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Unraveling Overcontrolled and Undercontrolled Nonsuicidal Self-Injury: A Grounded Theory



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Unraveling Overcontrolled and Undercontrolled Nonsuicidal Self-Injury

A Grounded Theory

Sara E. Ellison, Jill M. Meyer, Julia Whisenhunt, Jessica Meléndez Tyler

Nonsuicidal self-injury (NSSI) is the act of intentional, self-inflicted damage of body tissue without suicidal intent and for reasons that are not socially or culturally encouraged. Common forms of NSSI include cutting, scratching, piercing, or burning the skin; preventing wounds from healing; and head banging. Approximately one in five individuals report a history of self-injury, making it a frequent presenting concern in the field of counseling. Despite this, counselors often experience anxiety or self-doubt when working with clients who self-injure, perhaps due to the limited scholarly resources available to guide intervention.

Self-control is the ability to regulate behavior in a way that aligns with social norms, personal values, and long-term goals. Though high levels of self-control are commonly thought to be advantageous, some suggest that dysfunction exists both at the highest and lowest levels of self-control capacity. NSSI has historically been associated with deficits in impulse control; however, evidence suggests that individuals high in self-control also self-injure. The purpose of this qualitative research study was to explore the experiences, attitudes, and behaviors associated with overcontrolled (OC) and undercontrolled (UC) self-injury. Study findings represent an in-depth analysis of the perspectives of 20 individuals with a history of self-injury.

Participants described OC NSSI as characterized by restraint, meticulous planning, and a strong commitment to secrecy. Individuals exhibiting OC NSSI often adhered to strict rules or rituals regarding their self-injury, such as specific times, tools, or locations, which often helped to maintain control and avoid detection. These participants tended to view their disciplined behavior as superior compared to impulsive forms of self-injury. For many individuals experiencing OC NSSI, the decision to stop was well-defined and occurred when the behavior no longer served a purpose.

In contrast, participants described UC NSSI as marked by impulsivity, heightened emotional reactivity, and inconsistent efforts to conceal the behavior. UC NSSI often occurred during moments of intense emotional distress, with little planning or forethought, and was frequently revealed, intentionally or unintentionally, to others. These participants often perceived others' NSSI as relatable or even aspirational. UC NSSI typically stopped as a result of external influences, such as therapy or support from friends and family; cessation was often a gradual process as alternative coping mechanisms were developed. This study also explored factors that may cause individuals to transition between these profiles. Aging and external feedback, such as negative reactions from others, can prompt a shift from UC to OC NSSI. Conversely, intense relational distress can evoke UC NSSI in individuals who previously only engaged in OC NSSI, often resulting in self-reflection and eventual cessation of self-injury.

This framework enhances understanding of the diverse manifestations of NSSI and provides a basis for improved clinical interventions. Clinicians are encouraged to conduct comprehensive assessments of NSSI behaviors, considering emotional triggers, levels of planning, and patterns of disclosure. Understanding the unique motivations and experiences behind each profile can inform tailored interventions that address the underlying mechanisms of self-injury.

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Read full article and references:

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Barriers to Seeking Counseling Among a National Sample of U.S. Physicians

The Revised Fit, Stigma, and Value Scale

Michael T. Kalkbrenner and Shannon Esparza

Physicians in the United States are a unique population facing growing risks for mental health distress. Increasing patient loads coupled with systemic-level pressures to not show psychological vulnerability can increase physicians' risk for mental health issues. Although attending counseling can mitigate this risk, findings from the extant literature showed that physicians have been attending counseling at lower rates since the year 2000. Screening tools with valid scores are one method for better understanding why individuals are reticent to attend counseling.

Professional counselors are encouraged by the National Board for Certified Counselors and other organizations to use standardized tests as one method for measuring their clients' progression throughout therapy. The Revised Fit, Stigma, and Value (RFSV) Scale is a standardized screening tool with rigorously validated scores for measuring barriers to counseling (i.e., reasons behind why test takers are reluctant to seek personal counseling). Scores on the RFSV Scale have been validated with seven different normative samples since 2018 (e.g., adults in the United States, mental health counselors, counselors-in-training, college students attending a Hispanic Serving Institution [HSI], STEM students).

The RFSV Scale consists of three subscales designed to assess test takers' reluctance to pursue counseling: Fit, Stigma, and Value. The Fit subscale evaluates hesitation stemming from the belief that counseling does not align with one's personal worldview. The Stigma subscale focuses on resistance driven by feelings of shame or embarrassment. The Value subscale examines a reluctance to seek counseling based on the perception that the effort involved is not justified by the potential benefits.

There were three primary aims in the present study. First, we sought to determine if physicians' RFSV scores displayed factorial invariance by ethnoracial identity, gender identity, help-seeking history, and work setting. Factorial invariance is a psychometric technique for determining if the meaning of test scores remains the same across smaller groups of a larger sample. Results showed that the meaning of the Fit, Stigma, and Value subscales remained consistent (i.e., invariant) by gender (female or male), ethnoracial identity (White or non-White), help-seeking history (yes or no), and work setting (private practice or nonprivate practice). This finding suggests that the RFSV Scale was well-calibrated for measuring barriers to counseling among a national sample of physicians.

The second aim of this study was to test the extent to which physicians' RFSV scores were statistically significant predictors of making one or more referrals to counseling. Results showed that physicians' scores on the Stigma and Value subscales predicted one or more referrals to counseling. Lastly, we tested for demographic differences in physicians' RFSV scores by gender, ethnoracial identity, work setting, and help-seeking history. Results showed that male physicians were more sensitive to the Fit barrier than female physicians. Also, physicians without help-seeking histories were more sensitive to barriers to counseling than female physicians and physicians with help-seeking histories.

The RFSV Scale is highly practical, as it is free, easy to score, and can be completed in 5 to 8 minutes. Using this tool during the intake process may help counselors identify the barriers or reservations physician clients have about seeking counseling, which could enhance client retention. Counselors can incorporate the RFSV Scale into intake paperwork for physician clients to gain insights into their hesitations about engaging in counseling.

Additionally, counselors may administer the RFSV Scale at various points, such as the beginning, middle, and end of the counseling process when working with physicians or medical students. This can provide valuable data on how counseling helps address barriers to seeking care within this population. Findings may demonstrate the effectiveness of counseling in overcoming these obstacles. Our results indicated that physicians with prior help-seeking experiences were more likely to recognize the benefits of counseling compared to those without such histories. Mental health services provided by counselor education students can be a valuable resource for medical students and residents. Therefore, collaborations between counselor education programs and medical schools might be beneficial in addressing the stigma surrounding counseling within the medical field.

Readers can contact the corresponding author (Mike Kalkbrenner; mkalk001@nmsu.edu) for a free copy of the RFSV Scale and scoring instructions.

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Read full article and references:

Kalkbrenner, M. T., & Esparza, S. (2025). Barriers to seeking counseling among a national sample of U.S. physicians: The Revised Fit, Stigma, and Value Scale. *The Professional Counselor*, 15(2), 99–114. doi: [10.15241/mtk.15.2.99](https://doi.org/10.15241/mtk.15.2.99)



Read full article and references:

Ricciutti, N. M., & Davis, W. (2025). Publication trends of addiction counseling: A content analysis of the rate and frequency of addiction-focused articles in counseling journals. *The Professional Counselor*, 15(1), 115–130. doi: [10.15241/nmr.15.2.115](https://doi.org/10.15241/nmr.15.2.115)

Publication Trends of Addiction Counseling

A Content Analysis of the Frequency of Addiction-Focused Articles in Counseling Journals

Natalie M. Ricciutti and Willough Davis

Substance use disorders and addictions are highly prevalent issues that counseling professionals are likely to treat. It is important that counselors have access to resources to learn about addiction issues and treatment to better serve their clients. One type of resource that counselors and counselors-in-training use regularly is research articles. Yet, it has been difficult for counselors to find articles about addiction treatment practices and research, as addiction-focused articles make up only a small percentage of the overall counseling literature.

We conducted a conceptual content analysis to address the following research questions: What was the rate and percentage of addiction-focused articles that were published in counseling journals between 2016 and 2023? Which journals published the most addiction-focused articles? What type of article was most commonly published? Did the publishing journal and the year of publication predict the frequency of published addiction-focused articles? We reviewed a total of 4,356 articles across 24 counseling journals from 2016 to 2023 and labeled articles as addiction-focused if they used addiction-related terminology in the title, abstract, keywords, and/or full narrative.

We identified 174 (4%) addiction-focused articles out of the 4,356 total articles. The *Journal of Addiction and Offender Counseling* had the highest rate and percentage of addiction-focused articles ($n = 51$, 74.63%), while many other journals did not publish any addiction-focused articles. The most common type of article was original research ($n = 121$, 69.5%), with less common types being conceptual pieces ($n = 45$, 25.9%), literature reviews ($n = 5$, 2.9%), meta-analyses ($n = 2$, 1.1%), and book reviews ($n = 1$, 0.6%). Eighty-six articles (71.1%) were quantitative studies, 29 (24%) were qualitative, three (2.5%) were content analyses, and three (2.5%) were mixed method studies. The year 2016 had the lowest number of published addiction-focused articles ($n = 13$, 7.5%), while 2021 had the highest ($n = 28$, 16.1%). On average, 21.75 addiction-focused articles were published each year from 2016 to 2023. We determined that some journals were more likely to publish addiction-focused articles than others and that publication year did not predict the frequency of published addiction-focused articles.

These findings are highly relevant to the counseling profession because substantial value is placed on published research. Addiction issues are common primary and co-occurring disorders; counselors in every specialty area must have access to relevant, evidence-based research to inform their practice. Yet, we found the publication of addiction-focused articles to be low, with some journals failing to publish anything about addiction issues from 2016 to 2023. We provide implications for counselors, counselor educators, and researchers, such as recommending that authors submit their addiction-focused manuscripts to journals that have not recently published about the topic. We also encourage counselors to advocate for the inclusion of addiction-focused articles in the journals they read. Finally, we ask that journal editors expand their journals' aims, scope, and list of acceptable topics to include addiction-related issues.

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Using Photovoice to Explore the Role of Self-Compassion in Mothers Post–COVID-19 Pandemic

Kelly Emelanchik-Key, Adriana C. Labarta, Clara Bossie, Carman S. Gill

Mothers have long faced crushing pressure to embody the “perfect mother” ideal, routinely sacrificing personal well-being for their children’s needs. The COVID-19 pandemic intensified these expectations dramatically as mothers shouldered additional responsibilities, including homeschooling, increased household management, and remote work—burdens that disproportionately affected them compared to fathers. Sadly, these heightened demands became the new normal, even after the acute phase of the pandemic subsided. This study uses photovoice—a creative approach in which participants use photographs to share their lived experiences—to explore how mothers practice self-compassion following the pandemic.

Self-compassion involves showing kindness and understanding toward oneself during difficult times. Eight mothers with children aged 5 through 12 participated, sharing their struggles and successes through meaningful personal images. Of equal importance to note, this study took an extremely long time to recruit and retain participants because of mothers being unable to commit the time needed to complete the study components, further augmenting the increased time constraints for mothers. Within the study findings, four key themes emerged: 1) Challenges With Self-Compassion, 2) Isolation Versus Common Humanity, 3) Awareness and Education, and 4) Mindfulness.

Participants openly discussed their challenges in prioritizing self-compassion amidst daily demands. Many mothers struggled with feelings of guilt when taking personal time and often confused genuine self-compassion with surface-level self-care activities, such as beauty routines or leisure activities. Mothers frequently experienced feelings of inadequacy and self-doubt, highlighting a significant barrier to their emotional well-being.

The study revealed mothers’ profound struggle between isolation and yearning for genuine connection. Social media offered community and support but was equally detrimental in fostering a sense of inadequacy through idealized portrayals of motherhood, reinforcing negative self-perception, and highlighting areas that might be lacking in emotional well-being. Participants emphasized the crucial need for better awareness and education about self-compassion. They believed that a clearer understanding and guidance would significantly improve their ability to practice genuine self-compassion. Mothers urged mental health professionals to help distinguish between superficial self-care activities and deeper emotional self-kindness to foster healthier mindsets.

Mindfulness emerged as a valuable tool mothers used to foster self-compassion, yet they also expressed struggling with the practice. Participants shared various mindfulness practices, from savoring morning coffee (which they expressed as necessary to get through the daily grind) to mindful gardening or simple breathing exercises. These activities provided mothers with crucial moments of peace and grounding, highlighting mindfulness as an accessible and effective way to nurture self-compassion if truly engaged in the practice.

This research underscores the essential need for counselors and mental health professionals to promote self-compassion practices into mothers’ daily routines. By raising awareness, providing education, and encouraging mindfulness practices, mental health professionals can better support mothers in coping with societal pressures. Promoting genuine self-compassion can significantly enhance mothers’ well-being, positively affecting their families and broader communities. Readers interested in understanding the transformative impact of self-compassion, particularly for mothers post-pandemic, will find valuable insights and practical suggestions in the full article.

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Read full article and references:

Emelanchik-Key, K., Labarta, A. C., Bossie, C., & Gill, C. S. (2025). Using photovoice to explore the role of self-compassion in mothers post–COVID-19 pandemic. *The Professional Counselor*, 15(2), 131–147. doi: [10.15241/kek.15.2.131](https://doi.org/10.15241/kek.15.2.131)



School Counseling Roles Across States

A Content Analysis Using the ASCA National Model

Alexandra Frank, Amanda C. DeDiego, Isabel C. Farrell, Kirby Jones, Amanda C. Tracy

In a profession with a history of role confusion, how do school counseling roles and responsibilities differ by state? Recent examples such as a Texas Senate bill proposal to supplement counseling services with chaplains and an emphasis in Florida on parents acting as resiliency coaches underscore how different the experience of school counseling can be from state to state. Long-standing barriers such as engaging in inappropriate counseling duties, organizational constraints, and growing counseling caseloads have also hindered the abilities of school counselors to engage in meaningful work. Still, researchers continue documenting the profound impacts school counselors have in their school communities, including on achievement and college-going behavior. Using the American School Counselor Association (ASCA) National Model as a guide, we sought to understand how state policies align with guiding principles set forth by ASCA.

Given the strong association with ASCA National Model implementation as well as positive student and counseling outcomes, we organized our study around the four components of the ASCA National Model: Define, Manage, Deliver, and Assess. To guide our work, we developed an a priori rubric using the four components of the ASCA National Model. Using content analysis, we then used the rubric to analyze the extent to which state policies were aligned or misaligned with the ASCA National Model. Using publicly available data from the National Association of State Boards of Education (NASBE), we pulled current school counseling policies from all 50 states and the District of Columbia. Based on NASBE's database, we split our data into K–8 policies and 9–12 policies. We then piloted our coding frame with 20% of the data. As a research team, we continued with coding and analysis of all the data.

Consistent with the organization of our study, we prepared results within each of the components of the ASCA National Model. We found alignment in some areas. The Define component was well-represented in state and district policy, as a majority of states required that school counselors hold the appropriate licensure and certification. Most states also appropriately defined school counseling as contributing to students' academic, college/career, and social/emotional development. The Manage component was less represented, with most states encouraging but not requiring appropriate counseling activities. The Deliver component was even less represented. Only a few states make any mention of counselors' use of time in direct student services. Finally, the Assess component was woefully absent from state and district policy. Only 2% of K–8 policies and 3% of 9–12 policies outlined specific ratio requirements in line with ASCA's recommendations for a 250:1 student-to-counselor ratio.

Our study continues the important work of school counseling advocacy and provides specific implications for school counselor educators, school counselors, and school counseling advocates.

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Read full article and references:

Frank, A., DeDiego, A. C., Farrell, I. C., Jones, K., & Tracy, A. C. (2025). School counseling roles across states: A content analysis using the ASCA National Model. *The Professional Counselor*, 15(2), 148–163. doi: [10.15241/af.15.2.148](https://doi.org/10.15241/af.15.2.148)

Lifetime Achievement in Counseling Series

An Interview With Barbara Herlihy

Wendi L. Ferrell, Joshua D. Smith, Neal D. Gray



This is the 10th 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 10th interviewee in this series is Barbara Herlihy, PhD, NCC, who is Professor Emerita in the counselor education program in the College of Education and Human Development at the University of New Orleans. She is a Fellow of the American Counseling Association and is a recipient of the Chi Sigma Iota Thomas J. Sweeney Professional Leadership Award, the SACES Courtland Lee Social Justice Award, and the ACES Distinguished Mentor Award.

A prolific writer, she is co-author (with Dr. Gerald Corey) of the *ACA Ethical Standards Casebook* and (with Dr. Theodore Remley) of *Ethical, Legal, and Professional Issues in Counseling*, and co-editor (with Dr. Cassie Storlie) of *Counseling Leaders & Advocates*. She has authored or co-authored over 100 journal articles and book chapters, primarily on ethics, social justice, and feminist therapy. She serves as Associate Editor for Ethics for *Counseling and Values*. She has served twice as Chair of the ACA Ethics Committee, and she currently serves as Chair of the ACA Ethics Appeals Committee. In recent years, she has become passionate about furthering the globalization of the counseling profession and has presented seminars and workshops across the United States and in other countries. She also serves as Co-Director of Global Issues for the International Institute for the Advancement of Counseling Theory.

In this interview, Dr. Herlihy provides her expertise on navigating ethical issues in a changing world, finding personal and professional motivation, and moving forward into the future of the counseling profession.

This concludes the 10th interview for the annual Lifetime Achievement in Counseling Series. TPC is grateful to Wendi L. Ferrell, Joshua D. Smith, and Neal D. Gray for providing this interview. Wendi L. Ferrell is a graduate candidate at the University of Mount Olive. Joshua D. Smith, PhD, NCC, LCMHC, is an assistant professor at the University of Mount Olive. Neal D. Gray, PhD, LCMHC-S, is a professor at Lenoir-Rhyne University. Correspondence can be emailed to Joshua Smith at jsmith@umo.edu.

Read full article and references:

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