U.S. Army Soldiers’ Trust and Confidence in Mental Health Professionals

Using the Multiphase Model of Psychotherapy, School Counseling, Human Rights, and Social Justice to Support Haitian Immigrant Students

Factors Influencing Undergraduate Student Retention in STEM Majors: Career Development, Math Ability, and Demographics

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Since the beginning of the current conflicts in Iraq and Afghanistan, military men and women have been returning from combat tours in waves with mental health issues. Despite available resources, many choose to never seek help from a trained professional. This has led to a mental health epidemic in military communities, and subsequently mental health professionals and researchers eagerly have begun to explore the root of this problem.

Research from the beginning years of the conflicts indicated that the major reasons that returning veterans may not seek treatment were tied to social and professional stigma and concerns about negatively impacting their careers. Bolstered by the new evidence, military leaders, policymakers, and mental health professionals quickly began implementing new rules and programs to diminish—if not eliminate—any stigmas associated with seeking mental health services. Although their efforts greatly reduced those particular barriers to care, it seems to have had very little impact on the number of soldiers seeking help with mental health issues. Perhaps other variables, besides professional and social stigma, are influencing these soldiers. A deeper review of the research indicated that low levels of trust and confidence in mental health practitioners and their treatments were consistently present amongst surveyed populations, leading to the development of this study.

Our study explored active-duty U.S. Army soldiers’ trust and confidence in five mental health professionals—psychiatrists, clinical psychologists, licensed professional counselors, licensed clinical social workers, and licensed marriage and family therapists. To achieve this, we prepared vignettes representing eight of the most common psychological disorders and mental health issues found among returning service members. The 32 participants—all U.S. Army soldiers currently serving on active duty—read the vignettes and were asked to rank order the professionals with respect to their trust and then their confidence in the professionals helping the soldier from the vignette.

The results indicated a few interesting trends. Chiefly, participants ranked professional counselors significantly higher than psychiatrists, marriage and family therapists, and social workers, placing them basically on par with clinical psychologists in the eyes of the sample. Results also showed that soldiers changed their preferences depending on the symptoms depicted in the vignette; while this was expected, the soldiers relied upon nothing more than professional titles and their own preconceived bias when submitting responses. This indicates that soldiers might not trust the mental health professionals readily available to them for every situation uniformly.

We hope this study provokes counselors, leaders, and lawmakers to think critically about the array of mental health care professionals available to soldiers returning from combat. Not all soldiers and other service members are offered equal access to the above named mental health professionals, which could be a strong deterrent to treatment-seeking, even when desperately needed. We hope this study encourages counselors to continue making great strides with service members and pushing to be an available and effective resource for military communities.

Anthony Hartman is a medical student at UT-Health San Antonio. Hope Schuermann is a clinical assistant professor at the University of Florida. Jovanna Kenney is a therapist at Genesis Psychiatric Center in San Antonio, TX. Correspondence can be addressed to Anthony Hartman, 7703 Floyd Curl Drive, San Antonio, TX 78229, hartmann@livemail.uthscsa.edu.
Opioid painkillers are the most frequently prescribed class of drugs in the United States. Counselors must account for the acute effects of their use (e.g., relief from physical and psychological pain), unique side effects (e.g., opioid-induced pain sensitivity, painful withdrawal symptoms), ease and speed with which tolerance is established, and potential resulting impairments in daily functioning. Some people are naturally more vulnerable to developing opioid tolerance and dependence, and such users can quickly become reliant on the drug to function at a normative, baseline state. Misuse of these drugs often leads to heroin use, a cheaper and more potent alternative to prescription pills. Heroin is increasingly cut with the synthetic opioid fentanyl and its various analogs, such as carfentanil (a veterinary drug used to rapidly immobilize wild animals), contributing to a dramatic rise in overdose deaths.

We suggest that Bronfenbrenner’s ecological systems theory is a useful lens through which clinicians can conceptualize clients struggling with opioid addiction. Ecological conceptualization and treatment planning can provide a structured template for helping counselors understand their clients as embedded in multiple systems and influenced by a wide range of variables. Using a composite case study, we demonstrate how eco-mapping can be used to create an ecologically-informed conceptualization of a client. Using this strategy, our client is not just a chronic pain patient who became addicted to prescription opiates and began using heroin intravenously. Rather, multiple interconnected variables in both the close and distant environment contributed to his current challenges and will influence his recovery. These include changes in the global economy; health care policies and resources; marketing strategies by the pharmaceutical industry; cultural norms and existential concerns related to his identity as a man, father, and worker; availability of community resources; and the intersection of this moment in his lifespan and this moment in history. Utilizing this model in clinical settings could enrich the lives of clients, who may come to embrace a more nuanced and inclusive way of conceptualizing themselves and their environment.

Counselors-as-advocates are inherent in this model, since professionals who espouse ecological thinking cannot ignore the multitude of powerful forces that either enhance or impede our clients’ well-being. As focus and resources are directed to this complex problem, ecologically informed interventions by stakeholders in all of the interconnected systems are advised to both save and improve lives now and in the future.

Jennifer L. Rogers, NCC, is an assistant professor at Wake Forest University. Dennis D. Gilbride is a professor at Georgia State University. Brian J. Dew, NCC, is an associate professor at Georgia State University. Correspondence can be addressed to Jennifer Rogers, P.O. Box 7406, Winston-Salem, NC 27109, rogersjl@wfu.edu.
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Using the Multiphase Model of Psychotherapy, School Counseling, Human Rights, and Social Justice to Support Haitian Immigrant Students

M. Ann Shillingford, Seungbin Oh, Amanda DiLorenzo

For decades, the United States has been a haven of safety for many Haitian immigrants. The island of Haiti, considered the economically poorest country in the Western hemisphere, has experienced its share of hardships. The people of Haiti have been victims to not only political unrest and economic hardships, but have also suffered tremendously from the devastating effects of several natural disasters. The 7.1-magnitude earthquake in 2010, Hurricane Matthew in 2016, and most recently, Hurricanes Irma and Maria, have all left the island crippled, with little economic footing for revitalization.

School counselors working with Haitian students and their families should strive to understand the significant social, psychological, and even academic challenges that these students may experience. Oftentimes, families are separated from each other after a natural disaster, so school counselors may be working with Haitian children who may indeed be separated from family. Additionally, with the most recent declaration by the Trump administration to end Temporary Protected Status for Haiti, many Haitian families have been living in a state of uncertainly regarding their status and that of their children.

In this article, we introduce school counselors and other counselors working with Haitian immigrants to the Multiphase Model of Psychotherapy, Counseling, Human Rights, and Social Justice (MPM). This model focuses on culturally responsive interventions and integrates affective, behavioral, and cognitive strategies. We believe that this model can serve as a guide for counselors in developing a comprehensive school counseling program by promoting (a) mental health education; (b) individual, group, and family psychotherapy; (c) cultural empowerment; (d) indigenous healing and Western therapy; and (e) social justice and human rights. Through the use of the MPM, counselors are encouraged to view psychological support services not only from the traditional, Americanized counseling lens. Instead, the model challenges counselors to understand trauma from a global perspective, recognizing that psychological distress is handled differently by varying cultures. Thus, counseling services cannot be scripted to fit the traditional model, but rather should be specialized, integrative, and unassuming.

Although this article was written specifically with Haitian students and families in mind, we believe that school counselors can use the MPM approach to support other immigrant groups within their school population. School counselors have an important role in advocating for their students, but they must be willing to do so from a culturally responsive lens. That means meeting immigrant students where they are and finding the tools to support them. It also means going beyond the school counseling office to community representatives in order to activate systemic change. We believe that school counselors have the training and knowledge to do just that by being leading agents of change.

M. Ann Shillingford is an associate professor at the University of Central Florida. Seungbin Oh, NCC, is a doctoral candidate at the University of Central Florida. Amanda DiLorenzo is a doctoral student at the University of Central Florida. Correspondence can be addressed to P.O. Box 161250, Orlando, FL 32816, Dr-S@ucf.edu.
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Individuals with terminal illnesses face complex end-of-life decisions. As death is close in sight, some terminally-ill individuals may desire to hasten their deaths through physician-assisted death (PAD). PAD is currently legal in six U.S. states and Washington, DC. Terminally-ill individuals who seek to hasten their deaths (PAD clients) must be over the age of 18, permanent residents of one of the six states or Washington, DC, carry life expectancies under 6 months, and be deemed mentally competent to make end-of-life decisions in order to legally hasten their death. Many helping professionals, such as medical doctors, palliative care nurses, social workers, and psychologists, have different roles and responsibilities in assisting PAD clients. PAD clients may seek care from professional counselors to address the socioemotional challenges that accompany the process of dying via PAD.

For counselors and clients alike, the topic of death presents complex questions about the meaning of life and one’s mortality. This can evoke reflections on one’s personal beliefs and values surrounding death and the dying process as well. Many social factors and environments influence the construction of personal beliefs and values. One’s family, community, and cultural expectations for a morally just or good death all influence PAD clients’ and counselors’ belief and value systems surrounding death and dying.

If counselors’ beliefs and values conflict with PAD clients’ beliefs and values, or PAD itself, then counselors may face a values-based ethical dilemma. The American Counseling Association’s Code of Ethics requires counselors to be aware of, and avoid imposing, their own values, attitudes, beliefs, and behaviors onto clients. When counselors are at risk of imposing their values, they must engage in ethical decision-making processes to maintain ethical care that respects the diversity of clients and supports their goals for counseling. Considering the systemic nature of beliefs and values, counselors must work to resolve value conflicts related to PAD through an ethical-decision making process that explores systemic influences and impacts.

The counselor values-based conflict model (CVCM) can be used to effectively resolve values-based conflicts with PAD. Within this model, ethical bracketing may be used as a strategy to intentionally set aside personal values from professional values and interventions. The authors discuss values and decision-making through an ecological systems lens to address the systemic nature of value formation. The authors also provide a case illustration to apply the CVCM and ethical bracketing through an ecological systems lens.

Nancy E. Thacker, NCC, is a doctoral candidate at the University of Tennessee, Knoxville. Jillian M. Blueford, NCC, is a doctoral candidate at the University of Tennessee, Knoxville. Correspondence can be addressed to Nancy Thacker, 501 BEC, 1122 Volunteer Blvd, Knoxville, TN 37996-3452, nthacke2@vols.utk.edu.
The United States currently does not have enough people entering the workforce to fill jobs in the fields of science, technology, engineering, or math (STEM). This problem has been blamed on numerous causes, including not enough people declaring STEM majors when they arrive at college and low percentages of people graduating from college with a STEM degree. To help with these issues, some universities have created programs devoted to helping students in STEM majors move through college more successfully. These programs have primarily targeted mentorship, academic tutoring, and getting students involved with undergraduate research; however, these programs have not adequately included career planning and exploration activities.

In previous studies, researchers have identified various factors that are associated with students’ likelihood to complete a STEM degree. Numerous studies have shown that female students and racial/ethnic minorities are less likely to complete a STEM degree. According to these studies, this trend may occur because these individuals are underrepresented in STEM fields, which can impact students’ ability to visualize themselves in one of these fields and also their ability to find a mentor in the field. In addition to demographics, studies have also shown that students’ ability, interest, or self-efficacy in math can also impact whether or not they choose a STEM major or complete that major.

In this study, the researchers examined how one of these STEM programs for undergraduates influenced retention rates for students’ first and second years of college. This program incorporated a career planning class specifically designed for STEM students and also included math tutoring and mentorship. The results of the study showed that students who entered college with a declared STEM major were more likely to remain in a STEM major through the first two years of college than students who chose a STEM major after starting college. This finding shows that even though career planning can help students identify and commit to a major, they are more likely to be successful if they develop a career plan in high school. Another finding from this study was that reducing negative career thoughts (something that can be achieved through career planning) is associated with better retention outcomes. And as expected, students with higher math scores were more likely to remain in a STEM major; however, ethnic minorities in this study actually outperformed White students, which was unlike prior research.

The results of this study provide support for incorporating career planning and exploration activities into STEM programming but also show that these activities may be most effective if done before students get to college. Although the data could not definitively prove that career planning improved outcomes for females and racial/ethnic minorities, the differences observed in this study compared to prior research indicate that this may be an area for further study.
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Burnout and Implications for Professional School Counselors

Nayoung Kim, Glenn W. Lambie

Although researchers define burnout in several different ways, in essence, burnout is a psychological phenomenon associated with job-related stress. For educational professionals, burnout occurs when they are unable to meet their own needs, as well as their students’ needs in a high-pressure environment. When individuals experience burnout, they may face symptoms including negative changes in their attitudes and decision-making; physiological states; mental, emotional, and behavioral health; and occupational motivation. Consequently, individuals experiencing burnout report compromised physical health, increased risk of mental health disorders such as depression and substance abuse, poor job performance, absenteeism, occupational attrition, and low self-esteem. Burnout can also cause symptoms such as fatigue, exhaustion, and insomnia.

Professional school counselors are not strangers to burnout. School counselors are susceptible to experiencing feelings of burnout because of increasingly demanding job environments. For instance, the average student-to-counselor ratio is 491-to-1, whereas the recommended ratio is 250-to-1. In addition, school counselors are at risk for experiencing feelings of burnout with other job responsibilities including paperwork, parent conferences, school-wide testing, and requests from administrators, and other factors such as role ambiguity and limited occupational support. Accordingly, school counselors may experience chronic fatigue, depersonalization, or feelings of hopelessness, and leave their jobs because of the rigidity of school systems and limited support. In fact, counselors experiencing significant feelings of burnout provide reduced quality of service to their clientele because burnout relates to lower productivity, turnover intention, and a lowered level of job commitment.

Because of the importance of preventing the burnout phenomenon, the American School Counselor Association’s ethical standards note that school counselors are responsible for maintaining their health both physically and emotionally, and caring for wellness to ensure their effective practice. School counselors have an ethical responsibility to monitor their feelings of burnout and remediate when their feelings potentially influence their ability to provide quality services to their stakeholders. To monitor burnout, counselors need to understand the symptoms of burnout and prevent burnout from happening while maintaining their psychological well-being.

The purpose of this article was to review studies investigating the constructs of burnout and occupational stress in professional school counselors. To prevent school counselors from experiencing feelings of burnout, identifying factors relevant to the phenomenon is of importance. Eighteen published research articles fit the inclusion criteria for this review, and the researchers identified external and internal variables relating to school counselor burnout, as well as protective and risk factors. The review identified that school counselors’ higher level of burnout correlates with: (a) providing more non-counseling duties; (b) having larger caseloads; (c) having their school not meeting adequate yearly progress (AYP) status; (d) experiencing a lack of supervision; (e) possessing greater emotion-oriented stress coping scores; (f) having lower numbers of direct counseling activities; and (g) having greater perceived stress scores. In contrast, school counselors scored at lower levels of burnout when they reported receiving supervision; possessing higher task-oriented stress coping strategies; scoring at higher levels of ego development; reporting greater occupational support at their schools; having greater grit scores; and having their schools meet AYP.

Nayoung Kim is a doctoral candidate at the University of Central Florida. Glenn W. Lambie, NCC, is a professor of counselor education and an associate dean at the University of Central Florida. Correspondence can be addressed to Nayoung Kim, 12494 University Blvd., Ste. 322, Orlando, FL 32816, nykim@knights.ucf.edu.
