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A Solution-Focused Roadmap for School Counselor Professional Development

Laura E. Martin, Denise B. Ebersole, & Deedre N.C. Mitchell

Standard B-PF 4.d of the ASCA School Counselor Professional Standards and Competencies requires that school counselors develop an annual professional development plan, yet, for some, this may be managed with a lack of clarity and direction. The goal of this article is to propose a roadmap of solution-focused techniques to guide school counselors in the creation of a professional development plan.

Keywords: school counselors, professional development, solution-focused strategies

School counselors are uniquely trained and qualified professionals with multifaceted skills, strengths, and training specifically related to career, academic, and social/emotional development (American School Counselor Association [ASCA], 2019). As such, school counselors are called to be lifelong learners with a professional identity grounded in the role and purpose of school counseling (ASCA, 2019). In addition to their training and expertise, school counselors are ethically obligated to engage in ongoing professional development to maintain effectiveness and maximize student success (ASCA, 2016). The National Staff Development Council (2001) outlines professional development as "the means by which educators acquire or enhance the knowledge, skills, attitudes, and beliefs necessary to create high levels of learning for all students" (p. 2). Therefore, the goal of this article is to propose a roadmap of solution-focused techniques to guide school counselors in the creation of a professional development plan.

In addition to helping school counselors maintain their credentials, ongoing professional development has many benefits (Astramovich, 2017; Beck & Wikoff, 2020). These efforts allow school counselors to increase their knowledge and skills, as well as remain up to date with current research and best practices of the profession (ASCA, 2016). School climate and outcomes are improved, and the overall growth and well-being of students are optimized (Astramovich, 2017; Beck & Wikoff, 2020).

Ethical Standards

As part of their professional identity and development, school counselors are expected to intentionally self-assess and make plans for their own ongoing professional development (ASCA, 2016; ASCA, 2019). ASCA (2016) defines professional development as "the process of improving and increasing capabilities through access to education and training opportunities" (p. 10). Additionally, the ASCA Ethical Standards for School Counselors (2016) specifically address the need to "engage in professional development and personal growth throughout their careers" (B. 3. e). School counselors are ethically responsible to stay up to date on current student issues and to intentionally engage in ongoing professional activities. When school counselors do not engage in professional development activities that promote these standards, role confusion, or unclear expectations may result (Gibson et al., 2012).

The ASCA School Counselor Professional Standards & Competencies (2019) provide even greater detail about the expectation for school counselors to engage in ongoing professional development. As part of the professional foundation expectations, school counselors are to "develop a

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yearly professional development plan to ensure engagement in professional growth opportunities related to relevant professional standards and competencies and personal limitations" (B-PF 4.d) and also to "engage in continual professional development to inform and guide ethical and legal work" (B-PF 3.h).

Challenges to Professional Growth

It would be an understatement to say that school counselors are busy (Fye et al., 2018) and struggle with a lack of time (Hilts et al., 2019) to support students' academic, career, and social/emotional needs. Among other roles school counselors possess are leader, collaborator, advocate, systemic change agent, stakeholder, and consultant (ASCA, 2019). As a condition of employment, school counselors must maintain and undergo professional development. Yet, during the pandemic, school counselors primarily focused on attendance, grades, and academics (Hipolito-Delgado, 2021). Thus, school counselors' attention was diverted away from other serious issues such as their own professional development.

When it comes to implementing all components of the ASCA National Model, including a professional development plan, Hilts and colleagues (2019) found common barriers which reflected several themes. School counselors reported a lack of time, a lack of confidence, and a lack of support from administrators as the biggest challenges (Hilts et al., 2019). Additionally, Young and Kaffenberger (2015) assert that school counselors and their students would benefit from having a professional development plan that impacts student learning. Recognizing and acknowledging these barriers can help school counselors appreciate the value of a theory-based approach as an essential component of their professional development plan. Further, having a theoretical approach to this process would also address a gap in the literature about how to create a professional development plan.

Another barrier to pursuing intentional professional development may be the experiences of the principal/counselor relationship (Fye et al., 2018; Hilts et al., 2019). In schools with limited budgets, school counselors seldom receive financial resources to fund their professional development (Dollarhide & Saginak,

2017). In other districts, counselors are required to attend teacher professional development opportunities that do not align with ASCA (Howell et al., 2007). Further, principals and non-counseling administrators lack the specialized training and experience to assist school counselors with a strategic approach or focused support to accomplish the task of developing a professional development plan. School counselors must gain support and remain true to their professional calling to work tirelessly with children, families, and stakeholders in schools (Fye et al., 2018).

Excessive caseloads, role ambiguity, risk for burnout, and lack of supervision are additional challenges school counselors face (Moyer, 2011). When it comes to fulfilling the professional responsibilities of a school counselor, these obstacles, confounded with a conflict of duties, are also a challenge. Non-ASCA aligned duties such as lunch duty, substituting, bus duty, and test proctoring can absorb much of a school counselor's time (Moyer, 2011), leaving insufficient time for ASCA related responsibilities.

Fortunately, professional development training is effective in reinforcing knowledge (Young & Kaffenberger, 2015) and applying an evidence-based approach can reduce these barriers and align with students' social, academic, and emotional needs. Professional development engagement is rejuvenating and inspiring and leads to school counselor and administration collaboration, overcoming barriers for student success, and learning from others (Beck & Wikoff, 2020). Professional development is important for school counselors to develop competency in the data collection and program evaluation (Astramovich, 2017). As such, school counselors can create a professional development plan that is intentional and ensures compliance with professional and ethical expectations.

Solution-Focused Brief Counseling

deShazer (1985) based solution-focused brief counseling (SFBC) on the belief that the counselor empowers and encourages the client to form solutions to their own problems. The solution-focused approach is a language-based approach, meaning that the emphasis is on the client's awareness and context of the language used in their story. It also posits that the client is the

expert of their own experiences. Solution-focused techniques focus on the client's strengths while putting the responsibility of solving the problem on the client, not the counselor. Solution-focused counselors believe that people are inherently good and creative and that the client is the expert of their own experiences (deShazer, 1985). This personalized approach to counseling places significant emphasis on what is going well instead of other traditional forms of counseling that are problem focused (deShazer, 1985). Additionally, change is believed to be inevitable and helps clients get "unstuck" (Sabella, 2020, p. 23). One therapeutic goal for clients is to identify what works best for them so they can extrapolate those solutions to future situations (Sabella, 2020). This change empowers clients to take ownership and responsibility for their own decisions.

One guiding concept of SFBC is that when clients focus on successes, additional beneficial changes will take place. Another concept is that every problem has an exception that can lead to a solution (Sabella, 2020). A final guiding concept is that success in one area can be transferred to other areas of life. This assumption empowers clients to invest in solutions that can be extrapolated to other areas of their lives (Geuens, 2020). By focusing on solutions rather than problems, counseling becomes brief, versatile and has shown to be an effective and efficient counseling approach (deShazer, 1985; Jones, 2020, Sabella, 2020).

SFBC is goal-oriented and future-oriented, making it an appropriate choice for formulating career and professional development plans. Recent studies have shown success with applying solution-focused career counseling strategies for career indecision (Akyol & Bacanli, 2019). Specific solution-focused techniques such as looking for exceptions, amplifying, the miracle question, and scaling are effective agents of change (Sabella, 2021) and can help a school counselor find clarity when determining best options for professional development. These principles of SFBC have been fundamental to the creation of this model, the Assess, Align, and Accelerate (AAA) Roadmap. This model for professional development planning is grounded in the theoretical approach of SFBC and encourages school counselors to give forethought to their growth and evolution as a professional school counselor.

AAA Roadmap of Solution-Focused Techniques

The AAA Roadmap, presented in Table 1 is a structured, self-directed approach grounded in SFBC that guides school counselors through their professional development journey, from defining their desired future to establishing a professional development plan. A description of the AAA steps, including *Assess*, *Align*, and *Accelerate* is included. Additionally, the corresponding goals and reflective questions and tasks for each step are outlined in Table 1. Further, while the selected theory focuses on solutions, it is helpful to identify the "problem" for resolution. Because this approach was created for school counselors wanting to be more intentional in their professional development activity, we will consider a *school counselor's lack of direction in professional development planning* as the identified problem.

Assess
The first step of the AAA roadmap is *Assess*, which is the process of assessing one's own successes, strengths, and desires relative to professional development goals. In line with principles of SFBC, this beginning step guides school counselors to define their desired future and to consider examples of related accomplishments that they have experienced in the past and present (Miller, 2017). Specifically, recalling and reinforcing instances when behaviors led to success is central. Solution-focused techniques to consider in this step include looking for exceptions to the problem, identifying strengths, amplifying, and the miracle question. School counselors can move through the provided self-reflection questions for the *Assess* step in Table 1. While school counselors are tasked with creating an annual professional development plan, we encourage attention to the current needs of the school, along with forethought to the long-term career goals of the school counselor. Additionally, because career impacts lifestyle, attention should be given to personal goals and desires as well. At the conclusion of this step, school counselors should have a list of potential long-term personal and professional goals formulated.

Table 1.

AAA Roadmap of Solution-Focused Techniques

Roadmap	Description	Solution-Focused Techniques	Exercises & Reflection Questions
Assess	Assess successes, strengths, and desires relative to professional development goals. Assess school needs.	Look for exceptions, identify strengths, amplify, miracle question	What was most helpful in deciding to become a school counselor? What are my strengths? What is going well for me? What do I enjoy most about my school counseling work? What would make it even more enjoyable? What would be signs that a miracle had occurred at my school? Has any of this ever happened before?
Align	Finalizing and constructing SMART professional development goals.	Scaling, miracle question, SMART goals	When you have moved up the scale, just one notch, what will you have been doing differently than what you are doing now? What are you willing to do get a change to happen? Creating a SMART goal.
Accelerate	Move forward with professional development plan, personal accountability and professional collaboration to maintain successes and minimize failures.	Flag the minefield, skeleton key, polyocularity	Identify potential and current barriers. Find what works, do more of it and celebrate it. If it didn't bring success, experiment with a different approach. See a situation from many different points of view.

Looking for exceptions to the problem (Sklare, 2014) is one of the first solution-focused techniques to consider in this step. As stated earlier, we will identify the "problem" as a lack of direction in an annual plan. Therefore, the other side of this, or the exception, is clear direction. School counselors will want to remember a time of exception when they felt clear direction in their career goals. For example, they can consider the time when they decided to become a school counselor and what was most helpful in that decision-making process. Questions to consider include, *What was different then? What was most helpful in making that decision?* They can then amplify (Sabella, 2021; Sklare, 2014), or provide as much detail as possible about the success in that decision-making process. Reflecting on their past motivation for considering school counseling as a possible career, as well as the events that affirmed and gave clarity to this decision, will be beneficial in multiple ways. Amplifying this exception provides hope and encouragement, as well as renewed inspiration for absent or lackluster professional development goals.

Identifying the strengths (Sklare, 2014) in one's current situation must also be considered during the *Assess* stage. Personal strengths, as well as the perceived strengths of the current work environment, must be recognized and applied when discerning future professional development directions. Self-directed

reflection can include: *What are my strengths? What is going well for me? What can I do more of that I'm already doing well? What do I enjoy most about my school counseling work? What would make it even more enjoyable?* School counselors should also take inventory of the resources available to help them achieve potential goals. We encourage a spirit of creativity and optimism in this step as school counselors list the resources that are available to them, such as, finances, time, mentors, and various support systems.

Personal desires must also be assessed at this stage. A strength of SFBC is that it is an adaptable approach, responsive to the diverse needs of users. As such, for optimal career fulfillment and satisfaction, school counselors should consider their own worldview, including personal values related to their career goals. It will be beneficial to complete value awareness exercises such as a value sort, to determine personal desires related to finances, time, and achievement. Amplification can be applied here as well, with school counselors taking time to list specific desires and examples related to each identified value.

Finally, and most importantly, school needs must be assessed at this stage. School counselors have access to data such as behavior, attendance, academic, and career records of their student body. In collaboration with school administration and other stakeholders, school counselors can assess the primary needs of the school community. The miracle question (Sklare, 2014) may be applied in this scenario and desirable outcomes can be established. Additionally, needs assessments can be administered to faculty, parents, and students to learn about perceived needs for an improved school experience. The information gathered can be a driving force for the school counselor's professional development planning as they consider how their own pursuits can better prepare them to meet the needs of the school community.

After assessing strengths, resources, personal values, and school needs, school counselors can make a comprehensive list of potential professional development goals. This list can include gaining advanced knowledge in a specific counseling theory or skill, providing more parent workshops, engaging in a research study, or even pursuing an advanced certificate or degree. The list can then be considered with various

forms of the miracle question (Sklare, 2014), such as *What is the most ideal of these? What is the least ideal? What is already moving in that direction? How would this choice make life different for me?* School counselors should be left with a robust list of potential options to pursue in their professional development efforts.

Align

After formulating potential professional development options, school counselors can move on to the next step of the roadmap, *Align*. The tasks at this stage include taking a closer look at each professional path listed in the previous step and constructing obtainable goals that align with their personal and professional aspirations, as well as the needs of the school community. School counselors will be empowered as they gain clarity in what they hope to be different as a result of their professional development efforts. Further, they will formulate their professional development plan with attainable and measurable goals. The solution-focused techniques to be used in this step include scaling (Sabella, 2021; Sklare, 2014) and SMART goals.

Scaling is a solution-focused technique that can used to explore future steps, or to assess motivation and/or willingness to take action (Burwell & Chen, 2006). School counselors should establish a baseline by asking themselves, *Where am I in terms of effectiveness/satisfaction on a scale of 1 to 10?* School counselors can then look at their list of potential professional development activities and ask themselves additional scaling questions such as, *When you have moved up the scale, just one notch, what will you have been doing differently than what you are doing now? What are you willing to do for a change to happen?* Continued scaling and referring to the previously provided miracle questions can assist school counselors in narrowing down their professional development goals.

After a general goal has been identified, it can be transformed into a SMART goal. SMART goals are specific, measurable, attainable, relevant, and time based. To set a specific professional development goal, the school counselor should visualize a mental image of the goal being met. What does this look like? To ensure a goal is measurable, define in terms of *how much* or *how many* and determine a way to evaluate the goal. School counselors can share their goal with a colleague or

supervisor to determine if the goal is challenging, and yet attainable. Considering this may reveal potential barriers to overcome. To ensure the goal is relevant, the school counselor can reflect on the awareness gained in the *Assess* stage and determine if this truly aligns with their personal and professional goals. Additionally, they can envision someone asking, *why this?* and being able to give a confident answer.

Finally, to ensure a goal is time-bound, deadlines should be put in place. Since long-term goals were the first focus, these can now be divided into annual goals and even monthly action steps. For example, a long-term goal to increase family engagement can become an annual goal to provide a family workshop. This can be broken down into action steps to be completed each month, such as attending relevant professional development trainings, consulting with other professionals, conducting a needs assessment, and actual planning of the event. Another long-term goal may be to increase counseling skills and pursue licensure. An annual goal for this can be researching state licensure requirements, pursuing necessary coursework, and finding a counseling supervisor.

Accelerate

The purpose of the final step, *Accelerate*, is to move forward with the created professional development plan and to prepare for roadblocks that may be encountered. Solution-focused steps to consider in this stage include flagging the minefield, using the skeleton key, and polyocularity. During this step, school counselors should find what works, do more of it, and celebrate it. If it did not bring success, experiment with a different approach. Finally, polyocularity helps individuals see a situation from many different points of view (deShazer, 1985).

As school counselors plan to *Accelerate* forward, it is helpful to share their finalized professional development plan with a colleague or supervisor. Attention should be given to potential roadblocks or detours that may occur. The solution-focused technique of flagging the minefield can be helpful in this process. This technique encourages forethought towards scenarios or behaviors that could hinder progress towards professional development goals. School counselors can ask themselves, *What might get in the way of doing this well? What is one thing I can do to*

prevent that from interfering with my plan? Who could help me overcome this barrier?

deShazer (1985) refers to skeleton keys as a transferrable solution that will work for numerous problems. Essentially, these are standard or universal tasks that one may apply in order to overcome a problem (LaFountain, 1996). School counselors using this technique may reflect on past problem-solving skills and identify strengths or specific tasks that led to solutions. For example, they may ask themselves, *What am I already doing to be successful? What tasks have I used before to problem solve? What have I done before that led to a successful outcome?*

Having a support group of professional school counselors increases personal accountability and professional collaboration, which in turn helps to maintain successes and minimize failures. The solution-focused technique of polyocularity, meaning many eyes (deShazer, 1985) can be at work in this group setting. When moving forward with professional development objectives, the school counselor can gain the viewpoints of other professionals to help them work through any problems that may arise. Additionally, the school counselor can observe and adopt solutions that have worked for other school counselors.

Moving forward with a clear and achievable plan is empowering and school counselors will notice a heightened sense of motivation. They are encouraged to capitalize on this momentum to move forward and be encouraged by their aspirations. Their professional development efforts will improve their effectiveness and promote the growth of their students.

Implications

The establishment of a professional development plan that aligns with the ASCA National Model requires intentional planning and a strong commitment to the professional identity of a school counselor. To that end, the authors recommend the use of a framework such as the *AAA Roadmap of Solution-Focused Techniques* to guide the decision-making process regarding the identification and establishment of a unique professional development plan. For current and future school counselors, the roadmap could be utilized to Assess, Align, and Accelerate their professional development

while adhering to a plan. While current school counselors may already receive professional development through their school, having an intentional professional development plan can help them to maximize their professional identity development and future goals. Additionally, future school counselors or graduate students could benefit from the Assess, Align, and Accelerate steps by thinking ahead to future goals rather than viewing graduation and certification/licensure as their last professional step. Graduate school counseling programs and school counselor educators could better support students by teaching and modeling the importance of establishing a unique professional development plan using the *AAA Roadmap of Solution-Focused Techniques.*

In addition to impacting school counselors and graduate students, the *AAA Roadmap of Solution-Focused Techniques* provides actionable tasks and guidance to foster optimized school climate outcomes. By aligning their professional development plan with the needs of the student body, school, and community, students directly benefit from targeted approaches and interventions to improve wellbeing and success. An informed school counselor is pre-emptive in their efforts to mitigate potential dangerous or harmful events and promote a proactive school culture. Developing a plan annually allows school counselors to stay informed of current and specific needs. When school counselors are intentional in their professional development endeavors, all stakeholders benefit.

Future Research and Conclusion

The overall goal of this article is to provide specific suggestions for school counselors to adhere to professional and ethical expectations to set and achieve a professional development plan. The authors highly recommend the use of the *AAA Roadmap of Solution-Focused Techniques* as one option to help school counselors maximize using their unique professional training, talents, and abilities. As a result of the current status of the profession, we encourage school counselors to consider areas of greatest strength and specific ways that they can capitalize on their experience and existing professional development requirements. Our aim is to encourage school counselors to become more intentional about their own professional development and to consider ways to strengthen their training as a school

counselor to have a positive impact on their students (Young & Kaffenberger, 2015). Additionally, instead of feeling stuck or experiencing stagnation with their training, school counselors can increasingly develop their school counseling skills and training across settings thereby positively impacting more people while growing and expanding professionally. The authors grounded the *AAA Roadmap of Solution-Focused Techniques* in evidence-based theory, however, research is needed to test the usability and effectiveness for school counselors. In summary, we want to encourage school counselors to become more intentional about developing their own long-term professional development plan and to make future plans that align with their strengths and interests.

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A Workshop for Taiwanese Families Prior to the Adolescents' Journey to the U.S.

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A psychoeducational workshop for Taiwanese parents and their adolescents who intend to come to the U.S. to study in the next 12 months was evaluated. Pre- and post-workshop survey results showed that participants generally gained important knowledge regarding the process of studying abroad and perceived the workshop to be valuable. Observed differences between parents' and adolescents' needs, as well as potential clinical implications and future directions for research, were discussed.

Keywords: international students, psychoeducational workshop, prevention

According to the 2020 Open Doors report, there were a little over one million international students in the U.S. during the 2019/2020 academic year; approximately 63.2% of the students were from Asia, with the majority being Mandarin-speaking (mainly those who are from China and Taiwan). With this many Asian international students in the U.S., schools and organizations have generally become more aware of the issues facing these students and have begun to provide programs to support students' transition; however, the implementation of these services may require additional improvements (Wang & Sun, 2021). Specifically, it has been documented that international students often struggle with many acculturation related difficulties, including speaking a new language, finding food that they enjoy, understanding the customs of the host country, making sense of their identity, and adjusting to a new educational environment (Dao et al., 2007; Lee, & Chang, 2007; Lian & Wallace, 2020; Yeh & Inose, 2003). To date, the literature on interventions for this population mainly focuses on increasing intercultural competency, enhancing linguistic and academic readiness, and reducing psychological symptomatology once they arrive in the host countries (Andrade, 2006; Muto et al., 2011). Notably missing is the discussion and systemic examinations of *preparation* for international students prior to their journey abroad.

Therefore, the purpose of the current study is to evaluate the value and usefulness of a psychoeducational workshop designed for Taiwanese parents and their older adolescents who plan to attend high school and/or college in the U.S. The workshop aimed to provide these families with information about (a) living and studying in the U.S., (b) potential challenges, especially mental health issues, and (c) strategies that Taiwanese families may use to minimize their adolescents' difficulties associated with the transition. In the following sections, we will explain historically why Taiwanese adolescents and young adults are sent to the U.S. for educational purposes, the difficulties they experience, the types of orientation they receive prior to their journey to the U.S., and the support they receive after their arrival. This contextual information will help highlight the need for the current study.

Taiwanese History and Parachute Kids

Taiwan, being a small island country in Asia, is among the top 10 countries of origin for international students in the U.S. (Open Doors, 2020). Sociopolitical issues have shaped the decision-making process for many Taiwanese families and students when it comes to studying abroad (Zhou, 1998). While many students choose to wait until they finish undergraduate studies in Taiwan before traveling overseas for their advanced degrees, there is a small subset of Taiwanese students who leave their families in adolescence or earlier for their educational pursuit. According to the website of the Government Portal of the Republic of China (Taiwan) in 2021, after the Chinese Civil War ended in 1949, the ruling party of China at the time (Kuomintang) lost control of mainland China to the

Chinese Communist Party and subsequently was forced to relocate the government to Taiwan (a small island off the coast of mainland China). From 1949 until the late 1960s, the global community recognized the government in Taiwan (Republic of China) as the only legitimate representative of China. However, in 1971, the United Nations General Assembly passed U.N. Resolution 2758 to recognize the People's Republic of China (PRC), mainland China led by the Chinese Communist Party, as the only legitimate governing body of China. As a result, Taiwan withdrew from the United Nations. Fearing that the Chinese Communist Party may attempt to regain control of Taiwan and its territories by military force, many Taiwanese families, especially those who had political connections and/or the financial means, sent their children to the U.S. to study; this trend continued into the 1980s and 1990s (Zhou, 1998). In 1993, Hamilton, a reporter at *Los Angeles Times*, reported on these minors and coined the term, *parachute kids*, to describe unaccompanied Taiwanese minors. This article also documented some of the challenges facing this unique population for the first time (Hamilton, 1993).

During the 1980s and 1990s, many Taiwanese parachute kids were sent to the U.S. at young ages (elementary, middle, and high schools) for better educational attainment and better opportunities in life, and most of them lived in major metropolitan areas, especially in California (Zhou, 1998). Some of these adolescents struggled with general mental health issues (Chung, 1994), parent-child conflict (Lee et al., 2020), gang involvement (Pih & Mao, 2005), as well as other academic, behavioral and adjustment related issues (Hom, 2002). There is, however, some evidence to suggest that these adolescents do not struggle more than their peers who immigrate with their families (Chiang-Hom, 2004).

Over the past couple of decades there have been shifts in some of these educational trends. Based on the first author's clinical experiences with this population, Taiwanese parents have begun to shift their practices of sending their adolescents to the U.S. or other Western European countries during childhood or early adolescence. Nowadays, it is fairly common for Taiwanese parents to postpone the study abroad journey; instead, they send their children to private, bilingual, international schools in Taiwan that help prepare students for attending colleges and universities abroad.

While these students are legally adults (over the age of 18) when they come to the U.S., and probably more emotionally mature than the past generations of parachute kids were, research shows that there are distinct differences among those in late adolescence and adulthood in terms of psychosocial maturity and thereby their abilities to manage certain critical life events (Steinberg et al., 2009).

It is also important to note that the current trend of sending children to the U.S. upon high school graduation may again change due to the increasing political and military threat from China to Taiwan. Several recent political events (i.e., the U.S. Speaker of the House, Nancy Pelosi visiting Taiwan in August 2022, and increased tension between the U.S. and China) have led to more frequent and aggressive Chinese military drills around Taiwan. It is unclear how these events may increase Taiwanese parents' fear of China taking over Taiwan and if the fear would, in turn, affect Taiwanese parents' opinion about *whether* or *when* to send their children to the U.S.

General Barriers Facing Adult Taiwanese International Students in the U.S.

Asian international students tend to have more difficult adjustment to living and studying in the U.S. than those from European countries (Yeh & Inose, 2003). Ying (2005), in a longitudinal study, followed a group of Taiwanese international students for two years, and found that the initial honeymoon period did not exist for the participants and the acculturation-related struggles that they reported were highest at arrival and declined gradually over time, which supports the rationale that preparation should occur before students leave their home countries. Moreover, the same study showed that Taiwanese international students' acculturation difficulties largely fell into five categories (i.e., academics, homesickness, social isolation, cultural differences, unfamiliar climate), with academics being the most challenging aspect of their adjustment. Academic concerns included language and study.

Wang et al. (2017) also found that perceived language discrimination predicted lower overall cross-cultural competency among Taiwanese international students. Moreover, results from the same study showed

that cultural competency was found to be a mediator between some predictor variables (i.e., personality, practice of reflecting on cultural experiences, characteristics of the experiences in the host country) and life satisfaction. Linguistic barrier or perceived English fluency has also been shown to mediate the relationships between Taiwanese international students' acculturation level and depression (Dao et al., 2007).

It is also important to note that mental health issues are not readily discussed in Taiwan, and it has been shown that Taiwanese people, in comparison to those of Chinese descent who are born in western countries, hold more stigma toward mental illness (Mellor et al., 2012). Many Taiwanese families who intend to send their adolescents overseas to study also underestimate how much acculturation-related stress may exacerbate pre-existing psychological issues and are not adequately equipped to manage the health care systems in the U.S. Therefore, many parents and Taiwanese international students may feel quite helpless when mental health issues become a barrier during their transition.

Despite the challenges facing Asian students, they have a lower utilization rate of counseling services as compared to other racial minorities (i.e., Asian Americans, African Americans, and Latino Americans) as reported by Nilsson et al. (2004). Instead, Asian students tend to rely on social organizations for emotional support, and those organizations can also provide benefits such as guidance for professional development and resources for day-to-day life (Tsai & Wong, 2010).

Preparation and Support for International Students Prior to Leaving Taiwan

Most of the services and preparation Taiwanese families receive are focused on language readiness, academic success, and the logistics of traveling. Based on the first author's clinical and personal experiences, many Taiwanese international students begin preparing linguistically and academically early in their development; that is, most public educational systems in Asia incorporate English lessons during early elementary school years, if not earlier, and the learning of English continues throughout high school. Some

parents, because they have plans for their children to study abroad in the future, choose to enroll their children in international schools, where an American or European curriculum is followed, and these schools sometimes offer workshops to help families navigate college applications and so forth. Many parents and adolescents also are in contact with other families who have had similar journeys; therefore, they learn vicariously through others' experiences and have a general sense of what life overseas, school systems, and college application processes in the U.S. may be like. Individuals who are from affluent families may be more familiar with the western cultural norms due to traveling; however, those understandings are often biased and may only serve to perpetuate some unhelpful stereotypes. Finally, there are agencies in Taiwan that help families and students prepare for their visa, as well as college admission tests and applications.

Orientation upon Arrival, Ongoing Support, and Interventions

Most colleges and universities have orientation programs designed to help international students with their transition to studying and living in the U.S. even though there are few studies examining how well these programs work (Wang & Sun, 2021). These orientations tend to be in workshop formats, targeting topics such as campus life, academic resources, and support, etc. Many college counseling centers also offer outreach programs to explain their services and to promote help-seeking.

The ongoing support and intervention for Mandarin-speaking international students, including those from Taiwan, are mostly designed for students in colleges and universities. There is a small body of literature on interventions for Mandarin-speaking international students who are minors (late adolescence). For example, Du and Wei (2015) conducted a longitudinal study to examine the relationship between Chinese international students' acculturation orientation (acculturating to the U.S. culture or maintaining connection with their culture of origin) and their subjective well-being. They found that maintaining social connectedness to both mainstream and their ethnic culture were important resources for Chinese international students' wellbeing; such results would

support programs that aim to help international students maintain their connections with those from the same cultural background while simultaneously increasing their interactions with local students. Furthermore, Lee and Wentz (2019) pilot-tested a school-based psychoeducational/support group for a group of Mandarin-speaking international students who were attending a private high school in the northeastern region of the U.S. Results showed that the group was generally helpful for the participants' transition to the U.S. The study also highlighted the importance of using facilitators who had knowledge and expertise in the students' cultural and linguistic backgrounds.

As stated earlier, most literature on interventions for international students focuses on college-aged adults. Based on Andrade's (2006) review of college-aged international students, pairing international students with a domestic student has the potential of increasing international students' social adjustment, as well as their English proficiency. There are also a variety of other strategies that have been found to be helpful for international students' adjustment, in addition to the traditional individual counseling sessions. For example, Smith and Khawaja (2014) developed a STAR (Strengths, Transitions, Adjustments, and Resilience) program that consisted of four weekly, two-hour long sessions that aimed to improve students' coping during their acculturation process, and they found that students reported higher levels of coping self-efficacy and psychological adaptation at post-treatment. Furthermore, research shows that support groups for college-aged international students could be helpful (Carr et al., 2003), as well as Internet-based services (Kanegar et al., 2009).

Research has also shown that Acceptance and Commitment Therapy is an effective modality to help Asian students, including Chinese international students, specifically in terms of increasing general mental health via increased psychological flexibility (Muto et al., 2011); reducing symptoms of depression and rumination (Zhao et al., 2013); and reducing depression, stress, and anxiety related to studying abroad (Xu et al., 2020). These studies showed that structured, culturally tailored, evidenced-based psychological interventions could be useful in helping international students manage stress related to acculturation, as well as other general mental health issues.

Summary

In summary, there is some literature on the effective interventions for international students who are in their late adolescence and early adulthood. Therefore, we know that culturally tailored and structured interventions can be useful for international students' adjustment to living and studying in the U.S. However, there is a notable lack of discussion of adequate preparation prior to studying abroad for older Taiwanese adolescents who are interested in attending high school and/or college in the U.S. Additionally, we argue that the preparation should not only focus on linguistic and academic preparation, but it would also make sense to include topics such as mental health issues and other barriers and strategies that can be used to minimize adolescents' difficulties with acculturation. To this end, the authors designed and implemented a psychoeducational workshop for Taiwanese parents and adolescents who intend to study in the U.S. in the next 12 months. We aimed to explore whether this type of workshop would be useful in helping these families prepare for their adolescents' journey abroad and to receive feedback on how to improve such a program in the future. Of note, because we hoped to generate potential theories, grounded in participants' lived experiences with the process of studying abroad, we chose to utilize grounded theory (Charmaz & Thornberg, 2021) as a framework for the current study.

Method

Participants

Consistent with the practice within grounded theory, our current sample was chosen purposefully (Charmaz & Thornberg, 2021). Students at a private high school in Taiwan, along with their parents (only one parent was required to be present for the workshop), were solicited to participate in the study (see Procedure for more details on recruitment). To qualify, the students had to be under the age of 18 and considering studying abroad in the U.S. in the next 12 months. Fifty-six families signed up for the workshop; however, only 16 families were in attendance. Out of those who attended, some did not

complete the surveys, and some missed certain questions. In summary, a total of seven adolescents and 14 parents produced usable data. The average age was 17 for adolescents and 51 for parents. The self-identified race and ethnicity included Chinese, Han Chinese, Asian, and Taiwanese. All parents reported that they were "*married,*" or their marriage status was in "*good*" standing. Parents' occupations included "*homemaking,*" "*business/finance,*" and "*accounting.*" None of the parents were former parachute kids (i.e., international students or immigrant youths who came to the U.S. to study without accompanying parents).

Facilitator

Dr. Lee, the first author, is currently a licensed psychologist in the U.S. and a faculty member of a graduate program in counseling that offers training to master's level clinicians. Dr. Lee came to the U.S. at the age of 14, unaccompanied by her parents. Because of her personal experiences, she has devoted her career to research on issues concerning parachute kids and other Mandarin-speaking international students. In addition, she provides clinical services, both psychotherapy and consultation, to international students of all ages and those who work with this population.

As the sole facilitator of this workshop, Dr. Lee presented the information and answered questions that were raised by the attendees. Two parents reached out to Dr. Lee after the presentation to ask clinically oriented questions. They were referred to psychologists who were licensed to provide clinical services in Taiwan.

Surveys

Each participant received a pre-workshop survey and another one immediately after the completion of the workshop. The pre-workshop survey included demographic questions such as age, race, parents' marital status, parents' occupations, and whether parents were parachute kids themselves. Other open-ended questions included: *What kind of problems might you (or your child) experience when you (or your child) first arrive in the U.S. as an international student? How would you (or your child) deal with the problems? Are you connected to anyone who is doing the same thing? What do you hope to learn from this workshop?*

Procedures

The workshop was developed by Dr. Lee and her research team. Topics were chosen based on the common areas of concerns reported in the literature of Asian and Chinese international students (Nilsson et al., 2004; Wang et al., 2017; Ying, 2005). Dr. Lee reached out to various educational institutions in Taiwan (including private high schools and agencies that specialized in assisting families with the studying abroad process) to inquire about their interests in the workshop. One private high school was interested in the workshop and Dr. Lee collaborated with the school to modify some contents to suit the specific needs of the student population. For example, the international studies coordinator and the dean of the school expressed interest in topics such as mental health issues and coping with different cultural norms; however, they thought it was less necessary to include an overview of the American educational system since their students were already informed of this through other mediums, which is consistent with the first author's observation in clinical work with this population.

The school assisted in the recruitment process by forwarding the recruitment flyer and email solicitation to the parents and students, in addition to providing a private space outside of the school for the workshop. Families were asked to register ahead of time, at no cost to them, and they were reminded that they would have to attend as family units. On the day of the workshop, families arrived early to complete consent and assent forms for the workshop, as well as the pre-workshop survey. Upon completion of the workshop, the families were asked to complete the post-survey. Refreshments were provided by the school.

Of note, all documents and information received by the participants were in traditional Mandarin Chinese, including the surveys, consent and assent forms, and the PowerPoint slides. The surveys, consent, and assent were translated from English to Mandarin Chinese by a Chinese language instructor at a public university in the U.S., and then these translated documents were translated back to English by a Taiwanese-American professor who teaches at a private liberal arts college in the U.S.; this process is generally referred to as *back translation*. The two English versions were then

compared by the first author to ensure that meanings or the original documents have not been lost during the translation process. Furthermore, the original PowerPoint slides were developed in English by the first author and her research team, and were translated into Mandarin Chinese by one of the research assistants. The workshop was approximately three hours long and Dr. Lee was the only speaker for the workshop. The workshop was conducted in Mandarin Chinese, and it consisted of the following topics:

- Potential challenges facing international students, including cultural differences in communication styles (high context vs. low context) race-related conflicts, and stereotypes; potential interpersonal/cultural-based conflicts with teachers/professors, host parents, peers, and parents; and psychological and behavioral issues.
- Specific recommendations on how to address the aforementioned challenges.
- Discussions of how to seek support and help in the U.S., including potential resources on campus, how to access insurance benefits, and how to seek providers outside of school and/or insurance networks (if needed).
- A Q & A portion for the attendees to ask questions.

Data Analysis

Following the guideline for content analysis (McKibben et al., 2022), aggregated data from the pre-workshop survey and those from the post-workshop survey were compared to determine (a) whether participants gained any knowledge that they were expected to gain by participating in the workshop and (b) how the workshop may be improved for future participants. To begin, because the data were qualitative in nature and in traditional Mandarin Chinese, the first author translated the data into English. The translated data were then reviewed for accuracy by the same professor who back translated the consent and assent forms. The translated data were then analyzed by the first and third authors. More specifically, similar responses were placed in the same categories, and each category was named in a way that would capture the theme of the specific category. Then, the second author reviewed the data to ensure that the categories accurately captured the meanings of the individual responses. Finally, the themes of data were used to later formulate a systemic

framework with which we can explain the varying needs between parents and their adolescents (Charmaz & Thorberg, 2021).

It is important to note that the authors ensured the trustworthiness of the study by adhering to the guidelines proposed by McKibben et al. (2022), as well as Williams and Morrow (2009). For example, the recruitment, interviewing, and transcription processes were clearly outlined. A clear data analytical strategy was employed. External auditors were consulted to reduce bias due to translation; and a research team, with diverse cultural and linguistic backgrounds, conducted the data analysis in order to ensure that the interpretation accurately reflected the data.

Results

Results are presented in a way that highlights the different, as well as similar, perspectives between adolescents and parents. We also compared the data between pre- and post-workshop surveys to show whether participants gained the knowledge that we were hoping they would gain. Of note, as the research team began coding and reflecting on the process of the workshop, several observations seemed noteworthy in terms of contextualizing the data. First, most questions raised during the workshop were by the parents. Some parents preferred to write their questions, especially those about mental health issues, on a note card and remain anonymous during the Q & A portion of the workshop. Second, adolescents' responses in the surveys were generally briefer than those of their parents. Third, most of the adolescents reported knowing at least one person who was also going through the same process, while most of the parents reported not being connected to other parents who were on the same journey.

What are the potential challenges?

At pre-workshop, adolescents reported many challenges that could be categorized as follows: (a) acculturation difficulty, (b) language, (c) interpersonal difficulties, (d) adjustment to the new environment, and (e) academics. At post-workshop, adolescents' responses generally fell into the same categories as their pre-workshop response (i.e., acculturation difficulty, language, interpersonal difficulty, emotional and

psychological difficulties, and academics); however, their responses were much more nuanced in the post-workshop survey. For example, several adolescents reported "*interpersonal issues*" as potential challenges at pre-survey; at post-survey, they listed "racial issues" and "*discrimination*" as potential challenges. Also notable was the lack of specific attention to potential psychological issues at pre-workshop. None of the adolescents listed psychological issues or stress in their responses to this question; however, emotional and psychological difficulties emerged as a new category for the post-workshop survey, which showed an improvement in the adolescents' knowledge about the impact on mental health by the acculturation process.

As for the parents, similar categories as the adolescents' emerged for their pre-workshop data: (a) acculturation, (b) interpersonal difficulty, (d) general adjustment, and (e) academics. However, there were two categories reported by the parents that did not emerge for the adolescents. Specifically, the parents were anticipating some psychological difficulties such as "*lack of willpower*" and "*racial identification.*" Drug and alcohol related issues were also concerning to the parents. At post-workshop, parents' perceptions of potential challenges changed slightly. That is, acculturation, general adjustment issues, interpersonal difficulty, and psychological problems remained the main categories; however, there was no specific mentioning of academic related issues at post-workshop. Furthermore, at post-workshop, parents' understanding of psychological issues expanded slightly. That is, they became more specific in their responses, similar to the observed changes in the adolescents' results. For example, instead of mentioning psychological adjustment in general, the parents were naming issues such as "emotion regulation" and "stress management" in their post-workshop survey.

Another contrast we found between adolescents and parents' data is that parents were more attuned to the potential challenges of race-related conflicts (both at pre- and post-workshop) compared to the adolescents. For example, several parents listed discrimination toward Asians as one of the potential challenges at pre-workshop and the same number of participants listed discrimination at post-workshop; meanwhile, adolescents were largely not thinking about this issue prior to the workshop. Finally, prior to starting the

workshop, parents reported wanting to learn about how to prepare for the adolescents' journey abroad, how to problem-solve, and how to make adjustments in their adolescents' daily lives. Even though the adolescents reported similar expectations at pre-workshop, their responses were less detailed and more general than their parents.

How would you (your child) handle the challenges?

For adolescents, the pre-workshop results were categorized as follows: (a) passive coping (e.g., "*will get used to it with time*"), (b) making emotional/psychological adjustment (e.g., "*adjustment of mindset*"), (c) adjustment of one's behaviors, and (d) seeking help from others. At post-workshop, adolescents showed similar patterns in their coping style; some remained passive (e.g., "actively think about how to avoid") and those who appeared proactive remained proactive. Regardless of their coping styles, participants seemed to have expanded on their knowledge of potential resources. For example, at pre-workshop many of them only reported other Taiwanese international students and their friends from high school as potential support. However, at post-workshop, their responses expanded to include counseling centers, psychologists on and off campus, online therapy, as well as other Taiwanese international students and friends. It appears that the workshop helped participants become more knowledgeable about external resources available to them; however, the workshop did not seem to have a strong impact on the adolescents' internal resources and coping styles.

Pre-workshop survey results from the parents revealed several themes in terms of how parents thought they might help their adolescents manage the potential difficulties with transition: (a) preparation ahead of time, (b) psychological adjustments, (c) making behavioral adjustments, and (d) seeking help from others. All the categories, with the exception of preparation, are the same as the ones for adolescents, but the parents' responses were more detailed and comprehensive. In other words, parents were attending to the need for preparation, even prior to the workshop, and they were more nuanced in their understanding of the transition. Furthermore, parents' responses at post-workshop were like their responses at pre-workshop.

However, similar to adolescents' changes between pre- and post-workshop, parents' post-workshop survey results also indicated increased awareness of the external resources that would be available to them.

Feedback for how to improve the workshop

The post-workshop survey included questions eliciting participants' feedback for the workshop in terms of the content, overall quality, as well as the length of the presentation. Of note, participants' responses to these questions were limited. In terms of content, three participants indicated that all relevant information was covered or no changes were needed. Five participants desired more use of clinical examples. Lastly, participants reported a desire to discuss the following topics in greater depth: money management, how to choose the right destination for their study, handling romantic relationships, drug and alcohol issues, how to talk to adolescents about their mental health issues, specific adjustment and acculturation related problems, how to problem solve in general, and available resources.

When asked about the overall quality of the presentation, there appeared to be no difference between how the parents and the adolescents responded to the question. Across the two groups of participants, 18 out of the 21 individuals who responded to the question reported that the overall quality of the workshop was either *good* or *very good*. The remaining three participants rated the workshop as *average*. As for the length of the presentation, there appears to be a difference between how parents and their adolescents responded. Four (57%) out of the seven adolescents thought the length of the workshop was *just right*, whereas 3 (43%) of them thought it was *a little long* or *too long*. When parents were asked the same question, 11 (79%) out of 14 thought the length was just right while the rest of them thought the workshop was either *a little long* or *too long*.

Discussion

Implication and Future Directions

The data revealed a few trends, which may be rooted in Taiwanese culture and its ambivalence about mental health issues (Mellor et al., 2012). First, participants in the study self-identified as Asian, Taiwanese, Han Chinese, and Chinese, and they seemed to refer to race, ethnicity and nationality interchangeably. This is consistent with previous literature on Taiwanese and Taiwanese American's identity related to race and ethnicity (Wang et al., 2020). Second, questions about mental health issues (e.g., where to seek help, what is the range of fees, etc.) were mainly asked anonymously via note cards, whereas other types of questions were asked openly, which we believe is a reflection of stigma toward mental health issues as previously described by Mellor et al. (2012). Additionally, parents, especially mothers, were asking most, if not all, of the questions, while the adolescents were not actively participating. This may also reflect Taiwanese culture where families are hyper focused on children's academic success and mothers often are overly involved with their children, which sometimes may lead to alienation between the father and the child as well as children's social withdrawal (Sim et al., 2017). Another potential explanation is the amount of social connection and its impact on the participants' self-perception of readiness. Based on the data, the adolescents are reportedly more connected to others who are currently or have previously gone through the process of studying abroad; however, parents are mostly not connected to other parents who are in similar situations. Therefore, this lack of social connection, i.e., not having the opportunities of learning from someone else's experiences, may have led to a self-perception of being less prepared and therefore feeling more need to gather information whenever possible. This finding supports our rationale for conducting a workshop to prepare not only the adolescents but also their parents. On the other hand, more empirical testing may be needed to validate the hypothesis that the lack of social connection may lead to the perception of being less prepared.

As for knowledge, participants appeared to have gained the intended information from the workshop. Specifically, adolescents appeared to have gained more knowledge in terms of the potential challenges, especially regarding potential psychological issues. This is exciting because, we speculate, by having more information and awareness of mental health issues, adolescents will be able to detect problematic changes in their mood and behaviors earlier and therefore be able to seek treatment or help sooner. In contrast, parents appeared to be knowledgeable of the potential risks,

including race-related conflicts, and psychological issues, prior to participating in the workshop. This, again, may reflect how parents are often more involved in the children's educational pursuit than their children are, which can be a reflection of Taiwanese culture (Sim et al., 2017), or a product of parents being generally more mature and aware. What is also noteworthy is that, despite being generally knowledgeable of the potential challenges prior to the workshop, the parents' descriptions of the various challenges became more specific and nuanced after the workshop; such deepening of knowledge, we believe, is helpful for identifying and solving problems. Overall, the findings seem to suggest that such a workshop is helpful in terms of providing and/or broadening families' knowledge about studying and living in the U.S.

In terms of skills, i.e., how to handle the potential challenges while studying abroad, results showed that the adolescents' understanding of external resources expanded; however, it was harder for them to identify internal coping strategies (e.g., challenging their own mindset, attitude, assumptions, etc.). Based on this result, we believe a separate workshop focusing on cognitive strategies may be useful for adolescents. For example, Muto et al. (2011) have found that Acceptance and Commitment Therapy could be helpful for increasing cognitive flexibility among Asian international students. Furthermore, the current workshop was effective in terms of informing parents of the various resources in the U.S. that would be available to their adolescents, which we believe would help reduce the parents' anxiety, and in turn would help the adolescents feel more grounded as they transition to the U.S.

Finally, the topics were generally of interest and value to the participants, but they indicated that having more concrete examples of how to solve certain problems would have been helpful. Also, parents reported that the length was right, but adolescents reported that it may have been too long, which may be attributed to the fact that adolescents felt more connected to others and therefore felt more prepared than their parents were.

Limitations

Several limitations are noted. First, due to the qualitative and exploratory nature of the study, the results are not generalizable to other international student groups or even those who are from China since, culturally, there are significant differences between contemporary Chinese and Taiwanese families. Also, some participants filled out pre-workshop surveys but did not complete the post-workshop surveys; therefore, we were not able to see the changes within each participant from pre- to post-workshop. Finally, we were not able to observe how data varied within each family unit due to the incomplete data from each family unit.

Conclusion

Despite the limitations, we can make several conclusions based on the aggregate data from the adolescents and those from the parents. First, parents and adolescents both indicated an interest in and a need for some preparation *prior* to the adolescents' journey abroad. Second, the preparation should look differently for the parents and the adolescents because of their varying levels of connections to those who have gone through the same process. Third, adolescents generally require more concrete preparation and strategies for potential psychological problems and how they can adjust their attitude, assumptions, and coping styles due to their age and a general lack of exposure to challenging life circumstances. Fourth, both parents and adolescents can benefit from more explanation of specific resources on and off campus. Fifth, parents do not seem to have a lot of social support in this process, which can exacerbate the sense of anxiety and could negatively affect the interactions with their adolescents. Therefore, a separate workshop focusing on how parents can better manage their anxiety and expectations and aiming to increase their interaction with other parents would be warranted.

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Formation and Reformation: Using a Rhizomatic Model of Adults' Identities

Ben T. Willis & Gabriel Gross

While people have investigated identity and identity development for numerous years, there remains a need to explain identity development process(es), especially for adult development. Deleuze and Guattari's rhizomatic model, based on the type of plant, can function as a model for identity formation and reformation. This article discusses a rhizomatic model and its use in counseling by exploring the six principles and their application through a case study.

Keywords: Identity, Development, and Rhizome

Identity Development

A healthy identity has repeatedly been discussed as an important overall aspect of human development (Årseth et al., 2009; Erikson, 1968; Kroger, 2000). Likely, it is because having a sense of identity has a strong connection with different indicators of wellness (Nelson & Barry, 2005; Schwartz et al., 2011; Waterman, 2007). Several models and approaches to identity have been theorized to explain what identity looks like (Erikson, 1968; McAdams, 2013), identity factors (Luyckx & Robitschek, 2014; Sznitman et al., 2019; Willis & Cashwell, 2017), and identity process(es) (Crocetti et al., 2017; Negru-Subtirica et al., 2017). While these models have heavily relied on Erikson's (1968), Marcia's (1966), and McAdam's (2013) identity theories and conceptualizations, there remains significant questions about how identity develops and changes over time (Crocetti et al., 2017; Luyckx & Robitschek, 2014; Negru-Subtirica et al., 2017). This article explores how counselors can utilize the philosophical-botanical concept of rhizome as a model of identity to understand changes in identity over time and to help their clients.

Importance of Identity and Identity Development

Overall, researchers have found that identity development is important because of its impact on wellness (Nelson & Barry, 2005; Schwartz et al., 2011; Waterman, 2007) and how it influences other significant aspects of human development (Kroger et al., 2010; Marcia, 1966; Meeus et al., 1999). Despite the growing body of literature supporting this, the majority of research on identity still focuses on adolescents and young adults. There remains a significant need to look at identity and identity development for adults and to have practical approaches to addressing identity development with clients, especially because of the connection between identity and wellness.

Many researchers have investigated the claims that Erik Erikson made about having an identity (as opposed to being in role confusion) being an important developmental task or stage. At present, there have been multiple eta-analyses summarizing the amount of research on identity development (Årseth et al., 2009; Kroger et al., 2010). Erikson (1968) claimed that individuals would experience greater wellness if they did have a clearer understanding of themselves. Erikson said that an "optimal sense of identity… is experienced merely as a sense of psychosocial well-being. Its most obvious concomitants are a feeling of being at home in one's body, a sense of 'knowing where one is going,' and an inner assuredness of anticipated recognition from those who count" (1968, p. 165). Erikson believed that having this experiential and psychosocial identity led to greater wellness for the individual, and this has also been examined by many researchers (Årseth et al., 2009; Kroger et al., 2010; Marcia, 1966; Meeus et al.,

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1999; Schwartz et al., 2011; Waterman, 2007). These researchers have found that forming or committing to an identity is connected with higher self-esteem, presence of meaning in life, and satisfaction in life and with lower depression, general anxiety, social anxiety, and physical aggressiveness, which supports Erikson's claims identity is connected to wellness.

Models for Understanding Identity Development

When looking at general identity development, the most commonly used models come from Erikson (1968) and Marcia (1966). Erikson proposed a psychosocial approach to understanding identity and its development which was rooted in a psychodynamic approach. Essentially, Erikson saw that identity developed over time based on interpersonal interactions and how the individual mentally processed and felt about them. More primitive versions of identity developed in childhood as introjections from parents or caregivers initially formed preliminary experiences and understanding. Later, identification with others, particularly role models, allows the individual to start to see who they are in context with others. Erikson (1968) proposed that identity formation begins in adolescence, when a person is capable of using these interactions to form a conceptualization of who they are and how others are likely to respond to them. Therefore, Erikson's psychosocial stage of identity versus role confusion focuses on people building an understanding of themselves, particularly related to how they will navigate our complex social world by developing stable interpersonal roles and interactions.

Marcia (1966) agreed with the major premises of Erikson regarding identity, though he proposed a more nuanced understanding of Erikson's dualistic outcomes (either having identity or role confusion). Marcia proposed that people can commit to and explore identities. Marcia did not see the commitment to or exploration of identity as a static process or outcome but more of an ongoing "status" regarding identity. Therefore, Marcia (1966) proposed four identity statuses, identity diffusion, identity foreclosure, identity moratorium, and identity achievement, to help better capture the important experiential component of identity that Erikson discussed. Marcia further expanded on Erikson's idea of one general identity that people

have/experience by hypothesizing that we have multiple identities that impact us psychologically and socially. To conceptualize how individuals can experience different identity statuses for identity domains, Marcia (1966) and Kroger (2000) added occupational, religious, political, friendship, and romantic identities.

More recently, McAdams (2013) proposed a constructivistic approach to identity that focuses less on specific categorical identities and instead on the narratives and meaning that people associate with themselves. McAdams articulated that this narrative identity develops over time through social interaction and leads to nuanced and flexible ways to experience self as a subject, an "I" that can observe, decide, and act, as well as an object, a "me" that can be observed and understood by the "I." The self as subject, or the "I," makes meaning about who the person, the "me," is. McAdams (2013) highlighted the influence of stories or narratives in helping make meaning and understanding of identity.

Narratives are stories derived from and informed by a person's environment(s), and their interactions with themselves and others (Breen et al., 2016; McAdams, 2013). Therefore, societal stories can be used by individuals to understand and ascribe meaning to themselves based on their interactions with others. If consistent narratives are used by someone, then they are likely to form a life script or master narrative (Breen et al., 2016) that can significantly shape the identity of that person. McAdams (2013) proposed that a narrative approach understands: (a) that identity develops over time and starts young; (b) is strongly impacted by social interactions and forces; and (c) uses story to understand identity.

Need for a Model of Adult Identity Development

Despite the existence and use of Erikson's (1968), Marcia's (1966), and McAdams' (2013) models for identity development, there are some issues with utilizing these models with adults. Particularly, these models focus more on the preliminary development of identity and less on how identity can change after it has been developed, which is common during adulthood (Crocetti et al., 2008; Stephen et al., 1992). Identity reformation does happen and can include repetitive

processes [e.g. moratorium-achievement-moratorium-achievement cycles (Crocetti et al., 2008; Stephen et al., 1992)], and greater complexity in identity often happens because of further exploration and understanding of different identities (i.e., sexual, occupational, parental, etc.). The reformation of identity or increased exploration and understanding often leads to people exploring and reflecting on the intersection of various identities (Hays & Erford, 2014; Negru-Sabtirica et al., 2017; Reynolds & Pope, 1991; Sanders & Bradley, 2005). Adults tend to have more numerous roles and responsibilities than children or adolescents, which makes identity a much more complex and nuanced construct for adults.

Identity is complex and defies a simplistic classification system or developmental model (Crocetti et al., 2022). Concrete and static labels are not necessarily sufficient to cover what identity is for individuals or to understand the dynamic *process* or movement of how identity forms and reforms over time. Formulaic stage-based identity models seem to break down in their accuracy and utility when applied to adults (Crocetti et al., 2022; McAdams, 2013). Like a single Magnetic Resonance Imaging (MRI) scan, stage-based developmental models can show a single "slice" of an individual's body along a certain axis at a certain point in time, but they cannot show the context of that slice in light of how it impacts other areas and axes of the body. Therefore, these models leave the counselor depending solely on their clinical intuition and their knowledge of multiple identity models to conceptualize a client's identities and what might be a beneficial outcome within the client's context. It seems that a comprehensive model is needed and would be useful for exploring adult identity with our clients.

Rhizomes and a Rhizomatic Approach to Identity

Background

The concept of a rhizome was articulated by French philosopher Gilles Deleuze and psychoanalyst Félix Guattari (1980/1987). Deleuze and Guattari argued that culture, history, and knowledge can be better understood by using a rhizomatic approach rather than an arboreal (tree-based) approach. Viewing culture in an arboreal way means seeing it in a clearly linear fashion, with a singular beginning (i.e. seed) and a well-defined end (i.e. the tree grown to its full potential and final form). Here, growth and development occur in a predictable, vertical, organized story. In contrast to an arboreal approach, Deleuze and Guattari (1980/1987) offer the model of rhizome as a more accurate, dynamic, chaotic, multidirectional and multicausal picture with no certain origin, endpoint, or preset pathway.

The use of a rhizome for understanding identity encompasses these ideas and connects with McAdams' (2013) narrative identity, discussions on intersectionality of identities (Hays & Erford, 2014; Reynolds & Pope, 1991; Sanders & Bradley, 2005), and even the idea of multiculturalism (Goodley, 2007; Ibrahim, 2014). While rhizome as a model for identity development has yet to be articulated from a professional counseling perspective, Piper and Garratt (2004) explored using rhizome to understand identity for British educators with students from various cultures, and Sermijn et al. (2008) have used it to discuss a narrative construction of the self from a qualitative inquiry perspective. In both articles, the writers highlighted the importance of seeing identity from many viewpoints and a dynamic perspective. Using a model derived from something living, moving, and changing could facilitate a fuller understanding of identity, with room to integrate other theories of identity and counseling within it.

Principles of Rhizomes

In botany, rhizomes are a type of plant that grows mostly horizontally underground. Rhizomes are connected by a system of roots and shoots that often have bulbs or tubers as well as above ground stems (Deleuze & Guattari, 1980/1987). Examples of rhizomes include crabgrass, potatoes, ginger, and rhubarb. If cut off from other portions of the plant, often each part of the rhizome can live independently disconnected from the rest of the plant and regrow into a new plant. Because of the features of a rhizome, they can be somewhat difficult to place into hierarchical taxonomies and resist easy classification or labeling with other plants.

In their philosophical concept of rhizomes, Deleuze and Guattari (1980/1987) characterized the model by the six main principles of connection and heterogeneity, multiplicity, asignifying rupture, and cartography and decalcomania. The principles collectively communicate

a postmodern understanding, one without any singular Truth or certain pathway. A rhizomatic identity, therefore, is similarly multifaceted with numerous ways that it can grow, develop, and be understood.

Applying Principles of Rhizomes to Identity

The principles of connection and heterogeneity mean that a rhizome is made up of different parts and that all aspects of a rhizome are inherently interconnected, part of an interwoven *assemblage* (Deleuze & Guattari, 1980/1987). From an identity perspective, this conjures up the concept of intersectionality, the crossover connection between various aspects of self (e.g. having both gender identity and professional identity simultaneously). Therefore, one counselor could investigate an aspect of identity and how it relates with another aspect (e.g. gender identity and professional identity), and another counselor could look at that aspect of identity in relation with a completely different aspect of identity (e.g. gender identity and ethnic identity). Each aspect of identity is connected to all other aspects of identity, and there are multiple ways to view and analyze their connections.

The third principle of multiplicity suggests that rhizomes have no definite origin point or linear chain of causation explaining how they came into being (Deleuze & Guattari, 1980/1987). They are complex and multi-causal entities and processes, not merely a part or offspring of some larger whole. Adult identity also can be considered a multiplicity, in that there is no exact moment at which one becomes adult or any other identity (Arnett, 2004). One's becoming and being an adult--with all of the vocational, relational, and biological identities that are explored, committed to, cast off, reclaimed, and transformed throughout—is a multiply-caused phenomenon, formed and reformed at the hands of a myriad of psychosocial influences (Crocetti et al., 2022). Identity forms and reforms over time with the changing salience of different identities (Stets & Burke, 2000) and possible addition or deletion of identities. As adults age, their identities can be added or lost as younger generations are born, loved ones die, marriage or divorce occurs, or vocational roles change or end. Understanding oneself as a grandparent or a spouse can be formed, reformed, or lost based on their lived experiences, which can dramatically affect an adult's experiences and types of identities.

The fourth principle of asignifying rupture denotes that when a rhizome breaks or is shattered, it can regrow by focusing on one or more of its previous lines of growth or creating a new line or direction of growth. To further explain this principle, Deleuze and Guattari (1980/1987) utilized the terms deterritorialization and reterritorialization when talking about these breaks or ruptures. Deterritorialization refers to when an occupant of a certain area partially or fully relinquishes the area, which is typically done in relationship to another entity (for further details, see Fox, 2002 and Holland, 1991). This deterritorialization of an entity leads to another entity being able to reterritorialize that entity, which often changes both parties. Therefore, entities interacting with each other can lead to breaks or changes that foster re-growth in new or different directions in both entities.

Applying deterritorialization and reterritorialization to identity and identity development has significant implications. Erikson (1968) saw that the intrapersonal and interpersonal forces often presented a developmental task or challenge for individuals to develop a sense of continuity and self-sameness for their identity, which seems to be a counter force to the deterritorialization that Deleuze and Guattari (1980/1987) proposed. Therefore, people can experience resistance when they are being "deterritorialized" by another person, thing, or encounter that can lead to a diminishment or negation. If the individual had a strong identity that was counter to an idea that could otherwise deterritorialize someone with less commitment to that identity, it would be experienced as a dissonance within oneself and would serve as a buffer to the power of deterritorialization to change one's identity (Deleuze & Guattari, 1980/1987). On the other end of the spectrum, when the power of deterritorialization is not buffered, there can be a very significant ripping of the older identity that results in either a completely new way of understanding and experiencing oneself with others or a void of this understanding that might leave fertile soil for subsequent reterritorialization.

The final principles of rhizome are cartography and decalcomania (Deleuze & Guattari, 1980/1987). Cartography refers to a rhizome as being a dynamic, map-like system (rather than static tracing) that is "open and connectable in all of its dimensions; it is detachable, reversible, susceptible to constant modification" (Deleuze & Guattari, 1980/1987, p. 12). Rhizomes do

not have charted out developmental pathways, rather they develop and redevelop in concert with others in the environment. As maps, rhizomes have multiple entry-points and are ever-evolving entities in constant flux. Per decalcomania, rhizomes are also unfixed and can be transplanted to different locations, "adapted to any kind of mounting, reworked by an individual, group, or social formation" (p. 12). They can be moved and changed, deterritorialized and reterritorialized by an individual or between many, in a moment's notice or over generations.

Cartography maps onto a core component of existentialism, that there is no predetermined meaning ascribed to a human life, no set tracing that a person is expected to follow (Deleuze & Guattari, 1980/1987). There is no preset pathway that a particular person's identities are commanded to grow into/around/through; rather, each individual is a map in and of themselves, an entity and experience to be explored, discovered, written, rewritten, defined, defiled, marked up by the epigenetic forces that surround the person. Such effects, the constructions of identity and meaning, can occur at multiple "entryways" during the lifespan—in young, middle, old, and oldest adulthood, even arguably posthumously. Creation and recreation of adult identity can be born from intrapersonal, interpersonal, outer environmental, social, or cultural causes. In a decalcomaniac way, some of our identities can be transferred from one generation to the next (e.g., family name, ethnicity, inherited genotypes). Perhaps, too, our identities can accompany us through geographical, vocational, and relational "moves." Some aspects of self may stay the same over the course of adulthood, perfectly preserved decals (e.g., biological sex, adherence to key values/philosophies), but often enough, as we transplant ourselves from one time and place to the next, some identities might modify, mature, or wither (e.g., our bodily integrity, an advanced sense of morality).

In summation, the six principles of philosophical rhizomes seem to serve well as means of illustrating and understanding adult identity development. As both a broad and nuanced model, the rhizome has implications for how counselors might work alongside clients experiencing issues of identity exploration, rupture, and (re)construction.

Rhizomatic Identity Model in Counseling

Professional counselors can use a rhizomatic approach to identity formation and reformation when working with adult clients. This framework offers a way to understand identity, identity development, and identity changes for adults. Because identity is a multifaceted aspect that grows and reforms with new or different experiences and feedback, a model to understand it needs to be sufficiently large and dynamic enough to encapsulate it. The rhizomatic model meets these needs and allows for other theories or models to fit within its overarching framework. For instance, situating specific identity development theories (e.g. racial identity, moral identity, etc.) inside the structure of a rhizomatic perspective works and actually allows for greater support and understanding of identity. Along the same lines, different theoretical approaches can be used within this framework to help more comprehensively conceptualize clients' cases and to plan appropriate interventions to help the clients meet their goals. Because a rhizomatic approach focuses on different perspectives and being able to chart an existing pathway and look at future possibilities, post-modern approaches seem to fit especially well within a rhizomatic framework.

This rhizomatic model can integrate narrative identity by inviting meaning-making to determine the sense, significance, and purpose of events in clients' lives. It can encompass and help to illustrate the client's stories as a means to conceptualize how they are understanding themselves, other people in the stories, and the world. Patterns of rupture and regrowth can be noted as potential themes in the life story. Using ideas from McAdams (2013) about narrative identity within a rhizomatic model allows to conceptualization of identity as a meaningful and thematic story with nonlinear past, present, and future. This can help map identity and potential future trajectories of identity as it continues to form and reform through psychological reappraisal and social influences. Other counseling theories, such as Adlerian or Jungian, that focus on increasing insight can be integrated into the rhizomatic model to help illuminate the dynamic energies, motivations, archetypes, and influences and further "map" them for clients. With cognitive approaches, a rhizomatic framework can support rupture from irrational or

maladaptive beliefs and regrowth toward more adaptive thought patterns. With more experiential approaches, such as Person-Centered or Gestalt, the self can be better understood through the metaphor of a rhizome.

Specific Applications of a Rhizomatic Framework to Identity in Counseling

Because of the ability to adapt to changing situations, a rhizomatic framework is especially helpful with clients experiencing transitions in their lives. Seeing clients' changes and experiences (such as losing, changing, or obtaining a job, experiencing grief and loss of a loved one, undergoing a mid-life crisis, having physical and/or medical issues, or taking on increased family responsibilities) from a rhizomatic perspective can be helpful for counselors and clients. In changes like this, clients often experience sadness, disorientation, frustration, anxiety, and/or stress. When talking about relatively normal developmental transitions, Kroger (2014) said:

> Each of these normative psychosocial tasks or critical life events is likely associated with an identity reformulation period. It is also likely that, during a time of identity reformulation, one will experience some type of regression to a previous identity status and concomitant approach to dealing with the world. (p. 68)

This regression is even more likely when the transition or experience is abrupt or more traumatic, like a sudden death, assault, or serious health change. It can be overwhelming for some people with these experiences, and many will not be able to function at the same level and can feel disoriented with the upheaval and changes. Helping them to reconnect with other parts of their selves and conceptualize their situation and experiences can be very helpful to clients. A rhizomatic approach can help professional counselors to understand the transition as a disruption to their previous identity(ies) and that there is a rupture in their sense and experience of self. With this conceptualization, counselors can normalize this to clients as a common and typical part of human life to be able to help them process their transition and be able to focus beyond it to what is happening now and what they want to happen in the future.

Professional counselors can also normalize "deterritorializations" that affect the trajectory that an individual was on and explore possibilities to continue back on the original pathway or to move in a new direction. People have the ability to make meaning of their lives and to continue to grow despite traumatic experiences (Lee et al., 2013). After some level of healthy meaning making has been completed, they can also see that people are more than one-dimensional and have many different aspects that are a part of who we are (Deleuze and Guattari's (1980/1987) principles of connection, heterogeneity, and multiplicity) and that they are more than only a vocational, relational, or physical being. Counselors can help clients to reframe and broaden their perspectives beyond the one aspect that they may be focusing on. With life events such as the loss of a loved one, beginning to care for aging parents, or a decrease in physical ability level in adulthood, there is not always the option of continuing in the same trajectory or pathway. Deterritorializations cannot be stopped in all circumstances, but counselors can support clients in accepting the reality of the rupture and making meaning of the territory that was lost or that remains. Professional counselors can integrate Logotherapy, Narrative Therapy, or Acceptance and Commitment Therapy approaches and interventions into this overarching rhizomatic model to help clients explore their situation or reintegrate themselves as a holistic being after such a transition.

The principle of decalcomania, or the ability to transfer knowledge and ways of being from one area of life to another area (Deleuze & Guattari, 1980/1987), can also be helpful to clients undergoing difficult transitions after the initial shock has worn off. Professional counselors can particularly focus on how clients have effectively navigated similar situations in the past to be able to utilize those skills and strategies with the current challenge. This is more beneficial to adults than any other period of life, as adults have more life experience, role-specific knowledge (e.g. like being a parent or skilled worker), and likely expertise in certain topics that they would be able to transfer into an area that they are experiencing as a greater challenge. Whether adults are turning to skills and dispositions that they have learned in other role identities (like being a parent, co-worker, leader, etc.) to apply to the challenge or remembering a specific approach that they used, counselors could remind clients of their prior successes to be able to transfer lessons to the current situation.

Apart from difficult transitions that adults experience, a rhizomatic approach can be useful when exploring connections between their different identities and when seeing how identity is influencing other developmental stages, such as Erikson's (1968) intimacy, generativity, and integrity. With the multiplicity and heterogeneity of identity, adults will likely have specific identities that are more greatly explored and deeply known along with others that are less clear and defined. As adults gain new experiences or are exposed to new ideas and perspectives, they can come into contact with the latter form of identities and may begin to explore how this identity relates with their other identities (Crocetti et al., 2022; Reynolds & Pope, 1991). For instance, someone in mid-adulthood who has not focused on their meaning or purpose in life may begin to search for how their vocational identity and familial identity connects with their spiritual identity, in terms of what they see as meaningful in their life. Professional counselors can help the client see the intersectional nature of our multifaceted identities and support the client as they are searching for meaning and understanding the connections within their rhizomatic identity. The rhizomatic framework holds the space for such work and provides some language to describe these changes. The disruption of the past way of being can be seen as a rupture where something deterritorialized the way the individual was, which can be seen as a new opportunity for growth and change through possible reterritorialization (Deleuze & Guattari, 1980/1987). This reterritorialization can be client-directed to determine the direction of future work and growth. Clients may also benefit from undergoing cartography, or mapping identities, with the counselor. Professional counselors can help clients to map the connections, diversions, entwinements, and differences between identities by seeing them as roots that follow those same methods.

A rhizomatic framework also allows for helping professional counselors and clients to explore the connections between identity and other developmental tasks. Researchers have documented some of the ways that identity influences developmental tasks of intimacy (Beyers & Seiffge-Krenke, 2010), generativity (Beaumont & Pratt, 2011; Christiansen & Palkovitz, 1998), and integrity (Hannah et al., 1996; Hearn et al., 2012), and counselors can use this information to see how clients' identities are impacting developmental challenges in those or other areas. According to Erikson (1968), successfully resolving the identity vs. role confusion task assists individuals to have intimacy with others (by being able to clearly see and communicate who one and the other are), be productive with their life (by seeing their contribution to the world and connections with significant people in their life), and experience a sense of integrity (after having been yourself throughout your life). Furthermore, the areas of intimacy and generativity are often directly connected to an identity (e.g., being a romantic/sexual partner, best friend, parent, supervisor, or mentor) and would therefore be directly benefited from a rhizomatic approach to identity. Therefore, the benefits of helping clients more clearly form and commit to their identity/ies can affect other developmental areas.

Case Study Application of a Rhizomatic Approach in Counseling

The following is an example of how a rhizomatic approach to counseling could be utilized. This case study focuses on Brahm. Brahm is a 45 year old gay, Buddhist, Asian American male reporting to counseling with a presenting concern of depression, unresolved trauma, and a sense of inauthenticity. He indicated symptoms of anger, emotional avoidance, dissociation, guilt, sadness, irritability, anxiety, nightmares, and difficulty sleeping through the night. He does not currently use drugs or alcohol. He is not partnered or married, and he has no children.

Brahm disclosed he was adopted when he was a few years old and that he has no relationship with his birth mother or father. He noted feelings of abandonment and disconnection toward them. Brahm's adoptive mother was passive and cold; she met basic needs for food and shelter but not for emotional support. Brahm's adoptive father was a strict authoritarian parent who encouraged a rigorous school/work ethic with little time for play. Helping at his father's printing business took priority over extracurricular activities or hobbies.

Brahm stated that his father often engaged in physical and verbal abuse toward him, especially during times of perceived "disobedience" (e.g. when client would cry, express emotions, or behave in ways his father deemed "shameful to the family and the church," including

experimenting with aesthetic presentation and coming out as gay as a teen). He recalled his father beating him, yelling for hours at a time, and calling him demeaning names. Brahm developed the capacity to dissociate during episodes of abuse and to "shut off" crying, though stated he was often deeply fearful. Client expressed historically feeling unloved by his adoptive parents but reported he did have a close, trusting relationship with his adoptive grandmother, who would visit the home on weekends to care for him. Brahm stated he learned kindness and warmth from his grandmother and scripts of obedience and deference from his father.

Brahm reported taking school seriously, achieving high grades in his youth. He noted working several jobs and earning scholarships in order to put himself through college and graduate school. In his 20s and 30s, the client moved to several different regions of the country, articulating a desire to "flee from my family and chase my self down." He successfully held jobs during each re-location in the fields of customer service, child-care, education, and mental health. Brahm reported consistent meaning in his other-centered work but a pervasive sense of disconnection from himself. Within the past five years, Brahm has returned "home" to the northeastern United States and has been working as the director of a social services agency.

Brahm has multiple strengths, from his intelligence, self-awareness, humor, and empathy, to his interests in playing guitar, painting, gardening, writing stories and songs. He mourns that these interests were discouraged in childhood, and as an adult, he hesitates to allow himself to enjoy these activities, often choosing to work overtime instead. He has no contact with his adoptive parents at this time, but does keep in touch with his grandmother by phone. He has maintained a warm, supportive relationship with his grandmother. The client has several coworkers with whom he is friendly and well-liked. He feels he has "hidden parts of himself away in the dark" since childhood and wishes to feel "more himself, more at peace, and less afraid."

In counseling, Brahm and the counselor utilized cartography as a narrative entry-point into the client's life story. They verbally and visually mapped significant events of the client's life, from the early displacement of being separated from his birth parents, to being reterritorialized into the adoptive family household, to geographical moves in adult life, career transitions, and to re-settling in the Northeast. A graphical representation facilitated the client's meaning-making of the transplants and gave them an opportunity to reflect on the resilience and psychological hardiness needed to survive those uprootings.

Beyond the movements of Brahm's individual roots, they called attention to the interconnectedness and influence that other "root systems" may have had on him: the unrecalled foster care system, the school system (especially when more autonomous in college and graduate school), the Catholic church of childhood, and the Buddhist sangha of his adulthood. They explored the intertwining of his identity as a gay man, his father's perception of Brahm's sexuality as "shameful to the church," and his decision to stop attending Mass in adulthood. Cut off from the Catholic community, Brahm's spirituality became re-opened to exploration. He tested several faith traditions in his 20s, and by his 30s, he had committed to Buddhism, though he typically practices alone.

In addition to charting change across identities over time, they also understood Brahm by exploring psychological similarity over time. Decalcomania provided a framework to attune to which aspects of Brahm's identity stayed the same over the course of him "transferring" from childhood to adulthood. Like a decal image impressed from one surface to another, 20-year-old and 30-year-old and 45-year-old Brahm carried the same feelings of internalized shame, fear, anger, and dissociation that the traumatized child held in episodes of abuse. This part of the self, a mental-emotional amalgamation which Brahm named "The Frozen One," needed thawing out in the warmth of self-compassion and the light of exposure. Processing the trauma narrative thus became a new entry-point on their map.

Using core conditions of person centered therapy to nourish the soil of the therapeutic alliance, Bram and the counselor held space for "The Frozen One." They utilized Somatic Experiencing work to feel through residual unprocessed emotions in the body (Levine, 1997) and Parts Work to dialogue curiously and nonjudgmentally with this identity (Schwartz, 2021). They drew on Acceptance and Commitment to embody The Observing Self, one who can be-with emotions and sensations, without being flooded by or dissociating

from them (Hayes & Lillis, 2012). Traditional Buddhist loving-kindness meditation and invoked memories of the client's grandmother were also integrated to cultivate kindness toward the pain of the past (Leppma, 2012). After significant work and an assemblage of interventions, Brahm symbolically renamed The Frozen One as "Youta," meaning "Great Sunlight" in Japanese. A change had occurred in this decal identity by being warmed and welcomed into the self instead of being severed or further cut off from the self. This territory of self-shame was transforming into the territory of self-compassion.

Over time, Brahm began to nurture other aspects of his identity that were present and valued but had not been recently tended to. With gentle invitation, he stopped working overtime and set aside time for beloved leisure pursuits. He wrote stories and played music at night, joined a community painting class, gardened in his backyard, and visited the nearest monastery to meditate with others. Upon committing to these ways-of-being, Brahm found that the activities "bore fruit" of self-expression, emotional regulation, distress tolerance, mindfulness, a sense of authenticity, feelings of connection with self, and a refuge in spirituality. The counselor watched Brahm shift from one who wished to do these activities to one who is an artist, is a gardener, and is a Buddhist practitioner. Reclaiming these identities, which had been deterritorialized from him in his youth, was healing for this client.

At the conclusion of our work, Brahm reflected on his development. Having disentangled from the roots of trauma, this client is skillfully nurturing outgrowths of spiritual, emotional, psychological, and recreational identities. These identities will form and reform over time, through processes of right intention, care, and committed action, and countless other external influences. Brahm's rhizomatic self remains fertile soil for dynamic changes throughout his lifetime.

Conclusion

Professional counselors can utilize a rhizomatic identity framework to aid in client conceptualization and resulting interventions based on understanding their identities. The rhizomatic framework initially discussed by Deleuze and Guattari (1980/1987) can serve as an overarching structure or meta-model that integrates counseling theoretical approaches and identity developmental models. Because of the complexity and intersectionality of adults' identities, this rhizomatic framework can guide counselors to healing and further growth for their clients. The principles of connection, heterogeneity, multiplicity, asignifying rupture, cartography, and decalcomania provide clarity for case conceptualization and ideas for interventions to support beneficial work on forming and reforming identities.

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The EATCLEAN Model: A Counseling Approach to Orthorexia Nervosa

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Orthorexia Nervosa (ON) is defined as an unhealthy obsession with achieving optimal health in which clients restrict foods deemed impure and have rituals surrounding food preparation, all of which can lead to physical, social, and occupational impairments (Koven & Abry, 2015; Moroze et al., 2015). EATCLEAN, a framework based in traditional counseling theory and best practices for working with other eating disorders, is proposed as an aid for working with clients who present with ON.

Keywords: Orthorexia nervosa, eating disorders, counseling

The EATCLEAN Model: A Counseling Approach to Orthorexia Nervosa

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (APA, 2013), feeding and eating disorders are severe mental health conditions that could potentially result in malnutrition, social and physical impairment, and even death (p. 329). These disorders are characterized by consistent disturbances surrounding eating patterns that negatively impact the adequate consumption of food and nutrients, causing significant impairment to the social, physical, and emotional well-being of the individual. The APA-validated and recognized eating disorders include pica, rumination disorder, avoidant-restrictive food intake disorder (ARFID), anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED). However, there has recently been an increase in a new phenomenon that presents as an eating disorder, but is not a valid or diagnosable condition, known as orthorexia nervosa (ON) (Olejniczak & Skonieczna, 2018).

Coined by Bratman (1997), the term orthorexia literally translates to *proper appetite* and is derived from the Greek words orthos, which means *correct* or *right*, and orexis, which means *hunger* or *appetite* (Moroze et al., 2015). ON is used to describe an unhealthy obsession with healthy food and eating to the point of significant impairment in numerous aspects of an individual's life and well-being (Moroze et al., 2015). Those with ON typically spend a considerable amount of time evaluating the source of their food, determining how the food is processed and packaged, and scrutinizing the labels and nutrition facts (Koven & Abry, 2015). They avoid situations surrounding eating with others, leading to social isolation and impaired relationships (McComb & Mills, 2019). Physically, ON can lead to severe weight loss, potential nutritional deficiencies, and medical conditions comparable to those associated with AN such as osteopenia, anemia, and bradycardia (Koven & Abry, 2015; Simpson & Mazzeo, 2017). A stark difference between ON and AN is the motivation underlying the eating behavior: those with AN fear weight gain and have a desire to be thin while those with ON fear food impurity and have a desire to eat quality foods (Donini et al., 2004; Meule & Voderholzer, 2021).

The prevalence of ON has been a debated topic in the scientific field largely due to the use of an unvalidated assessment tool, the ORTHO-15 (Donini et al., 2005). Using this instrument, researchers reported prevalence rates ranging from 6.9% in a sample of 404 individuals in Italy (Donini et al., 2004)) and up to 56.9% of university students in a study conducted in Hungary (Olejniczak & Skonieczna, 2018). However, Dunn and colleagues

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(2017) found the incidence rate to be less than 1% in the general population. The prevalence of ON often appears higher in the population of yoga instructors, nutrition students, dieticians, and health and exercise science students in comparison to the general population (Turner & Lefevre, 2017). Based on the findings of the aforementioned studies, the large disparity between the prevalence rates found in various studies may not offer a true representation of the amount of people who suffer from ON symptoms and subsequent impairments.

Disturbingly, there is a lack of empirical research focusing on the treatment of ON, suggesting the need for further studies. However, recommendations for treating ON include a multidisciplinary team consisting of physicians, dieticians, and psychotherapists, which is a similar approach to other eating disorders (Koven & Abry, 2015). Many individuals with ON symptomology can receive closely-monitored outpatient treatment that emphasizes psychoeducation, cognitive-behavioral therapy (CBT), and medication while others require a higher level of care through inpatient treatment addressing malnourishment and other medical repercussions (Koven & Abry, 2015). CBT is considered a best practice treatment for other eating disorders and could be considered in the treatment of ON (Linardon et al., 2017).

Despite the lack of empirical evidence regarding prevalence and treatment, people are presenting to counseling with symptomology indicative of ON, evidenced through the research in case studies and self-reports (Donini et al., 2004; Dunn & Bratman, 2016; Moroze et al., 2015; Valente et al., 2020; Zamora et al., 2005). Clinical mental health counselors could benefit from guidelines designed to effectively help these clients. Therefore, we propose a model that is rooted in basic counseling principles and that integrates known strategies specific to ON symptom reduction.

Literature Review

Etiology and Risk Factors

In the late 1990's, Dr. Steven Bratman noticed the phenomenon that some individuals became obsessive about healthy eating to the point of causing themselves physical, social, and emotional harm (Dunn et al., 2017).

Scholars report that many who suffer from ON typically begin altering their diet as a way to achieve health or decrease a vulnerability to a particular disease (Dunn & Bratman, 2016; Koven & Abry, 2015; Moroze et al., 2015). The Western sociocultural emphasis on beauty and health ideals leading to happiness and success may also play a part in the development and maintenance of ON (Valente et al., 2020). Other broad sociocultural factors that may contribute to the development of ON are the Western culture's economic wealth, access to organic food, a goal-oriented approach to the human body, and the overuse of social media (Valente et al., 2020).

Specific psychological factors that increase the likelihood that an individual could develop ON include perfectionism, obsessive-compulsive tendencies, the desire to be thin, dieting behavior, fear of losing control, anxiety, difficulty in emotion regulation, and a perceived susceptibility to a specific disease (Koven & Abry, 2015; McComb & Mills, 2019; Valente et al., 2020). These traits are also prevalent in other eating disorders and obsessive-compulsive disorder (OCD), but manifest as a preoccupation with the *quality* of food and how it will impact their health as opposed to a fixation on body image and *quantity* of food as seen in AN and BN (Donini et al., 2004). Another risk factor for developing ON is the presence of other psychological disorders including major depressive disorder, body dysmorphic disorder, anxiety disorders, and most significantly, other eating disorders (McComb & Mills, 2019). In samples of Polish and Italian subjects with eating disorders, the prevalence rate of ON ranged from 28% to 82.7% respectively (McComb & Mills, 2019).

Social media use and the cultural expectations of Western society may also contribute to the prevalence of ON. Turner and Lefevre (2017) conducted a study examining the relationship between social media use and ON using the ORTO-15 assessment and various tools to measure social media preferences and usage. They found a significant correlation between Instagram and ON symptoms, likely due to the image-based manner in which Instagram operates and the pressure to conform to specific behaviors and standards (p. 282). Groups with a higher prevalence of ON (i.e., yoga instructors and dieticians) may be more likely to follow Instagram accounts that reinforce and normalize orthorexic thoughts and behaviors.

Presentations and Symptoms

Much of the research surrounding ON is based on case studies of individuals who exhibit a pathological drive for health without being concerned about body shape or weight (Donini et al., 2004; Dunn & Bratman, 2016; Moroze et al., 2015; Zamora et al., 2005). In each of the case studies in the literature, the patient ultimately requires hospitalization due to becoming severely underweight and suffering from other health conditions. However, unlike the presentation associated with AN, not one subject in the case studies exhibited a preoccupation with weight or a disturbance in body image (Donini et al., 2004; Dunn & Bratman, 2016; Moroze et al., 2015; Zamora et al., 2005).

Common identified symptoms include obsessions about the preparation, purity, and quality of food, social isolation, and physical impairments as a result of nutritional imbalances (Donini et al., 2004; Dunn & Bratman, 2016; Moroze et al., 2015; Zamora et al., 2005). For example, the subject of Zamora and colleagues' (2005) study began eliminating certain food groups in order to treat acne. She presented with beliefs that mixing specific nutrients created toxins and claimed that seeds were the optimal food. Upon examination, there were no delusions, anorexic thoughts, or signs of depression; many of her cognitive distortions revolved around the grave nature of her malnutrition (Zamora et al., 2005).

Valente and colleagues (2020) conducted a study in which individuals with self-diagnosed ON reported that the most distressing symptoms were those in the psychological and social realms of well-being followed by physical and occupational impairments. Most subjects reported that disturbances in social functioning, tumultuous relationships, and isolation contributed to their psychological distress which exacerbated their anxiety (Valente et al., 2020). Physical symptoms most commonly reported in the study were low body weight and amenorrhea in women due to insufficient body fat (Valente et al., 2020).

Proposed Criteria

Both Moroze and colleagues (2015) and Dunn and Bratman (2016) proposed specific criteria for an official diagnosis of ON (See table 1). Criterion A in both proposals highlights the preoccupation and obsession with healthy foods while criterion B surrounds the resulting impairment in physical, psychological, and/or social functioning (Dunn & Bratman, 2016; Moroze et al., 2015). Moroze and colleagues (2015) included the

Table 1:
Proposed Criteria for ON

Criterion	Moroze et al., (2015)	Dunn & Bratman (2016)
A Obsessions with healthy food	Obsessional preoccupation with eating "healthy foods," focusing on concerns regarding the quality and composition of meals. Evident by 2 or more sub-criteria.	Marked by exaggerated emotional distress in relationship to food choices perceived as unhealthy; weight loss may ensue as a result of dietary choices, but this is not the primary goal.
B Obsessions and behaviors lead to impairments	Impairment of physical health owing to nutritional imbalances; severe distress or impairment of social, academic, or vocational functioning owing to obsessional thoughts and behaviors focusing on patient's beliefs about "healthy" eating.	Behavior leads to malnutrition, severe weight loss; impairment in social, occupational, academic functioning; self-worth based on eating healthfully.
C Differential diagnosis	Rules out Obsessive-Compulsive Disorder, Schizophrenia, other Psychotic Disorders	X
D Rules out disturbances due to religious or medical reasons	Disturbance is not due to allergies, orthodox religious food observances, or other medical conditions	X

standard criteria C and D, differentiating ON from other similar disorders and addressing food restrictions due to religion, allergies, or other medical conditions that could impact an individual's diet. Neither included the acknowledgement that the disturbance is not due to a substance or medication. The fact that there are multiple studies proposing diagnostic criteria for ON provides further evidence that the phenomenon is a distinct disorder that requires recognition (Dunn & Bratman, 2016; Moroze et al., 2015).

Treatment Approaches

There are specific evidence-based treatments for eating disorders with a best practice approach for interventions associated with each individual disorder. In the treatment of AN, family-based therapy (FBT), also known as the Maudsley Method, is the recommended course of action (Dalle Grave et al., 2019). The central tenants of FBT involve placing the caregivers in charge of the patient's food, externalizing the disorder, and prioritizing weight restoration (Dalle Grave et al., 2019). For BN, BED, and ARFID, CBT is the leading evidence-based treatment and revolves around for similar disorders (Koven & Abry, 2015).

The malnourished and critical condition that patients with ON present with often require the attention of a medical doctor, nurses, and dieticians (Koven & Abry, 2015; Olejniczak & Skonieczna, 2018). Ailments commonly seen as side effects of AN are typical in those with severe ON and must be addressed before therapeutic interventions can be implemented (Koven & Abry, 2015; Simpson & Mazzeo, 2017). Some may require a feeding tube and/or inpatient services, while others can attend intensive outpatient treatment (Koven & Abry, 2015). Psychotropic medications, specifically serotonin reuptake inhibitors, are effective in treating AN and OCD and are recommended to treat ON as well (Koven & Abry, 2015). A dietician will work with the patient to formulate a balanced meal plan while mental health professionals can begin introducing strategies from CBT and providing psychoeducation (Olejniczak & Skonieczna, 2018).

CBT has been successful in other similar disorders such as AN, BN, ARFID, and OCD and may be a viable treatment option for ON due to the overlap in psychological profiles among the disorders (Linardon et al., 2017; Murphy et al., 2010). Identifying cognitive distortions, challenging irrational thoughts and beliefs about food, and participating in exposure therapy can be implemented in those with ON (Koven & Abry, 2015). Exposure therapy is considered best practice for anxiety disorders and OCD and may be beneficial in treating eating disorders such as ON (Koven & Abry, 2015; Levinson et al., 2020). Additionally, exposure and habituation is a primary facet of CBT-AR, which is the gold standard treatment for ARFID (Thomas et al., 2020). In session, the client undergoes exposure to a variety of foods while learning to tolerate the uncomfortable feelings from the help of the counselor (Thomas et al., 2020). A similar approach may be useful in the treatment of ON due to the avoidance behavior and anxious feelings associated with certain foods.

The final suggestion in treating ON involves educating the client about the condition and the impact it is having on their overall well-being. Koven and Abry (2015) recommend that psychoeducation focuses on nutrition and health science that is empirically validated while simultaneously practicing diligence in supporting the client emotionally as their beliefs about food are challenged. Similar to CBT-AR, psychoeducation can additionally revolve around teaching the client about regular eating schedules and the importance of including a variety of nutrients in their diet (Thomas et al., 2020).

Controversy Surrounding Diagnosis

There has not been much debate over Moroze and colleagues' (2015) or Dunn and Bratman's (2016) proposed criteria. However, the lack of validity of the ORTO-15 assessment used to measure ON symptoms is where many researchers abandon the possibility of ON as a diagnosis distinct from other eating disorders and OCD (Dunn et al., 2017; Meule & Voderholzer, 2021; Missbach et al., 2017). There is an overlap of symptoms of ON and other eating disorders, such as AN and ARFID, and psychiatric disorders, such as obsessive-compulsive disorders or other anxiety disorders (Missbach et al., 2017; Moroze et al., 2015). Particularly because ARFID was created to encapsulate a broad range of etiologies, researchers suggest that ON is a subtype of ARFID rather than a distinctly separate disorder (Gramaglia et al., 2019; Moroze et al., 2015).

Additional controversy revolves around cultural interpretations of symptoms of ON or in the manner in which symptoms are measured (Meule & Voderholzer,

2021). Cultural differences have been discovered in previous studies in Chinese and Western countries in which self-report measures about eating behaviors and attitudes were assessed (Gramaglia et al., 2019; Meule & Voderholzer, 2021). The majority of studies about ON were conducted in Western cultures, specifically European countries, thus causing a problem when attempting to validate and standardize the symptoms and presentation of ON (Donini et al., 2004; Meule & Voderholzer, 2021; Olejniczak & Skonieczna, 2018).

Proposing EATCLEAN

Based on the extant literature and the lack of empirically validated treatment options for the presentation of ON, we propose EATCLEAN (Kiley, 2021) as a framework to aid clinicians in recognizing, conceptualizing, and treating the condition (see Table 2). The foundation of the model is directly related to the American Counseling Association's (ACA, 2010) definition of counseling as "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals." The acronym EATCLEAN stands for: Establish a therapeutic alliance, Assess for symptoms and risk factors, Treatment goal planning, Collaboration with a multidisciplinary team, Lean into supervision, Educate the client about the condition, implement Anxiety-reduction techniques, and encourage New foods and New hobbies.

Arguably, the most important aspects of the counseling relationship are the therapeutic alliance and creating a safe holding environment in which clients can address concerns, which is the rationale for starting the EATCLEAN model with this facet (Teyber & Teyber, 2017). Assessing for symptoms and risk factors of ON is a crucial step counselors can take in recognizing the condition. Assessment can take the form of open-ended questions that address proposed criteria or the application of an instrument (Dunn & Bratman, 2016; Moroze et al., 2015). Developing treatment goals consistent with the client's presenting concerns and desires is an important part of counseling. Depending on the individual presentation of ON, goals may vary from incorporating all food groups into their diet to decreasing anxiety in social eating situations.

Due to the multidisciplinary nature of the suggested treatment for ON, it is imperative forcounselors to collaborate with the client's medical doctor, nutrition team, and other professionals (Koven & Abry, 2015; Olejniczak & Skonieczna, 2018). Supervision is the cornerstone of professional development and training in the counseling field that is required by licensing boards and university programs (Schofield & Grant, 2013).

Although supervision is a consistent aspect of counseling, it is even more crucial to lean into supervision when confronted with an unfamiliar presentation in order to improve competence and

Table 2.

The EATCLEAN Model

Acronym	Task
E	Establish a therapeutic alliance; create a safe space for clients to address concerns
A	Assess for symptoms and risks factors for ON through an interview or formal assessment
T	Treatment goal planning; develop a treatment plan consistent with the client's goals and presenting concerns
C	Collaborate with other necessary professionals including physicians, dieticians, etc.
L	Lean into supervision in order to determine the best course of action.
E	Educate the client about ON and the impact it is having on their overall health.
A	Anxiety-reduction techniques: teach clients to manage and reduce anxiety in triggering situations
N	New foods and New hobbies: encourage the client to incorporate new foods into their diet and to engage in new hobbies that do not revolve around food and cooking

treatment outcomes (Schofield & Grant, 2013). Supervisors can help counselors determine the best course of action for a client with ON and may offer recommendations based on their own experience.

As suggested by Koven and Abry (2015), educating the client about ON and the dangers it poses to their health is a critical piece of the EATCLEAN model. Due to the client's desire for optimal health, Olejniczak and Skonieczna (2018) propose that those with ON may be more open to treatment once they learn the damage their current diet is placing on their health. Since anxiety is a key piece of ON pathology, interventions that target anxiety-reduction are components of the model. Finally, encouraging the client to try new foods, through either in-session exposures or between sessions with the support of their family, is a technique that counselors can implement (Thomas et al., 2020). Additionally, due to the amount of time that clients with ON typically spend preparing and researching food, helping them find new hobbies can be beneficial (Koven & Abry, 2015).

Discussion

Usefulness of Model

The proposed EATCLEAN model for the treatment of ON offers value to clinical mental health counseling professionals due to the integration of foundational principles and techniques specific to treating symptoms associated with ON. The basic concepts of creating a strong working alliance, conducting assessments, developing a treatment plan, and receiving substantial supervision support the essence of clinical mental health counseling and act as the basis of the EATCLEAN model. These aspects of counseling should be incorporated into each therapeutic alliance a counselor has with their clients including those with ON.

It is standard of care for counselors to refer to other professionals who are involved in the treatment of clients with eating disorders in order to maintain coordination of care for the client. Collaboration with the client's medical and nutrition team is necessary to treat the client holistically by focusing on improving both their physical and psychological well-being (Gould & Hendrickson, 2016). The notion of conceptualizing and treating the client with a collaborative approach supports the tenets

of counseling and incorporates both the mental health and wellness aspects.

The final three components of the EATCLEAN model are associated with specific interventions that counselors can implement in order to reduce symptoms and achieve treatment goals. Rooted in traditional counseling and CBT, education and anxiety-reduction techniques can help clients gain a deeper understanding of the presenting concern as well as incorporate a balanced diet into their lifestyle while effectively managing anxiety (Thomas et al., 2020). The encouragement from the counselor to try new foods and engage in new hobbies truly speaks to the spirit of the counseling profession in terms of supporting wellness. Counselors instill hope into clients and act as a support when clients are making positive changes to their behaviors and lives (Teyber & Teyber, 2017).

One important ethical consideration of recognizing ON as a distinct disorder is the potential impact on the overdiagnosis of disordered eating. The ACA's (2014) code A.4.a centers on avoiding harm and must be considered when working with an individual presenting with ON. Distinguishing benign healthy eating and dieting from ON is paramount in promoting the well-being of individuals who present with a desire to improve or maintain their health (Valente et al., 2020). Conversely, understanding when a client's lifestyle becomes obsessive and results in distress or impaired functioning is equally as essential.

Implications

Practitioners in the field, counselor education programs, and school personnel should be aware of the cultural interpretations of certain eating behaviors and refrain from making assumptions. Meule and Voderholzer (2021) accentuated the fact that most research conducted around ON has used subjects from Western cultures, mainly European countries, and is not representative of people from Eastern cultures. There are varying health habits amongst Western countries that are a reflection of the sociopolitical culture rather than evidence of disordered eating. For instance, university students in Poland reported more frequent dieting behaviors and the use of nutritional supplements in comparison to students in Italy and Spain, which is directly related to recent political and economic changes in the country (Gramaglia et al., 2019).

The isolation and avoidance behaviors, as well as impaired social relationships, prevalent in those with ON could be the presenting concern that clients discuss in counseling as opposed to food beliefs and diets. Raising awareness of the distress seen in the social functioning of individuals with ON could help clinicians identify the condition (Valente et al., 2020). Intake forms, in addition to a semi-structured interview, could include questions about a person's relationship with food and may be as simple as a space for the client to list any dietary restrictions. Clinicians can then inquire about the motivation behind the diet while remaining sensitive to a client's medical and cultural stipulations. Other important intake information could pertain to the psychological tendencies of those with ON, such as perfectionistic traits, anxiety, and obsessions around food and diet behavior (Koven & Abry, 2015; McComb & Mills, 2019; Valente et al., 2020). Finally, discovering any comorbidities is important since overlaps amongst ON and other disorders have been shown (McComb & Mills, 2019). Gathering information about the client speaks to both the establishment of a therapeutic alliance and assessment aspects of the EATCLEAN model.

Information about ON and the EATCLEAN model can be incorporated into counselor education programs in order to prepare emerging clinicians to recognize and treat the condition. For instance, a psychopathology course could include ON in its discussion on eating disorders and might highlight the risk factors, symptoms, and suggested treatment. The EATCLEAN model combines aspects of counseling that are currently taught to most students, and teaching them to apply it to ON could improve the effectiveness of treatment.

School personnel at varying levels (i.e., elementary, middle, high, and university), including nurses and teachers, could benefit from learning about the signs and symptoms of ON since malnutrition could lead to students fainting or experiencing other health problems, such as bradycardia or anemia (Koven & Abry, 2015; Simpson & Mazzeo, 2017). Awareness of ON could help school nurses differentiate between other conditions that could cause similar symptoms, such as hypoglycemia. It is particularly important for university counselors, professors, and other employees to remain vigilant about ON due to the finding that the condition is more prevalent in nutrition and health and exercise science students (Turner & Lefevre, 2017).

Future Studies

There is ample room for growth in the research domain of ON since there are conflicting opinions and prevalence rates. Previous studies have discussed results that are extremely inconsistent in regards to the percentage of people who exhibit symptoms of ON (Donini et al., 2004; Dunn et al., 2017; Olejniczak & Skonieczna, 2018; Turner & Lefevre, 2017). First and foremost, a study aimed at discovering the true prevalence rate of ON in the general population could be beneficial. Gaining an understanding of the representation of those who suffer from ON could aid clinicians in differentiating between disorders when a client presents with eating problems or obsessions around eating.

A second area of study that would be useful in the counseling field is that of treatment efficacy. Empirical investigation of the efficacy of the EATCLEAN model would be valuable in preparing clinical mental health counselors to work with clients who present with symptoms of ON. Conducting studies with various methodologies with a focus on treatment will help mental health professionals implement an evidence-based approach to clients presenting with ON. Some specific studies that could be interesting and impactful for counselors include an experimental research design measuring the severity of symptoms before and after treatment interventions and a study comparing the effect of various treatment modalities. Research has shown that various types of CBT are effective in treating eating disorders and could be implemented in a study with subjects exhibiting symptoms of ON (Linardon et al., 2017; Murphy et al., 2010). Qualitative inquiry assessing clients' lived experiences of working through ON would also be valuable.

The counseling field is in dire need of studies focusing on validating assessments and diagnostic materials specific to ON. As previously mentioned, the ORTO-15 is a controversial measurement of ON due to its cultural insensitivity and inconsistent results in regards to prevalence (Dunn et al., 2017; Meule & Voderholzer, 2021; Missbach et al., 2017). Since assessment is an important aspect of counseling and a facet of the EATCLEAN model, creating a valid tool to measure symptoms and severity is paramount. The

construct of the effectiveness of the model can be investigated through client satisfaction with counselors who implement EATCLEAN and through the level of impairment at pre- and post-treatment.

Conclusion

There are various considerations to make in regards to ON, including its legitimacy as a disorder distinct from other conditions, the assessment of symptoms, and treatment approaches. Despite controversial opinions in the scientific community, clinicians may be confronted with individuals who present with symptoms indicative of ON and applying a framework grounded in counseling is recommended. In this paper we reviewed symptoms, risk factors, and suggested treatment modalities of ON which became the foundation for the EATCLEAN model. The definition of counseling was accounted for when creating the model as we incorporated elements of counseling that clinicians are familiar with, particularly the therapeutic relationship, assessment, and treatment goal planning. We examined ethical and multicultural considerations to avoid overdiagnosis and insensitivity to a client's diet in relation to religion or culture (Meule & Voderholzer, 2021; Valente et al., 2020). Finally, we addressed specific techniques based on the recommended modalities to effectively reduce symptoms of ON. Together, these elements combine to form a roadmap for mental health professionals to apply when counseling clients with ON.

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A Solution Focused Roadmap for School Counselors (pp. 3-10)

1. Professional development plans should:
   - ☐ a. Be the exact same for every single school counselor within the school setting
   - ☐ b. Align exactly with teacher professional development
   - ☐ c. Vary depending on the needs, interests, and availability of resources
   - ☐ d. Be ignored unless a professional concern presents itself

2. Once someone obtains the credentials to become employed as a school counselor they:
   - ☐ a. No longer have to take advantage of professional development or continuing education
   - ☐ b. Know everything they need to know professionally because they've passed all of the requirements
   - ☐ c. Should worry that they might not be good enough to do the job well
   - ☐ d. Are expected to engage in ongoing professional development to stay up-to-date professionally

3. Which of the following were not identified as a challenge school counselors face
   - ☐ a. excessive caseloads
   - ☐ b. role confusion
   - ☐ c. risk of burnout
   - ☐ d. being unqualified

Workshop for Taiwanese Families Prior to the Adolescents' Journey to the U.S. (pp. 11-21)

4. Which of the following statements is true?
   - ☐ a. Parachute kids from China are more interested in learning about democracy than those from Taiwan are
   - ☐ b. Parachute kids from Taiwan are more prepared linguistically than those from China
   - ☐ c. The political tension between China and Taiwan contribute to Taiwanese families' decision to send their children oversea
   - ☐ d. Taiwanese parents tend to sent their children overseas earlier than Chinese parents do

5. What is most notable gap in the literature on international students who are minors, as well as parachute kids?
   - ☐ a. Theories explaining the acculturation and adjustment process
   - ☐ b. Descriptive studies documenting barriers and difficulties facing these students
   - ☐ c. Studies examining whether certain treatment modalities or interventions are effective for this population
   - ☐ d. Prevention guidelines around how to best prepare international students prior to leaving their home

6. What is the category of difficulty reported by the minors at the end of the workshop that was not presented in their response in the pre-workshop survey?
   - ☐ a. Emotional and psychological difficulties
   - ☐ b. Interpersonal difficulties
   - ☐ c. Academic difficulty
   - ☐ d. Acculturation difficulty

Formation and Reformation Using a Rhizomatic Model of Adults' Identities (pp. 22-33)

7. Rhizomes are a type of plat that
   - ☐ a. Look mostly like a tree, with a long trunk and numerous branches
   - ☐ b. Is similar to a bush with a small height and a roughly boxy shape
   - ☐ c. Connects via roots and shoots without a clear main trunk
   - ☐ d. Is a weed that commonly infests lawns in Pennsylvania

8. A rhizomatic approach to counseling
   - ☐ a. Lends itself to an integrated or eclectic theoretical approach to working with the client
   - ☐ b. Requires that counselors be well versed with Narrative Therapy and meaning making
   - ☐ c. Needs a systemic framework to understand the importance of the family on identity development
   - ☐ d. Leads to static perspective of identity

**The EATCLEAN Model: A Counseling Approach to Orthorexia Nervosa
(pp. 34-43)**

9. Feeding and eating disorders are _____ mental health conditions that can result in a variety of impairments, even death.
☐ a. Mild
☐ b. Moderate
☐ c. Severe
☐ d. Inconsistent

10. Further research is needed on ON because
☐ a. There are no valid assessment instruments available
☐ b. Various existing studies have shown a wide variety in prevalence rates
☐ c. There is a lack of empirical evidence demonstrating effective treatment strategies
☐ d. All of the above

☐   I certify that I have completed this test without receiving any help choosing the answers.

Feedback

Please rate the following items according to the following scale:

5 – Superior   4 – Above Average 3- Average   2 – Below Average   1 – Poor

	Superior	Above Average	Average	Below Average	Poor
The authors were knowledgeable on the subject matter	☐5	☐4	☐3	☐2	☐1
The material that I received was beneficial	☐5	☐4	☐3	☐2	☐1
The content was relevant to my practice	☐5	☐4	☐3	☐2	☐1
This journal edition met my expectations as a mental health professional	☐5	☐4	☐3	☐2	☐1
How would you rate the overall quality of the test?	☐5	☐4	☐3	☐2	☐1

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