



# *Digest*

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# A Q Methodology Study of Supervisee Roles Within a Counseling Practicum Course

Eric R. Baltrinic, Ryan M. Cook, Heather J. Fye

In general, counseling programs offer curricula that assist students with progressing from classroom experiences to fieldwork with actual clients. As counseling students transition from didactic to field experience courses, they often experience formal clinical supervision for the first time, particularly during their first counseling practicum courses. Because counseling practicum students are new to supervision, they rely heavily on their supervisors to provide direction and structure in supervision experiences. In turn, this structure and direction is thought to help supervisees grow professionally and personally. However, supervisees may not benefit solely from supervisor-centric perspectives. In fact, supervisees with significant professional and personal experiences may need more room to contribute their own views and to question their supervisors' structured approach to clinical supervision, a phenomenon aligning with what we know about non-traditional and adult learning processes.

Despite the preponderance of supervisor perspectives present in best practice documents, standards, and the counseling supervision literature, little is known about how supervisees, in general, view their roles. Still less is known about the perspectives of those new to clinical supervision on their roles as supervisees. We believe that obtaining counseling practicum supervisees' views is critical to the supervision process; specifically, that supervisors can benefit from structuring and delivering their courses informed by new supervisees' perspectives on their roles. We maintain that supervisees' first supervision experiences can set the tone for their subsequent supervision experiences in terms of their levels of preparation, participation, and disclosure, among other things. We have found in the literature and in our own experience that a "top-down" supervisor-centric perspective offers supervisors advantages for providing and monitoring structure and adherence to that structure, for establishing ground rules, and for determining evaluation criteria. However, supervisors are at a disadvantage if their direction and structure lack consideration of supervisees' perspectives, which we believe is especially true for counseling practicum supervisees, who are just beginning their supervision journeys. Accordingly, we conducted a Q methodology study with a purposeful sample of students engaged in their first semester of practicum and their instructors, all of whom comprised a case exemplar within a single counseling practicum course.

Our findings suggest three supervisee viewpoints on supervisee roles, which we termed Dutiful, Discerning, and Expressive Learners. The Dutiful Learner viewpoint suggest the importance of adhering to ethical guidelines and supervisor and program structures, whereas the Discerning Learner viewpoint preferred well-reasoned feedback in the spirit of developing counseling skills. Finally, the Expressive Learner viewpoint favored the freedom to express learning needs with ample opportunities to be vulnerable without fear of recourse from supervisors. Overall, our findings provide counselor education practicum instructors with data-supported views on how to obtain and incorporate counseling practicum supervisees into their course design and delivery (i.e., training supervision in a small group setting). Specifically, practicum instructors are encouraged to include both supervisor and supervisee perspectives to support optimal learning and the development of a quality supervision relationship. Future research can identify, compare, and contrast counselor practicum supervisees' views within multiple courses across programs.

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# Suicide Protective Factors

## Utilizing SHORES in School Counseling

Diane M. Stutey, Jenny L. Cureton, Kim Severn, Matthew Fink

**S**chool counselors are often involved with suicide prevention, intervention, and postvention. As the rates of youth suicide increase, there are greater demands for school counselors to be well-versed in a variety of ways to effectively work with students, teachers, and parents. In addition, children are now dying by suicide at a younger age, so the need for school counselors to implement counseling services at the elementary level has intensified.

A review of the literature on comprehensive school suicide prevention and suicide protective factors supports that early prevention and intervention are essential to reducing youth suicides. Often school counselors will have some training in at least one of the areas, and many school counselors already implement curriculum or other interventions at their schools to address youth suicide. However, there are many programs to choose from when it comes to tackling youth suicide, and some can be costly and time intensive. Furthermore, not all programs address all three areas of suicide prevention, intervention, and postvention.

In this article, we introduce a mnemonic device, SHORES, that was created for counselors to utilize with clients with suicidal ideation. The acronym of SHORES stands for Skills and strategies for coping (S); Hope (H); Objections (O); Reasons to live and Restricted means (R); Engaged care (E); and Support (S). Each part of the acronym is explained and suggestions for how this tool might be integrated into a comprehensive school counseling program are offered. Finally, a case study is provided with a middle school student to illustrate how SHORES might be implemented by a school counselor in classroom guidance, small-group, and individual settings.

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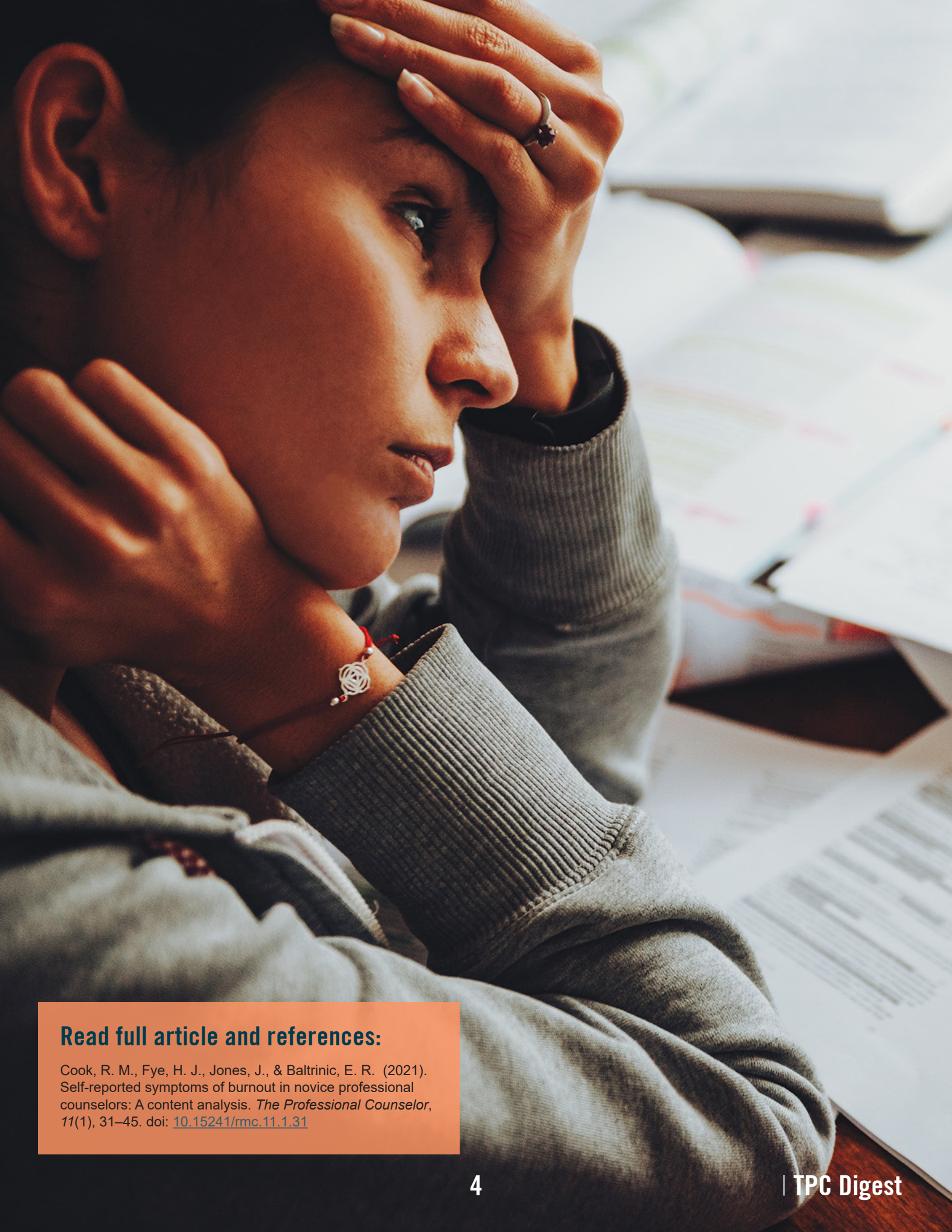




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# Self-Reported Symptoms of Burnout in Novice Professional Counselors

## A Content Analysis

Ryan M. Cook, Heather J. Fye, Janelle Jones, and Eric R. Baltrinic



Although burnout is a professional risk for all counselors, novice counselors may be particularly vulnerable to experiencing burnout because of unique professional demands. Despite their limited professional experience, these counselors provide many hours of direct client care and work in challenging work environments (e.g., low wages, limited support from supervisors, long hours). There are numerous conceptualizations of burnout for helping professions, like counseling; however, to date, no study has examined the self-reported symptoms of burnout experienced by a sample of novice professional counselors. Thus, in the current study, we inductively analyzed the open-ended qualitative responses of 246 novice professional counselors' self-reported symptoms of burnout using content analysis.

Twelve categories and related subcategories emerged from 1,205 units. The five most commonly coded categories were *negative emotional experience* (18.1%), *fatigue and tiredness* (16.2%), *unfulfilled in counseling work* (11.6%), *unhealthy work environment* (10.6%), and *physical symptoms* (8.9%). There were also less commonly reported categories, such as *negative coping strategies* (1.8%) and *psychological distress* (0.7%), that could signal more serious professional issues, like impairment.

The findings from this study closely align with many of the existing conceptualizations of burnout, while also offering new insights into burnout as experienced by novice professional counselors. For example, informed by prior research, fatigue and tiredness are core symptoms of burnout for this sample. Further, to varying degrees, burnout manifests for this population through emotional, cognitive, and physical symptoms. Participants also described how challenges at their workplace led to burnout and how some were no longer deriving satisfaction from their jobs as counselors, with a small number of participants planning to leave the profession. Finally, some participants described psychological distress and using negative coping strategies (e.g., substance use) as symptoms of burnout. These collective symptoms provide a holistic picture of burnout for this population.

Informed by these findings, we implore counseling scholars who study burnout to consider ways to capture these more commonly occurring symptoms (e.g., negative emotional experience) and less commonly reported symptoms (e.g., psychological distress) in their research. Novice professional counselors who are experiencing burnout are encouraged to consult with their supervisor to explore strategies for managing these symptoms. Finally, supervisors may want to use these findings to engage their supervisees in a discussion of burnout. Supervisors may also want to help protect novice professional counselors from some of the unhealthy workplace environments that were described by participants in this study. Counselors and their supervisors can work to ensure that issues of burnout are mitigated so that clients receive ethically sound services.

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### Read full article and references:

Prasath, P. R., Mather, P. C., Bhat, C. S., & James, J. K. (2021). College student well-being during COVID-19: The role of psychological capital and coping strategies. *The Professional Counselor, 11*(1), 46–60. doi: [10.15241/prp.11.1.46](https://doi.org/10.15241/prp.11.1.46)



# College Student Well-Being During COVID-19

## The Role of Psychological Capital and Coping Strategies

Priscilla Rose Prasath, Peter C. Mather, Christine Suniti Bhat, Justine K. James

College student mental health has become an increasingly significant challenge in recent years with the growth of presenting mental health concerns posing challenges for campus communities and for college counselors. The presence of mental health stressors and the corollary demands on campus counseling centers has been compounded by COVID-19, as many students are faced with new modes of learning, barriers to customary social opportunities, and experiences of personal illness or illness or even death of family members and friends.

We employed a positive psychological approach in this study, focusing on what was working to bolster well-being during this time, rather than emphasizing the mental health challenges. We took this strengths-based approach to gain an understanding of what interventions and approaches may be useful to assist college students during this crisis and perhaps during other crises they may face in the future. Also, taking the approach of focusing on what is working and on what inner strengths can be developed helps mitigate against stigmatization that is associated with pathology and mental health diagnoses in counseling. This in turn could result in less ambivalence on the part of students to seek help and, possibly, lead to more sustained contact and interaction with counseling and supportive services. Developing inner strengths would benefit students beyond college, especially as they may face uncertain futures.

Data collection for this research project occurred in May 2020, within a few weeks of institutions making the difficult decision to send students away from their campuses and implement online teaching approaches. A total of 609 college students voluntarily participated in the study. We compared well-being among college students prior to the pandemic and following its onset. Not surprisingly, the study showed that mental health was worse once COVID-19 presented itself. A central aspect of the study was an examination of correlates of well-being post-pandemic. Specifically, we explored the ways in which the positive psychological characteristics of hope, self-efficacy, resilience, and optimism related to well-being. These characteristics, referred to as “psychological capital,” are learnable and changeable, so the findings lend themselves to drawing informed implications for counseling practice.

In this study, hope and optimism were the most salient psychological characteristics for boosting students’ well-being. Counselors can shape the degree to which hope and optimism manifest in clients through proven approaches. Optimism can be developed through approaches that build positive self-talk, and strategies that focus on goal-setting and achievement can promote hope.

In addition to psychological capital, we explored what coping approaches were associated with well-being. Active coping, acceptance, positive reframing, and accessing emotional support proved to be adaptive strategies for students participating in the study. Psychoeducational interventions to teach adaptive coping skills and develop psychological capital may be offered in small or large groups, and may be delivered in brief, short-term professional helping relationships. At a time when more intensive counseling resources are taxed, using supplemental methods, such as positive psychology smartphone apps such as Happify and resilience-building video games such as SuperBetter, can be beneficial to promote student well-being.

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# The Professional Counselor

## Author and Article Characteristics From 2011 to 2019

Dorrie Williams, Marcella Melanson, Bradley T. Erford

This meta-study evaluates publication patterns and trends occurring in the first 9 years of *The Professional Counselor* (TPC), an electronic journal published by the National Board for Certified Counselors (NBCC). TPC began publication in 2011, and this is the first multi-year review examining the journal's characteristics, patterns, and trends. This study attempted to answer two basic questions: (a) What is published within *The Professional Counselor* (article characteristics), particularly with regard to research studies? and (b) Who publishes in *The Professional Counselor* (author characteristics)? These questions are also analyzed for trends to determine changes in journal characteristics. Both author (e.g., gender, domicile, employment setting, top individual and university contributors) and article characteristics (e.g., topic, research design, participant type, sample size, statistics) are identified, with a particular focus on research articles. From 2011–2019, 272 articles were published in TPC. Of these, 265 articles were accepted into this analysis, while seven articles were rejected because they were briefer submissions (e.g., editorials, introductions to special issues, biographies, profiles). Results were analyzed for trends over time using ANOVA with weighted proportions after being aggregated into two time windows (2011–2014 and 2015–2019). Almost 64% of lead authors and all authors were women, and 92.1% of lead authors were primarily affiliated with universities. In the first 9 years of publication, 3.4% of TPC lead authors were domiciled outside the United States. Since TPC's inception, the University of Central Florida has featured the greatest number of lead authors, and the top author overall was Dr. Kathleen Brown-Rice.

In terms of article characteristics, the topics of counselor education and training, school counseling, and multicultural issues each occurred in more than 10% of TPC articles, and each of these topics served as foci in special issues or sections over the years. Intervention studies maintained a stable presence among TPC research articles at 12.3%. About 58% of published works were research articles, and of these, 69% used quantitative design methodology. Nearly all coded research variables were stable over time, except for participant types, as the proportion of adult participant samples increased while undergraduate participant samples decreased over time. In the first 9 years, TPC experienced increased author collaboration, from 2.43 authors per article in 2011–2014 up to 2.83 in 2015–2019. This trend toward more collaboration was seen in all other counseling journals, with many in the same vicinity of average author contributions as TPC. The research designs used in TPC research studies are heavily weighted toward non-experimental designs, including descriptive or survey (42.4%), qualitative (18.4%), and correlational (18.4%) designs. True- and quasi-experimental designs appeared in only 4.4% of all TPC research articles, which is a low rate among other counseling journals. At the same time, the 12.3% proportion of intervention-focused articles is quite good when compared to other counseling journals. During its first 4 years of publication, TPC produced one of the highest proportions of qualitative tradition articles seen in the family of counseling journals (53.1%), before declining significantly from 2015–2019 to a 30.7% rate.

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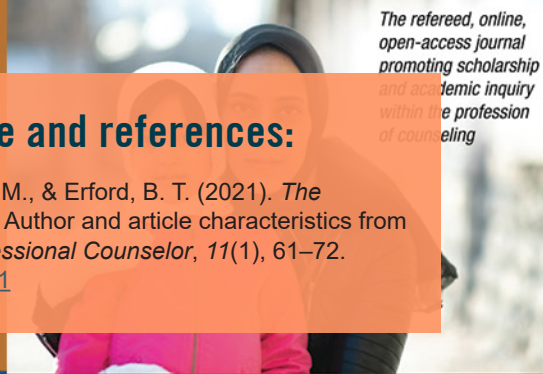
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# Mental Health Equity of Filipino Communities in COVID-19

## A Framework for Practice and Advocacy

Christian D. Chan, Stacey Diane Arañez Litam

The emergence of COVID-19 created significant pandemic stress, a visible public health crisis, and anti-Asian sentiment. Due to pandemic stress, prejudices, and stereotypes associated with COVID-19, the rising prevalence of discrimination and violent rhetoric toward Asian American and Pacific Islander (AAPI) communities continues to proliferate. The Pew Research Center specifically noted that three in 10 Asian adults have experienced racial discrimination since the beginning of the pandemic. East Asians have been frequent targets of anti-Asian sentiment and violence, which heightens experiences of distress and mental health issues.

AAPI communities, however, are not monolithic. The consistent aggregation of AAPI communities and ethnic groups has historically combined health outcomes and population metrics but fails to acknowledge unique nuances of culture and disparities within the larger grouping. Although East Asians have been explicit targets of the surging anti-Asian sentiment, Filipino communities still face the severe effects of physical and mental health disparities. With the advent of COVID-19, Filipinos are still susceptible to the risks of mental health issues, given the convergence of racism, deaths among Filipino health care workers, and a lower likelihood to seek mental health care.

The conglomeration of these physical and mental health disparities stems from years of institutional racism and colonialism that have plagued Filipino communities. With the overlap of mental health disparities, Filipino communities tend to exhibit poorer health outcomes (e.g., diabetes, asthma, high blood pressure) and higher rates of psychological distress, depression, substance use, and suicidal ideation. A number of these issues can be linked to cultural nuances in Filipino communities related to cultural values, acculturation, internalized racism, and colonialism. For instance, some Filipinos may espouse the mindset of *colonial mentality*, which is a set of beliefs grounded in denigration of Filipino culture, superiority of American values, and favor of Whiteness. Cultural values and histories of Filipino communities often dovetail with barriers to accessing mental health care. For instance, the cultural expressions of *hindi ibang tao* (in Tagalog, “one of us”) are differentiated from those who are *ibang tao* (in Tagalog, “not one of us”) to display how much trust is invested in health care providers instead of family members.

Based on the convergence of racism, public health issues, cultural denigration, and utilization of mental health services, professional counselors can draw on a litany of interventions by infusing culturally responsive practices, encouraging racial socialization, increasing critical consciousness of racism and colonialism, and promoting community-engaged opportunities for mental health literacy and access. Based on approaches consistent with racial socialization, professional counselors can reflect how Filipino communities have survived histories of racism and colonialism, protect cultural assets, and transmit cultural experiences and knowledge to future generations. Critical consciousness can also serve as a key factor in altering attitudes toward professional mental health services. For example, professional counselors can identify how the endorsement of colonial mentality and anti-Asian sentiment result in the mistrust of health care providers, especially professional counselors.

For professional counselors, learning about indigenous Filipino values can invite possibilities to cultivate cultural assets and increase culturally responsive coping strategies with Filipino clients. Because Filipino communities draw from a wealth of community resources and members, it is critical for professional counselors to expand their interventions by involving community stakeholders, building opportunities for mental health literacy and access, and leveraging community partnerships to dispel cultural myths on mental health. Drawing from health equity initiatives, it is also important for professional counselors to expand the pipeline for Filipino counselors and invite input from Filipino communities, which would increase the visibility of mental health as an ongoing public health concern during COVID-19.

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## Read full article and references:

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# Mental Health Counselors' Perceptions of Rural Women Clients

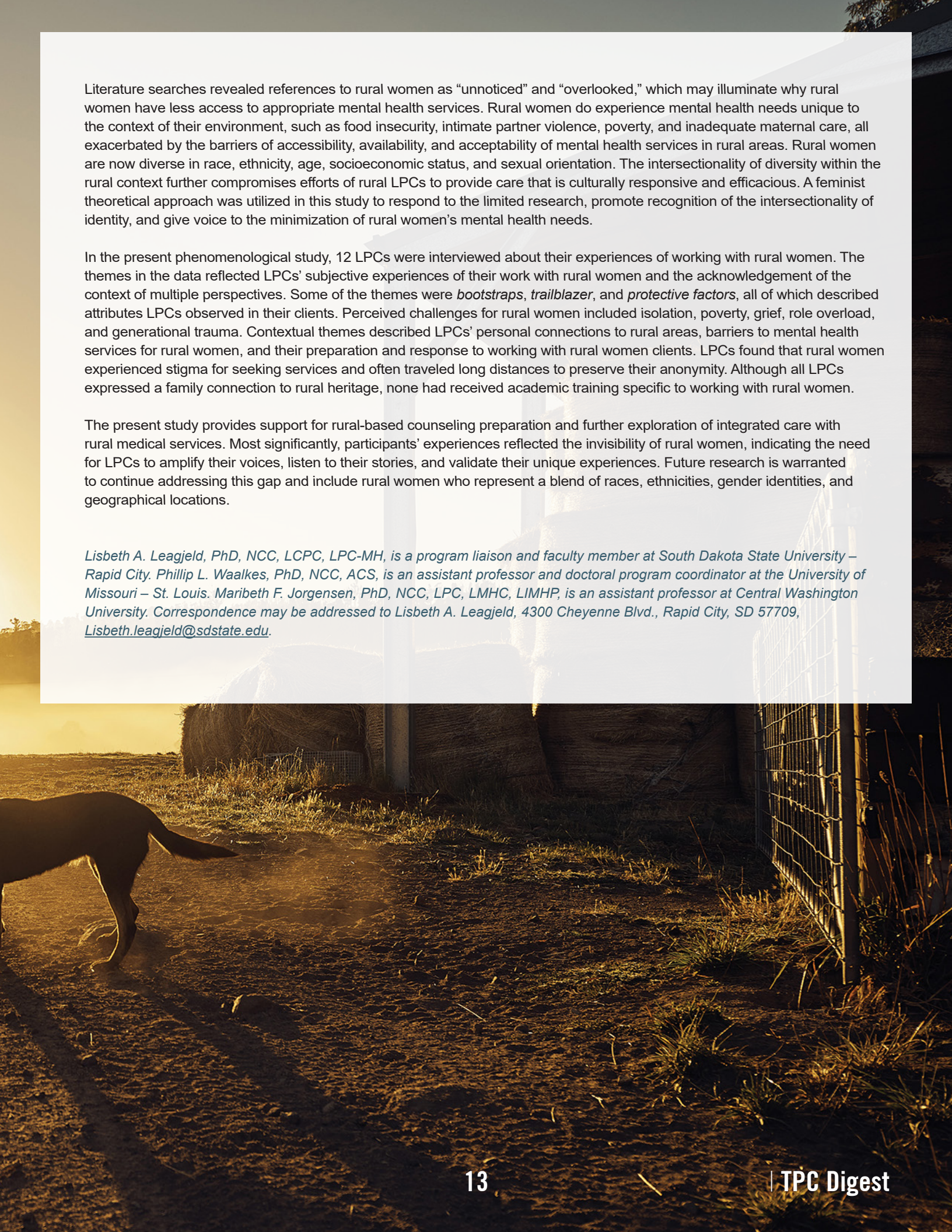
Lisbeth A. Leagjeld, Phillip L. Waalkes, Maribeth F. Jorgensen

The purpose of this study was to explore the lived experiences of licensed professional counselors (LPCs) who work with rural women, including their perceptions of rural women's mental health, and the academic training they received specific to working in rural areas. According to the 2010 U.S. Census, more than 28 million women, ages 18 and older, live in rural America, representing over half of the rural population in the United States. Despite government agencies' increased efforts to alleviate mental health disparities in rural areas, there is limited research available on rural women's mental health. In addition, very few accredited academic programs include an emphasis on rural mental health.

## Read full article and references:

Leagjeld, L. A., Waalkes, P. L., & Jorgensen, M. F. (2021). Mental health counselors' perceptions of rural women clients. *The Professional Counselor, 11*(1), 86–101. doi: [10.15241/lal.11.1.86](https://doi.org/10.15241/lal.11.1.86)





Literature searches revealed references to rural women as “unnoticed” and “overlooked,” which may illuminate why rural women have less access to appropriate mental health services. Rural women do experience mental health needs unique to the context of their environment, such as food insecurity, intimate partner violence, poverty, and inadequate maternal care, all exacerbated by the barriers of accessibility, availability, and acceptability of mental health services in rural areas. Rural women are now diverse in race, ethnicity, age, socioeconomic status, and sexual orientation. The intersectionality of diversity within the rural context further compromises efforts of rural LPCs to provide care that is culturally responsive and efficacious. A feminist theoretical approach was utilized in this study to respond to the limited research, promote recognition of the intersectionality of identity, and give voice to the minimization of rural women’s mental health needs.

In the present phenomenological study, 12 LPCs were interviewed about their experiences of working with rural women. The themes in the data reflected LPCs’ subjective experiences of their work with rural women and the acknowledgement of the context of multiple perspectives. Some of the themes were *bootstraps*, *trailblazer*, and *protective factors*, all of which described attributes LPCs observed in their clients. Perceived challenges for rural women included isolation, poverty, grief, role overload, and generational trauma. Contextual themes described LPCs’ personal connections to rural areas, barriers to mental health services for rural women, and their preparation and response to working with rural women clients. LPCs found that rural women experienced stigma for seeking services and often traveled long distances to preserve their anonymity. Although all LPCs expressed a family connection to rural heritage, none had received academic training specific to working with rural women.

The present study provides support for rural-based counseling preparation and further exploration of integrated care with rural medical services. Most significantly, participants’ experiences reflected the invisibility of rural women, indicating the need for LPCs to amplify their voices, listen to their stories, and validate their unique experiences. Future research is warranted to continue addressing this gap and include rural women who represent a blend of races, ethnicities, gender identities, and geographical locations.

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# Mental Health Epigenetics

## A Primer With Implications for Counselors

David E. Jones, Jennifer S. Park, Katie Gamby, Taylor M. Bigelow, Tesfaye B. Mersha, Alonzo T. Folger

The counseling field has a nascent history of investigating the significance of neurons, neurochemistry, and associated neural pathways to mental health disorders, counseling interventions, and outcomes. Even less attention has been given to epigenetics. *Epigenetics* is defined as the interaction between an individual and their environment at the genetic level without a change to their genetic code (i.e., DNA sequence). The key concept for counselors to comprehend is that clients exist in the context of “nature *and* nurture” rather than “nature *or* nurture.” This biological dance between the client and their environment elicits genetic changes that correlate to mental health disorders. These epigenetic modifications are active across the life span but most adaptable early in the life span (0–5 years).

Epigenetics describes how chemical tags will modify a cellular structure called the epigenome. These chemical tags do not alter the actual genetic sequence, but act “upon” the genetic code. When activated by environmental influences, the chemical tags modify the epigenome through epigenetic mechanisms—DNA methylation, histone modification, and microRNA. Poor environmental conditions (e.g., neglect, abuse, poor dietary intake, no exercise) can influence chemical tags on the client’s genome that later increase the likelihood of a mental health disorder such as schizophrenia, depression, anxiety, or addiction. These negative effects can span generations. For example, the Nazis occupied the Netherlands between 1944–45. During this time, the population had restricted food availability. Children of pregnant mothers during the famine had increased risk of obesity and heart disease in adulthood.

The beneficial nature of counseling interventions is equally important in supporting epigenetic wellness. Cognitive behavioral therapy, mindfulness, healthy dietary intake, psychotropic medication, and exercise have all been found to elicit positive changes to the epigenetic landscape. Mindfulness is a common counseling intervention that has shown efficacy in reducing stress as well as eliciting positive changes at the epigenomic level. Applying cognitive behavioral therapy in children with severe anxiety has shown changes in DNA methylation.

An epigenetic counseling lens has several implications. As counselors, we observe emotional, cognitive, and behavioral changes in our clients and now know that our work effects changes at the cellular level. Additional implications connect to counseling core values of wellness and prevention. Epigenetic changes are most modifiable between the ages of 0–5. This illuminates the need for counseling intervention early in the life span, where change is most readily available. Finally, the epigenetic dance calls our attention to not only the client but their “embeddedness” within the micro and macro client environments. Counseling interventions are critical at the individual level, but advocating for change at the community level is equally important.

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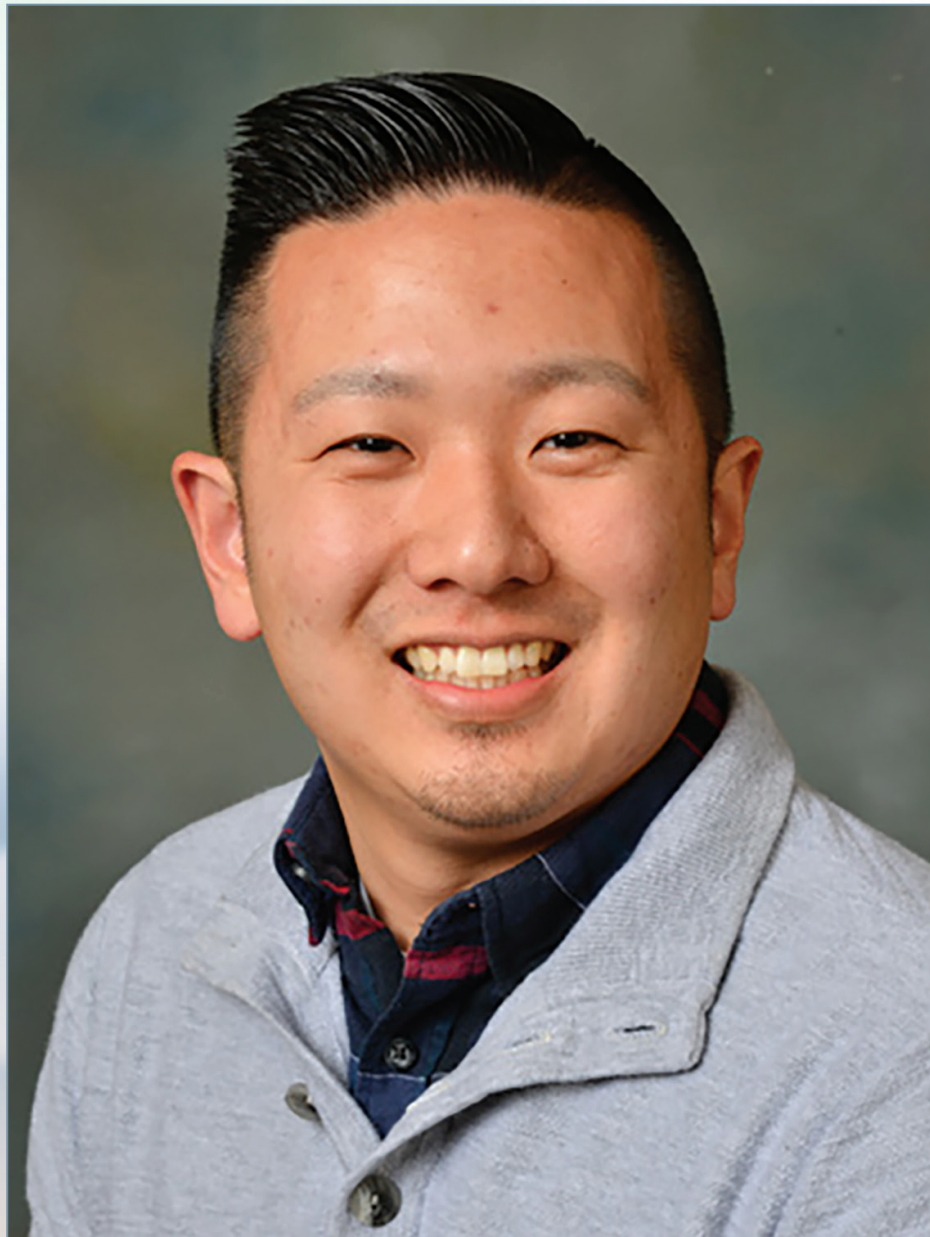




### Read full article and references:

Jones, D. E., Park, J. S., Gamby, K., Bigelow, T. M., Mersha, T. B., & Folger, A. T. (2021). Mental health epigenetics: A primer with implications for counselors. *The Professional Counselor*, 11(1), 102–121. doi: [10.15241/dej.11.1.102](https://doi.org/10.15241/dej.11.1.102)





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# Lifetime Achievement in Counseling Series

## An Interview With Michael Ryan

Joshua D. Smith, Neal D. Gray

This is the sixth 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 sixth interviewee in this series is Michael Ryan, MEd, NCC, who is a certified school counselor and currently serves as the Coordinator of Student Supports for Monongalia County Schools in Morgantown, West Virginia. As Coordinator, he is responsible for providing student supports for almost 12,000 students in the county from Pre-K through 12th grade. He has been instrumental in coordinating consistent social-emotional learning practices for the county and guiding the implementation of a multi-tiered system of supports (MTSS) model that looks at the whole student. He also built and is currently the head of the Diversity, Equity, and Inclusion Department of the county and works to provide professional development to the county staff in areas such as social-emotional learning, trauma-informed practices, and diversity and inclusion.

Prior to his current position, Ryan was an elementary school counselor for 6 years in Monongalia County. During that time, he was named the 2018 West Virginia School Counselor of the Year. He has also done work as the career counselor at a college and served as a community mental health counselor. He builds relationships to increase support for students through his active participation in both local and national organizations, including as a member of the governing board for the West Virginia School Counseling Association and a member of the American School Counselor Association.

In this interview, Ryan responds to several questions regarding the counseling profession and discusses growth and change within the school counseling profession, his journey to becoming a school counselor and community advocate, and the important role that unified practices play in benefitting each person in a community.

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