Resident Assistants' Self-Efficacy for Participation in Counseling Activities

Miranda Johnson Parries
Old Dominion University

Follow this and additional works at: https://digitalcommons.odu.edu/chs_etds

Part of the Counselor Education Commons, Developmental Psychology Commons, Educational Leadership Commons, and the Higher Education Commons

Recommended Citation
Parries, Miranda J.. "Resident Assistants' Self-Efficacy for Participation in Counseling Activities" (2014). Doctor of Philosophy (PhD), Dissertation, Counseling & Human Services, Old Dominion University, DOI: 10.25777/dkb1-jp24
https://digitalcommons.odu.edu/chs_etds/77

This Dissertation is brought to you for free and open access by the Counseling & Human Services at ODU Digital Commons. It has been accepted for inclusion in Counseling & Human Services Theses & Dissertations by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.
Resident Assistants' Self-Efficacy for Participation in Counseling Activities

Miranda Johnson Parries

B.A. December 2000, Cleveland State University
M.A. December 2003, Old Dominion University
M.S.Ed. August 2010, Old Dominion University

A Dissertation Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of
DOCTOR OF PHILOSOPHY EDUCATION

Old Dominion University

June 2014

Approved by:

Kaprea F. Johnson (Chair)

Alan M. Schwitzer (Member)

Steve Myran (Member)
ABSTRACT

Resident Assistants' Self-Efficacy for Participation in Counseling Activities

Miranda Johnson Parries
Old Dominion University, 2014
Chair: Dr. Kaprea F. Johnson

Based on the changes in mental health needs on college campuses, this study examines Resident Assistants’ self-efficacy to participate in counseling activities with the residents whom they are assigned to assist. The literature review discusses recent efforts introduced by residence life departments to respond to the increase in mental health and behavioral issues that college students are now facing, the barriers that prevent Resident Assistants, who function as paraprofessionals within their on-campus communities, from taking action, and recommended training components and parameters. The increase of serious mental health issues calls for the reimagining of the training provided to Resident Assistants to more effectively prepare them for their roles as first responders, peer mentors and liaisons for counseling services in their work with campus residents. In order for training to successfully translate into action, Resident Assistants must perceive themselves to have self-efficacy to participate in the needed to work with their residents.

Keywords: resident assistants, residence life training, counseling skill
ACKNOWLEDGEMENTS

To my dissertation committee: Dr. Johnson, your mentorship has been invaluable to me as I start my career in academia. You have been encouraging, supportive and generous. Dr. Schwitzer, I really appreciate your input and support in the development of my research. Dr. Myran, you have been a great support and collaborator.

To my family: This dissertation is dedicated to Davante and Nakari; you will always get as far as you push yourself to go. I appreciate the patience that you have shown me over the years and the sacrifices that you have made to support your mother as she pursued her dream. I love you so much, never forget that. Thank you to my favorite aunts, who have tolerated my distance due to my studies and reveled with me in my progress and accomplishments.

To my friends: Dorothy, I am so grateful for those times that you have encouraged me off of the ledge and helped me see that I could go on. I cannot express how thankful I am to you. To Aisha and Crista, thank you for talking me through the hard stuff and listening when I needed it. Thank you to David, Matt and Crystal for allowing me to share this journey with you; you all have been an inspiration and a support. I hope that our individual journeys will allow us to maintain our supportive connection as we head forward on our individual paths.
# TABLE OF CONTENTS

**Page**

| TABLE OF CONTENTS ................................................................................................................................... v |
| LIST OF TABLES ......................................................................................................................................... x |
| CHAPTER ONE: INTRODUCTION .................................................................................................................. 11 |
| Changes in Campus Mental Health Needs ................................................................................................. 11 |
| Who are Resident Assistants? .................................................................................................................. 12 |
| Student Affairs Challenges ..................................................................................................................... 13 |
| Needed Skills ........................................................................................................................................... 18 |
| Statement of the Problem ......................................................................................................................... 20 |
| Research Questions ................................................................................................................................... 21 |
| Hypothesis ................................................................................................................................................ 22 |
| Definition of Terms ................................................................................................................................. 22 |
| Delimitations .......................................................................................................................................... 24 |
| Potential Contributions ............................................................................................................................ 25 |
| CHAPTER TWO: LITERATURE REVIEW ...................................................................................................... 27 |
| Resident Assistants ................................................................................................................................. 27 |
University Population Changes ................................................................. 29
Counseling Center Response ......................................................................... 30
The Student Affairs Perspective ................................................................... 32
Parents’ Expectations of RAs ....................................................................... 33
The History of the Paraprofessional ................................................................. 35
Importance of Peer Mentoring in the College Setting ...................................... 37
Paraprofessional Services ............................................................................ 38
Selection, Training, and Supervision of Paraprofessionals .............................. 39
Resident Assistants: Training and Barriers .................................................... 42
Self-efficacy and Behavior ........................................................................... 48

CHAPTER THREE: METHODOLOGY ................................................................. 54

Purpose Statement ....................................................................................... 54
Research Design ......................................................................................... 55
Research Questions ..................................................................................... 56
Hypotheses ................................................................................................. 57
Method ....................................................................................................... 57
Procedure .................................................................................................. 58
CHAPTER FOUR: RESULTS ................................................................. 68
Demographic Information ......................................................... 68
Tests of Normality ........................................................................ 73
Research Question One ............................................................. 74
Research Question Two ............................................................. 80
Research Question Three .......................................................... 82
Research Question Four ............................................................ 83

CHAPTER FIVE: DISCUSSION ....................................................... 85
Findings from Descriptive Data ................................................... 85
Research Questions ................................................................. 86
Implications for Practice ............................................................. 89
Future Research .......................................................................... 93
Limitations of Study ................................................................. 94
Conclusions .....................................................................................................................95

CHAPTER SIX: MANUSCRIPT .............................................................................................96

Abstract ...........................................................................................................................97

Changes in Mental Health on Campus ........................................................................98

Resident Assistants as Paraprofessionals ....................................................................99

RA Training ....................................................................................................................99

Purpose ...........................................................................................................................102

Method ...........................................................................................................................103

Results and Discussion ...............................................................................................106

Implications for Practice .............................................................................................111

Limitations ....................................................................................................................113

Conclusion ....................................................................................................................113

REFERENCES .........................................................................................................................115

APPENDICES ...........................................................................................................................125

Research Design Master Table ................................................................................ 125

Demographic Sheet ......................................................................................................126

Counselor Activities Self-Efficacy Scales, Version G ...........................................127
Student Behavior Scenarios .................................................................131

IRB Approval Letter .............................................................................134

VITAE....................................................................................................135
LIST OF TABLES

Table                                                                                       Page
1. Age, Sex, Gender, Ethnicity & Number of Credit Hours                                     68
2. Time in Position, Number of Residents Responsible for, Training Time                    70
3. Position Title, Field of Study Amount of Supervision, Supervision Frequency             71
4. Identified Training Components                                                          73
5. Helping Skills Scale                                                                      75
6. Session Management Scale                                                                 77
7. Counseling Challenges Scale                                                               78
8. Frequency Distribution of Responses to Student Behavior Scenarios                       84
CHAPTER ONE
INTRODUCTION

The makeup of the college population is changing; 91% of college counseling center directors reported an increase in students coming in with severe mental illness (Gallagher, 2010). Traditionally, developmental and adjustment issues were the bulk of cases seen by residence life staff and counseling center professionals (Gallagher, Gill, & Sysko, 2000; Gallagher, Sysko, & Zhang, 2001; Kitzrow, 2003; Pledge, Lapan, Heppner, & Roehlke, 1998; Stone & Archer, 1990). This is no longer the case. Over the past five years there has been a 70.6% increase of crisis issues requiring immediate response reported by college counseling directors (Gallagher, 2010). Also on the rise at our nation’s institutions of higher education are alcohol abuse with an increase of 45.7%, illicit drugs use which has increased 45.1%, self-injurious behaviors to include cutting to relieve anxiety rose 39.4%, and eating disorders 24.3%. Of special note were the increases of on campus sexual assault (25.2%) and problems related to earlier sexual abuse (23.1%). These changes mark an increased need for safeguards and front line responders to be skilled to handle student crises. When students live on campus one of the measures put in place to put parents at ease and to create a sense of order is the residence life structure. In closest contact with students are the Resident Assistants (RAs), alternately called Resident Advisors and Community Ambassadors, who are student workers who are assigned to floors or sections of floors to assist students with their transition into college, respond in times of difficulty and to promote holistic development. With these responsibilities and in light of these changes, RAs should be prepared to address these issues with their residents.

Changes in Campus Mental Health Needs
There has been an increase of mental health needs among college students. Mental health problems affect various levels of functioning (individual, interpersonal, and institutional) in different levels of success (academic performance, retention, and graduation rates) (Kitzrow, 2003). When students begin to show symptoms of emotional and behavioral problems, these problems affect roommates, classmates, faculty and staff members. Addressing the needs of students in distress does more than assist the student with the symptoms, it improves the campus atmosphere. The current generation, who has grown up with technology often in the palm of their hands, may not have, due to the instantaneous nature of that technology, learned to address their issues or difficulties in “developmentally appropriate ways” (Hollingsworth, Dunkle, Douce, 2009, p. 39). The acceptable norms for this generation of students now includes high alcohol use, hook-ups, sleep deprivation, and perfectionistic standards; these new norms can add to the potential for high risk and extreme behavior that many students exhibit and experiment with at this developmental stage. It should also be noted that RAs, who are typically undergraduates, are also susceptible to the issues of anxiety, mood and stress related disorders that can come about as a result of job stressors, isolations and being under extreme pressure to perform (Benedict & Mundoloch, 1989; Hardy & Dodd, 1998; Schaller & Wagner, 2007).

Who are the Resident Assistants?

Resident Assistants (RAs) are not counselors. They are paraprofessionals in place to assist students living on campus with their overall well-being. Traditionally, undergraduate students, paraprofessionals were conceived to maintain services and support professional as campus enrollments increased and the student body became more
diverse (Ganser & Kennedy, 2012; Winston & Ender, 1998). RAs often assist with roommate disputes, hall policy violations, and psycho-educational programming to assist students in their academic and personal development. They live in residence halls with the students they serve so as to have better access in case of emergency and to provide logistical support. As a practice, the use of paraprofessionals has been occurring since the beginning of education (Winston & Ender, 1988) and has evolved to include a wide variety of duties (Ganser & Kennedy, 2012). In their study of the use of paraprofessional in Student Affairs divisions, Winston and Ender found that among the 200 respondents 72% used student paraprofessionals. The highest use of these paraprofessionals was in residence halls. Respondents listed the top three criteria for selection of paraprofessionals as previous leadership experience, grades and nominations from faculty and staff. The RAs have the most and direct contact with the student residents, and as such should be able to address the needs of the students that they come in contact with. RAs are expected to recognize when residents are exhibiting significant distress or problem behavior and make the appropriate referral for professional assistance (Blimling, 2003; Reingle, Thombs, Osborn, Saffian, & Oltersdorf, 2010).

**Student Affairs Challenges**

Student Affairs, the educational division that educates and trains professionals who provide services to students on college campuses, as well as residence life staff, is currently faced with issues that can adversely affect the state of residence halls. Along with training, supervision and professional identity issues (Henning, Kennedy, Cilente, & Sloane, 2011; White & Nonnamaker, 2011), student affairs must work with the high number of student affairs professionals who have less than five years’ experience. Facing
these difficulties would seem to increase the responsibility of the Resident Assistants, who are required to have competent skills and knowledge to accomplish the tasks of assisting the students with their personal difficulties to include making referrals to residence hall directors, and perhaps even university counseling professionals.

As an increase of students with diverse backgrounds begin to arrive on campuses, student affairs, particularly residence life, needs to address these students and their unique identities appropriately. The unique features of the millennial generation of students who entered the universities beginning in 2000 are discussed in regards to multiple identities, cultural and political openness and diversity, increased use of technology and the noticeable changes in social and interpersonal interaction it has precipitated (Broido, 2004; Hollingsworth, Dunkle & Douce, 2009; Kitzrow, 2003).

Along with millennial students, there has been an increase in first generation college students, non-traditional students, veterans, and students with multiple racial, ethnic and international identity affiliations and students with trauma exposure (Hollingsworth, Dunkle & Douce, 2009). These changes in population make-up, including experiences, force student affairs and residence life professionals to increase the skills needed and methods of delivery in order to respond to the difficulties that these students might face. To address these changes in needs researchers (Broido, 2004; Lowery, 2004) suggest that the delivery of services be altered to incorporate the use of technology to improve response times and speak to the student body’s acclimation to technology, creating new organizational models, changing the focus of services, incorporating diversity into the curriculum, addressing power privilege and oppression and recognizing the current cultural differences on all levels, even forms that accurately
allow them to identify their actual cultural (allow for accurate identification of multiple
cultural backgrounds) and sociological make-up (increase differences in family and
parental components).

**Changes in the Campus Population**

In order to address the changing needs of the student body, student affairs
professionals must consider the application of theories and/or philosophies that speak to
the needs of the student body of the university, not just adhering to an image that they
want to propagate. This means that the campus community needs to be viewed through
the reality of the student perspective, and not just the aims and vision of the student
affairs division (Shaw, 2002). If the professional heads of the student affairs divisions can
begin to adjust themselves to the new needs of their students, this perspective can be
incorporated into the training and perspective of the residence life staff, including and
especially the RAs, who have a great deal of direct contact with this new student
population.

Theoretical orientations drive treatment and contact approaches and student
affairs is not different; however, the use of the most relevant theories for the student
population can go a long way with forging connections, gaining trust and creating buy in
for a group that feels that their specific needs should be considered. Theories that may
have been overlooked in the past or seen as not relevant are now being utilized (Person,
et al., 2005). For example, Tanaka’s social theory (2002), which advocates the
incorporation of individual voice and the consideration of the multiple identities students
possess, is being used to incorporate individuals’ cultures as they relate to student success
in college while relational theory, a perspective that considers how individual’s relationships influence their choices and sense of self, offers insight into major selection and career goals (Schultheiss, 2003). Relationships are seen as integral as they are often prioritized and mimicked through a student’s choice of work environment. Due to the previous lack of attention and the current and forecasted changes in the student population’s racial and ethnic make-up, Patton, et al. (2007) suggests that “student affairs...should incorporate an inclusive curriculum that incorporates a dialogue of race” (p. 45). Along with this incorporation, student affairs should also examine and incorporate the power differences that exist on college campuses in regards to established norms and acceptance, even the delivery of services, which may adhere to the status quo rather than addressing the unique and specific needs of the population served. This can mean that one residence hall (A) utilizes methods very different than the delivery methods used at another residence hall (B). This can also mean that programming is focused on the issues that are most prevalent for a particular residence hall. This lack of official mandate regarding residence life procedures and focus is both an opportunity and a hindrance to the students they serve.

The Student Affairs Response

While counselor education is accredited by the Council for the Accreditation of Counseling and Education Related Programs (CACREP), there is no unifying body that governs the training of residence life staff. Established in 1987, CACREP is the only accrediting body for both masters and doctoral level counselor training (Sweeney 1992); CACREP standards were found to be important to the accreditation process by counselor educators (Vacc, 1992). As such, CACREP governs the College Counseling as a
specialty, while Student Affairs in Higher Education is also included under the umbrella of CACREP (Dean & Meadows, 1995). According to Dean and Meadows (1995), college counseling is not limited to those with counseling degrees. They point out that “counseling includes those direct service activities in which professional counselors engage, using their full complement of skills” (p. 139). And the direct service positions include: admissions, financial aid, academic advising, support services, orientation, student activities, disabled student services, residence life, career services, student affairs administration, etc. As those who are in direct contact with students, facilitators to the acclimation and adjustment to the college experience, certain skills are needed in order to prepare staff for issues that may arise during their interactions with students. While college counseling, as a specialty of the counseling profession is governed by not only CACREP standards, but state regulations and both the CACREP and the American Counseling Association’s (ACA) ethical guidelines, residence life standards have not trickled down on a national level and remain governed by their particular campuses. While Council for the Advancement of Standards in Higher Education (CAS) only offers guidelines and there has not been a definitive statement issued by either the National Association of Student Personnel Administrators (NASPA) or the American College Personnel Association (ACPA), several researchers and institutions have attempted to address the preparedness and impact of the resident assistant in the residence hall.

Of the multiple methods introduced to strengthen the link between the students, residence life staff, counseling services and student affairs are the administratively focused Residence Hall Resource Teams (Schuh & Shipton, 1985) and the student centered Counselor in Residence Programs (CR) (Orchowski, Castelino, Ng, Cosio &
These programs focus on collaboratively monitoring students who live in residence halls and meeting the students where they are with CR residences and offices located within residence halls for increased access to students and referring RAs. While the successes of these programs have been noted, it cannot be forgotten that not all universities have the space, personnel, or resources to enact these types of large scale changes. But as all institutions with residence halls conduct annual and ongoing training and most have university counseling centers, these efforts can be focused to enhance the ways RAs respond to students in crises or with mental health or behavioral concerns.

Peterman, Pilato and Upcraft (1979) noted that residents rated RAs who had been trained as more effective than those who were not trained. Several other researchers propose that training efforts focus on increased knowledge of counselor services and its processes, effective documentation, screening and referral skills (Hollingsworth, Dunkle, & Douce, 2009; Taub & Servity-Scib, 2011) and other propose that this training be opened up to faculty. Trela (2008) suggested that front line responders receive knowledge of common issues (cutting, depression, and eating disorders) and medications that are prescribed for common issues and their interactions with alcohol and drugs. Targeted training to improve the necessary skills to promote action and interaction with professionals has been a common suggestion in the literature.

**Needed Skills**

While counseling services options have been enacted in effort to respond to increasing mental health needs on campuses (Kitzrow, 2003), in the form of increased outreach programming, adding evening hours and appointments, crisis and same day appointments, there is still the issue of getting the students to seek help. Prior to contact
with the counseling center, non-counselor paraprofessionals need to be trained adequately to suit their front line status and to create a link between the residence halls and the RAs to the counseling center (Trela, 2008). In order to do this, RAs must have the necessary skills and knowledge to successfully refer students who are exhibiting symptoms. In a qualitative study conducted by Reingle, Thombs, Osborn, Saffian, and Oltersdorf (2010), that focused on the attitudes of resident assistants related referral practices, RAs reported a number of factors that influenced their approach and referral of distressed and troubled residents. These factors included the perceptions that the referral process is too emotionally stressful and that it is a social taboo to discuss mental health and substance abuse with residents. This study also found that there was a sense of denial among RAs who thought that if a resident did have a problem, it would fix itself and that making a referral might disrupt the living situation. These opinions were also attributed to "(a) a large number of residents in their area, (b) academic rank of their residents (upperclassmen who are not around as much as underclassmen), or (c) the physical environment of their building (apartments and suites promote less social interaction than 'traditional dorms')" (p. 336). Is it important that RAs be trained to act, through referral to their supervisor or to the college counseling center, when they become aware of students in need of immediate assistance (Taub & Servaty-Seib, 2011) These opinions and fears, by the very people whose responsibility it is to make the referrals, speaks to a lack of comfort with and training for the referral process; this discomfort can be overcome by increased skill in working with residents in distress, knowledge of the campus counseling center and the counselling process and increased confidence in the utilization of these skills as well as with the referral process (Reingle, et. al., 2010 ; Taub
Despite the lack of a unified stance on training from either NASPA or ACPA, Student affairs and residence life staff have instituted several measures to increase the preparedness of faculty, staff, paraprofessionals be prepared for and respond to issues, such as suicide prevention, relationship enhancement, and multicultural competence (Indelicato, Mirsu-Paun & Griffin, 2011; Waldo, 1989; Watt, Howard-Hamilton, & Fairchild, 2004).

**Statement of the Problem**

Yearly, RAs return to campus early to undergo training before the rest of the student body arrives. Based on this training, RAs are responsible to conduct programming that supports and enhances residents’ adjustment and development as well as recognize symptoms of distress and refer students to the appropriate officials. In light of the study conducted by Reingle, Thombs, Osborn, Saffian, and Oltersdorf, (2010), it seems relevant to discuss and ascertain how RAs feel about their skills as first responders. The greater amount of self-efficacy that an RA identifies in regards to his or her interaction skills with residents, the more likely they may be to broach difficult subjects with their assigned residents. This positive level of self-efficacy is a result of each individual RA’s positive perception of the likely results of his or her actions (interventions/broaching) as well as how she or he will perceive themselves as well as be perceived by others as a result of taking action with a resident in a particular situation. Though RAs are not counselors, the skills needed to connect with and discern symptoms and distress levels are similar to the skills used by counselors. In order to ascertain how Resident Assistants perceive their ability to use these counseling-type skills, this study uses the Counselor Activity Self Estimate Scales (CASES), developed and validated by
Lent, Hill, and Hoffman (2003), in an exploratory study to discover if there is any relationship between experience, age and program of study and rating levels of counseling skills. Connections that are established may assist residence life departments in creating more focused training methods and in screening RAs for assignments based on counseling skills competency.

**Research Questions**

The purpose of this study is to explore the degree to which resident assistance, who are often undergraduate students, perceive their ability to perform the counseling activities related to aiding their assigned residents who are experiencing personal difficulties. This exploratory study will also seek to “identify the variables …that might explain the occurrence of the phenomena” (Heppner, Wampold, & Kivlingham, 2008, pg. 226), in this case the variables are those that may impact self-efficacy, such as time in position, length of training, and training content. Three research questions have been developed to explore and document the use of counseling skills from the perspective of resident assistants, with the intention of identifying perceptions related to self-efficacy regarding knowledge, skills and actions related to working with students in distress.

The following research questions will be used in this study:

1. How do Resident Assistants rate themselves on their ability to perform counseling activities with residents?

2. Will RAs with more training and time on position rate themselves higher on their ability to perform counseling activities with residents who exhibit signs of developmental or mental health crisis?
3. How will RAs who receive longer periods of supervision rate themselves higher on their ability to perform counseling activities with residents who exhibit signs of developmental or mental health crisis?

4. How will RAs respond to student behaviors?

Hypotheses

The study begins with the following hypotheses regarding the results of the study:

1. Resident Assistants will rate themselves low regarding their ability to perform counseling activities.

2. Resident Assistants who have received more training and have been in their positions longer will rate themselves higher on the Counselor Activity Self Efficacy Scales.

3. Resident Assistants who have longer supervision sessions will rate themselves higher on the Counselor Activity Self Efficacy Scales.

4. RAs will not respond to student behaviors

Definition of Terms

College: A degree-granting institution of higher education. The terms college and university are used interchangeably in this text.

Graduate Assistant (GA)/Graduate Resident Director (GRD): A graduate student who is assigned to supervise individuals within a residence life program. Graduate Assistants and Graduate Helping: The process of assisting others to understand, overcome, or deal with external or internal problems.
Paraprofessional Counselor/Lay Counselor: A person who —is engaged in the provision of mental health support, but does not possess a professional degree in mental health services (Everly, 2002, p. 89).

Peer Counselor: Meets the definition for a paraprofessional counselor, however must also be engaged in helping relationships with members of one’s peer group.

Residence Hall: A campus residence housing undergraduate students.

Residence Life: The student affairs department that focuses on residential living communities on college campuses and is responsible for selecting, training, and supervising the residence hall staff, including resident assistants.

Resident: A student who lives in a college or university residence hall.

Resident Assistant/Resident Advisor (RA): An individual who lives on campus in residence hall, does not possess a graduate degree, and is tasked with oversight of a portion of campus university residents (e.g. a residence hall floor, a wing of a floor, several floors, etc.).

This individual is assigned duties to promote adjustment, leadership and responsibility of the students that he or she is responsible for.

Resident Hall Director (RHD) /Resident Director (RD): This individual does possess, at minimum, a combination of a Bachelor’s degree, graduate degree, specialized training or experience. This person oversees the individuals who hold the positions of GA/GRD and are ultimately responsible for actions of RAs within their authority. Resident directors typically live in the residence halls for which they are responsible, and supervise a number of resident assistants.

Student: An individual enrolled in an undergraduate program at a college or university.
Student Affairs: The university division responsible for delivering support services to students enrolled at colleges and universities. Often this support will focus on specialized areas to address areas of student development (e.g. social, leadership, academic, emotional support and opportunities). The term also refers to the area of studies that researches and trains individuals in regards to carrying out these services within a college or university.

Student Development: The ways that a student grows, progresses, or increases his or her developmental capabilities as a result of enrollment in an institution of higher educationl (Rogers, 1990, p. 27).

University: A degree-granting institution of higher education. The terms college and university will be used interchangeably in this text.

**Delimitations**

This study is focused on how RAs rate themselves in terms of their ability to conduct counseling related activities when working with residents. Though other campus members may sometimes perform the role of paraprofessionals, we are looking at non-degreed undergraduate students, whose job functions place them in daily contact with students who may be experiencing personal difficulties. As self-efficacy is seen as instrumental to the rationale of this study and RAs’ likelihood to engage in interventions with students, the opinions of students and other paraprofessionals is not a focus of this study as only the perceptions of these opinions by the RAs are likely to influence their behaviors.

Though types of training are listed and will be identified as part of the demographic sheet, the effectiveness of these particular modes of delivery are not
analyzed. As the number of residents assigned to a particular RA may influence that RA's ability to function effectively, the size of the housing program or the university itself is immaterial to this study; the number of assigned residents is most relevant. This study does not assume that RAs will score on par with counselors or counselor trainees; it does assume that the skills and areas included in the CASES are material to the work that RAs do or are expected to do with their residents. The validity of the CASES is not in question and has been validated. The counselor activity self-efficacy scale will be altered to speak to the language of the population; in the place of the word client, student will be used.

Potential Contributions

It is the intention of this study to gather information that will have impact on counselor education and practice and RA training and selection. Counselor trainees who seek to enter into the specialty of college counseling should be made aware of and trained to address the importance of building relationships with campus student affairs departments, especially residence life. As residence life becomes responsible for students who are experiencing more pressing concerns than lockouts and homesickness, college counselors should be available and willing to collaborate with those who have greatest access to students in distress.

Training for residence life staff, particularly RAs, will be impacted based on the results of this study. RAs who do not indicate that they have a high level of self-efficacy in relation to performing counseling related activities represent the necessity for the above reorientation on the training of future college counselors, while in terms of RA training it represents a gap that needs to be closed between what RAs are learning and
what they need to learn. High self-efficacy identified by respondents will indicate which combination of RA demographic characteristics yields RAs that perceive themselves as better prepared to perform counseling activities. Residence life departments should initiate ongoing supervision of RA skills to monitor the use of these skills and to remain abreast of potential resident issues/distress. Through a relationship between residence life and the university college counseling department, RAs would be able to discuss distress concerns with their residence with university counselors in an effort to receive guidance on referral and skill implementation, while continuing to work with their RHD on leadership and logistical concerns. This is similar to clinical supervision versus administrative supervision as practiced in the counseling field.

Lastly, the identification of demographic characteristics of those RAs that identify low self-efficacy to engage in counseling activities will elicit a re-evaluation of the RA selection and assignment processes. Since most RAs are chosen based on leadership capabilities rather than counseling skills, the possible absence of the abilities needed to intervene with residents is problematic. Further, in the event that counseling skills are deemed secondary in terms of RA selection, RAs with less self-efficacy in this area should be assigned to as few residents as feasible in order to decrease the potential for RAs to negatively impact residents.
CHAPTER TWO

LITERATURE REVIEW

In order to contextualize the place and the necessity of paraprofessionals on university and college campuses, such as RAs, peer counselors and mentors, the role and scope of the Resident Assistant and the paraprofessional will be outlined. The origins of resident assistants on college campuses, the use of paraprofessionals to address mental health issues and needs, will be discussed, compared, and analyzed in relation to the expectations and needs of the parties involved (parents, counseling center officials, residence life officials and resident assistants). Literature will be examined that describes the recent efforts made by Student Affairs divisions and residence life departments to improve Resident Assistants’ communication and response skills. The barriers and attitudes of resident assistants toward their duties and the impact of peer mentoring programs will be outlined in connection to the positive results attributed to well-trained peer mentors existing in comprehensive programs. The limited existing literature regarding the roles of Resident Assistant training and the changes taking place on campuses necessitates increasing and improving counseling skills and making referrals to counseling center professionals. Both the concept of self-efficacy and the theory of planned behavior will be discussed and linked to training, counseling skills and making referrals; these concepts speak to how confident an individual feels about his or her abilities and that individual’s likelihood of performing an activity when he or she can anticipate a positive and reliable outcome for that behavior.

Resident Assistants
The concept of student assistants has existed since the colonies were formed. Evolving from tutors to the much more social and logistical role of resident assistants (RAs), colleges and universities across the country have charged RAs with various responsibilities to include that of rule enforcement and disciplinary action initiators (Rubington, 1990), community leaders that encourage community development amongst their assigned residents and assist with students’ personal development through psycho-educational programming (Bliming, 2003; Conneely, Good and Perryman, 2001; Perkins, 2002) and coordinating and participating in residence life orientation activities (Winston & Ender, 1988). Typically, sought after as a means to meet the financial and housing needs of the student applying for the position, RAs are usually upper classmen who are recruited based on their previous leadership experience, communication skills, level of motivation, faculty recommendations, cumulative GPAs and SAT/ACT scores (Denzine & Anderson, 1999; Schaller & Wagner, 2007; Winston & Ender, 1988). In a study conducted by Winston and Ender (1998), only 4.6 % of the participants used academic major as part of the selection process. As a non-priority, this would indicate that most RAs are not in the social science or human services fields, but are expected, through training and intuition, to perform the duties that require them to discuss personal issues, recognize sign of psychological distress and substance and alcohol abuse. Based on the training objectives and modalities mentioned earlier (Reingle, Thombs, Osborn, Saffian, & Oltersdorf, 2010), RAs have the ability to be effective paraprofessionals. The intention would be for the training to alleviate the disparity of training and helping tendencies attributed to individual RAs and prepare them to identify a maximum number of
symptoms while engaging productively in a maximum number of counseling related activities.

University Population Changes

Changes in student population are related to the generational, demographic and socio-cultural differences experienced by incoming students. An increasing number of incoming college students are first generation (at various points of acculturation), suffering from exposure from violence due to recent wars (as veterans and civilians) (Hollingsworth, Dunkle & Douce, 2009), with histories of trauma and have dramatically different experiences with technology and its related issues (Broido, 2004). These issues may differ from the training that student affairs officials may have received and may be prepared for. For example, millennial students, who have been brought up with technology, expect immediate response and instant connection from campus officials. Other issues may attribute to educational barriers as well; students who may suffer from “higher levels of psychological distress were characterized by higher test anxiety, lower academic self-efficacy, and less effective time management and use of study resources....also less likely to persist...and less likely to use effective learning strategies such as seeking academic assistance” (Hollingsworth, Dunkle & Douce, 2009, p. 651).

While academics and adjustment are affected by psychological issues, logistic and safety issues are also precipitated. When high-risk students arrive on campus already taking psychiatric medications, or with mental health concerns, no treatment plan, and inadequate health insurance there is a significant campus impact (Kitzrow, 2003; Trela, 2008). With no ability to require self-disclosure, student affairs officials, especially residence life staff, have the burden of having to blindly monitor all on-campus students
equally, waiting for some sign of disturbance, which they may not be adequately trained to recognize, in order to act. According to the results of the National Survey of Counseling Center Directors, 2011, significant increases in identified mental health concerns and severe mental illness warrant additional training for those who are in contact with students in order to increase awareness and the ability to recognize potential concerns. RAs, as having frequent contact with their students, should be a part of that training.

Counseling Center Response

The National Survey of Counseling Center Directors (NSCCD) has gathered information from administrators from college and university counseling centers within the United States and Canada since 1981. The NSCCD collects data that covers concerns including budget trends, programming, burgeoning concerns, and ethical and clinical issues (Gallagher, 2010). The 2010 survey collected data from 228 counseling centers, representing 2.3 million students whom are eligible to receive campus counseling services. Approximately 10.6% (165,000) of students were seen for individual or group counseling and an additional 30% were seen as part of outreach activities to include workshops, classroom presentations, orientations, etc. According to the 2011 survey, 91% of counseling center directors reported an increase in the number of students with severe psychological issues. This number has been on the increase since 1994 (9%), with an increase in 2000 to 17% and an increase to 20% in 2003. 92% of directors also reported an increase in the number of students who arrive on campus already taking psychiatric medication; this number is up from 87.5% in 2007. There has also been an increase in the following issues that require immediate attention: 78% crises requiring
immediate attention, 77% psychiatric medication issues, 49% illicit drug use, 42% self-injurious behavior (i.e. cutting), 42% alcohol abuse, 30% problems related to earlier sexual abuse, 24% eating disorders, and 23% sexual assault concerns (taking place on campus). These increases in serious mental health concerns indicate that there is a need for all campus officials, especially those in close contact like resident assistants, to be able to recognize, refer, and alert the proper entities when they witness the signs of these issues. In line with the aforementioned trends, center directors reported that 37.4% of clients have severe psychological problems, with 5.9% of clients so impaired that they were either unable to remain in school or could only do so with the aid of extensive psychological/psychiatric intervention. 975 of the centers hospitalized an average of 9.4 students per school for psychological reasons; this percentage is more than triple the percentage seen in 1994 at an average hospitalization of 1.4 per 1,000 students. The suicide data is as follows: 87 student suicides were reported by directors for the past year, 20% of those were current or former clients, 21% took place on or near campus and 48% of suicides took place during the week (Monday through Thursday). Students living on campus are likely to have had contact with a Resident Assistant or other student affairs representative during the week.

In order to address these increasing concerns, centers have begun employing the following strategies: 50% of centers participated in Depression Screening Day (screening a total of 9,500 students), 23% of centers participated in Anxiety Screening day (screening a total of 4,000 students), 24% of counseling centers accept mandated referrals from judicial boards and administrators for assessments and counseling, and instituting waitlists (46% of centers report doing this), increasing staff overload (73%),
increasing the number of external referrals (53% and focusing on brief therapy models (44%). Other strategies include extended hours, hiring part time staff and incorporating telephone intakes, etc.

The Student Affairs Perspective

In order to address the changing needs of the student body, student affairs professionals must consider adopting and applying theories and approaches that speak to the needs of the changing student body. This does not mean student affairs’ aspirational aims and goals need to be neglected, but they cannot overshadow the here and now issues being faced on campus (Shaw, 2002). As a part of this effort, the student perspective must be broached and professionals must begin to incorporate the appropriate theories in order to best serve the university population (Patton, McEwen, Rendon, & Howard-Hamilton, 2007; Person, Ellis, Plum, & Boudreau, 2005), especially when it comes to residence life and RA training.

Adopting the most relevant theories for the student population will create connections, developing trust and creating buy-in from students who are, amid a period of personal development, not always open to discussing their faults and concerns with those who have the potential of influencing their educations and career opportunities (Person, et al., 2005). Residence life staff and universities were making effort to respond to address the needs of a new on campus population as early as 1985, with programs such as Residence hall resource teams (Schuh & Shipton, 1985) and Counselor in residence programs (Orchowski, et al., 2011). This new population expands beyond the traditional age students to include international students, non-traditional students, veterans, first
Parents’ Expectations of RAs

While the concept of in loco parentis was adopted in relation to on-campus students in the early part of the 20th century (Bowden, 2007), social changes and the exertion of students’ rights have made it, as intended, virtually obsolete. Intended to protect students away at college from risky behaviors, returning Veterans and other non-traditional students of legal age interfered with the university’s ability and charge to be responsible for student safety. The issue of in loco parentis has been played out in multiple court cases that examined several circumstances that originated on college campuses. Since the 1980’s and extending into the 1990’s, court rulings have held that universities were responsible when dangerous activities take place at campus sanctioned athletic events (Kleinknecht v. Gettysburg College, 1993), when university organizations
or affiliates were responsible for the events and were the cause of injuries (Furek v. University of Delaware, 1991), when students' reckless behavior took place on campus (Pitre v. Louisiana Tech University, 1991) and when the university is aware of potential danger or criminal activity (Mullins v. Pine Manor College, 1983; Nero v. Kansas State University, 1993; Leonardi v. Bradley University, 1993). The circumstances in these precedent setting cases indicated that varying levels of responsibility be placed on campuses and also redefined the relationship that universities had with their students; these verdicts began to recognize a broader duty for the university to restrict dangerous activities and supervise students. Despite adulthood and student rights, colleges and universities are still deemed legally responsible for the activities and results of actions that take place on their campuses.

Though there has been some debate over whether or not universities should be legally responsible for student behaviors and issues on campus, the conundrum that exists on campus is whether, despite the various legal rulings, universities are socially or morally responsible for student conduct and difficulties. Since the 1990’s, parents’ expectations of their relationship with their child’s university have changed, as well as their relationship with their child (Henning, 2007). In the past, parents were satisfied that universities would take care to not only protect their children from harm, but to promote development. This allowed parents to leave college life and experiences to the college as they focused on students at home. In the latter part of the 20th century, changes in technology and parenting styles has implemented a new type of involvement with students and as a results their students universities. Today, students are in constant contact with their parents via email, text, video messaging, etc. This, along with the
increased consumer mentality, has expanded the relationship of universities with parents as well as the students. While the increased connection to students can result increased awareness on the part of the parent, the consumer mentality can create a more demanding stance regarding interactions with the university as a whole. Parents expect more from on campus housing facilities than they do from off campus living (Conneely, Good, & Perryman, 2001). There is also an expectation from parents that universities create a safe and supportive learning environment without infringing on students’ rights and independence. Henning (2007) describes this new relationship as *in consortio cum parentibus*, in partnership with parents. This partnership involves a trilateral two way relationship among students, parents, and the university. A partnership implies that there is an equal load of responsibility on each of the parties involved.

By utilizing RAs in both their traditional capacities as community leaders and rule enforcers and incorporating them as part of the new partnership as mentors and service resources, these integral members of the campus community will officially function as paraprofessionals on college campuses. This new relationship will give parents piece of mind regarding their student having trained individuals available to assist them with their needs and distress. As paraprofessionals, RAs should be trained and supervised so that their skills remain current as well as their knowledge of signs and symptoms of distress and developmental issues. Long used in the community health field, paraprofessionals have been employed to meet increasing mental health needs within the community; now college campuses have a need to be met.

**The History of the Paraprofessional**
In February 1963, with a statement from President John F. Kennedy, the community mental health system, complete with the presence of paraprofessionals gained national attention. Here, the acceptance of the commander in chief outlined the importance of prevention and outreach (Everly, 2002). At this time community mental health centers and their affiliated crisis intervention phone lines were staffed by volunteers who did not have formal training in counseling or psychology. This acknowledgement by the President served as an approval of the use of paraprofessionals to meet mental health needs; the increased need required centers to hire, train and monitor lay helpers (Everly, 2002). Paraprofessional counselors are people who are engaged in the provision of mental health support without possessing a degree in mental health services (Everly, 2002), but are trained to facilitate a particular intervention (Christensen, Miller & Muñoz, 1978). As they exist, paraprofessionals, including parents, college students, pastors and other religious workers, have delivered services in a variety of mental health settings, to include psychiatric hospitals, and community mental health agencies (Tan, 2013). The existence of paraprofessionals has been a part of mental health treatment in the United Stated since the 60’s; as an established component of services, their importance and impact cannot be overlooked. Just as the use of paraprofessionals was enacted to respond to an increased need in the community mental health setting, an increase in identified mental illness and distress on college campuses also requires that paraprofessionals, in the form of RAs, be utilized to address these symptoms within campus residence life departments.

While Residence life and Student Affairs departments appear to be quite different from the community health center, it is important to note that mental health needs are not
confined to certain segments of the population and that they must be addressed where they are present. Due to this presence and to a pervasive need, paraprofessionals, under the titles of peer mentor, Resident Assistant, Resident Advisors, and community ambassadors, have been employed on college campuses for some time. Their effectiveness has also been studied in order to substantiate their continued use.

**Importance of Peer Mentoring in the College Setting**

Schwitzer and Thomas (1998) studied 52 African American freshmen involved in a peer mentoring program to assess freshman use patterns, mentor implementation and academic and adjustment outcomes to identify the role a peer mentoring program on the adjustment of ethnic minority students. The program consisted of multicultural upper-class students who were trained in peer counseling and program procedures; the primary activity was to provide individual mentee support and intervention. Mentors also received supervision by the program administrators, a staff counselor and a graduate assistant.

The participants of the study consisted of 52 African American from a 187 African American cohort from an entering class freshman of 1,925 at a predominantly white university. 82 percent of the participants were female, with the remaining 18 being male. Participants were compared to nonparticipants based on high school GPA and SAT math and verbal scores. The 140 item true-false Student Developmental Task Inventory had an alpha coefficient of .93 for the total inventory, and was comprised on the subscales: Establishing and Clarifying Purpose, Developing Mature Interpersonal Relationships, Developing and Academic Autonomy, Developing Intimacy and Salubrious Lifestyle. The results of the study support the use of peer mentoring programs to enhance freshman
adjustment. Further studies focused on substantiating the use of peer mentoring programs found that the peer mentoring relationships had a positive influence on anxiety and belonging (Rodger & Tremblay, 2003), college adjustment and retention (Thomas & Ward, 2010), and academic commitment (Boyle, Kwon, Ross & Simpson, 2010). Kitrow (2003) suggested that peer counselors be utilized, along with graduate interns, as a resource to increase the reach of counseling services on college campuses. The variety of concerns that peer mentors can positively influence in mentees warrants their use and creates an opportunity to develop this influence further.

Paraprofessional Services

While the need for paraprofessionals on campus may be evident based on the increase in mental health needs indicated on campuses, the delivery methods are important to conceptualize the extent of the paraprofessional role on campus. Tan (2003) described three models for delivering paraprofessional counseling services: informal-spontaneous, informal-organized, and formal-organized models. The informal-spontaneous model involves lay or paraprofessional counseling taking place in spontaneous and informal interactions that already exist in natural settings. These settings include homes, hospitals, neighborhoods, classrooms, prisons, religious, and social and community facilities. In this model, paraprofessionals may or may not have received training in helping skills and they do not receive any formal supervision. Peer counseling or mentoring are examples of this model; in these instances friends, colleagues, classmates, etc. may discuss issues or seek advice for problems.
The second model, informal-organized, also describes lay or paraprofessional counselors in informal settings, but within an organized, formerly supervised and intentional helping activity. This is similar to the systems in place in schools, colleges, prisons and other community agencies. This is the model that most reflects the functioning of RAs within the system; students seek or are provided help based on their needs as they arise and RAs are under supervision to support their efforts.

The last model, formal-organized, is where the paraprofessional conducts counseling in an organized way, receives training and is supervised regularly, often by a mental health professional. The formal-organized model is often utilized in hospitals, community agencies, or religious counseling centers. Examples of this model include the use of student volunteers as counselors in psychiatric hospitals and the use of volunteers in mental health agencies (Tan, 1997). This mirrors the use of counseling interns and peer counselors to provide services within agencies, a common practice.

As paraprofessional counseling continues to be beneficial to students who receive services, the management of these providers is paramount to maintain this success. Currently in the role of paraprofessional counselors, RAs, due to their age and the needs of the population that they work with, require regular supervision. With the utilization of either the informal-organized or the formal-organized models, paraprofessionals can be supported and their interactions can be monitored to ensure student safety and paraprofessional well-being.

Selection, Training, and Supervision of Paraprofessionals
The literature suggests that selection, training, and supervision of paraprofessionals are critical to the success of the lay counselor. Tan (2013) identifies nine important criteria for selecting paraprofessional counselors. These criteria were found to be most significant in a paraprofessional: personal maturity, psychological stability, empathy and genuineness, a talent for helping, life experience, and while not mandatory, previous training or experience in helping people, possess an appropriate sociocultural background for the agency and the served population, be available and teachable, and must demonstrate the ability to maintain confidentiality. These characteristics allow for the training components outlined by Tan (2013) to be more readily received by paraprofessionals during training. These elements include: practical lecture, reading assignments, observation of good counseling skills demonstrated by a counselor or trainer and experiential opportunities, such as role playing or working with experimental clients. Armstrong (2010) concurred with these training components, offering further that it would be advantageous to "assist paraprofessionals to develop therapeutic skills that facilitate their ability to work effectively with the type of problems clients typically present with within their particular agency" (p.28). With focused training to support and monitor their basic skills, paraprofessional counselors can maintain effectiveness with their populations.

The training of paraprofessionals has also been examined in the literature. Armstrong (2010) recommends that training programs be longer than 40 hours, whereas Everly (2002) suggests that all paraprofessional counselors receive 40 to 100 hours of specialized training in crisis intervention. Walfish and Gesten (2008) identified a variety of training programs, and concluded that while these programs may differ, it is critical
that paraprofessionals receive training that is targeted toward the work they expect to perform. The development of interpersonal skills and the ability to develop relationships with others should be emphasized in any training program (Christensen, Miller, & Munoz, 1978; Danish & Hauer, 1973, Armstrong, 2013; Tan, 1997). According to Christensen et al. (1978), a comprehensive paraprofessional training program consists of four elements: role playing specific communication and counseling skills, instruction in ethics and personal responsibility, specific training in interventions that will be delivered, and continued supervision. Armstrong (2003) also examined the effectiveness of paraprofessional training. Using a pretest/posttest design to examine a training program for solution focused counseling at a Scottish community agency; results indicated that the program had a positive influence on the participants' personal and paraprofessional counselor development. It is important to note that the training program consisted of three core training modules (initial skills and professional and training orientation, beliefs and attitudes toward counseling and mental illness and specific interventions) that were introduced over 40 hour/11 day time period. Ongoing training and supervision after trainees began their work served to reinforce the knowledge and skills emphasized in the training program and maintain the gains made during the initial training. This study suggests that training combined with supervision and in-service activities has an impact on paraprofessional attitudes.

Murray, Kagan and Snider (2002) conducted two studies of undergraduate RAs to examine the relationship between theoretical training and practical training and RA self-confidence. The participants were recruited from Baccalaureate College in the northeast region of the United States. One of the studies delivered theoretically based training,
while the other was practical in focus. The results of the studies indicated that inexperienced and experienced RAs differed in their reactions to the trainings. Subsequent to the theoretical study, inexperienced RA’s indicated an increase in self-confidence and inexperienced RAs perceived the practical training to be more valuable. These studies revealed that participants found the training with the practical content more valuable. The results of this study align with the previous studies that urged training to include content centered on the actual population that paraprofessionals would be working with (Armstrong, 2010; Christensen et al., 1978; Wafish & Gesten, 2008).

**Resident Assistants: Training and Barriers**

Despite the numerous and varied duties of the Resident Assistant, there are no standardized training formats or training materials that extend beyond individual campuses that address the monumental task of monitoring the behavior of the students in our nation’s residence halls and campus living communities. However, RAs do serve as a link between their students, their students’ parents and various student affairs entities/resources (tutoring services, counseling services, judicial boards, student activities, campus safety, etc.). In this role it is imperative that RAs receive the appropriate training to both recognize students who are experiencing emotional or substance use problems as well making appropriate referrals to the necessary entities (Reingle, Thombs, Osborn, Saffian, & Oltersdorf, 2010; Taub & Sevarty-Seib, 2011).

The Council for the Advancement of Standards in Higher Education (CAS) was founded in 1979 with the mission to promote and improve the quality of student services that affect student development and learning. CAS standards address guidelines and recommendations for over 30 areas that support institutional missions—included are
housing and residence life programs. CAS standards require the all residence life staff be trained in crisis response, emergency procedures and prevention protocols to identify threatening behavior and to respond and refer appropriately (CAS, 2006). Standards also maintain that student employees be “provided clear job descriptions, pre-service training based on assessed needs, and continuing development” (p. 13). Though these standards outline what should exist to prepare staff and residence life programs, they do not outline training modalities, training qualifications, or time lengths. RA training, though addressed, is not standardized under CAS.

Though there is no standardized RA training curriculum, there are elements that have been identified as common training components. In a study of the U.S. members of the Association of College and University Housing Officers –International (ACUHO-I) data was collected on RA training practices and curriculum development (Koch, 2011). The study sought information on the following areas: (1) the design of current training programs, (2) whether the training programs created significant learning experiences and (3) did RA educators utilize student development theory to develop training curricula. The mixed method study consisted of 52 items and was disseminated to all 996 names in the ACUHO-I database. The result was 338 valid responses for analysis, with a response rate of 41.9%. The respondents represented all regions of the contiguous United States and the institutional break down consisted of public four year (50%), private four year independent (23.1%), private four year faith based (21.6%), public two year (4.2%), and private two year (1.1%). The average housing capacity of the participating schools was 2,654 with an average of 70 RAs. Only 1/3 of RAs were assigned more than 40 residents.
The participants of the study identified the most widely used method of training to be pre-service training (50.8%) and in-service training as the second most utilized (25.8%). While most institutions included topics related to safety and security (crisis management-100%, campus resources-99.7%, referral procedures-99.4%, emergency response-99.4%), some interpersonal topics were not covered (hazing-44.7%, working with faculty-35.8%, bullying-33.1%). It is important to note that most respondents included communication skills (99.7%) and peer helping/counseling skills (98.2%) as a training component. While these skills were deemed important, the delivery methods for training may not be conducive to developing self-efficacy. Role plays came in as the third (97.0%), most utilized method behind discussion (100%) and lecture (97%); field trips (70.9%) and service learning (60.7%) were not utilized as often. Although RAs are given the opportunity to the information and develop the skills in some areas (those that are most indicated by respondents) there is a chance that the lack of experience and contextual learning may prohibit confidence is the processes/services that the RA is likely to refer the student.

The study ultimately concluded that many RA educators were not prepared to design RA training programs that produce significant learning experiences and due, in part, to the lack of employment of student development theory in training; there is a gap between preparation and expectations. Of note was that safety and security topics have overshadowed developmental and multicultural topics. RAs are learning what to do amid a large scale event, but less time is being spent on interpersonal topics. In terms of assessment, 78.9% of respondents indicated that they used a capstone project to assess RA learning and only 68.9% used case studies. A learning portfolio was used by only
22.9% of respondents. In trainings that take place shortly before the start of classes by upperclassmen who are also preparing to begin classes, a one-time skill assessment (only 25.8% indicated that they employed in service training) may not be substantial enough to create the understanding and confidence needed to prompt RAs to perform interventions indicated by student behaviors.

In a qualitative study conducted by Reingle, et al., (2010) to ascertain RA’s attitudes and actions regarding referring their residents to campus services for mental health and substance use problems. Utilizing the Theory of Planned Behavior (TPB), which views an individual’s behavioral intention as the crucial element in determining behavior (Montano & Kaspryzk, 2008), the study sampled 48 participants from three different states and using a semi-structured interview format to elicit response. The 33 question interview focused on RAs’ attitudes toward performing a behavior (referring residents to campus officials), the norms associated with the behavior and the perceived behavioral control in completing the task. The study revealed that 48% of the participants had never referred (or discussed with a student) for mental health problems. Despite reporting witnessing behaviors such as cutting, suicidal ideation, medication noncompliance leading to erratic behavior and gender identity struggles, the individual RAs deemed these events as not serious enough to warrant referral. Homesickness, issues making friends and break-ups were defined by several RAs as temporary depression and were believed to be issues that would resolve themselves. In the case of substance abuse, only about 35% noted having made a referral for a possible substance abuse problem. Despite being trained to recognize substance abuse issues and refer residents for these problems, RAs generally held the view that “[They] don’t make referrals for substance
use problems until numbers of violations accumulate and the problem is blatant to others or severe” (Reingle, et al, 2010, p.334). This is a troubling discovery as many problems can be contained and diverted with access to the needed intervention. Based on the TPB, an RA’s ability to address this situation is dependent on their attitudes towards performing the behavior, their subjective norms associated with the behavior and their perceived level of control over the ability to carry out the behavior (Montano and Kaspryzk, 2010). More specifically, attitudes are internal beliefs and subjective norms are the internalized subjective messages transmitted from those in power or respected. If an RA does not feel that they are in the position to intervene (self-perception of non-authority), or if they do not associate a positive outcome with an action (a student was referred and expelled from the university) that RA is less likely to act. In order to be compelled to intervene, RAs would need to feel as if they were an appropriate person to intervene with a student, anticipate a positive result from the student they plan to intervene with, their superiors and the counseling center in order to proceed with an action that has significant ramifications.

Overall, the study found that there was a hesitance among participants to make referrals due to the following reasons: the referral process was seen as emotionally stressful and taboo, the view that resident problems would fix themselves, fear that the referral would create a disruption within the resident community, for those with monetary motivations to hold the positions, referrals were seen as an obtrusive task to be avoided, and lastly, but most importantly, RAs noted that infrequent contact was a factor in identifying problems. Despite the responsibility for and the presumption that RAs are the first line of monitoring in regards to student mental health issues and substance use
problems, participants pointed out that many of them are responsible for a large number of students, limited access to upperclassmen (who often spend more time away from campus), and physical layouts of their residence areas, with apartment style living limiting social interactions and access. Not only does the training in regards to the referral process need to be improved, the expectations of the RAs ability to triage numerous students for mental health and substance use problems should more closely and realistically reflect their experience and capabilities.

In regards to training, Taub and Severty-Seib (2011) point out that RAs would benefit from increased training in making referrals. Recognizing that RAs are in a position to be part of the “campus mental health safety net” (p. 13), through their relationships and proximity to their students, they propose that targeted training in referral making would support the training already in place to recognize those in need. They contend that focusing on the areas of knowledge, attitude and skills, which are interrelated, would assist RAs in making effective referrals. Due to the increase in the reported number and severity of mental health issues and alcohol and drugs abuse cases on college campuses, RAs need to possess the knowledge, skills and awareness to accurately recognize and refer students to the appropriate entity to address their residents’ issues.

Studies have concluded that students are likely to solicit informal consultation from a peer or family member rather than consult official counselors, professors, counseling center counselors, student affairs officials (Sharkin, Plageman & Mangold, 2003; Schwitzer & Thomas, 1998). Sharkin, et al. (2003) cited several reasons for students failing to contact the university counseling center. Due to students’ likelihood of
consulting each other regarding personal issues and distress, it is important that students be given the appropriate information regarding the counseling center practices in regards to referral and consultation. Students, RAs, in particular, need to understand what happens when they refer a student to the counseling center; this understanding can serve two purposes: RAs, armed with information, can dispel the negative associations related to help seeking (Sharkin et al., 2003) and, with departmental support, can outline the positive expectations associated with the action of linking their residents to official channels.

The research has shown that RAs are hesitant to act even when they see signs of distress in their assigned residents. RAs are also reluctant to confront these issues for various reasons, among them role confusion, fear of creating disharmony within their assigned groups and themselves, ignorance of the severity of the symptoms that they witness, and lack of information regarding the counseling and mental health services available on campus. It has been recommended that in order to address these deficits training needs to focus on these areas in order to increase RAs action in regards to identifying developmental and mental health concerns exhibited by residents. The identification of distress amongst residents can facilitate appropriate referrals to the proper services to assist students in getting the help that they need to maintain functioning. Length of training and experience in responding to various types of distress are important factors in increasing RA effectiveness (Hattie, Sharpley, & Rogers, 1984).

Self-efficacy and Behavior
While research has been conducted on the importance of training and the effectiveness in peer relationships and the work of paraprofessionals, there exists no standardized RA training. Further, as several studies discussed earlier have explored the barriers that preclude RA interventions, facilitating a positive perception of the interventions that may be utilized with their students is needed to increase the likelihood of the employment of said interventions. These positive perceptions can be facilitated through increasing RAs’ sense of self-efficacy.

Even if a person understands what steps need to be taken to address a situation, there is still the intangible of self-efficacy: will they follow the steps correctly as planned, or will the information be delivered in a way that allows for the best reception by the receiver. Bandura’s (1986) self-efficacy theory suggests a perception of inefficacy in coping with difficult events “gives rise to fearful expectation and avoidance behaviors” (p. 1390). This coincides with previous qualitative studies on barriers to RA effectiveness (Reingle, Thombs, Osborn, Saffian, & Oltersdorf, 2010; Taub & Sevarty-Seib, 2011). In order to increase the likelihood that a procedure will be followed, the instigator needs to feel confident that he or she can implement the steps both correctly and well. This confidence and resulting self-efficacy are impacted by training and experience (Hattie, Sharpley, & Rogers, 1984).

Self-efficacy is not a measurement of skill; it conceptualizes what an individual judges him or herself capable of doing in a given circumstance utilizing the skills required. The ability to attain a skill is based on a combination of factors: how well can that person use skill, effort and perseverance to complete the necessary task. Will an RA
have enough self-efficacy to intervene with a student who is showing signs of maladjustment or a drinking problem?

Similar to counselors, who must function in several capacities simultaneously (diagnostic, administrative, skills, etc.), RAs are required to act in various capacities as part of their duties (leadership, administration, conduct, etc.); these multifaceted roles require RAs to have self-efficacy in multiple areas. Noting the relationship between self-efficacy, job performance and psychological well-being for RAs, Denzine and Anderson (1999) studied RA self-efficacy to positively impact student development. They sought the answers to the following research questions: (1) what is the nature and structure of RA self-efficacy, (2) are there gender differences in self-efficacy and (3) are RA beliefs regarding self-efficacy related to job satisfaction, self-ratings on job performance, length of employment and the number of students in living communities.

The study utilized information from 111 participants from public universities located in the Rocky Mountains, the Southwest and the Pacific Northwest. Respondents were mostly White (70%), with Latinos (6%), African American (3%), Asian American (2%) and Native American (1%). 57% of the participants were women. The average amount of experience of participants was 2.96 semesters, with a standard deviation of 1.6. Sixty eight percent of participants worked in a co-educational facility, while the remaining thirty-two percent worked in single sex resident communities. Participants were mailed the 22 item instrument, Resident Assistant Self-Efficacy Scale (RASES) created by Denzine and Anderson (1998). In terms of reliability, RASES was determined to have a Cronbach’s alpha of .86 and two factors of self-efficacy – personal self-efficacy and contextualized self-efficacy -- were .85 and .72, respectively. The results indicated that
the participants in the sample had a positive sense of self-efficacy regarding their ability
to have positive self-efficacy regarding their ability to have a positive impact on student
development. No relationship was correlated between self-efficacy and the number of
residents, and, unlike previous research, no gender differences were found. Job
satisfaction and self-evaluation of job performance were found to have a correlation of
$r = .31, p < .05$. Participants who had a higher level of self-efficacy in general had a higher
rating of their job performance. Denzine and Anderson (1999) posited that these resulted
had implications for both training and supervision of RAs; increasing self-efficacy will
have a positive impact on RAs ability to fulfill their duties and this can be addressed in
training and supervision.

While self-efficacy regarding the ability to affect student development is
important and has an impact on an RA’s ability to complete assigned duties, identifying
what skills need to be increased in order to affect self-efficacy is just as important. RAs
are expected to manage logistics, promote student development and campus interaction,
oversee conduct and residence hall violations and detect developmental and social
distress. In order to be effective in these multiple roles and responsibilities necessary to
fulfill RA duties, particular skills must be introduced, developed and maintained. For
example, to accomplish the above mentioned duties with students, RAs will have the
occasion to effectively communicate, understand a student’s perspective, and deal with
challenging or disruptive situations. Individually, these skills help RAs understand the
status of their students and, if developed, note any distress or irregularities in behaviors.
It is the detection of these irregularities that will indicate the necessity of a referral to the
university counseling center, if not to an RHD. In order to promote self-efficacy in
regards to these skills, the current self-efficacy related to the discussed skills needs to be measured; as the previous scale of self-efficacy (Denzine & Anderson, 1999) looks at specifically at self-efficacy as it relates to the ability to impact students, it does not measure self-efficacy in regards to the skills needed to impact that area or self-efficacy related to intervening in response to perceived student distress and initiating a referral for specialized intervention.

Historically, the eyes and ears of the administration and the college judicial system, the role of Resident Assistants have expanded. No longer are they simply present to ensure that students make curfew and cause minimal damage to the living areas; they are an invaluable part of the university residence life department where they promote student engagement, development and compliance and harmony. Due to proximity and as a function of their responsibilities, RAs exist on college campuses in the role of paraprofessionals; the research has shown that students are more likely to seek peer support and guidance in relation to issues and distress and RAs, if properly trained, are in a position to offer that support. In effort to support the needs of those students and the RAs to perform their job functions, more attention needs to be given to the promotion of self-efficacy among RAs so that they have the confidence and knowledge to intervene with students dealing with developmental and mental health issues as well as the self-confidence to do so.

As counselor educators prepare counselors to enter into the field of college counseling and higher education, the connection between their roles as counselors within a university system should not be underestimated. There are intricacies that need to be learned and relationships that need to be fostered within the university by college
counselors the same way that mental health counselors need to learn these skills to be successful in their agencies and practices. Similar to the training and supervision provided by mental health counselors to peer counselors at agencies, college counselors should be prepared to assist with the training, and when necessary and possible, supervision of RAs. This training creates positive conditions in several important areas: RAs are supported in their efforts to intervene with students experiencing difficulties, their self-efficacy can also be improved as a result of training due to clarity of procedures and positive objective and subjective expectations, and college counselors can ensure the transmission of symptom information while building a positive relationship with RAs and the office of residence life.
CHAPTER THREE

METHODOLOGY

This chapter explores the methodology utilized to complete this study. The chapter is organized in the following order: purpose of the study, description of the research design, research questions, participant selection, instrumentation, data collection procedures, methods of data analysis, potential contributions, limitations, and summary of methodology.

Purpose Statement

As mental health and adjustment concerns grow on college campuses, the need for paraprofessionals to facilitate a positive transition/referral to counseling services and or other student services also increases. The purpose of this study was to identify the self-efficacy levels of paraprofessionals living in residence communities to address and facilitate communication and counseling-like activities. This investigation was conducted to identify areas that need to be strengthened in order to increase residence life staff’s effectiveness to respond when they encounter students with mental health issues or crises. The response may take the various forms—support, referral to appropriate resources, perhaps intervention; however, based on the Theory of Planned Behavior (TPB), in order for a response to be undertaken RAs must possess self-efficacy regarding their skills and feel confident that their actions can lead to a positive outcome (Montano & Kaspryzk, 2010).

If an RA does not feel power of authority, or if no positive outcome has been associated with a particular action, that RA is less likely to act. In order to ascertain whether RAs perceive themselves to be in the position to intervene and associate positive
results to engaging in an intervention, these concepts must be measured. Once the level of self-efficacy is identified, targeted activities can be incorporated to improve and support these levels.

**Research Design**

The purpose of this study was to explore the degree to which RAs, who are often undergraduate students, perceive their ability to perform the counseling activities related to aiding their assigned residents who are experiencing personal difficulties. This study utilized a descriptive, non-experimental survey research design. The purpose of the survey design was to describe, explain, and explore a particular phenomenon (Heppner, Wampold, & Kivlingham, 2008). Due to limited research on this subject, a survey design focused on describing the self-efficacy of RAs to perform counseling activities. This exploratory study also sought to discern the factors that could explain Resident Assistants self-ratings on the CASES-G, in this case the variables are those that may impact self-efficacy, such as time in position and length of supervision session.

In order to examine RAs levels of self-efficacy to conduct counseling activities and the relationship between those score and two or more variables, a cross-sectional non-experimental survey research design, utilizing linear regression was used to determine if and to what extent do resident assistants’ amount of training time and supervision session time length predicted resident assistants’ perceived confidence to utilize and perform counseling activities and skills in order to address crises situations and successfully refer students to counseling services. A statistical analysis of a means versus the statistical model was used to describe the relationship between resident assistants’ scores on the CASES-G and the amount of training and frequency of
supervision and will provide an index of the degree of linear relationship between the variables. Research questions two and three utilized this approach (see Appendix A).

The purpose of using these approaches in the current study was to document and explore the use of counseling skills from the perspective of resident assistants, with the intention of identifying perceptions related to knowledge, skills and actions related to working with students in distress. The research questions, variables and analysis methods are shown in Appendix A.

**Research Questions**

The overall purpose of the research questions was to investigate how RAs perceived their ability to participate in the counseling activities that may arise as they work with their assigned residents and to identify any connections with those perceptions and supervision and behavior. The hypotheses will lead to a better understanding of not only RAs perceptions of their skills for specific counseling activities and their projected responses to behaviors. This understanding, as well as the impact of supervision, can be used to inform how training is conducted and how RA are assigned duties. The following research questions were used in this study:

1. How do Resident Assistants rate themselves on their ability to perform counseling activities with residents?
2. How will RAs with more training rate themselves Counselor Activity Self Efficacy Scales?
3. How will RAs who receive continuous supervision rate Counselor Activity Self Efficacy Scales?
RESIDENT ASSISTANTS’ PREPAREDNESS FOR COUNSELING

4. How will RAs respond to student behaviors?

Hypotheses

The study began with the following hypotheses regarding the results of the study:

1. Resident Assistants will rate themselves low regarding their ability to perform counseling activities.
   a. H₀ = Resident Assistants will not rate themselves low on the Counselor Activity Self Efficacy Scales.

2. Resident Assistants who have received more training will rate themselves higher on the Counselor Activity Self Efficacy Scales.
   a. H₀ = Residents who have received more training will not rate themselves higher on the Counselor Activity Self Efficacy Scales.

3. Resident Assistants who receive more frequent supervision will rate themselves higher on the Counselor Activity Self Efficacy Scales.
   a. H₀ = Residents who receive more frequent supervision will not rate themselves higher on the Counselor Activity Self Efficacy Scales.

4. Resident assistants will not take action in response to student behaviors.
   a. H₀ = Resident assistants will respond to student behaviors.

Method

Variables

For this study the independent variables were training time, time in position and hours of supervision per meeting (see Appendix A). The training time variable was examined to determine difference in scores related to the identified length of training time (e.g. 1 day, 2, days, 3 days, 4 or more days). As RAs who have held their positions
for longer periods of time have experienced repeated training periods, this variable will be examined as a predictor. The duration of supervision variable was analyzed based on the amount of time per supervision session and possible differences in frequency of continuous supervision on Counselor Activities Self Efficacy Scales-G scores.

**Participants**

The target population for this study was resident assistants, who are typically traditional aged college students in the age range of 18-24, most RAs are selected based on the established qualifications of year in college, usually minimum of sophomore status, previous leadership experience, and professor recommendations. Major was not identified as a determinant for selection for this position. A secondary population was resident or hall directors, floor directors, and area coordinators, depending on what the position is titled at a particular university. Resident or hall directors may or may not be graduate assistants or they may be graduate level professionals. Additionally, hall directors may or may not have education in student affairs and/or counseling, but they are likely to have experience, even as undergraduates, in residence life.

**Procedure**

**Process**

The Institutional Review Board (IRB) at Old Dominion University reviewed all procedures and instrumentation, approval was anticipated. Due to the use of survey procedures that uphold confidentiality and anonymity of participants, an exemption for the research was obtained. After approval, emails were sent out to the Association of College and University Housing Officers- International (ACUHO-I) members directly and posted on and ACUHO-I list serv. The email requested that the receiver (resident
assistants and hall directors) participate in the research; the email included a hyperlink to the informed consent and the survey instrument hosted on SurveyGizmo (http://www.surveygizmo.com). SurveyGizmo did not reveal any information about the participants other than the information collected through the instrument.

When participants clicked on the hyperlink, they were sent to the main page of the survey instrument. This page contained the informed consent and more information about the study and uses for the obtained data. Participants were informed that by choosing to continue with the survey they are indicating their consent to participate in the study. After consenting to be part of the study, respondents were directed through the entirety of the survey. The instrument provided ongoing information to participants about the percentage of content remaining. At the end of the survey participants were thanked, via message, for completing the survey; they were be provided with information on how they may contact the researcher or the committee chair to discuss questions or concerns regarding the survey, its affects or to obtain the results of the study. Reminder emails were sent out to the population group in several rounds during the data collection period to increase the return rate. Due to a unique link system, participants were only able to complete the survey once on Survey Gizmo.

The data was collected via an anonymous online survey after IRB approval was granted. The potential respondents from the target population were contacted via multiple methods to increase respondents in order to aid in statistical analysis. The Association of College and University Housing Officers-International (ACUHO-I) list serv, the researcher’s home institution, and direct solicitation of a random sample of ACUHO-I directors of housing and residence life programs from all regions, were directly contacted.
in order to obtain buy in from these leaders and to urge them to forward the survey link and informed consent to hall directors and resident assistants generating a snowball sampling. ACUHO-I has over 950 members from colleges and universities located in the United States, Africa, Asia, Europe, Australia and the Caribbean. Data was collected over a 5-week period from January 10, 2014 to February 14, 2014.

As part of the survey introduction and informed consent, leaders were apprised that the information gathered during this study may assist with training objectives for residence life front line staff in that the results may reveal that student paraprofessionals are not confident in using the skills needed to build relationships and successfully refer students to receive the assistance that is needed to address the increase in mental health and developmental issues that college students are now facing. To that end, the results may provide further information regarding the skills that are lacking and create an opportunity to address these skill deficits directly.

**Instrumentation**

*Demographic sheet.* The demographic sheet requests information relevant to the variables that may impact the results of the study. These variables included training time and training components, length of supervision sessions, time in position and whether or not participants received continuous supervision. There were 12 demographic items in all. Participants were also asked give their age, gender, ethnic background course of study (communication, human services, psychology, etc.), housing program size, the number of students assigned to a particular RA, length of training and to note the training modalities that they received. This information will be used as part of the data analysis and to provide descriptive statistics.
Counselor Activity Self-Efficacy Scales (CASES). While the literature review found no instrument that directly addressed the use of these skills by residence assistants or residence life staff, there was a scale that discussed the perceived self-efficacy of counselors to perform counseling activities. Lent, Hill and Hoffman (2003) created Counselor Activity Self-Efficacy Scales (CASES), a self-report scale to measure self-efficacy related to several categories of counselor activity, including helping skills like reflection of feelings, session management skills like building a conceptual model of the client and coping with challenging situations like working with a client who is depressed. This 59 item instrument covered each of the three domains previously mentions with 18 items addressing helping skills, 17 items addressing session management and 24 items covering counseling challenges. The items are designed using a 10 point Likert scale that participants rate their ability from no confidence (0) to complete confidence (10). The creators of this scale found that it yielded test-retest reliability over a 15 week period ($p<.001$), and internal reliability for subscales that ranged from .79 to .94). Items analyses revealed that the scales for helping skills, session management and challenges had a KMO of .91, .95 and .95, respectively. The mean scores for the validated CASES-G instrument for respondents with less than one years’ experience on the helping subscales were $M= 5.21$, $SD= 1.63$ for insight, $M=6.84$, $SD = 1.08$ for exploration and $M=5.47$, $SD = 1.66$ for action (Lent, Hill & Hoffman, 2003). The mean score for respondents with less than one years’ experience on the session management scale was $M= 5.77$, $SD= 1.34$, for the challenges subscales the means were $M= 4.01$, $SD= 2.09$ for client distress and $M= 5.06$, $SD= 1.65$ for relationship conflict. The CASES total score had a mean of $M= 5.36$, $SD= 1.26$ for participants with less than 1 year of counseling training. In order to
utilize this instrument with the intended population, minor changes were required to reflect the population that RAs and residence life staff work with, for example the word client would be replaced with resident or student. Permission to edit the instrument was obtained by the creators of this instrument. Reliability analyses were conducted for the CASES-G as utilized in this study. Results revealed a Cronbach’s α of .91, which is consistent with previous literature utilizing the CASES-G (Greason & Cashwell, 2009). Item analyses were conducted on each of the three scales (skills ($KMO= .90$), session managements ($KMO= .93$) and challenges ($KMO= .91$)) and were also determined to be consistent.

**Standardized Student Scenarios.** As a part of the survey, four scenarios were included that presented students experiencing concerns. Respondents were asked to review each scenario and identify whether they represent a crisis and what action they feel is most appropriate. The response choices were: do nothing, inform my supervisor and recommend a meeting, consult with other school agency (health services, counseling services, academic advising, etc.) or set up a meeting or speak with the student. Two of the options required minimum action or responsibility (do nothing or inform my supervisor and recommend a meeting), the other two options (consult with other school agency or set up a meeting or speak with the student) required the RA to be a direct participant in managing the concern or disseminating information. Responses will be analyzed and frequencies will be reviewed. The scenarios were standardized or shown to have face validity through review by a panel of three professionals who represented counselor education, college mental health and residence life. The panel members each
reviewed the scenarios separately and provided feedback on the available response choices and status as a crisis requiring immediate attention.

**Data Analysis**

SPSS Version 21 was used to report frequencies for all variables as part of data screening. Erroneous data was coded as missing. Demographic data was also analyzed against missing data to look for patterns that may distort data. Outliers were screened and omitted when they represent less than 5% of the data. After screening, data analysis was conducted to report any significant correlations between perceived levels of self-efficacy as indicated by CASES-G scores, training time, frequency of continuous supervision.

CASES-G scores were regressed on amount of training time, time in position and length of supervision sessions to identify relationships. Appendix A details each research question with independent and dependent variables and analyses used.

Research Question #1: How do Resident Assistants rate themselves on their ability to perform counseling activities with residents?

$H_0$: Resident Assistants will not rate themselves low on the Counselor Activity Self Efficacy Scales.

Analysis 1: Descriptive statistics were utilized to determine the participants’ self-rated scores on the CASES-G and on its three scales: helping skills, session management and counseling challenges. These scales covered general helping skills, activities that aided in keeping sessions focused and working with students within specific circumstances, respectively. Each scale was examined to determine areas in which RAs rated themselves most highly and the areas that RAs perceived themselves to have low levels of self-efficacy.
Research Question #2: How will RAs with more training rate themselves on the Counselor Activity Self Efficacy Scales?

$H_0$: There will be no difference in how RAs with more training rate themselves on the Counselor Activity Self Efficacy Scales.

Analysis 2: A correlation was utilized to determine if there were any significant statistical relationships between scores on the CASES-G and time in position and training time subcategories. A linear regression was used to estimate the relationship between CASES-G and training time and training time subcategories. The same methods were used to analyze the relationship between the CASES-G scores and supervision session time length.

Research Question #3: How will RAs who have longer supervision sessions rate themselves on the Counselor Activity Self Efficacy Scales?

$H_0$: Residents who have longer supervision sessions will not rate themselves higher on the Counselor Activity Self Efficacy Scales.

Research Question #4: Resident assistants will not take action in response to student behaviors.

$H_0$: Resident assistants will respond to student behaviors.

Analysis 3: A frequency analysis was conducted for the responses to the included student scenarios to identify how often and in response to which behaviors RAs took action. A correlation was utilized to determine if there were any significant statistical relationships between scores on the CASES-G and the scenario responses. A linear regression was used to estimate the relationship between CASES-G and the scenario responses.
Limitations

Validity threats: Internal validity

Based on the research design, there were some threats to internal validity. Selection and history may have affected the results, but in order to address this threat the demographic information accounted for previous experience differences, education levels, major differences and differences in training. Location was a threat that could not be controlled for with an internet survey. As participants were likely to have completed the survey at their leisure and discretion, the environment that they complete the survey in was out of the researcher's control. The internet was used to disseminate the survey to the largest number of participants possible in order to increase the N and to speak to the technological proclivities of the target population. Instrumentation is also a threat to validity. As the measure used is self-report there was the possibility that respondents will overestimate their skills or respond in a way that is perceived to be socially acceptable. This limitation may also apply to the scenario responses; participants may have responded as they were encouraged to in training, rather than based on previous experiences and personal judgment.

Validity threats: External validity

The primary external validity threats were those related to reactivity arrangements. Evaluation apprehension was of concern due to the type of study being conducted. There is a chance that respondents responded according to what they perceive as correct or socially desirable. This may be related to their feelings about themselves and what their responses may indicate or what they perceive that their responses may indicate about their respective residence life programs. In order to control for this the informed
consent needed to be worded neutrally so that there was no implication that a judgment on the program or the individual will be made.

**Potential Contributions**

This research study can have various effects on different areas related to college counseling. The results of this study can impact the policies and procedures for RAs and Resident Hall Directors training, as well as the way Student Affairs addresses and conceptualizes the mental health and developmental issues experienced by the students they serve. The results of the study speak to the amount of training and supervision received by RAs and this will open the door for further studies on whether the amount of training and supervision is appropriate and effective in assisting students with their difficulties. If the results indicate that, despite the increased need for mental health support and communication skills, RAs are not receiving adequate training or supervision to address those needs, then the alterations need to be made in training programs. In order to develop a stronger training program, college counselors need to become more involved in the training of paraprofessionals on their campuses. As mental health needs increase on campuses the most trained and knowledgeable professionals should take the lead, or at least become partners, in training the paraprofessionals of the college community. The need to build these partnerships should be supported and included as part of college counselor training.

In terms of skills training, the study will address the RAs’ perceptions of their ability to utilize that training effectively. In the event that the RA participants do not indicate a positive ability to participate in the activities as described on the measure, then additional training in the most negatively impacted areas should be incorporated into RA
training to counteract this deficit. As the study also looked at the RA perceptions of their skills in light of their demographic information, it would be important to note whether newer or more experienced, RAs felt more comfortable with their training as this could indicate that selection or assignment criteria should be adjusted to serve the needs of residents.

Summary

This chapter has discussed the methods to be used in this quantitative study of the perceived efficacy of resident assistants to participate in counseling activities with their assigned residents. The next chapter will present and examine the results obtained with these methods.
CHAPTER FOUR

RESULTS

The purpose of this study was to determine the self-efficacy Resident Assistants hold regarding their ability to conduct counseling activities as they work with their assigned residents. This chapter details the results of the research study. This chapter begins by discussing the respondents and recruitment processes and continues with the results for each research question.

Demographic information

A total of 173 individuals responded to the survey. A total of 121 responses determined to be complete and valid. Surveys determined to be incomplete were (N=52) and excluded from data analysis. Completed surveys began with a demographic questionnaire in which respondents identify their age, sex, cultural identity group, and accumulated credit hours (see Table 1). The demographic information revealed that a majority of the respondents were between the ages of 17-24 (99.2%, n=120), female (58.7%, n=70), Caucasian (62.8%, n=76) and indicated that they had completed 91-120 credit hours to date (31.4%, n=38).

Table 1

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-20</td>
<td>70</td>
<td>57.9</td>
</tr>
<tr>
<td>21-24</td>
<td>50</td>
<td>41.3</td>
</tr>
<tr>
<td>25-30</td>
<td>1</td>
<td>.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>
### Table 1 Continued

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50</td>
<td>41.3</td>
</tr>
<tr>
<td>Female</td>
<td>71</td>
<td>58.7</td>
</tr>
<tr>
<td><strong>Ethnic group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>7</td>
<td>5.8</td>
</tr>
<tr>
<td>Black/African American</td>
<td>25</td>
<td>20.7</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>76</td>
<td>62.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Native American Alaskan</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multiracial</td>
<td>8</td>
<td>6.6</td>
</tr>
<tr>
<td>Declined to respond</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Number of Credit Hours</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-30</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>31-60</td>
<td>30</td>
<td>24.8</td>
</tr>
<tr>
<td>61-90</td>
<td>31</td>
<td>25.6</td>
</tr>
<tr>
<td>91-120</td>
<td>38</td>
<td>31.4</td>
</tr>
<tr>
<td>121-150</td>
<td>8</td>
<td>6.6</td>
</tr>
<tr>
<td>151-180</td>
<td>8</td>
<td>6.6</td>
</tr>
<tr>
<td>Over 180</td>
<td>1</td>
<td>.8</td>
</tr>
<tr>
<td>Graduate Student</td>
<td>2</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Respondents were further asked to identify features relative to their positions: number of students responsible for, time in position, and training time. Most respondents had been in their position for less than one year (60.8%, \(n=73\)), held their position for less than 6 months (33.3%, \(n=40\)), responsible for 30-40 students (56.2%, \(n=68\)) and had
received more than 5 days of training (73.6%, \( n=89 \)). Descriptive data for number of students responsible for, time in position and training time are in Table 2.

**Table 2**

*Time in position, Number of Residents Responsible for, Training time (N=121)*

<table>
<thead>
<tr>
<th>Time in position</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 months</td>
<td>40</td>
<td>33.1</td>
</tr>
<tr>
<td>6-10 months</td>
<td>33</td>
<td>27.3</td>
</tr>
<tr>
<td>11-16 months</td>
<td>19</td>
<td>15.7</td>
</tr>
<tr>
<td>17-24 months</td>
<td>14</td>
<td>11.6</td>
</tr>
<tr>
<td>Over 24 months</td>
<td>14</td>
<td>11.6</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of assigned residents</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30 residents</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td>30-40 residents</td>
<td>68</td>
<td>56.2</td>
</tr>
<tr>
<td>41-55 residents</td>
<td>28</td>
<td>23.1</td>
</tr>
<tr>
<td>56-70 residents</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Over 70 residents</td>
<td>16</td>
<td>13.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average training time</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>3 days</td>
<td>12</td>
<td>9.9</td>
</tr>
</tbody>
</table>
Table 2 Continued

<table>
<thead>
<tr>
<th>Average training time</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 days</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>5 days</td>
<td>11</td>
<td>9.1</td>
</tr>
<tr>
<td>More than 5 days</td>
<td>89</td>
<td>73.6</td>
</tr>
</tbody>
</table>

\(^a N=120\)

Additional demographic information inquired about respondents’ position title, field of study, training components, supervision hours per month, and supervision frequency are located in Tables 3 and 4. The included training components were included based on recommended training methods (Armstrong, 2010; Tan, 2013). Participants were given a list of training components and were asked to identify which they received (see Table 4); the most identified components were continuous supervision, communication skills and role playing.

Table 3

Position title, Field of study, Amount of supervision, Supervision frequency (N=121)

<table>
<thead>
<tr>
<th>Position title</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community assistant</td>
<td>1</td>
<td>.8</td>
</tr>
<tr>
<td>Resident assistant</td>
<td>117</td>
<td>96.7</td>
</tr>
<tr>
<td>Assistant Hall Director</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>.8</td>
</tr>
<tr>
<td>Field of study</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>Arts</td>
<td>13</td>
<td>10.7</td>
</tr>
<tr>
<td>Humanities</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>Physical sciences</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>Social sciences</td>
<td>29</td>
<td>24.0</td>
</tr>
<tr>
<td>Health sciences</td>
<td>27</td>
<td>22.3</td>
</tr>
<tr>
<td>Business/public administration</td>
<td>21</td>
<td>17.4</td>
</tr>
<tr>
<td>Education</td>
<td>8</td>
<td>6.6</td>
</tr>
<tr>
<td>Engineering</td>
<td>7</td>
<td>5.8</td>
</tr>
</tbody>
</table>

Supervision hours per month:

<table>
<thead>
<tr>
<th>Supervision hours per month</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>7.4</td>
</tr>
<tr>
<td>2</td>
<td>50</td>
<td>41.3</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>4</td>
<td>50</td>
<td>41.3</td>
</tr>
</tbody>
</table>

Supervision frequency:

<table>
<thead>
<tr>
<th>Supervision frequency</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bi-monthly</td>
<td>16</td>
<td>13.2</td>
</tr>
<tr>
<td>Monthly</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>Bi-weekly</td>
<td>49</td>
<td>40.5</td>
</tr>
<tr>
<td>Weekly</td>
<td>48</td>
<td>39.7</td>
</tr>
</tbody>
</table>
None 2 1.7

Note: a Two respondents declined to respond to this item; b Three respondents declined to respond to this item

Table 4

Identified Training Components (N = 121)

<table>
<thead>
<tr>
<th>Training Components</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics instruction</td>
<td>100</td>
<td>82.6</td>
</tr>
<tr>
<td>Role playing</td>
<td>111</td>
<td>91.7</td>
</tr>
<tr>
<td>Communication skills</td>
<td>118</td>
<td>97.5</td>
</tr>
<tr>
<td>Observations</td>
<td>88</td>
<td>72.7</td>
</tr>
<tr>
<td>Crisis intervention</td>
<td>109</td>
<td>90.1</td>
</tr>
<tr>
<td>Counseling skills</td>
<td>97</td>
<td>80.2</td>
</tr>
<tr>
<td>Continuous supervision</td>
<td>112</td>
<td>92.6</td>
</tr>
<tr>
<td>Problem intervention training: This includes training for the identification of specific concerns related to the college population (e.g. alcohol and/or substance abuse, depression, suicidality, adjustment)</td>
<td>93</td>
<td>76.9</td>
</tr>
</tbody>
</table>

Note: Participants indicated, from a checklist of preferred methods, which modalities they had experienced as part of their training experience.

Tests of Normality

Prior to conducting analyses to answer research questions, the normal distribution of the data was established. Descriptive statistics were utilized to insure that the sample was normally distributed. Total CASES-G scores and the means for helping, session management and challenges subscales were normally distributed. CASES-G scores were
tested for homogeneity for the CASES-G scores as the dependent variable. Normality was established and further analysis of the data was conducted. Analyses of skewness and kurtosis revealed that data was concentrated to the right of the mean, with kurtosis values indicating a flatter distribution with a wider peak.

**Research Question One**

The first research question was the following: How do Resident Assistants rate themselves on their ability to perform counseling activities with residents? Participants were asked to complete the CASES-G in which they responded to items that assessed their perceived level of self-efficacy to perform counseling related activities with residents. The CASES-G contained 59 items and was comprised of three scales: helping skills, containing 18 items, session management, containing 17 items) and counseling challenges, which included 24 items. These scales covered general helping skills, activities that aided in keeping sessions focused and working with students within specific circumstances, respectively. Respondents utilized a Likert scale to assess their perceived level of self-efficacy on each item. Item ratings were from “0” (representing no confidence) to “10” (representing complete confidence), allowing for possible scores to rage from 0-10. In the current study, the means scores were $M= 6.79$, $SD= 1.13$ for helping which is interpreted to mean that RAs perceive themselves capable of utilizing helping skills with their residents, $M= 7.03$, $SD= 1.25$ for the session management subscale indicates that RAs perceived themselves as able to direct sessions with their residents and $M= 6.60$, $SD= 1.26$ for challenges. The research hypothesis stated that RAs would not rate themselves highly to participate in counseling related activities. According to the data analysis, the null hypothesis failed to be rejected, indicating that RAs rated
themselves highly in regard to their self-efficacy to participate in counseling related activities.

The average score for the helping skills scale ($M = 6.79, SD = 1.73$) indicates that the respondents indicated the greatest amount of self-efficacy with activities that required the sharing of information (either as the receiver or the initiator). Respondents indicated the highest scores for listening ($M = 7.78, SD = 1.09$), direct guidance ($M = 7.66, SD = 1.29$) and information-giving ($M = 7.54, SD = 1.47$). Lowest levels of self-efficacy were indicated for homework ($M = 5.64, SD = 2.30$), role play and behavior rehearsal ($M = 5.74, SD = 2.11$) and immediacy (disclose immediate feelings you have about the student, the therapeutic relationship, or yourself in relation to the student) ($M = 5.88, SD = 2.08$).

### Table 5

*Helping Skills Scale (N = 121)*

<table>
<thead>
<tr>
<th>Item</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending (orienting yourself physically to the student)</td>
<td>7.21</td>
<td>1.466</td>
</tr>
<tr>
<td>Listening (capture and understand the messages that students</td>
<td>7.78</td>
<td>1.086</td>
</tr>
<tr>
<td>communicate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restatements (repeat or rephrase what the client has said, in a</td>
<td>7.27</td>
<td>1.270</td>
</tr>
<tr>
<td>way that is succinct, concrete and clear)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open questions (ask questions that help students to clarify or</td>
<td>7.07</td>
<td>1.630</td>
</tr>
<tr>
<td>explore their thoughts or feelings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflection of feelings (repeat or rephrase the client's statements</td>
<td>7.21</td>
<td>1.450</td>
</tr>
<tr>
<td>with emphasis on his or her feelings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-disclosure for exploration (reveal personal information about</td>
<td>6.91</td>
<td>1.915</td>
</tr>
<tr>
<td>your history, credentials or feelings)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5 Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentional silence (use silence to allow students to get in touch with their thoughts or feelings)</td>
<td>6.12</td>
<td>2.076</td>
</tr>
<tr>
<td>Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the student's is unaware or that he or she is unwilling or unable to change)</td>
<td>6.24</td>
<td>1.772</td>
</tr>
<tr>
<td>Interpretations (make statements that go beyond what the student has overtly stated and that give the student's new way of seeing his or her behavior, thoughts, or feelings)</td>
<td>6.72</td>
<td>1.385</td>
</tr>
<tr>
<td>Self-disclosures for insight (disclose past experiences in which you gained some personal insight)</td>
<td>6.77</td>
<td>1.756</td>
</tr>
<tr>
<td>Immediacy (disclose immediate feelings you have about the student, the therapeutic relationship, or yourself in relation to the student)</td>
<td>5.88</td>
<td>2.076</td>
</tr>
<tr>
<td>Information-giving (teach or provide the student with data, opinions, facts, resources, or answers to questions)</td>
<td>7.54</td>
<td>1.472</td>
</tr>
<tr>
<td>Direct guidance (give the students suggestions, directives, or advice that imply actions for the student to take)</td>
<td>7.66</td>
<td>1.285</td>
</tr>
<tr>
<td>Role play and behavior rehearsal (assist the student to role play or rehearse behaviors in session)</td>
<td>5.74</td>
<td>2.109</td>
</tr>
<tr>
<td>Homework</td>
<td>5.64</td>
<td>2.304</td>
</tr>
</tbody>
</table>

The average score for the session management scale was $M = 7.03$, $SD = 1.25$. The means for items in this scale ranged from 6.69 to 7.31. The items with the lowest means were "know what to do or say next after your student talks" ($M = 6.69$, $SD = 1.76$), "help your students talk about his or her concerns at a deep level" ($M = 6.71$, $SD = 1.72$), and "help your student understand his or her thoughts, feelings and actions" ($M = 6.82$, $SD = 1.83$).
The highest scores were indicated for items remain aware of your intentions during sessions (M = 7.31, SD = 1.43), respond with the best helping skill, depending on what your student needs at a given moment (M = 7.26, SD = 1.34) and help your student set realistic goals (M = 7.22, SD = 1.37).

**Table 6**

Session Management Scale (N=120)

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respond with the best helping skill, depending on what your student needs at a given moment.</td>
<td>7.26</td>
<td>1.34</td>
</tr>
<tr>
<td>Help your student explore his or her thoughts, feelings, and actions.</td>
<td>7.09</td>
<td>1.47</td>
</tr>
<tr>
<td>Help your student talk about his or her concerns at a &quot;deep&quot; level.</td>
<td>6.71</td>
<td>1.72</td>
</tr>
<tr>
<td>Know what to do or say next after your student talks.</td>
<td>6.69</td>
<td>1.76</td>
</tr>
<tr>
<td>Help your student set realistic goals.</td>
<td>7.22</td>
<td>1.37</td>
</tr>
<tr>
<td>Help your student to understand his or her thoughts, feelings, and actions.</td>
<td>6.82</td>
<td>1.54</td>
</tr>
<tr>
<td>Build a clear conceptualization of your student and his or her issues.</td>
<td>6.88</td>
<td>1.61</td>
</tr>
<tr>
<td>Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.</td>
<td>7.31</td>
<td>1.43</td>
</tr>
<tr>
<td>Help your student to decide what actions to take regarding his or her problems.</td>
<td>7.08</td>
<td>1.44</td>
</tr>
<tr>
<td>Keep session “on track” and focused</td>
<td>7.15</td>
<td>1.37</td>
</tr>
</tbody>
</table>

The counseling challenges scale had a mean of M = 6.60 SD = 1.26. The range of scores for this scale was 5.61 to 7.89. The items with the lowest means were working
with a student who... shows signs of severely disturbed thinking ($M = 5.61$, $SD = 2.18$), is suicidal ($M = 5.85$, $SD = 2.17$), and has been sexually abused ($M = 5.86$, $SD = 1.98$).

Respondents rated themselves highly on the following items: working with a student who... differs from you in a major way or ways ($M = 7.89$, $SD = 1.49$), you find sexually attractive ($M = 7.33$, $SD = 1.85$) and has core values or beliefs that conflict with your own ($M = 7.16$, $SD = 1.90$). Respondents indicated that they were least comfortable addressing students with severe issues and were more confident in handling situations where they had control only their thoughts and actions in order for a session to be productive. The overall results regarding this research question indicated that RAs rated themselves highly on the CASES-G. This indicates that they feel confident in their ability to participate in counselor activities with their residents.

**Table 7**

*Counseling challenges scale (N=120)*

<table>
<thead>
<tr>
<th>Item</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>...wants more from you than you are willing to give (e.g. in terms of frequency of contacts or problem solving/advice giving).</td>
<td>6.37</td>
<td>1.679</td>
</tr>
<tr>
<td>... is at an impasse (e.g. stuck in the same place, not progressing)</td>
<td>6.50</td>
<td>1.633</td>
</tr>
<tr>
<td>...you have negative reactions toward (e.g. boredom, annoyance).</td>
<td>6.89</td>
<td>1.661</td>
</tr>
<tr>
<td>...is sexually attracted to you.</td>
<td>6.99</td>
<td>1.955</td>
</tr>
<tr>
<td>...is not &quot;psychologically-minded&quot; or introspective.</td>
<td>6.75</td>
<td>1.721</td>
</tr>
</tbody>
</table>
Table 7 Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>...differs from you in a major way or ways (e.g. race, ethnicity, gender, age, social class).</td>
<td>7.89</td>
<td>1.489</td>
</tr>
<tr>
<td>...has core values or beliefs that conflict with your own (e.g. regarding religion, gender roles).</td>
<td>7.16</td>
<td>1.898</td>
</tr>
<tr>
<td>...is dealing with issues that you personally find difficult to handle.</td>
<td>6.27</td>
<td>1.814</td>
</tr>
<tr>
<td>...you find sexually attractive.</td>
<td>7.33</td>
<td>1.851</td>
</tr>
<tr>
<td>...shows signs of severely disturbed thinking.</td>
<td>5.61</td>
<td>2.179</td>
</tr>
<tr>
<td>...is extremely anxious.</td>
<td>7.06</td>
<td>1.404</td>
</tr>
<tr>
<td>...has experienced a recent traumatic life event (e.g. physical or psychological injury or abuse).</td>
<td>6.41</td>
<td>1.854</td>
</tr>
<tr>
<td>...is suicidal.</td>
<td>5.85</td>
<td>2.171</td>
</tr>
<tr>
<td>...has been sexually abused.</td>
<td>5.86</td>
<td>1.978</td>
</tr>
<tr>
<td>...is clinically depressed.</td>
<td>6.63</td>
<td>1.690</td>
</tr>
<tr>
<td>...demonstrates manipulative behaviors in sessions (meetings).</td>
<td>6.12</td>
<td>1.944</td>
</tr>
<tr>
<td>...wants more from you than you are willing to give (e.g. in terms of frequency of contacts or problem solving/advice giving).</td>
<td>6.37</td>
<td>1.679</td>
</tr>
</tbody>
</table>

It is useful to note that the session management scale had the highest scores of the three scales, indicating that RAs felt a higher level of self-efficacy to manage sessions with students than they did to utilize helping skills and to negotiate counseling challenges. In the analysis of the scales featuring the original participants, individuals receiving training in counseling, the results indicated that they perceived themselves to
have less self-efficacy to manage sessions with $M=5.77$, $SD=1.34$ than those in this current study (Lent, Hill & Hoffman, 2003). In the original study results yielded a single subscale within the helping skills scale with a comparable to mean for helping skills in the current study ($M=6.79$, $SD=1.13$); in the original study, the mean for exploration skills of $M=6.84$, $SD=1.08$ was closest, with the other subscales, insight $M=5.21$, $SD=1.63$, and action $M=5.47$, $SD=1.66$, producing lower means. The results from the current study produced higher means overall than those of the original study.

This sample included a majority of participants with limited time in their positions who rated themselves highly on the CASES-G. A further study could look at the differences in self-ratings among RAs with varied lengths of time in position would give a clearer picture as to whether RAs rated themselves highly due to recent training and their confidence in their support structure or if their responses were a combination of their confidence in the training and support and their self-efficacy to engaged in the activities on the CASES-G. A future study can also examine how RAs rate their attitudes related to interacting with their residents (e.g. cultural competence, empathy, sexual attraction or previous relationship, response to microaggressions) and/or their knowledge of college student development in order to work effectively, with clear expectations of residents.

**Research Question Two**

The second research question was: how will RAs with more training rate themselves on their ability to perform counseling activities with residents? A frequency analysis was conducted and indicated 73.3% of participants experienced more than 5 days of training ($n=88$) and 60.5% of participants were in their positions for less than 10
months \((n=72)\). A hierarchical regression was used to identify the relationship between training time intervals and time in position and CASES-G scores. Time in position was determined to be statistically significant, \(F(2, 116) = 2.56, MSE = 5016.96, p < .05\), indicating that there was a relationship between time in positions and the CASES-G scores. For every 1 standard deviation in time in position, there is a .20 standard deviation change in CASES-G scores. In a hierarchical regression using training time and time in position as predictors, training time and time in position were determined to be statistically non-significant, \(F(2, 116) = 1.03, MSE = 2076.94, p > .05\), indicating that there was no relationship between time in position and training time and CASES-G scores. The research hypothesis stated that RAs with more training will rate themselves high on the CASES-G. According to the data analysis of the relationship of training time and time in position, the null hypothesis is accepted, indicating that RAs who were in their positions longer did rate themselves higher on the CASES-G.

The results of research question two indicate that time in position was a significant predictor of CASES-G scores; RAs who held their positions for a longer period of time indicated a higher level of self-efficacy. The results also indicated that when time in training was included with time in position as part of a hierarchical linear regression the variables were determined to non-predictive of CASES-G scores. Training had no effect greater on CASES-G scores than time in position. Most of the participants indicated that they had held their positions for less than one year, which only allows for one cycle of training (assuming that a minimum of one training takes place each year). The high ratings on the CASES-G in light of this limited experience may indicate that self-efficacy to complete the activities on the CASES-G is influenced by another factor.
unrelated to training and time in position. Possible influences may include counseling experiences, previous leadership and/or mentor experiences, and education received either during or prior to beginning the RA position.

A further study would seek to identify additional influences on self-efficacy and CASES-G scores; specific components that are referenced in the CASES-G could be utilized, as well as the training components identified as part of the participants’ training experienced (i.e. crisis intervention, listening skills, etc.). A look at these attitudes would assist in RA selection methods and training components.

**Research Question Three**

The third research question asked how will RAs with longer supervision sessions rate themselves on the CASES-G?. A frequency analysis indicated that 82.6% of participants indicated that they participated in supervision of a time period of either two or four hours per month ($n=100$). In order to ascertain the relationship between the respondents’ CASES-G scores and their length of supervision session, a linear regression was used. When a linear regression was used to identify the relationship between length of supervision session and CASES-G scores, the relationship was non-significant; $F(1, 116) = 2.67, \text{MSE}= 5371.19, p>.05$, indicating that length of supervision session did not predict CASES-G scores. The research hypothesis stated that RAs with longer supervision session will rate themselves higher on the CASES-G. According to the data analysis of the relationship of length of supervision, the null hypothesis is accepted, indicating that RAs with longer supervision session did not rate themselves higher on the CASES-G.
All participants in this sample indicated that they received ongoing supervision, indicating that residence life departments recognized the importance of supervision. A future study examining the features of supervision could determine if supervision methods or theories affect self-efficacy in RAs for counseling activities. An additional study can assess for differences on CASES-G scores for RAs that receive individual versus group supervision.

**Research Question Four**

The fourth research question asked how will RAs respond to student behaviors? A frequency analysis of the scenario responses indicated that for three of the four scenarios (Kim, Derek, and Sabrina, See Appendix D) the action most identified for each scenario was to meet with the student him or herself at over 50% for each scenario. In the Melody scenario (See Appendix D), which includes a student suffering from possible alcohol abuse, 45% respondents indicated that they would inform their supervisor in response to the student behavior. Consultation of school agencies ranged from 3.3% (Sabrina) to 35.8% (Kim). In each scenario, respondents indicated that they would do nothing 13.3% of the time or less. The research hypothesis stated that RAs will not take action in response to student behaviors.

According to the data analysis of the scenarios of student behavior, the null hypothesis is accepted, indicating that RAs indicated that they would take action. The results of this research question revealed that Resident Assistants indicated that they would take action to intervene in their residents' behaviors. For the scenarios presented on the survey, most respondents indicated that they would take direct action (meeting
with students themselves or consulting with another school agency), rather than simply informing a supervisor.

**Table 8**

*Frequency Distribution of Responses to Student Behavior Scenarios (N=120)*

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Meet with student</th>
<th>Inform supervisor</th>
<th>Consult with another school agency</th>
<th>Do nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim</td>
<td>56</td>
<td>20</td>
<td>43</td>
<td>1</td>
</tr>
<tr>
<td>Derek</td>
<td>61</td>
<td>43</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Melody</td>
<td>45</td>
<td>54</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Sabrina</td>
<td>97</td>
<td>8</td>
<td>4</td>
<td>11</td>
</tr>
</tbody>
</table>

Additional studies can be conducted regarding specific student behavioral manifestations to ascertain the circumstances in which RAs were less likely to act in order to improve training to support those areas. Also, referral rates can be studied in order to learn the rates in which RAs refer students with concern and how often student indicate that they were referred by an RA. A study such as this would allow improvement in referral training and perhaps referral processes as well.
CHAPTER FIVE

DISCUSSION

The self-efficacy of Resident Assistants to participate in counselor activities was examined in this study because current literature shows that there are changing demographics in the college student population. More students are arriving on campuses with existing mental health issues, previous trauma, identity issues and while experiencing substance and alcohol abuse or addiction (American College Health Association, 2007; Gallagher, 2010; Hollingsworth, Dunkle, & Douce, 2009; Kitzrow, 2003; Mowbray et al., 2006). The mental health changes, specifically, are calling for RAs to utilize more counseling related skills to address the needs of their assigned residents and to link them to the appropriate campus resources.

Using the Counselor Activities Self-Efficacy Scales- Version G and student behavior scenarios, statistics on RAs' perceptions of their self-efficacy to conduct counseling activities and RAs' predicted responses to resident behaviors were gathered via online survey. Results revealed that RAs perceived themselves to high levels of self-efficacy across all three subscales. When examining the relationship between training and supervision and scores on the CASES-G, there was no significant relationship. However, a significant relationship did exist between time in position and CASES-G scores. Analysis of the student behavior scenarios revealed that RAs indicated that they would take action in response to student behaviors. This chapter discusses the results, limitations and implications of this study.

Findings from Descriptive Data
The purpose of this study was to examine RAs' level of self-efficacy to participate in counselor activities with their students. The instruments used for this study were the CASES-G and four student scenarios that presented student behavior in the context of a residence hall. The total number of participants was N= 121. A majority of the respondents were between the ages of 17-24 (99.2%, n=120), female (58.7%, n=70), Caucasian (62.8%, n=76) and indicated that they had completed 91-120 credit hours to date (31.4%, n=38). These demographics are similar to other studies that look at Resident Assistants (Everett & Loftus, 2011; Indelicato, Mirsu-Paun & Griffin, 2011; Jaeger & Caison, 2006; Reingle, et al., 2010; Schaller & Wagner, 2007). 92.6% (n=112) of respondents indicated that they received continuous supervision. However, most participants (60.4%, n=73) had held their positions for less than 11 months and most were responsible for between 30-50 residents (79.3%, n=96). Respondents indicated other significant information regarding their training modalities. Over half respondents (66.3%, n=56) indicated that their field of student was either social sciences or health sciences. Roleplaying (91.7%, n=111), communication skills (97.5%, n=118) and crisis intervention (90.1%, n=109) were experienced by nearly all respondents as part of training.

Overall, despite exceeding the amount of recommended training, respondents had less than one year's experience in their positions and were responsible for 30-50 students. Continuous supervision was identified as lasting two to four hours per session occurring either bi-weekly or bi-monthly served as a developmental and administrative supportive measure as suggested by previous literature (Armstrong, 2010; Tan, 2013).

Research Questions
Research question one sought to understand how RAs rated themselves on performing counseling related activities on the Counselor Activities and Self-efficacy scales (CASES-G). The measure was comprised of three subscales that measured (1) helping skills, (2) session management skills and (3) counseling challenges. The score range was 0 to 10; a score of 0 indicates that an individual perceived him or herself to have no self-efficacy to engage in counseling activities. Overall findings indicated that RAs perceived themselves to have self-efficacy to participate in counseling activities, with means at M = 6.60 or higher.

In regard to individual items within the scales, on the helping skills scale RAs rated themselves higher for activities that required the sharing of information (either as the receiver or the initiator). The session management scale had the highest scores for activities that centered on focus and appropriate response. On the counseling challenges scale RAs were least comfortable engaging with students with severe issues and perceived a higher sense of self-efficacy to engage in activities that only required them to control their thoughts and actions in order for a session to be productive. The items with the highest self-efficacy were those that allowed RAs to remain focused and directive when working with students.

This sample included a majority of participants with limited time in their positions who rated themselves highly on the CASES-G. A further study could look at the differences in self-ratings among RAs with varied lengths of time in position would give a clearer picture as to whether RAs rated themselves highly due to recent training and their confidence in their support structure or if their responses were a combination of their confidence in the training and support and their self-efficacy to engaged in the
activities on the CASES-G. A future study can also examine how RAs rate their attitudes related to interacting with their residents (e.g. cultural competence, empathy, sexual attraction or previous relationship, response to microaggressions) and/or their knowledge of college student development in order to work effectively, with clear expectations of residents.

Research question two answered whether time in position and increased training time had an effect on how RAs perceived their level of self-efficacy to do counseling activities with the students they work with. According to the results of the analysis, the null hypotheses failed to be rejected, indicating that there was no significant difference in CASES-G scores for RAs with more training and time in position. While there was a statistically significant ($p < .05$) relationship with time in position was considered alone, there was not statistically significant relationship between time in positions and training time and scores on the CASES-G. This may indicate that while training is important, experience has more influence over perceived level of self-efficacy.

The theory of planned behavior posits that when an individual understands the necessary procedure and is confident in his or her authority and competence to undertake the procedures via skills or support from superiors, that individual is more likely to initiate a procedure (Montano and Kaspryzk, 2010). While training may function as a method to disseminate procedures, self-efficacy may primarily be achieved through experience gained through time and practice.

Research question endeavored to answer to the question how will RAs with longer supervision session durations rate themselves on the CASES-G? This question sought to learn how longer periods of supervision predicted RA feelings of self-efficacy.
to participate in counseling activities with students. The results of the analysis indicated that the null hypothesis fail to be rejected as there was no significant difference in CASES-G score for RAs with longer supervision sessions. This indicated that while important, and an integral component of RAs support and oversight (Armstrong 2003; Tan, 2013), supervision did not predict levels of self-efficacy for counseling activities.

Research question 4 answered the question how will RAs respond to student behaviors? This question sought to gain a picture of the actions that RAs would take in response to student behaviors; it expands on how confident RAs perceive themselves to initiate action to identifying what actions they will take. The responses to the student scenarios indicate that while RAs deferred to supervisors in an instance of underage drinking, a legal and conduct issues, they were more likely to initiate action themselves in other instances. The actions taken were predominantly to meet with the student themselves, but a willingness to consult with other campus entities was identified. One of the offices that would likely be consulted is the college counseling center; the counseling center would serve as an available resource for not only consultation, but training and supervision as well. An ongoing relationship with the university counseling center would ease the referral and consultation processes.

Implications for Practice

Residence life departments

Implications of this study numerous for residence life staff and college counselors employed by student affairs divisions. While Residence life staffs are primarily responsible for the training of RAs, it could be beneficial to increase collaboration with college mental health providers to conduct continuous supervision and to conduct
assessment and crisis training—features deemed integral to RA and paraprofessional success (Armstrong, 2010; Christensen, 1978; Denzine & Anderson, Everly, 2002; Taub & Sevarty-Seib, 2011 ). Though participants indicated that they experienced lower levels of self-efficacy to “know what to do or say after your student talks,” and to work with a student who “is suicidal” or “shows signs of severely disturbed thinking,” students are more likely to seek peer support when experiencing concerns (Schwitzer & Thomas, 1998). College mental health counselors can work in conjunction with residence life supervisors to train RAs to respond appropriately until the student can be connected with the college mental health or other emergency services (Hollingsworth, Dunkle & Douce, 2009; Reingle, et al., 2010; Taub & Sevarty-Seib, 2011). As first responders, RAs’ initial behavior will influence the student experience in regards to help seeking within the campus community. As more residence life programs are looking to hire individuals with counseling skills, perhaps specialties (Kretovics, 2002), these skills can be employed in direct work with students or in collaboration with other campus service entities to include the university counseling center. These individuals would also be appropriate to conduct training and supervision within the residence life structure as opposed to existing as an outsider, or consultant as in the case of the college mental health counselors.

Counselor educators

College counselors will work with students who are experiencing some level of distress in whichever job description they choose to take on and it is important to stress that, as with RAs, college counselors are first responders and by definition should be prepared to respond in a clinically appropriate way when needed. As part of the preparation needed to enter into the complex systems of higher education, counselor
educators should stress interprofessional collaboration and create opportunities for trainees to complete projects with students in other departments. Student Affairs divisions, under which both Residence life and Counseling Services often fall also includes Women’s Centers, multicultural centers, student activities and organizations departments, etc. These offices are in place to enhance the campus community and each plays a part in the positive and negative experiences of individual students. In order to prepare students who are training to specialize in college counseling and/ or student affairs, counselor educators need to expose students to the functions of various departments in the college system. This interdepartmental collaboration is promoted by the American Counseling Association (ACA) and the Council for the Accredited of Counseling and Education Related Educational Programs (CACREP); CACREP sets the standard for academic program and ACA’s ethical codes are professional guidelines that counselors agree to uphold. Within their respective guidelines each of these bodies propose that counselor and counselor trainees: work with others in respect and with shared values, use their roles in conjunction with their knowledge of the roles of other appropriate professionals to assist those they, utilize teamwork and communication when necessary to support those they serve, and employ a team approach to allow each member’s role to effectively meet the needs of the population served service (ACA ethical code, Section D; CACREP, 2009). By incorporating these guidelines and emphasizing them during training, counselors will be more prepared to enter the collaborative work environment that awaits them upon completing their programs. The knowledge of other helping entities and their role in assisting the university population place the college counselor in position to make appropriate referrals with confidence in
the process and with the needed enthusiasm to inspire student follow through (Kitzrow, 2003).

Counselor educators should make effort to collaborate with residence life programs, specifically with those who oversee training, in order to infuse their skills and knowledge into the yearly training program. Working directly with RAs would give RAs access to professionals adept at helping skills and the training and evaluation of those same skills. Collaboration between residence life and counselor education also promotes an atmosphere of accessibility to counseling services and processes. A permanent collaboration between these two entities would also open up a dialogue about how incorporate the needed skills into paraprofessional training, current trends in mental health and new and innovative techniques and screening methods. Counselor educators could work with student affairs training professionals to conduct in-service trainings that focus on new screening tools and the identification of symptoms related to common mental health and developmental concerns experienced by college students.

Lastly, for those who oversee college counseling programs, it is important to increase the recommended clinical skills and intervention skills (Hollingsworth, Dunkle, & Douce, 2009), and to develop projects and encourage internship experiences that would allow college counselors to utilize their clinical skills as part of their work. This can be accomplished through including an assessment and/or a crisis intervention course in college counseling training programs to increase the likelihood that college counselors will have the skills necessary to recognize signs of alcohol and drug abuse, eating disorders and differentiate depression and suicidality from developmental college adjustment.
Future Research

Future studies should focus on gathering data to discern the most effective training modalities to increase RAs' ability to respond to students in distress, identify innate factors that influence these skills and assess RAs responses to the student behaviors that they are likely to confront as part of their positions. While this study examines RAs self-efficacy to conduct counseling related activities, there are opportunities to explore other factors that may influence RA self-efficacy. Because RAs are often chosen due to their leadership skills and experiences (Denzine & Anderson, 1999; Schaller & Wagner, 2007), identifying how various leadership activities and roles influence RAs self-efficacy may be helpful to identify with training, recruitment and selection. Identifying individuals who can begin RAs duties with increased skills and similar helping experiences may result in higher self-efficacy and can have a significant effect on recruitment and assignment processes within residence life departments. Other factors that may influence self-efficacy can be examined as well: gender, program of study, age and number of assigned residents. Looking into the influence of these variables on self-efficacy for counseling activities may result lead to valuable data that can inform training once results are analyzed to determine which skills these previously mentioned variables affect.

The participants of this study worked at institutions that were members of ACUHO-I; a future study that includes residence life programs that are not members of ACUHO-I could be conducted and the results across groups can be compared. The results may give credence to the support that programs receive by being part of this professional organization. As ACUHO-I is an international program, the difference in perceptions of
self-efficacy among RAs from various countries could be examined. These differences could be compounded by university policy and cultural expectations and this would be included in the study as well. Discernable differences amongst countries could be compared to institutional and national statistics. The results of this study could provide information on how RA self-efficacy in the US compares to that of other countries.

A study of RA behaviors could be completed to explore how RAs respond to student behaviors at the beginning of the semester and at the end of the semester or academic year. By using a pre/post design, the influence of experience can be considered along with training. Using a broad range of student behavior scenarios, this study would provide information on whether RAs with more experience and training respond to student behaviors differently as those variables are affected. Future studies should focus on responses to developmental concerns as well as behaviors related to interpersonal conflicts, substance use, and depression and anxiety. Future research would allow the further exploration into how to improve Resident Assistants’ self-efficacy to address student concerns using necessary counseling activities to provide students with the necessary assistance and connection to resources.

Limitations of the study

There are several limitations to this study. Primary sample consisted of individuals whose institutions were members of ACUHO-I, this excluded institutions with residence life programs who are non-members, RAs received the invitation to submit ink from someone who is either directly or indirectly a supervisor and there may have been a concern that confidentiality might not be observed as promised. In terms of
statistics—while significant power was achieved for a two variable predictor model, once the groups were divided based on training time and frequency of supervision, the groups were not equal. This may have altered the results. However, it would have been problematic to receive participation from institutions that did not conduct training. It would also have been problematic to find an adequate sample of institutions that did not conduct any type of supervision.

Conclusions

This study sought to assess how Resident Assistants’ perceived their level of self-efficacy to participate in counseling activities and to identify how time in position, training and supervision session length related to that level of self-efficacy. Results revealed that RAs perceived themselves to have a higher level of self-efficacy and that when presented with student behaviors were likely to initiate action in response rather than do nothing. Further of the examined variables, only time in position predicted the respondents’ level of self-efficacy. As a result of behavior planning (Montano and Kaspryzk, 2010), initiated thorough training, RAs gain more experience in their position they become more confident that their actions will have a positive result, their level of self-efficacy increases and they respond directly to student behaviors. As student mental health needs continue to rise on college campuses (Gallagher, 2010; Kitzrow, 2003), increased training for RAs is imperative to address the mental health and behavior needs of on campus college resident (Indelicato, Mirsu-Paun & Griffin, 2011; Trela, 2008; Waldo, 1989; Watt, Howard-Hamilton, & Fairchild, 2004).
CHAPTER SIX
MANUSCRIPT

Resident Assistants’ Self-Efficacy for Participation in Counseling Activities as Paraprofessionals

for submission to the Journal of College Counseling

Miranda M.J. Parries, Kaprea F. Johnson, Steve Myran & Alan M. Schwitzer
Old Dominion University

Correspondence concerning this article should be addressed to
Miranda M.J. Parries, Department of Counseling and Human Services, Old Dominion University, Norfolk, VA 23529. Email: mmparries@gmail.com
Abstract

The changes in mental health needs on college campuses urge a shift in how residence life offices and college counseling centers respond to these challenges. The increase of serious mental health issues calls for the reimagining of the training provided to resident assistants, who function as paraprofessionals within their on campus communities, in order for them to be more effective in their role as paraprofessionals, peer mentors and liaisons for counseling services in their work with campus residents. This effectiveness can be gauged through the identification of Resident Assistant’s self-efficacy to participate in these activities. A survey of 121 Residents Assistants examines the relationship between training and supervision on self-efficacy to conduct counseling related activities with assigned students.
Resident Assistants' Self-Efficacy for Participation in Counseling Activities as Paraprofessionals

The makeup of the college population is changing. Over the past five years there has been a 70.6% increase of crisis issues requiring immediate response reported by college counseling directors (Gallagher, 2010). Also on the rise at our nation’s institutions of higher education are alcohol abuse with an increase of 45.7%, illicit drugs use which has increased 45.1%, self-injurious behaviors to include cutting to relieve anxiety rose 39.4%, and eating disorders 24.3%. When students live on campus one of the measures put in place to put parents at ease and to create a sense of order is the residence life structure. In closest contact with students are the Resident Assistants (RAs), who are student workers who are assigned to floors or sections of floors to assist students with their transition into college, respond in times of difficulty and to promote holistic development. In light of these changes, and the role that RAs play as paraprofessionals on campus, how effective do RAs perceive themselves to conduct the counseling related activities that may be needed in order to respond effectively to students in need?

CHANGES IN MENTAL HEALTH NEEDS

Mental health problems affect various levels of functioning (individual, interpersonal, and institutional) in different levels of success (academic performance, retention, and graduation rates) (Kitzrow, 2003). When students begin to show symptoms of emotional and behavioral problems, these problems affect roommates, classmates, faculty and staff members. Addressing the needs of students in distress does more than assist the student with the symptoms, it improves the campus atmosphere. The acceptable
norms for current students, who have grown up with instantaneous technology at the palm of their hands, are different from previous generations and now include high alcohol use, hook-ups, sleep deprivation, and perfectionistic standards; these new norms can add to the potential for high risk and extreme behavior that many students exhibit and experiment with at this developmental stage. These extreme behaviors may affect the student’s ability to succeed academically, socially and emotionally; all of which have an impact on the campus environment.

**Resident Assistants as Paraprofessionals**

Resident Assistants (RAs) are not counselors. They are paraprofessionals in place to assist students living on campus with their overall well-being. According to Winston and Ender (1988), paraprofessionals are defined as “undergraduate students who have been selected and trained to offer services or programs to their peers. These services are intentionally designed to assist in the adjustment, satisfaction, and/or persistence of students” (p. 466). As a practice, the use of paraprofessionals has been occurring “for as long as there have been schools” (Winston & Ender, 1988, p. 466). In their study of the use of paraprofessional in Student Affairs divisions, Winston and Ender found that among the 200 respondents 72% used student paraprofessionals. The highest use of these paraprofessionals was in residence halls. RAs have the most and direct contact with the student residents, and as such should be able to address the needs of the students that they come in contact with. RAs are expected to recognize when residents are exhibiting significant distress or problem behavior and make the appropriate referral for professional assistance (Blimling, 2003; Reingle, Thombs, Osborn, Saffian, & Oltersdorf, 2010).
College counseling is not limited to those with counseling degrees. Dean and Meadows (1995) point out that “counseling includes those direct service activities in which professional counselors engage, using their full complement of skills” (p. 139). As those who are in direct contact with students, facilitators to the acclimation and adjustment to the college experience, certain skills are needed in order to prepare staff for issues that may arise during their interactions with students (Kretovics, 2002). By utilizing RAs in both their traditional capacities as community leaders and rule enforcers and incorporating them as part of the new partnership as mentors and service resources, these integral members of the campus community will officially function as paraprofessionals on college campuses. As paraprofessionals, RAs should be trained and supervised so that their skills remain current as well as their knowledge of signs and symptoms of distress and developmental issues. Long used in the community health field, paraprofessionals have been employed to meet increasing mental health needs within the community; now college campuses have a need to be met.

RA Training

While Council for the Advancement of Standards in Higher Education (CAS) only offers guidelines and standards and there has not been a definitive statement issued by either the National Association of Student Personnel Administrators (NASPA) or the American College Personnel Association (ACPA) in regards to RA training and support. This leaves training protocols to be developed and administrated individual by each campus. Paraprofessional training, however, has been examined and recommendations in this area do exist. Armstrong (2010) recommends that training programs be longer than 40 hours, Everly (2002) suggests that all paraprofessional counselors receive 40 to 100
hours of specialized training in crisis intervention. According to the Theory of Planned Behavior (TPB), which views an individual's behavioral intention as the crucial element in determining behavior (Montano & Kaspryzk, 2008), an RA's ability to address this situation is dependent on their attitudes towards performing the behavior, their subjective norms associated with the behavior and their perceived level of control over the ability to carry out the behavior (Montano and Kaspryzk, 2010). Hence, if an RA does not feel that they are in the position to intervene (self-perception of non-authority), or if they do not associate a positive outcome with an action (a student was referred and expelled from the university) that RA is less likely to act. Studies have concluded that students are likely to solicit informal consultation from a peer or family member rather than consult official counselors, professors, counseling center counselors, student affairs officials (Sharkin, Plageman & Mangold, 2003; Schwitzer & Thomas, 1998). Further, as several studies discussed earlier have explored the barriers that preclude RA interventions, facilitating a positive perception of the interventions that may be utilized with their students is needed to increase the likelihood of the employment of said interventions. These positive perceptions can be facilitated through increasing RAs' sense of self-efficacy.

Self-efficacy is not a measurement of skill; it conceptualizes what an individual judges him or herself capable of doing in a given circumstance utilizing the skills required. The ability to attain a skill is a based on a combination of factors: how well can that person use skill, effort and perseverance to complete the necessary task. Similar to counselors, who must function in several capacities simultaneously (diagnostic, administrative, skills, etc.), RAs are required to act in various capacities as part of their
duties (leadership, administration, conduct, etc.); these multifaceted roles require RAs to have self-efficacy in multiple areas.

In effort to enhance and support the ability of RAs to perform their job functions, more attention needs to be given to the promotion of self-efficacy among RAs so that they have the confidence and knowledge to intervene with students dealing with developmental and mental health issues as well as the self-confidence to do so. To be effective in these multiple roles and responsibilities inherent within RA duties, particular skills must be introduced, developed and maintained—this can be accomplished through appropriate training based on the areas where RAs indicate a lack of self-efficacy. Event with the appropriate training will an RA have enough self-efficacy to intervene with a student who is showing signs of maladjustment or a drinking problem?

**PURPOSE**

The purpose of this study is to identify the self-efficacy levels of those closest to students living in residence communities to address and facilitate communication and counseling-like activities and to identify links between that self-efficacy and participants’ time in position and identify what responses RAs anticipate making based on resident behaviors. This data was collected in order identify areas that need to be strengthened in order to increase residence life staff’s effectiveness to assist when they encounter students with mental health or developmental issues or crises and to inform RA assignment procedures. RA responses may take the various forms—support, referral to appropriate resources, perhaps intervention; however, based on the TPB, in order for a response to be undertaken RAs must possess self-efficacy regarding their skills and feel confident that their actions can lead to a positive outcome (Montano and Kaspryzk,
In order to ascertain whether RAs perceive themselves to be in the position to intervene and associate positive results to engaging in an intervention, these concepts must be measured. Once the level of self-efficacy is identified, targeted activities can be incorporated to improve and support these levels.

The following research questions were used in this study: 1) How do Resident Assistants rate themselves on their ability to perform counseling activities with residents?; 2) Will RAs with more training rate themselves higher on their ability to perform counseling activities with residents who exhibit signs of developmental or mental health crisis?; 3) How will RAs respond to student behaviors?

**METHOD**

This study utilized a descriptive, non-experimental survey research design. Due to limited research on this subject, a survey design focused on describing the self-confidence of RAs to perform counseling activities. This exploratory study also sought to "identify the variables …that might explain the occurrence of the phenomena" (Heppner, Wampold, & Kivlingham, 2008, pg. 226), in this case the variables are those that may impact self-efficacy, such as time in position, length of training, and supervision.

**Participants**

The target population for this study was resident assistants, who are typically traditional aged college students in the age range of 18-24, most RAs are selected based on the established qualifications of year in college, usually minimum of sophomore status, previous leadership experience, and professor recommendations. Major was not identified as a determinant for selection for this position. A secondary population would be resident or hall directors, floor directors, and area coordinators, depending on what the
position is titled at a particular university. Resident or hall directors may or may not be graduate assistants or they may be graduate level professionals. Additionally, hall directors may or may not have education in student affairs and/or counseling, but they are likely to have experience, even as undergraduates, in residence life. A demographic questionnaire was disseminated to participants in order to collect demographic information, including the amount of training received, type of training received, amount of supervision, and the number of students assigned to a particular RA. The demographic sheet included information relevant to the variables that may impact the results of the study. These variables include training time and training experiences, increased practice obtained during time in position and based on information learned as part of an RA’s course of study (communication, human services, psychology, etc.). Participants were asked give their age, time in position, length of training and to note the training modalities that they received.

The demographic information revealed that a majority of the respondents were between the ages of 17-24 (99.2%, \(n=120\)), female (58.7%, \(n=70\)), Caucasian (62.8%, \(n=76\)) and indicated that they had completed 91-120 credit hours to date (31.4%, \(n=38\)). Most respondents had been in their position for less than one year (60.8%, \(n=73\)), held their position for less than 6 months (33.3%, \(n=40\)), responsible for 30-40 students (56.2%, \(n=68\)) and had received more than 5 days of training (73.6%, \(n=89\)).

**Procedure**

The data was collected via an anonymous online survey. The potential respondents from the target population were contacted via multiple methods to increase respondents in order to aid in statistical analysis. The Association of College and
University Housing Officers-International (ACUHO-I) list serv, the researcher’s home institution, as well as direct solicitation of a random sample of ACUHO-I directors of housing and residence life programs from all regions, were directly contacted in order to obtain buy in from these leaders and to urge them to forward the survey link and informed consent to hall directors and resident assistants. Snowball sampling also yielded respondents as participants forwarded the survey to peers.

CASES-G

While the literature review found no instrument that directly addressed the use of these skills by residence assistants or residence life staff, there was a scale that discussed the perceived self-efficacy of counselors to perform counseling activities. Lent, Hill and Hoffman (2003) created Counselor Activity Self-Efficacy Scales (CASES), a self-report scale to measure self-efficacy related to several categories of counselor activity, including helping skills like reflection of feelings, session management skills like building a conceptual model of the client and coping with challenging situations like working with a client who is depressed. This 59 item instrument covered each of the three domains previously mentions with 18 items addressing helping skills, 17 items addressing session management and 24 items covering counseling challenges. The items are designed using a 10 point Likert scale that participants rate their ability from no confidence (0) to complete confidence (10). The creators of this scale found that it yielded test-retest reliability, internal reliability, convergent validity as well as criterion and discriminant validity. In order to utilize this instrument with the intended population, minor changes are required to reflect the population that RAs and residence life staff work with, for example the word client would be replaced with resident or student. Permission to edit
the instrument was obtained by the creators of this instrument. Reliability analyses for the CASES-G as revealed a Cronbach’s \( \alpha \) of .91, which is consistent with previous literature utilizing the CASES-G (Greason & Cashwell, 2009). Item analyses were conducted on each of the three scales and were also determined to be consistent. Prior to conducting analyses to answer research questions, the normal distribution of the data was established.

**RESULTS AND DISCUSSION**

**Data Analysis**

Descriptive statistics were utilized to determine the participants’ self-rated scores on the CASES-G and on its three scales: helping skills, session management and counseling challenges. These scales covered general helping skills, activities that aided in keeping sessions focused and working with students within specific circumstances, respectively. A frequency analysis was conducted for the responses to the included student scenarios to identify how often and in response to which behaviors RAs took action. A linear regressions were used to estimate the relationship between CASES-G and training time and training time subcategories, the relationship between the CASES-G scores and supervision session time length and relationships between scores on the CASES-G and the scenario responses.

**Resident assistants’ level of perceived self-efficacy**

The mean scores for the validated CASES-G instrument for respondents with less than one years’ experience in their counseling programs on the helping subscales were 5.21 for insight, 4.01 for exploration and 5.06 for action (Lent, Hill & Hoffman, 2003). In the current study, the means scores were 6.79 for helping, 7.03 for session management and 6.60 for challenges. The average score for the helping skills scale (\( M = 6.79 \)) indicates
that the respondents indicated the greatest amount of self-efficacy with activities that required the sharing of information (either as the receiver or the initiator). Respondents indicated the highest scores for listening \((M=7.78)\), direct guidance \((M=7.66)\) and information-giving \((M=7.54)\). Lowest levels of self-efficacy were indicated for homework \((M=5.64)\), role play and behavior rehearsal \((M=5.74)\) and immediacy (disclose immediate feelings you have about the student, the therapeutic relationship, or yourself in relation to the student) \((M=5.88)\). The average score for the session management scale was 7.03. The means for items in this scale ranged from 6.69 to 7.31. The items with the lowest means were “know what to do or say next after your student talks” \((M=6.69)\), “help your students talk about his or her concerns at a deep level” \((M=6.71)\), and “help your student understand his or her thoughts, feelings and actions” \((M=6.82)\). The highest scores were indicated for items remain aware of your intentions during sessions \((M=7.31)\), respond with the best helping skill, depending on what your student needs at a given moment \((M=7.26)\) and help your student set realistic goals \((M=7.22)\). The counseling challenges scale had a mean of 6.60. The range of scores for this scale was 5.61 to 7.89. The items with the lowest means were working with a student who... shows signs of severely disturbed thinking \((M=5.61)\), is suicidal \((M=5.85)\), and has been sexually abused \((M=5.86)\). Respondents rated themselves highly on the following items: working with a student who... differs from you in a major way or ways \((M=7.89)\), you find sexually attractive \((M=7.33)\) and has core values or beliefs that conflict with your own \((M=7.16)\). Respondents indicated that they were least comfortable addressing students with severe issues and were more confident in handling situations where they had control only their thoughts and actions in order for a session to
be productive. The items with the highest self-efficacy were those that allowed RAs to remain focused and directive when working with students.

**Table 1**

*Subscale items perceived to have the highest levels of self-efficacy*

<table>
<thead>
<tr>
<th>Items</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Helping skills scale</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening (capture and understand the messages that students communicate)</td>
<td>7.78</td>
<td>1.086</td>
</tr>
<tr>
<td>Direct guidance (give the students suggestions, directives, or advice that imply actions for the student to take)</td>
<td>7.66</td>
<td>1.285</td>
</tr>
<tr>
<td>Information-giving (teach or provide the student with data, opinions, facts, resources, or answers to questions)</td>
<td>7.54</td>
<td>1.472</td>
</tr>
<tr>
<td><strong>Session management scale</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.</td>
<td>7.31</td>
<td>1.43</td>
</tr>
<tr>
<td>Respond with the best helping skill, depending on what your student needs at a given moment.</td>
<td>7.26</td>
<td>1.34</td>
</tr>
<tr>
<td>Help your student set realistic goals.</td>
<td>7.22</td>
<td>1.37</td>
</tr>
<tr>
<td><strong>Counseling challenges scale</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...differs from you in a major way or ways (e.g. race, ethnicity, gender, age, social class).</td>
<td>7.89</td>
<td>1.489</td>
</tr>
<tr>
<td>...you find sexually attractive.</td>
<td>7.33</td>
<td>1.851</td>
</tr>
<tr>
<td>...has core values or beliefs that conflict with your own (e.g regarding religion, gender roles).</td>
<td>7.16</td>
<td>1.898</td>
</tr>
</tbody>
</table>

*The connection between self-efficacy and experience*
The training time variable was examined to determine difference in scores related to the identified length of training time (e.g. 1 day, 2 days, 3 days, 4 or more days). As RAs who have held their positions for longer periods of time have experienced repeated training periods, this variable was also examined as a predictor. A frequency analysis was conducted and indicated 73.3% of participants experienced more than 5 days of training ($n=88$) and 60.5% of participants were in their positions for less than 10 months ($n=72$).

A hierarchical linear regression was used to determine the relationship between these variables and the CASES-G scores. Time in position was determined to be statistically significant, $F(2, 116) = 2.56, MSE=5016.96, p< .05$, indicating that there was a relationship between time in positions and the CASES-G scores. In the second level of the regression using training time and time in position as predictors, training time and time in position were determined to be statistically non-significant, $F(2, 116) = 1.03, MSE=2076.94, p>.05$, indicating that there was no relationship between time in position and training time and CASES-G scores.

The theory of planned behavior posits that when an individual understands the necessary procedure and is confident in his or her authority and competence to undertake the procedures via skills or support from superiors, that individual is more likely to initiate a procedure (Montano and Kaspryzk, 2010). While training may function as a method to disseminate procedures, self-efficacy may primarily be achieved through experience gained through time and practice. Most of the participants indicated that they had held their positions for less than one year, which only allows for one cycle of training. The high ratings on the CASES-G in light of this limited experience may indicate that self-efficacy to complete the activities on the CASES-G is influenced by
another factor unrelated to training and time in position. Possible influences may include counseling experiences, previous leadership and/or mentor experiences, and education received either during or prior to beginning the RA position.

**Resident assistant’s responses to student behaviors**

While RAs indicated that they perceived themselves to participate in counseling activities, the included scenarios sought to analyze their intended responses to student behaviors that were presented to them. A frequency analysis of the scenario responses indicated that for three of the four scenarios (Kim, Derek, and Sabrina, See Appendix D) the action most identified for each scenario was to meet with the student him or herself at over 50% for each scenario. In the Melody scenario (See Appendix D), which includes a student suffering from possible alcohol abuse, 45% respondents indicated that they would inform their supervisor in response to the student behavior. Consultation of school agencies ranged from 3.3 % (Sabrina) to 35.8% (Kim). In each scenario, respondents indicated that they would do nothing 13.3% of the time or less.

The responses to the student scenarios indicate that while RAs deferred to supervisors in an instance of underage drinking, a legal and conduct issues, they were more likely to initiate action themselves in other instances. The actions taken were predominantly to meet with the student themselves, but a willingness to consult with other campus entities was identified. One of the offices that would likely be consulted is the college counseling center; the counseling center would serve as an available resource for not only consultation, but training and supervision as well. An ongoing relationship with the university counseling center would ease the referral and consultation processes.
Additional studies can be conducted regarding specific student behavioral manifestations to ascertain the circumstances in which RAs were less likely to act in order to improve training to support those areas. Also referral rates can be studied in order to learn the rates in which RAs refer students with concern and how often student indicate that they were referred by an RA. A study such as this would allow improvement in referral training and perhaps referral processes as well.

**Table 2**

*Frequency distribution of responses to student behavior scenarios*

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Meet with student</th>
<th>Inform supervisor</th>
<th>Consult with another school agency</th>
<th>Do nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim</td>
<td>56</td>
<td>20</td>
<td>43</td>
<td>1</td>
</tr>
<tr>
<td>Derek</td>
<td>61</td>
<td>43</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Melody</td>
<td>45</td>
<td>54</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Sabrina</td>
<td>97</td>
<td>8</td>
<td>4</td>
<td>11</td>
</tr>
</tbody>
</table>

*N=120*

**IMPLICATIONS FOR PRACTICE**

**Residence life departments**

Implications of this study numerous for residence life staff and college counselors employed by student affairs divisions. While currently Residence life staffs are primarily responsible for the training of RAs, it could be beneficial to increase collaboration with college mental health providers to conduct continuous supervision and to conduct assessment and crisis training. Since participants indicated that they experienced lower
levels of self-efficacy to “know what to do or say after your student talks,” and to work with a student who “is suicidal” or “shows signs of severely disturbed thinking.” college mental health counselor can work in conjunction with residence life supervisors to train RAs to respond appropriately until the student can be connected with the college mental health or other emergency services. Previous studies have indicated that students are more likely to seek peer support when experiencing concerns (Schwitzer & Thomas, 1998). As first responders, RAs’ initial behavior will influence the student experience in regards to help seeking within the campus community. As more residence life programs are looking to hire individuals with college counseling specialties, these skills can be employed as part of practice, not just empathy. These individuals would also be appropriate to conduct training and supervision within the residence life structure as opposed to existing as an outsider, or consultant as in the case of the college mental health counselors.

Counselor educators

As part of the preparation needed to enter into the complex systems of higher education, counselor educators should stress interprofessional collaboration and create opportunities for trainees to complete projects with students in other departments. Student Affairs divisions, under which Residence life and Counseling Services often falls, also includes Women’s Centers, multicultural centers, student activities and organizations departments, etc. The numerous offices are in place to enhance the campus community and each plays a part in the positive and negative experiences of individual students. In order to prepare students who are training to specialize in college counseling, counselor educators need to expose students to the functions of various departments in the college
system. Lastly, for those who oversee college counseling programs, it is important to increase the required clinical skills and to develop projects and encourage internship experiences that would allow college counselors to utilize their clinical skills as part of their work. College counselors will work with students who are experiencing some level of distress in whichever job description they choose to take on and it is important to stress that, as with RAs, college counselors are first responders and by definition should be prepared to respond in a clinically appropriate way when needed.

LIMITATIONS

There are several limitations to this study. Primary sample consisted of individuals whose institutions were members of ACUHO-I, this excluded institutions with residence life programs who are non-members, RAs received the invitation to submit ink from someone who is either directly or indirectly a supervisor and there may have been a concern that confidentiality might not be observed as promised. In terms of statistics—while significant power was achieved for a two variable predictor model, once the groups were divided based on training time and frequency of supervision, the groups were not equal. This may have altered the results. However, it would have been problematic to receive participation from institutions that did not conduct training. It would also have been problematic to find a large number of institutions that did not conduct any supervision.

CONCLUSION

This study sought to assess how Resident Assistants' perceived their level of self-efficacy to participate in counseling activities and to identify how time in position, training and supervision session length related to that level of self-efficacy. Results revealed that
RAs perceived themselves to have a higher level of self-efficacy and that when presented with student behaviors were likely to initiate action in response rather than do nothing. Further of the examined variables, only time in position predicted the respondents’ level of self-efficacy. As a result of behavior planning (Montano and Kaspryzk, 2010), initiated thorough training, RAs gain more experience in their position they become more confident that their actions will have a positive result, their level of self-efficacy increases and they respond directly to student behaviors. As student mental health needs continue to rise on college campuses (Gallagher, 2010; Kitzrow, 2003), increased training for RAs is imperative to address the mental health and behavior needs of on campus college resident (Indelicato, Mirsu-Paun & Griffin, 2011; Trela, 2008; Waldo, 1989; Watt, Howard-Hamilton, & Fairchild, 2004).
REFERENCES


Kleinknecht v. Gettysburg College, 989 F.2d 1360 (3d Cir. 1993).


Shaw, C. M. (2002). A dorm is a dorm is a dorm: A residence hall by any other name would be just as nice. *About Campus*, 29-30.


Appendix A

Research Design Master Table

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RQ1:</strong> How do Resident Assistants rate themselves on their ability to perform counseling activities with residents?</td>
<td>Demographic information: age, gender</td>
<td>CASES-G Scores, including 3 scales and total scores</td>
<td>Descriptive Statistics</td>
</tr>
<tr>
<td><strong>RQ2:</strong> How will RAs with more training rate themselves on their ability to perform counseling activities with residents?</td>
<td>Time in position and training time (in days)</td>
<td>CASES-G Scores (total scores)</td>
<td>ANOVA Hierarchal Linear Regression</td>
</tr>
<tr>
<td><strong>RQ3:</strong> How will RAs with longer supervision sessions rate themselves on the CASES-G?</td>
<td>Length of supervision sessions (in hours)</td>
<td>CASES-G Scores (total scores)</td>
<td>ANOVA Linear Regression</td>
</tr>
<tr>
<td><strong>RQ4:</strong> How will RAs respond to student behaviors?</td>
<td>Student behavior</td>
<td>Projected response to student behaviors</td>
<td>Frequency Analysis</td>
</tr>
</tbody>
</table>
Appendix B

Participant Demographic Sheet

Age: __________

Gender: Female Male Transgender

Race/Ethnicity:
African-American Asian-American Latin American White/European American
Biracial/Multiracial Other not specified:__________

Educational Status: Sophomore Junior Senior Graduate Student

Position: Resident Assistant Community Assistant Area Coordinator
Hall Director

Time in position:______________________________

Training/Orientation Time:
1 day 2 days 3 days 4 days 5 days More than 5 days

Features/ components included as part of your training:
Lecture Power points Role Playing Panel discussions Webinars
Other:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Estimated number of residents that you are responsible for:
________________________________________________________________________
Appendix C

CASES-G

General Instructions: The following questionnaire consists of three parts. Each part asks about your beliefs about your ability to perform various counselor behaviors or to deal with particular issues in counseling. We are looking for your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions. Using a dark pen or pencil, please fill in the number that best reflects your response to each question.

Part I. Instructions: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients.

<table>
<thead>
<tr>
<th>No Confidence at all</th>
<th>Some Confidence</th>
<th>Complete Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How confident are you that you could use these general skills effectively with most clients over the next week?

1. Attending (orient yourself physically toward the client).
2. Listening (capture and understand the messages that clients communicate).
3. Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear).
4. Open questions (ask questions that help clients to clarify or explore their thoughts or feelings).
5. Reflection of feelings (repeat or rephrase the client’s statements with an emphasis on his or her feelings).
6. Self-disclosure for exploration (reveal personal information about your history, credentials, or feelings).

7. Intentional silence (use silence to allow clients to get in touch with their thoughts or feelings).

8. Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change).

9. Interpretations (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings).

10. Self-disclosures for insight (disclose past experiences in which you gained some personal insight).

11. Immediacy (disclose immediate feelings you have about the client, the therapeutic relationship, or yourself in relation to the client).

12. Information-giving (teach or provide the client with data, opinions, facts, resources, or answers to questions).

13. Direct guidance (give the client suggestions, directives, or advice that imply actions for the client to take).

14. Role play and behavior rehearsal (assist the client to role-play or rehearse behaviors in session).

15. Homework (develop and prescribe therapeutic assignments for clients to try out between sessions).

**Part II. Instructions:** Please indicate how confident you are in your ability to do each of the following tasks effectively, over the next week, in counseling most clients.

<table>
<thead>
<tr>
<th>No Confidence</th>
<th>Some Confidence</th>
<th>Complete Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>at all</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How confident are you that you could do these specific tasks effectively with most clients over the next week?

1. Keep sessions “on track” and focused.
2. Respond with the best helping skill, depending on what your client needs at a given moment.
3. Help your client to explore his or her thoughts, feelings, and actions.
4. Help your client to talk about his or her concerns at a “deep” level.
5. Know what to do or say next after your client talks.
6. Help your client to set realistic counseling goals.
7. Help your client to understand his or her thoughts, feelings, and actions.
8. Build a clear conceptualization of your client and his or her counseling issues.
9. Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.
10. Help your client to decide what actions to take regarding his or her problems.

Part III. Instructions: Please indicate how confident you are in your ability to work effectively, over the next week, with each of the following client types, issues, or scenarios.

(By “work effectively,” we are referring to your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions and, ultimately, to help the client to resolve his or her issues.)
How confident are you that you could work effectively over the next week with a client who ...

1. ... is clinically depressed.
2. ... has been sexually abused.
3. ... is suicidal.
4. ... has experienced a recent traumatic life event (e.g., physical or psychological injury or abuse).
5. ... is extremely anxious.
6. ... shows signs of severely disturbed thinking.
7. ... you find sexually attractive.
8. ... is dealing with issues that you personally find difficult to handle.
9. ... has core values or beliefs that conflict with your own (e.g., regarding religion, gender roles).
10. ... differs from you in a major way or ways (e.g., race, ethnicity, gender, age, social class).
11. ... is not “psychologically-minded” or introspective.
12. ... is sexually attracted to you.
13. ... you have negative reactions toward (e.g., boredom, annoyance).
14. ... is at an impasse in therapy
15. ... wants more from you than you are willing to give (e.g., in terms of frequency of contacts or problem-solving prescriptions).
16. ... demonstrates manipulative behaviors in-session.
Kim

Kim is an 18 year old freshman majoring in political science. He has confided in you that since he has arrived he has seen and experienced a lot of things that are different from how he was raised. He noted that he enjoyed being able to hang out with people who are so different from him. He noted that though he has had a girlfriend at home that he has been with for 2 years, he had recently begun hooking up with guys. He continues on to tell you that he has had thoughts about guys since middle school but he does not want to leave his girlfriend and give up his dream of having a family. You remember that several weeks ago he asked you for directions to the pharmacy to get a prescription for the STI he recently contracted. Your response....

Derek

Derek is a 17 year old freshman with an undecided major. He began the semester very active in hall events, but since the Fall Break his behavior has changed. When you see him on the floor you notice that has dark circles under his eyes and appears messy and when you questioned him about it he said that was tired because he hasn't been able to sleep. You are acquainted with his roommates, you remember stopping by several times over the past month to notice Derek asleep during the day. His roommates have confided that he no longer attends classes regularly and when he tries to do his work he seems to be staring at the same page for long periods of time. Your response....
Melody

It's January and you notice that a student Melody, a 20 year old sophomore, has gone from coming in late about twice per month a little tipsy to being carried in by her friends each weekend. On one occasion, you overhear one of her friends telling her to slow down with the drinking and she replied "You haven't seen anything, I turn 21 in 2 months and then I'll really get turned up." Your response....

Sabrina

Sabrina is a 19 year old sophomore majoring in chemistry. She is an out of state student and this is her second year on campus. You notice at mid-semester that she is spending more time in the residence hall and refusing to go out with friends each weekend. You've often seen her in the library late into the evening surrounded by books, papers, her laptop, etc. She recently asked you if the hall would be closing over the upcoming break because she wanted or know if she needed to go home. Your response....

For each scenario the following response choices were given:

Set up a meeting or speak with the student

Inform my supervisor and recommend a meeting

Consult with other school agency (health services, counseling services, academic advising, etc.)

Do nothing
Is this a crisis?

Yes

No
APPENDIX E

IRB APPROVAL LETTER

December 9, 2013

Dr. Kaprea Johnson
Department of Counseling and Human Services

Dear Dr. Johnson:

Your Application for Exempt Research with Miranda M. Johnson-Parries entitled “Resident Assistants’ Self-Efficacy for Participation in Counseling Activities as Paraprofessionals: An Exploratory Study,” has been found to be EXEMPT under Category 6.2 from IRB review by the Human Subjects Review Committee of the Darden College of Education. You may begin this research project when you are ready.

The determination that this study is EXEMPT from IRB review is for an indefinite period of time provided no significant changes are made to your study. If any significant changes occur, notify me or the chair of this committee at that time and provide complete information regarding such changes.

In the future, if this research project is funded externally, you must submit an application to the University IRB for approval to continue the study.

Best wishes in completing your study.

Sincerely,

Theodore P. Remley, Jr., J.D., Ph.D.
Professor and Batten Endowed Chair in Counseling
Department of Counseling and Human Services
ED 110
Norfolk, VA 23529

Chair
Darden College of Education Human Subjects Review Committee
Old Dominion University
tremley@odu.edu
VITAE

Miranda M.J. Parries earned her Bachelor’s Degree in English from Cleveland State University in 2000. She continued her studies at Old Dominion University, where she earned her Master of Arts Degree in English with an emphasis in Professional Writing. She worked as an English Instructor at Old Dominion University for six years before her career switch to the counseling field. In 2010, she received her Master of Science in Education in Counseling with a College Counseling concentration. She continued on to complete the requirements for the Community Mental Health concentration while she worked in community and higher education settings.

Ms. Parries is a Ph.D. candidate in counseling at Old Dominion University in Norfolk, VA. During her studies she worked as a professional counselor in college mental health and as an adjunct faculty member. She supervised practicum and internship students individually and in groups as well as serving as a co-instructor for graduate counseling courses.

During her time in the Ph.D. in counseling program, Ms. Parries has been a part of the Counselor Education Research Team (CERT), submitted two manuscripts for review in peer-reviewed journals and presented at national and regional conferences. Ms. Parries is actively involved in professional counseling associations including the American College Counseling Association (ACCA), the Association for Counselor Education and Supervision (ACES) and the American Counseling Association (ACA).
Ms. Parries has 10 years' experience in higher education, serving in the roles of Faculty Instructor, Director of Student Affairs and Career Services and Professional Counselor in college mental health center.