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Career Counselors Addressing Social Determinants of Mental Health in Rural Communities

Kaprea F. Johnson, Alexandra Gantt-Howrey, Bisola E. Duyile, Lauren B. Robins, Natese Dockery

Social determinants of mental health (SDOMH) are nonclinical circumstances and factors which impact individual and community mental health outcomes. According to the Healthy People 2030 framework, SDOMH encompass five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and cultural context. SDOMH can impact individuals' abilities to access, obtain, and maintain employment; it is therefore important for career counselors to understand the impacts of SDOMH on employment issues.

Examples of SDOMH-related challenges faced by individuals in rural communities include lack of available public transportation, fewer employment and educational opportunities, and fewer economic resources. With approximately 15% of the United States population residing in rural communities, there is ample opportunity for employment counselors to 1) become aware of SDOMH, 2) learn how to respond to SDOMH challenges, and 3) practically respond to SDOMH challenges in rural communities. This conceptual article details the relationships between the SDOMH domains and employment, providing evidence-based recommendations for integrating SDOMH into practice through the Rural Community Health and Well-Being Framework.


The Rural Community Health and Well-Being Framework strategically builds upon community resilience and identifies economic, social, and environmental factors that are seen as essential components of health in rural communities. This comprehensive framework centers the needs of rural communities and provides direction for assessing and addressing SDOMH that impact employment and overall well-being. This framework will assist in uncovering employment issues and barriers faced by individuals within rural communities. Using this framework to assess SDOMH conditions will aid in developing employment and mental health interventions that are socially conscious and address root causes of unemployment and poor mental health. Overall, this framework provides a model for assessing and addressing SDOMH in rural communities. Practical areas of engagement and response for career counselors addressed in this article include assessment of SDOMH, systems-level advocacy efforts, individual-level action with clients, policy considerations, and collaborative and consultation efforts.

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Read full article and references:

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The More, the Merrier?

A Phenomenological Investigation of Counselor-in-Training Simultaneous Supervision

William B. Lane, Jr., Timothy J. Hakenewerth, Camille D. Frank,
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Simultaneous supervision is an experience in which counselors-in-training (CITs) receive supervision from more than one supervisor during the same period of time. This frequently occurs when CITs have both a site supervisor at their clinical placement and a faculty supervisor from their counseling program. This also occurs when CITs have multiple placements or multiple supervisors at a placement. Simultaneous supervision is a common occurrence in training programs but is guided by limited counseling scholarship.

We therefore engaged in a qualitative study utilizing interpretative phenomenological analysis to understand CITs' experience of simultaneous supervision. Participants were four CITs from CACREP-accredited programs in their internships receiving supervision from at least two supervisors. We conducted two semi-structured interviews with each participant to understand the essence of their experiences. Four primary themes emerged: making sense of multiple perspectives, orchestrating the process, supervisory relationship dynamics, and personal dispositions and characteristics.

In making sense of multiple perspectives, CITs received varied clinical feedback rooted in their supervisors' differing theoretical backgrounds, specializations, and perspectives. Some CITs felt positively about the diverse viewpoints, which they felt allowed them to gain wider perspectives and "pieces of the puzzle." However, conflicting guidance also caused confusion and frustration and left CITs unsure how to integrate the different suggestions.

In orchestrating the process, CITs had to intentionally choose which clinical information to share with each supervisor. They sought specific supervisors for preferred perspectives based on specialty fit or likelihood of getting the answer they desired. CITs also had to manage logistical challenges like finding time for extra meetings and completing repetitive paperwork. Some withheld information as an attempt to efficiently manage the process.

Supervisory relationship dynamics uniquely affected the experience of simultaneous supervision. Feelings of safety and vulnerability heavily influenced what CITs shared with individual supervisors. CITs were less likely to be vulnerable with supervisors they saw as "bosses" focused on evaluations rather than as mentors. Navigating power differentials in relationships was difficult. Positive experiences resulted when supervisors collaborated to provide cohesive systemic supervision.



Finally, personal dispositions and characteristics emerged that impacted how CITs experienced their supervision. Traits like tolerance for ambiguity, curiosity, and availability affected CIT reactions. CITs who tolerated ambiguity and embraced learning opportunities handled conflicting advice from supervisors better than those who found it to be competing and frustrating. All CITs desired supervisors to be accessible both physically and emotionally.

As implications, we suggest that counselor educators who serve as supervisors cultivate strong relationships with CITs and openly discuss simultaneous supervision early on. Supervisors can help CITs develop frameworks to integrate alternative perspectives when presented. Counselor education programs should provide clear policies, expectations, and coordination structures surrounding simultaneous supervision. CITs can thoughtfully schedule sessions, strengthen personal dispositions like adaptability, and learn to self-advocate within complex supervisory dynamics.

Overall, simultaneous supervision can provide rich, multifaceted feedback critical to counselor development when supervisors collaborate and CITs flexibly integrate divergent advice in service of each unique client. However, lack of transparency and significant power differentials can also render the experience ineffective or detrimental without intentional navigation.

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Body Neutral Parenting

A Grounded Theory of How to Help Cultivate Healthy Body Image in Children and Adolescents

Emily Horton



Body neutrality involves a neutral attitude toward the body that is realistic, appreciates and cares for the function of the body, and acknowledges that self-worth is not defined by one's outward appearance. Body neutrality is different than body positivity because it does not focus on constant positivity but rather an appreciation for all the things the body can do, regardless of what it looks like. Instead of a body positive statement, such as "I love my thighs, cellulite, and stretch marks, and they are all beautiful," a body neutral statement sounds like, "I love my legs because they allow me to play with my children."

Families can accidentally pass down unhealthy and unhelpful messages about body image to their children, such as disliking the way their bodies look or a drive to be thinner. Research has shown that these messages from families, which are focused on appearance, can negatively influence children's body image and increase the likelihood of disordered eating. Because of this significant impact, parents need appropriate tools and support on how to manage food and body talk in ways that promote healthy body image development. To fill this need, I completed a study in which I created a theory of body neutral parenting. I created the theory after performing interviews with 10 caregivers who integrate tenets of body neutrality into their parenting approach.

The body neutral parenting theory includes two primary premises: (a) De-moralizing Food, Bodies, and Movement, and (b) Reprogramming and Re-Parenting. De-moralizing Food, Bodies, and Movement involves acknowledging and countering the narrative of "good" foods and "bad" foods as well as "good" bodies and "bad" bodies. For example, the neutral presentation of different foods could look like desserts on the child's plate from the beginning of the meal rather than something to be "earned" after eating the "good" foods first.

Body neutral parenting conceptualizes bodies in neutral ways, emphasizing what they help people do. The theory also emphasizes the goal of helping children listen to their bodies, such as listening to when their bodies are not hungry anymore. The theory also emphasizes being mindful of how parents talk about their bodies and modeling that to their children. For example, caregivers model kindness to their bodies and avoid saying self-deprecating things about the way that they look. Body neutral parenting also involves engaging in movement for fun and being mindful of how we speak about exercise. Overall, body neutral parenting involves taking out the "should" entailed in thinking about and acting on what children "should be eating," what they "should look like," or how they "should be exercising."

Beyond the skills of body neutral parenting, ample self-reflection is important. Caregivers must engage in deep reflection of their own relationship with food, their body, and movement. For example, caregivers reflected on what messages they learned about what bodies should and should not look like and reflected on how they internalized those messages. Overall, this article offers a theory of body neutral parenting that can be used to support body image and related self-esteem for children, adolescents, and parents.

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Abolitionist Praxis for Substance Use Clients Who Experience Anti-Drug Policing

Darius A. Green, Katharine R. Sperandio

Substance use has long been met with an approach of criminalization in the United States. Heightened by the war on drugs in the 1980s, encounters with police officers have been common occurrences in the lives of individuals who use substances. This article explores the history and connections between policing and substance use to offer counseling and social justice strategies for counselors who provide substance use counseling services.

Contemporary criticisms of policing have often emphasized that uses of force from police officers are inherently violent, meaning that such force relies on violent behavior, and that its function is to exert control over marginalized populations. For clients who use substances, this may entail being stopped and frisked, arrested, or surveilled, as well as having substance-related paraphernalia confiscated by police officers. As a result, individuals who struggle with substance use may be vulnerable to experiencing violence during police interactions that impact their mental health and well-being. Moreover, this exposure to police violence and the broader criminalization of substance use creates a barrier for many clients who use substances to access and receive trauma-informed care.

Counselors have a responsibility to both provide trauma-informed care for clients who use substances and address matters of police violence through clinical practice and social justice and advocacy efforts. Despite this responsibility, the prevalent criminalization of substance use inhibits counselors' ability to achieve and provide trauma-informed care because of the looming risk of experiencing police violence prior to and during treatment, particularly for court-mandated substance use clients.

Adopting and integrating abolition—a social justice praxis that advocates for an end to carceral systems, such as policing and prison systems—is advocated for as a necessity for counselors who work with clients who use substances. This social justice approach emphasizes the creation of systems and practices that promote and facilitate safety, healing, justice, and accountability for harm caused through use of substances and from experiencing violence from policing. Thus, this article reviews various considerations for counselors that align with a praxis of abolition. These strategies include, but are not limited to, minimizing contact between clients and police, using harm reduction over abstinence-based treatment, contributing to mutual aid efforts, integrating peer support into treatment, and advocating for the decriminalization of substances. With the use of an abolitionist praxis, counselors have a greater ability to offer counseling that aligns with the core principles of trauma-informed care.

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A Qualitative Analysis of Ableist Microaggressions

Jennifer M. Cook, Melissa D. Deroche, Lee Za Ong

Most counseling professionals are quite familiar with microaggressions and their impact because they are well established within the counseling literature and counselor training, particularly as related to race, ethnicity, gender, and affectual orientation. While the overall concept and impact of microaggressions are well known, many counseling professionals are unfamiliar with a less researched topic: ableist microaggressions. Ableist microaggressions are deliberate or unintentional verbal, nonverbal, and/or environmental messages that convey disapproval, distaste, and condemnation of people with disabilities (PWD). The purpose of this study was to describe participants' experiences with ableist microaggressions to help counseling professionals better understand how ableist microaggressions manifest and their impact on PWD so that professionals can avoid perpetrating ableist microaggressions and provide disability-affirming counseling services.

We used qualitative content analysis to analyze participants' self-reported experiences with ableist microaggressions. Participants ($N = 90$) had a diagnosed disability, and the majority (91.11%) identified as having two or more nondominant identities beyond their disability. We report two categories and 10 themes. The first category, Findings That Align With the Ableist Microaggression Scale (AMS) Subscales, encompasses themes that are congruent with the AMS subscales that we named in our a priori codebook: Minimization, Denial of Personhood, Otherization, and Helplessness. The second category, Unique Findings Independent of the AMS Subscales, resulted in six themes: Fortitude/Resilience/Coping, Contextual Factors, Impact of Microaggressions/Ableism on Mental Health/Wellness, Microaggression Experiences Are Different Depending on Visibility of Disability, Internalized Ableism, and Microaggressions Include Identities Other Than Disability.

The importance of these findings cannot be overstated for counseling professionals. While participants were part of the general population rather than counseling clients specifically, their experiences reveal significant implications for practicing counselors, counseling supervisors, and counselor educators. These findings include the distress that PWD experience when ableist microaggressions are perpetrated toward them, as well as how PWD process and move through microaggressive experiences. Significantly, participants shared key ways in which they cope and are resilient, overturning common assumptions that PWD do not have the internal resources to navigate challenging situations. Professional counselors can assist clients with disabilities in fostering their resiliencies, strengths, and coping strategies further, yet their work does not stop there. Disability-affirming counselors must advocate and work for change at all levels to eliminate disability microaggressions so that PWD can have a higher quality of life, free from the constraints that individuals and systems inflict based on their beliefs about what PWD cannot do.

Finally, for counseling professionals to become disability-affirming allies, preparatory work must be done. At the individual level, all counseling professionals must examine and eliminate their biases about PWD. At the training level, counselor educators and supervisors must integrate disability into counselor training, including models of disability, the historical and present systemic challenges faced by PWD, and the power within disability advocacy movements to create change. Our research highlights the strengths that PWD have and the challenges that PWD face; through their stories, this article serves as a call to action to listen to the voices of PWD and to act in disability-affirming ways.

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Military Spouses' Perceptions of Their Resilience

Rebekah Cole, Christine Ward, Taqueena Quintana, Elizabeth Burgin

Military spouses face many challenges as a result of the military lifestyle. Both the military and civilian communities have placed significant focus on enhancing the resilience of military spouses. However, no research currently exists regarding spouses' perceptions of their resilience or how they define resilience for themselves and their community. To fill this gap, our qualitative study explored the perceptions of eight military spouses regarding their resilience.

We individually interviewed each military spouse for 1–2 hours. We followed the steps of the transcendental phenomenological data analysis process to analyze this data. The distinct feature of transcendental phenomenology is its first step, which involves the researchers recognizing and bracketing their biases so they can analyze the data without any interference. We selected this design because each of our research team members were military spouses. We recognized the need to mitigate our biases in order to present a true representation of the participants' perceptions, free from our own preconceived notions.

The following themes emerged: 1) shaped by service member and mission priority; 2) challenges within the military lifestyle; 3) outside expectations of spouse resilience; 4) sense of responsibility for family's resilience; 5) individual resilience; and 6) collective resilience. Our study's results indicate that spouses' definitions of resilience are currently shaped by service member and mission priority. Our participants also described how they often felt burdened by outside expectations of their resilience as well as by a sense of responsibility for their family's resilience. Overall, the spouses relied on themselves and the military spouse community to overcome the challenges they faced. They expressed a desire for resources aimed specifically at enhancing spouse resilience and more awareness about resilience resources already in place throughout the military.

Professional counselors are called to be trained and ready to meet the unique needs of military spouses, especially in understanding the nature of military culture and its impact on spouse mental health and well-being and enhancing spouse resilience in times of adversity. Our study echoes the continued struggles of military spouses already noted in the professional literature, suggesting that new and innovative ways of understanding and approaching military spouse resilience is needed within the counseling community. We discuss ways military leadership and the counseling profession can best understand and enhance the resilience of military spouses. Notably, our participants revealed that oftentimes the expectation of resilience is burdensome for spouses, which serves as a contradiction to its purposes. Counselors are called to acknowledge the challenges of the military lifestyle and provide support for navigating these challenges, rather than expecting spouses to face these hurdles alone. In addition, counselors might focus on more holistic manifestations of resilience, recognizing that some spouses can be resilient, yet still struggle. Approaching spouses from a strengths-based perspective, rather than from a deficit perspective, can also be empowering within the counseling relationship.

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Teaching Suicide Assessment and Intervention Online

A Model of Practice

Ashley Ascherl Pechek, Kristin A. Vincenzes, Kellie Forziat-Pytel,
Stephen Nowakowski, Leandrea Romero-Lucero

Suicide continues to impact our communities at devastating rates. Suicide is a leading cause of death for Americans. To address the ongoing concern of suicide risk, counseling programs provide their students with coursework that better prepares them for crisis intervention and suicide prevention. Unfortunately, there are no consistent training standards or models among counseling programs for how to best do this; therefore, counseling programs are left to determine how to integrate intervention and prevention models and strategies into the curriculum. Although students have completed a variety of foundational coursework that prepares them for working with clients with diverse needs, students often report that they do not feel equipped to work with clients exhibiting suicidal ideations or behaviors. As suicide rates continue to increase, it is vital that counseling programs better equip their graduate students to effectively work with clients who present with suicidal ideations or behaviors.

We developed a practice model for online counselor education programs to help increase counseling students' self-efficacy in working with clients who may present with suicidal ideations or behaviors. The practice model was employed across 12 sections of an online basic counseling skills course, resulting in 60 online graduate-level mental health clinical counseling students who completed pre- and posttest self-efficacy assessments. After students completed the skills course and had an opportunity to role-play a scenario with a client who had suicidal ideations, the data showed that students' self-efficacy increased as it related to working with this population.

Implications for counselor education programs are discussed and include the integration of suicide training into online counseling skills courses. Implications from the study findings also include the need for additional outcome-based research for counselor education programs to better understand other factors that may impact students' self-efficacy related to suicide assessment and intervention.

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Read full article and references:

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Lifetime Achievement in Counseling Series

An Interview With Kathleen Brown Rice

Joshua D. Smith, Neal D. Gray



This is the ninth interview in the ongoing Lifetime Achievement in Counseling Series. The purpose of this series is to highlight influential 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 the current and future challenges presented by the interviewees.

The ninth interviewee in this series is Kathleen Brown Rice, PhD, NCC, ACS, LPC-S (TX), LPC (SD), LCMHC (NC), who is a professor of counselor education in the College of Education at Sam Houston State University. She obtained her CACREP-accredited PhD in counselor education and supervision from the University of North Carolina at Charlotte and her CACREP-accredited Master of Science in counseling from South Dakota State University.

Dr. Rice is a Licensed Professional Counselor-Supervisor in Texas, a Licensed Professional Counselor in South Dakota, and a Licensed Clinical Mental Health Counselor in North Carolina. Additionally, she holds the National Certified Counselor and Approved Clinical Supervisor credentials.

She has worked as a professional counselor in various clinical settings and currently operates a private practice assisting clients with mental health, trauma, and substance abuse issues. Dr. Rice's scholarly research focuses on counselor supervision and training with an emphasis in ethical considerations; the implications of historical and generational trauma; and the impact of substance abuse on individuals, families, and the community. She also incorporates the use of biomarkers in her research to understand emotional regulation, risky behaviors, and resiliency. As part of her extensive scholarship, she serves as an expert peer reviewer on the *TPC* Editorial Review Board.

In this interview, Dr. Rice provides her analysis of the current state of the counseling profession and the possibilities for its future, in addition to discussing the importance of social justice, access to online education, and service.

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Read full article and references:

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