

Counseling in China: Implications for Counselor Education Preparation and Distance Learning Instruction

Amy L. Cook

Annie Lei

Diana Chiang

University of Massachusetts Boston

Counselor educators are preparing an increased number of international students to become counselors via online and distance education programs. There are also increasing mental health needs within schools and communities and limited counseling programs in the People's Republic of China. The focus on educating and training Chinese and international students in Western counseling theories and practices is potentially limiting and fails to address the cultural differences among Chinese individuals. We discuss the implications for counselor education preparation through distance education and offer counselor educators culturally appropriate strategies and suggestions to best prepare students.

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Counselor education programs offered through distance education and online learning have grown substantially given significant advances in technology coupled with the needs of students who have busy schedules and/or reside in rural locations (Childress & Braswell, 2006). Improvement in technology has made it possible for students in various geographic locations around the world to participate in graduate programs via online programs of study. Participation at Western universities in online and distance education programs among international students from

communities with emerging economies has significantly increased (Van Raaij & Schepers, 2006). This raises the question as to whether current online and distance education counseling programs are effectively preparing students to work with populations they encounter during and upon completion of their academic training. Given the growing numbers of international students participating in online and distance education programs, it behooves counselor educators to extend multicultural counseling preparation so that students are prepared to provide counseling services to diverse populations.

In this article, we examine counselor education preparation as it relates to Chinese individuals residing in the People's Republic of China. The reason for this focus on China is in response to burgeoning mental health issues occurring among children, adolescents and adults in Chinese schools and communities. China is also frequently noted for its rapid industrialization, extraordinary economic growth and population of 1.3 billion (Zakaria, 2008, January 7). Many researchers have found that such rapid change is contributing to a significant increase in mental health issues, including a rise in depression and other affective disorders, substance use and abuse, gambling and relationship problems (Chang & Kleinman, 2002; Phillips, Liu & Zhang, 1999). Another possible explanation for the rise in mental health needs may be attributed to the disproportionate economic growth among neighboring regions in China. Rural areas, which represent 70% of China's population, have remained impoverished (Chang & Kleinman, 2002). It is likely that an increase in contact between individuals from disparate socioeconomic backgrounds could be related to the rise in mental health issues.

China's rapid economic growth has also affected Chinese children and adolescents' mental health and well-being. Given the country's One-child Policy, large population and educational limitations, parents often place a lot of pressure on their only children to succeed academically. It is highly competitive to access both secondary education and higher education due to limited space available among secondary schools and universities (Thomason & Qiong, 2008). As a result, adolescents may experience high levels of stress and anxiety in addition to other common stressors that youth encounter, such as fitting in, socializing and dating. The Chinese government has estimated that approximately 30 million adolescents aged 17 and under experience depression symptoms or other behavioral

problems (Yip, 2006). Radio Free Asia, a free press agency in East Asia, attributes these symptoms to increased stress and pressure to succeed that children experience at school and at home (Radio Free Asia, 2004, April 29). In addition, according to the Ministry of Health as cited in Hou and Zhang (2007), suicide accounts for 250,000 deaths per year in China and is the leading cause of death among youth between the ages of 20 and 35.

Although in 2002 the China Ministry of Education implemented mandatory mental health education in primary and secondary schools (Zhou, 2007), there still remains a high need for trained professionals to meet the increasing mental health needs among children and adolescents. Currently, less than 10% of mental health educators are employed in urban schools in China, and less than 1% in the rural areas (Jiang, 2007). According to Chang and colleagues (2005), there are few universities that offer education courses in counseling. In reviewing some of the major Chinese universities, only some offer Psychology programs, but do not offer specialized degrees in counseling or related field. For example, Peking University has a Department of Psychology offering courses to undergraduate and graduate students, but no specific training or courses within the counseling field. As a result, most mental health professionals receive their training through shorter training programs, such as continuing education. The majority of school counselors (also referred to as mental health educators) are teachers who receive training programs in mental health education (Jiang, 2007). Although some universities have begun to offer graduate degree programs in counseling and psychology, educators' knowledge and experience of teaching counseling practices remain limited (Hou & Zhang, 2007). Hou and Zhang also identify the high demand within the Chinese counseling profession for improving the quality of counselor educators. Given the increase in participation at Western universities in online and distance education programs among international students from emerging economies (Van Raaij & Schepers, 2006) combined with the growing mental health problems among Chinese individuals and lack of sufficient counselor training programs, it behooves counselor educators who provide distance and online instruction to consider multicultural and international client and student needs.

Consequently, it is essential to better understand how counselor educators can address counseling needs in China and adequately train professionals. Because educating and training Chinese and international

students in Western counseling theories and practices is potentially limiting and fails to address the cultural differences among Chinese individuals, it is imperative that counselor educators prepare students in counseling strategies that are culturally appropriate and sensitive. This involves extensive knowledge and acceptance of others' worldview or "philosophy about life" (Sodowsky & Johnson, 1994, p. 61). Therefore, counselor educators need to be sensitive to and aware of the diversity of Chinese culture and worldview and how they inform counseling strategies. This paper does not aim to provide an exhaustive analysis of Chinese culture and worldview vis-à-vis counseling strategies. Rather, the intent is to build a foundation through which counselor educators can address the local mental health and counseling needs of Chinese individuals. In doing so, the history of counseling practices relative to Chinese worldview are explored. In addition, implications and suggestions for counselor educators whom teach through online and distance instruction are provided.

History of Mental Health Education and Counseling in China

Philosophical traditions as well as political and economic factors have played a significant role in the counseling profession today (Chang & Kleinman, 2002; Hou & Zhang, 2007). Prior to the 1800s, Chinese theories of medicine considered mental health conditions as somatic in nature, and treatment targeted physiological functioning with the goal of achieving balance. Essentially, mental illness was not identified as a separate condition from physical ailment until the late 1800s (Chang & Kleinman). Moreover, mental health education and services were very limited, with the only treatment being provided by Western missionaries (Yip, 2006; Yip, 2004).

After the People's Republic of China was established in 1949, which solidified China's Communist political direction, the government limited communication with the West. As a result, mental health education moved away from Western theory and treatment practices and, instead, adopted political education as the standard for mental health (Yip, 2005). Yip also cited others' research in noting that the government proposed the implementation of 'bare foot indigenized doctors,' most of whom did not receive professional training, to travel to remote rural areas to provide treatment and further what was considered proper political education.

With the advent of the Cultural Revolution (1964-1976), political ideologies continued to prescribe psychological treatment practices in mental health institutions (Yip, 2006). More specifically, the author describes how 'patients' were taught to acquire new political ideologies in place of their previous "pathological political ideas" to further the new Communist regime (Yip, 2006, p. 44). For example, patients were instructed to engage in "self-criticism and mutual criticism...to get rid of one's individualism and capitalistic thinking" (Yip, 2005, p. 110). In addition, because psychology was negatively regarded, many practitioners were required to leave urban areas to reside in rural locations (Zhou, 2007). According to Munro (2002, August), research revealed that China continues to maintain its practice of condoning the psychiatric confinement of political dissidents. Nonetheless, it is evident that political education generally permeated all facets of mental health education and treatment throughout most of China (Yip, 2005; Yip, 2006).

It was not until the early 1980s, following the death of Mao, China's former Communist leader, that counseling services began to slowly change concomitant to significant economic development (Yip 2005). At this time, China started to become more open to Western ideas of counseling (Chang, Tong, Shi, & Zeng, 2005). Professionals were encouraged to examine the needs of the mental health system. In 1991 individuals with mental illness were included in the 1988 China Disabled Persons' Federation, which for the first time provided additional protection and rehabilitation to individuals with mental illness (Yip, 2006). Moreover, new education reforms resulted in the development of mental health education within Chinese schools, in which students began to learn about the importance of achieving a good education while developing their various talents (Zhou, 2007). In 1999, the China Ministry of Education published a document that provided suggestions on how to improve mental health education within Chinese schools, and in 2002, they later published guidelines for school mental health, with the goal of prevention of mental health problems (Zhou, 2007). These new guidelines and policies regarding mental health education in schools have and will continue to influence the direction of counseling in Chinese schools.

Counseling in China Today

From 1987 to the present, mental health and counseling services have increased with support of the government albeit counseling services and treatment modalities vary according to location (Chang et al., 2005). In rural regions of China, individuals in need of counseling services may seek religious healers from Buddhist and Taoist religions due to a lack of services, while in large cities, like Shanghai and Beijing, more comprehensive mental health and counseling services are offered (Chang & Kleinman, 2002). According to Chang and Kleinman (2002), there are approximately 13,000 mental health professionals, which translates to about one mental health professional per 100,000 individuals (if services were evenly distributed throughout China). However, counseling centers are typically located in large urban areas, resulting in unevenly distributed care between urban and rural areas (Chang & Kleinman). A contributing factor to the inaccessibility of services is due to China's fee-for-service system. Under this payment system, individuals must pay for counseling services, which is too expensive for the vast majority of the population (Chang & Kleinman). For example, a 10-15 minute counseling session costs \$5 on average (Chang et al., 2005)—a significant amount, considering the average yearly per capita income in 2007 was approximately \$3562 (National Bureau of Statistics of China, 2008). Chang and Kleinman (2002), highlight other causes for the inequities in the mental health care system, including a decline in welfare and employment assistance and rehabilitation for individuals with disabilities. Despite significant inaccessibility and inequity of counseling services, telephone hot lines for support have increased in many areas (Phillips, Liu, & Zhang, 1999; Hou & Zhang, 2007).

In urban locations where counseling services are provided, treatment practices have incorporated both psychotherapeutic and medical treatments, including the use of medications, herbal treatment, acupuncture and movement/breathing therapies—commonly referred to as qigong (Chang et al., 2005; So, 2005). Qigong is commonly practiced in China to maintain general wellness and involves body movement and/or meditation (So, 2005). Most clients are treated for 10-15 minute sessions which are usually short-term duration (on average only one session). The focus is on symptom reduction and problem-solving, which fits well with Chinese values of achieving control (Chang et al.). Furthermore, given that Chinese

traditions are based in Confucianism and Taoism, achieving control of or balance over one's emotions, symptoms and problems is considered ideal (Houser, Wilczenski, & Ham, 2006).

In terms of counseling services in schools, due to the government's increased attention to school mental health education, most schools in large cities have established an office of mental health education (also known as counseling centers) where teachers and specialists provide mental health education to children and consultation to teachers (Zhou, 2007). However, the counseling services are more focused on the intellectual learning instead of emotional support. In other words, some schools may include counseling as an academic subject for students to learn (Jiang, 2007). Despite the increased presence of school counselors, most students do not personally seek out counseling services for fear of being stigmatized, and parents do not typically report emotional or behavioral concerns about their children (Thomason & Qiong, 2008). Given China's recent history of political persecution of individuals with mental illness coupled with Chinese philosophy of resolving problems within the family, it is understandable that Chinese students and parents are hesitant to talk to a counselor whom may be perceived as a stranger. As a result of students' hesitation to share problems with a counselor, some students have developed serious mental health symptoms (Thomason & Qiong, 2008). In response to children and adolescents' mental health concerns, the government has begun to promulgate educational campaigns to reduce the stigma attached to mental illness (Chang, Tong, Shi, & Zeng, 2005). Overall, counseling and volunteer services have significantly grown, which have promoted greater acknowledgement and understanding of mental health problems.

In schools where mental health education and counseling services have been implemented, counselors assist students with a variety of issues, including academic pressures, loneliness, depression, coping with alienation from parents and divorce (Thomason & Qiong, 2008). According to Thomason and Qiong, many Chinese adolescents experience difficulties communicating with their parents due to distinct generational differences. Common to developing countries, the experiences of Chinese youth, especially those who reside in urban areas, are very different compared to their parents' experiences as youth. As such, adolescents rarely talk to their parents about how they feel; rather, they typically prefer to write, engage in exercise, play video games and talk to friends (Thomason & Qiong).

Although writing and exercising are helpful ways to reduce stress, addiction to video games is on the rise among Chinese youth (Thomason & Qiong). Furthermore, relying on friends to resolve issues is problematic given that they are also experiencing similar problems and are not in a position to provide support.

School counselors have used various counseling strategies to assist their students. Given that many counselors have received training in Western counseling theories, they tend to incorporate those theories that are congruent with Chinese cultural beliefs (Chang et al., 2005). This includes cognitive therapy and goal-directive interventions combined with traditional healing practices, such as qigong (Chang et al.; So, 2005). However, despite the implementation of various counseling strategies to address students' academic and emotional needs, there are still no formally accepted counseling practices, code of ethics and little research on culturally-accepted counseling theories (Hou & Zhang, 2007).

Implications for Counselor Education Preparation and Distance Education

Although there have been significant developments within the counseling profession in China, more trained counseling professionals are necessary to meet the burgeoning mental health needs of the population. Western counselor education programs are in a unique position to address the training and educational needs and could potentially influence the future direction of the counseling profession in China. Thus, it is important to consider the implications of counselor preparation with regard to local Chinese mental health needs and Chinese worldview.

The first and perhaps most significant factor to consider is cultural and worldview differences that are potentially not addressed through most Western counseling theories and practices. According to Chang and colleagues (2007), Chinese counseling professionals have tailored Western theories to fit more closely with Chinese philosophy. However, little research exists to examine the effects of the application of Western counseling theories and practices among Chinese individuals. As a result, counselor educators need to be cognizant of Eastern theories as well as understand the limitations of Western theories of practice. For instance, there has been a recent rebirth of religious traditions particularly in rural

areas in China, including folk, Buddhist, Taoist and Christian traditions. In connection to these religious customs, some individuals may seek religious healers to address various psychosocial stressors (Chang & Kleinman, 2002). Western counseling theories typically do not make reference to religious and other non-traditional methods as recommended modalities of intervention. Thus, counselor educators can help to forge a connection between Western theories and Chinese cultural traditions through the inclusion of Eastern philosophy in counseling courses.

Cultural differences also have a large impact on counseling interventions. Because counseling practices evolved through the medical model, there are various expectations that both the counselor has about providing counseling services and the client or student has about receiving counseling interventions (Chang et al., 2005). The counselor is viewed as holding an authoritarian role and is seen as serving as a moral guide. Thus, the client or student expects to receive specific instructions on how to resolve the particular problem or issue at hand. This dynamic also fits well with Chinese philosophy, in that Chinese individuals hold utmost respect for people who are in positions of power and seek to learn from those who have greater knowledge—in this case the counselor. Although Western counselors also hold a position of power within the counseling relationship, counseling interventions focus on fostering client or student growth to encourage independent decision-making. This theoretical orientation is quite different from Chinese approaches to counseling in which counselors are expected to guide and instruct their clients or students (Chang et al., 2005). This is not to say that Western counseling theories do not include directive strategies—solutions-focused and cognitive-behavioral techniques include instructional and directive interventions. Rather, there is a significant difference in professional training and orientation of Western counselors compared to Chinese counselors. As a result, it is imperative that counselor educators are aware of these differences and take care to incorporate relevant Chinese cultural and theoretical perspectives.

There are other relevant cultural factors to consider. Among Chinese individuals, talking to a stranger outside the family—to a counselor, is perceived negatively and thought of as signifying that one has a mental illness (Thomason & Qiong, 2008; Hou & Zhang, 2007). Counselor educators can play an integral role in preparing counseling students to address potential misperceptions through facilitating discussions about ways to

reduce the associated stigma of talking to a counselor. For example, in working in schools with children and adolescents, school counselors could help to normalize the process of talking to the school counselor. They could provide information about the reasons for which students talk to counselors, many of which are unrelated to mental health issues, such as academic reasons.

There also exists the perception among Chinese individuals that learning and applying counseling practices is easy (Hou & Zhang, 2007). In other words, it is commonly believed that many can practice counseling without a degree in the field (or related field). Thus, counselor educators should be aware that counseling students could potentially encounter challenges in implementing their knowledge within the various settings they choose to work in. Counseling students may also share the same perception about learning and implementing counseling skills. As such, it is important for counselor educators to fully inform and prepare students with regard to the role of a counselor. Given the added complexity of offering counseling courses online, communicating relevant pedagogical information is particularly challenging. Providing opportunities for sharing thoughts about course content, including field placement experiences, are essential and should be done using synchronous verbal online discussions.

The role of the counselor in school and community settings is also somewhat different compared to the role of the counselor in the United States. In Chinese schools, the primary role of the counselor typically includes teaching mental health education as if it were an academic subject, such as math and science (Hou & Zhang, 2007). They teach students about how to manage stress associated with academic pressures, and students learn life skills. Although the school counselor's role of providing counseling prevention and education fits well with parts of the ASCA (American School Counselors Association) National Model for school counseling programs, school counselors have limited preparation and practice in providing responsive counseling services. The limited preparation and knowledge of school counseling interventions and practices would likely preclude Chinese counseling students from receiving adequate on-site supervision during the field placement experience. Including both face-to-face instruction, service learning opportunities at particular schools or placement sites and University site visits during completion of practicum and internship placements would help to address these areas of need.

Similar to school settings, in community-based settings the counseling relationship is typically not emphasized, and often clients see a counselor only one time with the goal of achieving problem resolution (Chang et al., 2005). Although Western counselor preparation and practice include goal-oriented treatment interventions, achieving personal growth is also an integral component of many Western counseling interventions. In training counseling students, it is beneficial to be aware of the present role and practices of Chinese counselors so that students are prepared when they begin to work as counselors.

In addition to the role and practice of Chinese counselors, it is important to discuss the present status of the counseling profession in China and potential implications for counselor educators. According to Hou & Zhang (2007), there is currently no code of ethics or legislative policies that serve as a guideline or as standards to regulate the profession in China. This implies that counselors in China practice with little cohesive communication within the profession in terms of acceptable and ethical interventions. It further implies that there is not a unified, explicit acknowledgement and understanding of the profession and appropriate counseling practices. In preparing counseling students to work in China, it is helpful for counselor educators to be aware of these limitations and challenges that students will encounter as they enter the field. The lack of a code of ethics further reinforces the need to infuse Eastern ethical perspectives in counseling courses.

Given the recent development and growth within the counseling field in China, overall there are few counseling professionals in China that are qualified to serve as counselor supervisors. This poses a problem for students to complete supervised practicum and internship experiences in China. Even though there are an increasing number of agencies, schools and hospitals where counselors are present, approved site supervisors with appropriate credentials and experience are likely unavailable. Furthermore, because Chinese universities that offer counseling programs do not require experiential learning as part of the curriculum (Hou & Zhang, 2007), many organizations may not permit interns or may be hesitant to accept interns. In order to address these potential barriers to obtaining an appropriate placement, it would be important to form collaborative relationships with particular site placements so that university supervisors can be present to incorporate service learning opportunities. Alternatively, students should

complete the practicum and internship experiences closer to campus where they can achieve requisite supervision.

In addition to collaborating with site placements, it would be beneficial to consider collaborating with the Chinese Ministry of Education and Health which oversees educational programs and the development of the counseling profession, including grass root facilities (Jiang, 2007). In doing so, counselor educators can better contribute to the development of research and training within the field.

Conclusion

As a developing country, China is experiencing rapid changes in lifestyle and culture. The pace and stress of people's daily lives have increased, which has resulted in greater mental health problems and academic pressures. There are limited counseling services and not enough trained mental health professionals to meet the populations' needs. However, the Chinese government has recognized the importance of mental health education and counseling services through requiring mental health education in schools.

Counselor education programs that provide distance learning through online and distance instruction can provide higher education opportunities to address the training needs. In order to do so, partnerships between Western institutions and local organizations and schools are needed to ensure that students receive adequate training. In addition, it is imperative that counselor educators have a solid foundation in multicultural counseling, which incorporates Eastern perspectives, local traditions and counseling practices. These suggestions are integral factors to consider as counselor educators prepare Chinese and international students via online and distance learning programs. However, there are important challenges to note with regard to online and distance learning counselor preparation among Chinese and international students. Online and distance education programs are not a good fit for all students, and assessing the appropriateness can be challenging, especially when considering the distance involved. Further research is necessary to ascertain suitable admissions criteria and how to apply them. In addition, given that the counseling profession in China is in its early stages of development, but is growing rapidly, continued research is necessary to stay abreast of potential

changes that could affect counselor preparation. Another challenge to consider is the complexity of Chinese culture and preparing counselor education students. There are hundreds of ethnic groups in China, and 56 different groups are formally acknowledged by the government (So, 2005). Understandably, counselor educators will not have knowledge of all cultures in China, but it will be important to be cognizant of this diversity, particularly as more and more rural locations obtain internet access and counseling services become more wide-spread. Given the increase in international students seeking online instruction and distance education through Western and American universities, it is imperative that counselor educators consider the training needs of diverse groups of students. In this paper, we have only begun to identify potential considerations for counselor educators with regard to practicing in the People's Republic of China. Further research is needed to ensure that counselor educators can adequately address multicultural issues for international students from other nations.

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Amy L. Cook is a faculty member at the University of Massachusetts Boston in the Counseling and School Psychology Department. **Annie Lei** is a graduate from the University of Massachusetts Boston in mental health counseling and currently works in the Boston area as a case manager with Chinese clients. **Diana Chiang** is a graduate student in mental health counseling at the University of Massachusetts Boston.

Correspondence regarding this article may be sent to Amy L. Cook at: amy.cook@umb.edu
