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Daily Coping and Perceived Control in College Students: Connections to Resilience

Leaha Shermeyer and Michael T. Morrow

We examined the relations of college students' daily coping behavior with their perceived control and general resilience. We also explored whether resilience moderates relations between perceived control and daily coping. Participants ($n = 74$) completed one resilience measure and online surveys for up to seven days ($n = 510$). For stressors appraised as more controllable, college students were more likely to cope using problem-focused engagement. More resilient students were more likely to use problem- and emotion-focused engagement.

Keywords: College, stress, coping, resilience, daily diary

Attending a college or university is typically characterized by frequent daily stressors (Park, Armeli, & Tennen, 2004; Ross, Niebling, & Heckert, 1999). In a large-scale survey of college students (American College Health Association, 2013), over half reported feeling exhausted or overwhelmed. Nearly half reported feeling more than average stress in the last 12 months, and over 1 in 10 reported feeling tremendous stress. Theorists have framed college as a period of heightened vulnerability (Ross et al., 1999; Zivin, Eisenberg, Gollust, & Golberstien, 2009), during which students endure myriad daily stressors that, if not managed effectively, can give rise to unhealthy habits (Carpenter & Hasin, 1999) and serious psychosocial difficulties (DeRosier, Frank, Schwartz, & Leary, 2013; Hudd et al., 2000).

Research indicates that day-to-day hassles tend to be more frequent stressors for college students than major life challenges (Ross et al., 1999) and that certain types of daily stressors appear especially common, such as academic work, new responsibilities, financial difficulties, interpersonal challenges, health problems, and changes in sleeping and eating (Park et al., 2004; Ross et al., 1999). College stress has been linked to maladaptive academics (e.g., lower grade point average), physical (e.g., poor sleep and physical illness) and behavioral (e.g., substance use and depression) correlate

(DeRosier et al., 2013; Hudd et al., 2000). An online survey of undergraduate and graduate students revealed that 35 to 37 percent of students reported at least one significant mental health problem (Zivin et al., 2009).

Though many students struggle with the day-to-day hassles of college, others thrive during this period (Hartley, 2011). While numerous factors (e.g., temperament, personality, and external resources) account for individual differences in college students' adjustment, their daily psychological functioning and overall mental health are also likely impacted by the ways they cope with daily stress (Park et al., 2004). Coping has been defined as the cognitive and behavioral efforts enacted to manage stressful events, regardless of their outcomes (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). The current study investigated how college students cope with their most stressful daily experiences and whether more resilient students show preferences for certain types of daily coping.

Daily Coping

The literature on coping is vast and includes numerous theoretical models depicting different types of coping (see Folkman & Moskowitz, 2004; Skinner,

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Edge, Altman, & Sherwood, 2003). According to Lazarus and Folkman (1984), coping strategies can be differentiated in terms of whether they are problem-focused or emotion-focused. Problem-focused coping is aimed to manage or modify stressors, whereas emotion-focused coping is intended to modulate the emotional experiences associated with them. Other theorists have posited that coping behavior can be distinguished in terms of how much individuals approach versus avoid stressors (e.g., Tobin, Holroyd, Reynolds, & Wigal, 1989). These approaches have been respectively labeled engagement and disengagement.

In our study, we considered Lazarus and Folkman's (1984) two theoretical coping dimensions, which allowed us to examine four categories of coping: problem-focused engagement (PFE), emotion-focused engagement (EFE), problem-focused disengagement (PFD), and emotion-focused disengagement (EFD). Through factor analyses, Tobin and colleagues (1989) found support for these four types of coping and identified specific coping behaviors captured by each. PFE was found to include problem-solving and cognitive restructuring, and EFE included emotional expression and seeking social support. PFD included efforts to avoid problems and wishful thinking, and EFD included self-criticism and social withdrawal. For this investigation, we utilized a daily diary design to examine college students' use of PFE, EFE, PFE, and PFD to manage their most stressful daily events.

Daily Coping and Perceived Control

Per Lazarus and Folkman (1984), individuals cope more adaptively when they achieve goodness-of-fit by matching coping strategies to the controllability of stressors. For stressors that can be changed, it is posited to be more conducive to engage with the problem (PFE) rather than address the corresponding emotions (EFE) or disengage (PFD and EFD). That is, PFE is theorized to be more adaptive for stressors that can be managed through active problem solving (Dijkstra & Homan, 2016). For less changeable stressors, it is thought to be more adaptive to focus on the associated emotion (EFE) rather than the problem (PFE) or disengage (PFD and EFD). Thus, individuals' perceptions of how much they can change

their daily stressors (perceived control or control appraisals) might play a key role in determining coping behavior.

Research on the goodness-of-fit model in college students has been mixed. Forsythe and Compas (1987) observed that college students utilized a greater proportion of PFE to EFE for major life events perceived as more controllable; however, their coping did not vary with control appraisals for daily stressors. In contrast, Roberts (1995) found that college students were more likely to use PFE for daily hassles perceived as more controllable versus daily hassles appraised as less controllable. However, college students' use of emotion-focused coping did not differ for events perceived as more or less controllable. Thus, the goodness-of-fit model may not apply to college students' daily stressors or just apply to their use of PFE. Nevertheless, these studies did not assess coping via disengagement, nor did they assess coping and perceived control daily. The current study stands apart from this past research in that we consider both engagement and disengagement coping and measure coping and perceived control via daily assessment.

Compared to traditional self-report tools, daily reports provide a more ecologically valid assessment of daily events (Iida, Shrout, Laurenceau, & Bolger, 2012) and reduce retrospective bias by minimizing the time between participants' experiences and their reports of these events (Bolger, Davis, & Rafaeli, 2003). At least one daily diary study has explored the relations of college students' daily coping and perceived control. Park and colleagues (2004) collected daily data on college students' stress, control appraisals, and coping (PFE, EFE, and disengagement) over 28 days. They found that daily PFE was positively correlated with perceived control for daily stressors. Daily perceived control was also negatively associated with daily EFE and disengagement. Accordingly, when assessed on a daily basis, goodness-of-fit may be more apparent in college students' daily coping.

Daily Coping and Resilience

Resilience has been defined as the capacity to or process of successfully adapting to challenge, adversity, or trauma (Luthar, Cicchetti, & Becker,

2000; Masten, Best, & Garmezy, 1990), along with the ability to grow from these experiences and function even more adaptively after these events (Richardson, 2002). Theorists suggest that resilience is influenced by trait-like characteristics, including intelligence, temperament, and personality, as well as behavioral skills, such as coping strategies, that can be developed over time (Rutter, 1990). By recognizing how daily coping is linked to resilience, counselors could work with college students to develop the skills associated with higher levels of resilience (Onan, Karaca, & Unsal Barlas, 2018).

In line with these definitions of resilience, individuals who are higher in resilience should be better equipped to cope with stressful daily events. Campbell-Sills, Cohan, and Stein (2006) found that college students' self-reported resilience was positively correlated with PFE and negatively correlated with emotion-focused coping. Moorhouse and Caltabiano (2007) also observed a positive relationship between resilience and PFE (active assertive searching) in unemployed job seekers. Thus, resilience may be associated with a general tendency to utilize PFE over other coping strategies to manage daily stressors.

It is also important to recognize that control appraisals could play a major role in shaping the coping strategies used by individuals with differing levels of resilience (Lam & McBride-Chang, 2007). Specifically, resilience might interact with perceived control in predicting the use of PFE, such that more resilient college students display a stronger tendency to use PFE for stressors perceived as more controllable. That is, more resilient individuals might evidence greater goodness-of-fit in their use of daily PFE. In fact, goodness-of-fit could be an important mechanism in explaining how more resilient individuals are better able to adapt to stress and adversity (Lam & McBride-Chang, 2007).

Current Study

We investigated the relations of college students' daily coping (PFE, PFD, EFE, EFD) with their daily perceived control and general resilience. Our hypotheses are depicted in Figure 1. First, we hypothesized that perceived control would be

positively associated with PFE and negatively related to the other types of coping. Second, we predicted that individuals with greater resilience would use PFE more often. Third, we speculated that the relations between resilience and PFE would be moderated by perceived control, such that more resilient college students would enact PFE more often when faced with stressors perceived as more controllable.

Method

The current project was approved by the authors' institutional review board (IRB). After participants provided written consent, they were asked to complete two paper-pencil forms, a brief demographic questionnaire (assessing age, gender, race, ethnicity, and college major) and a measure of resilience, along with online daily surveys for seven consecutive days.

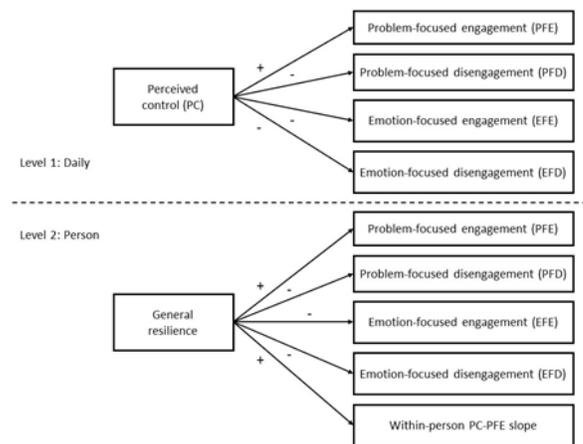


Figure 1. Hypothesized relations of daily coping with daily perceived control and general resilience. Paths on level 1 reflect daily relations, whereas paths on level 2 reflect person-level relations. Though not depicted, perceived stress was included as a predictor at both levels, and ethnicity was included as a level-2 predictor in the model tested.

Participants

Undergraduate students were recruited via an online registration system for research at a private university in the Northeastern United States; 78 college students consented to participate and

completed the demographic questionnaire and resilience scale. Overall, 68 participants completed seven online daily surveys; four completed six, two completed five, one completed one, and three completed none. Multiple daily reports were necessary from each participant in order to be included in our primary analyses; thus, the four participants who completed one or no daily reports were removed, leaving a final sample of 74 college students.

The final sample included 63 women and 11 men. Participants' average age was 21 years ($SD = 4.52$; range = 18-52); one participant declined to report age. Participants identified as belonging to the following racial groups: 51 White, 7 Black, 4 Asian, 7 multiracial, and 5 chose not to report. For ethnicity, 10 participants identified as Hispanic, 63 identified as non-Hispanic, and 1 declined to report. We did not collect data on socioeconomic status; however, this undergraduate population largely comes from middle-class backgrounds. Overall, 61 participants identified as psychology majors, and 13 reported majoring in other disciplines. Psychology majors received credit toward a research participation requirement; non-psychology majors did not receive credit. No other compensation was offered to any participants.

Procedure

The principal investigator (PI) met individually with all college students who signed up for this study via an online registration system. During this meeting, the PI administered informed consent, along with a brief demographic survey and a measure of resilience. The PI then offered a short tutorial on how to complete the daily online surveys and reminded participants that they could skip survey items and discontinue their participation in this study at any time without penalty.

The Qualtrics software program was used to administer the daily surveys, which were sent to participants via their preferred email address. Starting the day after their meeting with the PI, participants were sent daily surveys at exactly 6:00 PM for seven consecutive days. They were asked to complete the surveys before the next day and could complete them on any electronic device (e.g., computer, phone, tablet) with internet access. Notably, in managing the data collection, the PI ensured that participants' data

was not linked to their email addresses or any other potentially identifying information.

Measures

Daily Stress

At the start of each daily survey, participants were instructed to describe their most stressful daily experience using one open-ended item from Park and colleagues' (2004) daily study. The original item asks participants to describe their most negative experience. We made one revision to the original item that was necessary for IRB approval. We replaced negative with stressful to minimize the likelihood of participants reporting highly personal or sensitive information. The revised item read: Please provide a brief description of today's most stressful experience for you (no matter how small).

Participants then completed one item that asked them to rate the level of stress associated with their most stressful daily experience (How stressful was this event?) on a 1 (Not at all) to 7 (Extremely) scale ($M = 4.56$, $SD = 1.58$). This single-item scale was borrowed from Park and colleagues' (2004) study and was not altered in any way. This scale has evidenced construct validity by correlating positively with daily negative mood and negatively with daily positive mood and daily quality of life (Park et al., 2004; Shermeyer, Morrow, & Mediate, 2019).

Daily Perceived Control

Next, participants were asked to report how much control they had over their most stressful daily event using a single-item scale (How much do you feel you can control the outcome of the experience?) from Park and colleagues' (2004) study using a 1 (Not at all) to 7 (Extremely) scale ($M = 4.06$, $SD = 1.88$). This scale has evidenced construct validity by correlating negatively with daily negative mood and positively with daily positive mood and daily quality of life (Park et al., 2004; Shermeyer et al., 2019).

Daily Coping

Participants were then instructed to rate the degree to which they utilized various coping strategies to manage their most stressful daily experience using

the Coping Strategies Inventory (CSI; Tobin, 2001), which we adapted for daily reporting. The original measure can be examined as four subscales (PFE, PFD, EFE, EFD) that previous analyses have supported as four distinct factors (Tobin, et al., 1989). The CSI has also evidenced criterion validity by differentiating clinical and nonclinical samples (Tobin et al., 1989; Tobin, Holroyd, & Reynolds, 1982) and construct validity by correlating with depressive symptoms and self-efficacy (Tobin et al., 1982; Tobin, Reynolds, Garske, & Wigal, 1984).

We adapted the CSI (Tobin, 2001) for daily reporting in two ways. First, we modified the original instructions to direct participants to rate their daily use of each strategy on a 1 (Not at all) to 5 (Very Much) scale. Second, we abbreviated the total number of items to ease the day-to-day burden of the daily surveys and prevent participants' from losing interest in the study. To do this, we selected just four items for each subscale, PFE (e.g., I made a plan of action and followed it), PFD (e.g., I hoped the problem would take care of itself), EFE (e.g., I talked to someone about how I was feeling), EFD (e.g., I criticized myself for what happened). We selected the four items featured by Tobin (2001) as representative of each type of coping.

Daily coping scores were calculated by aggregating the four items within each subscale; higher scores indicate greater use of the respective coping strategies: PFE (M = 2.93, SD = .92), PFD (M = 2.67, SD = .95), EFE (M = 2.22, SD = .99), EFD (M = 2.08, SD = 1.05). This abbreviated scale has evidenced construct validity in that the four coping subscales have demonstrated differential relations with daily mood and daily quality of life (Shermeyer et al., 2019). In the current study, average daily internal consistency was satisfactory for three subscales, PFE ($\alpha = .70$), EFE ($\alpha = .76$), and EFD ($\alpha = .78$), yet slightly low for PFD ($\alpha = .60$).

Resilience

The Connor-Davidson Resilience Scale 25 (CD-RISC-25; Connor & Davidson, 2003) was administered once to assess participants' resilience. This scale includes 25 items designed to assess thoughts, feelings, and behaviors indicative of

resilience. Participants are asked to rate the extent to which they agree with each item on a 0 (not true at all) to 4 (true nearly all the time) scale. The CD-RISC has been used extensively with college students (Davidson, 2018) and has evidenced high levels of internal consistency, test-retest reliability, convergent validity (positive correlations with measures hardiness and social support and negative correlations with perceived stress, vulnerability, and disability), and sensitivity to treatment effects (Connor & Davidson, 2003). A total resilience score was calculated by averaging ratings across the 25 items; higher scores indicate greater levels of resilience (M = 2.62, SD = .53). For this study, internal consistency was satisfactory ($\alpha = .90$).

Results

Preliminary Analyses

The data collected for this project are organized in two levels, with daily data nested within individual college students. At level 1 (daily), there were 510 daily reports. At level 2 (person), there were 74 participants. Table 1 presents the bivariate correlations for all variables at level 2. Before computing correlations, daily variables were aggregated within-person.

Table 1
Bivariate correlations

	1.	2.	3.	4.	5.	6.
1. Perceived stress						
2. Perceived control	-.41**					
3. Problem-focused engagement	-.05	.46**				
4. Problem-focused disengagement	.38**	-.31**	-.21			
5. Emotion-focused engagement	.26*	.06	.45**	.05		
6. Emotion-focused disengagement	.33**	-.33**	-.40**	.60**	-.14	
7. Resilience	-.24*	.27*	.34**	-.31**	.24*	-.33**

Note. All correlations were computed at Level 2 (n = 74). Daily variables were transformed into person-level variables by aggregating daily scores for each person. *p < .05. **p < .01.

We also coded participants' open-ended responses identifying their most stressful daily

experiences using the four categories (academic, interpersonal, health, and other) featured in Park and colleagues' (2004) daily study of stress and coping in college students. We also added a category (work) to capture challenges with employment. The most frequent daily stressors were academic (41.45%), other (24.36%), interpersonal (12.77%), work (10.81%), and health (10.61%). Regarding stressors classified as other, a large proportion reflected general challenges managing time across different stressors (e.g., academic and interpersonal).

We examined demographic (age, gender, race, ethnicity, and college major) differences across all variables. For these analyses, within-person means were used for the daily variables. Participants' age did not correlate with any variables. In terms of gender, one difference emerged; women reported lower average perceived daily control than did men (women = 3.96; men = 4.67), $t(72) = -2.13, p < .05$. Since our primary analyses involved regression, race was dummy coded (White and non-White). No racial differences were observed. One difference was found for ethnicity (Hispanic and non-Hispanic). Hispanic students reported lower average daily PFE than did non-Hispanic students (non-Hispanic = 2.99; Hispanic = 2.55), $t(71) = 2.35, p < .05$. There were no differences between psychology and non-psychology majors.

Multilevel Multivariate Regression

As noted earlier, the current data are nested across two levels (daily and person). Nested data are typically interdependent, such that data from the same unit (e.g., for the same person) tend to correlate more strongly than data from different units (e.g., between different people). Failure to account for interdependence inflates the risk of Type I error (Raudenbush & Bryk, 2002). To address interdependence, multilevel regression was used via Mplus 7 (Muthén & Muthén, 2012). Multilevel regression accounts for interdependence by partitioning the variance of dependent variables across each level (Raudenbush & Bryk, 2002). In testing our regression models, we used full information maximum likelihood estimation (FIML) to handle the small proportion of missing data in our variables. FIML treats missing data as missing at random and yields unbiased parameter estimates,

along with appropriate standard errors (Arbuckle, 1996).

First, a two-level multivariate regression model was tested to examine the relations of the four coping strategies with perceived control and resilience. All four coping strategies were specified as correlated dependent variables. At level 1, two predictors were entered, perceived control and perceived stress; both were grand-mean centered (their overall daily means were subtracted from each daily score). As indicated by past research (e.g., Coiro, Bettis, & Compas, 2017), perceived stress was included as a covariate to examine whether perceived control predicted daily coping beyond the effects of daily stress. At level 2, resilience was entered as a grand-mean-centered predictor of the intercepts of each coping strategy. Based on demographic analyses, ethnicity (non-Hispanic = 0; Hispanic = 1) was entered at level 2 as a predictor of each coping intercept. All intercepts and slopes were set as random.

For each coping behavior, we calculated R^2 values that reflect the proportions of variance accounted for by the predictors at each level: PFE (Level 1: $R^2 = .17$; Level 2 $R^2 = .21$), EFE (Level 1: $R^2 = .06$; Level 2 $R^2 = .17$), PFD (Level 1: $R^2 = .17$; Level 2 $R^2 = .10$), EFD (Level 1: $R^2 = .12$; Level 2 $R^2 = .12$). Table 2 provides unstandardized estimates. At level 1, perceived stress was positively associated with PFD, EFE, and EFD. Perceived stress did not relate to PFE.

Perceived control related positively to PFE and negatively to PFD but did not relate to EFE or EFD. At level 2, ethnicity was negatively related to PFE (non-Hispanic > Hispanic). Resilience was positively associated with PFE and EFE and negatively associated with EFD (but did not relate to PFD). Results indicate that, accounting for perceived stress, when college students perceived their most stressful daily event as more controllable, they were more likely to use PFE and less likely to use PFD. Accounting for ethnicity, college students who reported greater resilience were more likely to utilize PFE and EFE and less likely to employ EFD.

Moderation

By using multilevel regression, we were able to calculate four individual slope estimates between

perceived control and coping for each college student. We then examined whether participants' self-reported resilience predicted between-person variation in these slopes, which allowed us to examine whether college students' resilience influenced their likelihood of using different coping strategies based on how controllable they perceive their daily stressors. As previously noted, we were especially interested in whether more resilient college students showed greater goodness-of-fit by using PFE more often for stressors appraised as more controllable. We modified the regression model described earlier by adding resilience as a cross-level predictor of the four slope estimates between perceived control and each type of coping. All intercepts and slopes were set as random. Resilience did not predict any of the perceived control-coping slopes ($ps = .09-.54$). Thus, the relations of perceived control with the four types of coping did not vary across students with differing levels of resilience.

Table 2
Perceived control, resilience, and coping

	Est.	SE	Est./SE	P
Intercept: Problem-focused engagement	2.99	.06	48.57	<.001
Problem-focused engagement on				
L1: Perceived stress	-.04	.03	-1.45	.15
L1: Perceived control	.16	.02	6.90	<.001
L2: Ethnicity	-.40	.14	-2.75	<.01
L2: Resilience	.27	.11	2.55	<.05
Intercept: Problem-focused disengagement	2.65	.07	37.50	<.001
Problem-focused disengagement on				
L1: Perceived stress	.17	.02	7.36	<.001
L1: Perceived control	-.07	.02	-2.99	<.01
L2: Ethnicity	.16	.18	.89	.37
L2: Resilience	-.27	.16	-1.68	.09
Intercept: Emotion-focused engagement	2.23	.07	33.73	<.001
Emotion-focused engagement on				
L1: Perceived stress	.12	.03	3.87	<.001
L1: Perceived control	-.03	.02	-1.18	.24
L2: Ethnicity	-.15	.14	-1.10	.27
L2: Resilience	.31	.11	2.84	<.01
Intercept: Emotion-focused disengagement	2.05	.08	25.98	<.001

Emotion-focused disengagement on				
L1: Perceived stress	.20	.03	6.71	<.001
L1: Perceived control	.01	.03	.46	.64
L2: Ethnicity	.19	.24	.80	.42
L2: Resilience	-.38	.18	-2.13	<.05

Note. All estimates are unstandardized; on indicates regressed on. L1 = daily level (n = 510). L2 = person level (n = 74).

Discussion

In the current study, we assessed daily stress, perceived control, coping, and resilience among college students. The students in this study reported specific daily stressors that are comparable to those observed in past research (e.g., Park et al., 2004; Ross et al., 1999), suggesting that we captured a valid snapshot of college students' daily stress. To our knowledge, this could be the first study to examine links between coping, assessed via repeated daily assessment, and general resilience. This study has several noteworthy strengths, including the use of multilevel multivariate regression to account for interdependence, as well as reduce risk of Type I error. We also controlled for perceived daily stress in our regression models.

Daily Coping and Perceived Control

We hypothesized that college students would evidence goodness-of-fit in daily coping, such that their perceived control over daily stressors would correlate positively with PFE and negatively with EFE and disengagement coping (PFD and EFD). Our predictions were partially supported (Figure 2). Controlling for daily stress, perceived control was positively associated with PFE, negatively associated with PFD, and unrelated to EFE and EFD. Accordingly, as college students perceived their daily stressors as more controllable, they were more likely to engage (and less likely to disengage) with their problems. In contrast, their control appraisals were not associated with their enactment of emotion-focused coping strategies. These results challenge previous research suggesting that college students' control appraisals are not linked to the coping methods used to manage daily stressors (e.g., Forsythe & Compas, 1987).

Regarding goodness-of-fit, our findings suggest that college students' perceived control over their daily stressors influence the extent to which they engage and disengage with their day-to-day problems (but not the corresponding emotions). Accordingly, goodness-of-fit was supported for problem-focused (but not emotion-focused) coping. These results are consistent with previous research (Park et al., 2004; Roberts, 1995) indicating that college students demonstrate goodness-of-fit by utilizing PFE to a greater extent for daily stressors perceived as more controllable. Moreover, the findings extend previous research that has largely ignored disengagement coping (e.g., Forsythe & Compas, 1987; Roberts, 1995) or assessed it as a singular construct of avoidance (e.g., Campbell-Sills, 2006; Park et al., 2004). Specifically, we documented perceived control's distinct negative relation with PFD and lack of association with EFD. Based on these findings, we encourage researchers to consider specific forms of engagement and disengagement in their assessment of coping in future research.

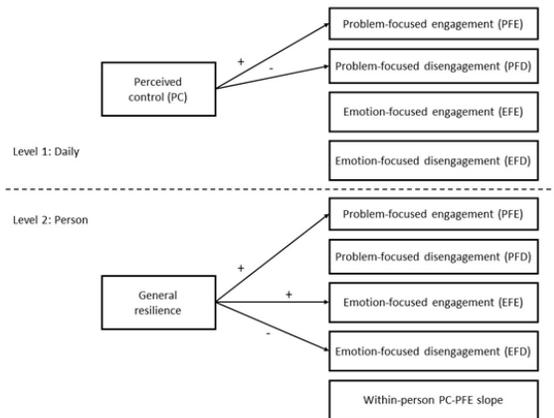


Figure 2. Relations found for daily coping with daily perceived control and general resilience. Paths on level 1 reflect daily relations, whereas paths on level 2 reflect person-level relations. Estimates are included in Table 2. Though not depicted, perceived stress was included as a predictor at both levels, and ethnicity was included as a level-2 predictor in the model tested.

Notably, college students did not display goodness-of-fit by utilizing EFE to a lesser extent for daily stressors perceived as more controllable. This

pattern of results diverges with Park and colleagues' (2004) daily diary study, in which they found a negative relationship between perceived control and EFE. This discrepancy could stem from methodological differences across studies. In particular, different coping measures were used; thus, it is questionable whether we captured similar EFE strategies as Park and colleagues (2004). We abbreviated the original EFE subscale (CSI; Tobin, 2001) for daily reports, and in this process, we might have excluded items reflecting key examples of daily EFE. Nonetheless, recent research indicates that the relations of specific EFE coping behaviors and perceived control are complex (Dijkstra & Homan, 2016). Accordingly, we encourage coping researchers to analyze the assessment of EFE across studies to identify a core set of strategies that best capture the types of EFE commonly used in everyday life. After identifying these EFE behaviors, it will then be possible to more carefully examine EFE's associations with perceived control.

Daily Coping and Resilience

We speculated that resilience would positively relate with PFE to manage daily stressors and negatively relate to EFE, PFD, and EFD. Consistent with this prediction, resilience was positively associated with PFE and negatively associated with EFD. Contrasting our prediction, resilience positively correlated with EFE (Figure 2). Thus, college students who reported higher levels of resilience prioritized engagement over disengagement coping, regardless of whether these strategies were problem- or emotion-focused. Accordingly, resilience could be associated with a tendency to approach stressors cognitively and affectively. Though we did not explore this possibility, more resilient college students could be more likely to use PFE and EFE in tandem to manage daily stressful events. This dual attack on daily stress could lead to a more effective management of the problems and emotions tied to their stressors. Future research could test whether resilience is indeed linked to the combined use of PFE and EFE.

These findings also support past studies documenting links between resilience and PFE (Campbell-Sills et al., 2006; Moorhouse & Caltabiano, 2007). The tendency to approach daily problems may

reflect a key facet of resilience that explains one way in which more resilient individuals thrive when challenged. However, we were surprised that resilience was also positively associated with EFE. This finding diverges with at least one previous study; that is, Campbell-Sills and colleagues (2006) observed a negative relationship between resilience and emotion-oriented coping. Several studies also indicate that emotion-focused coping is generally maladaptive (e.g., Penley, Tomaka, & Wiebe, 2002; Schnider, Elhai, & Gray, 2007; Wester & Trepal, 2010; Zeidner & Saklofske, 1996); thus, it stands to reason that more resilient individuals would be less (not more) likely to enact this coping strategy. However, many of these past studies neglected to distinguish emotion-focused engagement and disengagement when assessing links to psychosocial functioning. It is possible that EFE may be generally adaptive, whereas EFD may be generally maladaptive. We did not examine links between daily coping and psychological adjustment in the current analyses; thus, we could not examine this question.

We also explored the role of perceived control in the relationship between resilience and coping. Specifically, we tested whether perceived control interacted with resilience, such that individuals with greater resilience are more likely to use PFE when they perceive daily stressors as more controllable. That is, more resilient individuals might show greater goodness-of-fit in their daily coping (Lam & McBride-Chang, 2007). The current findings did not align with our predictions in that resilience did not moderate the daily relations between perceived control and PFE (or any other coping strategy); thus, resilience was not linked to greater goodness-of-fit between college students' perceived control and coping behavior (Figure 2).

It is possible that more resilient college students simply view their stressors as more controllable, which could account for the relation between resilience and the use of PFE. That is, by viewing daily stressful events as more controllable in nature, more resilient individuals may essentially prime themselves to be more likely to use PFE. The tendency to view stressors as more controllable could reflect the reality of their environments; that is, more resilient college students, through their reciprocal interactions with

their environments, could set the stage to experience events that are more changeable. It is also plausible that these individuals show a bias (i.e., a positive bias) in their control appraisals. Theorists have posited that overly positive perceptions can be adaptive for psychological functioning (e.g., Taylor & Brown, 1988). Recent research also suggests that more resilient adults show an attentional bias toward positive stimuli (Thoern, Grueschow, Ehlert, Ruff, & Kleim, 2016). Thus, resilience might be linked with a tendency to appraise challenges as more controllable than they truly are by focusing on positive aspects of stressful events. While research is needed to test this hypothesis, a positive bias linked to resilience could explain why more resilient college students did not display greater goodness-of-fit in their daily coping.

Limitations

Despite its strengths, this study has limitations that must be discussed. First, our sample size was relatively small, and the current findings should not be generalized beyond college students. The results could appear quite different for other age groups or even adults not attending college. Second, our sample was primarily comprised of women. Though we did not detect gender differences in overall levels of our variables, the pattern of relations observed in this study may vary across gender. Unfortunately, our sample included too few men to test multi-group models to explore potential gender differences. Third, we did not collect data on participants' year in college; however, it is likely that stress and coping varies as the demands of college life change from year to year. Fourth, all data were based on self-report. Though this is quite common in daily studies, it nonetheless increases risk of Type I error due to shared method variance. Fifth, the internal consistency of the PFD subscale was somewhat low; thus, findings regarding this variable should be interpreted with caution.

Conclusion

College students face various day-to-day stressful events. In this study, they showed goodness-of-fit in their use of PFE based on how controllable they perceive their daily stressors. Additionally, more resilient college students tended to engage with their daily stressors by focusing on the problems and

emotions associated with their stress, regardless of their control appraisals. These findings may be helpful to researchers who study stress, coping, and well-being, as well as the mental health professionals who work to support adults struggling with the trials and tribulations of college life.

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Exploring Assessment Practices in Counselor Education Programs

Monir F. Morgan

This study explored assessment practices used by counselor educators (N=40) through a five-point Likert scale-based questionnaire that included forty-five assessment practices. The results indicated that the frequently used assessment practice was traditional examinations. The response 'never' got the highest percentage followed by 'rarely', then 'sometimes' for most of the non-traditional assessment practices. However, very few counselor educators use written papers, online discussion forums, presentations, role-plays, videotaped counseling sessions, and cases.

Keywords: assessment, assessment practices, classroom assessment, alternative assessment

Assessment is an integral part of teaching and learning. Literature on assessment and evaluation indicates that assessment of student learning has multiple objectives such as placing students in appropriate instructional levels, measuring their ongoing progress, qualifying them to enroll in academic or job training programs, verifying program effectiveness, and demonstrating their gains in order to justify continued funding for a program (e.g., Koloi-Keaikitse, 2012; Sambell, McDowell, & Montgomery, 2012; Webber, 2012). Although assessment is a means by which the education system is enhanced and defined (Nenty, Adedoyin, Odili, & Major, 2007), many higher education institutions use assessment to address accountability expectations and to ensure accreditation standards (Gaston, 2018). Instead of using assessment to promote learning, motivate students, clarify students' achievement expectations, identify students with special learning needs, understand students' characteristics, and monitor instructional effectiveness (Reynolds, Livingstone, & Wilson, 2009; Koloi-Keaikitse, 2012), many higher education teachers, including counselor educators, use classroom assessment to assign grades.

Traditional Assessment

Traditional assessment includes multiple-choice exams, quizzes, selection exams, written response exams, and essay exams. The purpose of traditional assessment is to document learning. These traditional assessment tools are used for types of assessments with the least of thinking skills expectations. They only focus on how students remember what was learned thereby achieving low-level learning skills. Further, the focus of traditional assessment is limited to content and factual information that is removed from the learning context. Traditional assessment strategies often assess isolated skills rather than real ability. Moreover, they emphasize lower-level comprehension rather than deep understanding; produce scores that are not informative or useful for planning instruction; rely on recognition rather than the production of abilities; and do not involve students in their own assessment (Carless, 2015a; Halinen, Ruohoniemi, Katajavuori, & Virtanen, 2014).

According to McMillan (2008), higher education teachers are supposed to use classroom assessment to understand their students and to match their actions with accurate assessments.

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However, traditional assessment practices such as multiple-choice exams, quizzes, selection exams, written response exams, and essay exams are very common in higher education (Gilles, Detroz, & Blais, 2011; Tractenberg, Gushta, Mulroney, & Weissinger, 2013). Many researchers confirmed that higher education teachers primarily assess student learning through testing (e.g., Halinen, Ruohoniemi, Katajavuori, & Virtanen, 2014; Postareff, Virtanen, Katajavuori, & Lindblom-Ylänne, 2012). Furthermore, traditional assessment practices are used to evaluate students' achievement and assign grades (Sambell et al., 2012; Webber, 2012). The literature on assessment and evaluation indicates that the use of traditional assessment practices has many limitations and drawbacks. According to Buhagiar (2007), traditional classroom assessments are *learning unfriendly* (they may reveal what students remember about what teachers think they should remember, but do not help teachers get to truth, meaning, purpose or utility), *curriculum unfriendly* (they emphasize recall of factual knowledge with a heavy reliance on memory and rote learning); *teacher unfriendly* (the knowledge that test scores are the sole means of describing and judging schools produces in teachers the determination to do what is necessary), and *student unfriendly* (students find themselves not so much described by examinations as constructed by them). Besides, they only assess lower-level thinking (Hickson, Reed, & Sander, 2012; Stanger-Hall, 2012) and are unable to measure higher-order outcomes (Halinen et al., 2014). Moreover, they do not enable learners to present their best performance because they promote memorization and regurgitation (Carless, Joughin, & Lui, 2010); are unable to measure student learning and effort over the entire course (Carless, 2015b; Sambell et al., 2012); and do not promote student learning (Duncan & Buskirk-Cohen, 2011). Furthermore, they distort learning (Carless et al., 2010) and may not measure learning accurately (Aksu Ataç, 2012; Camilli, 2013).

Alternative Assessment

In light of the many limitations and drawbacks of using traditional assessment practices and due to changes in the academic needs of more diverse students, the use of traditional assessment practices has come into question (Hayden, 2011, Jones, 2010). William and Thompson (2008) introduce a shift from traditional assessment forms to a new paradigm, alternative

assessment. In addition, the results of many studies of traditional assessment practices provide motivation for considering the use of alternative assessments over traditional methods (Ferrão, 2010; Supovitz, 2009). Furthermore, with academic and student concerns regarding the use of traditional assessment practices in higher education, the call for and acceptance of using alternative assessment practices have been increased (Sambell et al., 2012).

Alternative assessment provides more opportunities for the instructors to regularly observe students' knowledge, skills, and capabilities, and to adapt their teaching based on students' needs. Alternative assessments include, but are not limited to, student-self-assessment, peer assessment, performance assessment, product assessment, and instructor designed formative assessment such as applications, cases, logs, concept mapping, charts, etc. According to Libman (2010), alternative assessment refers to methods that abandon traditional pen and paper testing to nurture productive student learning. In fact, educators apply the term alternative assessment to assessments other than those considered traditional assessments (Oosterhof, Conrad, & Ely, 2008). As explained by Carless (2015b), alternative assessment practices represent an alternative to examinations and have features such as engaging students in real-life activities.

Some studies suggest that alternative assessments are valid and reliable methods of measuring student learning (e.g., Butler & Lee, 2010; Supovitz, 2009). Similarly, other studies conclude that alternative assessments are learning tools (e.g., Gielen, Dochy, Onghena, Struyven, & Smeets, 2011; Olofsson, Lindberg, & Hauge, 2011). Moreover, current literature on alternative assessments emphasizes the appropriateness of using alternative assessment practices to enhance students' learning naturally and accurately while they are engaged in real-world tasks (e.g., BoarerPitchford, 2014; Carless, 2015a; Cheng & Fox, 2017). Using assessment for learning through implementing alternative assessment practices triggers and develops sustained learning for future professional practice (Boud & Falchikov, 2006) and encourages students to independently engage in the thinking required for their future disciplinary work (Carless, 2007, 2015a, 2015b).

Despite the body of literature, indicated above on using alternative assessment practices that support students' learning, researchers stated that testing is still the primary method of assessment (Carless, 2015b; Postareff et al., 2012). Therefore, it is essential for higher education teachers, including counselor educators, to become aware of and be trained in using alternative assessment practices that might make assessment more for learning.

Current Study

Although higher education teachers, including counselor educators, are responsible for using assessment practices that prepare students for their upcoming careers, many educators still use traditional assessments that do not promote student learning or prepare them for life beyond postsecondary education (Carless, 2015b; Carless et al., 2010). Counseling practice is integrally tied to personal development and moral reasoning abilities. Therefore, counselor education programs must systematically evaluate their students' knowledge acquisition, interpersonal fitness, and practical skills, to best serve future clients (Eriksen & McAuliffe, 2006; Smaby, Maddux, Richmond, Lepkowski, & Packman, 2005). According to The Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2009), accredited counselor education programs must commit to evaluating the effectiveness of their training curricula through assessing student learning related to conceptual and theoretical information, clinical practice, and interpersonal interactions, as well as students' skills and practice in didactic coursework for each specialty. However, accredited counselor education programs have been using accrediting body standards as one external measure of program quality and an objective means to assess student learning outcomes (Barrio Minton & Gibson, 2012; Dykman & Davis, 2008; Urofsky, 2013). Moreover, many counselor education programs utilize the Counselor Preparation Comprehensive Examination (CPCE) as a tool to evaluate student-learning outcomes as confirmed by Haberstroh, Duffey, Marble, and Ivers (2014) who pointed out that more than 300 counselor education programs utilize the CPCE (Center for Credentialing and Education, 2013) as a tool to evaluate student learning.

According to Haberstroh and colleagues (2014), the CPCE does not focus on specific counseling specialties or practical skills, and they concluded that counselor education programs may need to implement other means to evaluate the specific learning objectives required by specialty programs. Therefore, "a comprehensive assessment of counselor education programs must include systematic evaluation of students' academic, clinical, and interpersonal progress as guideposts for program involvement" (p.28).

Literature on assessment and evaluation in accredited counselor education programs reveals that counselor education lacks quality assessment measures (Warden & Benschhoff, 2012); assessing the achievement of student learning outcomes can be difficult (Barrio Minton & Gibson, 2012); and the evaluation of student clinical competencies may require distinct assessment protocols to assess students' counseling practice (Leigh et al., 2007). This suggests that solely using traditional assessment practices cannot bridge the gap or overcome the challenge. Therefore, Leigh et al. (2007) argued that counselor education programs must systematically assess the interpersonal competence of counselors in training through systematic multiple evaluations of students' decision-making processes, skill acquisition, knowledge retention, and personal attributes. Likewise, CACREP (2016b) has stated that all counselor education programs must engage in ongoing evaluation regarding student performance on targeted learning outcomes. In other words, it is imperative that programs investigate and document that students are, in fact, learning the required material (Barrio Minton & Gibson, 2012) through multiple assessment measures over multiple points in time (CACREP, 2016b). Accordingly, many counselor educators are still using traditional assessment practices (e.g., multiple-choice, selection, etc.) to prepare their students for the CPCE, which is mainly multiple-choice questions. Based on the pertinent literature review and to the best of the researcher's knowledge, there is a lack of research studies that examine classroom assessment practices implemented by counselor educators. Therefore, the present study was an attempt to explore the assessment practices frequently used by counselor educators. The following three questions guided the present study:

1. What are the most common assessment practices appropriate for assessing student counselors' learning in the counselor education program courses?

2. How frequently do counselor educators use traditional assessment practices in assessing student counselors' learning?

3. How frequently do counselor educators use alternative assessment practices in assessing student counselors' learning?

The results of the present study will contribute to the improvement of the assessment practices used by counselor educators in assessing student counselors' life-long learning. The results will also help raise the awareness of both counselor educators and administrators about the value of assessment and its impact on student counselors' life-long learning.

Method

The purpose of this study was to explore the assessment practices frequently used by counselor educators. Therefore, the present study utilized a descriptive quantitative approach of data collection because it describes what is happening in a certain population (Rovai, Baker, & Ponton, 2014). The author used the descriptive quantitative approach to identify problems, develop a theory, make judgments, and set the foundation for further study (de Vaus, 2014; Rovai et al., 2014).

Participants

A convenience sample from a university in northeast Pennsylvania was used for this study. The number of participants for this research study was unknown in the beginning since the questionnaire was given to all student counselors (68 students; 12 males and 56 females) enrolled in the four counseling programs: Clinical Mental Health Counseling: Marriage, Couples and Family Counseling; School Counseling; and Student Affairs in Higher Education, during their final year of study. The reason for choosing the final year of study was to have consistency across all four counseling programs and to make sure that student counselors were involved in all assessment practices that could possibly be used by their counselor educators during the students' course of study. The questionnaire was given to student

counselors in class and they were asked to return it the following week. The response rate was low (58.82%). Forty student counselors completed and returned the questionnaire that provided information on the assessment practices used by their counselor educators to generate course grades and assess the learning outcomes. The respondents were 18 student counselors (4 males and 14 females) enrolled in the mental health program (45%), 12 student counselors (1 male and 11 females) enrolled in the marriage and family program (30 %), and 10 student counselors (2 males and 8 females) enrolled in the school counseling track (25%). No responses were received from student counselors enrolled in the Student Affairs in Higher Education program. The respondents' ages range between 23 and 56 years old. They represented a variety of ethnicities.

Measures

To answer the questions of this study, the author developed and used a five-point Likert type questionnaire to collect data and determine the assessment practices used by counselor educators. The closed response questionnaire that was given to the participants to complete included 45 feasible assessment practices appropriate for assessing student counselors' learning in their counselor education program courses, followed by five responses: *always*, *often*, *sometimes*, *rarely*, and *never* (see Appendix 1). The author developed the questionnaire through reviewing literature on traditional assessment practices (e.g., multiple-choice exams, quizzes, selection exams, written response exam, and essay exams) and alternative assessments practices (e.g., applications, cases, checklists, concept mapping, creative works, journals, peer assessment practices, performance assessment practices, portfolios, presentations, projects, role plays, self-assessment practices, etc.), and analyzing the various assessment practices that higher education teachers in general, and counselor educators specifically, could use in their classes. In its original form, the questionnaire was comprised of 57 assessment practices. The author sent the questionnaire to five assessment and evaluation experts, who have been teaching assessment and evaluation courses and publishing on assessment for learning for more than 10 years. The experts judged the clarity, appropriateness, and face and content validity of the items, as well as the feasibility of using such assessment practices in counselor education programs.

The judges confirmed the face and content validity of the questionnaire. In light of the judges' comments, the author omitted twelve assessment practices that were not appropriate, could not be effective for student counselors, or were overlapping. Therefore, the final form of the closed response questionnaire included 45 feasible assessment practices (5 traditional assessment practices and 40 alternative assessment practices) followed by five responses: *always*, *often*, *sometimes*, *rarely*, and *never* (see Appendix 1).

The calculated test-retest reliability of the questionnaire was 0.82, and its statistical validity was 0.91. The instructions of the questionnaire were simple, brief, and clear. They contained information about the objective of the questionnaire and the directions of how to record responses. The questionnaire was divided into two sections. Section one included five traditional assessment practices and section two included 40 alternative assessment practices. Literature shows that questionnaires/surveys have been common methods for collecting the information for analysis in descriptive qualitative studies. (Rovai et al., 2014). It also shows that the use of a Likert scale produces numerical data for statistical analysis.

Procedure

The author developed the questionnaire through reviewing the literature on traditional assessment practices, alternative assessment practices, and analyzing the various assessment practices that higher education teachers in general, and counselor educators specifically, could use in their classes. The questionnaire was judged by five assessment and evaluation experts to evaluate the clarity, appropriateness, and face and content validity of its items, as well as its feasibility. The author revised the questionnaire in light of the judges' comments and feedback. After receiving IRB's approval, the researcher selected the sample of the study and held a short orientation session to confirm participants' understanding of all components of the questionnaire and clarify the meaning of all assessment practices included in the questionnaire. The questionnaire was given to student counselors and they were asked to return it the following week. After receiving the completed questionnaires, the author conducted the appropriate statistical analysis.

Results

To answer the first question of the study, 'What are the most common assessment practices appropriate for assessing student counselors' learning in the counselor education program courses?', the author developed a closed response questionnaire that included 45 feasible assessment practices in its final form (see Appendix 1). To answer the second question, 'How frequently do counselor educators use traditional assessment practices in assessing student counselors' learning?', the author calculated the frequencies and percentages of the participants' responses to section one of the questionnaire. These frequencies and percentages together with the total percentage of the combined columns and priority are presented in Table 1.

Table 1. Frequencies, percentages, and rank of always used traditional assessment practices.

Traditional Assessment Practices	Response										Total % of Collapsed Columns	Priority
	Always		Often		Sometimes		Rarely		Never			
	F	%	F	%	F	%	F	%	F	%		
Multiple-Choice Exams	35	87.5	5	12.5	0	0	0	0	0	0	100	1
Quizzes	30	75	8	20	2	5	0	0	0	0	95	2
Selection Exams (true-false, matching)	22	55	12	30	6	15	0	0	0	0	85	3
Written Response Exams (fill in the blanks, short paragraph)	20	50	12	30	8	20	0	0	0	0	80	4
Essay Exams	18	45	12	30	10	25	0	0	0	0	75	5

As indicated in Table 1, counselor educators used traditional assessment practices readily in assessing student counselors' learning. The response 'always' received the highest percentage followed by 'often' for the five types of traditional assessment practices. Traditional assessment practices were commonly used as the percentage of the 'always' response for multiple-choice exams was 87.5% followed by quizzes (75%), selection exams (55%), written response exams (50%), and finally essay exams (45%). To gather additional information, Rovai and colleagues (2014) suggested collapsing Likert columns. Therefore, the 'always' and

‘often’ responses were combined. This revealed that the total percentages of ‘always’ and ‘often’ responses were 100% for multiple-choice exams, followed by 95% for quizzes, 85% for selection exams, 80% for written response exam, and 75% for essay exams.

To answer the third question, ‘How frequently do counselor educators use alternative assessment practices in assessing student counselors’ learning?’, the author calculated the frequencies and percentages of the participants’ responses to section two of the questionnaire items. These frequencies and percentages together with the total percentage of the combined columns and priority are presented in tables 2 and 3.

Table 2. Frequencies, percentages, and rank of often and sometimes used alternative assessment practices.

Alternative Assessment Practices	Response										Total % of Collapse Columns	Priority
	Always		Often		Sometimes		Rarely		Never			
	F	%	F	%	F	%	F	%	F	%		
Online Discussion Forums	0	0	15	37.5	21	52.5	4	10	0	0	90	1
Written papers	10	25	24	60	6	15	0	0	0	0	85	2
Presentations	0	0	10	25	24	60	6	15	0	0	85	2
Role-Plays	0	0	8	20	24	60	6	15	2	5	80	3
Videotaped Counseling Sessions	4	10	8	20	24	60	2	5	2	5	80	3
Cases	6	15	8	20	22	55	4	10	0	0	75	4

Table 2 identifies the six alternative assessment practices that were often or sometimes used by counselor educators in assessing students’ learning. These alternative assessment practices include written papers, online discussion forums, presentations, role-plays, videotaped counseling sessions, and cases. The following percentages include the combination of the two columns with high percentages (sometimes and often) as suggested by Rovai, and colleagues (2014) to gather additional information. The only alternative assessment practices that counselor educators sometimes used were online discussion forums (90% total; 52.5% sometimes and 37.5% often), in the first rank, followed by written papers (85% total; 60% often and 25% always) and presentations (85% total; 60% sometimes and 25% often) in the second rank. Then, role-plays (80% total; 60% sometimes and 20% often) and videotaped counseling sessions (80% total; 60%

sometimes and 20% often) in the third rank. Finally, cases (75% total; 55% sometimes and 20% often) came in the fifth rank of sometimes used alternative assessment practices.

Table 3 identifies the 34 alternative assessment practices that were never used by counselor educators in assessing students’ learning. These alternative assessment practices were blogs, bulletin boards, debates, inventories, jigsaw tasks, logs, online chat, plans, portfolios, panel discussions, profiles, self-assessment practices, statements, and three-two-one. Performance assessment practices, retelling, and written reports came in the second rank of the never used alternative assessment practices with (95%) of the combination of the two columns with high percentages (never and rarely) for each practice. Creative work, interviews, and questionnaires came in in the third rank with 92.5% of never used assessment practices. Journals, observation, peer assessment practices, reading insights, and written reviews came in in the fourth rank with 90% of never used assessment practices. In the fifth rank of never used assessment practices, came applications, checklists, conferences, and written summaries with 85%. In the sixth rank of never used assessment practices, came charts, concept mapping, written analyses, and written critiques with 80%. Projects occupied the last rank of never used assessment practices with 67.5%.

Discussion and Conclusion

This descriptive quantitative study aimed at exploring the assessment practices frequently used by counselor educators through gathering information from student counselors and determining what is occurring in their program. A closed-response questionnaire, which included 45 feasible assessment practices appropriate for assessing student learning in counselor education program courses was given to the participants to complete (see Appendix 1). The questionnaire requested participants’ feedback on the frequency of use of both the traditional and alternative assessment practices, used by their counselor educators. The calculation and analysis of the participants’ responses to the questionnaire items provided answers to the three questions of the study.

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Table 3. Frequencies, percentages, and rank of never or rarely used alternative assessment practices.

Alternative Assessment Practices	Response										Total % of Collapsed Columns	Priority
	Always		Often		Sometimes		Rarely		Never			
	F	%	F	%	F	%	F	%	F	%		
Blogs	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Bulletin Boards	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Debates	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Inventories	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Jigsaw Tasks	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Logs	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Online Chat	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Plans	0	0	0	0	0	0	4	10	36	90	100	1
Portfolios	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Panel Discussions	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Profiles	0	0	0	0	0	0	4	10	36	90	100	1
Self-Assessment Practices	0	0	0	0	0	0	8	20	32	80	100	1
Statements	0	0	0	0	0	0	5	12.5	35	87.5	100	1
Three-Two-One Performance Assessment Practices	0	0	0	0	0	0	0	0	40	100	100	1
Retelling	0	0	0	0	4	10	6	15	32	80	95	2
Written Reports	0	0	0	0	2	5	8	20	30	75	95	2
Creative Work	0	0	0	0	3	7.5	12	30	25	62.5	92.5	3
Interviews	0	0	0	0	3	7.5	5	12.5	32	80	92.5	3
Questionnaires	0	0	0	0	3	7.5	5	12.5	32	80	92.5	3
Journals	0	0	0	0	4	10	6	15	30	75	90	4
Observation	0	0	0	0	4	10	6	15	30	75	90	4
Peer Assessment Practices	0	0	0	0	0	10	6	15	30	75	90	4
Reading Insights	0	0	2	5	2	5	6	15	30	75	90	4
Written Reviews	0	0	0	0	4	10	12	30	24	60	90	4
Applications	0	0	0	0	6	15	12	30	22	55	85	5
Checklists	0	0	0	0	10	25	12	30	22	55	85	5
Conferences	0	0	0	0	6	15	12	30	22	55	85	5
Written Summaries	0	0	0	0	6	15	14	35	20	50	85	5
Charts	0	0	0	0	8	20	12	30	20	50	80	6
Concept Mapping	0	0	0	0	8	20	12	30	20	50	80	6
Written Analyses	0	0	0	0	8	20	12	30	20	50	80	6
Written Critiques	0	0	0	0	8	20	12	30	20	50	80	6
Projects	0	0	0	0	5	12.5	15	37.5	20	50	67.5	7

The results showed that counselor educators used five traditional assessment practices including multiple-choice exams, quizzes, selection exams (true-false, matching), written response exams (fill in the blanks, short paragraph), and essay exams as the primary assessment practices in assessing student counselors' learning. These results confirm that traditional testing has become the dominant form of assessment in higher education as indicated in assessment literature (e.g., Carless, 2015b; Duncan & Buskirk-Cohen, 2011; Gilles et al., 2011; Halinen et al., 2014; Postareff et al., 2012). The results also support the findings of other studies that traditional tests and examinations, such as multiple-choice exams, have become the norm of assessment in higher education (Duncan & Buskirk-Cohen, 2011; Gilles et al., 2011; Tractenberg et al., 2013).

Results also showed that counselor educators sometimes used alternative assessment practices such as written papers, online discussion forums, presentations, role-plays, videotaped counseling sessions, and cases. Such results are in line with the results of McNair, Bhargava, Adams, Edgerton, and Kypros (2003) and Sach (2011) who reported that many teachers were less confident and not comfortable with using alternative assessment practices other than traditional examinations because alternative assessment practices are primarily made by teachers, require students' active participation, and provide immediate and facilitative feedback.

The third category of the study results indicated that counselor educators never used alternative assessment practices that are learning-oriented. Examples of such assessment practices are concept mapping, debates, interviews, jigsaw tasks, logs, peer assessment practices, performance assessment practices, portfolios, self-assessment practices, etc. These results are in line with the results of other studies indicating that learning-oriented assessment has limited use in higher education (e.g., Carless, 2015a; Hernández, 2012).

To conclude, the results of the present study support the results of previous studies indicating that higher education teachers, including counselor educators, rely on traditional examinations to assess students' achievement and assign grades (e.g., Gilles et al., 2011, Postareff et al., 2012). The lack of using alternative assessment practices that promote and enhance students' life-long learning in counselor education programs could be due to the lack of awareness regarding assessment practices appropriate for use in higher education as confirmed in the literature (e.g., Gilles et al., 2011; Webber, 2012).

One of the limitations of the present study is its small sample size representing one counselor education program. Another limitation is the low response rate (58.82%). However, the literature indicates that although a low response rate might result in nonresponse bias and, therefore, present misleading information, the results of the questionnaire are still valuable and must be considered (Shih & Fan, 2008; Jelinek & Weiland, 2013). According to Simon and Goes (2013), a low response rate could make generalizations to the population not feasible. Nevertheless, Jelinek and

Weiland (2013) indicated that response rate is not essential although it may affect representativeness.

The results of the present study hold some pedagogical implications for classroom assessment in counselor education programs. These implications are summarized as follows:

1. The more complete the picture, the more appropriate the feedback, instruction, and grades. Therefore, counselor educators should use both traditional assessment practices and alternative assessment practices to gather information necessary for planning and improving feedback, instruction, and grades and enhancing life-long learning. This is confirmed by Ecclestone and Pryor (2003), who indicated that sustainable assessment was a way of building on summative and formative assessment to foster longer-term goals. Counselor educators can continue to use traditional assessment practices such as summative tests to improve learning and use alternative assessment practices like formative assessment to support summative assessment by preparing students with the necessary knowledge, skills, and confidence for their tests.

2. Alternative assessment practices appear to move in the direction of collecting formative and summative data and providing ongoing opportunities for counselor educators and student counselors to co-create a powerful learning environment for meeting standards and life-long learning. This is confirmed by many educators and researchers (e.g., Hounsell, McCune, Hounsell, & Litjens, 2008; Rieg & Wilson, 2009; Schalkwyk, 2010).

3. Counselor educators must explore alternative assessment practices like formative assessment to advance student counselors' learning and yield richer, qualitative information about student counselors' achievement and performance, and instructional effectiveness. This has been mandated by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2016b), which requires all counselor education programs to engage in ongoing evaluation regarding student performance on targeted learning outcomes.

4. Counselor education programs should move toward learning-oriented assessment at the program and

institutional levels to provide educators an enlightened view of assessment and promote student learning for the present and the future. This is confirmed by Carless (2015a) and Hernández (2012).

5. Counselor educators should receive on-going training in assessment for learning by using alternative assessment practices to bridge the gap between theory and practice and enhance students' life-long learning (Paily, 2013; Schweitzer & Stephenson, 2008).

6. Learning in counselor education programs should be interactive and participative. Therefore, it is recommended that counselor educators should use more alternative assessment practices such as self-assessment, peer assessment, performance assessment, and product assessment. These forms of assessment take control away from the instructor and turn it over to the students, making them learner-centered (Kearney, 2013). Peer and self-assessments are linked to reflective practice as they involve self-development and as such, are an important component of career development and management. Many researchers have advocated for the active involvement of students in the practices of self-peer assessment (Boud & Molloy, 2013; Torrance, 2012). The use of peer and self-assessment characterizes an alternative assessment practice that helps prepare student counselors for the future as peer and self-assessment assist them in developing evaluative expertise for making future decisions (Carless, 2015a). The remainder of this section sheds light on some alternative assessment practices that counselor educators can use in a variety of counseling courses.

a. *Self-assessment* entails a reflection of student counselors' learning with respect to the specific unit goals and outcomes. Self-assessment occurs when a student counselor assesses and makes judgments about his/her own work. It is exclusively conducted for every individual student counselor. Through self-assessment, student counselors can understand more about the learning process and become more involved in their own learning. Self-assessment can be implemented in a variety of forms such as diaries, journals, discussions, reflection logs, weekly self-evaluations, checklists, self-analysis, self-change, self-directed learning experience, self-exploration, self-reflection, pre-course self-assessment, post-course self-assessment, cultural autobiography, counseling autobiography, cultural

identity analysis, cultural immersion experience, cultural journey, cultural self-analysis, family genogram analysis, family of origin tree self-reflection, supervisory sessions reflection, “ism” impact autobiographical portrait, current issues reflection, etc.).

b. *Peer assessment* is the process through which groups of student counselors make judgments on the performance of their peers. Peer assessment is an arrangement when student counselors make assessment decisions on other fellow classmates’ work. It helps gather information regarding their understanding of the various concepts in the unit of study. Peer assessment also helps student counselors to develop certain skills such as teamwork and meta-cognition. In this strategy, student counselors normally use a specific set of criteria to critically assess the classwork of their fellow classmates. Since peer assessment is an interpersonal and interactive process, counselor educators should help their students develop a shared understanding of assessment procedures and criteria. Peer-assessment can be implemented in a variety of forms such as group discussions, group projects, group presentations, group observation, group-work evaluations, co-counseling peer assessment, think-pair-share, think-pair-share-repeat, etc.).

c. *Performance assessment* as an alternative assessment strategy can be used to provide outcome measures of student counselors’ competencies and program effectiveness and provide meaningful learning tasks that allow student counselors to demonstrate their ability to solve real-world problems and make appropriate decisions (Cummings, Maddux, & Richmond, 2008). According to Pearson (as cited in Sutton, 2018), performance assessments can be seen in various forms including essays, performance tasks, demonstrations, projects, portfolios, and games or simulated environments that provide opportunities for student counselors to demonstrate knowledge and skills in a context that results in a tangible product or observable performance. Additionally, performance assessment can be implemented in other forms such as role-playing, counseling lab activities, audio productions, video productions, etc.).

d. *Product Assessment* is defined as a “strategy teachers use to assess students in an ongoing way as they engage in the learning process, and it predominantly

represents culmination of student achievement” (Herman, 2005, p. 42). Counselor educators can use different forms of product assessment such as Portfolios (e.g., showcase portfolios, collections portfolios, assessment portfolios), Exhibitions (e.g., scripted discussions, role plays, simulations, use of audiovisual support), and Projects (e.g., personal change /growth/ development, intervention, multicultural interactions, multicultural maps, interpretation of assessment results project, advocacy project, interdisciplinary team project, legislative advocacy project, profession advocacy letter, simulated family group project, wiki group projects, workbooks/worksheets group project, co-counseling project, career interview project, etc.).

7. In addition to using student self-assessment, peer assessment, performance assessment, and product assessment, counselor educators can also enhance their students’ life-long learning through using other alternative assessment strategies as formative assessments such as concept mapping, 3-2-1, KWLH charts, think-pair-share, applications, and cases. These assessments can be conducted in all counseling courses.

a. *Concept maps* are visual representations of models, ideas, and the relationships between concepts. They can be used to assess student counselors’ knowledge of a topic, their vocational interests, emotions, self-concept, clients’ presenting problems, clients’ perceptions of the therapy process, client problem perception, perception of common factors in therapy, multicultural counseling competence, and coping strategies. Student counselors can be asked to draw circles containing concepts and lines, with connecting phrases on the lines, between concepts. Concept maps can be done individually or in groups.

b. *3-2-1* is an effective way to end a class session. Student counselors can be asked to complete the 3-2-1 prompts on their own paper or on a form created by the counselor educator. For example, student counselors can be asked to write down three things they learned today, two things they found interesting, one question they still have. 3-2-1 can be used in all counseling courses and is better be done individually. The 3-2-1 strategy can be used in different ways to serve different purposes.

c. *KWLH* charts can be used in all counseling courses and is better be done individually. At the beginning of a topic student counselors can be asked to

create a grid with four columns: what they know; what they want to know; what they have learned, and how they will learn what they haven't learned. They start by brainstorming and filling in the first two columns and then return to the third and fourth at the end of the class to complete and finally report their completed grids.

d. *Think-Pair-Share* is a great strategy for providing opportunities for all student counselors to respond during whole group discussion. The counselor educator asks a question or proposes a problem or a case. Student counselors first think of an answer or idea on their own (2-3 minutes). Next, they share, and possibly revise, their responses by sharing with a partner. Then, the counselor educator opens the discussion to the whole group to share and compare answers and ideas.

e. *Application* strategy is an effective alternative assessment practice that encourages student counselors to apply their counseling knowledge and skills. Counselor educators can use the application of ethical decision-making models, application of theories to client, application of theories to case, etc.

f. The use of *cases* in counseling courses as an alternative assessment practice is very effective in enhancing student counselors' abilities to apply their knowledge, skills, competencies, and dispositions. Counselor educators can use a variety of case-based assessments such as case summary, case conceptualization, case analyses, case critique, cinematic case study, ethical case brief, ethical case summary, ethical case reflection, etc.

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Appendix 1: Questionnaire Instrument

The following is a five-response questionnaire that consists of forty-five statements. The purpose of this questionnaire is to better understand how you are being assessed in the counselor education program courses. The questionnaire includes the most common assessment practices appropriate for assessing student counselors' learning. Indicate how frequently your professors use each of these assessment practices, throughout your study in the counselor education program. Please check (x) the option that best suits your opinion.

Number	Assessment Practices	Always	Often	Sometimes	Rarely	Never
Throughout my study in the counselor education program, I have been involved in the following assessment practices:						
A) Traditional Assessment Practices						
1	Essay exams					
2	Multiple-Choice Exams					
3	Quizzes					
4	Selection Exam (true-false, matching)					
5	Written Response Exams (fill in the blanks, short paragraph)					
B) Alternative Assessment Practices						
6	Applications					
7	Blogs					
8	Bulletin Boards					
9	Cases					
10	Charts					
11	Checklists					
12	Concept Mapping					
13	Conferences					
14	Creative Works					
15	Debates					
16	Interviews					
17	Inventories					
18	Jigsaw Tasks					
19	Journals					
20	Logs					
21	Observations					
22	Online Chats					
23	Online Discussion Forums					
24	Peer Assessment Practices					
25	Performance Assessment Practices					
26	Plans					
27	Portfolios					
28	Presentations					

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29	Panel Discussions						
30	Profiles						
31	Projects						
32	Questionnaires						
33	Reading Insights						
34	Retelling						
35	Role Plays						
36	Self-Assessment Practices						
37	Statements						
38	Three -Two - One						
39	Videotaped Counseling Sessions						
40	Written Analyses						
41	Written Critiques						
42	Written Papers						
43	Written Reports						
44	Written Reviews						
45	Written Summaries						

A Psychoeducational Children's Book to Prepare Families for Child-focused Counseling

Michael T. Morrow and Chelsea Hallas

In this study, we developed, assessed, and refined an illustrated children's book designed to prepare children and their caregivers to initiate child-focused counseling. Parents ($n = 50$) and mental health professionals ($n = 50$) were recruited online to read the book and offer feedback via electronic surveys. Participants rated the book's content and illustrations positively and provided valuable suggestions that were used to revise the book before its dissemination.

Keywords: pretreatment preparation, psychoeducation, child-focused counseling

In the United States, nearly one in five youth has a diagnosable mental health condition (US Department of Health and Human Services, 2000), and nearly one in three youth will display a diagnosable mental health problem before adulthood (Merikangas & He, 2009). However, only half of youth with such conditions seek treatment (Merikangas, He, Brody, Fisher, Bourdon, & Koretz, 2010), and roughly one third receive mental health services (Burns et al., 1995; Kessler et al., 2005). Moreover, when children receive services, many families end treatment prematurely (de Haan, Boon, de Jong, Hoeve, & Vermeiren, 2013) or do not adhere to the extent necessary to benefit (Nock & Ferriter, 2005). Accordingly, steps must be taken to address these issues related to access, attendance, and adherence.

Barriers to Attendance and Adherence

Myriad factors likely explain why certain families are more vulnerable than other families to dropout and poor adherence in child-focused counseling (i.e., counseling focused on the child and involving the child's caregivers). For example, Kazdin, Holland, and Crowley (1997) proposed a broad model with the following barriers: obstacles for participation (e.g., lack of care for client's siblings), demands of treatment (e.g., number and frequency of sessions), perceptions of treatment's relevance (e.g., low perceived credibility or efficacy),

and the client-practitioner relationship (e.g., weak therapeutic alliance). Within this model, barriers increase the likelihood of both dropout and non-adherence (Kazdin et al., 1997).

For this project, we were interested in Kazdin and colleagues' (1997) category of perceived treatment relevance insofar as this construct overlaps with client expectancies about treatment. Several studies have shown that discrepancies between parents' expectancies for child mental health services and the realities of these services are associated with dropout and poor attendance (Day & Reznikoff, 1980; Furey & Basili, 1988). Of note, this research is outdated, and new studies are needed to examine the effects of these discrepancies with current samples.

In terms of specific discrepancies, more recent research indicates that some parents do not expect to actively participate in their child's treatment, assume treatment will work in one or two sessions, perceive treatment as irrelevant, or find the conditions of treatment unacceptable (Kazdin & Wassell, 2000; Nock & Ferriter, 2005; Nock, Ferriter, & Holmberg, 2007). By addressing such discrepancies regarding child-focused counseling, it might be possible to reduce dropout, boost engagement, and enhance clients' progress. To accomplish this, some form of pretreatment preparation

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could be delivered to families in advance of their first session to provide them with accurate information about the nature of child-focused counseling

Pretreatment Preparation

There is a relatively long history of research on preparing clients for mental health services (Hoehn-Saric, Frank, Imber, Nash, Stone, & Battle, 1964), and various preparatory methods have been developed. One of the most common approaches is *role induction*, which refers to the process of educating clients about treatment (Walitzer, Dermen, & Connors, 1999). Through role induction, clients can learn about the purpose, format, process, demands, and barriers of counseling. When this information is delivered before the start of child-focused counseling, we speculate that families might initiate treatment with greater knowledge and more realistic expectancies, which could promote attendance, adherence, and client progress. This preparation could also influence other common factors (e.g., alliance and empathy) that contribute to counseling outcomes (Wampold, 2015).

Studies have been conducted to assess the impact of various forms of role induction, specifically preparatory psychoeducation, for child-focused psychotherapy. Across these studies, psychoeducation was delivered through several methods (interviews, brochures, audiotapes, and videos) and was associated with more accurate expectancies for treatment, greater knowledge about treatment, higher expectations for positive treatment outcomes, and even more consistent attendance at the start of treatment (Bonner & Everett, 1982; Day & Reznikoff, 1980; Holmes & Urie, 1975; Shuman & Shapiro, 2002). Despite these promising findings, it is important to recognize that these studies were published 17 to 44 years ago; thus, it is not clear whether the specific preparatory methods assessed would have the same impact in the current landscape of child-focused counseling. Further, we speculate that the preparatory methods evaluated in these studies could be enhanced by designing them to promote greater communication and interaction between children and caregivers as they learn about counseling together.

Current Study

The current study takes a preliminary step in advancing previous research by documenting the process of developing, assessing, and refining a new pretreatment preparatory resource, a psychoeducational children's book, *My First Visit to Counseling: A Guide for Kids and their Caregivers*, aimed to prepare families for child-focused counseling. The book provides families with psychoeducation on multiple aspects of child-focused counseling (Table 1). Each page is illustrated with colored drawings aimed to reflect a diverse range of children and professionals (for a sample illustration, see Figure 1). The book also includes activities (e.g., a detective hunt to find images across pages) to facilitate engagement. We created an electronic draft of the book and collected quantitative and qualitative feedback from parents and professionals, which was used to revise the book.

Method

This investigation was approved by the authors' institutional review board. The study was open to adults who self-identified as parents or mental health professionals. We did not selectively recruit parents of children with mental health challenges because, in this initial evaluation, we hoped to gather information from families without much prior knowledge or experience with child-focused counseling. Also, though we targeted providers who work with youth, the study was open to all mental health professionals.

Parents were initially recruited through online posts to local parent discussion boards (e.g., listservs, google groups, and facebook groups) that allowed research participation requests. We recruited mental health professionals by emailing directors or administrators of several local youth-focused mental health programs (e.g., agencies, clinics, hospitals, and group practices) to ask them to forward our research request to their mental health providers. Our research requests for parents and professionals also included snowball sampling statements encouraging them to pass along our request to other parents or professionals who might be interested. Parents and professionals recruited through these methods were not compensated in any way.

We had difficulty recruiting participants through the methods described above; thus, we also recruited parents and professionals via Amazon's Mechanical Turk (MTurk), an *open online marketplace* (Buhrmester, Kwang, and Gosling, 2011), on which various computer-based tasks can be posted, including surveys. Individuals can browse available tasks and complete those that interest them, after which they are monetarily compensated, typically with small payments. Research reveals that MTurk can be used to collect reliable data quickly and inexpensively; however, MTurk samples tend to be more diverse than those recruited in more traditional online studies (Casler, Bickel, & Hackett, 2013; Buhrmester, et al., 2011). Parents and professionals recruited on MTurk were compensated with \$1. We set participation limits on MTurk to recruit no more than 50 parents and 50 professionals using the initial recruitment strategies and MTurk.

Participants

Parents. Overall, 50 individuals (22% from discussion boards and 78% from MTurk) identified as parents, consented to participate, and provided survey data. In terms of gender, 56% identified as men and 44% as women. The racial-ethnic breakdown was 68% White, 22% Asian, 2% American Indian, 2% Black, 2% Other Race, and 4% declined to report race-ethnicity.

Parents were encouraged to read the book with their children. In total, 64% reported reading the book with at least one child. These parents were asked to provide demographic information about their children. Per parent report, the children's mean age was 7.12 years ($sd = 2.03$, range = 2-10). The children's gender breakdown was 47% boys and 26.5% girls; parents did not report gender for 26.5% of the children. The racial-ethnic breakdown for the children was 47% White, 15% Asian, 3% American Indian, 3% Black, 3% Mixed Race, and 29% declined to report race-ethnicity. Parents who read the book with children were asked to report whether their children had ever received mental health services. Overall, 59% of parents reported that their child had received such services; 29% indicated that their children had never received services, and 12% did not respond. The parents whose children had received services were also asked to rate how prepared they felt for their first counseling or therapy session on a response scale of 1 (*Not at all*) to 5 (*Extremely*). On average, they reported

feeling relatively low levels of preparedness ($M = 1.8$, $sd = .77$).

Professionals. Overall, 50 individuals (50% recruited from discussion boards and 50% from MTurk) identified as mental health professionals, consented to participate, and provided survey data. Professionals reported an average age of 35 years ($sd = 11.83$, range = 24-70) and a gender breakdown of 60% women and 40% men. They reported the following for race-ethnicity: 46% White, 20% Asian, 6% Black, and 2% Native American; 26% did not report race/ethnicity.

Notably, 46% of participants reported that they were currently completing graduate training. They reported having or pursuing the following titles: 36% Psychologist, 22% Social Worker, 18% Counselor, 10% Therapist, 6% Psychiatrist, 6% Medical Profession (medical doctor or nurse); 2% declined to respond. Professionals reported working in a range of settings: 42% medical setting (hospital or primary care), 18% community mental health agency, 14% university, 14% private practice, 4% residential facility, and 4% school; 4% declined to report their work setting. Finally, 90% reported working with children (ages 6 to 11 years).

Procedure

Participants received research requests via online posts or forwarded emails from their administrators or directors. Requests included a web link to a consent form. After consenting, participants were prompted to read an electronic version of the book. Parents were encouraged to read the book with their children (particularly children ages 6 to 11 years). Upon completing the book, participants were prompted to complete an online survey via a secure Qualtrics account.

Separate surveys were designed for parents and professionals. Both surveys first requested some demographic information. Participants were then asked to offer feedback for the book, including items with numeric rating scales and open-ended questions. Surveys were customized. For instance, parents who affirmed that they read the book with at least one child (6 to 11 years of age) received additional items probing their child's experience with the book. Professionals who affirmed working with children (6 to 11 years of age) also received several extra items regarding the

application of this book to their practice. On average, study participation took 18 minutes for parents and 14 minutes for professionals.

Measures

Parents and Professionals

All participants received a core set of survey items. Participants were asked to rate the overall helpfulness of the book on a scale of 1 (*Not at all*) to 5 (*Extremely*). Next, they were asked to rate the quality of the information in the book and the quality of the illustrations on scales of 1 (*Very Poor*) to 5 (*Very Good*). After these items, they were asked whether the illustrations were appropriate for families of different backgrounds (*Yes* or *No*). Those who endorsed *No* were asked to comment on how we could improve the illustrations to better represent diverse families. Participants were also asked to rate how age-appropriate this book was for children between the ages of 6 and 11 years on a scale of 1 (*Not at all*) to 5 (*Extremely*). Next, they were asked to indicate whether the book was missing any important information (*Yes* or *No*). Those who selected *Yes* were asked to comment on what was missing. Lastly, they were asked to share any changes we could make to improve the book.

Parents

Parents were specifically asked to rate how much they learned from the book on a scale of 1 (*Nothing at all*) to 5 (*A great deal*). They were also asked to rate how likely they would recommend this book to a friend or family member on a scale of 1 (*Not at all*) to 5 (*Extremely*). Parents were also asked to indicate whether they read this book with a child(ren) between the ages of 6 and 11 years (*Yes* or *No*). Those who answered *Yes* were asked to indicate the ages of the child(ren), rate how much their child(ren) learned from the book on a scale of 1 (*Nothing at all*) to 5 (*A great deal*), and rate how much their child(ren) was interested in the book on a scale of 1 (*Not at all*) to 5 (*Extremely*). These parents were also asked to provide open-ended descriptions of any questions their children asked while reading the book.

Professional

Professionals who affirmed that they work with children (ages 6 to 11 years) were asked to rate how helpful this book would be to the families they work with on a scale of 1 (*Not at all*) to 5 (*Extremely*). They were also asked to rate how likely they would recommend this book to families with children and whether they would send this book (if available as a free eBook) to families they see with children on scales of 1 (*Not at all*) to 5 (*Extremely*). All professionals were then asked to rate whether they would recommend this book to colleagues who work with children on a scale of 1 (*Not at all*) to 5 (*Extremely*).

Results

Descriptive statistics are provided in Table 2 to summarize the numeric ratings. We explored several group differences in these ratings via *t* tests and calculated effect sizes (Cohen's *d*) for all significant findings. Open-ended feedback was analyzed by the two authors. Specifically, we separately assessed the content of participants' open-ended feedback for themes. We grouped open-ended responses into common themes and tallied the total number of responses in each grouping. Overall, participants offered generally unambiguous suggestions on ways to improve different aspects of the book. There were only two responses that we grouped differently. Via discussion, we recognized that these responses contained multiple suggestions that could be grouped into several categories rather than just one.

Parent Results

Quantitative findings. Parents rated the book as *Somewhat* to *Very Much* helpful. They rated the quality of the book's content as *Good* to *Very Good* and the quality of the illustrations as *Good*. Parents rated the age-appropriateness (6 to 11 years) of the book as *Very Much* to *Extremely*. They reported learning *A Fair Amount* to *A Lot* from the book and rated their children as learning *A Lot* and showing *A Lot* to *A Great Deal* of interest in the book. Finally, parents rated their likelihood of recommending the book to other families as *Very Much*.

We performed independent *t* tests to assess differences in all of the variables above between parents recruited through discussion boards versus MTurk.

MTurk parents reported significantly greater parent learning ($M = 2.18$) than did the other parents ($M = 3.82$), $t = -4.73, p < .001, d = 1.70$. We also explored differences between parents who read the book with their children and those who did not. Parents who read the book with a child provided higher ratings of helpfulness ($M_{\text{with}} = 4.12$; $M_{\text{without}} = 3.13$; $t = 4.19, p < .001, d = 1.29$), quality of illustrations ($M_{\text{with}} = 4.21$; $M_{\text{without}} = 3.63$; $t = 2.02, p < .05, d = .58$), and parent learning ($M_{\text{with}} = 3.91$; $M_{\text{without}} = 2.50$; $t = 4.53, p < .001, d = 1.39$).

Qualitative findings. Overall, 90% of parents selected *Yes* regarding whether the book's illustrations are appropriate for families of different backgrounds. Five parents offered feedback on how to enhance the diversity in the illustrations. One parent recommended including characters with more varied skin tones, and another specifically suggested better depicting Asian American families. Three parents recommended including children with physical differences; one of these parents suggested depicting children with *assistive aids*. Lastly, one parent urged including families with *different structures* (e.g., with *same and opposite-gender parents*).

Of the 30 parents who read the book to children, 43% reported that their children asked at least one question about the book. A few of these parents also shared the specific questions that children asked (e.g., *Who is our therapist? Who tells you to go to a therapist? Do you go forever? How do they make you braver? What if you don't get better?*).

In terms of whether the book was missing information, 24% of parents selected *Yes*. Of these parents, several offered open-ended suggestions. Two parents suggested including additional illustrations; one parent encouraged more images of children expressing a *wider range of emotions* in order to *normalize* those feelings. One parent also recommended including other *life changes* that could lead a child into counseling (*moving, changing schools, divorce*).

All parents were asked about what changes could be made to strengthen the book. Three parents commented that the book was difficult to read when pages alternated between vertical and horizontal orientations. Three parents offered suggestions regarding the general design and content of the text. Together, they suggested shortening paragraphs, bulleting key content, indenting

paragraphs, adding more space between paragraphs, and *breaking the "fourth wall"* by addressing and engaging readers in interactive activities.

Six parents recommended making the text more concise, and two parents noted that there were a few typos. Parents also offered conflicting feedback about the age-appropriateness of the book. One parent suggested that the book is appropriate for young children but *too immature* for older children. Another parent reported the opposite opinion.

Two parents encouraged adding more illustrations. One parent suggested that an image depicting a girl's move to a new state is *too abstract* for young children. Two parents encouraged including other information, such as some *positive reasons* children pursue counseling (e.g., *wanting to improve*). Another parent recommended describing a broader range of feelings (e.g., *curious* and *excited*) that children might have about going to counseling.

Professional Results

Quantitative findings. Professionals rated the book as *Very Much* helpful to themselves and as *Very Much* to *Extremely* helpful to families (clients). They rated the quality of the book's content as *Good* to *Very Good* and the quality of the illustrations as *Good*. Professionals rated the age-appropriateness (6 to 11 years) of the book as *Somewhat* to *Very Much*. Professionals rated their likelihood of recommending the book to families (clients) as *Somewhat* to *Very Much* and to colleagues as *Very Much*. Finally, they rated their likelihood of sending the book to families with children (clients) as *Very Much*.

We performed independent t tests to assess differences in the variables above between professionals recruited through discussion boards versus MTurk. MTurk professionals reported that the book was more helpful to themselves ($M = 4.32$) than the other professionals did ($M = 3.80$), $t = -2.35, p < .05, d = .66$. MTurk professionals also reported that the book would be more helpful to families in counseling ($M = 4.42$) than did the other professionals ($M = 3.81$), $t = -2.77, p < .01, d = .84$. We also explored differences between practicing professionals and graduate students. Students gave higher ratings of helpfulness to themselves ($M_{\text{student}} = 4.43$; $M_{\text{prof}} = 3.74$; $t = 3.27, p < .01, d = .91$), helpfulness

to families ($M_{student} = 4.59$; $M_{prof.} = 3.70$; $t = 4.62$, $p < .001$, $d = 1.37$), and their likelihood of recommending the book to families ($M_{student} = 4.23$; $M_{prof.} = 3.70$; $t = 2.35$, $p < .05$, $d = .70$).

Qualitative findings. Overall, 94% of professionals selected *Yes* regarding whether the book's illustrations are appropriate for families of different backgrounds. Three professionals offered suggestions to strengthen the diversity of the illustrations. They encouraged adding families with same-sex parents, children with physical differences, and greater racial-ethnic variation overall among the characters.

Regarding whether the book was missing information, 20% of professionals selected *Yes*. One professional encouraged more general information about counseling, such as the length of sessions and possible settings. Two professionals suggested offering a *kid-friendly* description of confidentiality. Two professionals also recommended covering several additional topics, including *grief*, *tantrums*, *nightmares*, and *getting along with siblings*.

All professionals were asked about what changes could be made to strengthen the book. Two professionals encouraged changing the orientation of pages so that all pages are set in the same orientation. Four professionals suggested making the text more succinct. Also, two professionals encouraged using more kid-friendly language and simply defining some common counseling terms. One professional suggested discussing confidentiality. Two other professionals mentioned typos in the text. One professional indicated that the book felt *too young* for older children, whereas another reported the book was too advanced for younger children.

Two professionals suggested including more illustrations. One professional suggested including illustrations of additional therapeutic settings (e.g., *hospital*, *school*, *community center*, *pediatrician's office*). One professional reacted to an image of an elderly male therapist and stated, that this character *does not present the image of a therapist I would like to see*. One professional indicated that the illustration depicting a girl moving states felt *disconnected* from the text. Two professionals felt the interactive activities at the end of the book were out of place and might be better placed earlier in the book. Another professional suggested

adding an additional activity encouraging children to identify several goals for counseling.

Two professionals questioned certain topics presented in the book. First, one professional took issue with a page indicating that therapists often collaborate with others (e.g., parents, teachers, doctors) as a team working together to help the child. This professional felt children may find it *overwhelming* to know that other people might be talking about them, especially in light of the fact that the book offered no information on confidentiality. Second, another professional questioned the book's discussion of returning to counseling for checkups, given that this is more realistic in certain settings (private practice) than others (agencies).

Discussion

Overall, parents and professionals rated the psychoeducational book positively in terms of the quality of content and illustrations. They also found the book relatively helpful and moderately age-appropriate. In the next section, we discuss the significant group differences detected in the numeric ratings. Participants' open-ended feedback also provided valuable suggestions for improving the book. Later in this section, we discuss the specific revisions we made to the book based on participants' recommendations.

Quantitative Findings

MTurk parents (compared to parents recruited via discussion boards) reportedly learned more from the book. Also, MTurk professionals (compared to professionals recruited via targeted emails) found the book more helpful. Because the MTurk participants were compensated (but the others were not), it is possible that their ratings are somewhat inflated. At the same time, MTurk samples generally tend to be more diverse, particularly in terms of international representation, than those recruited in more traditional online studies (Casler, Bickel, & Hackett, 2013; Buhrmester, et al., 2011). Thus, it is possible that the MTurk participants generally had less knowledge or experience with counseling services, which could explain why they learned more from the book and found it more helpful.

In addition, parents who read the book with their children (compared to parents who did not) learned more and found the book more helpful and the illustrations of

higher quality. These parents likely slowed the pace of their reading, read the book aloud, and answered their children's questions along the way. Moreover, they likely observed their children's reactions to the book, which might have provided them with greater understanding and insight on different aspects of the book. Accordingly, the unique experiences of reading the book with or without children could account for some of these differences observed in the parent sample.

Finally, students provided significantly higher ratings on several variables (e.g., book's helpfulness to professionals and families). It is plausible that current providers have a more realistic outlook on the book's potential benefits, as well as its ease of being integrated into routine practice. Thus, with so many students in our sample, the current findings for professionals' perceptions of the book might be overly optimistic in some ways.

Qualitative Findings

Target age range. Some participants found the book too advanced for younger children but appropriate for older children, whereas others found the book appropriate for younger children yet immature for older children. Based on this mixed feedback, we narrowed the recommended age range by cropping it from both ends from 6 to 11 years to 7 to 10 years. Accordingly, separate books might be needed for children under 6 and over 10 years of age.

Page orientation. Parents and professionals reported that the book was difficult to read electronically due to pages with alternating orientations. Participants were forced to manually rotate pages as they changed from one orientation to another. Moreover, if using a phone or tablet, pages would often automatically rotate back to their original unreadable orientation, which clearly frustrated many readers. To address this issue, we oriented all pages vertically.

Text length, language, and display. Multiple participants encouraged us to reduce the amount of text per page and reorganize the text layout more effectively. We edited the book to fix typos, simplify language, and be more concise. Moreover, we followed participants' recommendations by indenting paragraphs, shortening paragraphs to smaller blocks of text and by bulleting key content. We believe these changes also make the book

more appropriate for the new target age range of 7 to 10 years.

Additional illustrations. Parents and professionals also commented that the illustrations could be improved in general and in several specific ways. First, we addressed participants' concerns about diversity by creating a greater range of skin tones among characters and by adding characters of an Asian racial-ethnic background. Additionally, we added an image of a child with a physical difference who used a wheelchair, along with images of families including same- and opposite-sex parents.

We also removed an image that several participants perceived as too abstract for younger children. This image depicted a young girl standing in front of a map with an arrow traveling across states from one image of a house to another. Finally, one participant had a strong negative reaction to a counselor character, an older White man with gray hair, glasses, and a slightly rotund body type. We speculate that the character's pose may have contributed to this reaction. The character is reading from a book and pointing a finger upward in a didactic manner. Rather than eliminating this character, we removed his book and modified his pose to have him waving.

Additional topics. Participants listed several additional topics that could be addressed in the book. In line with their recommendations, we broadened our explanation of why children attend counseling by listing not only common goals (e.g., *to learn new ways to think, feel, and act*) but also more positive goals (e.g., *because they just want to be better in some way*). We also added text to explain that counseling can take place in a variety of settings (e.g., offices, schools, and hospitals). We declined to distinguish between sites at a deeper level (e.g., private practice versus community clinic) or add detail about inpatient or residential settings. Thus, this book is best suited as a resource to prepare children and families for outpatient counseling.

As advised, we included basic information to explain confidentiality. We also gave considerable thought to a participant's concern about our coverage of the collaborative teams (e.g., child, parents, mental health providers, medical providers, teachers, etc.) that often develop in the context of child-focused counseling. Ultimately, we revised (rather than removing) our

coverage of collaborative teams. Specifically, in the text, we normalized that some children dislike the idea of adults speaking about them and emphasized that this communication is ultimately aimed to help them. We believe the newly added information about confidentiality provides additional justification for retaining this topic.

One participant noted that children may not be able to return to counseling for mental health checkups. We agree that such visits may not be common practice in certain settings (e.g., community agencies) and that it is not always possible to return to the same provider. Nonetheless, we passionately believe in the importance of mental health checkups and feel that including this idea in our book could *plant a seed* that leads parents and children to pursue such checkups. Therefore, we decided to retain this topic in the book but acknowledge that checkups are not always feasible at the same site or with the same person.

Activities breaking the fourth wall. Lastly, participants encouraged including another interactive activity to break the fourth wall and directly address and engage readers. The *fourth wall* refers to an imaginary barrier between characters in a narrative and the audience. When a character speaks directly to the audience, that character is *breaking the fourth wall*. Research suggests that media that breaks the fourth wall is more cognitively engaging than media that does not (e.g., Auter & Davis, 1991). For our book, we added another activity to break the fourth wall in which a character encourages children to identify three possible goals for counseling.

Limitations

Several limitations of this project warrant discussion. First, the parent and professional samples were both relatively small. In addition, given our recruitment strategy, the current parent findings may not adequately represent the opinions of families with children with psychological challenges. Moreover,

nearly half of the professional participants were students; thus, the present results may not accurately reflect the perceptions of current practitioners. Further, it is important to emphasize that we did not assess whether the book had actual effects on the process or outcomes of child-focused counseling. Thus, despite the positive feedback received, it is unclear whether the book can truly enhance counseling in substantive ways.

Future Research

Additional research is needed to assess the perceived and actual benefits of the book. First, it would be helpful to gather additional data on the helpfulness and quality of the book with larger samples, particularly samples of parents of children with mental health concerns and samples of professionals who are currently practicing (rather than training as students). Second, research is needed to determine whether the book augments counseling outcomes (e.g., attendance, adherence, and client progress). As suggested earlier, the book could also influence common factors (e.g., alliance, empathy, expectations) that contribute to counseling outcomes (Wampold, 2015). Randomized clinical trials would be especially useful in determining whether the book enhances these processes and outcomes within child-focused counseling.

Conclusion

We hope the current study is helpful on two levels. On one level, we hope our revised children's book is useful to mental health professionals in preparing children and their families for counseling. Upon completion of all revisions, the final book will be made freely available at <https://morrowpsych.wixsite.com/media>. On another level, we hope this study provides researchers with an important reminder to gather and integrate feedback from target communities when creating therapeutic materials (e.g., books, handouts, websites, and videos).

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Table 1

Major topics covered in pretreatment psychoeducational children's book

Topic
1. Prevalence of youth with mental health challenges
2. General purpose of child-focused counseling
3. Specific examples of challenges and goals children focus on in counseling
4. Different types of mental health professionals who work with children
5. Common features of the physical spaces where counseling takes place
6. Benefits of a collaborative team-based approach in child-focused counseling
7. General schedule, structure, and format for child-focused counseling
8. Importance of persisting in counseling in order to reach goals
9. Importance of communicating attitudes about counseling with counselor
10. Coming back to counseling for regular mental health check ups

Exploring Assessment Practices in Counselor Education

Table 2

Descriptive statistics for numeric ratings

	<i>M</i>	<i>sd</i>	Min	Max	Skew	Classification	<i>Note.</i> Min is
<u>Parent</u>							
Helpful to parent ^a	3.80	0.90	2.00	5.00	-0.28	Somewhat-Very Much	
Quality of content ^b	4.43	0.79	2.00	5.00	-1.21	Good-Very Good	
Quality of illustrations ^b	4.02	0.98	1.00	5.00	-0.99	Good	
Age-appropriate (for 6-11 years) ^a	4.20	1.00	1.00	5.00	-1.47	Very Much-Extremely	
Recommend to other families ^a	4.18	0.96	1.00	5.00	-1.52	Very Much-Extremely	
Parent learning ^c	3.46	1.22	1.00	5.00	-0.26	A Fair Amount-A Lot	
Perceived child learning ^c	4.07	0.74	2.00	5.00	-1.20	A Lot	
Perceived child interest ^c	4.17	0.79	2.00	5.00	-0.76	A Lot-A Great Deal	
<u>Professional</u>							
Helpful to professional ^a	4.06	0.82	2.00	5.00	-0.35	Very Much	
Perceived helpfulness for families (clients) ^a	4.13	0.79	2.00	5.00	-0.54	Very Much-Extremely	
Quality of content ^b	4.41	0.67	3.00	5.00	-0.71	Good-Very Good	
Quality of illustrations ^b	4.08	0.85	1.00	5.00	-1.18	Good	
Age-appropriate (for 6-11 years) ^a	3.96	0.81	2.00	5.00	-.411	Somewhat-Very Much	
Recommend to families (clients) ^a	3.96	0.80	2.00	5.00	-0.48	Somewhat-Very Much	
Recommend to colleagues ^a	4.02	0.89	2.00	5.00	-0.58	Very Much	
Send to families (clients) ^a	4.05	0.83	2.00	5.00	-0.59	Very Much	

minimum. Max is maximum. Skew is skewness.

a. Response Scale = 1 (Not at All), 2 (Very Little), 3 (Somewhat), 4 (Very Much), 5 (Extremely).

b. Response scale = 1 (Very Poor), 2 (Poor), 3 (Acceptable), 4 (Good), 5 (Very Good).

c. Response scale = 1 (Nothing at All), 2 (A Little), 3 (A Fair Amount), 4 (A Lot), 5 (A Great Deal).

Mean scores were classified with one descriptive category for values within .10 of the exact response point (e.g., 3.00-3.10 = descriptive term for 3). In contrast, mean scores were classified as falling between two categories for values between .11 and .99 of two adjacent response points (e.g., 3.11-3.99 = descriptive terms for both 3 and 4 expressed as a range).

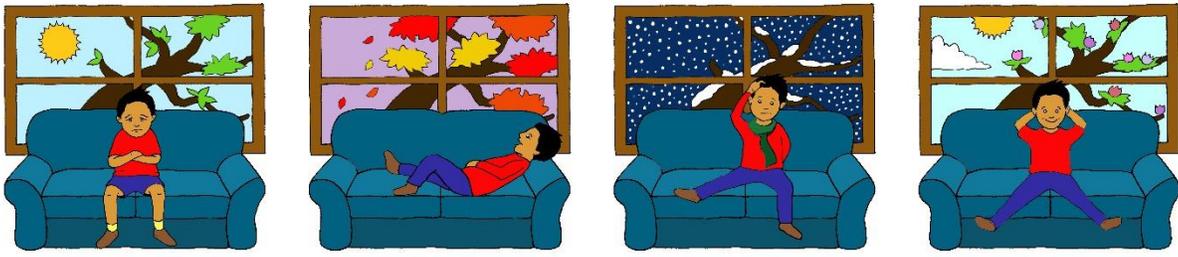


Figure 1. Sample

illustration from pretreatment psychoeducational children's book

JPCA Test to Earn CE Credit

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

Daily Coping and Perceived Control in College Students: Connections to Resilience (pp. 4-15)

1. The degree to which individuals' approach versus avoid stressors in their coping behavior has been referred to as _____.

- a. Fight versus flight
- b. Leaning in versus leaning out
- c. Engagement versus disengagement
- d. Adaptation versus stagnation

2. In the current study, college students were generally more likely to use _____ and less likely to use _____ for daily stressors perceived as more controllable.

- a. Problem-focused engagement, problem-focused disengagement
- b. Problem-focused disengagement, problem-focused engagement
- c. Emotion-focused engagement, emotion-focused disengagement
- d. Emotion-focused disengagement, emotion-focused engagement

3. In the present investigation, more resilient college students were more likely to engage with the _____ and _____ of their daily stressors.

- a. People, places
- b. Problems, emotions
- c. Antecedents, consequences
- d. Internal stimuli, external stimuli

4. A notable limitation of the current study is that:

- a. The sample was primarily comprised of women
- b. The sample was primarily comprised of men
- c. The authors did not explore demographic differences in their analyses
- d. The authors did not use analytical techniques to account for nesting of daily data across individuals

Exploring Assessment Practices in Counselor Education Programs (pp. 16-30)

5. Alternative assessment:

- a. Help instructors to adapt their grades
- b. Nurture productive student learning
- c. Do not engage learners in real-life activities.
- d. Engage students in the thinking of their current disciplinary work only.

6. A comprehensive assessment of counselor education programs must include systematic evaluation of:

- a. Students' academic progress
- b. Students' clinical progress
- c. Student's interpersonal progress
- d. All of the above

A Psychoeducational Children's Book to Prepare Families for Child-focused Counseling (pp. 31-43)

7. Walitzer, Dermen, and Connors (1999) have referred to the process of educating clients about treatment as:

- a. Psycho-orienting
- b. Psycho-instruction
- c. Role preparation
- d. Role induction

8. Based on participants' open-ended feedback, the Morrow and Hallas (2019) revised the recommended age of their children's book from 6 to 11 years to:

- a. 4 to 7 years
- b. 5 to 8 years
- c. 6 to 9 years
- d. 7 to 10 years

9. Morrow and Hallas (2019) found that students in training to become mental health professionals rated their children's book more positively than current professionals in several areas.

The authors speculated that current professionals:

- a. Might have a more realistic outlook about the feasibility of incorporating this book into routine care
- b. May be more burnt out and view tools aimed to support their work more negatively
- c. Might be less open to sending materials to clients in advance of counseling
- d. May be concerned the book could misrepresent the services they provide

10. Participants encouraged Morrow and Hallas (2019) to include an additional activity in their children's book aimed to *break the _____*, which refers to an imaginary barrier between characters in a narrative and the audience that is broken when characters speak directly to the audience.

- a. Ninth grade
- b. Second realm
- c. Fourth wall
- d. Eleventh window

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

Feedback

Please rate the following items according to the following scale:

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

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

Comments/Suggestions?

Instructions

Email: Complete the test, sign the form, and email to: PCA.profdev@gmail.com. Allow 2-4 weeks for processing.

For further assistance, please contact Ashley Deurlin, Professional Development Chair of the Pennsylvania Counseling Association at PCA.profdev@gmail.com

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