

# *The Professional Counselor*™

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*Digest*  
Volume 9, Issue 4



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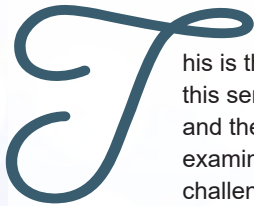
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# Lifetime Achievement in Counseling Series

## An Interview With Liliana R. Sznaidman

Joshua D. Smith, Neal D. Gray





This is the fourth article in the ongoing Lifetime Achievement in Counseling Series. The purpose of this series is to highlight seminal figures in the profession of counseling and counselor education and their contributions to the profession. We hope that readers will utilize this series to better examine the state of the counseling profession and be encouraged to reflect on current and future challenges presented by the interviewees.

The fourth interviewee in this series is Liliana Sznaidman, who is a licensed professional counselor (LPC) and licensed professional counselor supervisor (LPCS) in North Carolina. Ms. Sznaidman has over 20 years of clinical experience and currently owns a private practice in which she provides counseling and mental health services in English and Spanish. She also provides clinical supervision and consultation services to pre-licensed counselors and other mental health professionals. Ms. Sznaidman earned her master's degree in counseling at the University of North Carolina at Greensboro in 1996 and has since received post-master's training in clinical supervision and psychoanalytic theory and practice.

Ms. Sznaidman has demonstrated service to the profession by advocating for LPCs during her tenure as the president of the board of directors for the Licensed Professional Counselors Association of North Carolina (LPCANC). She also is an active member of the American Mental Health Counselors Association (AMHCA); the Pro Bono Counseling Network for Durham, Orange, Person, and Chatham Counties; and the Psychoanalytic Center of the Carolinas. Ms. Sznaidman received both the 2009 Distinguished Practitioner Award and the 2013 Alumni Distinguished Service Award from the University of North Carolina at Greensboro, and was named 2014 Mental Health Counselor of the Year by AMHCA.

In this interview, Ms. Sznaidman responds to several questions addressing her career, her approach to counseling, growth and changes within the counseling profession, her involvement in professional organizations, and the future development of the profession. Ms. Sznaidman discusses diversity and multicultural competency in counseling, evolution within the profession, and the benefits of being a lifelong learner and continuing to engage in clinical supervision.

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# Global Compassion Fatigue

## A New Perspective in Counselor Wellness

Ariann Evans Robino

Counselors are responsible for protecting their most valuable therapeutic tool: themselves. Researchers have found the therapeutic relationship is one of the greatest predictors of favorable treatment outcomes for clients. Therefore, counselors have a professional and ethical duty to monitor themselves and others for signs of impairment. Counselor impairment is when there is a profound negative impact on a counselor's professional functioning that puts clients at risk of harm or reduced care. Commonly studied phenomena of impairment include compassion fatigue, vicarious traumatization, and burnout. These traditional notions of impairment lie in the fatigue and secondary trauma associated with the counselor–client relationship as well as occupational stressors that often accompany mental health work.

Social justice is the fifth force in counseling. Counselors are asked to answer the calls to extend beyond their roles inside of the counseling room and to take on advocacy roles. The American Counseling Association's (ACA) Advocacy Competencies guide professional counselors to engage in sociopolitical advocacy for issues that affect clients on the microlevel and the macrolevel. This occurs through an understanding of the systemic, environmental, and political factors that impact clients in addition to an immersion in advocacy and mechanisms for change. As such, counselor impairment is no longer limited to what occurs occupationally. The profession must consider the impairment that occurs globally.

Global compassion fatigue (GCF) is the process by which an individual experiences extreme preoccupation and tension as a result of concern for those affected by global events without direct exposure to their traumas through clinical intervention. GCF differs from traditional notions of impairment in both source and nature of the experience. Counselors are humans existing in a world that contains constant reminders of global traumas, such as natural disasters, threats to civil rights, violence, terrorist attacks, and animal welfare concerns. Biology and evolution fuel the human drive to connect with one another, which becomes particularly complicated when these humans work in a helping profession rooted in empathy. In addition, the impact of media and social media has an effect on counselors' experience of GCF. Researchers have found that exposure to global events through media negatively influences emotional well-being and stress levels. Counselors sensitive to global events who also engage in regular media and social media use increase their risk of experiencing GCF.

The ACA *Code of Ethics* guides counselors to monitor themselves for impairment and to engage in self-care for maintaining professional functioning. This provides implications for considering GCF through a wellness lens. Symptoms of GCF can look similar to traditional compassion fatigue and might include emotional and physical exhaustion associated with care for others, desensitization to stories or experiences, poorer quality of care, feelings of depression or anxiety, increased stress, difficulty concentrating, and preoccupation. Understanding the source of these symptoms and taking appropriate action to manage emotional and cognitive responses to global issues are the responsibility of the counselor. In addition, GCF has implications for how counselors interface with media and social media and the potential to monitor this use as a form of wellness.

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Can, N., & Watson, J. C. (2019). Individual and relational predictors of compassion fatigue among counselors-in-training. *The Professional Counselor*, 9, 285–297. doi:[10.15241/nc.9.4.285](https://doi.org/10.15241/nc.9.4.285)



# Individual and Relational Predictors of Compassion Fatigue Among Counselors-in-Training

Nesime Can, Joshua C. Watson

Scholars define compassion fatigue as an occupational hazard for individuals working to help others with challenging life experiences. The concept of compassion fatigue is different from burnout and secondary traumatic stress, as compassion fatigue is a combination of both concepts. Individuals may experience compassion fatigue when there is a lack of knowledge, skillset, and support. It also occurs when an individual continuously hears painful and traumatic stories of others and neglects self-care. At such times, individuals start noticing some impacts of these painful stories on their own lives. If these affected individuals are not familiar with the concept of compassion fatigue, then they may not know how to deal with it.

Counselors-in-training (CITs) are graduate students enrolled in an internship course during their training to become a professional counselor. CITs can be an example of a vulnerable group for compassion fatigue because they may not be fully equipped to work with clients with complicated stories. As these students are still in the process of acquiring the required skills to work as a counselor, CITs also may not know how to prevent symptoms of compassion fatigue. Additionally, CITs may not know what they are going through and what may contribute to worsening the impact of compassion fatigue.

In this manuscript, we explain what compassion fatigue is along with some predictors of the condition. If we know the level at which each variable contributes to someone's compassion fatigue, then we could focus on the variables that have higher influence on compassion fatigue to prevent early onset. Therefore, in this study, we chose four independent variables (empathy, supervisory support, resilience, and wellness) and one dependent variable (compassion fatigue) and examined the relationship between these variables. Then, we used valid and reliable measures to assess each of these variables concerning compassion fatigue among CITs. Once we recruited enough participants, we analyzed our data by using a hierarchical linear regression analysis.

The findings of this study indicated that empathy and supervisory working alliance do not predict compassion fatigue among CITs; however, resilience and wellness were found to be significant predictors. In terms of empathy, the literature provides conflicted results about the relationship between empathy and compassion fatigue. Regarding the relationship between supervisory working alliance and compassion fatigue, we thought that CITs may not develop a need for supervisory support yet because these students are at the beginning of their professional careers as counselors. However, in terms of resilience and wellness, our findings revealed that the levels of resilience and wellness of CITs were related to their level of compassion fatigue. In other words, if counselor educators and supervisors help CITs to increase their levels of wellness and resilience, CITs' level of compassion fatigue will drop. As a result, we suggest counselor educators and supervisors help CITs with enhancing their levels of resilience and wellness through various interventions and fruitful discussions. Further, we hope that the implications of the current study help CITs start their professional careers better prepared to provide their clients with the optimal care needed throughout the counseling relationship by minimizing compassion fatigue.

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# Promoting Doctoral Student Researcher Development Through Positive Research Training Environments Using Self-Concept Theory

Margaret R. Lamar, Elysia Clemens, Adria Shipp Dunbar

Research training environments (RTEs) have an impact on the development of counseling doctoral students, including their researcher identity, research self-efficacy, and scholarly productivity. RTEs are anything in the training program that reveals attitudes and behaviors towards research. This can include formal coursework; interactions with faculty, other students, and staff; informal mentoring experiences; and institutional culture that promotes or devalues research. This article proposes that the RTE likely has the biggest impact on whether a doctoral student gains research and publication experience, given that research is not a major focus of a counseling master's program. It is essential to strengthen the training of future researchers so they are successful at promoting and expanding the research in the counseling profession.

Self-concept theory provides a framework for conceptualizing the way a person organizes beliefs about themselves. This theory can provide faculty with insight into how doctoral students think about themselves and their experiences, including how they organize, develop, and stabilize their researcher identities. Faculty can create RTEs that facilitate student development by helping them make meaning of their research experiences and incorporate them into their professional identity.

Organizational developmental theories also are useful to understand how doctoral students navigate their RTEs. Graduate program cultural norms include expectations for how to act, what to strive for, and how to define success and failure. Formal socialization happens through classroom instruction, faculty direction, and focused observation. Out-of-classroom conversations with faculty and other university





staff orient doctoral students to the value of research in the program and university. Students also observe faculty working around obstacles to keep their own line of research active.

Once they have gathered information about the culture, students internalize and act upon the role they have taken within their organization. They solidify their professional identity and have, perhaps, begun to integrate their researcher identity into their self-concept. Doctoral students make decisions about their course of study and the amount of time dedicated to developing as a researcher, compared to other aspects of counselor education such as teaching, supervision, and service.

Thinking about counselor education programs as RTEs allows for a programmatic approach to researcher identity. Formal socialization of doctoral students to the program should include intentional conversations about identity development. Programs also might choose to include researcher development in the systematic review of doctoral students' progress. This could be accomplished through advising conversations; faculty feedback forms; and standardized instruments assessing researcher identity, self-efficacy, or interest. It is important to provide doctoral students with developmentally appropriate research experiences outside of their coursework. It also is essential for faculty and administrators to pay attention to messages that are communicated about research within the program and university.

Counselor education doctoral programs as RTEs are the foundation for creating a programmatic climate that fosters the development of strong researchers. Faculty members are encouraged to take an intentional approach to promoting the development of researcher identity and research self-efficacy of doctoral students.

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# The Medicare Mental Health Coverage Gap

## How Licensed Professional Counselors Navigate Medicare-Ineligible Provider Status

Matthew C. Fullen, Jonathan D. Wiley, Amy A. Morgan

edicare is the primary source of health insurance for many Americans who are 65 years and over and for younger individuals with long-term disabilities. Among those who are recipients of Medicare insurance, approximately 26% experience mental health struggles. Despite ongoing professional advocacy efforts to add licensed professional counselors (LPCs) as approved providers within Medicare mental health provider policy, these mental health professionals are currently excluded from providing mental health care through the use of clients' Medicare coverage. The exclusion of LPCs from Medicare mental health policy interferes with how older adults and other Medicare beneficiaries access mental health care. For example, Medicare beneficiaries are unable to use their insurance coverage for mental health counseling from an LPC, even if that referral comes from their primary care physician. The exclusion of LPCs from Medicare mental health policy also hinders continuity of care by disrupting established therapeutic relationships when current clients transition to Medicare. Also, clients who transition to the Medicare insurance program are placed in financially challenging situations to maintain the therapeutic relationship they have with their LPC. These examples are only a few of the variety of experiences Medicare beneficiaries have had when trying to seek out mental health care from LPCs.

We engaged in semi-structured, in-depth interviews with nine LPCs to better understand the dynamics at play when Medicare beneficiaries attempt to seek out mental health care from these licensed mental health professionals. Participants in this study had direct experience turning away or referring Medicare beneficiaries and hold a license as an LPC in a specific state in the Mid-Atlantic region. The transcribed interviews with participants were analyzed using interpretative phenomenological analysis, a qualitative research approach that focuses on exploring the nuanced and contextual accounts of individual participants' experiences.

Based on our analysis of the interviews with LPCs, one of the superordinate themes that emerged relates to the ineffectiveness of the current Medicare mental health policy. Additionally, three emergent themes were developed that highlighted the confounding regulations, programmatic inconsistencies, and impediment to care of the current Medicare mental health policy that excludes LPCs. All participants expressed concerns about the ineffectiveness of the current Medicare policy when it comes to treating people with mental health concerns who live in their communities. Our participants perceived that the policy had severe shortcomings in terms of providing access to mental health care, which they viewed as a serious problem with cascading consequences on their clients, communities, and themselves.

Our findings illuminate how current Medicare mental health policy impacts Medicare beneficiaries' access to professional counseling for mental health care. The central experience that all interviewees responded to was their inability to work with Medicare beneficiaries in the same manner that they work with clients who use other forms of insurance. A particularly compelling finding from this study is the fact that Medicare beneficiaries are actively seeking out or currently engaging in professional counseling at the time when they are turned away. The perspectives offered by the LPCs in this study, providing insight into a point-of-service barrier to counseling, represent a unique contribution to a broader discussion about how to increase access to mental health services for older adults and individuals with long-term disabilities. Updating the Medicare mental health policy to include LPCs requires congressional action. In the meantime, the professional counseling community can support progress toward diminishing the health inequities created by this policy by engaging in current legislative advocacy focused on adding LPCs as approved providers within Medicare mental health policy.

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Wagener, A. E., Jones, L. K., & Hinkle, J. S. (2019). The Mental Health Facilitator program: A multi-country evaluation of knowledge and skills acquisition. *The Professional Counselor*, 9, 324–333. doi:[10.15241/aew.9.4.324](https://doi.org/10.15241/aew.9.4.324)



# The Mental Health Facilitator Program

## A Multi-Country Evaluation of Knowledge and Skills Acquisition

Alwin E. Wagener, Laura K. Jones, J. Scott Hinkle

The Mental Health Facilitator (MHF) program is an innovative approach to addressing mental health challenges that is positively impacting communities around the world. A critical aspect to the success of the program is the training, and this article describes participants' gains in knowledge of mental health and mental health facilitation skills as a result of the training. To better understand the gains, it is important to understand MHF training.

The MHF program was developed by the National Board for Certified Counselors in response to the massive global deficit in mental health support and the resultant serious, negative consequences. In developing the program, it was recognized that for it to be effective, the program must be adaptable to the local needs and culture. At the same time, it also must provide consistent core training in the knowledge and skills necessary to assess mental health needs, provide support, work with community resources, and appropriately refer individuals to mental health professionals. Furthermore, the training has to be beneficial for individuals from a wide range of educational and professional backgrounds and capable of being delivered in a short period of time, generally in a week or less. Around these criteria, the MHF program was built, and it has now been successfully deployed in 26 countries over the last 12 years.

This study is the first to examine the effectiveness of the MHF training, as measured through pre- and post-training tests. The analyses conducted on the pretests and posttests shows participants demonstrated significant gains in knowledge of mental health and mental health facilitation skills as a result of the training. Results of analyses also demonstrated that the gains were achieved by those with and without prior knowledge of mental health and mental health facilitation skills, such that participants with little previous knowledge and those with significant previous knowledge all were brought to a level of MHF competency by the training. The findings of this study add to the existing literature demonstrating the effectiveness of the MHF program, and it is hoped that it will contribute to the continued improvement and effectiveness of the MHF program in addressing mental health needs in underserved communities around the world.

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# Practicing Counselors, Vicarious Trauma, and Subthreshold PTSD

## Implications for Counselor Educators

Bethany A. Lanier, Jamie S. Carney

Every day, professional counselors are meeting face-to-face with clients who bring with them a plethora of experiences, many of them traumatic. As empathetic beings, counselors are continuously taking in and confidentially holding others' traumatic stories. Whether the counselor works in a school setting or community mental health center, the likelihood that the counselor will not interact with a client experiencing trauma is slim. Empathic acceptance and increased vulnerability on the part of the counselor may increase the counselor's likelihood of developing vicarious trauma (VT) symptoms. Understanding VT is essential for counselor educators and practicing counselors, and developing best practices to decrease the occurrence of VT is an important component that is needed in counselor preparation programs.

The purpose of the current study was to gain an understanding of the relationship of VT symptoms and subthreshold post-traumatic stress disorder (PTSD) symptoms among practicing counselors. Counselors who experience VT symptoms and subthreshold PTSD symptoms are at risk of causing harm to themselves, the client, and the workplace. Additionally, counselors who develop VT symptoms and subthreshold PTSD symptoms are at particular risk to leave the profession early.

Participants for this study were from a national sample of practicing counselors recruited through counseling listservs. In developing implications for counselor educators, the researchers determined common contributing factors among practicing counselors that participants felt contributed to the development of VT symptoms (i.e., working primarily with adolescents and survivors of sexual assault/domestic violence). Implications were developed for counselor educators to determine how they best can prepare students to avoid VT symptoms and decrease subthreshold PTSD symptoms among practicing counselors post-degree.

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# High School Counselor Contacts as Predictors of College Enrollment

Angela K. Tang, Kok-Mun Ng

Postsecondary enrollment is currently a major focus in K–12 education across the nation. It has been identified that students who pursue postsecondary education earn more over a lifetime than individuals who did not continue their education. In recent years, there have been national and statewide initiatives focused on encouraging K–12 students to pursue postsecondary education through a variety of strategies. Former First Lady Michelle Obama initiated the Reach Higher campaign, a national campaign to encourage first-generation students and students of color to pursue higher education. The state of California recently introduced legislation to provide free community college education to first-time students. At the district level, educators are being informed by their district strategic plans to encourage postsecondary enrollment.

As part of this larger framework, the school counseling profession is striving to collectively utilize best practices and demonstrate how school counseling services positively influence and impact their students. School counselors have historically been overlooked when college readiness conversations occur as it is assumed that they do not have the skills to support students in these areas. This is not accurate and as a result, the school counseling profession seeks to produce more literature to highlight how they support students.

This study examined certain types of student–school counselor contacts from an urban district dataset. The dataset was based on a student-report high school exit survey with 2,209 responses, and the school district also supplied subsequent data on 2- and 4-year college enrollment within 5 years of graduating from high school for those students. In addition to this information, ethnicity, GPA, and free and reduced lunch status were used to identify other trends in the data that might exist. Analysis of the information demonstrated that there were statistically significant group differences between certain school counseling contacts and subsequent student postsecondary enrollment. There also were interesting trends uncovered upon examining GPA, ethnicity, and free and reduced lunch status in relation to postsecondary enrollment.

These findings provide implications for the school counseling profession as they highlight the positive effect school counseling services can have on K–12 students. This can help practicing school counselors advocate for more time to concentrate on the school counseling contacts that were found to have the strongest relationships with postsecondary enrollment and help districts identify professional development that can support school counselors in honing more skills in those areas.

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# Humanistic Learning Theory in Counselor Education

Katherine E. Purswell

With the philosophical shift in the mental health field from a meaning-making, holistic model of mental health toward a reductionistic, medical model, counselor preparation programs have adapted by increasing the emphasis on measuring outcomes, sometimes at the expense of focusing on aspects of counseling that are less easy to quantitatively assess. Many counseling faculty ascribe to a humanistic way of viewing people, and the increasing focus on outcomes over process may create dissonance for them.

Humanistic learning theory is grounded in the philosophy of humanistic theories of counseling, including person-centered theory. Therefore, humanist educators have an unwavering trust in the individual's growth capacity and view self-directed learning as most facilitative of growth. Humanistic educators tend to focus less on accumulation of knowledge and more on how the learner's way of being in the world impacts the integration of skills and knowledge.

Most humanistic learning theorists base their view of the educator–learner relationship on Carl Rogers's three therapist-provided conditions for personality change: congruence, empathic understanding, and unconditional positive regard. The goal of facilitating relationships in a learning environment characterized by these person-centered attitudes is to provide learners with the opportunity for the growth and development of the whole person. When counseling faculty facilitate these types of relationships between themselves and learners, they create an environment in which counselors-in-training are free to examine their beliefs and tolerate ambiguity.

One key outcome of the humanistic approach to learning is a deeper understanding of oneself, an important characteristic of a counselor. A humanistic learning environment also promotes a sense of care, acceptance, and respect toward individuals in society. Concrete knowledge and skills also are an outcome in humanistic learning theory, though they are generally considered more of a byproduct than the primary focus of learning.

However, providing a warm, transparent, empathic environment does not preclude counselor educators from giving students feedback that may challenge them. When students struggle, person-centered and humanistic educators try to develop an empathic understanding of the struggling student's view of oneself, to be accepting of that view, and to be transparently honest with the learner about their standing in the program.

Counseling faculty today are tasked with helping students develop their growth potential and learn the process of becoming effective counselors and also are required to engage in assessment activities in addition to many other roles. Person-centered faculty can use a variety of strategies to facilitate self-direction rather than reliance on the teacher for all learning and assessment.

This approach may not be a good fit for counselor educators who do not identify with more humanistic modes of learning. In addition, the idea of taking responsibility for their own learning may be stressful for some students. Counselor educators utilizing this theory of learning need to assess whether such stress levels are facilitative or debilitating for learners. In summary, humanistic counseling faculty hope to foster counselors-in-training's self-understanding, caring and accepting attitudes toward people, and the acquisition of concrete knowledge and skills needed in the counseling profession.

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# Neuroscience for Counselors

## Recommendations for Developing and Teaching a Graduate Course

Deborah L. Duenyas, Chad Luke

**N**euroscience-informed counseling is a growing force in the counseling profession. The integration of neuroscience into the profession of counseling has been evident over the past two decades. Examples include the development of neuroscience interest networks by the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), and the Association for Counselor Education and Supervision (ACES). There have been numerous books published that focus on neuroscience for counselors and an increased amount of scholarly literature focused on integrating neuroscience into counseling practice.

Researchers have called for greater training for counselors who seek to integrate neuroscience into their practice. They also have identified the challenges associated with infusing neuroscience into counseling courses. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards now require competency in the neurobiological and physiological factors that can influence a person's learning, behavior, and ability to function. CACREP standards, along with growing momentum in the field, support the development of a course designed specifically for integrating neuroscience for counselors. The AMHCA clinical training standards include recommendations for competence in understanding and applying the biological bases of behavior. The standards outline basic knowledge and skills, which include integrating research into practice as well as clinical interventions.

A foundation for incorporating neuroscience-informed counseling across the CACREP curriculum that addresses neuroscience in pre-existent courses has been suggested, yet there is limited availability of literature on how to teach a graduate content course in neuroscience-informed counseling. In the absence of well-established models for teaching a course in neuroscience-informed counseling, counselor educators and others may feel at a loss for how to proceed. The purpose of this article is to provide recommendations for developing a neuroscience-informed counseling course designed for graduate students. This includes the course structure (e.g., content and resources), methods for effective instruction (e.g., teaching approach and assignments), and ethical considerations.

The course was designed as an introduction to neuroscience research and clinical interventions for counselors. Specific attention was given to reviewing the structures, systems, and functions of the brain. Psychodynamic, behavioral, humanistic, and constructivist counseling theories were explored in relation to neuroscience research. The neuroscience of mental health disorders, such as anxiety, depression, stress, and addictions and substance use, were discussed. Course assignments included a neuroscience-informed guided metaphor; completing a brain resource book on structures, systems, and functions; dyads to practice using neuroscience-informed counseling interventions; and reflection in a neuroscience process analysis log (N-PAL). A final paper included a case conceptualization based on an 8-factor meta-model of case conceptualization to explore a client's presenting concerns. Integrating neuroscience-informed counseling into the counseling curriculum while simultaneously addressing ethical and cultural considerations has the potential to improve graduate students' case conceptualizations, treatment planning, and counseling skills.

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# In My Own Words

## Exploring Definitions of Mental Health in the Rural Southeastern United States

Allison Crowe, Paige Averett, Janeé R. Avent Harris, Loni Crumb, Kerry Littlewood

**H**ow do people define mental health? And do these definitions differ depending on who the person is or where they reside? The following study assessed the utility of the U.S. Department of Health and Human Services' definition of mental health among participants in the rural Southeastern United States. Because of how common and widespread mental health conditions are in the United States, mental health professionals have become increasingly aware that educating the public about mental illness is of utmost importance. Mental health literacy (MHL), or the knowledge and beliefs about disorders that assist in the recognition, prevention, or management of a mental health concern, is one way those who are struggling with mental health concerns can manage mental illnesses more effectively. Improving MHL can have the capacity to positively impact negative attitudes, biases, or assumptions that are associated with having a mental illness as well as assist with help-seeking so those who have a mental illness will receive necessary treatment.

Rural residents have fewer options for mental health services; in fact, many rural areas have no health care services at all. Residents in rural regions must travel greater distances for mental health services, are less likely to have health insurance, and have lower MHL. Therefore, professional literature and research studies that assist with raising knowledge about MHL are warranted, as the current literature base on this topic is lacking, especially as it relates to types of settings and samples of the population.

Understanding how groups of people view mental health has many benefits to enhancing MHL. A more specific understanding of mental health concepts can serve as a foundation to increase utilization of mental health services, improve quality of care, and enhance clients' ability to communicate concerns. If there are to be greater gains in prevention, intervention, and management of mental health in rural regions of the United States, we need a comprehensive understanding of aspects that are included in perceptions of mental health—using their own words.

Rural residents in our study used the concept of well-being. In addition, most participants believed mental health described how individuals think, followed by those who described it as a combination of thoughts and feelings. Many participants listed only one component of mental health (e.g., brain imbalance), suggesting that their understanding of the concept of mental health is lacking. A more comprehensive understanding of mental health, with a specific focus on the connection between emotions, behaviors, and somatic symptoms, potentially could assist rural residents with becoming more conscious of signs and symptoms related to common mental health concerns such as anxiety and depression. It seems important for mental health educators, organizations, and counseling practitioners in rural areas to provide education that broadens beliefs about the nature of mental health. Counselors in rural communities may consider building resources with physicians, faith-based organizations, and other mental health providers. Because access to mental health services is often limited or non-existent in rural communities, counselors should be more intentional in implementing these forms of programming, as there are a large number of rural communities yet to be reached.

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# *She's Just a Prostitute*

## The Effects of Labels on Counselor Attitudes, Empathy, and Rape Myth Acceptance

Stacey Diane Aranez Litam

**H**uman trafficking has been defined as the recruiting, harboring, transporting, supplying, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of involuntary servitude or slavery. Sex trafficking is a specific type of human trafficking characterized by scenarios in which commercial sex acts are induced by force, fraud, or coercion, and/or in which the person induced to perform sex acts is under 18 years of age. It is essential that counselors recognize the barriers that may exist when working with human sex trafficking survivors. Counselors who adhere to rape myths, or who engage in behaviors that reduce the amount of empathy afforded to clients, may cause client re-traumatization, intensified feelings of client shame, and increased rates of early termination. The present study sought to examine whether counselors' attitudes differed based on labels (i.e., "prostitute" and "prostitution" vs. "sex trafficked women" and "sex trafficking"). The present study also examined whether attitudes based on labels and counselor demographics predicted scores of empathy on the Empathy Assessment Index and scores of rape myth acceptance on the Illinois Rape Myth Acceptance - Short Form.

A total of 396 counselors in Ohio participated in this study. The results of a t-test indicated participants who received "trafficking" labels were significantly more likely to perceive trafficked women as victims and sex trafficking as a form of victimization compared to participants who received "prostitute" labels. The results of several regression analyses indicated the combination of attitudes and counselor demographics predicted scores of empathy and rape myth acceptance. Within both groups, male counselors were more likely to accept rape myths compared to female counselors.

Based on the results from this study, exposure to "prostitute" and "sex trafficking" labels influenced a significant difference between attitudes in counselors. Lack of training on sex trafficking also was linked to higher acceptance of rape myths. The present study illuminates the importance for counselors to recognize that language matters; using "sex trafficked survivor" instead of "prostitute" in client conceptualization and within the therapeutic setting influences attitudes and several independent constructs of empathy and the presence of rape myth acceptance. Counselors, counseling supervisors, and counseling students may benefit from receiving training on topics related to human trafficking and sex trafficking. Within this study, counselors who had not received training on prostitution/sex trafficking were more likely to believe prostitutes/trafficked women were morally corrupt, were ugly, spread AIDS, and harmed the institution of marriage. Counselors with no previous training on prostitution/sex trafficking also were more likely to accept rape myths and were less likely to successfully engage in the empathy construct of perspective taking. Based on the results of this study, male counselors were less likely to have received previous training compared to females.

Counselors must reflect on whether they hold stigmatizing beliefs about individuals who have engaged in commercial sex work or who have survived forced sexual exploitation. Additionally, counselors working with sex trafficking survivors may avoid using the "prostitute" label as this was linked to greater rates of rape myth acceptance and decreased rates of empathy. Future research areas may identify prevalent human trafficking myths and develop human trafficking competencies.

*Data collected in this study was part of a dissertation study. The dissertation was awarded the 2019 Dissertation Excellence Award by the National Board for Certified Counselors.*

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