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Interpersonal Predictors of Suicide Ideation and Attempt Among Middle Adolescents

Emily Sallee, Abraham Cazares-Cervantes, Kok-Mun Ng

The Interpersonal Theory of Suicide (IPTS) offers a framework to understand both the risk and protective factors of suicide; however, the IPTS has been formed and normed on adult populations, and prior to this study it had not been tested on adolescent outpatient populations. The IPTS posits that suicidal behavior is correlated with feelings of *thwarted belongingness* (loneliness and social disconnection) and *perceived burdensomeness* (self-hatred and the belief that one is a liability for others), and that suicidal behavior may result when these negative feelings are joined by *acquired capability* (decreased fear of death and increased pain tolerance). The dynamic natures of thwarted belongingness and perceived burdensomeness suggest that they respond to both interpersonal and intrapersonal intervention. Conversely, acquired capability is less responsive to intervention and has since been eliminated as a variable in this study.

The focus of this study was to examine the extent to which the interpersonal constructs of thwarted belongingness and perceived burdensomeness predict adolescent suicidal ideation and attempt among 11th graders based on archival survey data collected by the 2017 Oregon Healthy Teen (OHT) Survey. The OHT survey was derived from the Youth Risk Behavior Surveillance System (YRBSS) and was chosen for this study because it explores a variety of health-related items, including suicidal ideation and attempt, as well as items deemed suitable for proxy descriptors of the IPTS constructs. The research questions that guided our current study were: 1) To what extent do feelings of perceived burdensomeness and thwarted belongingness predict suicidal ideation? and 2) To what extent do feelings of perceived burdensomeness and thwarted belongingness predict suicide attempts for Oregon 11th grade students?

The dynamic interpersonal constructs of IPTS—perceived burdensomeness and thwarted belongingness—served as the predictor variables for the two outcome variables: suicidal ideation and suicide behavior/attempt. The two predictor variables were measured with proxy items from the OHT Survey as substantiated with research to justify selection. Perceived burdensomeness was measured with two proxy survey items: emotional/mental health and sad/hopeless feelings. Thwarted belongingness was measured with three proxy survey items: sexual orientation, sexual identity, and volunteering. Because the outcome variables were measured with a binary scale, binomial logistic regression was used to examine the research questions. The results showed marked similarities between the significant predictors of suicide ideation and those of suicide attempt; specifically, the factors associated with both suicide ideation and attempt were poor mental/emotional health, feeling sad/hopeless, and being not straight.

This study has meaningful implications regarding both the theoretical use of the IPTS in working with this population, as well as the practical uses of utilizing a suicide screener as part of an intake assessment and interventions that specifically target belongingness and personal value. Other suggestions for application include the value of group work with this population and broader systemic outreach, particularly to school teams in their prevention and intervention efforts.

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Read full article and references:

Sallee, E., Cazares-Cervantes, A., Ng, K-M. (2022). Interpersonal predictors of suicide ideation and attempt among middle adolescents. *The Professional Counselor*, 12(1), 1–16. doi: [10.15241/es.12.1.1](https://doi.org/10.15241/es.12.1.1)



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Perceptions of At-Promise Youth in a Therapeutic Youth Mentoring Program

Diane M. Stutey, Abigail E. Solis, Kim Severn, Lori Notestine, Kodi L. Enkler, Joseph Wehrman, Molly Cammell

Today many children and adolescents face a plethora of problems such as substance use, academic challenges, and health concerns. Oftentimes, youth can benefit from mental health interventions to address concerns such as these. A variety of youth mentoring programs have proven to be successful in helping youth to connect with a trusted adult. Adding a therapeutic component to youth mentoring programs can further support youth who might have a variety of mental health concerns.

In past research and publications, youth exhibiting behaviors that might lead to juvenile delinquency were referred to as *at-risk youth*. However, *at-promise youth* is now the preferred phrase used by many organizations. The term *at-promise youth* describes youth who have the ability to reach their full potential with additional time and resources.

In this article, we share our findings from a study with 14 at-promise youth, ages 11–15, who participated in a 12-week therapeutic mentoring program. Youth were paired 1:1 with a mentor and had access to individual counseling with counselors-in-training throughout the therapeutic youth mentoring program. Throughout their time in the therapeutic youth mentoring program, participants received help with academic and study skills, participated in “walk and talks” on a college campus, shared a family meal at the dining hall, and participated in prosocial and social justice activities.

Participants were interviewed at the beginning and end of the 12-week therapeutic mentoring program. Five themes emerged from the data collected with the participants: life stressors, self-awareness, trusting others, adaptability and resiliency, and hope for the future. In addition, participants in the youth mentoring program demonstrated an increase in self-esteem, self-efficacy, and problem-solving and coping skills. Implications for counselors, particularly those interested in adding a therapeutic component to traditional mentoring programs, are discussed along with suggestions for future research.

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Treatment Planning Strategies for Youth With Disruptive Mood Dysregulation Disorder

Gregory T. Hatchett

Disruptive mood dysregulation disorder (DMDD) was added to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* in 2013 to reduce the overdiagnosis of bipolar disorder in children and adolescents who exhibited non-episodic irritability and frequent temper outbursts. DMDD was originally derived from research on severe emotional dysregulation (SMD), a proposed research phenotype developed by researchers at the National Institute of Mental Health. Though DMDD and SMD are not interchangeable, research on SMD was used to justify inclusion of DMDD in the *DSM-5*. At the time of the *DSM-5*'s publication, very little research had actually been conducted on the specific criteria and correlates of DMDD. Thus, to some extent, DMDD was included as an experimental diagnostic category in the *DSM-5*. This was a controversial decision in 2013, and one that continues to be so in the present. Researchers have expressed concerns that DMDD cannot be reliably differentiated from other childhood-onset disorders, most notably oppositional defiant disorder (ODD). According to *DSM-5* decisional rules, a diagnosis of DMDD automatically overrules a diagnosis of ODD, so both diagnoses may not be given concurrently. Some experts are concerned that this decisional rule may prevent counselors and other clinicians from targeting attitudinal and behavioral concerns that nearly always accompany a diagnosis of DMDD. Because of this, other diagnostic options have been presented, such as allowing the two diagnoses to be made concurrently. The 11th edition of the *International Classification of Diseases (ICD-11)* took a different route to this diagnostic controversy. In the ICD-11, clinicians can diagnose ODD *with* or *without chronic irritability-anger*, allowing both oppositional behavior and emotional dysregulation to be recognized under a single diagnosis.

Parallel to the concerns surrounding the diagnostic validity of DMDD, there continues to be a lack of evidence-based treatment strategies for working with children and adolescents who meet the diagnostic criteria for DMDD. Researchers have reported some clinical efficacy for the following interventions: psychostimulants for comorbid attention-deficit/hyperactivity disorder, mood stabilizers, dialectical behavior therapy, interpersonal psychotherapy, and cognitive behavioral therapy. However, there are not any medications with FDA approval for youth with DMDD, nor are there any psychosocial interventions that have been deemed empirically supported. In the absence of a stronger evidence base specific to DMDD, many experts have recommended that clinicians use evidence-based treatment strategies for ODD and other disorders that are commonly comorbid with DMDD.

This article explores the diagnostic controversies surrounding DMDD, presents strategies for facilitating accurate assessment and diagnosis, and reviews treatment strategies that hold promise in working with youth who fit this challenging diagnostic profile. At the end of the article, there are suggestions for future research and a recommendation as to how counselors can play a role in prevention efforts.

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Read full article and references:

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Adverse and Positive Childhood Experiences of Clinical Mental Health Counselors as Predictors of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress Consent

Eric M. Brown, Kristy L. Carlisle, Melanie Burgess, Jacob Clark, Ariel Hutcheon

Read full article and references:

Brown, E. M., Carlisle, K. L., Burgess, M., Clark, C., & Hutcheon, A. (2022). Adverse and positive childhood experiences of clinical mental health counselors as predictors of compassion satisfaction, burnout, and secondary traumatic stress consent. *The Professional Counselor*, 12(1), 49–64.
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Concern around the burnout of mental health counselors is often discussed within our profession, yet we know very little about personal factors that may contribute to compassion satisfaction or burnout. Although some studies have looked at potential causes for burnout, such as institutional structure or the number of clients on one's caseload, few studies have examined the counselor's own personal history and how it may contribute to burnout.

Over the past 20 years, numerous studies have examined what the Centers for Disease Control calls adverse childhood experiences (ACEs). Researchers have found significant relationships between those who experience high numbers of ACEs and symptoms such as depression, anxiety, addiction, and suicidality well into adulthood. Over the past 10 years, researchers have also discovered protective factors, called positive childhood experiences (PCEs), that help lessen the mental and emotional harm that may result from ACEs. The authors of this article found no previous studies that examined a potential relationship between mental health counselors' own history of ACEs and PCEs and the likelihood that they may experience burnout.

In this article, we examined the rates of ACEs of a national sample of clinical mental health counselors; their rates of PCEs; and their experiences of compassion satisfaction, burnout, and secondary traumatic stress. We found that the number of ACEs did predict the likelihood of burnout and compassion satisfaction and that having more PCEs decreased the chances that one would suffer from burnout. Furthermore, we found that demographic factors such as race and gender were significant with regard to which counselors were more likely to experience compassion satisfaction and burnout. We believe that by being equipped with this knowledge, counselors, supervisors, and counselor educators can become more aware of which counselors may need to engage in more self-care practices to bolster professional resilience

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Read full article and references:

Ausloos, C. D., Clark, M., Jang, H. Dari, T., & Litam, S. D. A. (2022). A call for action: School counselor competence in working with trans students. *The Professional Counselor*, 12(1), 65–81. doi: [10.15241/cda.12.1.65](https://doi.org/10.15241/cda.12.1.65)

A Call for Action

School Counselor Competence in Working With Trans Students

Clark D. Ausloos, Madeline Clark, Hansori Jang, Tahani Dari, Stacey Diane Arañez Litam

Trans people face pervasive marginalization and discrimination in the workplace, in homes, within politics, and in schools. Trans students face much higher rates of discrimination when compared with their cisgender peers and others within the LGBTQ+ communities. In addition, COVID-19 has exacerbated challenges for trans students, including increasing health and wellness issues, housing and family issues, and lack of access to critical care and support. In schools, there is often a lack of clear policies and procedures for gender-inclusivity and a lack of clear response in the wake of discrimination against trans students. Teachers, administrators, staff, and school counselors lack competence in working with trans students. School counselors are positioned to be supportive of and advocate for (and with) trans students, but we continue to find that practicing school counselors feel uncomfortable and unprepared to work with gender-diverse students. Additionally, our study, among others, indicates that counselor education training programs are not providing adequate attention to gender-expansive issues and, therefore, are not appropriately preparing school counselors. School counselors frequently must attend professional development opportunities to receive the information they need, many of which lack critical discussion of trans issues beyond pronouns.

Based on existing literature and our own hypotheses, we examined factors that contribute to school counselor competence in working with trans students, including whether the school counselor has received postgraduate training on trans issues or populations, whether the school counselor has worked with self-identified trans students, whether the school counselor knows someone who identifies as trans outside of the school setting, and the school counselor's gender identity. We surveyed 389 licensed public school counselors in the United States using a demographic survey and the Gender Identity Counselor Competency Scale. We used multiple regression analyses as our statistical method. Results indicate that school counselors who worked with trans students, attended rigorous professional development opportunities, and knew someone personally who identified as trans had higher rates of competence, especially in the areas of knowledge and skills.

Our study highlights the need for increased attention to trans issues in many domains—among school counselors, within school counseling training programs, and in existing professional development offerings. School counselors should continue to learn about the evolving language, trends, and needs of the trans community, ideally from those who are part of the community. Additionally, school counselors should engage with and use resources from professional trans-affirming organizations. This study also highlights the importance of building community and connections with trans people in and outside of professional settings, leading to increased school counselor competence.

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A Case Study Exploring Supervisee Experiences in Social Justice Supervision

Clare Merlin-Knoblich, Jenna L. Taylor, Benjamin Newman

In recent decades, social justice has emerged as a core value to the counseling profession. In response, scholars have called for social justice to emerge in the supervision of counseling, as well. A number of authors have proposed models of social justice supervision in which supervisors explore culture, power, and privilege with supervisees to enhance their understanding of the concepts. Social justice supervision also can help supervisees develop empathy and increase their awareness of systemic factors influencing clients.

Despite literature about social justice supervision models, to date, no researchers have studied the approach in practice. Thus, we sought to do so in the current study using a qualitative case study. Using a social constructivist theoretical framework, we explore the experiences of three master's counseling students in individual social justice supervision. Participants received supervision adhering to a social constructivist model that addresses social justice supervision at the individual, client/student, and systemic levels. Participants engaged in the supervision weekly for 14 weeks during their practicum experiences, and the supervisor received supervision-of-supervision from a faculty member to ensure adherence to the social justice supervision model.

Read full article and references:

Merlin-Knoblich, C., Taylor, J. L., & Newman, B. (2022). A case study exploring supervisee experiences in social justice supervision. *The Professional Counselor*, 12(1), 82–98. doi: [10.15241/cm.12.1.82](https://doi.org/10.15241/cm.12.1.82)

To understand participant experiences in the social justice supervision case, we analyzed participants' weekly practicum journal entries as well as their responses to individual semistructured interviews. Using case study research analysis guidelines, we identified three themes across all participant experiences emblematic of their experiences in social justice supervision. The first theme was the intersection of participants' supervision experiences and external factors related to learning about social justice. They reported that their discovery of social justice was not limited to supervision alone but was also occurring during other counseling courses and took place in previous life experiences, too. The second theme was a shift in participants' feelings about social justice. Two participants explained that their feelings grew from intimidation to enthusiasm discussing social justice, and one participant changed from feeling excited to confused about social justice. The third theme was personal and professional growth. Participants reported an increased understanding of their own privilege as well as an increased ability to understand their clients/students and their sociopolitical contexts.

As a case study, we only explored the experiences of three counseling students in this social justice supervision case. Yet this study represents the first known study considering supervisee experiences in social justice supervision and hopefully can serve as a starting point for future research on the topic. The findings suggest that the supervisees in the case explored had beneficial experiences learning about social justice through supervision. This outcome supports calls from scholars for more social justice supervision and highlights the need for much more expansive research on the topic.

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Lifetime Achievement in Counseling Series

An Interview With Mariaimeé Gonzalez

Joshua D. Smith, Neal D. Gray



This is the seventh 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 seventh interviewee in this series is Mariaimeé “Maria” Gonzalez (she/her/ella), PhD, LPC, who is a professor of counselor education, the chair of the Clinical Mental Health Counseling Program at Antioch University Seattle, and a transformational leader and advocate.

Born in Puerto Rico and raised in the United States, Dr. Gonzalez earned both her master’s and doctoral degrees from the University of Missouri–St. Louis and moved to Seattle, Washington, in 2014 to become a faculty member at Antioch University Seattle (AUS), located on the traditional land of the first people of Seattle, the Duwamish People, past and present. Dr. Gonzalez is the chair of the Master of Arts in Clinical Mental Health Program and is the co-founder of the Antioch University Latinx Mental Health & Social Justice Institute, which brings together community-engaged research, service, training, and community partnerships to promote the mental health and well-being of Latinx/e people. She truly enjoys teaching in the master’s and doctoral programs at AUS and is passionate about her work with other accomplices in liberation. She is a licensed professional counselor in the state of Missouri and an approved supervisor in the state of Washington.

Dr. Gonzalez currently serves as the president of the American Counseling Association (ACA) of Washington (2020–22), chair of the ACA’s International Committee (2022), president elect-elect for the Western Association for Counselor Education and Supervision (WACES), and the ACA parliamentarian for 2021–22. She served as coeditor of *Experiential Activities for Teaching Social Justice and Advocacy Competence in Counseling* and is a board member for the WACES *Journal of Technology in Counselor Education and Supervision*. Her research passions are global mental health, clinical supervision, Latinx/e human rights, counselor and counselor educator professional identity development, correctional counseling, liberation psychology, social justice and advocacy counseling, and anti–human trafficking advocacy. She has been involved with global mental health and advocacy for about 15 years and served as a United Nations delegate to advocate for global mental health, especially during the COVID pandemic. Dr. Gonzalez has spent over 20 years working through the paradigm of mental liberation, which includes global community and mentorship. She is currently a WACES mentor and enjoys spending time with her loved ones and community.

Dr. Gonzalez’s work as a mentor and community builder is grounded in collectivism, and she strives to strengthen the counseling profession by increasing diversity in all counseling spaces. In this interview, Dr. Gonzalez discusses her work as a mentor, barriers facing the Latinx/e community, and advice for future counseling professionals.

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Read full article and references:

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