessment.

Weeks 1, 2, & 3

The first few weeks of the group curriculum focus on forming and getting to know the group members. Select activities which provide an opportunity to not only get to know each other but will further give insight into the needs of each participant. Additionally, these weeks will require a great deal of self-assessment for each group member. Self-exploration of their identities, intersections, and values will guide weekly topics, fears, and postsecondary options (Platt, 2020). Activities during this stage could include: (a) ice breakers centered on names and pronouns, culture and interactions, core vocabulary, and anonymous Q & A; (b) establishing group norms, and (c) individual goal setting. Counselors might try an identity circles activity to explore individuals' intersections, followed by a discussion on how those identities affect their views.

The authors recommend practitioners exercise a great deal of patience and focus on creating a safe environment, as some student-clients may hesitate to self-disclose due to internalized fear of discrimination (Huang, 2020). Exploring participants' fears and values through journaling or a values sort could help to break down walls. Furthermore, utilizing assessment skills will help to determine if you need to provide more "forming" weeks prior to moving on to the next chunk of the curriculum.

Weeks 4, 5, & 6

Now that there is a foundational understanding of identities, intersections, and internalized thoughts/feelings towards college and career, facilitators can start to bridge a connection between identity and postsecondary exploration. Through the discussion of journal prompts, homework, and assessments, counselors should motivate group members to investigate any potential career(s) that match their values and potential self-actualization. Additionally, at this stage, student-clients may experience gender minority stress and negative thoughts about career limitations. However, incorporating Gottfredson's (1981) theory of circumscription and compromise into discussions can aid in the breakdown of such barriers and redirect negative thought patterns. Moreover, additional activities at this stage could include looking into different company nondiscrimination policies by doing an online scavenger hunt of TGE inclusive language and policies at different companies and institutions of higher education. Group leaders can further help ease fears by bringing in guest speakers (i.e., older TGE individuals, HR, college admissions, etc.) to talk about personal experiences, applications, interviews, and workplace rights.

Weeks 7, 8, & 9

The last few sessions focus on the practical use of the learning outcomes from the first 6-weeks. Directly following the guest speakers, have the student-clients practice completing a college and/or job application and mock interviews. This gives them the opportunity to prepare for landmines (e.g., which name to use, claiming a gender, etc.) and use coping skills within a trusted and supportive environment. Additionally, it allows counselors to supply their student-clients with feedback on their ability to navigate conversations, regulate their emotions, and ability to self-advocate and ask questions. Lastly, a trip to a local college where group members have the chance to meet with other TGE persons can provide them with the confidence to continue their own self-directed journey when the group ends.

Conclusion

The scholarship around TGE individuals and the unique affects their Trans* identities have had on their career decisions is beginning to see the light of day (Goldberg et al., 2021). However, very few practitioners possess the necessary knowledge and skill to help this population prepare for their life beyond high school (Platt, 2020). Therefore, the authors propose a group curriculum for professional school counselors to employ in order to fill this void.

The curriculum is in-line with *Student Standards, Mindsets, and Behaviors for Success* (ASCA, 2021), as well as provides practitioners the flexibility to adjust the sessions to fit their student client's particular needs. Prior to and during this group, it is essential that school counselors bracket their own biases, learn about the TGE community, explore real and perceived barriers with student-clients, understand the role of gender minority stress, and aid TGE students with identifying role models and mentors. Furthermore, as noted in ASCA's position statement (2016b) practitioners must be willing and able to educate families and school staff on what it means to be TGE. Utilizing this framework is a step in addressing discrimination and providing an equal opportunity for TGE students to make post-secondary plans.

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Figure 1
Curriculum Alignment to ASCA Standards

Week	Topic	ASCA Standard	Possible Activities
1	Getting to Know You	B-LS 7., B-SS 2., B-SS 3., B-SS 6.	Icebreakers, group agreements, needs assessment Journal/HW: Write down 2-3 goals you hope to accomplish by the end of the group
2	Identity & Issues	M 1., M 2., B-LS 7., B-SMS 6., B-SS 2., B-SS 9., B-SS 10.	Exploration of intersectionality Journal/HW: What fears do you have about college or future employment?
3	Personal Values	M 5., M 6., B-LS 1., B-LS 7., B-LS 9., B-SS 10.	Values sort or assessment, discussion on values and relation to the world of work Journal/HW: Identify careers that match your values
4	Career Exploration	M 5., M 6., B-LS 1., B-LS 5., B-LS 7., B-LS 9., B-SMS 6.	Explore careers that match values, discuss circumscription and compromise Journal/HW: What did you learn from today's activity? What training do you need to have for your possible future?
5	Identity & the Workplace	M 6., B-LS 1., B-LS 5., B-LS 7., B-LS 9., B-SMS 6., B-SS 5., B-SS 6., B-SS 10.	Policy and Trans* inclusive language scavenger hunt Journal/HW: Develop 2-3 questions to ask next week's guest speakers
6	Applications & Rights	M 3., M 4., M 6., B-LS 1., B-LS 7., B-LS 9., B-LS 10., B-SMS 6., B-SMS 7., B-SMS 10., B-SS 3., B-SS 8., B-SS 9.	Guest speakers (i.e., HR reps, college admissions reps, etc.), discussion around applications, interviews, and rights Journal/HW: What did you learn? What concerns were put to rest? What new concerns arose?
7	Application & Interview Process	M 3., M 6., B-LS 1., B-LS 5., B-LS 7., B-LS 9., B-SMS 6., B-SMS 7., B-SMS 10., B-SS 1., B-SS 8., B-SS 9.	Walk-through college, selective service, and job applications; watch a video on interviewing skills specific towards TGE persons
8	Practice Interviews	M 4., M 6., B-LS 1., B-LS 7., B-LS 9., B-SMS 1., B-SMS 2., B-SS 1., B-SS 6.	Mock interviews
9	College Visit	M 2., M 3., M 4., M 6., B-LS 1., B-LS 7., B-LS 9., B-SMS 1., B-SMS 2.,	Set-up an inclusive campus tour, opportunity to meet reps from the campus LGBTQIA+ resource center

		B-SMS 6., B-SMS 10., B-SS 1., B-SS 2., B-SS 3., B-SS 9., B-SS 10.	