

What is Counselling for Cultural Empathy, as Intrinsic and Extrinsic Motivation for Breastfeeding, as Immigrants Grow: A Systematic Review

Susan A Smith, PhD, B. Ed (Hons)*

*Correspondence:

Susan A Smith, PhD, B. Ed (Hons), Australian Breastfeeding Association, 1984 Member to The Present Time, Self-help, Le Leche League, New Zealand. Telephone: +61 403180304.

Received: 08 Oct 2025; Accepted: 05 Nov 2025; Published: 15 Nov 2025

Citation: Susan A Smith. What is Counselling for Cultural Empathy, as Intrinsic and Extrinsic Motivation for Breastfeeding, as Immigrants Grow: A Systematic Review. Int J Family Med Healthcare. 2025; 4(4): 1-6.

ABSTRACT

The need for empathy is evident in Australia, which is just one country experiencing continued migration. Within ethnic groups, there is a diversity of languages and help-seeking behaviour. The reason for using cultural empathy is that empathy is a social construction that requires a shared responsibility, stemming from social and historical forces that affect immigrant women across Australia.

This article examines the psychological and bilingual counselling literature published between 2001 and 2025, focusing on articles on empathy, culture, and training. It examines psychological counselling and social work theories to identify the need for counselling to be delivered to pluralistic populations.

This article highlights the importance of ethical cultural empathy in adult education, particularly in breastfeeding peer support. The small group sessions focus on the experiences of breastfeeding. Insights gained through empathy can foster understanding, enhance professional growth, and provide therapeutic benefits, ultimately contributing to a more inclusive community. Research findings indicate that there are various styles of empathy. Without empathy, clients may establish rapport and trust, but they are less likely to accept advice that encourages them to explore their issues more deeply. Suitable options aligned with individual needs include intrinsic motivations, which are especially relevant to the client's desire for action and advice, as well as achieving emotional stability in others.

Conclusion: According to the literature, contemporary pluralism in Australia suggests that immigrants can be a resource, as they possess cognitive skills and language competencies. Breast milk has been extensively studied and is known to possess immunological protective properties.

Keywords

Ethnocultural empathy, Bilingualism, Social justice, Intrinsic motivation, Training language, Breastfeeding.

Background

This article aims to explore the themes that have emerged from the counselling literature for bilingual, culturally diverse women, as a lived experience of training immigrant women; however, definitions are limited, according to Acevedo-Weatherholtz [1]. Thus, taking the notion of "feminist and multicultural counseling

to bring about a socially just world" [2]. This article focuses on breastfeeding as a new language, introducing it to communities of immigrant women. First, we describe the literature on Australia.

Many argue that understanding globalisation in Australia is necessary as "globalisation is culturally and politically integrated" [3]. Thus, Ekezie et al. State that the meaning of culture encompasses subjective meanings that occur. However, the meanings have on people's ethics. Thus, it is that "not assuming all metacognitions are gene-based adaptations rather cultural selection is leaning

from cultural learning" [4]. Therefore, there are "diverse groups as heterogeneous with beliefs and experiences as individuals' worldviews" in contemporary times [5]. Therefore, linking to "support is a sense of identity of common fate engagement" [6]. Thus, understanding the need for empathy in helpers' roles is essential, as it can lead to cognitive empathy and, in turn, role satisfaction. Furthermore, many countries, including Australia [7], have low natural birth rates. Thus, in Australia, many people are from overseas countries; however, there are many sociocultural groups [8]. We can understand this situation considering Beck [9], who states that "the global and the local are equally implicating principles" rather than divergences. Thus, cultural intelligence can be critical for new immigrants [10]. Training is practical in healthcare for both professionals and their patients [11]. Cultural sensitivity has been "defined under the greater construct of intercultural competence as effective or successful competence" [12]. We turn to the Methodology.

Methodology

A literature search in Google Scholar has provided a wealth of literature to answer the question: "Are the themes that have emerged from the counselling literature for bilingual, culturally diverse women?" The Duty of Care perspective (Nodding) emphasises a maternal-child relationship; however, others, such as Riza et al. [13], emphasise competent communication, highlighting that "linguistic barriers and the cultural differences played crucial roles in the effective application of any intervention." Therefore, "close partnerships of the various stakeholders, the local communities, the migrant/refugee communities, and the partnerships" are a key element in the successful implementation of primary healthcare provision [13]. Thus, having "caregiving and care-receiving" needs that require personal issues, according to Sherwin [14], which are important for public health and integration. Others take "as cognitive empathy for social engagement as affective, where emotional empathy may create burnout" [15]. We turn to self-determination theory and motivation theory.

Self-determination theory and motivation theory

Thus, drawing on the work in European countries that provides "recognition needed for developing a sense of social identity and support." Social movements draw on self-determination theory, a concept that has evolved and developed over time. Thus, "Extrinsic goals are on power, whereas intrinsic goals are significant." [16]. Therefore, a useful contrast with SDT is that, unlike most current theories, "they are macro theories of motivation that explicitly consider the concept of needs and clearly specify their metatheoretical foundations." Whereas Lau et al. [17] state that "volunteer motivation provides social problem-solving and self-efficacy, thus helping mental health issues." Hence, the concept of experiential knowledge, encompassing the lived experience of breastfeeding, is essential for all breastfeeding women.

Self-help in Organisations

Thus, as volunteer peer breastfeeding supporters, the aim is to offer community-based work and training in communication skills through self-help organisations. However, self-help remains a

necessity for various sub-cultural groups across different countries. The focus of self-help in health is small-group learning. These small groups have a "long history in industrialised countries, particularly during Britain's historical post-industrial era" [18]. Others agree that self-help is a psychological concept in health that involves collaboration, solidarity, and equality in addressing shared issues, as seen in epidemiology.

Therefore, Hager's [19] position on self-help for breastfeeding falls within Vocational Education and Training (VET). Thus, "Dewey believes that all teaching, including Vocational Education and Training (VET) and academic instruction, is inherently laden with values" [19]. The self-help role aligns with that of a woman who is a true peer of the breastfeeding mother, rather than a healthcare professional, and serves as a support person. Others view group learning as a problem-solving approach. Those are in small areas that produce "learning known as small groups in self-help, as breastfeeding can be a common goal" [19]. The authors set out four areas:

First, that "common goals are interactive, relationships between women are the singular holistic achievement" rather than individual achievements in classrooms. Thus, the second is talking about "human experiences include cognitive (thinking) the affective (feeling) the conative (willing) and the sociomaterial (embedded) is talking that has existed known as holism." The third is "co-present groups", which focus on breastfeeding, where mothers join. Moreover, the fourth is "these small groups are constitutively social" [19]. However, we need training to address the growing ignorance, misconceptions, and stereotypes [20] as populations continue to evolve. We turn to training needs.

Training needs

Therefore, counselling communication aims to engage women's concerns in pluralistic populations. Others identify needs as improving training to meet standards in ethnocultural and diversity contexts [21,22]. Thus, a cultural counselling review by Seto and Forth [23] suggests that "bilingual individuals are assumed to have advanced cognitive abilities, which necessitates their need to express emotions, recall memories and improve their communication with others" [23]. According to Leake, "empathy is occurring in socio-historical spaces" [24]. Therefore, concepts such as "mutuality and simultaneous recognition of differences and commonality are essential, as they underpin complex empathic interactions." Thus, "empathy can lead to moral judgements, as it fosters sympathy and provides support to those in need." Furthermore, a counsellor's responsibilities are crucial for addressing difficulties in providing empathy and avoiding dogma. Others by Sue [25] suggest that there are "divergent discourses between scholars from the potentially harmful treatment and multicultural psychology perspectives that the ultimate harm to groups of colours is cultural oppression."

Another study by Brouwer and Boros [26] states that, "Ethnocultural empathy is a stable trait and trainable trait distinct as empathy directed towards people from racial and ethnic cultural groups

different from one's own group" [26], as "deepens human empathy for others from any ethnic group." Others argue that bringing values to accept existential communication, such as others' religiosity or spirituality, is beneficial [21]. Therefore, Brouwer et al. [26] provide ways as "directly from delivering empathy to feelings and indirectly to modify what we think we know about accepting diversity selections." Whereas, "Meaningfulness has costs, such as time, processes, and planning [...] that include these expressive attributes" [2]. Therefore, the empathy-oneness perspective is meaningful for the counsellor, rather than "being driven by altruistic motives as counselling needs warmth with others from various groups with respect." Thus, "Cognitive understanding is to be aware of others who also have norms, values, and biases, and the counsellor has norms, values and biases". Brouwer et al., [26]. Thus, we move from group empathy to one-on-one communication.

Understanding ethnocultural counselling training

According to Solomon [27], "experiential knowledge is specific information and perspectives people obtain from living through practices." Therefore, as Mead et al. [28] understand, this is "another's situation that is empathized with, as like-mindedness with others provides enablement." Groups focused on change processes, as identified by Borek et al., "share experiences that offer social learning and endorsement in problem-solving." Thus, forming connections in like-minded groups is like forming personal connections. Others note that "Self-monitoring has a key component of mindfulness training" [29]. Others, such as Experiential learning, are "by doing, as self-directed learning, mentoring, peer coaching or coaching and workshops" [30].

According to Ryan and Vansteenkiste [31] Improving "counselling standpoints involves gaining a deeper understanding and building on the help-seeking practices of immigrant breastfeeding women, taking into account the individual's sociocultural context." The multicultural model in Sue & Sue's guideline is that "clients operate from their own experiences and worldviews" [32]. Therefore, as Arthur et al. [33] State, "awareness, knowledge, and skills are needed to understand other worldviews that limit negative bias", meaning where "cross-cultural conflict needs negotiation to discover common goals" [33], as in breastfeeding knowledge. The need to improve counselling [34] is acknowledged, and suggestions include case studies that can identify various perspectives and provide helpful feedback.

Understanding relationships with others can be achieved through a biopsychosocial, relationship-centred model rather than a disease-focused one. Thus, the "mutuality of relationships aligns with self-organising is gaining significance and behaviour as relationally centred is [a] dynamic local ecology" [35]. This concept can be helpful for self-help organisations. This model of relationships for the practitioner/counsellor volunteer involves interactions with colleagues, with themselves, and various communities in countries. It emphasises active listening and empathetic perspective-taking, which involves walking alongside the person rather than merely trying to change them. Affective empathy is a concern or a

sympathetically defined concept. Moreover, to gain values of empathetic cultural understanding as a form of continuity. Thus, understanding culture encompasses everything that makes up the lifestyles of a Society, Including Traditions, Values, Norms, Food, Religion, and Clothing.

On the other hand, several authors have noted knowledge and attitudes that require further development. According to Hutton and Sisko [36], multicultural competencies began in the early 1990s, focusing on "education, training, research and practices relating to attitudes, beliefs, knowledge and skills." Australia's diverse population has limited perspectives on pluralism. Therefore, Hutton and Sisko outline six interconnected principles [36]: "decolonisation, intersectionality, cultural humility, self-awareness, engagement and connectivity." Maintaining purposeful counselling may require self-reflection, as values vary significantly across different cultural backgrounds. A feminist perspective suggests that "Rogerian counselling is the approach that clients can comprehend resolutions of their own issues and maladaptive behaviour" [37]. Thus, while "Adlerian principles are that people form social connections to gain their goals."

Goals for a multicultural perspective are to "grow multicultural to fit each individual by working toward developing attitudes and beliefs, knowledge and skills and their own awareness" [38]. Therefore, "awareness is to be flexible, and willing to modify strategies as individuals are unique in their cultural learning" [38]. "Countertransference occurs when we become defensive due to emotional reactivity". The limitations of "diversity are to be alert to specific issues of all forms of diversity, as race, gender, ethnicity, and sexual orientation are variables that influence the process and outcomes" [38]. Diversity in strengths and a learning attitude mean being open and sensitive to issues, such as cultural differences, that we continually learn about. Corey [38] identifies limitations of diversity, noting that "race, gender, ethnicity, and sexual orientation are variables that influence outcomes" [38].

Discussion

Understanding cultural needs involves developing ethnocultural empathy. As gendered organisations supporting breastfeeding, women from various sub-cultural groups need access to support, a sense of inclusion, and recognition that volunteer work is temporary and entails responsibility. Some argue that social capital and public health promotion are crucial for achieving this goal. As a nurse researcher, Sheehan and Schmied [39] observe that many mothers immigrating to Australia either breastfeed or do not, and counsellors need to understand that traditional practices will not always be followed; instead, "social support plays a significant role in facilitating breastfeeding" [39]. Others advocate for supporting person-centred counselling for all women to help them reach their desired outcomes [40]. Therefore, "the incongruence lies within the person rather than her environment"; she will not have a single, fixed identity. It is about the holism of being in the world [40]—"unconditional positive regard is not the same as neutrality for the worth of mothers".

According to Andersen et al. [21], "education needs to be valued to accept existential communication, such as religious or spiritual beliefs that may be meaningful in life as to health and well-being." As discussed, immigrants from overseas are considered collectivistic; this is where 'family and friends may influence breastfeeding decision-making and help-seeking'. Therefore, in counselling for self-help organisations, it is vital to understand that "breast milk is not only a source of nutrition but also provides immunological benefits".

Others state that good diets during pre-pregnancy and pregnancy influence babies' immunity, as does breastfeeding [41]. To date, human milk studies have identified "200 different oligosaccharides that vary between women and in formula; only five non-human oligosaccharides are available" [42]. Recently, the press has called for developing CD8+ T cells for young women, rather than breastfeeding mothers, to help prevent breast cancer. Another [43] suggests breastfeeding mothers have "protection against breast cancer, improved birth spacing, and it might also protect against ovarian cancer and type 2 diabetes." Others [44] found that the "transferred maternal CD8 T cells through human milk have superior capacity to produce potent cytolytic and inflammatory mediation when compared to those generated by the breastfed infant."

Another argues "those social determinants such as poverty, lack of education, neighbourhood disadvantage, residential segregation by race, racial discrimination, lack of social support, and social isolation play an important role in breast cancer stage at diagnosis and survival" [45]. Others have found that human milk is rich in immunological and other proteins that adapt as the infant develops up to the sixth month [46]. Breastfeeding is associated with a lower risk of non-communicable diseases [47,48]. Another suggests immunological factors in breast milk are protective against breast cancer [44,46].

Conclusion

The review aimed to identify themes that have emerged from the counselling literature for bilingual, culturally diverse women. Thus, it was necessary to review the counselling model to address the gap, incorporate alternative perspectives, and promote inclusion. Counselling must be a good fit, including practicum and internship supervision, as Dunn et al. [49] evaluate "multiple competency systems and concerns around criterion validation." According to Pulliam et al. [50], "preparing counsellors through multicultural training requires educators to be genuine and straightforward in recognising racism, which calls for passion." Thus, involves building trust through empathy, leading to commitment—the Duty of Care in workplaces, as outlined by McDiamond et al. [51]. The goal is to prevent exhaustion as practically as possible: "mothers cannot change anything other than their perspective on the situation, and reframing it may be of assistance." Therefore, empathy in self-help, as a 'co-present group practice' in many counselling settings, such as families in Australia, might be a subculture rather than a norm. Consequently, self-help counsellors can relate to breastfeeding histories, family responsibilities, or

everyday worries about the baby's health. Mothers' experiences can help counsellors connect or walk beside them to offer empathy. Experiential learning would be a way for self-help organisations or coaching outlined above.

Counselling literature suggests that knowledge, attitudes, and skills are essential components of competency-based training in a Registered Training Organisation [52]. As such, competency-based training necessitates a practicum and internal supervision for new counsellors. Additionally, "women fit into the wider society to grow the new fourth sector of society, calling into question the conceptual adequacy of civil society as being market-like and pragmatic" [52].

Volunteer breastfeeding counsellors can address changing demographics in local discussions on how they can best meet the challenges and opportunities of their volunteer work. The self-help organisations may have perceptions of the ethos of volunteer roles as peer support for breastfeeding mothers in collaboration; however, that requires teamwork. Thus, many are unaware of the potential effects on local group attendance as societal changes occur in Australia. Further migration is ongoing in Australia and many other industrialised countries [53]. Self-help organisations need to move to include "macro-level issues, advocacy, and engagement in the process of social change" [54].

References

1. Acevedo-Weatherholtz I, Rodríguez NM, Irizarry-Pérez DC. Bilingual Counseling Competencies: A Call to the Counseling Profession. *Journal of Counselor Preparation and Supervision*. 2023; 17: 11.
2. Goodman AL, Liang B, Helms EJ, et al. Training Counseling Psychologists as Social Justice Agents: Feminist and Multicultural Principles in Action. *The Counseling Psychologist*. 2024; 32: 793-837.
3. Marsh I, Meagher G, Wilson S. Are Australians Open To Globalisation? *Australian Social Attitudes*. 2005; 240-257.
4. Heyes C, Bang D, Shea N, et al. Knowing Ourselves Together: The Cultural Origins of Metacognition. *Trends Cogn Sci*. 2020; 24: 349-362.
5. Azzopardi C, McNeill T. From Cultural Competence to Cultural Consciousness: Transitioning to a Critical Approach to Working Across Differences in Social Work. *Journal of Ethnic and Cultural Diversity in Social Work*. 2016; 25: 282-299.
6. Hertwig R, Michie S, West R, et al. Moving From Nudging to Boosting: Empowering Behaviour Change to Address Global Challenges. *Behavioural Public Policy*. 2025; 9: 1-12.
7. ABS. Birth Rate Continues to Decline. Canberra. 2024, Retrieved from <https://www.abs.gov.au/media-centre/media-releases/birth-rate-continues-decline>.
8. ABS. Migration, Australia 2018-19. Commonwealth of Australia. 2018. <https://doi.org/https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release#net-interstate-migration>

9. Beck U. The Cosmopolitan Society and Its Enemies. *Culture Society*. 2022; 19: 17-44.
10. Alon I, Lankut E, Gunkel M, et al. Predicting Leadership Emergence in Global Virtual Teams. *Entrepreneurial Business and Economics Review*. 2023; 11: 28.
11. Thomas D, Liao Y, Aycan Z, et al. Cultural intelligence: A theory-based, short-form measure. *J International Business Study*. 2015; 46: 1099-1118.
12. Mellizo MJ. Cultivating Global Dispositions by Considering Intercultural Sensitivity. *Re-Imagining Curricula in Global Times*. 2023; 21:36.
13. Riza E, Kalkman S, Coritsidis A, et al. Community-Based Healthcare for Migrants and Refugees: A Scoping Literature Review of Best Practices. *Healthcare*. 2020; 8: 115.
14. Sherwin S. Feminist Approaches to Health Care Ethics. *Wiley*. 2006; 2: 79-85.
15. Hojat M, Maio V, Pohl AC, et al. Clinical Empathy: Definition, Measurement, Correlates, Group Differences, Erosion, Enhancement, and Healthcare Outcomes. *Discover Health Systems*. 2023; 2: 8.
16. Sansone C, Tang Y. Intrinsic and Extrinsic Motivation and Self-Determination Theory. *Motivation Science*. 2020; 61: 113-114.
17. Lau Y, Fang L, Cheng JL, et al. Volunteer motivation, social problem solving, self-efficacy, and mental health: a structural equation model approach. *Educational Psychology*. 2018; 39: 112-132.
18. Weinbren D. Supporting Self-Help: Charity, Mutuality, and Reciprocity in Nineteenth-Century Britain. *Charity and Mutual Aid in Europe and North America Since*. 2012; 67-88.
19. Hager P, Beckett D. Refurbishing Learning via Complexity Theory: Introduction. *Educational Philosophy and Theory*. 2022; 56: 407-419.
20. Thi Tran, Le Thanh Phan H. Conceptualising Mobility as Becoming, Connecting and Contributing: Australian New Colombo Plan Scholars Learning Abroad in The Indo-Pacific Region. *International journal of educational research*. 2024; 127: 102429.
21. Andersen HA, Kristiansen VM, Viftrup TD, et al. Educating Future Psychologists in Exploring Meaning in Life: A Qualitative Study of Existential Communication. *European Journal of Psychology of Education*. 2025; 40: 1-18.
22. Conners B, Johnson A, Duarte J, et al. Future Directions of Training and Fieldwork in Diversity Issues in Applied Behavior Analysis. *Behavior Analysis in Practice*. 2019; 12: 767-776.
23. Seto A, Forth N. What Is Known About Bilingual Counseling? A Systematic Review of the Literature. *The Professional Counselor*. 2020; 10: 393-405.
24. Leake E. Should You Encounter. The Social Conditions of Empathy. *Poroi*. 2018; 14: 1-26.
25. Sue DW. Therapeutic Harm and Cultural Oppression. *The Counseling Psychologist*. 2005; 43: 359-369.
26. Brouwer ARM, Boros S. The Influence of Intergroup Contact and Ethnocultural Empathy on Employees Attitudes toward Diversity. *An Interdisciplinary Journal*. 2010; 14: 243-260.
27. Solomon P. Peer Support/Peer-Provided Services Underlying Processes, Benefits, and Critical Ingredients. *Psychiatr Rehabil J*. 2004; 27: 392-401.
28. Mead S, Hilton D, Curtis L. Peer Support: A Theoretical Perspective. *Psychiatr Rehabil J*. 2001; 25: 134-141.
29. Ives-Deliperi LV, Howells F, Horn N, et al. The Effects of Mindfulness-Based Cognitive Therapy in Bipolar Disorder. *Mindfulness-Based Cognitive Therapy*. 2016; 2: 155-161.
30. Jorgensen LI, Llewellyn van Zyl E, Stander WM. Training emerging psychologists as multicultural contextual coaches. *Springer*. 2016; 357-392.
31. Ryan RM, Vansteenkiste M. Self-determination theory: Metatheory, methods, and meaning. *Oxford University Press*. 2023; 3-30.
32. Sue DW, Sue D. *Counseling the Culturally Diverse: Theory and Practice* (6th ed.). John Wiley and Sons. 2012.
33. Arthur N, Januszkowski T. The Multicultural Counselling Competencies of Canadian Counsellors. *Canadian Journal of Counselling I Revue canadienne de counselling*. 2001; 35: 36-48.
34. Cohen AJ, Kassan A, Wada K, et al. Enhancing Multicultural and Social Justice Competencies in Canadian Counselling Psychology Training. *Canadian Psychology*. 2022; 63: 298-312.
35. Soklaridis S, Ravitz P, Nevo AG, et al. Relationship-centred Care in Health: A 20-year Scoping Review. *Patient Experience J*. 2016; 3: 130-145.
36. Hutton V, Sisko S. *Multicultural Responsiveness in Counselling and Psychology: Working with Australian Populations*. Springer Nature. 2022.
37. Gaur K. Adlerian Feminist Integrative Theory of Counseling. *The International Journal of Indian Psychology*. 2024; 12: 151-161.
38. Corey G. *Theory and Practice of Counseling and Psychotherapy*. CENGAGE. 2022.
39. Sheehan A, Schmied V. *The Imperative to Breastfeed: An Australian Perspective*. Springer. 2010; 55-76.
40. Swan MA, Ceballos P. Person-centred Conceptualisation of Multiculturalism and Social Justice in Counseling. *Person-Centred Experiential Psychotherapies*. 2020; 19: 154-167.
41. Camacho-Morales A, Caba M, Martínez-Valenzuela C, et al. Breastfeeding Contributes to Physiological Immune Programming in the Newborn. *Front Pediatratr*. 2021; 9: 744104.
42. Dinleyici M, Barbier J, Dinleyici EC, et al. Functional effects of human milk oligosaccharides (HMOs). *Gut Microbes*. 2023; 15: 2186115.

-
43. Victora GC, Bahl R, Barros DJA, et al. Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect. *Lancet*. 2016; 387: 475-490.
 44. Cabinian A, Sinsimer D, Tang MZO, et al. Transfer of Maternal Immune Cells by Breastfeeding: Maternal Cytotoxic T Lymphocytes Present in Breast Milk Localize in the Peyer's Patches of the Nursed Infant. *Plos One*. 2016; 11: 0156762.
 45. Coughlin SS. Social determinants of breast cancer risk, stage, and survival. *Breast Cancer Res Treat*. 2019; 177: 537-548.
 46. Rio-Aige K, Martínez-Costa C, Castell M, et al. Unravelling the effect of parity on immunoglobulins, cytokines and adipokines in human transitional milk and their association with infant infections during the first 6 months of life. *Int Breastfeed J*. 2025; 20: 75.
 47. Honorio-Franc CA, de Abreu CL, Elmusharaf K, et al. Editorial: Breast milk: From nutrition to immunological action. *Frontier Immunology*. 2022; 13.
 48. Lokossou AGG, Kouakanou L, Schumacher A, et al. Human Breast Milk: From Food to Active Immune Response with Disease Protection in Infants and Mothers. *Frontier Immunology*. 2022; 13: 849012.
 49. Dunn WT, Smith BT, Montoya AJ. Multicultural Competency Instrumentation: A Review and Analysis of Reliability Generalization. *Journal of Counseling and Development*. 2006; 84: 471-482.
 50. Pulliam N, Paone RT, Malott MK, et al. The Experiences of Students of Color At a Predominantly White Institution: Implications For Counselor Training. *Journal of Multicultural Counseling and Development*. 2019; 47: 239-255.
 51. Diamond G, Diamond MG, Levy S. Attachment-based Family Therapy: Theory, Clinical Model, Outcomes, and Process Research. *J Affect Disord*. 2021; 294: 286-295.
 52. Pavlova M. Two Pathways, One Destination: TVET For a Sustainable Future. Background paper for the UNESCOEVOC virtual conference. 2007.
 53. Vollset SE, Goren E, Chun-Wei Y, et al. Fertility, Mortality, Migration, and Population Scenarios for 195 Countries and Territories From 2017 to 2100: A Forecasting Analysis For the Global Burden of Disease Study. *The Lancet*. 2020; 396: 1343-1365.
 54. Hage SM, Miles JR, Lewis JA, et al. The social justice practicum in counseling psychology training. *Training and Education in Professional Psychology*. 2025; 14: 156-166.