

Volume 4, Issue 1

The Professional Counselor
DIGEST



National Board for Certified Counselors, Inc. and Affiliates

*The Professional Counselor
DIGEST*

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Population-Based Mental Health Facilitation (MHF): A Grassroots Strategy That Works – DIGEST

J. Scott Hinkle

A U T H O R

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Mental health concerns affect individuals, families, and communities around the world, constituting a global burden that has been underestimated for years. The World Health Organization (WHO) estimates that 450 million people around the world have unmet mental health needs. Mental health resources and treatment fall short of meeting these needs because of slow advancements in treatments and implementation that is insufficient, fragmented and ineffective.

Depression, substance abuse, schizophrenia, and other mental health concerns are associated with problems such as poverty, marginalization, reduction in economic productivity, relationship troubles, divorce, and physical health conditions. Early detection and treatment of mental distress and disorders

decreases the chance of worse physical health later in life and costly hospitalizations. Most international mental health systems include psychiatric hospitals but lack more effective community mental health services. Global mental health care must shift to community-based care in order to meet the growing needs. However, there is a lack of providers who have the necessary competencies to address basic community psychosocial needs. WHO and other national and international organizations have identified the barriers to effective community-based care. To address these barriers, the National Board for Certified Counselors-International (NBCC-I) developed the Mental Health Facilitator (MHF) training program, which has been making a promising global impact.

In designing the MHF program, NBCC-I considered the need for population-based mental health training that can adapt to reflect the social, cultural, economic and political environment of any country or region. Local experts can modify components of the training to fit their situation; stakeholders, consumers, and policymakers can ensure that MHF trainings provide culturally relevant services to the local population. Furthermore, successful implementation of public mental health services necessitates a locally-directed bottom-up approach, rather than a top-down approach.

The MHF curriculum and implementation system draws on a variety of skills derived from related disciplines, including but not limited to psychiatry, psychology, social work, psychiatric nursing, and counseling. The program consists of fundamental mental health knowledge and skills ranging from community advocacy and commitment to specified interventions. Segments on working with integrity and not providing services outside the limits of one's training and experience are part of the training. The program contains first-responder forms of community mental health care such as basic assessment, social support and referral. Anyone who successfully completes the program receives a certificate of completion, and additional certificates of completion for *trainers* and *master trainers* are also available. MHF trainers are required to hold a bachelor's degree or its equivalent, and master trainers must have a master's degree or its equivalent in a mental health-related discipline.

In conclusion, MHFs provide community-based support that effectively identifies and meets community mental health needs in a standardized manner. Once established, supportive social networks in the community result in less need for expensive professional treatments and hospitalizations. Additionally, grassroots approaches will aid global attempts at deinstitutionalization. The MHF training model provides countries with a workable human resource development strategy to effectively and equitably bridge the mental health care need-service gap, one country at a time.

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Integrating Left-Brain and Right-Brain: The Neuroscience of Effective Counseling – DIGEST

Thomas A. Field

A U T H O R

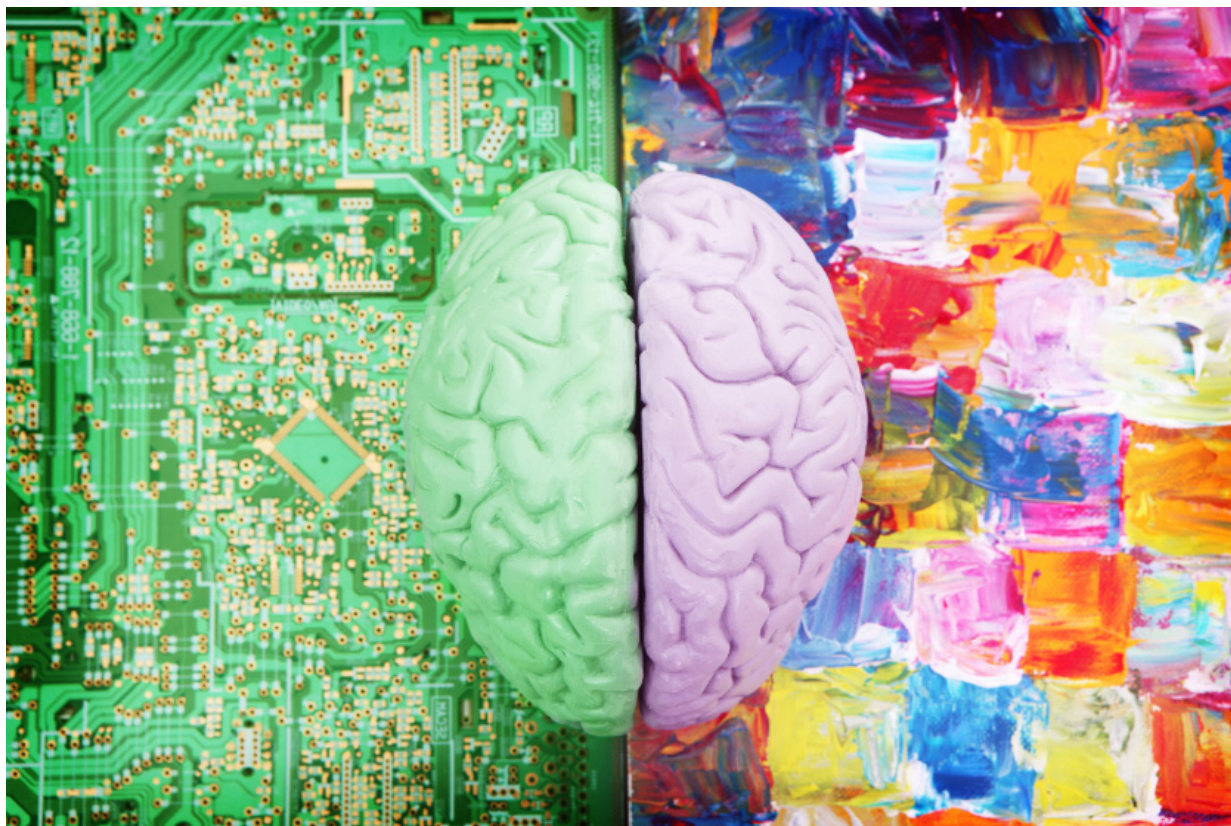
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Neuroscientists such as Allan Schore have suggested that activities associated with the left hemisphere (LH) currently dominate mental health services. This is evidenced by the mineralization of counseling, a reductionist and idealistic view of “evidence-based practice,” and a lack of respect for the counseling relationship in treatment outcomes despite a large body of evidence. Dr. Iain McGilchrist takes this argument further: if left unchecked, the modern world will increase its reliance upon the LH compared to the right hemisphere (RH), with disastrous consequences. A “left-brain world” would lead to increased bureaucracy, a focus on quantity and efficiency over quality, a valuing of technology over human interaction, and uniformity over individualization. While such dystopian ideas do not fully reflect the current reality, one could argue that the focus on standardization and uniformity in mental health services points toward an increasingly left-brain world.

Thanks to emerging findings from neuroscience, the current predicament can be concep-

tualized as a valuing of left-brain processing above right-brain processing. Researchers now know that effective counseling requires both conscious knowledge of research evidence and unconscious clinical intuition—in other words, the integration of the LH and RH of the brain. A balance can be struck between the extreme polarities of structured vs. spontaneous approaches, fidelity to manuals vs. individualization, rigidity vs. flexibility, conscious mind vs. unconscious mind, cognitions vs. emotions, and LH vs. RH. Radical adherence to either polarity is less effective. At one polarity, a structured, manualized, rigid, conscious, LH-activating cognitive treatment would lack the flexibility and individualization necessary to establish a strong counseling relationship. At the other extreme, a purely spontaneous, individualized, flexible, unconscious, emotionally-activating RH approach would be uninformed by research evidence, and therefore be unethical.

By incorporating research evidence from neuroscience, counselors have a new model



for research-informed counseling practice that fits the historical lineage of prizing the counseling relationship as the core ingredient in therapeutic change. While it is not easy to value both structure and spontaneity, or uniformity and individuality, achieving this balance will result in practice behaviors that are more commensurate with the counseling profession's values and identity.

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Counselors Abroad: Outcomes of an International Counseling Institute in Ireland – DIGEST

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The standards set by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) require programs to provide curricular and experiential opportunities in multiculturalism and diversity. The integration of diversity issues into counselor training programs has been done in a number of ways. For example, multicultural courses have often focused on developing trainees' cross-cultural competencies in the following three broad areas: awareness of their own cultural values and biases; knowledge of others' customs, expectations, and worldviews; and culturally appropriate intervention skills and strategies.

A body of literature has examined the progress that educational programs have made in incorporating these aspects of diversity into the curricula. However, these studies mainly examined the impact of training that was con-

ducted in the United States, leaving out the potential added value of personal cross-cultural experience in an international context. Furthermore, the research conducted on study abroad experiences has focused predominantly on the undergraduate college student population in disciplines other than counseling. Given the potential impact of direct cross-cultural experience, a living-learning study abroad experience for counselor trainees might be a powerful way to deepen cultural understanding and responsiveness.



This study was designed to examine the impact of the Diversity and Counseling Institute in Ireland on participants' multicultural counseling competencies. Participants in this institute included graduate counseling students and professional counselors. Twenty-three participants completed a pretest survey that contained a demographic information form, the Cross Cultural Counseling Inventory-Revised (CCCI-R), and the Ireland Multicultural Counseling Competencies Scale (IMCCS). At the end of the institute, participants completed a posttest survey that included the CCCI-R and IMCCS. There were significant differences in participants' overall scores on the CCCI-R and the IMCCS after attending the institute. Thus, participants perceived themselves to be more culturally competent by the end of the study abroad experience. In addition, participants thought they were more knowledgeable about the culture of Ireland, possessed more skills in working with clients from Ireland, had an increased awareness of differences between the Irish culture and their own, and had an increased awareness of similarities between the Irish culture and their own. The results provide significant outcome data regarding the benefits of this type of study abroad on diversity training.

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Becoming a Supervisor: Qualitative Findings on Self-Efficacy Beliefs of Doctoral Student Supervisors-in-Training – DIGEST

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Counselor education doctoral students must become knowledgeable of supervision roles and theoretical models, and must demonstrate applied clinical skills as part of their supervision training (CACREP, 2009). During their supervision training, doctoral students are in a unique position of supervising counselors-in-training while also being supervised by faculty (*tiered supervision*); they engage in multiple tasks that include conducting evaluations of counselors-in-training while also receiving performance feedback from both their supervisees and their faculty supervisors. The purpose of this qualitative study was to answer the following two research questions: (a) What are the experiences of counselor doctoral students who work within a tiered supervision training model as they train to become supervisors?

(b) What experiences influence their sense of self-efficacy as supervisors?

Participants in this study were 16 counselor doctoral students at 3 universities who supervised master's-level students while being supervised by faculty supervisors. The first author, using a semi-structured interview protocol, conducted one focus group at each university to explore the self-constructed realities of participants as counselor supervisors-in-training and the meaning they placed on their experiences within a tiered supervision model. Participants also engaged in a post-session follow-up by responding to four open-ended questions. This afforded them a way to further explore and respond to questions about their supervisory experiences privately, without concern of peer judgment.

Employing a Miles and Huberman approach, the first author began data analysis through immersion by reading and rereading focus group transcripts to identify significant issues within each focus group. This was followed by cross-case analysis to identify common themes across all three focus groups, and analysis of follow-up questionnaires to corroborate established themes and to identify additional or different themes.



Considerable overlap of four themes emerged across groups: *ambivalence in the middle tier of supervision*, *influential people*, *receiving feedback*, and *conducting evaluations*. Data analysis revealed that having the direct experience of supervising counselors-in-training, observing faculty supervisors' supervision styles, and receiving constructive performance feedback were positively associated with doctoral students' self-efficacy beliefs as supervisors. Conversely, feelings of ambiguity due to having role uncertainty, conducting evaluations, and remediating counselors-in-training were negatively associated with supervisors' self-efficacy beliefs. Implications for counselor educators and doctoral students are discussed. These include methods faculty supervisors may consider when designing training protocols to assist doctoral students as they develop their identities as supervisors.

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Mental Health Service Providers: College Student Perceptions of Helper Effectiveness – DIGEST

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President Obama recently called for a national discussion on mental health. According to a 2012 report from the National Institute of Mental Health, about one in four American adults has a mental disorder that can be diagnosed, yet only about 38% seek treatment. Some important research questions have been identified. Do people avoid seeking mental health services because they don't believe mental health service providers (MHSPs) (e.g., psychologists, psychiatrists, marriage and family therapists, professional counselors, social workers, psychiatric nurses) are effective? Could perceptions of MHSPs be potential barriers to help-seeking behavior? Do people seek help from some MHSPs more

than others because they believe them to be more effective?

Research has indicated that perceptions of MHSPs are significant factors in the efficacy of treatment and the relationship between the client and the MHSP. The present study surveyed undergraduates regarding how effective they perceived MHSPs to be. Participants rated social workers and marriage and family therapists with the lowest overall effectiveness. Psychologists and counselors were rated with the highest effectiveness. Social workers, marriage and family therapists, and psychiatrists had the highest percentage of unsure participant responses as well as the highest

A Phenomenological Analysis of Invisibility Among African-American Males: Implications for Clinical Practice and Client Retention – DIGEST

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This research utilized a phenomenological approach to explore the concept of invisibility among African-American males. Invisibility is defined as an inner struggle with the feeling that one's talents, abilities, personality and worth are not valued or even recognized because of prejudice and racism. Seven African-American males participated in semi-structured interviews to share their invisibility experiences. The data from the interviews were used to answer the following research questions: How do African-American men cope with invisibility experiences? What role might counselors play in helping African-American males cope with invisibility experiences?

From the outset, this article uniquely provides an overview of invisibility concepts by drawing from classic novels about the African-American experience such as *Invisible Man* and *The Souls of Black Folk* before utilizing nigrescence theory to describe the cultural and psychological experiences of African Americans in the United States. Additionally, both multicultural and humanistic theoretical perspectives were used to present a philosophical framework that counselors must employ in order to effectively work with African-American males in counseling settings.

Core qualitative concepts such as trustworthiness were used during the research to ensure

that the first author did the following: offered empathy to the participants, emphasized the lived experience of the participants and not her own, and maintained the trustworthiness needed to support the essence of the study, while also reporting the findings. Reflexive journaling, or the process of writing thoughts and reflecting on them in order to stay abreast of the purpose and goal of the research, was used to ensure trustworthiness.

Utilizing the description-reduction-interpretation model for analyzing phenomenological research data revealed four themes: self-affirmation, self-awareness, coping with invisibility, and strategies for effectively counseling African-American males. Participant dialogue was used throughout the findings section to provide firsthand accounts of the participants' lived experiences. Recommendations for counseling African-American males, future research, and a synopsis of the article provide opportunities for counselors working with African-American male populations.

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A Relational-Cultural Framework: Emphasizing Relational Dynamics and Multicultural Skill Development – DIGEST

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As counseling moves into a world that includes more diverse clients, it is imperative that counselors-in-training receive every tool necessary to properly engage multicultural clients. Counselors face many barriers to engagement with diverse clients, including stigma in seeking mental health treatment and mistrust of majority-culture counselors. Both stigma and mistrust add to the reduction in minority clients' help-seeking behaviors, possibly making initial sessions difficult. These barriers, while pervasive, can be mediated with the therapeutic alliance that the client and counselor build together.

Currently, most multicultural instruction has been created using the Tripartite Model (TM) as its basis, focusing on knowledge,

awareness and skills. Both the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the American Counseling Association (ACA) have mandated that diversity be included in instruction and best practices. In order to be compliant, counselor educators have found various ways to include multicultural learning in their respective curricula. Researchers, however, have found that the bulk of multicultural instruction focuses on the knowledge and awareness portions of the TM, minimizing the component of how to best implement multicultural skills. As a result, students may be knowledgeable of their own and other cultures and aware of their own biases, but at a loss for ways to apply this new information.



Multicultural pedagogy in its current state may not address the best ways to establish the therapeutic alliance, which has been found to be essential to multicultural engagement. A solution to this issue can be found in Relational-Cultural Theory (RCT), which places emphasis on relationships in context to help understand functioning. The theory also encourages mutual empathy, a tool that goes beyond traditional empathy by reflectively involving the client in the empathic exchange. By giving attention primarily to the client's worldview, RCT uses the knowledge gained in conjunction with authenticity and mutual empathy to enhance the therapeutic alliance.

This article discusses how governing and accrediting bodies have addressed multicultural issues, the response in counselor education, and barriers to engagement with diverse clients. Finally, the article introduces RCT as a means to address the skill deficit in multicultural pedagogy. Following the introduction, the article includes a case illustration, which demonstrates a possible way to use RCT with clients.

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Professional Identity of Counselors in Mexico: A Commentary – DIGEST

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From the need to understand the identity of counselors in Mexico, the authors conducted an exploratory study through cultural domain analysis to understand the meaning that advanced students and professional counselors give to their professional identity.

Professional identity is a concept that a group of professionals possess about themselves and their work. The concept is dynamic; its development starts at initial training and is influenced by role models such as teachers and supervisors, as well as by social reality.

In this study, the authors posed the question, “What meaning do Mexican counselors give to their professional identity?” The dependent variable was professional identity and the attributive variable was the level of preparation (student or professional). The study was

transversal (data recovery at a unique time frame) and descriptive.

The authors sought to verify or rule out whether the meaning of professional identity is different between students and professional counselors in Mexico. We applied cultural domain analysis—a method used to define or delimit a concept, which ensures that interested parties are referring to the same thing. Free-listing technique was also used, by which participants were asked to make a list of 10 words to define the concept counselor professional identity.

The participants in the study included 15 advanced students of the master in counseling program at Universidad Iberoamericana in Mexico City and 12 professional counselors who graduated from this program. More similarities than differences were found in the



way students and professionals define themselves. Empathy, ethics, commitment, versatility and humanist values were the most relevant defining terms. Prevention did not appear as a relevant defining concept, posing challenges for the training program.

To develop a better understanding of counselor identity in Mexico, the authors divided defining words into two categories: (a) the way counselors work and perceive of their work role, and (b) the way counselors actually are, such as personal characteristics and abilities. In the way counselors work, the most relevant concepts were ethics, social service, preparation, professionalism, educates, support, guidance, mental health, integrative and multiculturalism. In the way counselors are, relevant concepts were listener, empathic, committed, warm, authentic, respectful, honest, trustable and flexible.

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Full article and references: Machorro, V. D., & Suck, A. T. (2014). Professional identity of counselors in Mexico: A commentary. *The Professional Counselor, 4*, 84–92. doi:10.15241/vdm.4.1.84



