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Indiscriminate Friendliness in Children Adopted From China to the United States

A Mixed Methods Study

Yanhong Liu, Dan Li, Yanqing Xu

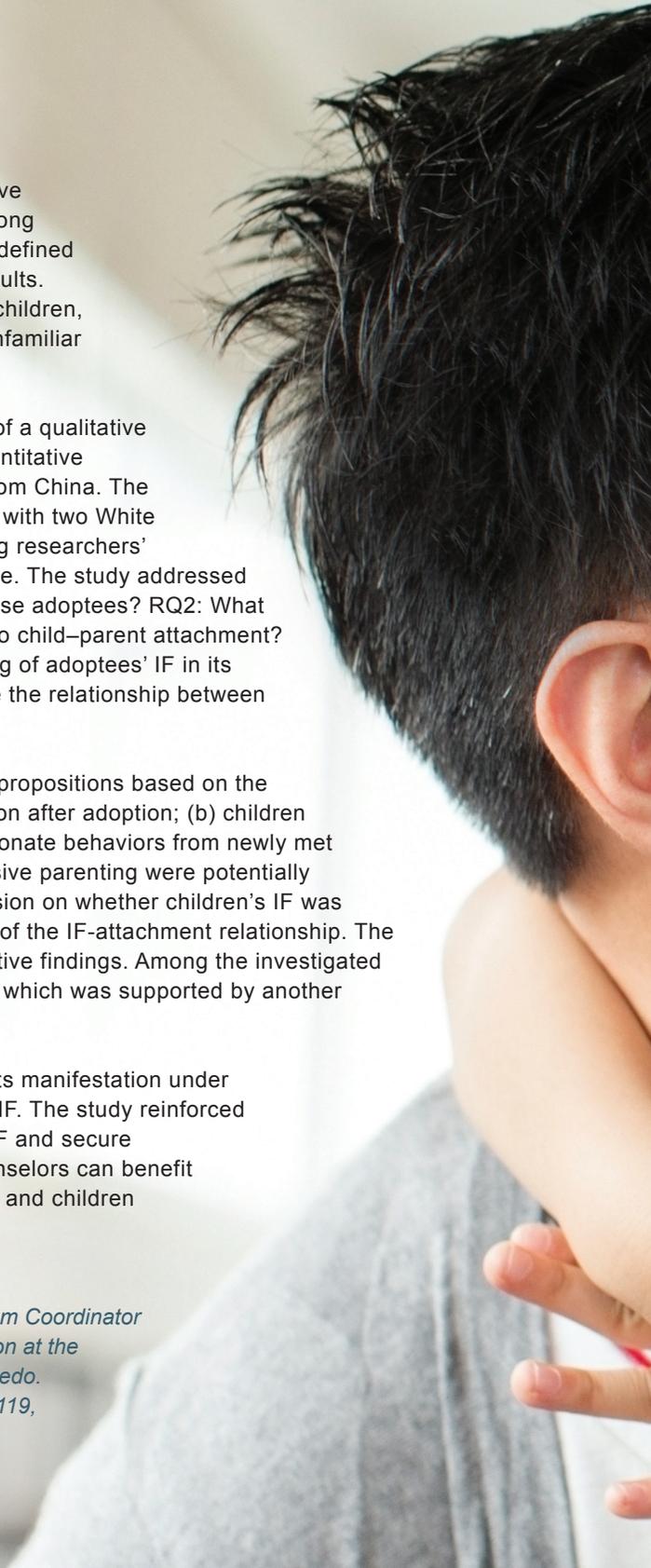
The United States welcomed over 260,000 children across the world from 1999 to 2015. Among these adopted children, approximately 30% came from China, which made it the largest country of origin for intercountry adoption. Numerous issues have been detected related to the intercountry adoption process, among which *indiscriminate friendliness* (IF) appears to be a prominent one. IF is defined as a behavioral tendency for children to seek attention or approval from adults. It has been identified as a prevalent phenomenon in post-institutionalized children, which is manifested through consistently overfriendly behaviors towards unfamiliar adult figures.

This sequential mixed methods study comprised two phases. It consisted of a qualitative case study on four Chinese adoptees' experiences of IF, followed by a quantitative investigation into IF using a sample of 92 adoptive parents with children from China. The qualitative data were gained from two in-depth, semi-structured interviews with two White mothers with four children adopted from China. Memo writing, documenting researchers' reflections of interview transcripts, was used as a supplemental data source. The study addressed three research questions—RQ1: How do parents perceive IF in their Chinese adoptees? RQ2: What are some potential factors that are associated with IF? RQ3: Is IF related to child–parent attachment? The overarching goal of the study was to provide an in-depth understanding of adoptees' IF in its real-life context, to probe into the potential predictors of IF, and to examine the relationship between IF and attachment.

In answer to the proposed research questions, the authors discussed five propositions based on the qualitative data: (a) children immediately bonded with adoptive parents soon after adoption; (b) children initiated IF behaviors to newly met adults; (c) children responded to affectionate behaviors from newly met adults; (d) age, institutionalization, and adoptive parents' love and responsive parenting were potentially associated with children's IF behaviors; and (e) there was no clear conclusion on whether children's IF was related to child–parent attachment, which warranted a further examination of the IF–attachment relationship. The quantitative results provided further evidence that corroborated the qualitative findings. Among the investigated potential factors, institutionalization was highlighted as a significant factor, which was supported by another study using the same quantitative dataset.

Findings of the study enabled an in-depth understanding of IF, as well as its manifestation under adoptees' real-life context, and indicated potential factors associated with IF. The study reinforced the stance that children's IF does not mean atypical attachment; namely, IF and secure attachment may co-exist within a child. Researchers and professional counselors can benefit from the results of this study to better serve international adoptive families and children adopted from China.

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Read full article and references:

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An Exploratory Factor Analysis of the Sexual Orientation Counselor Competency Scale

Examining the Variable of Experience

Shainna Ali, Glenn Lambie, Zachary D. Bloom

In order for counselors to be ethical and effective professionals, they require competence in providing services to sexual minority clients. The American Counseling Association's *2014 Code of Ethics* requires that counselors honor the uniqueness of clients in embracing their worth, potential, and dignity. Additionally, counselors should actively attempt to understand client identity, refrain from discrimination, and utilize caution when assessing diverse clients. Furthermore, the Council for Accreditation of Counseling and Related Educational Programs *2009 Standards* assert that counselors should understand identity development, develop self-awareness, promote social justice, and strive to eliminate prejudices, oppression, and discrimination. Therefore, it is both ethical and essential to empirically explore competence assessments in order to improve overall counseling competence.

Sexual minority clients are at risk for a myriad of concerns such as shame, depression, risky behaviors, self-harm, abuse, and suicide. Since the 1970s, researchers have identified the importance of counseling for LGB individuals as these clients have a higher propensity for suicide and substance abuse as compared to heterosexual populations. Furthermore, at the turn of the 21st century, researchers began to note the importance of competence in providing effective counseling services to sexual minority clients.

The *Sexual Orientation Counselor Competency Scale* (SOCCS) was developed in an effort to measure counselors' competencies in assisting LGB clients. Initial research findings supported the criterion, concurrent, and divergent validity, and internal consistency and test-retest reliability of the SOCCS with the norming population; however, the factor structure (construct validity) of the SOCCS with the norming population was questionable (e.g., 40% of the variance explained by the 29-item SOCCS). Therefore, the present study sought to examine the construct validity of the SOCCS in order to better understand whether or not the assessment (a) measures the intended competencies, (b) is adequately explicated by a 3-factor structure, and (c) is best comprised of 29 items. Consequently, the purpose of the present study was to examine the factor structure of the SOCCS with a sample of counseling practitioners and counselors-in-training to gain an increased understanding of the construct validity of the SOCCS.

The findings of the present study add a new perspective as the results display a potential 4-factor structure that warrants consideration in the literature. The data analyses resulted in a four-factor model 28-item assessment that explained 56% of the variance. In acknowledging the loading of the fourth factor, this result highlights the need to focus on involvement and engagement in clinical practice in order to maintain best practice standards. Furthermore, the fourth factor of experience adds a compelling perspective to consider when understanding, improving, and maintaining sexual orientation counselor competence.

Findings of the study enabled an in-depth understanding of IF, as well as its manifestation under adoptees' real-life context, and indicated potential factors associated with IF. The study reinforced the stance that children's IF does not mean atypical attachment; namely, IF and secure attachment may co-exist within a child. Researchers and professional counselors can benefit from the results of this study to better serve international adoptive families and children adopted from China.

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Career Counseling in Middle Schools

A Study of School Counselor Self-Efficacy

Carrie Sanders, Laura E. Welfare, Steve Culver

Career development is one of the three broad domains included in the work of school counselors. According to The American School Counseling Association (ASCA), the career development domain helps students (1) understand the connection between school and the world of work and (2) plan for and make a successful transition from school to postsecondary education options. Providing career counseling in the school setting supports the ASCA framework of desired mindsets and behaviors for college and career readiness. Establishing connections between a student's academic preparation and possible career options benefits students in various ways, and school counselors are essential guides in the career exploration process.

The purpose of this study was to understand practicing school counselors' self-efficacy and the time spent providing career counseling in the middle school setting. We examined the self-efficacy of 143 practicing middle school counselors using a 42-item online survey. The quantitative study was guided by the following research questions: (1) What are school counselors' levels of self-efficacy in career counseling? (2) How does school counselor self-efficacy in career counseling vary with previous K–12 teaching experience? (3) What is the relationship between middle school counselor self-efficacy in career counseling and the amount of time spent providing career counseling?

The results indicated that overall, middle school counselors who participated in the study were confident in their ability to provide career counseling services; however, evidence of specific areas of concern and limited time for career counseling were found. School counselors who reported previous teaching experience also reported higher levels of self-efficacy providing career counseling. The results also indicate that although middle school counselors are providing students with support in the academic, social, and emotional development domains, they are spending more time doing non-counseling-related activities than providing career counseling.

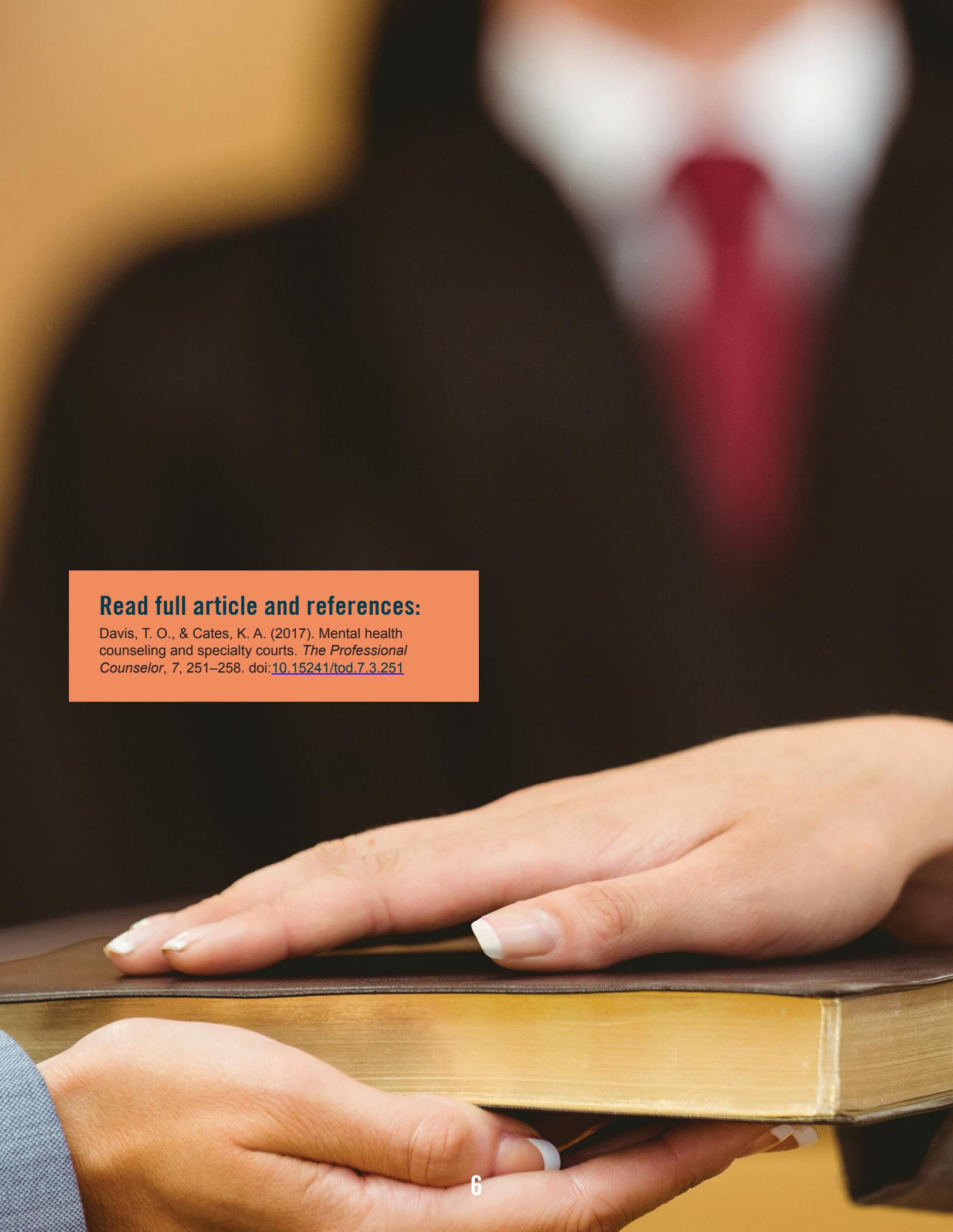
We often hear about the work school counselors do in the academic, social, and emotional development domains. Are non-counseling-related duties keeping middle school counselors from facilitating more career development opportunities for middle school students? Can tailored continuing education strengthen self-efficacy in the specific areas of concern? These and other implications are explored.

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Read full article and references:

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Mental Health Counseling and Specialty Courts

Toni O. Davis, Keith A. Cates

Specialty courts were developed with the intention of reducing recidivism and obtaining better outcomes for participants served by each court. Counselors, while able to fulfill pivotal roles in these environments, are often unfamiliar with them. The purpose of this article is to briefly introduce the specialty court movement and some considerations for counselors who desire to work with them.

The justice system has traditionally been one of punitive action—to punish offenders and deter the tempted. In 2012, the number of prisoners diagnosed with mental illness exceeded 352,000, more than 10 times the number in state psychiatric hospitals. In the absence of evidence that incarceration without treatment is in their own best interest, or that of society, such individuals are a burden on the limited resources of prison systems in every state. Specialty courts take the traditionally adversarial roles of prosecution and defense and transform them into cooperative roles focusing on therapeutic jurisprudence and restorative justice. In the specialty court setting, counselors combine individual therapy with participant oversight, supervision, and an emphasis on accountability for the individual. The counselor, then, becomes a de facto expert that the court relies on in the development and implementation of treatment goals.

In this article, we discuss three types of specialty courts: drug courts, veteran treatment courts, and mental health courts. The drug court, the first of what is now the model of specialty courts in this country, began in 1989. Here, counselors serve as agents of the court, verifying adherence to program objectives through drug testing and analysis of available data, including re-arrest rates, and serve participants through therapy, drug treatment services, and encouraging abstinence. Veteran treatment courts address the needs of veterans returning from combat operations to non-combat duties. Counselors working with veteran treatment courts address issues that include post-traumatic stress disorder, substance use, military sexual trauma, major depression, neuropsychological deficiencies, as well as homelessness and unemployment issues. Mental health courts address a wide variety of conditions, and counselors have a great degree of treatment options available for participants. Counselors educate participants on the specifics of program participation, completion, and any ramifications of program failure.

Clinical considerations for counselors include confidentiality concerns, program recommendations, and program advocacy. Early discussion of the limits of confidentiality leads to clients more able to give informed consent for treatment and deeper rapport with clients, and it requires greater diligence on the part of the counselor to maintain confidentiality. Counselors can advocate for participants facing sanctions or for more training for law enforcement, creating a greater effect on public safety.

Counselors have a duty to educate and to advocate for the communities with which they interact. Counselors are in an ideal situation to promote better outcomes for clients through these efforts. By understanding the particulars of the populations served and the needs and limitations of the local courts, counselors can actively serve client needs in specialty courts and also provide both ethical and pragmatic examples of conduct for those considering service to these populations.

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Counseling Preferences of Young Adults with Cancer

Jessica Z. Taylor, Susan Kashubeck-West

Adolescents and young adults with cancer have specific psychosocial needs that are not the same as those of children or adults with cancer, yet we know comparatively little about their psychosocial needs. We focused on individuals aged 18–39 because they have been shown to be developmentally different from adolescents and because they often have been lumped in with adolescents in research on their mental health needs. For young adults with cancer, having a counselor that is knowledgeable about their unique psychosocial needs is especially important. This descriptive study was designed to examine the perceived counseling needs of young adults with cancer with regard to preferences for counseling topics and counseling modalities.

Three hundred and twenty young adults with cancer currently between the ages of 18 and 39, initially diagnosed with cancer at age 18 or older, and living in the United States completed an online counseling needs assessment survey. The survey listed 38 counseling topics relevant to young adults with cancer and asked participants to rate how helpful each topic would be to discuss in individual, group, and family counseling. Additionally, participants ranked their preferences for the counseling modalities of individual, group, and family counseling.

Participants found more than twice as many topics helpful for discussion in individual and group counseling compared to family counseling. Five topics were rated as significantly more helpful to discuss in individual counseling than in group or family counseling: anxiety, finances, sad feelings, sexual and intimacy concerns, and stress management. Two topics were rated as significantly more helpful to discuss in group counseling than in the other two counseling modalities: finding social support and getting information about your medical situation. No topics were rated as significantly more helpful to discuss in family counseling than in the other two counseling modalities; however, three family-relevant topics were rated as being more helpful to discuss in individual counseling than in family counseling: concerns with parent(s), concerns with partner, and insurance issues. Finally, participants ranked attending individual counseling as their first preference for counseling modality, followed by group counseling ranked as their second preference, and finally, family counseling ranked as their last preference.

Because participants in this study selected individual counseling as their first choice for counseling modality, counselors need to familiarize themselves with what young adults with cancer may want to discuss in individual counseling, as well as how a young adult may experience a cancer diagnosis during young adulthood. Additionally, with less than half of participants being successful in locating a local young adults with cancer support group, more local support groups as well as professionally led counseling groups for young adults diagnosed with cancer during young adulthood are needed to provide a uniquely powerful experience in which they are heard and understood by others like them. Finally, rather than make general recommendations for clients who are young adults with cancer to participate in family counseling, counselors may want to make such recommendations on an individualized basis after thoroughly exploring clients' psychosocial needs and preferences.

Counselors and other mental health professionals can use these findings as starting points for therapeutic conversations in various counseling modalities, creating treatment plans, starting in-person groups, and developing evidence-based psychosocial programming and services for young adults with cancer in a variety of medical and supportive care settings.

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Read full article and references:

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The SuperSkills Model

A Supervisory Microskill Competency Training Model

Dusty Destler

Read full article and references:

Destler, D. (2017). The SuperSkills Model: A supervisory microskill competency training model. *The Professional Counselor*, 7, 272–284. doi:[10.15241/dd.7.3.272](https://doi.org/10.15241/dd.7.3.272)



Supervision is an essential requirement within the counseling profession. Despite the existence of various theories, philosophies, and models for the preparation of supervisors, a standard training model for supervisors does not exist. In order to provide supervisors-in-training (SITs) and those who train supervisors with a user-friendly supervisory preparative model, the SuperSkills Model (SSM) focuses on specific behaviors of supervision skill derived from core components found across supervisory models and perspectives. The SSM prompts its users for vital supervisory behaviors spanning from pre-session to post-session, can be used in different settings, and can accommodate supervisors of varying developmental levels.

The first component to the SSM is pre-session reflection. This section prompts the SIT to be intentional about a plan for the upcoming supervision session. Referring to supervision notes can help recall previous subject matter on which to focus for the counselor-in-training (CIT). The focus also may be related to a specific supervisory skill for the SIT. The pre-session section is a place to consider theoretical stance and supervisory roles in order to begin forming an intentional supervisory style.

The SSM's second component focuses on the SIT's creation and promotion of a culturally conscious supervisory relationship with the CIT. Attentiveness to, acceptance of, and appreciation for differences in people is paramount to the counseling profession. These qualities are important for SITs to embody in order to create a strong supervisory relationship with CITs, an important mediating factor in achieving positive outcomes in supervision. Documenting actual rapport-building behaviors can help SITs to foster culturally aware relationships with their supervisees.

Goals and tasks comprise the third component to the SSM. Goals are objectives of CIT development that are understood by the SIT and CIT and help to provide supervision sessions with direction and focus. Tasks are steps taken by the SIT and CIT within the supervision session to achieve the goals. To increase the likelihood that goals are achieved, it is best for the SIT and CIT to agree upon goals and tasks. It also is important for goals to relate to practical counseling skills *and* the growth process of becoming a counselor.

The fourth component to the SSM is feedback and reflection. The SIT's documentation of direct and indirect feedback can provoke thought on when to intentionally provide feedback and when to foster CIT reflection. Similar to goals and tasks, focus of feedback to CITs entails both practical skill and growth process. Consideration of positive and constructive feedback provides SITs with the opportunity to practice multiple kinds and forms of feedback and reflection.

The SSM's final component is post-session reflection. Documenting session events and tracking progress of supervisory skill can help to inform goals and tasks for the following supervision session and assist with broader supervisory growth.

The SSM is a flexible model that combines microskills with essential aspects of effective supervision. The user-friendly tool can be utilized to fill the need for the streamlined training of supervisors.

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Self-Care Through Self-Compassion

A Balm for Burnout

Susannah C. Coaston

Compassion is essential to a counselor's role, as it enables development of the therapeutic relationship vital for change. At the same time, however, counselors often struggle to direct such compassion toward themselves. Counselors' exposure to painful situations, traumatic circumstances, and overwhelming emotions can put them at risk for burnout, a multidimensional experience of exhaustion, cynicism, and reduced professional efficacy. A self-compassion-infused self-care plan can serve as a protective factor against work-related stress.

Self-care is widely promoted within the counseling literature. Inherent in many self-care plans, though, is the idea that the presence of work stress suggests the counselor failed in some way, either through inadequate coping resources or poor health practices. Self-care plans tend to read like New Year's resolutions, as statements of goals for which people feel more a sense of obligation than passion. That "self-improvement" approach gives rise to ample opportunities for judgment and criticism, positioning people to denigrate themselves. By using self-compassion tenets as a guide, self-care plans can be created that are kind, provide connection to the human experience, and reflect a balanced state of self-awareness.

Self-compassion consists of self-kindness, common humanity, and mindfulness. It is characterized by gentleness with oneself when faced with a perceived sense of inadequacy or failure. The practice of self-compassion calls for a mindful awareness of emotions, wherein one meets painful emotions with a sense of understanding. Mindfulness is critical for the awareness of suffering that precedes compassion, helping the counselor become aware of pain. Self-compassion, then, represents the act of taking that awareness and encouraging kindness towards oneself. The common humanity component helps the individual recognize pain as a universal occurrence, fostering a sense of connection with others who have felt suffering. In that manner, pain becomes an uncomfortable but acknowledged part of the human condition. When practicing self-compassion, the self-directed kindness is not done to change the circumstance of suffering, but done *because* there is suffering.

To practice self-compassion, a counselor needs to be willing to attend to feelings of discomfort, pain, or suffering and acknowledge the experience without self-recrimination. When such feelings are recognized, the counselor may act compassionately toward himself or herself by normalizing or validating the experience as part of suffering, which is part of the human condition. Without the common humanity component, automatic thoughts may be self-critical, thereby invalidating the sufferer. This invalidation can cause the counselor to feel as though self-care is an act of indulgence rather than an essential, self-directed gift of kindness. Expressing kindness through self-care acknowledges that counseling can be both difficult and rewarding, a duality representative of the human condition.

Cultivating an attitude of self-compassion may assist counselors in employing self-care practices that are rejuvenating and can provide a needed recharge. The author provides specific self-care suggestions that are organized into categories of mind, body, and spirit, although many interventions can satisfy the counselor in multiple ways.

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Read full article and references:

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