

# The Professional Counselor™

Fall  
2023



## *Digest* Volume 13, Issue 3





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## Developing and Validating a Process Model of Counselor Burnout: A Serial Mediation Model



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# Developing and Validating a Process Model of Counselor Burnout: A Serial Mediation Model

Donghun Lee, Sojeong Nam, Jeongwoon Jeong, GoEun Na, Jungeun Lee

The purpose of the current study was to present a process model of counselor burnout in response to the necessity to understand its expanded structure using the five dimensions of counselor burnout, introduced by Lee and colleagues in 2007. We proposed an integrative process model of counselor burnout that comprises the following stages in sequence: 1) Negative Work Environment, 2) Deterioration in Personal Life, 3) Exhaustion, 4) Incompetence, and 5) Devaluing Client. That is, professional counselors who work in a negative work environment for an extended period may start to experience a deterioration in their personal lives, which could lead counselors to emotional and physical exhaustion. Counselors exposed to prolonged exhaustion may also feel a lack of competence in counseling, which may make them prone to becoming callous toward their clients. The current study aimed to evaluate the aforementioned sequential model of the five dimensions of counselor burnout, guided by the following research questions: 1) What are the relationships among the five dimensions of counselor burnout measured by the Counselor Burnout Inventory (CBI)? and 2) Is the relation between Negative Work Environment and Devaluing Client mediated by Deterioration in Personal Life, Exhaustion, and Incompetence in a serial order?

A total of 359 professional counselors who were currently practicing and affiliated with one or more professional counseling-related association(s) (i.e., the American Counseling Association [ACA] and the American School Counselor Association [ASCA]) participated in the current study. The majority of them were female and White, and they were employed in diverse counseling settings. The participants completed a demographics sheet and the Counselor Burnout Inventory.

We employed a path analysis to examine the hypothesized process model of counselor burnout in the work context. The research findings supported the sequential process model by confirming the full mediating effects of deterioration in personal life, exhaustion, and incompetence in a serial order on the relationship between a negative work environment and devaluing clients, suggesting an explanation of how counselor burnout may develop from counselors' experiences at work to the point where they may harm their clients.

This study provides meaningful implications for counselors, supervisors, and counseling center directors. Counselors may utilize this model to detect the early signs of counselor burnout and to develop strategies, such as self-care or help-seeking plans, so they can avoid progressing to the later phases of counselor burnout. Failing to take immediate action and receive appropriate help can lead to a serious problem, resulting in not only violating ethical obligations given to all counselors but also potentially harming clients. Supervisors should set aside time for genuine discussions to help counselors better address their burnout and encourage them to regularly adopt the sequential model of the current study to assess their experience pertaining to the five dimensions. Furthermore, having a conversation regarding their burnout in a more confidential relationship, such as counseling, would be more effective for the counselors to evaluate their impairment accurately and take actions as necessary. Counseling center directors may periodically examine counselors' perceptions of their work environment to determine whether they feel frustrated with the working system or perceive any unfair treatment.

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Lee, D., Nam, S., Jeong, J., Na, G., & Lee, J. (2023). Developing and validating a process model of counselor burnout: A serial mediation model. *The Professional Counselor*, 13(3), 162–176. doi: [10.15241/dl.13.3.162](https://doi.org/10.15241/dl.13.3.162)





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DeDiego, A., Maurya, R. K., Rujimora, J., Simineo, L., & Searls, G. (2023). Counseling and the interstate compact: Navigating ethical practice across state lines. *The Professional Counselor*, 13(3), 177–192.  
doi: [10.15241/ad.13.3.177](https://doi.org/10.15241/ad.13.3.177)



# Counseling and the Interstate Compact: Navigating Ethical Practice Across State Lines

Amanda DeDiego, Rakesh K. Maurya, James Rujimora, Lindsay Simineo, Greg Searls

The Counseling Compact serves a need for broader options of license portability for professional counselors, especially considering the rapid expansion of telemental health to address a dire need for counseling services across the nation. With the Counseling Compact soon taking applications for privileges, this article offers considerations of ethical and legal aspects of counseling under the compact. An illustrative case example and flowcharts offer guidance for counselors planning to apply for Counseling Compact privileges and use telemental health across multiple states.

The most common scenario for counselors using privilege to practice under the Counseling Compact would be provision of telehealth services for clients in multiple states. As part of responsible practice, counselors who engage in telemental health practice need to consider ethical considerations and risks. In addition to considerations of ethical practice, mental health professionals must adhere to federal and state laws regarding privacy and security of information stored and exchanged electronically. For example, counselors need to select HIPAA-compliant software and technologies to maintain the security, privacy, and confidentiality of electronic client information. This article outlines encryption requirements and suggestions of workflow in documentation and protocols to adhere to both ethical and legal requirements of conducting mental health counseling via telehealth. Basic considerations for ethical telehealth practice include: (a) confidentiality and limits of modality; (b) emergency plans, documentation, and storage of information; (c) plans for technological failures; (d) policy for contact between sessions; and (e) termination and referrals.

The Counseling Compact is a privilege-to-practice model of interstate compacts. This type of compact establishes an agreement between member states to grant legal authorization that permits counselors to practice. This means counseling licensure is still maintained by a single state, or "home state," but member states allow privileges to practice with clients located in other states as part of the compact agreement. Under the compact, counselors may choose which states to apply for privileges to practice in and pay the associated fees per state. Under the Counseling Compact, counselors would need to apply for privileges in individual states where they wish to practice if these states have passed legislation to join the compact group. This process may involve passing jurisprudence exams for some states. However, licensing renewal and continuing education would only be required in accordance with the home state standards and process.

Ethical practice in multiple states entails more than just applying for privileges through the Compact Commission. This article includes an illustrative case example of Sam, a licensed professional counselor, who requests privileges to practice online with a client in another state through the Counseling Compact. Discussion of this case includes illustrating each step of applying for compact privileges, including examining their own process for telehealth to ensure adherence to ethical and legal expectations. The article includes a visual flowchart for counselors hoping to apply for privileges through the Counseling Compact. This article also includes a visual example of a step-by-step workflow to ethically and legally implement telehealth in multiple states under the compact.

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# The Factor Structure of the Outcome Questionnaire-45.2 With Economically Vulnerable Adults

Dalena Dillman Taylor, Sandra M. Tabet, Megan A. Whitbeck, Ryan G. Carlson, Sejal Barden, Nicole Silverio

In this study, researchers examined the effectiveness of a psychological assessment tool called the Outcome Questionnaire-45.2 (OQ-45.2) in measuring distress among 615 economically vulnerable individuals. We found that the current structure of the OQ-45.2 did not fit well with this specific population. The unique stressors faced by economically vulnerable individuals were not adequately captured by the assessment, raising doubts about its clinical usefulness in assessing distress.

To explore alternative models, we conducted several analyses with the data of the OQ-45.2 to re-examine its structure for determining distress in individuals. The results suggested a 16-item, three-factor model that provided marginal support for the validity and reliability of the items in measuring distress among this population. However, further research is needed to confirm and validate this structure with a similar population of economically vulnerable individuals.

We also found that the results of the 16-item model differed from the original OQ-45.2, specifically in relation to the social role factor. This discrepancy may be due to economic stressors experienced by this population, which may make certain items on the assessment irrelevant to their situation. Additionally, we identified a need to include a substance use factor in the assessment, as substance use was found to be associated with psychological distress among this population.

The implications of this study are that a brief version of the OQ-45.2 may be useful for assessing distress among economically vulnerable individuals. The 16-item assessment captures distress related to substance use, interpersonal relationships, and general symptoms. This brief instrument can provide counselors with a quick snapshot of a client's concerns, aiding in monitoring distress levels throughout treatment. However, caution should be exercised in using this assessment without further research to support its clinical use with this population.

The study also suggests retaining two critical items from the original assessment to assess the threat of self-harm or harm to others, as psychological distress among economically vulnerable individuals has been linked to higher rates of suicide and homicide. These items can serve as a starting point for discussing safety and addressing immediate concerns.

The study's limitations are acknowledged, such as the limited generalizability of the findings due to the predominantly female sample from the Southeastern United States. Future researchers should confirm and strengthen the validity of the 16-item assessment with similar populations. Additionally, new items related to self-harm or harm to others should be developed and tested.

In conclusion, this study highlights the importance of understanding the structure and adaptation of assessment tools like the OQ-45.2 for different populations. It provides support for a revised 16-item, three-factor structure for economically vulnerable individuals and suggests implications for its use in clinical practice. However, further research is needed to confirm these findings and establish guidelines for clinical application.

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Dillman Taylor, D., Tabet, S. M., Whitbeck, M. A., Carlson, R. G., Barden, S., & Silverio, N. (2023). The factor structure of the Outcome Questionnaire-45.2 with economically vulnerable adults. *The Professional Counselor*, 13(3), 193–205. doi: [10.15241/ddt.13.3.193](https://doi.org/10.15241/ddt.13.3.193)





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Fields, A. M., Thompson, C. M., Schneider, K. M., Perez, L. M., Reaves, K., Linich, K., & Limberg, D. (2023). The state of integrated primary and behavioral health care research in counselor education: A review of counseling journals. *The Professional Counselor*, 13(3), 206–221. doi: [10.15241/amf.13.3.206](https://doi.org/10.15241/amf.13.3.206)



# The State of Integrated Primary and Behavioral Health Care Research in Counselor Education: A Review of Counseling Journals

Alexander M. Fields, Cara M. Thompson, Kara M. Schneider, Lucas M. Perez, Kaitlyn Reaves, Kathryn Linich, Dodie Limberg

In the evolving health care landscape, there has been a documented need to increase mental health services. The integration of primary and behavioral health care services, often referred to as integrated care (IC), has emerged as a strategy to increase access to trained mental health providers. An IC modality bridges primary care and mental health treatment and creates a multidisciplinary, one-stop-shop approach to providing holistic care for individuals. Literature for IC emerged in the 1970s when Department of Veterans Affairs (VA) centers noted a significant number of veterans with co-occurring mental and physical health conditions. Early IC scholars described a need to challenge traditional health care services occurring in silos (e.g., providers at separate locations) to simultaneously treat the physical and mental health of veterans returning from war. The IC approach then moved beyond VA centers, and the literature has steadily increased over the last few decades across multiple disciplines.

The increase in IC representation may be the direct result of the noted benefits. In addition to increasing access to providers, settings that adopt an IC approach have reported an increase in mental health service utilization, medication adherence rates, healthy behaviors, and prevention services. Furthermore, IC literature has consistently demonstrated a decrease in mental and physical health symptoms, health care appointment cancellations, and time between health care appointments.

Despite the positive reports for IC, there is still a relative dearth of IC literature in counseling journals. However, this does not mean that counselors are not engaging in IC practice. In fact, the Health Resources and Services Administration (HRSA) has reported that over 1,300 counselors have been trained to practice in IC modalities through their Behavioral Health Workforce Education Training (BHWET) programs. The lack of IC literature in counseling journals poses a threat to the sustainability of including counselors in IC settings, as there is limited documentation of the counselor's training, role, and benefit.

This article aims to synthesize the existing IC literature in counseling journals to identify publishing trends and also synthesize existing IC literature on client outcomes, counselor-level outcomes (e.g., competency development), and implications for future research. Specifically, this article is organized through a scoping review of 27 articles across 2004–2023 in 10 counseling journals. To be included, the article must have been in a counseling or counselor educator journal housed within a national, regional, or state organization. The articles were organized according to their format and were described as either conceptual, empirical, or meta-analyses and systematic reviews.

Of the 27 articles, 11 articles were classified as conceptual, 13 as empirical, and three as meta-analyses or systematic reviews. Implications for counselors-in-training (CITs), counselors, counselor educators, and clients were represented across each classification. Overall, IC implications from each article were positive for training and practice perceptions for CITs and counselors, as well as clinical outcomes for clients. Moving forward, the authors encourage counselor educators and counseling scholars to continue studying IC. Future scholarship would benefit from a deeper understanding of client-level implications, with an emphasis on how IC can benefit marginalized communities.

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# Supporting Early College High School Students: The Effects of Cognitive Behavioral Therapy for Perfectionism on Perfectionism, Negative Affectivity, and Social–Emotional Well-Being

Arielle Bendit, Melissa Mariani, Paul Peluso, Elisa Calabrese



Decades of positive stereotyping have led parents, educators, counselors, and researchers to overlook the emotional and developmental needs of high-achieving students. There are a number of situations, compounded by the additional factor of high ability, that put high-achieving students at a more unique risk for developing mental health problems. High-achieving students are more likely to internalize problems and expectations, struggle with high standards and perfectionism, and be reluctant to ask for help. When these needs go unaddressed, this population is left vulnerable to social isolation, stigmatization, and psychological distress.

Perfectionism is a frequently cited trait in high-achieving individuals and is one of the most common concerns among parents of high-achieving children. Individuals struggling with perfectionism may experience poor psychological health due to the fear of failure, excessive self-doubt in their abilities to achieve, and consistently setting unrealistically high standards and expectations. With perfectionism emerging as a critical vulnerability factor for a variety of mental health disorders, appropriate counseling interventions are needed to support the high-achieving population.

Unfortunately, many of the school-based counseling programs available are not specifically geared toward supporting high-achieving students in accelerated curricula. Further, prevention and intervention services being utilized within comprehensive school counseling programs need to be tailored to meet the student population's unique needs. Tailoring programs is essential when considering interventions to support high-achieving students, as they typically perform well enough academically, yet their emotional health concerns remain undetected.

Therefore, this research explored the effectiveness of a targeted cognitive behavioral therapy for perfectionism (CBT-P) small-group counseling intervention on the perfectionism, negative affectivity, and social–emotional well-being of grade 9 to 12 high-achieving early college high school students. Forty-two participants were selected from the sample population through the use of mental health screeners. Mental health screeners are used in schools to help identify students who may be in need of supplemental counseling services by assessing their levels of social–emotional well-being and psychopathology. Participants were then sorted into two groups. Counselors-in-training, fulfilling their mental health internship requirements, facilitated eight weekly CBT-P small-group counseling sessions with participants in the treatment group. Participants in the comparison group did not receive the CBT-P intervention. Participants in both the treatment and comparison groups completed pretests and posttests.

The study found that those in the treatment group experienced a significant decrease in self-oriented perfectionism and negative affectivity (e.g., anxiety, depression, stress) after receiving the small-group intervention compared to the comparison group. However, there was no significant difference found in socially prescribed perfectionism or social–emotional well-being between the two groups.

Overall, this study highlights the importance of implementing more tailored interventions and supports CBT-P as an effective counseling intervention for high-achieving students. Additionally, this study extends what is known about the underlying factors that may impact high-achieving students' well-being. Counselor education programs can utilize this knowledge to provide much needed education and training for working with high-achieving students in accelerated programs.

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Bendit, A., Mariani, M., Peluso, P., & Calabrese, E. (2023). Supporting early college high school students: The effects of cognitive behavioral therapy for perfectionism on perfectionism, negative affectivity, and social-emotional well-being. *The Professional Counselor*, 13(3), 222–237. doi: [10.15241/ab.13.3.222](https://doi.org/10.15241/ab.13.3.222)





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Webber, W. B., Atherton, W. L., Russell, K. S., Flint, H. J., & Leierer, S. J. (2023). Time period predicts severity of depression and anxiety symptoms among individuals exposed to COVID-19: Findings from a southeastern university. *The Professional Counselor*, 13(3), 238–253. doi: [10.15241/wbw.13.3.238](https://doi.org/10.15241/wbw.13.3.238)



# Time Period Predicts Severity of Depression and Anxiety Symptoms Among Individuals Exposed to COVID-19: Findings From a Southeastern University

Wesley B. Webber, W. Leigh Atherton, Kelli S. Russell, Hilary J. Flint, Stephen J. Leierer

The COVID-19 pandemic has had negative effects on mental health across the world. However, given increased availability of COVID-19 vaccines and lessening of societal restrictions, mental health in later stages of the COVID-19 pandemic might be improved compared to earlier stages. Previous studies of mental health in later stages of the COVID-19 pandemic showed mixed findings with regard to changes in psychosocial symptoms over time. This may have been due to differences among studies in contextual factors such as the availability of vaccines to participants.

The present study utilized data from a mental health service intervention at a university in the Southeastern United States following the return to campus after remote operations due to COVID-19. The study's sample included individuals who had been exposed to COVID-19 and, during their contact tracing, accepted an offer to receive a mental health check-in. The study investigated whether the likelihood of having at least mild depression symptoms was different for those whose mental health check-in occurred between August–September 2021 as compared to those whose mental health check-in occurred between January–February 2022. The study also investigated whether the likelihood of having at least mild anxiety symptoms was different between the two groups. Results of the study indicated that the likelihood of having at least mild depression symptoms was higher between August–September 2021 than between January–February 2022. Likewise, the likelihood of having at least mild anxiety symptoms was higher between August–September 2021 than between January–February 2022.

In light of previous studies, the present study's findings indicate that increased rates of COVID-19 vaccination might have contributed to reduced likelihood of depression and anxiety symptoms in January–February 2022 as compared to August–September 2021. Based on a return to in-person operations having occurred at the beginning of the fall 2021 semester, mental health may have also been improved during the second time period through the gradual return to previous forms of normalcy and routines.

Counselors should be aware that mental health amidst the COVID-19 pandemic may be improving, but even individuals low in depression and anxiety symptoms may still be interested in mental health outreach in response to COVID-19 exposure. Counselors should therefore work to determine the unique needs of clients who might benefit from mental health services after exposure to COVID-19. With the majority of the sample in the present study consisting of college students, college counselors should consider specific implications for their work. College counselors should be prepared to connect clients with services at a distance, including through collaboration with other professionals (such as contact tracers). College counselors should also be aware of interventions that have been shown to be useful for college student mental health during the COVID-19 pandemic, such as interventions that promote physical activity. Future research should aim to identify specific factors associated with mental health improvements during the COVID-19 pandemic and determine how to best deliver services to clients.

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# Research on International Counseling Students in Selected Counseling Journals: A 16-Year Content Analysis

Byeolbee Um, Lindsay Woodbridge, Susannah M. Wood

International students are a growing population within counseling programs, accounting for 1.02% of master's students and 3.81% of doctoral students in counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2022). Aligned with the standards of professional counseling organizations, including the American Counseling Association (ACA) and CACREP, the presence of international counseling students (ICSs) can be beneficial for both domestic and international students, in that it facilitates counseling trainees' understanding of diversity and commitment to multicultural counseling. More academic and practical attention to ICSs is required in this respect.

The existing literature shows that ICSs face unique challenges in adapting to a new culture, in addition to the academic pressures that domestic students also experience. These unique challenges include language barriers, cultural differences, and difficulties in training, such as role ambiguity in supervision. Some researchers have focused on personal and academic experiences of ICSs, including acculturation, coping strategies, and supervision. However, despite the growing representation of ICSs and the potential advantages that they can bring to counseling programs, research on ICSs has been quite limited. Therefore, we investigated the publication trends and content of ICS research articles published in professional counseling journals based on content analysis, to provide a comprehensive overview of topics that are underrepresented but have growing importance in the field of counseling.

As a result, 18 articles on ICSs were identified from seven journals within a 16-year period. Across the articles, we examined the authorship and institutional affiliation, research design, participant characteristics, and data collection methods. In addition, we conducted qualitative content analysis and established three main themes: (a) professional practices and development; (b) academic, social, and cultural challenges; and (c) personal and social resources. Specifically, regarding professional practices and development, researchers have examined ICSs' perceptions, concerns, needs, and suggestions for professional training experiences, including practicum and internship, supervision, multicultural training, social justice group intervention, and teaching preparation. In addition, research has shown that ICSs face unique challenges across academic, social, and cultural contexts. The challenges encompass acculturation, cultural barriers, difficulties in performing teaching and supervision practices, struggles in understanding a new culture, language anxiety, stigma and discrimination, and interpersonal isolation. Finally, several personal and social resources for ICSs were identified. Personal resources include self-reflection, self-regulation, and self-efficacy, which contribute to ICSs' professional development, while social resources include peers, other ICSs, faculty, mentors, departments and colleges, and family.

Implications for counseling researchers and counselor education programs are discussed in consideration of the findings of this study. First, counseling researchers are encouraged to conduct more research projects on ICSs, reflecting on their unique cultural backgrounds and vivid voices. Also, counselor education programs can put more effort into providing more quality training experiences to ICSs, which include reducing language and cultural barriers, providing more clinical experiences and mentoring opportunities for cultural adjustment, and cultivating a more supportive and inclusive program environment.

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Um, B., Woodbridge, L., & Wood, S. M. (2023). Research on international counseling students in selected counseling journals: A 16-year content analysis. *The Professional Counselor, 13*(3), 254–268. doi: [10.15241/bu.13.3.254](https://doi.org/10.15241/bu.13.3.254)







**Read full article and references:**

Chae, N., Backer, A., & Mullen, P. R. (2023). Strategies for school counselors-in-training to maximize their supervision experience. *The Professional Counselor*, 13(3), 269–282. doi: [10.15241/nc.13.3.269](https://doi.org/10.15241/nc.13.3.269)



# Strategies for School Counselors-in-Training to Maximize Their Supervision Experience

Nancy Chae, Adrienne Backer, Patrick R. Mullen

The fieldwork experience (i.e., practicum and internship) is a critical period in a counseling graduate student's development. During fieldwork, supervision is provided by qualified supervisors and serves as an integral training component. School counseling trainees complete these experiences in the unique context of elementary and secondary school settings. As such, school counselors-in-training (SCITs) are not only recipients of supervision, but they can also have an active role in approaching the supervision purposefully and meaningfully. Unfortunately, trainees in counseling programs generally receive little guidance on understanding their roles in supervision or how to make the most of their supervision experience to contribute to their learning. Therefore, the purpose of this article is to share strategies for SCITs to take initiative to approach supervisors with questions and ideas about their overall supervision experience that consider the unique contexts of school settings.

Based on school counseling supervision research, the article suggests strategies to empower SCITs to maximize their supervision experience. First, reflection is a necessary and ongoing practice throughout trainees' field experience and after graduation. SCITs can engage in journaling to reflect upon their counseling experiences and foster self-awareness. If seeking a more structured reflection format, the Johari window exercise and the S.K.A.T.E.S. form can be useful tools for trainees to reflect on their knowledge, awareness, and skills.

Second, vulnerability is an essential yet challenging characteristic that allows trainees to engage in risk-taking; constructively critique their own skills and dispositions; and seek feedback from supervisors, such as through reviewing recordings of sessions.

Third, self-advocacy is another empowering practice for SCITs to identify their needs and seek support from supervisors to bridge any gaps in their knowledge, awareness, and skills. Self-advocacy involves positive communication and taking initiative to intentionally describe their learning goals.

Fourth, broaching is an important ongoing behavior that can help trainees and supervisors understand how cultural factors affect the supervisory relationship. It also invites discussion about multicultural and social justice issues. Within the safety of the supervisory relationship, trainees should feel empowered to discuss issues of identity and power during supervision as well as role-play broaching behaviors in preparation to serve diverse students, families, and colleagues in their respective school settings.

Finally, personal wellness contributes to personal and professional development and ethical practice, promotes positive outcomes with students/clients, and mitigates issues of burnout and turnover. SCITs can engage in intentional self-care with the support of their supervisors as well as utilize self-compassion and acknowledge their strengths.

Overall, these suggested strategies can inform SCITs about ways to advocate for a quality supervision experience so that they feel less anxious and can shape supervision to meet their developmental needs. When trainees are mindful and intentional about such strategies, they can feel empowered to seek support in their personal and professional development. Site supervisors and counselor educators can also share these strategies with SCITs and encourage trainees to implement them in fieldwork and university contexts.

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# The Professional Counselor™

Fall  
2023



*The Professional Counselor DIGEST* is an abbreviated version of the journal, *The Professional Counselor*, intended for the general public. The National Board for Certified Counselors, Inc. and Affiliates publishes *The Professional Counselor* and *The Professional Counselor DIGEST*.

*The Professional Counselor DIGEST*  
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3 Terrace Way, Greensboro, NC  
27403-3660



## Digest

Volume 13, Issue 3

