Submission
Presentation Information

*Please select the presentation type for which you are submitting
Please Select
50-Minute Education Session

*If your presentation is not accepted in the format you chose, are you willing to present in a different format based on reviewer feedback and committee discretion?

Yes

*Program Title (100 characters maximum, including spaces)
Counselors–in–Training who are also International Students: Implications for Counselor Educators

*Program Description (Please include rationale, program goals, delivery method, and connection to conference theme. All presentations, particularly those related to client diagnosis, evaluation, or treatment, must provide evidence that information presented is clinically sound and in accordance with accepted professional practice, ethical guidelines, and current research. A space for references is provided in the next question. 1500 characters maximum, including spaces)

International students represent a significant proportion of the student body in the United States’ graduate programs (Nayar-Bhalerao, 2013; Ng, 2006). Woo, Jang, and Henfield (2015) stated that the number of international students in doctoral programs has increased, while Ng (2006) indicated that international counseling students (ICS) are represented in approximately 50% of CACREP programs. Resilience is evident in international students in the U.S. even though they experience unique challenges requiring our attention (Sherry, Thomas, & Chui, 2010). The American Counseling Association (2014), Association for Counselor Education and Supervision (2011), and the Council for Accreditation of Counseling and Related Educational Programs (2015) have established cross- and
multi-cultural competencies in preparing counselors by increasing their awareness, knowledge, and cultural sensitivity skills. Although professional organizations value diversity, little attention has been given to the unique needs encountered by ICS (Nayar-Bhalerao, 2013), a diverse population. This education session seeks to inform participants on the unique needs of ICS, identify concerns related to their training in counselor education, and incorporate supportive practices to enrich ICS experiences. By addressing the unique needs of ICS, counselor education programs will continue to forge the future of professional counseling and meet global mental health needs, locally and abroad.

*References cited in your proposal*


Program Summary for Publication in Conference Program (Please include the most important information about your presentation. 500 characters maximum, including spaces)

Although professional counseling organizations value diversity, little attention has been given to the unique needs encountered by International Counseling Students (ICS), a diverse population. This education session identifies the unique needs of ICS, concerns related to counselor education training, and strategies needed to support ICS. By addressing these issues, counselor education programs will continue to forge the future of professional counseling meeting global mental health needs.

Please list three learning objectives (120 characters limit per objective)

*Learning Objective 1
Participants will identify the needs of international students linking them to students’ psychosocial wellbeing.

*Learning Objective 2
Participants will apply the implications from the research analysis to counselor education and professional practice.

*Learning Objective 3
Participants will generate supportive strategies for working with international students who are counselors-in-training.

Please list three keywords
*Keyword 1
International
*Keyword 2
Counselors-in-training
*Keyword 3
Education

Please indicate which category below represents your proposal. You may select only one choice. This information is used to determine whether your presentation qualifies for attendees to receive continuing education credits through NBCC. (Please note, if you submitted a 50-minute career focused
*Proposal Category
Counselor Professional Identity and Practice Issues

*Describe the combined expertise and qualifications the presenters have to give this presentation. Please remember, do not reveal any identifying information.

Cumulatively, all presenters have a minimum of a Masters degree and they are either currently working on their Ph.D. in Counselor Education and Supervision and/or have earned their doctorate in Counselor Education and Supervision. All of the presenters share diverse ethnic and cultural backgrounds, and either immigrated to the United States, and/or are current international students. The presenters currently teach Masters level counselors-in-training residentially in CACREP-Accredited programs. All of the presenters are both currently registered and in the process of earning their counseling license and/or are fully licensed by their state boards. Combining expertise, the presenters have a total 28 years of educational training; 35 years in counseling practice; and 14 years in counselor education practice. The presenters have delivered professional counseling presentations at the local, state, national, and international levels, and have published in peer-reviewed counseling journals. Presenters have also worked internationally in Ireland, Kenya, Malawi, and Tanzania. The presenters are members of Chi Sigma Iota-International Counseling Honor Society, serving as faculty advisors on our school chapter and/or as officers on the executive committee. Presenters also serve on multiple counseling boards at the local and state levels.

I agree that, if my proposal is accepted, I (and my co-presenters) will be available to present any time from 8am Thursday, October 5, 2017 through Sunday, October 8, 2017 at 12pm.

*Guideline Agreement
I agree.

Speaker Information

Lead Presenter Information
*Last Name: Mwendwa
*First Name: Joy
*Title
Dr.
*ACES Membership Number. This number is the same as your ACA membership number. 6378285
*Highest Degree Earned
PhD
*Subject Area in which Highest Degree was Awarded
Counselor Education/Counselor Education and Supervision (doctoral level)
*Are you currently enrolled in a doctoral program?
No
*Current Employer. Please list the institution or organization name.
Liberty University- Department of Counselor Education and Family Studies

*Current Professional Role. Please select one role that best characterizes your main work role.
Counselor Educator
*Professional Email Address: jmmaweu@liberty.edu
*Street Address: 701 Old Thomas Road Campus Carter Building
*City: Lynchburg
*State: Virginia
*Zip Code: 24515

Presenter 2
*Last Name: Ponce
*First Name: Maureen
*Title
Ms.
ACES Membership Number. This number is the same as your ACA membership number. 6455822
*Highest Degree Earned
Master's Degree
*Subject Area in which Highest Degree was Awarded
Counseling (all types--master’s level)
*Are you currently enrolled in a doctoral program?*
Yes

*Current Employer. Please list the institution or organization name.*
Montgomery County Public Schools; Wheaton High School

*Current Professional Role. Please select one role that best characterizes your main work role.*
Counselor

*Professional Email Address:* Maureen_q_ponce@mcpsmd.org

*Street Address:* 19106 Abbey Manor Drive

*City:* Brookeville

*State:* Maryland

*Zip Code:* 20833

**Presenter 3**

*Last Name:* Goh

*First Name:* Sally

*Title*
Ms.

ACES Membership Number. This number is the same as your ACA membership number. 6463048

*Highest Degree Earned*
Master's Degree

*Subject Area in which Highest Degree was Awarded*
Counseling (all types--master’s level)

*Are you currently enrolled in a doctoral program?*
Yes

*Current Employer. Please list the institution or organization name.*
Liberty University

*Current Professional Role. Please select one role that best characterizes your main work role.*
Student

*Professional Email Address:* sglau@liberty.edu

*Street Address:* 1971 University Blvd.

*City:* Lynchburg

*State:* Virginia

*Zip Code:* 24515

**Presenter 4**
*Last Name: Harrichand
*First Name: John
*Title
Mr.
ACES Membership Number. This number is the same as your ACA membership number. 6427629
*Highest Degree Earned
Master's Degree
*Subject Area in which Highest Degree was Awarded
Counseling (all types--master’s level)
*Are you currently enrolled in a doctoral program?
Yes
*Current Employer. Please list the institution or organization name.
Liberty University - Department of Counselor Education and Family Studies
*Current Professional Role. Please select one role that best characterizes your main work role.
Counselor Educator
*Professional Email Address: jharrichand@liberty.edu
*Street Address: 701 Old Thomas Road Campus Carter Building
*City: Lynchburg
*State: Virginia
*Zip Code: 24515