

Research Article

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Toward an Integrative Curriculum for Counselor Education: A Systematic Review of Competencies and Practice

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Abstract: This study aims to examine the characteristics and directions of curriculum innovation in counselor education, identify the essential competencies emphasized in innovative curricula, and map the conceptual and methodological gaps that constrain curriculum development. A qualitative Systematic Literature Review was conducted using the PRISMA 2020 protocol. Peer-reviewed Scopus-indexed articles published between 2015 and 2025 were systematically searched, screened, and assessed, resulting in 28 empirical studies included in the final synthesis. Data were analyzed through thematic synthesis involving coding, categorization, and constant comparison across studies. The findings show that counselor education is shifting from fragmented and predominantly theoretical curricula toward experiential, reflective, culturally responsive, and practice-oriented models. Nine recurring competency domains were identified: multicultural, interpersonal, intrapersonal, wellness, spirituality, leadership, creativity, professional identity, and interprofessional collaboration. Experiential learning emerged as the most frequently reported instructional orientation, supported by clinical practice, simulation, cultural immersion, narrative supervision, community engagement, and interprofessional training. However, the literature remains conceptually fragmented and methodologically varied, with limited use of experimental, longitudinal, and standardized competency evaluations. These findings imply that counselor education institutions should align competency standards, curriculum content, learning experiences, assessment, and continuous evaluation. The originality of this study lies in integrating previously dispersed evidence into a unified analytical framework for developing holistic, adaptive, and evidence-based counselor education curricula.

1. INTRODUCTION

The growing complexity of mental health concerns has substantially increased the demand for accessible and context-sensitive counseling services. Globally, one in seven adolescents aged 10–19 experiences a mental disorder, accounting for approximately 15% of the disease burden within this age group, while anxiety, depression, and behavioral disorders remain among the leading causes of illness and disability among adolescents (Organization, 2025). A similar challenge is evident in Indonesia, where 34.9% of adolescents experienced at least one mental health problem within the previous 12 months, yet only 6.6% of those affected accessed services providing professional support or counseling (Indonesia, 2024). This substantial gap between the prevalence of mental health problems and the utilization of counseling services demonstrates the need for counselors who can provide accessible, culturally responsive, preventive, and collaborative interventions across educational, healthcare, and community settings. Consequently, counselor education institutions face increasing pressure to prepare graduates who possess competencies aligned with the complexity and diversity of contemporary counseling needs.

Previous research on curriculum innovation in counselor education can be classified into three categories. The first category concerns experiential and practice-based learning, including structured clinical training, direct client interaction, reflective learning cycles, cultural immersion, narrative supervision, and creative case-based instruction, which have been shown to strengthen practical skills, empathy, multicultural awareness, and professional reflection (Grable et al., 2024). The second category focuses on multidimensional counselor competencies, including multicultural competence, wellness, spirituality, leadership, professional identity, creativity, and interprofessional collaboration (Jaladin et al., 2023). The third category addresses curriculum integration, competency assessment, and methodological evaluation, emphasizing alignment among professional standards, course content, instructional structures, validated assessment instruments, and emerging issues such as trauma, sexuality, public health, and social diversity (Marvin et al., 2025). Despite these contributions, previous studies generally examine instructional approaches and competency domains separately, provide limited explanation of how they should be integrated and sequenced within a comprehensive curriculum, and employ varied research designs, instruments, implementation procedures, and evaluation periods. Consequently, a systematic synthesis is required to integrate these dispersed findings, identify the dominant direction of curriculum innovation, clarify essential counselor competencies, and map conceptual and methodological gaps that should inform future curriculum development.

Therefore, this study aims to address the conceptual, curricular, and methodological gaps in previous research by systematically synthesizing empirical studies on curriculum innovation in counselor education. Specifically, it examines the characteristics and directions of curriculum innovation, identifies the essential multidimensional competencies required of modern counselors, and maps the conceptual and methodological limitations of existing studies. Through this synthesis, the study seeks to develop a more integrated understanding of how competency standards, curriculum content, experiential learning, assessment, and evaluation can be connected within a coherent counselor education framework. In doing so, the research provides an evidence-based foundation for developing curricula that are more holistic, adaptive, culturally responsive, and aligned with the evolving demands of contemporary counseling services.

This review advances the proposition that counselor education curricula will be more responsive to contemporary professional demands when multidimensional competencies are systematically integrated with experiential learning, reflective supervision, authentic assessment,

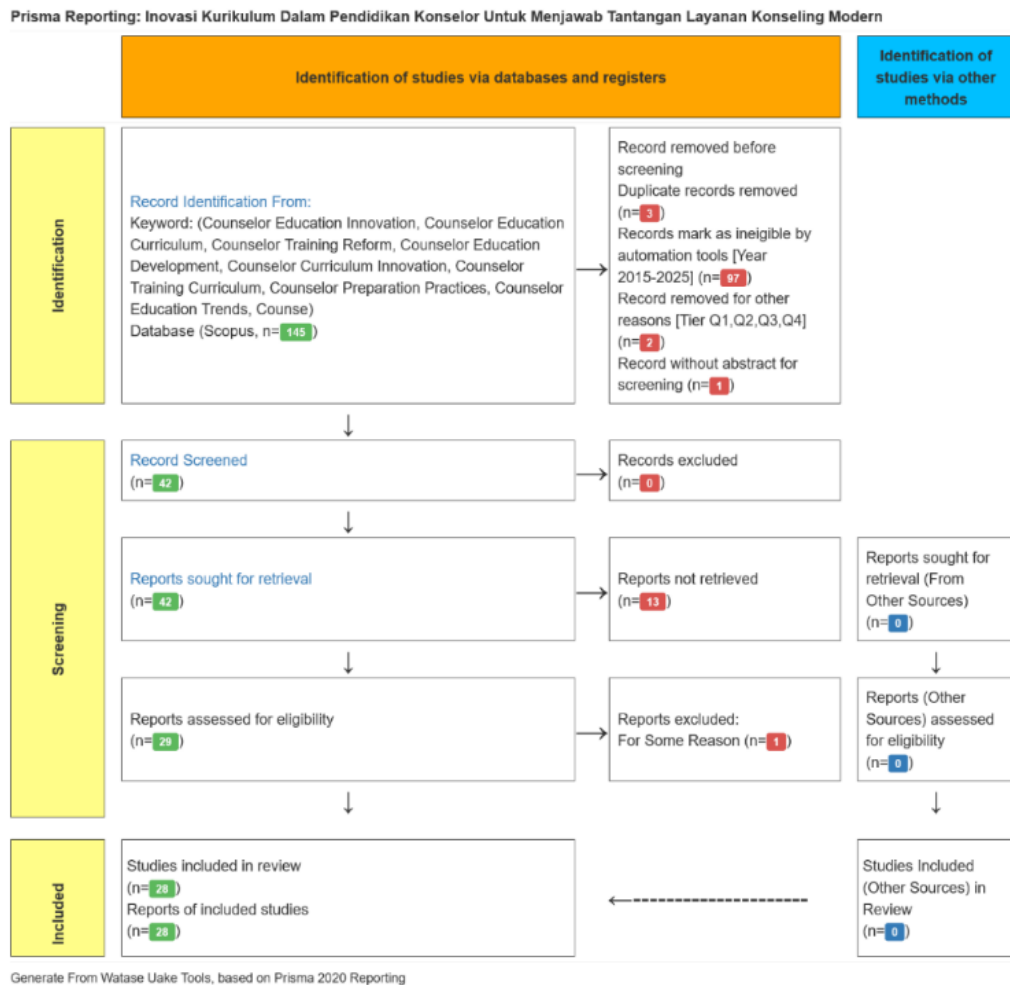
and continuous evaluation. Experiential and practice-based learning is expected to strengthen the translation of theoretical knowledge into professional performance, while multicultural, intrapersonal, interpersonal, spiritual, wellness, leadership, creative, professional identity, and interprofessional competencies collectively support counselors' adaptability in complex service contexts (Jaladin et al., 2023). Conversely, curricula that remain fragmented and predominantly theoretical are likely to produce uneven competency development and limited readiness for culturally diverse, interdisciplinary, and practice-based counseling environments. Therefore, this study argues that effective curriculum innovation depends not merely on adding new subjects or teaching methods, but on establishing coherent alignment among competency standards, curriculum content, learning experiences, assessment, and program evaluation.

2. METHODOLOGY

This study employed a Systematic Literature Review (SLR) design guided by the PRISMA 2020 protocol to ensure transparency, methodological rigor, and reproducibility throughout the identification, screening, eligibility, and synthesis stages. The unit of analysis was not human participants but peer-reviewed journal articles focusing on curriculum innovation in counselor education to address the demands of modern counseling services.

The literature search was conducted using the Scopus database as the primary data source due to its broad multidisciplinary coverage and rigorous journal indexing standards. The search was applied to titles, abstracts, and keywords using the following Boolean string: "counselor education innovation" OR "counselor education curriculum" OR "counselor training reform" OR "counselor curriculum innovation" OR "counselor education development" OR "training curriculum" OR "counselor preparation practices". Search filters were applied to include articles published between 2015 and 2025, written in English, and categorized as peer-reviewed journal articles indexed in Scopus journal rankings. Conference proceedings, book chapters, conceptual papers, and non-peer-reviewed publications were excluded. The initial search yielded 145 records, representing the identification stage of the PRISMA process.

During the identification stage, 3 duplicate records were removed. Additionally, 97 articles published outside the specified year range, 2 articles not indexed in Scopus journal rankings, and 1 article without an abstract were excluded, resulting in 42 records entering the screening stage. Title and abstract screening was conducted for all remaining records, and no articles were excluded at this stage. However, 13 full-text articles could not be retrieved due to access limitations, leaving 29 articles for eligibility assessment. Full-text evaluation resulted in the exclusion of 1 article due to insufficient relevance to curriculum innovation in counselor education. Consequently, 28 studies were included in the final synthesis. The complete selection process is presented in the PRISMA flowchart.



Data were extracted using a structured extraction form developed in accordance with the research objectives. Extracted information included characteristics of curriculum innovation, identified counselor competencies, instructional approaches, and methodological features. Thematic synthesis was conducted through a three-step process: (1) initial coding of key findings across studies, (2) grouping codes into broader conceptual categories, and (3) refining themes through constant comparison across studies. The coding process was conducted manually by the primary researcher and iteratively refined to ensure internal consistency. To minimize interpretive bias, theme development was continuously checked against the original data and across studies to maintain analytical transparency.

To strengthen the credibility of the synthesis, the included studies were appraised using adapted criteria derived from established appraisal frameworks, such as the Critical Appraisal Skills Programme (CASP) and the Mixed Methods Appraisal Tool (MMAT). The appraisal focused on the clarity of research design, data collection procedures, analytical transparency, and relevance to counselor education. No studies were excluded solely based on quality assessment; however, appraisal outcomes informed the interpretation of the synthesized findings.

This review acknowledges potential limitations, including reliance on a single database, the exclusion of non-English publications, and the possibility of publication bias. Nevertheless, the transparent PRISMA based procedures, explicit reporting of selection criteria, and systematic synthesis approach enhance the trustworthiness and reproducibility of the review.

3. RESULTS

Characteristics and Directions of Curriculum Innovation

Evidence extracted from the 28 included studies demonstrates that curriculum innovation in counselor education is increasingly directed toward competency-based, experiential, and practice-oriented learning. Documented curriculum renewal through the formulation of core competencies based on expert consensus and professional needs assessment, including the alignment of professional standards, course content, instructional components, and program structure (Marvin et al., 2025). Described the Rochester Model, which incorporated structured clinical training, direct client interaction, group work, case-based activities, and counseling simulations. Similarly, Ohrt et al (Grable et al., 2024). Reported an instructional model organized through cycles of practice, observation, analysis, and reflection. Other studies also documented fieldwork, supervised practice, and community-based interventions as approaches used to connect theoretical knowledge with authentic counseling situations.

The reviewed literature further identified culturally responsive, reflective, interdisciplinary, and context-based curriculum innovations. (Shannonhouse et al., 2018) reported cultural immersion activities involving direct engagement with diverse communities and guided reflection, while (Zeligman, 2017) described narrative supervision as an approach for examining professional growth and counselor identity. Interprofessional preparation was reflected in the integration of communication, teamwork, role clarification, service coordination, leadership, and advocacy competencies (Asempapa & Asempapa, 2019). The curriculum scope also expanded to include contemporary public health and social issues, such as hospital-based tobacco treatment, trauma and refugee assistance, human sexuality, social class, cultural discrimination, minority experiences, and community mental health services (Grable et al., 2024).

Table 1. Forms and Directions of Curriculum Innovation in Counselor Education

Curriculum innovation dimension	Evidence of implementation	Direction of curriculum development
Competency-based curriculum restructuring	Formulation of core competencies through expert consensus, professional needs assessment, alignment of course content, and revision of instructional components	From fragmented course structures toward integrated and professionally aligned curricula
Experiential and clinical learning	Direct client interaction, structured fieldwork, clinical group activities, case simulations, supervised practice, and cycles of practice, observation, analysis, and reflection	From predominantly theoretical instruction toward authentic and practice-based learning
Cultural immersion and reflective supervision	Direct engagement with culturally diverse communities, guided reflection, narrative analysis, and examination of professional development experiences	Toward culturally responsive, reflective, and identity-oriented counselor preparation

Curriculum innovation dimension	Evidence of implementation	Direction of curriculum development
Interprofessional and leadership preparation	Integration of teamwork, professional communication, role clarification, service coordination, advocacy, and organizational leadership	From isolated professional preparation toward collaborative and interdisciplinary practice
Integration of contemporary public health and social issues	Inclusion of tobacco treatment, trauma and refugee assistance, human sexuality, social class, cultural discrimination, minority experiences, and community mental health	Toward adaptive curricula that respond to emerging health, cultural, and social challenges

Table 1 reveals four major tendencies in curriculum innovation within counselor education. First, curriculum development is shifting from predominantly theoretical instruction toward experiential and practice-based learning through clinical training, fieldwork, simulations, supervised practice, and community engagement. Second, curriculum content is expanding beyond technical counseling skills to incorporate multicultural responsiveness, reflective practice, professional identity, leadership, interprofessional collaboration, and contemporary public health and social issues. Third, innovation occurs not only at the instructional level but also at the structural level through competency formulation, alignment between courses, professional standards, and field requirements. Fourth, experiential learning functions as a central approach connecting theoretical knowledge with cultural understanding, professional reflection, and authentic service contexts. These patterns indicate that curriculum innovation is developing toward a more integrated, contextual, collaborative, and practice-oriented model rather than merely adding separate subjects or instructional techniques.

These findings imply that curriculum innovation in counselor education should be understood as a systemic transformation involving curriculum structure, learning processes, competency development, and engagement with contemporary service environments. The evidence strengthens existing knowledge by demonstrating that experiential learning, cultural responsiveness, reflective supervision, interprofessional preparation, and public health awareness are interconnected components of counselor preparation rather than independent curricular elements. Consequently, effective curriculum reform requires coherence among learning outcomes, course content, teaching strategies, assessment, and field experience. This synthesis also adds to the literature by presenting curriculum innovation as an integrated framework that connects theory, practice, personal development, cultural context, and interdisciplinary collaboration. However, because the reviewed studies vary methodologically, these findings should be interpreted as evidence of dominant directions and recurring patterns rather than definitive proof of the comparative effectiveness of each approach.

Essential Competencies in Innovative Counselor Education Curricula

The thematic synthesis of the 28 included studies identified nine recurring competency domains in innovative counselor education curricula: multicultural, interpersonal, intrapersonal, wellness, spirituality, leadership, creativity, professional identity, and interprofessional collaboration. Multicultural competence was described through knowledge, skills, understanding, beliefs, and specialized abilities required to work with culturally diverse clients (Jaladin et al., 2023)

. Studies concerning cultural immersion, minority experiences, acculturation, and social class also documented the importance of cultural awareness, empathy, and sensitivity to discrimination and socioeconomic differences (Attia, 2021). Interpersonal competence was reflected in empathy, therapeutic communication, group facilitation, relational sensitivity, and context-based decision-making developed through direct practice and experiential training (Ohrt et al., 2016). Intrapersonal competence included self-awareness, self-reflection, emotional regulation, and self-compassion, while wellness competence covered physical and emotional well-being, stress management, self-care, and burnout prevention (Gibson et al., 2021). Spiritual competence was associated with formal training, reflective practice, self-efficacy, ethical sensitivity, and the ability to address clients' spiritual concerns (Lu et al., 2020).

Professional identity competence was documented through mentoring relationships, research involvement, academic social support, professional training, cultural experiences, and reflective engagement with the counselor's role (Lamar & Helm, 2017). Leadership competence included confidence, advocacy, understanding of organizational roles, participation in institutional change, and the ability to act as a collaborator and change agent (DeDiego et al., 2022). Creativity was identified in counselors' capacity to develop flexible and context-sensitive interventions, particularly when working with children, families, and clients with complex needs (Feather et al., 2024). Interprofessional collaboration was represented by competencies in teamwork, communication, role clarification, coordinated care, service integration, and collaboration with professionals from other disciplines. Documented nine core competency domains associated with integrated mental health services, while other studies emphasized communication, community understanding, and service coordination as important components of collaborative counseling practice (Asempapa & Asempapa, 2019).

Table 2. Essential Competencies in Innovative Counselor Education Curricula

Competency domain	Key indicators	Forms of curriculum integration
Multicultural competence	Cultural knowledge, awareness, beliefs, counseling skills, empathy, and sensitivity to discrimination and socioeconomic differences	Cultural immersion, multicultural training, reflective activities, and culturally responsive practice
Interpersonal competence	Empathy, therapeutic communication, relational sensitivity, group facilitation, and context-based decision-making	Direct client interaction, group practice, case simulation, and clinical experience
Intrapersonal competence	Self-awareness, self-reflection, emotional regulation, resilience, and self-compassion	Reflective learning, self-assessment, supervision, and personal development activities
Wellness competence	Physical and emotional well-being, stress management, self-care, and burnout prevention	Wellness education, self-care planning, reflective exercises, and monitoring of professional well-being
Spiritual competence	Spiritual sensitivity, ethical awareness, reflective capacity, self-efficacy, and	Formal spiritual counseling training, reflective practice, and

Competency domain	Key indicators	Forms of curriculum integration
	responsiveness to clients' spiritual concerns	integration of spiritual issues into counseling cases
Leadership competence	Advocacy, confidence, organizational awareness, decision-making, and capacity to facilitate institutional change	Leadership development programs, advocacy activities, professional organizations, and policy-oriented training
Creativity	Flexible thinking, innovative intervention design, adaptability, and problem-solving in complex cases	Case-based learning, creative intervention projects, simulations, and context-sensitive counseling activities
Professional identity	Understanding of professional roles, ethical commitment, research identity, reflective engagement, and professional confidence	Mentoring, research involvement, supervision, professional training, and academic community participation
Interprofessional collaboration	Teamwork, professional communication, role clarification, coordinated care, and service integration	Interprofessional training, collaborative case management, integrated mental health services, and community-based practice

Table 2 reveals four major tendencies in the competency profile of innovative counselor education curricula. First, counselor competence is multidimensional, combining technical counseling abilities with personal, relational, cultural, spiritual, professional, and collaborative capacities. Second, multicultural, interpersonal, and intrapersonal competencies form a central foundation because counselors must understand clients' cultural backgrounds, establish effective therapeutic relationships, and regulate their own emotional responses during professional practice. Third, wellness, spirituality, creativity, leadership, and professional identity extend the counselor's role beyond direct service delivery toward ethical self-management, reflective practice, advocacy, innovation, and institutional participation. Fourth, interprofessional collaboration emerges as an increasingly important competency because contemporary counseling services frequently involve coordination with educators, health professionals, families, and community institutions. These tendencies indicate that innovative curricula are moving toward a holistic competency model rather than treating counseling competence solely as mastery of techniques.

These findings imply that counselor education curricula should integrate the identified competency domains as interconnected components of professional preparation. Multicultural sensitivity influences the counselor's ability to communicate and build therapeutic relationships, while intrapersonal awareness and wellness support emotional stability, ethical judgment, and burnout prevention. Leadership, creativity, and professional identity enable counselors to respond adaptively to complex cases and participate in organizational or social change, whereas interprofessional competence allows counseling services to be delivered through coordinated and integrated systems. The synthesis therefore adds to existing knowledge by presenting counselor competence as a unified framework involving the counselor's relationship with the self, clients, culture, profession, organization, and other disciplines. Nevertheless, the nine domains should be

interpreted as recurring competency priorities identified across the reviewed studies, rather than as a finalized or universally validated competency framework.

Conceptual and Methodological Gaps

The synthesis of the 28 included studies revealed several conceptual gaps in the literature on curriculum innovation in counselor education. Most studies examined individual competencies such as multicultural competence, wellness, spirituality, leadership, professional identity, creativity, or interprofessional collaboration without connecting them within a comprehensive curriculum framework. Experiential learning, cultural immersion, narrative supervision, and interprofessional training were also generally investigated as separate instructional approaches rather than as coordinated components of a unified curriculum model. In addition, the integration of contemporary issues was inconsistent. Trauma-informed counseling, human sexuality, social class, public health, and minority experiences appeared in only particular curricular contexts and had not been systematically incorporated across counselor education programs (Sanabria & Murray, 2018). These findings indicate that the literature provides extensive evidence regarding specific competencies and teaching approaches but remains limited in explaining how these elements can be integrated, sequenced, and assessed within a holistic counselor education curriculum.

Methodological gaps were identified in the dominance of observational, descriptive, and qualitative designs compared with experimental, longitudinal, and mixed-methods research. (Richards et al., 2016) documented the predominance of observational approaches in counselor education research, limiting the strength of causal conclusions regarding curriculum effectiveness. The reviewed studies also used varied competency definitions, training procedures, outcome indicators, and assessment instruments, which reduced comparability across findings. Although some studies reported instrument development involving expert validation, domain construction, and reliability testing, these procedures were not consistently applied across all competency areas (Jaladin et al., 2023). Considerable variation was further found in the duration and structure of cultural immersion, experiential learning, supervision, and interprofessional training. Limited follow-up assessment also meant that the sustainability of competency development after training remained unclear. Collectively, the evidence demonstrates a need for standardized competency frameworks, validated measurement instruments, comparative research designs, and longitudinal evaluations of integrated curriculum models.

Table 3. Conceptual and Methodological Gaps in Counselor Education Curriculum Research

Type of gap	Identified evidence	Consequences for knowledge development	Required research direction
Fragmented competency framework	Multicultural, spiritual, wellness, leadership, creativity, professional identity, and collaborative competencies are generally examined separately	The relationships among competency domains and their position within an integrated curriculum remain unclear	Develop and validate a holistic competency-based curriculum framework
Separation of instructional approaches	Experiential learning, cultural immersion, narrative supervision, and	Limited understanding of how these approaches can be sequenced and	Design integrated learning pathways that connect classroom

Type of gap	Identified evidence	Consequences for knowledge development	Required research direction
	interprofessional training are implemented as independent interventions	combined across a curriculum	instruction, supervision, field practice, and reflection
Inconsistent coverage of contemporary issues	Trauma, sexuality, social class, public health, and minority experiences are included only in specific curricular contexts	Counselor preparation may not consistently address emerging social, cultural, and health-related service demands	Standardize the integration of contemporary issues while allowing adaptation to local contexts
Dominance of nonexperimental designs	Observational, descriptive, and qualitative studies are more common than experimental and longitudinal research	Evidence remains insufficient to establish causal relationships or long-term curriculum effectiveness	Conduct experimental, quasi-experimental, mixed-methods, and longitudinal evaluations
Variation in measurement instruments	Studies use different competency definitions, indicators, and assessment instruments	Findings are difficult to compare across programs, populations, and instructional models	Develop standardized and psychometrically validated competency measures
Limited consistency in implementation and evaluation	Training duration, learning activities, supervision procedures, and follow-up assessments vary substantially	The sustainability and transferability of competency development remain uncertain	Establish clearer implementation standards and conduct follow-up assessments across institutional contexts

Table 3 reveals two interrelated tendencies in the literature on curriculum innovation in counselor education. Conceptually, the evidence remains fragmented because competency domains and instructional approaches are generally examined independently rather than positioned within a unified curriculum framework. Multicultural competence, wellness, spirituality, leadership, professional identity, creativity, and interprofessional collaboration are widely recognized, yet their relationships, developmental sequence, and integration across courses remain insufficiently explained. Contemporary issues are also incorporated inconsistently across programs. Methodologically, the literature is dominated by observational, descriptive, and qualitative studies, while experimental, longitudinal, and mixed-methods designs remain limited. Substantial variation is also evident in competency definitions, training duration, implementation procedures, measurement instruments, and follow-up assessments. These patterns indicate that research has successfully identified important curricular components but has not yet produced a coherent, standardized, and empirically validated model for integrating and evaluating them.

These findings imply that the main challenge in counselor education is no longer merely identifying which competencies and instructional approaches are important, but determining how they should be organized, implemented, and assessed as an integrated curriculum system. Conceptual fragmentation may result in curricula that contain numerous relevant components but

lack continuity among learning outcomes, course content, supervision, field experience, and competency assessment. At the same time, methodological limitations restrict the ability to establish whether particular curriculum innovations produce sustained improvements in counselor competence or are transferable across institutional and cultural contexts. This synthesis therefore contributes to the literature by demonstrating that future curriculum development should combine a holistic competency framework with standardized indicators, validated assessment instruments, and rigorous comparative and longitudinal evaluation. The identified gaps also provide an empirical basis for developing an integrative curriculum model that remains adaptable to local needs while preserving consistency in professional competency standards.

4. DISCUSSION

The findings of this systematic literature review indicate that curriculum innovation in counselor education is undergoing a fundamental reorientation. Curricula are gradually moving beyond fragmented and predominantly theoretical models toward more integrated, experiential, reflective, and practice-oriented approaches. This transformation is accompanied by an expansion of counselor competencies from a narrow emphasis on technical counseling skills to a multidimensional profile encompassing multicultural, interpersonal, intrapersonal, spiritual, wellness, leadership, creative, professional identity, and interprofessional capacities. However, the literature remains conceptually fragmented because these competencies and instructional approaches are frequently examined in isolation rather than as interconnected components of a unified curriculum framework. Methodological limitations, including the predominance of observational and descriptive studies, variation in measurement instruments, and limited longitudinal or experimental evaluation, further constrain conclusions regarding curriculum effectiveness. Accordingly, the following discussion examines the reorientation toward experiential practice, the construction of a holistic competency architecture, and the conceptual and methodological challenges affecting future curriculum development.

Reorienting Counselor Education from Theoretical Instruction to Experiential Practice

The findings indicate that curriculum innovation in counselor education is increasingly characterized by a transition from predominantly theoretical and fragmented instruction toward experiential, contextual, and practice-oriented learning. Curriculum renewal is reflected not only in the revision of course content but also in the alignment of competency standards, instructional components, and professional practice requirements (Marvin et al., 2025). Structured clinical training, direct client interaction, case simulations, and supervised field experiences provide opportunities for counselor trainees to apply theoretical knowledge while developing empathy, therapeutic communication, and context-sensitive decision-making (Grable et al., 2024). This direction is reinforced by learning cycles involving practice, observation, analysis, and reflection, which strengthen students' ability to translate conceptual knowledge into professional performance (Ohrt et al., 2016). Cultural immersion and narrative supervision further expand experiential learning by encouraging cultural awareness, critical reflection, and professional identity development (Zeligman, 2017). Interprofessional training also prepares students to participate in coordinated services involving communication, teamwork, role clarification, and collaboration across professional disciplines (Asempapa & Asempapa, 2019). In parallel, counselor education curricula are increasingly incorporating contemporary issues such as public health,

trauma, human sexuality, social inequality, cultural diversity, and community mental health (Tay et al., 2019). Collectively, these findings demonstrate that curriculum innovation involves a broader restructuring of the learning process to connect theory, authentic practice, reflective supervision, cultural context, and interdisciplinary service demands.

The shift from theoretical instruction to experiential practice occurs because contemporary counseling requires competencies that cannot be developed adequately through classroom-based knowledge alone. Counselors must interpret complex client situations, establish therapeutic relationships, respond to cultural differences, coordinate with other professionals, and make ethical decisions under contextual uncertainty. Experiential learning connects conceptual knowledge with direct action by allowing trainees to practice counseling skills, receive supervision, examine the consequences of their decisions, and refine their performance through reflection. The cycles of practice, observation, analysis, and reflection reported by Ohrt et al. (2016) illustrate how experience is transformed into professional competence rather than remaining an isolated practical activity (Ohrt et al., 2016). Likewise, clinical training and direct client engagement provide opportunities to develop empathy, communication, and context-sensitive decision-making (Grable et al., 2024). Cultural immersion extends this process by exposing trainees to social and cultural realities that may not be fully represented in conventional classroom instruction (Shannonhouse et al., 2018), while narrative supervision enables them to interpret these experiences in relation to professional identity and personal development (Zeligman, 2017). Interprofessional training further emerges because modern counseling increasingly operates within integrated educational, health, and community services that require teamwork, role clarification, communication, and coordinated decision-making (Asempapa & Asempapa, 2019). Thus, the relationship between experiential learning and curriculum innovation is driven by the need to connect theoretical knowledge, reflective capacity, cultural responsiveness, and authentic professional performance.

These findings are consistent with previous studies that emphasize the contribution of direct experience to counselor preparation. (Grable et al., 2024) demonstrate that structured clinical engagement enables trainees to apply counseling knowledge in real service settings, while (Ohrt et al., 2016) show that experiential learning cycles support the development of practical facilitation skills. The results also correspond with (Shannonhouse et al., 2018), who identify cultural immersion as an important mechanism for strengthening cultural awareness and reflection, and with (Mitchell et al., 2026), who highlights *service-learning* as a means of developing multicultural awareness, advocacy, social responsibility, and professional competence. However, those studies and reviews generally concentrate on particular instructional approaches or competency outcomes. The present review extends the literature by positioning clinical practice, simulation, fieldwork, cultural immersion, narrative supervision, community engagement, and interprofessional training as interconnected expressions of a broader curricular reorientation. Its novelty therefore lies not in proposing one new teaching technique, but in synthesizing these previously dispersed approaches into a common direction of curriculum innovation that links authentic experience, structured reflection, cultural context, and interdisciplinary practice. This synthesis suggests that experiential learning should not be treated merely as an additional course activity, but as an organizing principle for the design of counselor education curricula.

The shift toward experiential practice signifies a broader transformation in counselor education from knowledge transmission to professional formation grounded in authentic social contexts. Socially, this orientation recognizes that counseling problems are shaped by cultural diversity, inequality, trauma, public health concerns, and interdisciplinary service systems;

therefore, counselor preparation must expose students to the realities experienced by clients and communities. Historically, the finding reflects the expansion of counseling from a predominantly school- or clinic-centered activity toward services delivered across educational, health, community, and multicultural settings. Ideologically, it challenges a technocratic view of competence as the mastery of standardized techniques and instead emphasizes reflective judgment, cultural responsiveness, relational sensitivity, and ethical responsibility. Experiential learning, cultural immersion, and supervised practice thus contribute to a wider understanding that professional competence develops through the interaction of theory, experience, context, and critical reflection rather than through classroom instruction alone (Tay et al., 2019).

The positive function of this curricular reorientation lies in its capacity to improve students' readiness for practice, strengthen empathy and therapeutic communication, deepen cultural awareness, and support the formation of professional identity. Structured experience also enables students to recognize the limits of theoretical knowledge and to refine their decisions through feedback and supervision (Zeligman, 2017). However, experiential education may also produce unintended consequences when implemented without adequate standards. Unequal access to quality field placements, inconsistent supervision, excessive student workloads, and limited institutional resources may result in uneven learning outcomes. Cultural immersion may become superficial or tokenistic when students are exposed to diverse communities without sufficient preparation and critical reflection. Direct service activities may also create ethical risks for clients when students undertake responsibilities beyond their competence. In addition, an excessive emphasis on practice may weaken theoretical depth if experience is not systematically connected to conceptual analysis and evidence-based evaluation. These potential dysfunctions indicate that experiential learning is not inherently effective; its value depends on the quality of design, supervision, reflection, and assessment (Richards et al., 2016).

Counselor education institutions should establish a staged experiential curriculum that progresses from classroom simulation and case analysis to observation, supervised field practice, and direct service delivery. Each stage should be mapped to explicit learning outcomes, competency indicators, ethical boundaries, and assessment criteria. Institutions should also develop formal partnerships with schools, healthcare facilities, counseling centers, and community organizations to ensure diverse and sustainable placement opportunities. Supervisor preparation must be strengthened through certification, shared supervision guidelines, regular evaluation, and mechanisms for reporting ethical or instructional problems. Experiential components should be supported by structured reflection, narrative supervision, portfolio assessment, direct performance observation, and feedback from students, supervisors, and service users. At the policy level, professional associations and accreditation bodies should formulate minimum standards for field experience, supervision quality, student workload, client protection, and competency assessment. Curriculum innovations should initially be piloted and subsequently evaluated through comparative, mixed-methods, and longitudinal studies before being institutionalized on a wider scale (Marvin et al., 2025).

Constructing a Holistic Competency Architecture for Modern Counselors

The findings identify nine interconnected competency domains required in innovative counselor education curricula: multicultural, interpersonal, intrapersonal, wellness, spirituality, leadership, creativity, professional identity, and interprofessional collaboration. Multicultural competence encompasses cultural knowledge, awareness, beliefs, counseling skills, and sensitivity

to discrimination and socioeconomic differences, enabling counselors to respond appropriately to diverse client backgrounds (Kuo et al., 2021). Interpersonal competence includes empathy, therapeutic communication, relational sensitivity, and group facilitation, whereas intrapersonal competence involves self-awareness, emotional regulation, reflection, and self-compassion (Coaston & Lawrence, 2019). Counselor wellness further supports professional functioning through self-care, stress management, and burnout prevention, while spiritual competence strengthens ethical sensitivity, reflective capacity, and responsiveness to clients' spiritual concerns (Gibson et al., 2021). The findings also position leadership, creativity, and professional identity as essential for advocacy, adaptive intervention, organizational participation, and sustained professional development (DeDiego et al., 2022). Finally, interprofessional collaboration equips counselors with communication, teamwork, role clarification, service coordination, and integrated-care competencies needed to work across educational, healthcare, and community settings (Asempapa & Asempapa, 2019). Collectively, these results indicate that modern counselor competence extends beyond technical counseling proficiency and requires a holistic architecture connecting personal maturity, relational capacity, cultural responsiveness, professional identity, and collaborative practice.

The emergence of a multidimensional competency profile reflects the increasing complexity of contemporary counseling practice. Counselors are expected not only to apply counseling techniques but also to understand clients' cultural backgrounds, regulate their own emotional responses, maintain professional well-being, respond to spiritual concerns, design adaptive interventions, exercise leadership, and collaborate with other professionals. These competencies are interdependent rather than isolated. Multicultural competence strengthens counselors' ability to interpret clients' experiences within their social and cultural contexts, while interpersonal competence enables them to translate this understanding into empathy, therapeutic communication, and effective relationships (Jaladin et al., 2023). Intrapersonal competence, self-compassion, and wellness support emotional regulation, reflective judgment, and burnout prevention, thereby sustaining the quality of counseling practice (Coaston & Lawrence, 2019). Spiritual competence further expands counselors' sensitivity to clients' values and meaning systems, particularly when supported by formal training and reflective practice (Lu et al., 2019). Leadership, creativity, and professional identity enable counselors to move beyond routine service delivery by developing context-sensitive interventions, engaging in advocacy, and participating in institutional change (Feather et al., 2024). Interprofessional collaboration connects these personal and professional capacities with integrated service systems through communication, teamwork, role clarification, and coordinated care (Asempapa & Asempapa, 2019). The relationship among these domains emerges because contemporary counseling problems are simultaneously psychological, cultural, social, organizational, and ethical, requiring a competency architecture that integrates the counselor's relationship with the self, clients, profession, community, and other disciplines.

The present findings are consistent with previous studies that identify individual competency domains as essential components of counselor preparation. (Jaladin et al., 2023) emphasize the importance of multicultural knowledge, skills, beliefs, understanding, and specialized abilities, while (Gibson et al., 2021) position wellness and self-care as foundations for maintaining counseling effectiveness. (Lu et al., 2020) demonstrate that spiritual competence is associated with training, reflective practice, and self-efficacy, whereas (DeDiego et al., 2022) highlight leadership, advocacy, and organizational participation. Studies by (Kuo et al., 2018) and (Lamar & Helm, 2017) further show that mentoring, research involvement, academic support, and reflective engagement

contribute to professional identity formation. Similarly, (Asempapa & Asempapa, 2019) establish interprofessional competence as a critical requirement for integrated mental health services. Although these studies provide strong evidence regarding particular competencies, they generally examine them separately or within specific educational interventions. The present review extends the literature by synthesizing nine recurring competency domains into a holistic architecture and demonstrating their functional interdependence. Its novelty lies in repositioning these competencies not as an additive list of curriculum content but as an integrated structure in which personal maturity, relational competence, cultural responsiveness, professional identity, leadership, creativity, wellness, spirituality, and collaborative practice mutually support the preparation of modern counselors.

The construction of a holistic competency architecture signifies a broader transformation in the professional identity of counselors. Socially, it reflects the growing recognition that counseling problems are not purely individual or psychological but are also shaped by culture, social inequality, spirituality, institutional structures, public health conditions, and relationships among professional services. Historically, this finding indicates a shift from viewing counselors primarily as technical service providers toward understanding them as reflective practitioners, advocates, collaborators, and agents of social change. Ideologically, the multidimensional model challenges a reductionist conception of professional competence based solely on standardized techniques. Instead, it positions competence as the integration of personal maturity, cultural responsiveness, ethical awareness, relational capacity, professional identity, and social responsibility. Multicultural competence helps counselors recognize how discrimination, acculturation, language, and socioeconomic position affect clients and counselor development, while wellness, spirituality, leadership, and collaboration broaden the profession's responsibility beyond individual intervention (Lu et al., 2020). This interpretation contributes to the wider literature by conceptualizing counselor competence as a relational system rather than a collection of separate skills.

The principal function of this holistic architecture is its capacity to produce counselors who are more adaptive, culturally sensitive, emotionally resilient, ethically reflective, and prepared to work within complex service systems. Integrating intrapersonal competence and wellness may support emotional regulation and reduce burnout, while multicultural and spiritual competencies may strengthen counselors' responsiveness to clients' identities, values, and systems of meaning. Leadership, creativity, and interprofessional collaboration can also expand counselors' ability to design context-sensitive interventions, advocate for clients, and coordinate services with other professionals (Asempapa & Asempapa, 2019). Nevertheless, this model may create dysfunctions when every competency is added as separate curriculum content. Such an approach can produce curriculum overload, superficial learning, fragmented assessment, and competition for limited instructional time. Multicultural or spiritual education may also become symbolic or normative when it is not grounded in critical reflection, cultural humility, and respect for client autonomy. Moreover, institutions with limited faculty expertise, supervision capacity, and professional partnerships may be unable to develop all competency domains equally. The nine domains should therefore function as an integrated and developmental framework rather than a checklist that students are expected to master simultaneously.

Counselor education institutions should begin by developing a curriculum competency matrix that links the nine domains with graduate learning outcomes, courses, instructional strategies, field experiences, and assessment methods. Competencies should be organized progressively:

foundational self-awareness, ethics, and interpersonal skills should be introduced early; multicultural, spiritual, and wellness competencies should be reinforced across courses; and leadership, creativity, professional identity, and interprofessional collaboration should be strengthened through advanced practice and field engagement. Authentic assessment should combine direct observation, case analysis, reflective portfolios, simulations, supervisor evaluations, and evidence of collaborative practice rather than relying exclusively on written examinations. Institutions should also provide faculty and supervisor development, establish partnerships with educational, healthcare, and community organizations, and create safeguards for student and client well-being. At the regulatory level, professional associations and accreditation bodies should define minimum competency indicators while allowing cultural and institutional adaptation. Periodic curriculum evaluation should incorporate feedback from students, graduates, supervisors, employers, and service users to determine whether the competency architecture remains relevant to changing professional demands (Nuraini et al., 2026).

Toward an Integrative and Evidence-Based Counselor Education Curriculum

The synthesis indicates that an integrative counselor education curriculum should connect five interdependent components: competency standards, curriculum content, experiential learning strategies, competency assessment, and continuous curriculum evaluation. Competency standards provide the foundation by defining the multicultural, interpersonal, intrapersonal, spiritual, wellness, leadership, creative, professional identity, and interprofessional capacities expected of graduates. These standards should then be translated into coherent course content and learning outcomes that reflect professional requirements and contemporary counseling contexts (Marvin et al., 2025). Their development requires alignment among courses, field experiences, supervision, and professional standards rather than the isolated placement of competencies within separate subjects. The reviewed evidence also supports the integration of public health, cultural diversity, trauma, sexuality, social inequality, spirituality, and community mental health issues to ensure that curriculum content remains responsive to changes in clients' needs and counseling service environments (Sanabria & Murray, 2018)

The instructional dimension of this model is supported by experiential learning, cultural immersion, narrative supervision, simulated practice, community engagement, and interprofessional training, which connect theoretical understanding with authentic professional performance (Zeligman, 2017). However, the evidence also demonstrates that curriculum integration must be supported by valid assessment and systematic evaluation. Competency measures require clear domain construction, expert validation, reliability testing, and alignment with intended learning outcomes (Jaladin et al., 2023). Furthermore, the predominance of observational studies and the limited use of experimental and longitudinal designs indicate that curriculum effectiveness should be evaluated through multiple sources of evidence, including direct performance assessment, supervisor evaluation, reflective portfolios, graduate outcomes, and follow-up studies (Richards et al., 2016). Collectively, these findings provide the empirical basis for an integrative curriculum model in which competencies, content, pedagogy, assessment, and evaluation operate as a coherent system rather than as fragmented curricular components.

The proposed integrative curriculum direction is consistent with previous studies that emphasize particular dimensions of counselor preparation. (Mitchell et al., 2026) highlights *service-learning* and experiential education as mechanisms for developing multicultural awareness, advocacy, social responsibility, and professional competence. (Yulizar et al., 2023) emphasizes

leadership as a core requirement for counselors acting as collaborators and agents of institutional change, while (Mayangsari et al., 2025) identify spirituality and reflective capacity as important foundations of ethical counseling practice. (Wibisono et al., 2026) similarly demonstrates that cultural values and professional identity should be integrated into counselor development, and (Nuraini et al., 2026) advocate a holistic framework encompassing interpersonal, intrapersonal, ethical, spiritual, and social competencies. These studies support the need for comprehensive curriculum reform, but they generally focus on individual competency domains or particular instructional approaches. The present review extends this literature by connecting multidimensional competencies, curriculum content, experiential pedagogy, authentic assessment, and continuous evaluation within a single analytical framework. Its novelty lies in conceptualizing curriculum innovation not as the addition of separate courses or training activities, but as a coherent system in which competency standards determine learning content, instructional experiences, assessment practices, and curriculum evaluation.

An integrative and evidence-based curriculum represents a shift from content accumulation toward systemic professional formation. Socially, this model recognizes that contemporary counseling operates within culturally diverse communities, public health systems, educational institutions, and interdisciplinary service environments. Historically, it reflects the development of counselor education from a linear, discipline-centered curriculum toward a flexible model that responds continuously to changing professional and societal demands. Ideologically, the model challenges fragmented curriculum structures in which theory, practice, assessment, and professional competencies are treated separately. Instead, it promotes coherence, reflexivity, accountability, and contextual responsiveness as central principles of curriculum development. This interpretation contributes to broader knowledge by demonstrating that curriculum quality depends not only on which competencies are included, but also on how those competencies are sequenced, taught, experienced, assessed, and reviewed across the entire educational program (Marvin et al., 2025).

The principal function of an integrative curriculum is its capacity to reduce fragmentation and strengthen alignment between graduate competencies, course content, field experience, supervision, and assessment. Such alignment may improve practice readiness, promote consistent professional standards, and enable institutions to evaluate whether graduates possess the competencies required in contemporary counseling services. The model also supports curricular adaptability because emerging issues can be incorporated without losing coherence with established learning outcomes. Nevertheless, integration may produce several dysfunctions when implemented inadequately. Excessive competency requirements may create curriculum overload, while standardization may reduce institutional flexibility and overlook local cultural needs. Authentic assessment, field practice, and longitudinal evaluation also require substantial resources, qualified supervisors, institutional partnerships, and valid instruments. Furthermore, the use of the term *evidence-based* may become merely administrative if curriculum decisions are not supported by systematic evaluation and reliable outcome data. Therefore, integration should balance professional consistency with contextual adaptation and avoid converting multidimensional competence into a rigid checklist.

Counselor education institutions should conduct a comprehensive curriculum audit to identify duplication, competency gaps, and inconsistencies among learning outcomes, course content, field experiences, and assessment methods. The results should be used to construct a curriculum map linking each competency domain to developmental stages, instructional strategies, authentic

assessments, and responsible courses. Institutions should then pilot the integrated model before full implementation and evaluate it through student performance, supervisor assessments, graduate outcomes, employer feedback, and service-user perspectives. Faculty members and field supervisors require continuing development in experiential instruction, multicultural and spiritual responsiveness, interprofessional education, and competency-based assessment. Formal partnerships with schools, healthcare institutions, counseling centers, and community organizations should also be established to support diverse and adequately supervised learning experiences. At the regulatory level, professional associations and accreditation bodies should formulate minimum competency and field-experience standards while preserving space for institutional and cultural adaptation. Future evaluations should apply validated instruments, comparative or mixed-methods designs, and longitudinal follow-up to determine whether curricular integration produces sustainable improvements in professional competence (Richards et al., 2016).

5. CONCLUSION

This systematic literature review demonstrates that the principal direction of curriculum innovation in counselor education is a transition from fragmented and predominantly theoretical instruction toward an integrated, experiential, culturally responsive, and practice-oriented curriculum. The synthesis of 28 empirical studies identified nine interrelated competency domains required of modern counselors: multicultural, interpersonal, intrapersonal, wellness, spiritual, leadership, creative, professional identity, and interprofessional collaboration competencies. Experiential learning emerged as the most frequently reported instructional orientation, supported by clinical practice, fieldwork, simulation, cultural immersion, narrative supervision, community engagement, and interprofessional training. Nevertheless, existing research continues to examine competencies and instructional approaches separately, while variations in research design, measurement instruments, implementation procedures, and follow-up evaluation limit the strength and comparability of evidence regarding curriculum effectiveness.

The scientific contribution of this study lies in integrating previously dispersed evidence into a unified analytical framework that connects competency standards, curriculum content, experiential pedagogy, authentic assessment, and continuous evaluation. Rather than treating curriculum innovation as the addition of individual courses, competencies, or teaching activities, this review conceptualizes it as a systemic process requiring alignment among graduate outcomes, learning experiences, supervision, professional practice, and evidence-based evaluation. The proposed competency architecture also clarifies the functional relationships among personal maturity, therapeutic capacity, cultural responsiveness, professional identity, leadership, creativity, and interdisciplinary collaboration. This synthesis provides a conceptual and empirical foundation for developing integrative counselor education curriculum models and for testing their implementation and long-term outcomes through more rigorous comparative, mixed-methods, and longitudinal research.

6. SUGGESTION

This study has several limitations that need to be considered. First, the review only used the Scopus database, which may have excluded relevant studies from other academic sources. Second, the study included only English-language articles, limiting the diversity of perspectives from non-

English-speaking countries. In addition, the included studies showed considerable methodological variation, making it difficult to compare findings consistently. Most studies also used observational or descriptive methods rather than experimental or longitudinal approaches, resulting in limited evidence regarding the long-term effectiveness of curriculum innovation.

Furthermore, the review focused only on peer-reviewed journal articles, which may have caused publication bias by excluding gray literature and unpublished studies. The thematic analysis was conducted manually by the researcher, which may have introduced subjective interpretation. Another limitation is that most studies were conducted in Western contexts, limiting the generalizability of findings to other cultural settings. Finally, previous studies tended to discuss counselor competencies separately and have not yet developed a comprehensive and integrated curriculum framework

Declarations

Author Contributions. Putri Anditasari contributed to the conceptualization, literature review, and supervision of the study. Popy Mayasari Afendy contributed to the methodology design, data analysis, and validation process. Elza Sabillah contributed to data extraction, manuscript writing, editing, and original draft preparation. All authors have read and approved the final version of the manuscript.

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Ethical Approval. Ethical approval was not required because this study used secondary data obtained from published journal articles and did not involve direct interaction with human participants. The study maintained academic integrity and respected all ethical standards related to citation and intellectual property.

Data Availability Statement. The data supporting the findings of this study are available from the corresponding author upon reasonable request. All articles analyzed in this study were retrieved from the Scopus database.

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