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Lifetime Achievement in Counseling Series



An Interview With Mona Robinson

Joshua D. Smith, Neal D. Gray

This is the fifth 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 fifth interviewee in this series is Mona Robinson, who is currently a professor at Ohio University and Program Coordinator for both their Counselor Education Program and their Human Services Program. She is the Immediate Past Chair of the Department of Counseling and Higher Education. Dr. Robinson received a PhD in rehabilitation counseling from The Ohio State University and is a certified rehabilitation counselor, a licensed professional clinical counselor supervisor, and a licensed social worker.

Dr. Robinson has previously served as a counselor and administrator of vocational rehabilitation counseling and employment services to persons with severe mental illness and other barriers to employment. Her areas of expertise include psychiatric rehabilitation, disability advocacy, multicultural counseling, ethics, and dual diagnosis. Currently, Dr. Robinson serves as the institute director for study abroad programs held in Italy and Botswana and is 1st Vice President for the National Council on Rehabilitation Education, Accessibility Coordinator for the Association for Multicultural Counseling and Development 2019 Summit, and a member of their 2019 AMCD Day of Service Committee. Additionally, she has served as Past President of the National Association of Multicultural Rehabilitation Concerns, Ohio Rehabilitation Association, and Ohio Rehabilitation Counseling Association. Dr. Robinson has been recognized internationally for her service to the counseling profession.

In this interview, Dr. Robinson responds to several questions regarding the counseling profession and discusses the merger of rehabilitation counseling with the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the importance of diversity in counselor education, her contribution and role as a mentor, current challenges regarding professional recognition, and her perceptions regarding the future of the counseling profession.

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Read full article and references:

Smith, J. D., & Gray, N. D. (2020). Lifetime achievement in counseling series: An interview with Mona Robinson. *The Professional Counselor, 10*(3), 301–305. doi:[10.15241/jds.10.3.301](https://doi.org/10.15241/jds.10.3.301)

Strengthening the Behavioral Health Workforce

Spotlight on PITCH

Jessica Lloyd-Hazlett, Cory Knight, Stacy Ogbeide, Heather Trepal, Noel Blessing

A holistic care, integrating both physical and mental needs, is imperative within health care settings. Integrated behavioral health care serves as a specialization in counseling in which counselors provide mental health services in health care settings such as clinics and hospitals. Given its unique setting, differences exist within this type of counseling compared to others, including shorter sessions and a great deal of interdisciplinary collaboration. With a niche counseling specialization as such, counselors-in-training need clear, tailored training to best prepare them to provide services in integrated care.

The Program for the Integrated Training of Counselors in Behavioral Health (PITCH) serves as an innovative program designed to train and prepare counseling students to provide integrated behavioral health care. The Primary Care Behavioral Health (PCBH) consultation model underpins the philosophies of PITCH training and delivery, emphasizing the integration of behavioral health consultants (BHCs), largely generalist clinicians, with the primary care team. In addition to PITCH's primary goal of training professional counselors to provide services in the integrated behavioral health setting, PITCH tailors training to rural, vulnerable, and underserved communities.

In this article, we break down PITCH's features toward its goal of facilitating specialized training in integrated behavioral health care. To facilitate tailored training, specialized field placements, with particular attention to placements interested in and capable of housing a BHC trainee, are crucial. Cultivating appropriate placements entailed a great deal of communication with the sites, including initial meetings, follow-up visits, orientation to the role and scope of BHCs, and education on the needs and expectations from the site. Further, the PITCH curriculum entailed completing two specialized courses in addition to two 300-hour clinical rotations, 120 hours of which needed to be direct clinical contact at an approved specialized placement site. Trainees first took the IBH-I course, introducing the basic information related to counseling in the primary care setting. In the second course (IBH-II), students applied their knowledge of PCBH through more hands-on experiences in the classroom such as role play and evaluation of an initial consultation visit with a patient.

Per the grant supporting PITCH, the program underwent program evaluations to ensure training and development efficacy. Trainee-focused metrics, site-focused metrics, and rapid cycle quality improvement were conducted to strengthen the budding program across several domains. Through the development and instrumentation of PITCH, the following challenges existed: on-site clinical supervision, knowledge about PCBH and the BHC role, and shortage of Spanish-speaking service providers. Potential solutions to the experienced challenges included modifying the selection process for specialized field placements, ongoing education and advocacy, and recruitment and resources.

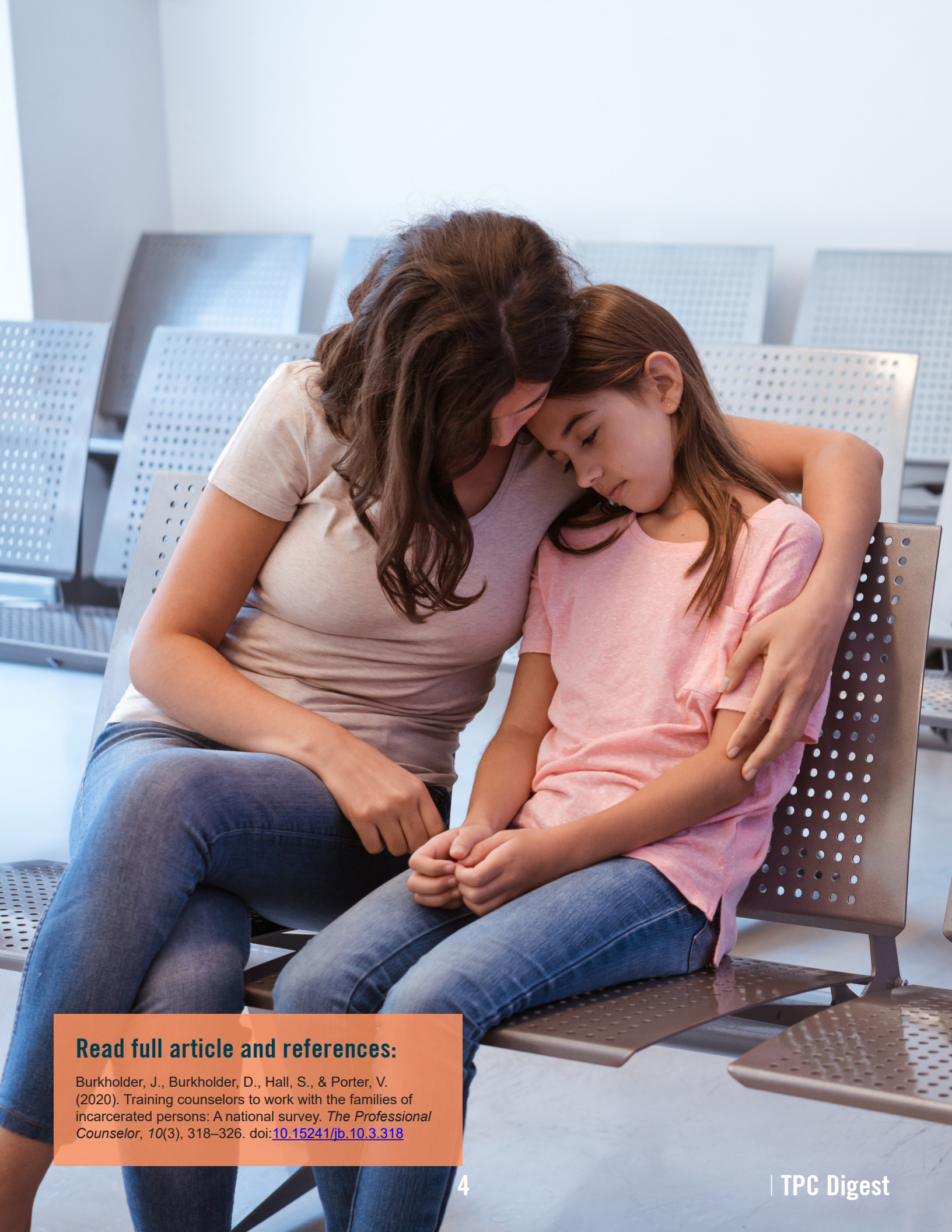
The need for counselor education to integrate training in primary care continues to grow. Overall, standardized training models, such as PCBH undergirding PITCH, can tend to the community's needs of comprehensive primary care. Thus, we hope that our model through the PITCH program will be useful to other counselor education programs embarking on establishing and implementing similar integrated practice training.

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Read full article and references:

Lloyd-Hazlett, J., Knight, C., Ogbeide, S., Trepal, H., & Blessing, N. (2020). Strengthening the behavioral health workforce: Spotlight on PITCH. *The Professional Counselor*, 10(3), 306–317. doi:[10.15241/jlh.10.3.306](https://doi.org/10.15241/jlh.10.3.306)



Read full article and references:

Burkholder, J., Burkholder, D., Hall, S., & Porter, V. (2020). Training counselors to work with the families of incarcerated persons: A national survey. *The Professional Counselor*, 10(3), 318–326. doi:[10.15241/jb.10.3.318](https://doi.org/10.15241/jb.10.3.318)

Training Counselors to Work With the Families of Incarcerated Persons

A National Survey

Jessica Burkholder, David Burkholder, Stephanie Hall, Victoria Porter

The national epidemic of increasing imprisonment rates, commonly referred to as *mass incarceration*, has been a topic of alarm for nearly five decades. Although the United States accounts for 4.4% of the world's population, nearly one quarter (22%) of the world's prisoners are in the United States. According to The Sentencing Project, the United States continues to have the highest incarceration rate in the world, consistently increasing since the mid-1970s. The most recent statistics indicate that the United States has an incarcerated population of 2.2 million individuals, representing a 500% increase over the last 40 years. More than 20% of those released return to incarceration within one year, and researchers have found a correlation between imprisonment and individuals belonging to underserved and minority populations.

Despite the race gap narrowing since 2007, Blacks are imprisoned at a rate 6 times that of Whites and at double the rate for Hispanics. Because incarceration disproportionately affects minority group members, families of the incarcerated are more likely to be concentrated in minority communities. Consequently, even those children in the community whose parents are not facing incarceration are likely to be impacted by mass incarceration, as their communities may experience lower incomes, lopsided gender ratios, disrupted social integration and roles, high levels of joblessness, and increased crime.

Both the American Counseling Association (ACA) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) have identified advocacy, multicultural competence, and social justice as priorities in training and practice. The *ACA Code of Ethics* directs counselor educators to infuse material related to multiculturalism/diversity into all courses and workshops, and when describing professional and ethical practice, the CACREP standards require programs to instruct students on the advocacy processes needed to address institutional and societal barriers that impede access, equity, and success for clients. Further, the curriculum guidelines for social and cultural diversity emphasize counselor advocacy when instructing counselor educators to cover strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. These broad directives provide support for the specific argument that the scope of this crisis and its impact on families requires attention in counselor training.

The curricular experience of professional counselors working with populations affected by incarceration is predominantly absent from the literature. The incongruence between the urgency of mass incarceration affecting communities and the lack of literature exploring how to support families of the incarcerated demands further research. To gain a glimpse into the pedagogical experiences of counselors-in-training, the authors conducted a national survey of 95 counselor educators. This study found that the majority of participants were not covering mass incarceration or families of the incarcerated in their coursework, nor had they received training to do so and therefore did not include any training for their students. Based on the results, recommendations include exposing students to data on mass incarceration and discussions of implicit bias, as well as the development of specific treatment modalities and protocols that fulfill the educational and ethical expectations to address systemic barriers, advocacy, and cultural competence.

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Read full article and references:

Peters, S. W. (2020). Case formulation and intervention: Application of the Five Ps framework in substance use counseling. *The Professional Counselor*, 10(3), 327–336. doi:[10.15241/swp.10.3.327](https://doi.org/10.15241/swp.10.3.327)

Case Formulation and Intervention

Application of the Five Ps Framework in Substance Use Counseling

Scott W. Peters

Substance use and misuse is at once exceptionally common and quite impactful individually and societally. Although the majority of individuals use without much consequence, many others develop substance use disorders. Substance use and misuse, whether rising to a diagnosis or not, can lead to a host of problems. Individually, it results in relationship conflict, including intimate partner violence, exacerbation of co-occurring mental health issues, and increased suicidality. Societally, substance use and misuse cost the United States billions of dollars from criminal activity, health-related issues, and occupational difficulties. In essence, client substance use and misuse goes well beyond the physical act of substance use and is often complex and multifaceted.

There are many approaches that have been shown to help client substance use and misuse. Among these are 12-step and other self-help groups, cognitive behavioral therapy, mindfulness-based approaches, and family counseling. Although these and other approaches can be effective, they may not always take into account the distinctiveness of clients. The Substance Abuse and Mental Health Services Administration favors approaches that address individual and unique client needs to better move them toward recovery. Thus, there exists a need for a more holistic method that goes beyond standard substance use and misuse treatment, while concomitantly being able to take advantage, where appropriate, of other approaches. There have been frameworks that have examined clients from a multidimensional lens, including causal, contributing, environmental, and personal features.

One such framework is the Five Ps framework, which utilizes five factors that together potentially provide a wealth of information. They are *Presenting problem*, *Predisposing factors*, *Precipitating factors*, *Perpetuating factors*, and *Protective factors*. Using this framework, clients can be assessed thoroughly, systematically, and individualistically. It also provides the client and counselor with the opportunity to explore the relationships between and among each of the five factors. This then formulates routes in which to intervene. Client substance use and misuse can often be complicated and multifaceted, including variations in level of use; co-occurring mental disorders; health concerns; legal, occupational, and financial issues; and relationship and familial discord. As clients and counselors engage in the Five Ps, a clear picture emerges. A valuable and potentially beneficial feature of the Five Ps is its flexibility. It allows the client and counselor to enter and intervene at any point within the Five Ps. As with many of the previously cited approaches, the Five Ps can be used in many substance use and misuse settings, including outpatient, intensive outpatient, partial hospitalization, inpatient, residential, and as part of an aftercare program.

The application of the Five Ps to a case example for a client named Dax provides a practical demonstration. The various strategies demonstrate the idiographic nature of the Five Ps. As the case unfolds, there are interventions at each factor that are utilized to address this particular client with his particular set of concerns. Counselors using the Five Ps are open to use those approaches they feel competent in, as this framework is eclectic in nature and does not adhere to any particular theoretical orientation. The Five Ps is a potentially valuable way to address client substance use and misuse, which is often a very complex issue.

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Assessment of Dispositions in Program Admissions

The Professional Disposition Competence Assessment—Revised Admission (PDCA-RA)

Curtis Garner, Brenda Freeman, Roger Stewart, Ken Coll



One of the distinctive marks in the development of a profession is the ability to self-regulate. As such, dispositional assessment and monitoring is becoming widely accepted among the various mental health and human service disciplines as being an important component of ensuring client safety and safeguarding professional standards. Counseling professionals responded to the calls from the 2009 and 2016 CACREP standards to develop assessment techniques for monitoring student dispositions. Counselor education departments responded to this call by developing assessment techniques for documenting student dispositional development, including responses to remediation and interventions.

The Professional Disposition Competence Assessment (PDCA) was developed as a system for documenting and monitoring counselor student dispositions. The PDCA has been revised based on initial psychometric data and now includes observational rubrics for screening students at admissions (Professional Disposition Competence Assessment—Revised Admission; PDCA-RA) and for monitoring student dispositional development throughout their program (Professional Disposition Competence Assessment—Revised; PDCA-R). These dispositional assessment rubrics are unique in that psychometric data has been reported on their reliability and validity.

One of the measurement issues that is of crucial importance to rubric development is interrater reliability. Realizing this, the developers of the PDCA developed a training video designed to increase the interrater reliability of the instrument. The video-based training system takes about two hours to complete and is appropriate for small group settings. The advantage of the video-based training system is that the use of video recordings is easy to distribute and ensures that each training protocol experience is similar in content. For this study, 70 counselor educators, site supervisors, and doctoral students were pretested in their use of the PDCA-RA. They then received training and were posttested with a similar task of rating students using the PDCA-RA rubric. Several statistical techniques were used to compare the interrater reliability and agreement of the pretest raters with the same for posttest raters. Results suggested that the training improved rater agreement from “moderate” to “good” levels of agreement.

This study fits well with previous literature documenting the development of the PDCA-RA, including the reporting of psychometric properties for the instrument. The study suggested that the PDCA-RA shows promise as a tool for monitoring student dispositions, in compliance with calls from counseling standards of practice. The study also debuted a video-based training system that, when used in conjunction with the PDCA-RA, increased interrater reliability to acceptable levels. This tool could be used as a component of a system for dispositional monitoring of counselor education students beginning at admissions and continuing throughout their counselor education program. The dispositional monitoring system could represent one way of responding to calls from CACREP to monitor student dispositions at multiple points across their counselor education program.

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Read full article and references:

Garner, C., Freeman, B., Stewart, R., & Coll, K. (2020). Assessment of dispositions in program admissions: The Professional Disposition Competence Assessment—Revised Admission (PDCA-RA). *The Professional Counselor*, 10(3), 337–350. doi:[10.15241/cg.10.3.337](https://doi.org/10.15241/cg.10.3.337)



Family Functioning and Self-Injury in Treatment-Seeking Adolescents

Implications for Counselors

Melissa Sitton, Tina Du Rocher Schudlich, Christina Byrne,
Chase M. Ochrach, Seneca E. A. Erwin

Engagement in self-injurious behavior (SIB) is sadly common in adolescents with traits of borderline personality disorder (BPD). The family systems theory framework suggests that researchers and clinicians should consider a problematic behavior—such as SIB—in the context of the family rather than focusing on one individual member. This familial approach is further supported by the fact that both SIB and BPD seem to be influenced by social environments. Despite the need for inclusion of family functioning when examining SIB, few past studies have assessed basic familial environmental indicators, including family communication, roles, problem-solving, affective involvement, affective responsiveness, and behavioral control.

Read full article and references:

Sitton, M., Du Rocher Schudlich, T., Byrne, C., Ochrach, C. M., & Erwin, S. E. A. (2020). Family functioning and self-injury in treatment-seeking adolescents: Implications for counselors. *The Professional Counselor, 10*(3), 351–364. doi:[10.15241/ms.10.3.351](https://doi.org/10.15241/ms.10.3.351)

The purpose of this study was to increase understanding of the nature of the family environment in adolescents with traits of BPD, their engagement in SIB, and the predictive relationship between family environment and SIB. Specifically, we utilized a sample of community-based adolescents who sought treatment for symptoms of BPD. We assessed multiple indicators of family functioning (listed above) from the perspective of the adolescent and one caretaker, most often the adolescent's birth mother. We also conducted separate analyses for SIB done with suicidal intent (i.e., suicide attempts), without suicidal intent (i.e., nonsuicidal self-injury), and with ambivalence toward life (i.e., self-injury that is neither strictly nonsuicidal nor suicidal).

We found that adolescents and their caretakers mostly agreed on their reports of their family environment; the only statistical difference between reports was in communication (e.g., “when someone [in my family] is upset the others know why”) and behavioral control (e.g., “[my family does not] hold any rules or standards”). Notably, both reports indicated distress in several areas of family functioning, particularly in problem-solving, communication, roles, and affective involvement. We also found high rates of engagement in SIB—particularly nonsuicidal SIB—in the adolescents; we provide a detailed report of the methods and lifetime rates of SIB in the full article.

Additionally, we analyzed the relationship between family functioning and SIB. Problem-solving, conflict, and adolescent-reported communication seemed especially relevant to the prediction of nonsuicidal and ambivalent SIB. Future studies should further examine these indicators of family functioning in relation to SIB across time. Notably, we were unable to statistically predict suicidal SIB; future studies should also further examine the relationship between family functioning and suicide attempts.

We conclude that family functioning is relevant to engagement in SIB (particularly nonsuicidal and ambivalent SIB) in treatment-seeking adolescents with traits of BPD. Because of this, family environments should be considered in risk assessments as well as in treatment. Family-based intervention may be especially beneficial in conjunction with skills training for adolescents with traits of BPD so that the intrapersonal and interpersonal changes can be implemented by the individual as well as the entire family. This practice aligns with family systems theory—specifically, to successfully treat an adolescent, one must address concerning patterns of behavior within the family that may be contributing to individual patterns of behavior in the adolescent. Further implications for counselors are discussed in the article.

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Counseling International Students in Times of Uncertainty

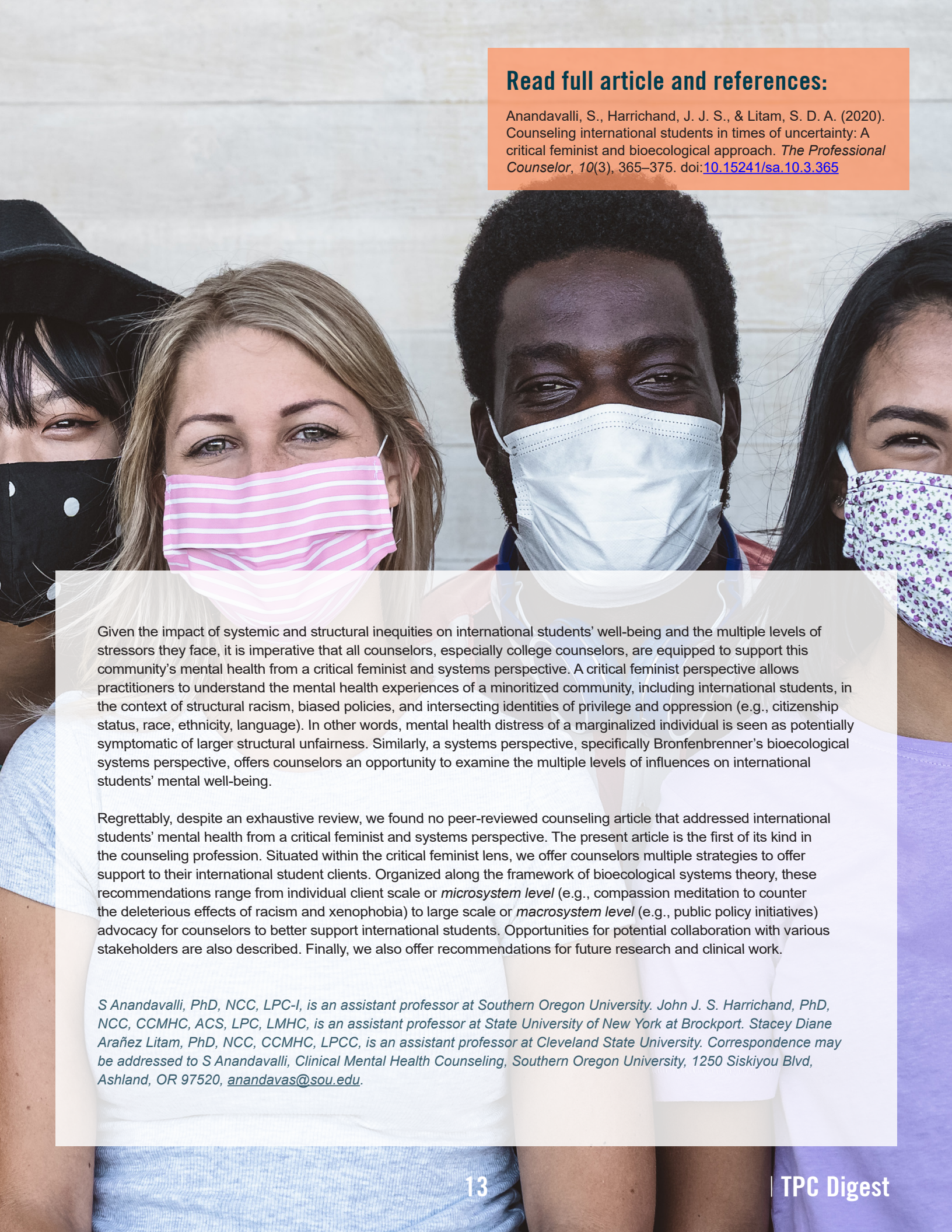
A Critical Feminist and Bioecological Approach

S Anandavalli, John J. S. Harrichand, Stacey Diane Arañez Litam

Amidst COVID-19–related fears and challenges, international students in the United States have become targets of community- and national-level anti-immigrant sentiment in the form of hate crimes, racial slurs, and violence. Challenged with confronting the double pandemic of the COVID-19 crisis and deeply embedded xenophobia (fear or hatred of foreigners) and Sinophobia (fear or hatred of China and/or Chinese people), international students' mental health is gravely threatened. In this context, international students' pre-existing mental health stressors like isolation and homesickness are further compounded by institutional racism. For instance, xenophobic rhetoric and stereotyping in media have risen since President Trump's labelling of coronavirus as the "Chinese virus." Additionally, the travel ban against international workers and threat of deportation of international students by the U.S. Immigration and Customs Enforcement amidst the health crisis are possibly reflective of a deeper animus against this highly talented and resourceful community. Thus, there exists a larger, systemic threat to international students' mental health.

Read full article and references:

Anandavalli, S., Harrichand, J. J. S., & Litam, S. D. A. (2020). Counseling international students in times of uncertainty: A critical feminist and bioecological approach. *The Professional Counselor*, 10(3), 365–375. doi:[10.15241/sa.10.3.365](https://doi.org/10.15241/sa.10.3.365)



Given the impact of systemic and structural inequities on international students' well-being and the multiple levels of stressors they face, it is imperative that all counselors, especially college counselors, are equipped to support this community's mental health from a critical feminist and systems perspective. A critical feminist perspective allows practitioners to understand the mental health experiences of a minoritized community, including international students, in the context of structural racism, biased policies, and intersecting identities of privilege and oppression (e.g., citizenship status, race, ethnicity, language). In other words, mental health distress of a marginalized individual is seen as potentially symptomatic of larger structural unfairness. Similarly, a systems perspective, specifically Bronfenbrenner's bioecological systems perspective, offers counselors an opportunity to examine the multiple levels of influences on international students' mental well-being.

Regrettably, despite an exhaustive review, we found no peer-reviewed counseling article that addressed international students' mental health from a critical feminist and systems perspective. The present article is the first of its kind in the counseling profession. Situated within the critical feminist lens, we offer counselors multiple strategies to offer support to their international student clients. Organized along the framework of bioecological systems theory, these recommendations range from individual client scale or *microsystem level* (e.g., compassion meditation to counter the deleterious effects of racism and xenophobia) to large scale or *macrosystem level* (e.g., public policy initiatives) advocacy for counselors to better support international students. Opportunities for potential collaboration with various stakeholders are also described. Finally, we also offer recommendations for future research and clinical work.

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COVID-19

Read full article and references:

Olsen, J., Parikh Foxx, S., & Flowers, C. (2020). A confirmatory factor analysis of the School Counselor Knowledge and Skills Survey for Multi-Tiered Systems of Support. *The Professional Counselor*, 10(3), 376–392. doi:[10.15241/jo.10.3.376](https://doi.org/10.15241/jo.10.3.376)

A Confirmatory Factor Analysis of the School Counselor Knowledge and Skills Survey for Multi-Tiered Systems of Support

Jacob Olsen, Sejal Parikh Foxx, Claudia Flowers

The school counselor's role in schools has evolved significantly over the years. The 2019 American School Counselor Association (ASCA) National Model outlines the core components of a school counseling program and the school counselor's role in defining, managing, delivering, and assessing their program. Overall, school counselors implement a program designed to meet the academic, career, and social/emotional needs of all students. In the past decade, school counselors have also been called to align their programs with multi-tiered systems of support (MTSS)—a framework that is widely implemented in schools across the nation. The MTSS framework focuses on providing instruction and interventions along three tiers of support, including Tier 1 for all students, Tier 2 for some students, and Tier 3 for a few students needing individualized and intensive support.

Researchers have established how to align school counseling programs and MTSS and the school counselor's role in this work. Because the benefits of school counseling program and MTSS alignment are clear and widely accepted, there is a call for increased pre-service and in-service school counseling training to increase school counselors' MTSS knowledge and skills. Although many states and school districts across the nation have provided professional development, there is a lack of clarity about how much school counselors know and what their skill level is in relation to developing, implementing, and assessing the systems and practices that are essential to school counseling program and MTSS alignment. The primary challenge to establishing school counselors' MTSS knowledge and skills is a lack of validated measures available.

To address the need for validated measures, the School Counselor Knowledge and Skills Survey for Multi-Tiered Systems of Support (SCKSS) described in this manuscript was developed and validated to provide counselor educators, state and district leaders, and practicing school counselors with a psychometrically sound measure of school counselors' knowledge and skills for MTSS that is aligned with the ASCA National Model and best practices related to MTSS. The SCKSS can be used to assess pre-service and in-service school counselors' MTSS knowledge and skills, identify strengths and areas in need of improvement, and support targeted school counselor training and professional development focused on school counseling program and MTSS alignment.

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Read full article and references:

Seto, A., & Forth, N. L. A. (2020). What is known about bilingual counseling? A systematic review of the literature. *The Professional Counselor, 10*(3), 393–405. doi:[10.15241/as.10.3.393](https://doi.org/10.15241/as.10.3.393)

What Is Known About Bilingual Counseling?

A Systematic Review of the Literature

Atsuko Seto, Nancy L. A. Forth

The number of bilingual populations in the United States has nearly doubled since 1980. With this awareness, it is essential that counselors consider how they can best meet the needs of linguistically diverse clients. To assist counselors in gaining more knowledge of this population, a systematic review of the literature on bilingual counseling published from 2000–2019 was conducted. After carefully reviewing the abstracts of the 40 most relevant articles, 15 empirically based studies were included in this present study. The results are presented in three themes: client perspectives, counselor perspectives, and training and supervision.

In the first theme, client perspectives, a few studies investigated the clients' perceptions of language switching (either by choice or directed by counselors) and its effects on the counseling process and relationships. The findings revealed two impressions. First, the client's language proficiency, dominance, and preference may not be fully assessed by counselors when working with bilingual/multilingual clients. Second, a strong therapeutic rapport can be created regardless of language and ethnic differences between the counselor and the client.

The second theme, counselor perspectives, addressed counselors' perspectives on bilingualism in the counseling process and its impact on the therapeutic relationship. Some counselors reported feeling anxiety and discomfort using more than one language in sessions, which was attributed to receiving little to no training on bilingual counseling, being a novice counselor, or speaking a language that is not one's native tongue. However, counselors in several studies also believed in the value of speaking in the client's native language and found it helpful for building rapport with clients as well as facilitating deeper levels of clients' self-expression and reflection. Counselors also spoke about the complexities of therapeutic relationships and outcomes in bilingual counseling settings in that the shared language by a counselor and a client does not always result in a positive relationship and outcome.

The findings in the theme of training and supervision suggested that bilingual counselors-in-training felt more connected with their clients as they shared the same language and perceived higher levels of multicultural counseling skills and awareness in themselves. However, counselors and counselors-in-training also expressed their concerns about a lack of training and supervision that they received in bilingual counseling.

It is important to note that the keywords and databases used in this study might have excluded some studies on bilingual counseling and thus limited the findings in this study. With this in mind, a consensus among scholars seems to be that more studies are needed to understand the essential pieces of effective bilingual counseling with various language combinations. In particular, it is crucial to explore the nuances of language switching for both counselors and clients. Finally, it is recommended that training programs provide future counselors with essential preparation and supervision in bilingual counseling.

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