

COUNSELING AROUND THE WORLD

Room 200, Duke Energy Convention Center

March 23, 2013 (Saturday)

2:00 p.m. - 3:30 p.m.

Program ED #232



Program Participants & Sequence

Program Moderator - Dr. Spencer Niles

Introduction to Global Counseling – Dr. Thomas Hohenshil

Argentina - Dr. Mercedes B. ter Maat

China – Drs. Ben Lim & Soh-Leong Lim

India – Dr. Daya Singh Sandhu

Kenya – Drs. Jane Okech & Muthoni Kimemia

Mexico – Dr. Scott Hinkle

The Philippines - Dr. Ma. Teresa Tuasan

Switzerland - Drs. & Roslyn Thomas & Stacy Henning

Overview & Analysis of Global Counseling – Dr. Norman Amundson

Discussion – ALL

INTRODUCTION TO GLOBAL COUNSELING

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This convention program is built around ACA's first global counseling book which was recently published. The book, *Counseling Around the World: An International Handbook* (Thomas Hohenshil, Norman Amundson, & Spencer Niles, Editors) provides information about counseling activities in 40 different countries located on six continents. After an introductory section which describes global diversity issues, chapters are devoted to counseling services for countries in Africa, Asia, Europe, the Middle East, North America, Oceania, and South and Central America. Each chapter follows a common format which includes the history and current state of counseling in the country, techniques that have been shown to work best, diversity issues specific to the country, counselor education and training, and possibilities for the future of counseling.

Until recently there wasn't a comprehensive and systematic *global* study of the counseling profession. Then, about two years ago the American Counseling Association (ACA) contracted with Norman Amundson (University of British Columbia), Thomas Hohenshil (Virginia Tech), and Spencer Niles (The Pennsylvania State University) to develop a book on the topic of global counseling .

To generate the content for the book, they developed a method to systematically study the profession from a global perspective by having leading experts from 40 countries describe the status of counseling using a standard reporting format. The countries were selected to represent each of the continents, except for Antarctica. The chapter authors were chosen using a variety of sources, including CESNET-L and other discussion groups, a review of the international literature, and recommendations.

A total of 109 researchers, counselors, and counselor educators participated in writing the various chapters. The book is designed for use as a text for graduate courses in global counseling, multi-cultural courses, and various introductory and professional issues courses. It is also a valuable resource for practicing counselors and other mental health professionals who provide services for persons from a variety of countries.

COUNSELING IN ARGENTINA

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History

1987 - a group of psychologists started a program with a humanistic, person-centered focus.

1990 - Holos San Isidro, the first institution to offer a counseling program was founded by Andres Sanches Bodas.

1992 counseling became an official career. The first class of 18-10 students enrolled. The focus, as it has also been in other parts of the world, was to shy away from psychology and psychiatry, very prominent in Argentina (still).

The founders wanted, as previously mentioned, a humanistic, person-centered approach that focused on well-being, not on pathology and problems.

Counseling programs (and graduates) have multiplied not only in Buenos Aires but in state capitals and universities around the nation.

Graduates work in a variety of settings, yet they continue to struggle with turf issues, challenged by psychologists and school psychologists in both mental health and school settings.

Argentine Association of Counselors was born (membership, ethical codes, standards of practice).

NBCC Argentina (under the guidance of NBCC International) was created to develop and regulate a certification credential for those who met its educational and training standards.

The program at Holos is presently exploring the feasibility of CACREP accreditation.

Areas of growth

Palliative care, school counseling, multicultural counseling, research specific to counseling efficacy, peer counseling, counseling and the identification of emotions, ethics.

There is a need for research on all aspects of the counseling profession (identity and counseling efficacy). Apprehension exists among professionals and students alike.

Mental Health Counseling

During the first 10 years counseling was limited to private offices and institutions that had agreements with university programs to place practicum and internship students-in-training. These included community agencies and churches of varied denominations. Since then, counseling has expanded into mental health hospitals and clinics.

Now they work side by side and in teams with psychologists, psychiatrists, and social workers without conflict, understanding the unique contributions that each discipline offers for clients.

School counseling

School counseling as a profession is not widely recognized; not regulated by the Ministry of Education; difficult to seek employment in educational settings (workshops)

They are not mandated as essential to the education setting and compete with school psychologists (*psicopedagogos*), who have been in schools since the late 1990s.

School psychologists provide student testing and assessment as well as therapy, providing a barrier to the employment of school counselors.

Closing

VIII Congreso Internacional de Counseling de las Americas (Sept. 6-8, 2012; Argentina)

25th year Anniversary - Counselors come from different walks of life; seem to love Holos and the counseling profession.

Counseling in Argentina following similar trajectory as in the US: navigating the mental health field; unlimited talks with other mental health professionals; understanding similarities, differences, and turfs (psychology, social work, school psychology).

COUNSELING IN CHINA

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China has at least 100 million people suffering from various psychological problems. Mental illness is her most widespread disease. Industrialization and the rapid urbanization of the rural population has contributed to a high suicide rate of around 20-30 per 10,000 compared to the worldwide average rate for suicide of 14 per 10,000 (Lim, Lim, Michael, Cai, & Schock, 2010). It was encouraging to have the support of the Chinese leadership when both the 2008 5th World Congress for Psychotherapy and the 2010 International Psychiatry Congress were held in Beijing. Different authors over the last decade have chronicled the historical development of counseling in China (Qian, Smith, Chen, & Xia, 2002; Yip, 2005; Lim et al., 2010)

There are three broad groups of counselors in China (Hou & Zhang, 2007). The first group serves the severely mentally ill in hospital settings. The second group works within the educational system of the country, where counseling includes political and thought education as directed by the Ministry of Education. The third group of counselors consists of those working with commercial companies and those practicing in the private sector. Most of the latter are found in the larger coastal cities on the east coast.

The Chinese Psychological Society (CPS) and the Chinese Association of Mental Health (CAMH) are the two most important professional counseling associations in China. Both are registered with the Chinese Science and Technology Association and, therefore, have governmental legal sanction. Both promote the profession through accreditation, research and journal publication. The CPS also awards master counselors to be Registered Psychologists (注册心理师).

The government has begun certifying the profession. These include the Certificate of Psychological Counseling and the Certificate of Marriage and Family Therapy (National Labor Bureau, Ministry of Labor and Social Security) and the Certificate of Psychological Psychotherapy (Ministry of Health and Ministry of Personnel.) Similar to the Confucian-based entrance examination (*ke ju* 科举), the counseling certification programs tend to emphasize book learning and theoretical knowledge with minimal practical application. The certification of counselors by the National Counseling Licensing Board comes in three levels. Level Three counselors are those with a bachelor degree who successfully complete the government approved courses and examination (covering such areas as basic counseling skills, developmental and social psychology, personality disorders, and psychological assessments). Those who pass Level Three can proceed to study the Level Two courses and take the Level Two examination covering such areas as advanced counseling skills, diagnosis, and assessment of mental disorders, and the use of various psychometric inventories. Level One is still on the drawing board. It is reserved primarily for those who have qualifying doctoral degrees in the fields of education, medicine, or counseling and have worked as therapists for at least three years. By July 2006, there were 112 locations preparing candidates for Level 3 and Level 2 Certificate of Psychological Counseling examinations; and by September, 2007 there were 120,000 certified psychology counselors in China (Kong & Xu, 2008).

Most counselors draw from a variety of western theoretical models (such as Cognitive Behavioral Therapy, Gestalt Therapy, Object Relations, Solution Focused Therapy, Person-centered Therapy and Satir Conjoint Family Therapy). At the same time, there are efforts at integrating traditional Chinese ideas of holistic health such as Traditional Chinese Medicine (TCM 中医) with western psychotherapy (Hou & Zhang, 2007; Shu, 2003). Confucianism and Taoism influence the practice of counseling in China, e.g., Chinese Taoist Cognitive Psychotherapy (Zhang, et al., 2002). Other from of integration include Chinese music and calligraphy, mindfulness practice, Zen ideas, mind-body holism in TCM, acupuncture, and self-soothing techniques such as taiji (太极) and qigong (气功). In counseling, the Confucian doctrine of the Mean (*zhong yong* 中庸) can guide the Chinese counselor towards an integrated balanced practice that incorporates the best of eastern and western traditions.

Overall, there is still a strong social stigma often associated with mental illnesses, which in China are usually treated in hospitals and in the criminal justice system. Most counselors see only individuals, and usually female clients, who are more amenable to ask for help. Culturally this is understandable, as most people prefer to solve their problems within the family rather than involve outsiders. However, with the family under increasing stress, there is an urgent need for family counseling in China. For such work, an understanding of Chinese thinking and Chinese contextual variables is useful. Filial piety (*xiao* 孝), benevolence (*ren* 仁), propriety (*li* 礼), and harmony (*he* 和) form the bedrock of any counseling involving more than one person in the counseling room. The

counselor's ability to reframe and depathologize family dysfunctions helps couples and families to continue in counseling. Gao (2001) noted that Chinese style of counseling tends to be more directive. Since counseling is on its ascendancy and slowly gaining acceptance, it is important that counseling be done in an ethical manner especially in the Chinese context where relationships (*guanxi* 关系), favors (*renqing* 人情) and face-saving (*mianzi* 面子) can present ethical dilemmas as they relate to dual relationships, boundaries, and confidentiality. The CPS together with CAMH, have formulated a code of ethics covering all areas of training, research, and professional practice (CPS, 2007; Qian, Gao, Yao, & Rodriguez, 2009).

There are informal paraprofessional counseling approaches that may not be as stigmatizing such as peer counseling in schools, voluntary mediation in the community, telephone hotlines and suicide counseling, and disaster relief. In addition to the above, Chinese counselors utilize the internet for therapy and where available, for supervision. A collaborative effort is underway between the Department of Labor and Hua-Xia PsychCn, an innovative Web-based organization, to train lay counselors (Huang, 2005).

Some challenges for counselors in China are the sparse counseling services for the 54 nationally recognized ethnic minorities, the one-child family policy with preference for males which result in gender imbalance, the widening social class gap between the rich and poor, rural-west to urban-east migration that create great sociological and psychological stress to individuals, families, and communities, and the generational differences result in breakdown of filial piety. The Chinese Psychological Society (2004) reported that the ratio of counselors to the population is 2.4 per 1 million people. 2.4 per 1 million people. This is a poor ratio compared to the United States where there are 3000 counselors per million people. Overall, there have not been enough counselors trained to meet the burgeoning mental health needs of the country (Lim et al., 2010).

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COUNSELING IN INDIA

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From Traditional Healing to Professional Counseling in India

No civilization can remain resilient or even survive without good guidance, mental health, and spiritual help. Indian culture is no exception. As one of the most ancient civilizations, India has a long history of help seeking behaviors.

Three Major Healing Traditions in India

- * local and folk traditions
- * mystical traditions
- * medical traditions

Healing Traditions in Ancient India

The Atharva Veda described good mental health as the restoration of equilibrium of three components of human personality called *gunnas*, Vatta, Pitta, and Shelshma or Kaph. The practitioners of *Ayurveda* are called *Vaids* who believe that imbalance of *gunnas* is the main cause of various illnesses and mental health problems.

Traditional Healers are called *Mantrawadis and Patris*

These healers believed that people suffered because of misdeeds committed in their present or previous lives. The Law of Karma has impacted the Hindu psyche for centuries. This deterministic belief asserts that we must pay for our actions either in the present or in our next lives. Misdeeds are never forgiven.

- *Mantarwadis* : Generally, *Mantarwadis* use their knowledge of the zodiac to treat their patients for mental problems and psychological distress through some potent mystical verses from Vedas, by blowing their breath on the holy threads, or by giving the patients a talisman to wear.
- *Patris*
A *Patri* acts as a medium for a spirit who actually conducts the therapeutic act. Generally, a *Patri* may induce a self-possession state for the master spirit through incense, dance or music and becomes his or her master's voice.

Mental Health Crisis in Modern India: Scope of the Problem

As a part of the economic and social changes in India due to rapid industrialization and urbanization for last ten years or so, people are experiencing significant multiple stressors in their lives, caused by social and cultural upheaval. Some of these stressors are causing some very serious mental health concerns including, clinical depression, anxiety, mental stress, marital discords, domestic violence, and serious alcoholism and substance abuse problems. The National Mental Health Programme estimates that at least 30 million people in India are in a dire need of mental health services.

Advent of Professional Counseling in India

The professional counseling is at its infancy stage in India. The awakening and significance of this new profession is getting wide publicity in Indian newspapers and on various websites. Presently, there are handful universities that offer post graduate in diploma in counseling .

Most recently, with help from the United States India Education Foundation (USIEF) and Vice Chancellor, the first author as Fulbright-Nehru Senior Research Scholar (Sandhu, 2011) started post graduate diploma in mental health counseling at the Guru Nanak Dev University Amritsar in July, 2010. This diploma program is an ambitious attempt as its course requirements meet all the CACREP standards. It is truly a unique program throughout India.

Sandhu also established Association of Mental Health Counselors-India on May 4, 2010 on the model of American Counseling Association. On July 14, 2011, he also signed a memorandum of understanding with American Mental Health Counselors Association (AMHCA) to develop collaborative relationships between AMHCA and AMHC-India.

Promising Signs for Professional Counseling in India

Sandhu, D.S. (2011). Mental health problems in India: A call for urgent action. *Re-Markings*, 10 (2), 49-57.

COUNSELING IN KENYA

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Kenya: Introduction

- History
- Geography
- Culture

Counseling in Kenya: A brief history

- Traditional practices and beliefs
- Ominde Report of 1964 (Republic of Kenya, 1964): first of several post-independence reports to emphasize the need for counseling services in schools and to the general public.
- Ministry of Home affairs, Heritage, & Sports (2002) report further emphasized need for counseling services especially among the youth.

Key factors influencing the growth of counseling

- Rural to urban migration and resulting shifts in family structure

- Unemployment
- The onset of the HIV-AIDS epidemic
- The establishment of Voluntary Counseling and Testing (VCT) centers to address the HIV-AIDS epidemic
- The success of the first counseling psychology program at the United States International University (Africa)-Nairobi
- The establishment & success of the first Counseling and training center-Amani Counselling Center-Nairobi
- High-stakes academic testing in schools
- Increased occurrences of student unrest and violence in schools
- Governmental policies emphasizing the need for guidance and counseling services to the youth in both social and academic settings.

Current Status

- Mushrooming of counseling centers around the country
- Formation of professional associations
 - Kenya Association of Professional Counselors (KAPC)
Offers professional training programs in counseling (Diploma, BA, MA, PhD in collaboration with the University of Manchester, UK) through its School of Counseling Studies; professional counseling services to individuals, groups and corporate bodies; and chartered counselor designations to qualifying members (KAPC, 2009).
 - Kenya Counseling Association (KCA).
Advocacy for supervision credentials, institutional accreditation, counselor accreditation for KCA members based on their professional training which ranges from level 1, ordinary membership to level 7, senior supervisor” (KCA, 2011).
- Increased counselor preparation programs at all 7 public universities and some constituent colleges
- Counselor training programs at various private universities
- Increasing number of School Counselors (also teachers) and peer counseling clubs in public and private schools
- Various levels, i.e., certificate level counselor training programs, bachelors, masters, and doctoral level training.

Going forward

- Professional identity for counselors
- Expansion of mental health services countrywide beyond HIV/AIDS and school – related concerns

- Regulation for counselor training programs as well as standard process for counselor licensure or certification
- Culturally congruent counselor education curriculum
- Culturally congruent counseling practices
- Counseling research grounded in local cultural and counseling practices

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COUNSELING IN MEXICO

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Like many societies, Mexico has tried to explain the human condition for decades. Examples of this can be found throughout the Mexican colonial period, from the creation of asylums to house the insane, to academic reflections on psychological metaphysics, to the search for treatments for mental health pathology.

Today, Mexico has a national mental health policy as well as a country-wide mental health program. However, like many countries, Mexico does not have wide access to community mental health care despite the national policy. The approximate mental health budget in relation to the total health budget is only one percent. Despite the lack of resources, treatment facilities for severe mental illness exist in Mexico. There are approximately 2.7 psychiatrists, 0.1 psychiatric nurses, and 0.2 social workers per 100,000 in population, respectively. But, there is no credible information for the actual numbers of counselors and psychologists in Mexico.

In Mexico, mental health problems have been resolved through a variety of disciplines including psychiatry, psychoanalysis and psychology, such that it now becomes necessary to define the identity of the counseling psychologist or *counselor*. The terms 'counseling' and 'counselor,' while unknown to most Mexican people, can elicit different meanings in certain sectors of society. In Mexico, the term *counselor* can be defined as an advisor, consultant, therapist, psychologist or lawyer. These definitions give rise to a variety of applications of the term and can result in confusion regarding the role and field of the professional counselor in Mexico. The term counseling has been referred to more specifically as psychological support and help, however, this definition is vague and confusing. The confusion is compounded by the fact that a large portion of the Mexican population has sought support and advice from non-professionals or from professionals in other fields including traditional healers, priests, ministers and physicians. Thus, counselor combined with psychologist has led Mexican helping

professionals to the term *psychological counseling*. However, the identity of the psychological counselor in Mexico remains a challenge. It is necessary for Mexican psychological counselors to strengthen their professional identity, as well as respond to trends in the areas of mental health, human development, and quality counseling services, particularly among the poor.

Among the major trends in Mexico that arise from social, educational and health-related problems, are those regarding special education, work with vulnerable groups such as older and indigenous people, and services for children, migrants and immigrants.

Many specified groups are especially in need of mental health services in Mexico. The Division of Social Policy of the Mexican Research and Analysis Service reports that maintaining the mental health of a population depends to a large degree on carrying out of public health initiatives aimed at prevention, treatment, and rehabilitation, and that mental health, like physical health, is largely associated with poverty.

The risk of mental health problems associated with poverty has increased due to the need for each member of Mexican families to join the labor force, including mothers and children who work to contribute to family earnings. This puts Mexican children at a disadvantage since they cannot attend school and are exposed to various types of exploitation. Furthermore, there are approximately 15 million children and adults in Mexico suffering from mental disorders with only 3 thousand health professionals available to provide services, and thus mitigate mental health risks.

Poor families in Mexico have more depression and anxiety symptoms, and poor children have greater exposure to medical illness, family stress, inadequate social support, and parental depression. Poverty also is associated with chaotic family and community environments, increased psychological stress, illiteracy, unemployment, and street begging.

Just as poverty accentuates the need for counseling services in Mexico, drug use contributes a major public health problem, has spread to almost all social groups and is linked to criminal behavior. Moreover, living in the streets (due to poverty) is a major risk factor leading to drug use in Mexico. Another significant issue includes the innumerable factors that contribute to teen pregnancy including the lack of sexual and reproductive education, increased drug use, dysfunctional family dynamics, changes in cultural patterns, and a lack of opportunities for youth development.

In Mexican society the most vulnerable groups include people with disabilities, individuals who have special educational needs, indigenous people and emigrants. In 2000, 1.8% of the Mexican population suffered some type of disability. Of the total population with disabilities, 75% have attended school at some time, but only .70% of

that population has completed formal schooling. On the end of the spectrum, significant losses gradually affect older adults in Mexico including loss of employment, loved ones, and mental health capacity, contributing to isolation and depressed mood, all of which can be positively impacted by counseling services.

Although poverty, youth, and the elderly are associated with mental health issues, in Mexico, indigenous communities are identified as one of the least healthy groups. Of Mexico's total population, 8.5% is indigenous and having the lowest levels of education, employment, and housing, and not having the community infrastructure necessary to attend to their health problems (including mental health). Obviously, this creates a great need for counseling services among this population.

Lastly, Mexicans emigrate in search of greater options for survival and by so doing, expose themselves to innumerable stressors such as multiple changes in residence, adaptation to new cultures and language, and discrimination. Mexican, emigrants also face financial uncertainty, identity loss, fears of persecution, and unfamiliarity with the local laws. Moreover, anxieties among emigrants, as well as migrant workers, can result in problems with drugs and an increase in risky sexual behaviors, and mental health problems.

Mental disorders such as schizophrenia, depression, and dementia have increased in Mexico in recent decades. This trend finds Mexico with an increase in the number of young people who have few educational and employment opportunities due to experiencing psychiatric disorders. The current economic crisis and significant social changes have contributed to the current Mexican mental health epidemiology picture. Results from the National Survey of Psychiatric Epidemiology indicated that 28.6% of the Mexican population suffered from a mental disorder at some time in their life and that only 10 percent received specialized mental health care. Moreover, 12.1% of these people presented with a severe mental disorder. Overall, the prevalence of mental disorders at any given time in Mexico is estimated to be between 10.5 and 13.8 percent.

While 25 to 30 percent of Mexican people considered in need of specialized care, only about 13% request services. The most common disorders, in descending order are anxiety disorders, alcohol abuse, and depression. Among children and adolescents from 4 to 16 years of age living in Mexico City, it is estimated that approximately 16% may have a mental disorder; one-half have psychiatric symptoms.

As a result, Mexico needs counselors with multi-cultural and systemic counseling skills rather than traditional strategies that focus on the individual. Mexican counselors need to maintain a healthy openness and self-criticism so as to recognize their own prejudices and stereotypes, as well as acquire particular understanding of the social group with which they are working.

Finally, in Mexico, it is nearly impossible to understand a client without taking into account the role played by religion or spirituality. Integrating spiritual aspects into the counseling process is important in Mexico with many counseling cases. Including spirituality is essential for promoting the therapeutic process since spiritual beliefs have historically been a great source of strength for many Mexican clients.

COUNSELING IN THE PHILIPPINES

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1. All about the Philippines

- The Philippines is a developing country located in South East Asia
- Based on capitalism and a democratic system of government
- Poverty rate and high food insecurity (National Statistics Office, 2010)
- Societal conditions and multicultural influences
- Brief History: Colonization, Volatile shifts in governance, People Power

2. History of Counseling in the Philippines

- Precolonial Philippines and help-seeking, U.S.-trained counselors,
- Resources in counseling:
 - religiousness and spirituality (Dy-Liacco, Piedmont, Murray-Swank, Rodgerson, & Sherman, 2009)
 - a strong drive for survival (Tuason, 2008)

- engagement of family members and friends (Grimm, Church, Katigbak, & Reyes, 1999)
- human concern and interaction with others or *pakikipag-kapwa* (Enriquez, 1977)
- resilience, hopefulness, and hardiness (Tuason, 2008)

3. Current status of counseling in the country; both school and non-school

a. History of counseling

1913-1934: American occupation, guidance services in two colleges, UP Clinic

Japanese occupation: Stunted growth

1940s to the 1960s: counselor training and the birth of professional associations:

Psychological Association of the Philippines (PAP)

Philippine Guidance and Counseling Association (PGCA)

1970's: More professional associations: Indigenization

Philippine Association for Counselor Education, Research, and Supervision (PACERS)

Career Development Association of the Philippines (CDAP)

2000: Counseling in response to economic/political instability, and poverty

b. Guidance and Counseling Act of 2004, RA 9258

4. Counseling practices which work best in the country due to cultural considerations

Structure of the session, Who seeks counseling, When they seek counseling

Predominant counseling theories:

Humanistic, client-centered, Rogerian therapy

Family systems therapy with elements of spirituality and counseling

Cognitive-behavioral theory

5. Diversity issues.

Poverty

Overseas working

Unstable political and economic conditions

Catholicism—Religiosity

6. Counselor education/training

7. Future of counseling in the Philippines

Greater recognition and responsibility, more regulation of the profession

Services for the poor: social justice agenda

Focus in counseling: healing the nation, empowering the individual

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COUNSELING IN SWITZERLAND

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This part of the convention program reviews Swiss counseling, its origins, its present functioning and its future challenges. Known as the land of cheese, chocolates and cows, Switzerland is a small landlocked country of 7 million inhabitants located in the heart of Western Europe. With 26 culturally diverse *cantons* both the US and Switzerland have a federal system in which states and cantons have powers that the federal government does not. In Switzerland the quadrilingual nature (four national languages including German (64%), French (20%), Italian (7%), and Romansch (.5%)), means that counselor education and practice is divided on regional and linguistic interests.

In common with many other European countries Swiss counseling programs evolved largely from the work of the clergy, social workers, nurses, and Christian associations who offered pastoral care to the community they served. Today counseling

in Switzerland takes many different forms carried out by a diverse group of people - professional and lay - with varying degrees of preparation and training standards. Counseling contexts include formats and approaches to offer support through individual, couples, family, and group work although the majority of counselors offer applied mental health services in the form of individual therapy.

The Swiss Association of Counselling (SGfB) is the professional body mandated to support and train counselors. Many individuals who have completed an apprenticeship are mostly trained externally to the traditional university environment. Swiss counselors are trained to use a framework that deals with understanding the inner life of the client as a biopsychosocial and spiritual subject. The central philosophy is that individuals have adequate resources to manage their lives but that in a given situation these resources are unavailable. Counseling's contribution is to apply mental health, psychological and human development principles in the context of communities, hospitals, schools, universities, corporations or religious organizations and private practices. In this way it aims to assist the individual to overcome the psychological, and existential or emotional discomfort that prevents full and creative expression, and to be a facilitating element in the dialogue between the organization and the person.

The profession in Switzerland has drawn on the ACA Code of Ethics (2005) and that of the BACP (2010) as measures of quality assurance and quality development. This base serves to strengthen the identity of the psychologically-oriented profession and ensure a solid, accredited training, continuing education and the principles of an ethically sound professional practice.

OVERVIEW & ANALYSIS of GLOBAL COUNSELING

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The Need

- Economic, political, technological, environmental, health, and social issues
- Imbedding counseling with existing services (focus on prevention, development, holistic systems, empowerment, and freedom of choice)
-

Introducing Counseling Services

- Defining terms and the relationship to other services
- Values of counseling (individualism, self expression, diversity, spirituality)
- Support from Western countries
- Uneven development (urban/rural; personal resources; specific issues)

Global Consolidation of the Profession

- establishing professional associations, training programs, credentialing bodies, codes of ethics, and legal recognition
- A new form of relationship (Carl Rogers essential conditions)
- Wide ranging theoretical and practical orientations

Growth and Development Needs

- Incorporating indigenous practices
- Creating space for spirituality
- Standing firm on some issues (importance of diversity)
- Expanding counseling to areas that are underserved (rural)
- Influencing policy through evidence based practice
- Developing more culturally appropriate assessment measures
- Broadening international cooperation
- Creating more effective regulation of the profession

Global Challenges for the Future

- Strengthening the professional associations
- Improving the training of counselors (teaching and supervision)
- Advocating for better client services (quality and quantity)
- Advocating for the profession (impacting government policy)