SUMMER 2021 | VOL. 1

IARTC NEWSLETTER

IARTC Mission

To enhance the quality of life for people and communities worldwide by promoting the development of professional counselors, advancing ACA, the counseling profession, and the ethical practice of counseling through trauma-informed practices, respect for human dignity, cultural inclusivity, and resilience.

IARTC Diversity Statement

IARTC is committed to Diversity, Equity, Inclusion, Understanding, and Empathy. We work to promote ethnic and racial empathy and understanding. IARTC continues to advocate, advance, and improve educational, professional, and leadership opportunities for members from diverse cultural backgrounds. IARTC denounces all forms of racism.

Join IARTC

https://www.surveymonkey.com/r/Resilience_Traumatology

A Word from the President

DR. CAROL SMITH, PHD, LPC, NCC, CCTP

Welcome to the new IARTC Newsletter!

I can hardly put into words how delighted I am to be writing these words to you. I'm both proud of what IARTC is doing and humbled by the amazing people who are coming alongside us in our efforts to build a new association that focuses on trauma and resilience counseling.

We are working closely with the American Counseling Association and have received encouraging support so far. We applied last November for Organizational Affiliate Status and are waiting (as patiently as we can) for the results of the Governing Council's vote on our application from June 18th. We will let you know as soon as we know!

In the meantime, please be encouraged. Because you recognized the importance and urgency of traumatic stress, and the need for building genuine resilience despite traumatic stress, you are part of the leading edge in the Counseling Profession. You are our future leaders, and we want IARTC to be your professional home where you get the support, training, and encouragement you need to keep doing the important work that you do. If you're studying to become a trauma-informed Counselor, you're learning that there is a great deal to learn. If you're already practicing in the field of trauma-informed counseling, you know the work is challenging, complex, and can be personally draining. We recognize this also and will support you as much as we can through this association. We want to build connections among our members, provide ongoing trainings, facilitate communication, and help you find "kindred spirits" in ACA – those who understand trauma – its challenges, as well as the amazing rewards of working with people whose lives have been upended by truly awful experiences. You are heroes, and we are going to change the world together, one person at a time.

We have a boatload of work to do. We've never created an association from scratch before. We are looking for volunteers who would like to move forward with us and help us build through work on Task Forces and Committees. Some of the work will not be terribly thrilling, but vitally important (think bylaws and procedures). Some of the work will be more creative, like expanding our membership internationally, planning trainings, presentations, and publications.

If you are planning to attend the ACA Conference and Expo next April 7-10, 2022, in Atlanta, Georgia, please consider submitting a presentation proposal. We would absolutely love to have many IARTC members presenting at the next ACA Conference. There are lots of options to presenting – everything from posters to day-long workshops, in person, virtually, or both. Here's the link to learn more about the call for presentations: https://www.counseling.org/conference/conference-2022/proposals-2022. Note the proposal deadline is coming up soon – 5:00 pm Eastern Time Wednesday, July 28, 2021.

If you want to get more involved, have a presentation idea, or an idea for building our association, please don't hesitate to reach out either to me, Carol Smith, IARTC President, carol.smith@marshall.edu or Peggy Mayfield, IARTC President-Elect, mayfield.peggyc@gmail.com. We will respond as quickly as is humanly possible. Welcome aboard! Let's get started!

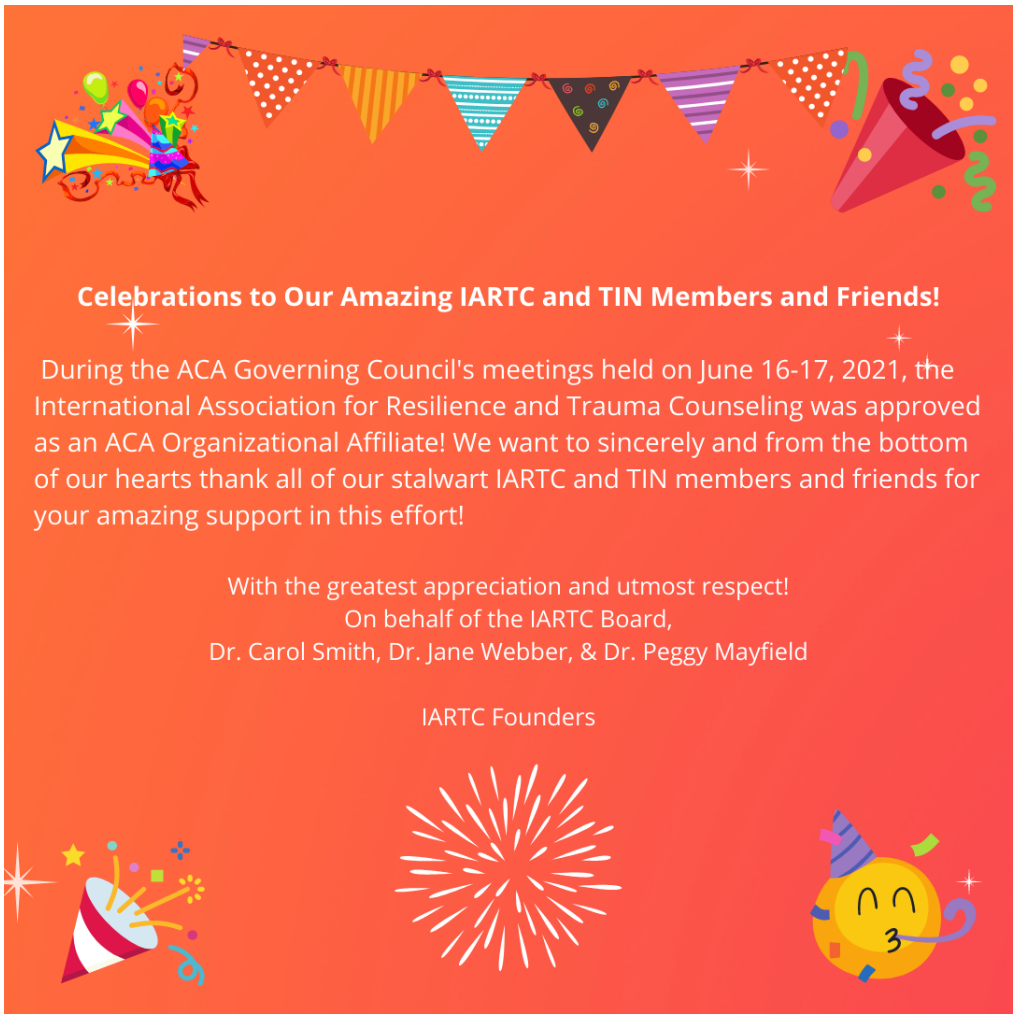
Carol

BE OUR NEWSLETTER EDITOR!

The International Association for Resilience and Trauma Counseling (IARTC), is seeking an experienced Editor for its bi-annual Newsletter. The IARTC Newsletter is published at least twice a year in the Spring (to coincide with the ACA Annual Conference and Exposition), and again in the Fall (October 15th). The Editor will solicit article submissions, provide editorial oversight of articles, develop, and publish the Newsletter. The Editor will disseminate the Newsletter through various platforms including the IARTC Website, CESNET, ACA Connect, and other social platforms. The Editor will also provide mentorship to at least 2 Associate Editors.

The ideal candidate will be a member of the International Association for Resilience and Trauma Counseling (or willing to join upon appointment), have excellent writing skills, attention to detail, time management skills, and organizational capabilities. Editorial experience is desired but not required. The position will begin on August 15, 2021.

Letters of Interest and a current CV should be submitted to Mayfield.peggyc@gmail.com. A review of applications will begin immediately and will be accepted until the position is filled. Those not selected to fill the Editor position will be considered for the Associate Editor position(s).



MEET OUR Members!

Jennifer Wills, Ph.D., LPC

PROFESSIONAL SCHOOL COUNSELOR
GEORGETOWN HIGH SCHOOL

Jennifer Wills graduated from Capella University with her PhD in Counselor Education and Supervision in May 2021. Her dissertation was titled “Trauma Counseling Self-Efficacy In Practicing Counselors: CACREP Versus Non-CACREP Counselor Education Programs”. She is continuing to contribute to the field of counseling focusing both on trauma-informed school counseling and trauma-informed counseling techniques and awareness.

Jennifer is a member of the Texas Counseling Association, and she is working to initiate an interest group regarding trauma counseling and resilience in the state of Texas. Additionally, she serves as the graduate student representative on the board of the National Employment Counseling Association, and she is excited about growing the graduate program throughout the rest of her term.

Camellia Aminzadeh

GEORGIA STATE UNIVERSITY

Camellia Aminzadeh is a second-year student in the Clinical Mental Health Counseling program at Georgia State University. She will be Chi Sigma Iota's Chi Epsilon Chapter Research Committee Chair this upcoming year. As a first-generation Iranian American, she is interested in trauma and how it presents within different populations, particularly regarding multicultural clients. This interest is also furthered through her family's experiences with trauma in Iran during the 1979 Iranian Revolution and the Iran-Iraq war. Through her family, she has seen trauma manifest itself in a variety of ways, further influenced by intersectional identities, socioeconomic status, and external pressures. These different presentations of trauma fuel her interest and strive for understanding about how trauma impacts the mind and body.

Latrice Lewis

GEORGIA STATE UNIVERSITY

Latrice resides in the Metro Atlanta area and is a 2nd-year master's student in the clinical mental health counseling program at Georgia State University. She has a bachelor's degree in psychology from Georgia State University with a minor is sociology. She obtained a master's degree in kinesiology from the University of Tennessee, Knoxville with a concentration in sport psychology and motor behavior. Her areas of interest include sports counseling and trauma therapy. She will begin her practicum/internship at Mercer University in August 2021 and will earn her CMPC (certified mental performance consultant) credential by the end of 2021.

Lauren E. Downey, EdD, LPCC-S, ACS

OWNER/CLINICAL DIRECTOR OF THE TRAUMA-INFORMED COUNSELING CENTER, INC.

I value learning and understanding the challenging and complex lived experiences of individuals who are survivors of trauma. Even more so, I respect the resiliency it takes for one to overcome a traumatic event. I find resiliency to be a quality that is not learned but distinctive and beautifully complex. As a Black woman, who has experienced trauma, I understand first-hand how difficult it can be to heal and grow after a traumatic event. Therefore, early on in my career I knew I wanted to help individuals from all walks of life process and heal from their trauma experiences. As a neophyte professional counselor, I could feel my passion for helping individuals who have experienced trauma grow and intensify. My passion for wanting to help individuals process, make meaning, and heal from their challenging life experiences transformed into a professional dream and goal of wanting to start a trauma-informed private practice.

Over the last 12 years, I have been providing clinical counseling services to individuals in the Central Kentucky region. As a clinical counselor, I have worked in various settings such as intensive in-home, outpatient, and private practice counseling settings. Through these experiences, my passion for counseling individuals who have experienced trauma as well as other mental health disorders has also increased my awareness and understanding of trauma and how important trauma-informed counseling is to an individual's mental health and wellness. Throughout my clinical experiences, I have also learned how significant trauma can impact individuals physically, psychologically, generationally and neurologically. In understanding the far-reaching magnitude of trauma my passion for helping individuals who have experienced trauma only nurtured my professional dream to start a private practice that would specifically focus on providing specialized evidence-based clinical counseling services to individuals who have experienced trauma. In December of 2018 my dream came to fruition and the Trauma-Informed Counseling Center (TICC) was established. Upon becoming a Doctor of Counselor Education and Supervision and a nationally certified Trauma-Focused Cognitive Behavioral Counselor, I began to understand at an even more significant level how severely trauma impacts racially minoritized groups of people (i.e., LGBTQIA+, Latinx, Asian, and Black individuals).

Once my practice began to grow in clientele, I considered expanding. As I considered expanding TICC I knew I wanted my practice to be rich with diversity. So, when I made the decision to expand my practice to include additional clinical providers, I consciously and intentionally sought out fellow clinical providers who possessed knowledge not only in trauma but in multicultural counseling techniques. I also wanted to ensure that TICC was diverse in staff and in the services being provided. Ideally, as the owner and clinical director of TICC, I wanted to also ensure clients experienced the least amount of barriers to receiving treatment and I wanted to ensure clients had the option to engage in a multitude of clinical services. For this reason, TICC accepts any and all clients, with or without insurance coverage and all clients who present with intensive clinical needs can receive wrap-around services in the form of individual counseling, medication management, and/or targeted case management. Unlike many of the private practices that are within the Central Kentucky area (i.e., Lexington, Kentucky and surrounding counties), TICC is the first practice to set forth and present a diverse clinical staff that solely focuses on trauma-informed counseling techniques from a multicultural perspective. To date, TICC is comprised of five practice locations within Central Kentucky. The staff at TICC includes bilingual Latinx, Black, African, and Transgendered clinical counseling providers. In addition, TICC offers a variety of evidence-based clinical counseling services that include but are not limited to trauma-focused cognitive behavioral therapy (TF-CBT), cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR), and acceptance and commitment therapy (ACT). All in all, TICC has and remains committed to creating the least amount of barriers to treatment while providing high-quality and meaningful counseling services to individuals from diverse backgrounds. Specifically, minorities who are engaging in mental health services should be able to see a clinical counselor that looks like them and understands oppression, marginalization, and intersectionality. As the owner and clinical director of TICC my hope is that my private practice can only continue to expand, grow, and intentionally provide meaningful and inclusive trauma-informed counseling services to individuals in Kentucky.

Aaron Smith, PhD, NCC

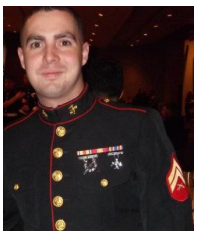
ASSOCIATE PROFESSOR
WESTERN WASHINGTON UNIVERSITY

Dr. Aaron Smith is an Associate Professor of psychology and counseling at Western Washington University (CACREP). He received accredited degrees in both Clinical Mental Health Counseling (MA) and Counselor Education and Supervision (PhD) from the University of New Mexico. Aaron also spent 8 years as an infantry Marine attached to a Marine Corps special forces unit – Delta Company 4th Recon – from 2005 to 2013.

Currently, Aaron spends his time both teaching full time in Western's clinical mental health counseling program, as well as serving as the director of the Warrior-Wellness Lab – a Veterans' mental health research lab within the psychology department at WWU (https://wp.wwu.edu/warriorwellness/). This research collective, composed of undergraduate and graduate research assistants, have conducted three trauma-focused studies exploring how survivors make meaning of their experiences. The most recent study completed by Dr. Smith's Warrior-Wellness Lab explored the roles of meaning-making and social support (among others) on outcomes related to resilience and posttraumatic growth (PTG).

Aaron is also currently serving as the interim co-director of the Center for Cross-Cultural Research (the organization that started the American Psychological Association's peer-reviewed Journal of Cross-Cultural Psychology) and is a co-host on one of the most well-listened counseling podcasts – The Thoughtful Counselor podcast (https://thethoughtfulcounselor.com) – producing a series of episodes with internationally renowned trauma-experts on a variety of clinical topics. Recent guests have included experts like Daniel Siegel (on mindfulness and trauma-work), Judith Lewis Herman (on trauma-informed care for survivors of sexual traumas), Lee Mun Wah (on working with survivors of racism and oppression), Sebastian Junger (on meaning-making in the aftermath of combat), Duane France (on helping service people transition home from military deployments), and many more. Dr. Smith is a proud member of the International Association for Resilience and Trauma Counseling and can be reached by emailing him at aaron.smith@wwu.edu.

Trauma-Informed Care for Historical Cultural Traumas in Native American and First Peoples



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Abstract

The following article examines how Historical Cultural Traumas (HCTs) negatively impact counseling outcomes in people of indigenous identities – especially in the wake of the discovery of thousands of native children who were murdered in Canada's abusive 'boarding schools.' The author argues that the integration of Trauma-Informed (TI) principles in counseling work with survivors of HCTs may help to protect this population from re-traumatization via the treatment process. The author finishes by examining implications for multiculturalism and social justice and issuing a challenge to future trauma workers.

Trauma-Informed Care for Historical Cultural Traumas in Native American and First Peoples

Introduction: Indigenous Historical Cultural Traumas

Perhaps now more than ever, it is imperative that counselors think critically about how they are supporting clients of indigenous identities who carry the weight of transgenerational traumas. For centuries, First People and Native American children were taken from their homes and sent to compulsory 'boarding schools' that attempted to – via abuse and neglect – strip them of their native cultural identities. While it has long been known that centuries of abuse in these 'schools' lead to the deaths of thousands of children, recent discoveries of more than 750 unmarked gravesites on the properties of these institutions across Canada – in some cases containing hundreds of deceased young people – have served as a grim reaffirmation of the significance of the atrocities endured by people of indigenous heritages in Canada and the United States. Contemporary counseling research has also shown that centuries of abuse and land-theft at the hands of white colonizers have resulted in what Gone (2009) referred to as Historical-Cultural Traumas (HCTs) – mental health struggles that stem from long histories of degradation and oppression of a person's culture and other identities.

And while we may refer to these traumas as being "historical," the collective weight of these tragedies along with long legacies of continued institutional racism and oppression have resulted in ongoing despotic power structures that still produce inequitable access to resources like healthcare, jobs, and education in native communities across the Western hemisphere (Gone, 2009). COVID-19, for example, resulted in significantly higher mortality rates in Native American communities relative to others in the United States (Center for Disease Control, 2020). Native Americans and First Peoples have also been shown to endorse higher rates of certain mental health struggles such as depression, substance use, and suicide (IHS, 2016). And while the

Western world continues to disentomb those murdered by white-colonialism, counselors are called to respond by integrating trauma-informed principles in the care that we provide to tragically underserved populations like people of indigenous identities. The purpose of this article is to both raise awareness about Historical Cultural Traumas (HCTs) in Native American and First Peoples, as well as to advocate for trauma professionals to adopt trauma-informed clinical praxes in their clinical work with these populations.

Clinical Implications: The Golden Age of Trauma-Informed Care

As Hansen (2007) notes, the field of counseling has swung back and forth between humanist orientations that believe that clients are irreducibly complex cultural experts of their lives, to a more scientific, medical-based lens that attempts to use science to identify objective, evidence-based pathways towards wellness. The problem with reductionism, however – especially with regards to the treatment of something like Historical Cultural Traumas (HCTs) – is that definitions of wellness are cultural constructs, not scientific ones. Time and again, studies evidence that purely science-based approaches – while effective for many – struggle primarily in work across cultures (Hansen, 2012; Lemberger, 2012). Consequently, the pendulum has begun to swing in a more nuanced direction. This new school of counseling theories – dubbed postmodernism – believes that while science can be helpful in some circumstances, embracing multiple 'truths' regarding what the healing process looks like can allow clinicians to work more effectively with both trauma-survivors and people of diverse cultural identities.

Put simply, counselors are tasked with first centering clients' cultural and phenomenological understandings of what makes them well and unwell before introducing Western psychological models informed by quantitative empiricism – like Cognitive Behavioral Therapy (Gone, 2009). In so doing, clients' lived experiences and cultural expertise serve at the center of the therapeutic process. Note that approaches like CBT for trauma are still viewed as having utility, though primarily in situations where their theoretical tenets already align with how the client understands the healing process. Perhaps the most important clinical innovation that has emerged during this golden age of postmodernism is the Trauma-Informed Care (TIC) movement.

While there are multiple definitions of what TIC means for clinical work, generally, they serve as a set of overarching principles that clinicians can use to help prevent re-traumatization via the treatment process in survivors of trauma. There is a belief in TIC that traumas violate important assumptions about the world that can sometimes compromise what makes therapy feel safe and empowering. For example, like centuries of abuse at the hands of people in positions of power endured by people of indigenous identities. This said, clinicians are not hapless; rather, they can be reflexive towards these conditions (Frankl, 1959) by integrating TIC-based principles in their counseling work.

From a TIC-based perspective, through a process of relationship building, collaboration, transparency, self-awareness (i.e., awareness of your own identities relative to those of your client), and education on historical and cultural traumas in peoples of marginalized identities, counselors can work to prevent re-traumatization via the treatment process (Smith, 2021). Counselors re-traumatize clients that are grappling with histories of trauma most often by recreating oppressive dynamics within the therapeutic relationship. This is especially prevalent in survivors of institutional betrayal traumas, such as the systemic oppression of indigenous peoples, that have often already experienced disempowerment at the hands of others (Herman, 1997).

Implications for Multiculturalism and Social Justice

Consider the multitude of ways in which a counselor might unintentionally re-colonize a client of indigenous identities' understanding of intrapsychic or spiritual suffering when de-centering clients' cultural perspectives. From positioning the counselor as the 'expert' to providing psychoeducation on 'empirically-supported models of trauma before first exploring with clients their own cultural healing knowledge, even well-intentioned counselors can cause harm. Consider that clients of indigenous heritage already have to contend with historical legacies of trauma where their voices were often violently silenced, in addition to current abuses of power at the hands of people and institutions.

From a strengths-based perspective, while there are varying degrees of connectedness to a person's culture, Native American and First Peoples often possess a rich collection of spiritual traditions and stories that can help them understand and grapple generatively with mental health struggles. There is also both between- and within-group variance in terms of how people from different Native American and First Peoples tribes conceptualize the healing process. For example, there are 573 federally recognized Native American tribes in the United States alone (IHS, 2019). Integrating cultural perspectives not only works to empower people who are all too often disempowered at the hands of others, but they also help to prevent the recreation of oppressive narratives in the treatment of Historical-Cultural Traumas.

Conclusion: A Challenge to Future Generations

According to Frankl (1959) who survived ethnic cleansing at the hands of the NAZIs, humans are endowed with a freedom of either choice or attitude towards their circumstances. While we cannot change a past wrought with centuries of systemic oppression of people of indigenous identities, present and future generations of clinicians are called to actualize this freedom, in part, by working to prevent re-traumatization via the treatment process.

References

Center for Disease Control. (2020). COVID-19 mortality among American Indian and Alaska Native persons. https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a3.htm?s_cid=mm6949a3_w

Indian Health Services. (2016, October). Behavioral health. https://www.ihs.gov/newsroom/factsheets/behavioralhealth/

Indian Health Services. (2019, October). Disparities. https://www.ihs.gov/newsroom/factsheets/disparities/

Frankl, V. (1959). Man's Search for Meaning. New York, NY: Basic Books.

Gone, J. (2009). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. Journal of Consulting and Clinical Psychology, 77, 4, 751-762. http://doi.org/10.1037/a0015390

Hansen, J. (2009). On Displaced Humanists: Counselor Education and the Meaning-Reduction Pendulum. The Journal of Humanistic Counseling, Education and Development, 48, 1,65-76. https://doi.org/10.1002/j.2161-1939.2009.tb00068.x

Hansen, J. (2012). Extending the Humanistic Vision: Toward a Humanities Foundation for the Counseling Profession. Journal of Humanistic Counseling, 51, 2, 133-144. https://doi.org/10.1002/j.2161-1939.2012.00011.x

Herman, J. (1997). Trauma and recovery. New York, NY: Basic Books.

Lemberger, M. (2012). A Reply to Hansen's Cultural Humanism. Journal of Humanistic Counseling, 51, 2, 180-183. http://dx.doi.org/10.1002/j.2161-1939.2012.00017.x

Smith, A. & Lapsansky, E. (2021). Trauma and the question of freewill: An existentialist's guide to trauma-informed care. Journal of Humanistic Counseling, 60, 37-57. http://dx.doi.org/10.1002/johc.12150

Latrice L. Lewis
Georgia State University

Ethnic Trauma in Elite Athletics

Much of the current research and articles we see in sports counseling today focus on mental aspects of performance and recovering from injury. The topic of trauma is spoken about few and far between and mostly covers traumatic injury (especially brain injury), the presentation of childhood trauma in youth sports, and the stories of triumph we all love when an athlete overcomes their circumstances and achieves greatness. What we do not hear about is trauma that originates while in elite athletics, purposeful athlete abuse committed to driving resiliency, traumatic treatment of ethnic minority athletes, and the post-athletic consequences of ignoring an athlete's trauma.

Trauma is defined as "exposure to actual or threatened death, serious injury, or sexual violence in one (or more) ways" (Briere & Scott, 2015, p. 9). According to Slobounov (2008), "psychological trauma in an athletic environment can be caused by a wide variety of events (e.g., previous traumatic injury, conflict with the coaching staff, etc.), but there are a few common aspects. It usually involves a whole complex of behavioral, cognitive, and emotional sequelae, including a complete feeling of helplessness in the face of a real or subjective threat to life, bodily integrity, or sanity" (p. 1). It is hard to believe that an athlete can experience psychological trauma in sports, but the reality is something that needs to be spoken about, researched, and treated. Abuse occurs in all sports, and the higher the athlete goes to elite status, the more prevalent abuse tends to occur. "Studies indicate that 40% to 50% of athletes have experienced anything from mild harassment to severe abuse" (Childhelp, 2021). How does that affect an ethnic minority athlete who has made it to professional athletics or Olympic teams?

As a former athlete who has competed in elite sports (college and US Team), I have heard many times from team staff members that athletes with a past are often the best athletes because they have had to overcome adversity and have built a level of resilience. I will never forget hearing the phrase "talent needs trauma". I was one of those athletes. In fact, I chose athletics as a coping mechanism/outlet from childhood trauma. Many coaches and teams seek out athletes in marginalized communities or spread the word about athletes who have the ability and resilience to win at an elite level but do not have the means that athletes from majority populations have. Those athletes are ethnic minorities. When sports are broadcast, and these athletes' stories are told, the stories of rough pasts and facing adversity are what we hear. For example, I know that American

gymnast Simone Biles spent her early childhood in the foster care system--something I learned about her before anything else. “One study led by sport psychology professor Lew Hardy in the United Kingdom compared 16 Olympic champions against 16 non-medaling Olympians. All the medalists were exposed to trauma as children...compared to only four of the non-medalists” (Allan, 2018). What is not broadcast is the often-abusive training that takes place on the elite level including humiliation, intimidation, isolation, and physical abuse. Ethnic minority athletes who have a history of racial and/or childhood trauma are being subjected to further trauma in athletics. Ethnic minority athletes are typically met with more aggressive and traumatic coaching, are often isolated from e majority, are expected to endure more pain including injury and injury treatment/recovery and are threatened by the loss of elite status as they often are being depended on by others or have less opportunities outside of athletics. If an athlete has not built an appropriate level of resilience, it is common for coaches to inflict trauma to build resilience. We see this most in contact sports such as football and basketball. Lastly, many ethnic minority athletes are simultaneously dealing with racial trauma from society (ex: police) and fans during the competition (ex: racial abuse of England soccer players). With this information, the question that needs to be asked is, can/are athletes developing post-traumatic stress disorder (PTSD), and what needs to be done to address this issue?

“Athletes may exhibit greater rates of PTSD (up to 13%-25% in some athlete populations) and other trauma-related disorders relative to the general population” (Aron et al., 2019, p. 1). PTSD symptoms can impact an athletes' psychosocial and sport-related functioning through avoidance, hypervigilance, and dissociation. Research is needed to examine the rates of PTSD in ethnic minority athletes. With rates of various psychological disorders being higher in minorities in the general population, it is likely that research on the rate of PTSD in ethnic elite athletes will show a similar result. In general, athletes tend to mask psychological symptoms as it is a sign of weakness in elite athletics and can come with consequences like less playing time or removal from a team. With minorities having a distrust for counseling services, as well as less access, they are more likely to avoid psychological help in elite sport. However, this can be challenged by making psychological evaluations and services a normal aspect of an athlete’s medical protocol. Team/athlete providers do not routinely screen for trauma-related disorders. “Early identification of athletes suffering from trauma-related symptoms, including those of acute stress disorder, may prevent progression to PTSD, while treatment of athletes already meeting criteria for PTSD may improve life functioning and sports performance outcomes” (Aron et al., 2019, p. 1). Increasing awareness of trauma and PTSD in athletes will help lead toward necessary changes that will better protect and treat ethnic minority athletes as well as the entire elite athlete population. A simple screening tool can help identify athletes who will benefit from trauma services, change the narrative of mental health in elite sports, and expose more ethnic minorities to trauma therapy services that will hopefully expand to ethnic minority communities. Currently, ethnic minority athletes are not educated on or exposed to trauma treatment or counseling before reaching elite athletics, are forced to hide psychological issues while enduring trauma in sport and are leaving sports with severe trauma issues. Risk-taking, crimes, outbursts, and extreme distress are experienced by many ethnic minority athletes during their athletic careers as well as after. Currently, athletes are punished and labeled as “problems” instead of assessed and treated. Resilient athletes need challenge and support. Elite sports need to change from seeing trauma as leading to success. Resilient athletes can be built in a supportive and challenging environment where they feel physically and psychologically safe.

References

Allan, V. (2018, December 9). The surprising role of childhood trauma in athletic success. The Conversation. https://theconversation.com/the-surprising-role-of-childhood-trauma-in-athletic-success-107404

Aron, C. M., Harvey, S., Hainline, B., Hitchcock, M. E., Reardon, C. L. (2019). Post-traumatic stress disorder (PTSD) and other trauma-related mental disorders in elite athletes: A narrative review. Br J Sports Med. Jun; 53(12):779-784. doi: 10.1136/bjsports-2019-100695

Briere, J. N., and Scott, C. (2015). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment. DSM-5 Update (2nd Ed.). SAGE Publications, Inc.; Thousand Oaks, CA.

Childhelp. (2021). Speak up be safe: Prevention education curriculum. https://www.childhelp.org/subs/speak-safe-athletes/

Slobounov, S. (2008). Psychological trauma: Unfortunate experience in athletics. doi:10.1007/978-0-387-72577-2_11

The Missing Key: The Role of Internal Factors in Shaping the Experiences of Students of Color in Counseling Programs at PWIs

Atiya R. Smith, Ph.D., LCPC, NCC, CATP
Assistant Professor of Counseling
Hood College

Pursuing a degree in counseling can be a challenging task. Alongside rigorous coursework and extensive field experiences, graduate students are often asked to work collaboratively with classmates, meet regularly with their assigned advisor, and rely on faculty to mentor them into the counseling profession. This is especially true for doctoral students who typically engage in research, teaching, publishing, presenting, supervision, and service. Classmates often become co-presenters and academic allies, while faculty provide opportunities to co-author manuscripts, co-present at conferences, and eventually become colleagues. While this is a common experience for some counseling students, not all students have this experience. This is especially true for students of color who attend predominately White institutions (PWIs).

Experiences of Students of Color in Counseling Programs

While many students of color are successful in counseling programs at PWIs, a review of the literature indicates students of color often experience a range of challenges (Bhat et al., 2012; Haskins et al., 2013; Henfield et al., 2013; Hipolito-Delgado et al., 2017; Interiano & Lim, 2018; Ju et al., 2020; Smith, 2019; Varney et al., 2019). Such challenges include racism and discrimination (Baker & Moore, 2015; Varney et al., 2019), isolation (Baker et al., 2015; Haskins et al., 2013; Henfield et al., 2013; Seward & Guiffrida, 2012; Varney et al., 2019), tokenism (Baker et al., 2015; Haskins et al., 2013; Seward & Guiffrida, 2012), a lack of support or reactive support from White faculty (Baker & Moore, 2015; Haskins et al., 2013), and marginalization (Henfield et al., 2013; Hipolito-Delgado et al., 2017; Ju et al., 2020; Seward & Guiffrida, 2012; Varney et al., 2019). Students also report a Eurocentric program curriculum (Haskins et al., 2013; Hipolito-Delgado et al., 2017; Varney et al., 2019), supervision experiences that lack cultural relevance, and a lack of both faculty of color and peers of color in their programs (Haskins et al., 2013; Hinojosa & Carney, 2016; Seward & Guiffrida, 2012; Smith, 2019; Varney et al., 2019; Zeligman, et al., 2015).

At the doctoral level, specifically, students of color in counseling programs report racism and racial microaggressions (Baker & Moore, 2015; Bhat et al., 2012; Henfield et al., 2011, 2013; Meyers, 2016; Robinson, 2011; Smith, 2019; Vaishnav, 2021; Zeligman, et al., 2015), marginalization (Haskins et al., 2013; Henfield et al., 2011), isolation and exclusion (Bhat et al., 2012; Henfield et al., 2011; 2013; Hinojosa & Carney, 2016; Robinson, 2011), and limited or negative interactions with White peers (Bhat et al., 2012; Robinson, 2011; Zeligman, et al., 2015). Doctoral students of color also report limited or poor interactions

with faculty (Bhat et al., 2012), a lack of mentoring and advising from White faculty (Bhat et al., 2012; Robinson, 2011), and racial inequalities in how students are treated and the opportunities they are provided that could aid in their success (Baker & Moore, 2015; Haskins et al., 2013; Henfield et al., 2011; Robinson, 2011; Zeligman et al., 2015). These experiences led to adjustment difficulties (Bhat et al., 2012), frustration (Zeligman et al., 2015), and negative perceptions of the department, program, and campus racial climate (Baker & Moore, 2015; Henfield et al., 2011, 2013; Smith, 2019). These experiences could also lead to decreased academic engagement, decreased perceptions of belonging, student withdrawal (Clark et al., 2012; Haskins et al., 2013), and difficulty transitioning to tenure-track faculty positions. These experiences could also lead to racial trauma or race-based stress, which has been linked to decreased physical health, psychological well-being, academics, and social interactions (Carter, 2007; Sue et al., 2007; Truong & Museus, 2012).

Supportive Factors

External Supportive Factors

While students of color report challenging experiences in their programs, many are persisting through to graduation and into their professional careers. Family, friends, and significant others often serve as crucial members of students' social support network (Bhat et al., 2012; Hipolito-Delgado et al., 2017; Henfield et al., 2011; Zeligman et al., 2015). Students of color also rely on religion/spirituality (Bhat et al., 2012; Mitchell, 2014; Zeligman et al, 2015), race-based organizations at their institution (Henfield et al., 2011), off-campus professional organizations (Zeligman et al., 2015), and role models and mentors (Bhat et al., 2012; Henfield et al., 2011; Zeligman et al., 2015) when faced with challenges during their programs. While these supports play a critical role in assisting students of color, a small body of research has highlighted the role of internal factors.

Internal Supportive Factors

Internal factors often serve as a self-protective measure (Block et al., 2011), especially for people of color - a group that has often had early exposure to discrimination and prejudice (Snyder, 2000). A review of literature across mental health graduate programs – psychology, counseling, social work, and marriage and family therapy - notes that students of color often rely on internal factors to overcome barriers to their success. When faced with such challenges noted above at their institutions and in their programs, students attributed their success to their inner drive to succeed (Bhat et al., 2012; Hinjosa, 2011; McDowell; 2004), their unwillingness to give up (Bhat et al., 2012), a focus on their desire to finish their programs (Hinjosa, 2011; Pimentel, 2015), high perceptions of their ability to be successful (Uqdah et al., 2009), positive thinking and high hope (Smith, 2019) and characteristics such as persistence, determination, unwavering focus, intrinsic motivation, high academic self-concept and self-efficacy, resiliency, and tenacity (Bhat et al., 2012; Clark et al., 2012; Ortiz-Frontera, 2013; Pimentel, 2015; Uqdah et al., 2009). Other students refused to be silent about how they were being treated (Hinojosa; 2011; Pimentel, 2015), both dismissed and refused to internalize negative messages about themselves or other people of color (Pimentel, 2015), and engaged in self-advocacy (Clark et al., 2012; Pimentel, 2015). Though few in number, findings from the literature highlight the key role of internal factors in shaping the lives of students of color in counseling and related graduate programs.

Implications for the Counseling Profession

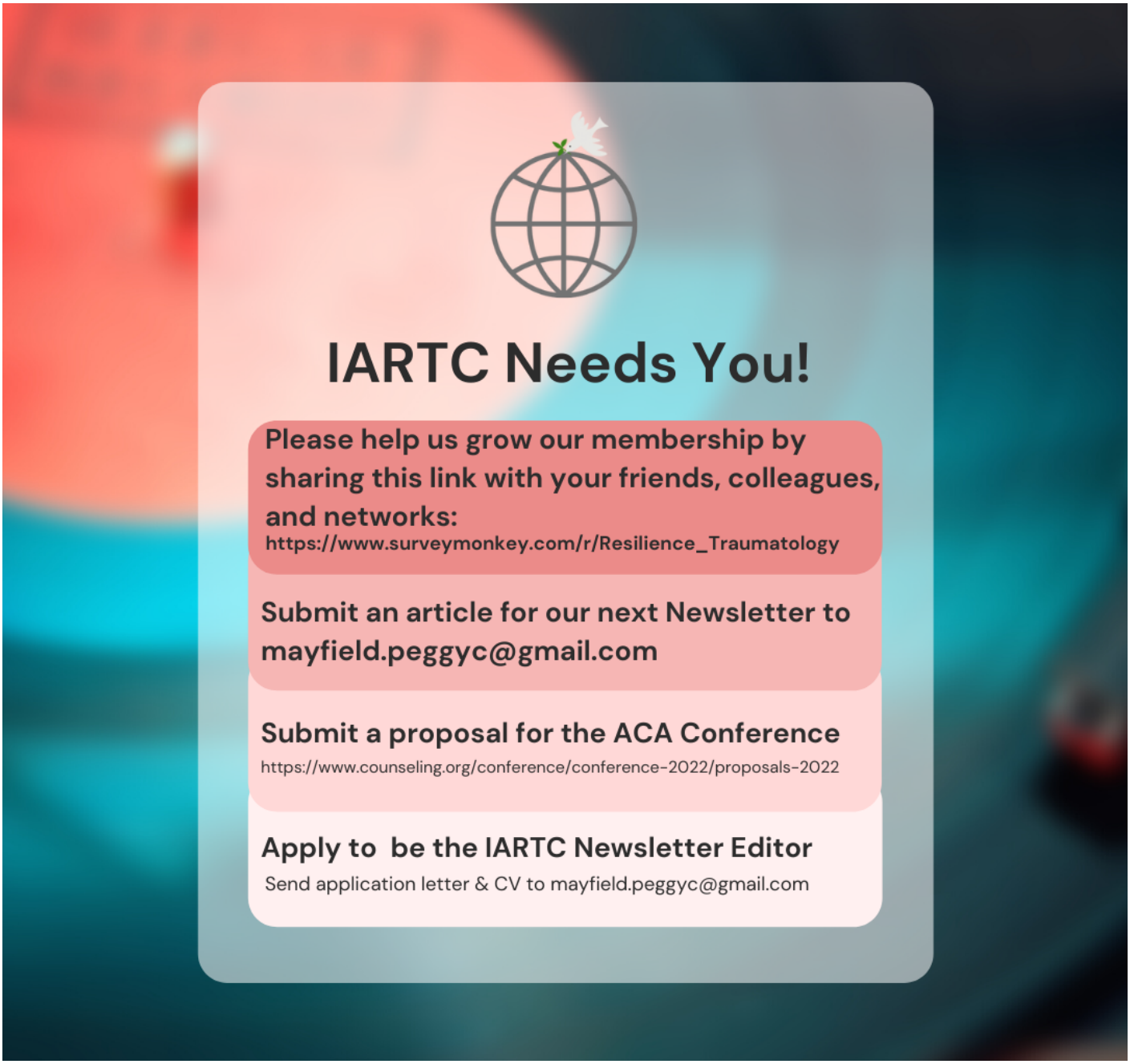
Graduate school is a challenging task to pursue. For students of color attending PWIs, completing graduate school can be filled with hardships and barriers that can negatively impact their overall well-being, academic performance, social relationships, and career path. Alongside external supports, such as social support and mentoring, internal factors can significantly shape student experiences and serve as self-protective measures (Block et al., 2011). A range of internal factors assisted students of color with navigating difficult interactions with their peers (Bhat et al., 2012; McDowell, 2004), reducing psychological distress (Uqdah et al., 2009), overcoming racism and sexism (Bhat et al., 2012; McDowell, 2004), choosing effective ways to cope (Smith, 2019), remaining focused on their academic goals, and successfully completing their programs (Bhat et al., 2012; McDowell, 2004; Uqdah et al., 2009). These internal factors also assisted students with coping with race-related stress (Clark et al., 2012) and a lack of support from faculty (Bhat et al., 2012). Considering these findings, future research should thoroughly explore the key role of internal factors in the lived experiences of students of color enrolled in counseling programs. Future research should also examine how student experiences in graduate programs shape their interest in pursuing faculty positions and their success as tenure-track faculty, especially with CACREP's (2016) standard of recruiting and employing diverse faculty. Lastly, future research should critically examine systemic factors that create barriers to the success of students of color in higher education and charge counseling programs with not only addressing these systemic factors but also rectifying these injustices.

References

Baker, C. A., & Moore, III, J. L. (2015). Experiences of underrepresented doctoral students in counselor education. Journal for Multicultural Education, 9(2), 68–84. https://doi.org/10.1108/jme-11-2014-0036
Baker, C. A., Gaulke, K., & Smith, K. (2015). Counselor education cultural climate: underrepresented master's students' experiences. Journal for Multicultural Education, 9(2), 85–97. https://doi.org/10.1108/jme-07-2014-0032
Block, C. J., Koch, S. M., Liberman, B. E., Merriweather, T. J., & Roberson, L. (2011). Contending With stereotype threat at work: A model of long-term responses. The Counseling Psychologist, 39(4), 570–600. https://doi.org/10.1177/0011000010382459
Carter, R. T. (2007). Racism and psychological and emotional injury. The Counseling Psychologist, 35(1), 13–105. https://doi.org/10.1177/0011000006292033
Haskins, N., Whitfield-Williams, M., Shillingford, M. A., Singh, A., Moxley, R., & Ofauni, C. (2013). The experiences of black master's counseling students: A Phenomenological inquiry. Counselor Education and Supervision, 52(3), 162–178. https://doi.org/10.1002/j.1556-6978.2013.00035.x
Henfield, M. S., Owens, D., & Witherspoon, S. (2011). African American students in counselor education programs: Perceptions of their experiences. Counselor Education and Supervision, 50(4), 226–242. https://doi.org/10.1002/j.1556-6978.2011.tb00121.x
Henfield, M. S., Woo, H., & Washington, A. (2013). A phenomenological investigation of African American counselor education students' challenging experiences. Counselor Education and Supervision, 52(2), 122– 136. https://doi.org/10.1002/j.1556-6978.2013.00033.x
Hinojosa, T. J. (2011). Identities of Mexican American women in counselor education and supervision doctoral programs (Doctoral Dissertation, The Pennsylvania State University). Electronic Theses and Dissertations for Graduate School. https://etda.libraries.psu.edu/files/final_submissions/6181
Hinojosa, T. J., & Carney, J. V. (2016). Mexican American women pursuing counselor education doctorates: A narrative inquiry. Counselor Education and Supervision, 55(3), 198–215. https://doi.org/10.1002/ceas.12045
Hipolito-Delgado, C. P., Estrada, D., & Garcia, M. (2017). Diversifying counsellor education: a case study of U.S. students of colour. British Journal of Guidance & Counselling, 45(5), 473–488. https://doi.org/10.1080/03069885.2017.1379597
Interiano, C. G., & Lim, J. H. (2018). A "chameleonic" identity: Foreign-born doctoral students in U.S. counselor education. International Journal for the Advancement of Counselling, 40(3), 310–325. https://doi.org/10.1007/s10447-018-9328-0
Ju, J., Merrell-James, R., Coker, J. K., Ghoston, M., Casado Pérez, J. F., & Field, T. A. (2020). Recruiting, retaining, and supporting students from underrepresented racial minority backgrounds in doctoral counselor education. The Professional Counselor, 10(4), 581–602. https://doi.org/10.15241/jj.10.4.581
McDowell, T. (2004). Exploring the racial experience of therapists in training: A critical race theory perspective. The American Journal of Family Therapy, 32(4), 305–324. https://doi.org/10.1080/01926180490454791
Meyers, L.P. (2016). A phenomenological investigation of women's learning experiences in counselor education. (Doctoral dissertation, The College of William and Mary). ScholarWorks at William and Mary. http://dx.doi.org/10.21220/W4H594
Mitchell, A.E. (2014). The role balance experience of black female counselor education doctoral students maintaining full-time employment and significant relationships (Doctoral dissertation, University of New Orleans). ScholarWorks at the University of New Orleans. https://scholarworks.uno.edu/td/1933
Ortiz-Frontera, Y. (2013). Racial microaggression experiences and coping mechanisms of graduate students in school psychology programs. (Master's Thesis, University of Rhode Island). Digital Commons at the University of Rhode Island. https://doi.org/10.23860/thesis-ortiz-frontera-yarimar-2013
Pimentel, C. (2015). The experience of microaggression against Latina graduate psychology students. (Publication No. 10167962). [Doctoral Dissertation, William James College]. ProQuest Dissertations and Theses Global.
Robinson, D. M. (2011). The perceived relationship between wellness and microaggressions in African American and Latina American female doctoral students in counselor education programs (Doctoral Dissertation, Georgia State University). ScholarWorks at Georgia State University. https://scholarworks.gsu.edu/cps_diss/68

References (Cont.)

Seward, D. X., & Guiffrida, D. A. (2012). Deciding how much to share in class: A study of the experiences of students of color enrolled in multicultural counseling courses. International Journal for the Advancement of Counselling, 34(4), 286–296. https://doi.org/10.1007/s10447-012-9157-5
Smith, A.R. (2019). Hope within the ivory tower: Exploring the experiences, perceptions, and coping strategies used by women of color in counselor education doctoral programs at PWIs (Doctoral dissertation, University of Rochester). UR Research at the University pf Rochester. http://hdl.handle.net/1802/35278
Snyder, C. R. (2000). Handbook of hope: Theory, measures, and applications. Academic Press.
Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. American Psychologist, 62(4), 271–286. https://doi.org/10.1037/0003-066x.62.4.271



Racial Trauma and The School Counselor

Lisa Rickman, MS, Registered Mental Health Counselor Intern

As a high school counselor, and European-American cisgender woman, I know that my students each come from different backgrounds and are grappling with significant shifts in how their own identities interrelate, all of which may have implications on their adjustment in the learning environment in a variety of ways. Experiences of trauma seem to shape this process greatly. I also recognize the school system has worked to provide training in mental health and a trauma-informed approach, however, my students' needs are particularly affected by racial trauma, which seems to be less discussed and addressed in some major school districts across the country. Racial trauma is the psychological and physiological impact of racism on black, indigenous, and other people of color, the effects of which have severe consequences for their health and future success. According to the American Academy of Pediatrics, "Racism is a core social determinant of health that is a driver of health inequities. (2019, Page 2)" For me, living and working in a large community in the Southern United States, I see the effects of racial trauma on my students, whether in the build-up of microaggressions or overt racism in the classroom, hallways, or community, and school counselors have the power to bring attention to this issue for their students' overall wellbeing.

How does the brain process racial trauma? We know that the brain is affected by traumatic experiences significantly during childhood, a sensitive period of brain growth and development. The experience of emotional trauma or neglect has been shown to actually change the shape and structure of certain areas of the brain, including the thinning of cortices and reduction of gray matter volume (Hee Jung Jeong, et al). Allostatic load refers to the accumulation of chronic stress, the burden of which stems from trauma over time, and is likely to lead to physiological disease and, at the severest level, death.

Many categories of adverse childhood experiences have been identified and brought to the awareness of public schools encouraged to create trauma-informed practices, but racial trauma was not specifically included in the initial ACEs study implemented in the late 90s. The Adverse Childhood Experiences Study honed in on 10 areas including physical, sexual, emotional abuse, and neglect, as well as certain types of exposure and divorce, but does not list racism as an indicator of future health concerns. An enhanced version of the ACEs questionnaire must incorporate exposure to racism as an indicator of stress (Lanier, P. 2020).

Due to the investigative work into adverse childhood experiences and the neurological, affective, and cognitive impact various types of trauma may have on children, we know a substantial population of many public schools sees students who are living with the after-effects of some very hard experiences, experiences which are physically encoded in the brain (Hee Jung Jeong, et al.). This contributes to many behaviors and learning disabilities that we see in the classroom. In diverse American public schools, race is an important, and oft-overlooked, factor here. In fact, the public school environment for many of these students may be another source of racial trauma (Sweeney, D 2020). For these students, academic achievement is greatly impeded and they tend to be set aside from the rest due to placement. For this reason, educators can really focus on learning the history, honoring the impact, providing a safe space, and encouraging students as leaders (National Child Stress Network, 2017).

How can school counselors show up for their students who are affected by racial trauma? ACA cultural competencies promote self-awareness, knowledge, and skills/action as a foundation to working effectively. We know that group counseling, frequent student check-ins, and stress reduction practices such as mindfulness do contribute to a more positive academic environment for our students (Henderson, D. 2016). Boston College has created the Racial Trauma Toolkit, which is a framework and culmination of specific items to aid in the recovery of racial trauma (Jernigan, et al. 2015). This work promotes acknowledgment and discussion of racial trauma in an effort to bring the experiences of our students into focus, to raise awareness, and provide space for processing the emotions that arise. Seeking support, building a trusted safe place, and learning ways to practice self-care are necessary steps. The Racial Trauma Toolkit addresses these concerns and further promotes empowerment through resistance, a movement to take action and speak out against racism.

In essence, students of color have significantly more trauma exposure than white students, and there are resources that have been developed to help, although these resources or others are not necessarily being used widely to their full advantage. School counselors have the power to meet their students where they are, share vulnerable space, and empower a commitment to action. The future of our students' health is dependent on our acknowledgment and intervention in the spaces we share with them.

References

Alvarez A. Seeing Race in the Research on Youth Trauma and Education: A Critical Review. Review of Educational Research. 2020;90(5):583-626. doi:10.3102/0034654320938131
https://videos.schoolcounselor.org/address-students-race-based-stress-and-trauma
Henderson, D. (2016) We Need To Talk About The Damage Of Race-Related Trauma On Black And Brown Youth In Public Schools. Retrieved from <http://psychlearningcurve.org/race-related-trauma-in-schools/>
Jeong, H.J., Durham, E.L., Moore, T.M. et al. The association between latent trauma and brain structure in children. Transl Psychiatry 11, 240 (2021). https://doi.org/10.1038/s41398-021-01357-z
Jernigan, M. M., Green, C. E., Perez-Gualdron, Liu, M. M, Henze, K. T., Chen, C....Helms, J. E. (2015).#racialtraumaisreal. Institute for the Study and Promotion of Race and Culture, Chestnut Hill, MA.Retrieved from: www.bc.edu/content/dam/files/schools/Lynch School_sites/isprc/pdf/racialtraumaisrealManuscript.pdf
Lanier, Paul (2020). Racism is an Adverse Childhood Experience (ACE). Retrieved from <https://jordaninstituteforfamilies.org/2020/racism-is-an-adverse-childhood-experience-ace/>
Trent, M., Dooley, D., Douge, J., Section on Adolescent Health, Council on Community Pediatrics, Committee on Adolescence Pediatrics Aug 2019, 144 (2) e20191765; DOI: 10.1542/peds.2019-1765
National Child Traumatic Stress Network, Justice Consortium, Schools Committee, and Culture Consortium. (2017). Addressing Race and Trauma in the Classroom: A Resource for Educators. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

An Arena for Change: Treating Trauma with Animal-Assisted Therapy in the Beginning of the Pandemic and Return to the Arena

Kate Twardzik, BA & Sandra Kakacek, Ed.D; LCPC

The smell of hay combined with the neighs of horses and dogs and cats wandering to greet clients as an animal-assisted session begins had been replaced with no smells, but the sounds of the horse's neighs and seeing the dogs and cats enter the ZOOM screen, as a new creative way to address trauma. The joy of reaching out to touch a horse and/or dog or cat or duck or pig was recreated by the vision of the animal as the co-therapist reaches out to the animal as instructed by the client.

We all miss our time together and the gentle clop-clop of a horse walking in the barn aisle, as other horses are calling out "hello" to the client. The transition has been filled with a new wonder as we carefully have the client direct the session by first choosing, as we do in-person, which animal will help them in their goal. This article will describe the application of ZOOM sessions to address trauma. Discussed will be the pragmatics of using ZOOM, the theoretical orientation, beginning of the session, middle of the session, closing a session, and a follow-up of the next session.

ZOOM

The platform of ZOOM utilized in Telehealth is a version that is HIPPA compliant. We know that this was a requirement waived due to the "stay at home order," however, having the version to protect clients is always an extra measure taken. ZOOM is relatively safeguarded due to password protection. The client is sent the link by this therapist, as is the human co-therapist at the farm. A simple click on the link, and the client enters ZOOM. The parent assures our clients are connected. The co-therapist uses her cell phone as she uses that at the farm to provide visuals for our clients. Our session then begins.

Theoretical Orientations

The theories utilized in our animal-assisted therapy in counseling is an overall brief therapy, coupled with cognitive-behavioral, solution-focus, Adlerian, and intersectionality. Cognitive-behavioral is widely used (Chandler, 2017). The addition of solution-focus brings a clear way of using rating scales and can be applied to the animal's behaviors as well (Kakacek, 2016). Adlerian principles are utilized overall as a means of understanding the "arena" community and how all are merged in the session. Intersectionality is a pivotal theory in our animal-assisted therapy in counseling (AATC). Our clients have multiple identities that indeed overlap and are representative of unspoken oppression and/or power that underlies their trauma.

There are also metaphorical tools integrated into each session. “There are four properties that help facilitate the behavioral/emotional changes using metaphors. One is attending to the horse’s behavior (what is the horse’s feisty behavior about?). Secondly, using analogous language referencing props during activity (what does baton with the ball at the end represent to you?). Thirdly, clients processing prior responses in their lives that were gleaned from the structured activity (what does it mean that the horse pulled you?). Lastly, processing with clients’ to metaphorically extrapolate the emotional and behavioral strategies and applications to utilize outside the “arena” (if you were able to move the manure bucket here, how will you move that in other areas of your life?)”(Kakacek & Ottens,2008, p. 19).

Beginning of Sessions

The clients discussed in this article have received therapy at the farm, thus, they have familiarity with the animals utilized. One client, a 5year old, will call out to the horses as the co-therapist walks down the aisle, stopping to see each equine, dog, or cat. The client then decides whom she would like to “work” with. Recently, the client was working on separation anxiety and chose a pony. The causality of the separation was due to witnessing a traumatic event in her home. Sleepless nights and terror at change, were the presenting problems.

It is always amazing that the animal a client chooses has similar patterns of behavior. This pony is very reluctant to be encountered by people. His eyes grow big and he looks wary, as he shies away from anyone who chooses to take him from his “safe” place. However, he does gravitate to this client. We encourage the client to speak to the pony as if she were in the stall with them. She talks about wanting him to feel safe. Quietly, she calls him to the “phone.” Gently, with each step, the pony reaches where the co-therapist is holding the phone. The pony’s nose stretches out to the phone, and the client begins to giggle. Thus, we begin the session.

Middle of Sessions

A 10-year-old client had developed a strong bond with the pony. Her presenting problem was severe difficulty adapting to change due to a traumatic physical disability she has had since birth. Once the pony hears her voice, he begins to look for her and engages easily with our new challenge of bonding without a physical touch. We ask the client to show the pony their “homework” from the week prior. The client has been working on increasing confidence and independence to tackle a new beginning of changing schools. We direct the client to notice what the pony’s ears are doing. The client talks about the pony listening to her, as his ears are forward. The client wants the pony to be brushed then. We ask the client what to do to move the pony and becomes a metaphor for what she can do to strengthen her confidence for the changes to come.

The client provides directions for putting the rope on the halter and then says, “Come on, let’s walk to where the brushes are.”The pony stops in the aisle to eat some scraps of hay on the floor. We ask what is happening and she says the pony is distracted. We follow with, “Is that like you sometime?” The metaphor continues as the client discusses what distracts her from accomplishing new tasks to be independent. This extends to talking about the feelings involved when she is not achieving what she would like, both at home and at school, and how to cope with the myriad doctor appointments for her disability.

End of Sessions

Meanwhile, during this time, the pony pulls back on the rope ties. We ask the client what the pony is doing. She responds by stating he is nervous and wants to go back to his stall. The metaphor is her fears of more changes to her physical disabilities and how school and peers have impacted her significant difficulties in school. This enters processing, what she wants us to do when the pony is nervous. She talks about patting him and at the same time, tells him he is okay. Then she talks about what she does when she gets nervous. She has her own place at home, that is her safe place. The session closes with talking about how the pony was distracted and how she can also work on that as well for the next session, as well as expand her safe place at school.

Summary

This brief article is a small snippet of how animal-assisted therapy in counseling with telehealth was being utilized. This offered us an opportunity to continue therapy with our clients and as well as engage the parent as needed. Follow-up phone calls were also conducted. The clients were tuned in to the animal's behaviors and likewise, our animals know their voices. The joy of seeing the animals on ZOOM and having the clients be the director of the session was a sense of empowerment for us all.

Now with the return to in-person outdoors, the magic of treating trauma with the animals is always a delight. Our ages and trauma issues have continued to serve all ages and intersectionality. The arena for "change" continues.

Special Thank you to ERC Farms and Kate Twardzik, who is an amazing trainer of animals. She is a rehabilitation graduate and works as an ABA registered tech. She is currently completing her first year as a master's student in counseling. Her gifts continue to amaze us all.

References

Chandler, C. K. (2017). Animal-assisted therapy in counseling. 3rd Ed., Routledge: New York.
Kakacek, S. L. (2016) Equine-Assisted Psychotherapy: Applying Strengths-Based Solutions in an Arena for Change. In Handbook of Strengths-Based Clinical Practices, Edwards, J.K., Young, A., & Nickels, H.J. (Eds). pp. 192-206. Routledge: New York.
Kakacek, S. L. & Ottens, A. J. (2008). An arena for success: Exploring equine-assisted psychotherapy. Michigan Journal of Counseling: Research, Theory and Practice, 35, 14-23.

Multiculturalism in Mindfulness-Based Trauma Therapy

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Traumatic experiences are not unique to a single country, ethnicity, or race. While trauma can be universal, the treatment around that trauma should take into consideration the cultural association of that individual. Competence in multicultural counseling is always a critical element in the counseling process, and trauma treatment is no exception.

One such type of treatment is through structured mindfulness interventions, an empirically established treatment method that significantly reduces the psychological symptoms of trauma (Briere & Scott, 2015, p. 217). However, in application, mindfulness interventions are implemented more often in group therapy, rather than in individual psychotherapy, where critically impacted trauma survivors primarily receive treatment (Briere & Scott, 2015, p. 221). While mindfulness is certainly helpful in group therapy, its general absence in individual therapy is concerning. Individual therapy is an ideal modality to implement culturally inclusive mindfulness interventions because it already allows the client's trauma history and symptoms to be considered on an individual basis (Briere & Scott, 2015, p. 221).

Mindfulness interventions that defer to cultural competence involve acknowledgment that the person's experiences around their racial and ethnic identity do matter (Lenes et al., 2020, p. 148). Many people believe that ignoring an individual's race or ethnicity promotes an inclusive environment, but in actuality, it erases the inequities that an individual may have experienced due to their identity (Lenes et al., 2020, p. 148). That erasure often leads to the belief that the flaw is inherent in the person of color, rather than their circumstances (Lenes et al., 2020, p. 148). A person could be coming from a war zone, have experienced institutional racism and oppression going back generations, or even experienced a traumatic event that isolated them from their community. By incorporating cultural awareness into mindfulness interventions, the counselor can validate their experiences, as well as the strength and resilience the client exhibited along the way.

Furthermore, the absence of culturally adapted mindfulness interventions can result in vital resources being underutilized, both in an individual and group context. Perhaps the counselor overlooks incorporating relevant religious elements? Maybe they direct the client to a mindfulness group that, relative to a more culturally associated group, produces a weaker connection? Depending on the situation and purpose of the mindfulness intervention, the source of the issue can also vary. For example, loneliness can be attributed to escapism, aided by the internet, social media, and streaming; however, with some immigrants, that loneliness

could stem from a cultural estrangement that is encouraged by the dominant culture (Kazanjian, 2020). In the latter scenario, it is possible that social media's functional purpose is to reconnect that person to their culture, rather than serve as a form of escapism. Understanding the difference is an important element in making sure that the client's treatment is culturally and contextually appropriate.

Mindfulness programs that are culturally relevant can encourage mental health literacy, make mental health care more accessible, and significantly improve the outcome of therapy (Blignault et al., 2021). By adjusting existing and established mindfulness interventions to the unique needs of the client, those interventions can have a further impact and stronger retention rates (Blignault et al., 2021). Ethnicity and race can be pervasively present in essentially every element of a person's life, and multicultural competence in counseling should reflect that pervasiveness.

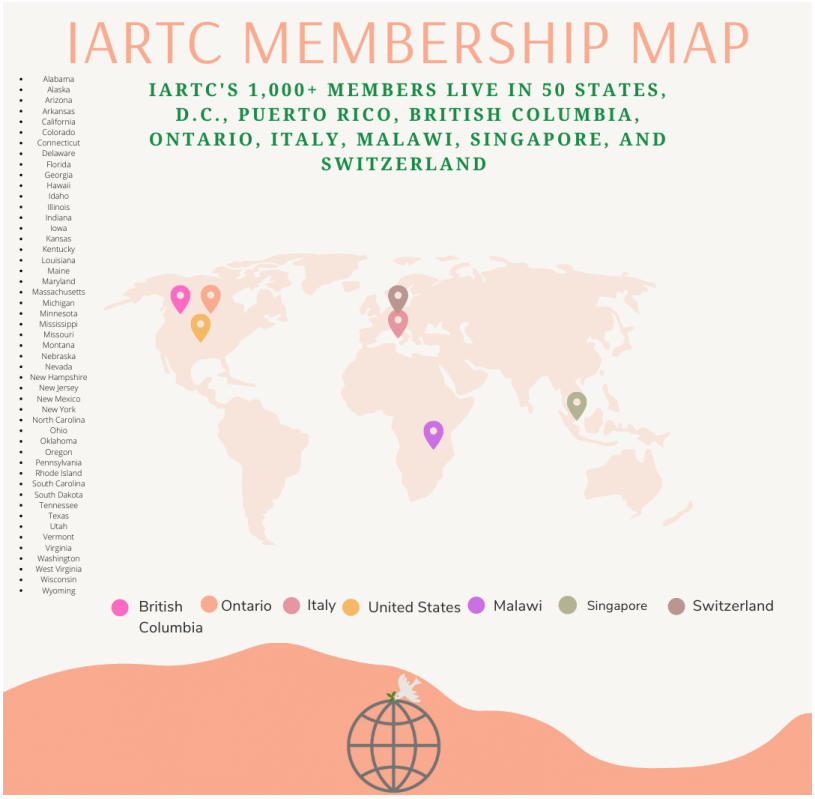
References

Blignault, I., Saab, H., Woodland, L., Mannan, H., & Kaur, A. (2021). Effectiveness of a Community-based Group Mindfulness Program tailored for Arabic and Bangla-speaking Migrants. International Journal of Mental Health Systems, 15(1). https://doi.org/10.1186/s13033-021-00456-0

Briere, J., & Scott, C. (2015). Principles of trauma therapy a guide to symptoms, evaluation, and treatment. Sage.

Kazanjian, C. J. (2020). Mindfulness diligence: Supporting the culturally relative self-actualization processes of diverse groups of youth. The Humanistic Psychologist. https://doi.org/10.1037/hum0000192

Lenes, E., Swank, J. M., Hart, K. A., Machado, M. M., Darilus, S., Ardelt, M., Smith-Adcock, S., Rockwood Lane, M., & Puig, A. (2020). Color-Conscious Multicultural Mindfulness Training in the Counseling Field. Journal of Counseling & Development, 98(2), 147–158. https://doi.org/10.1002/jcad.12309



Walking Through Immigrant Childhood Trauma

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Walking Through Immigrant Childhood Trauma

The United States has experienced an increase in foreign-born population over the last several decades. According to figures from the U.S. Census Bureau (2015), there are more than 40 million individuals living in the country who were born elsewhere, of which 54% immigrated from Latin America and 37 % immigrated from Central America. Additionally, in 2019 it was estimated that 80,000 Latinx youth under the age of 10 had migrated to the U.S. within the previous year (Ruggles et al., 2021).

Patterns of migration vary and individuals coming to the U.S. might encounter a variety of hardships. Environmental factors in the country of origin, journeying to the U.S., and settling in a foreign country all carry the potential for stressors and risk factors that can impact the mental health of young immigrants (Ko & Perreira, 2010). It is important for counselors to have some insight into the types of stressors that Latinx youth have the potential of encountering to better understand the influences on their mental wellbeing.

Migration Process

Migration of foreign-born individuals to the U.S. is a process that unfolds over three phases: premigration, migration, and post-migration (Ornelas & Perreira, 2011; Perreira & Ornelas, 2013). Each phase comes with its own stressors (Ornelas & Perreira, 2011; Perreira & Ornelas, 2013). The decision to leave one's country of origin is influenced by what Ventriglio and Bhugra (2015) refer to as push and pull factors. Push factors are those that lead individuals to decide to leave their country of origin (e.g., poverty, trauma, violence), whereas pull factors motivate individuals to gain residence in certain countries (e.g., educational opportunities, economic conditions) (Ventriglio & Bhugra, 2015). The migration phase model and push/pull factors can aid counselors in better understanding the client/student's story and supporting them in overcoming the stressors that coincide with migration.

Premigration

Premigration encompasses the push and pull factors that lead families to seek residence in another country, with a specific focus on the planning that precedes the family's departure (Ornealas & Perreira, 2011). The premigration phase can present challenges for migrants and their children. One such occurrence arises when youth are separated from their caregivers before moving. Instances where parents—often a protective factor—migrate ahead of their children are common (Suárez-Orozco et al., 2011); when this occurs, children may be more vulnerable to premigration stressors (Levin, 2019).

Migration

Migration, defined as movement from the country of origin to another country, is the second phase in the process (Küey, 2015). If the planning period of premigration is short, migrating individuals may be ill-prepared for their departure. Consequently, hardships can occur during migration travel due to financial constraints and/or unexpected outcomes (Ornelas & Perreira, 2011). In some circumstances, families can be stuck during migration without resources, unable to find a point of entry into their desired country (Cleaveland & Frankenfeld, 2020).

Additionally, it is common for family members to become separated during their journey, both accidentally and forcibly (Levin, 2019; Suárez-Orozco et al., 2011). Separation from caregivers during migration can be particularly traumatic and has been linked to significant mental health consequences (Chirita et al., 2010; Suárez-Orozco et al., 2011). Further, instances of exploitation, sexual and physical violence, illness, and robbery have been documented in the migration process, placing children further at risk for mental health consequences due to the stress of migration (Perreira, & Ornelas, 2013).

Postmigration

Settling in the new country, navigating the unfamiliar environment, changes in familial situations, and language barriers are encompassed in the postmigration phase (Perreira & Ornelas, 2013). Acculturation, instead of a give-and-take situation with new community members, is more commonly pressured assimilation into the dominant culture, causing stress and conflict (Smokotowski & Bacallao, 2011). Stressors associated with acculturation in the US (e.g., discrimination, and language barriers) have all been shown to contribute to depressive symptoms in migrants (Perreira & Ornelas, 2013). Discrimination can instigate feelings of inferiority, decreasing self-esteem and self-efficacy, generating trauma (Küey, 2015).

Recommendations for Counselors

Honoring the whole story

It is vital that counselors recognize the unique nature of the migration process and honor the client's/student's whole story. Oftentimes, there is the potential for counselors to fixate on the migration phase of the process, without spending time honoring the struggle both in premigration and postmigration. As counselors, it is important to utilize reflective counseling skills (Young, 2017) and ensure that we hear the client's/students' story in its entirety. Utilizing a Narrative counseling framework can be effective in eliciting the entire story and highlighting the struggle across all phases of the migration process (Schauer, et al., 2017).

Recognize both the “Push” and “Pull”

To Ventriglio and Bhugra’s (2015) point, migration is driven by push and pull factors in individuals' lives. With certain traits of the country of origin pushing people to move to a new location, and traits of the new home pulling individuals in. However, push and pull traits can be reversed, too. Miller and Rollnick (2013) highlight the difficulty of making change lies in resolving ambiguity. There are traits that were pulling folks to remain in their country of origin, despite their ultimate decision to migrate. We need to support our clients/students as they grieve for the life that they knew previously.

Overcoming Adversity is a Process

Resilience is defined as the ability to recover from adversity (Smith et al., 2008), and is considered a dynamic process of positive adaptation in that recovery (Luthar et al., 2000). As such, counselors should be mindful of the contextual and demographic circumstances in which they are working, recognizing how potential stressors (SES, discrimination, acculturative stress) can impact their clients/students (Potochnick & Perreira, 2010). Working from a strengths-based approach, counselors can help clients navigate these situations by building upon the client's protective factors and resilience. Social, familial, and community support; maintenance of cultural values; and a sense of command over oneself and the environment all work to foster resilience (Cardoso, & Thompson, 2010).

Conclusion

Understanding the experiences of immigrant youth, from their cultural and contextual lenses, and allowing them the space to share their whole stories, provides a starting point for finding and fostering resilience and promoting growth.

References

Cardoso, J. B., & Thompson, S. J. (2010). Common themes of resilience among Latino immigrant families: A systematic review of the literature. Families in Society, 91(3), 257–265. https://doi.org/10.1606/1044-3894.4003
Chirita, A., Marcoci, D., & Benea, S. (2010). Psychiatric disorders amongst children of immigrants. European Psychiatry, 25, 397–397. https://doi.org/10.1016/S0924-9338(10)70393-X
Cleaveland, C., & Frankenfeld, C. (2020). “They kill people over nothing”: An exploratory study of Latina immigrant trauma. Journal of Social Service Research, 46(4), 507–523. https://doi.org/10.1080/01488376.2019.1602100
Ko, L., & Perreira, K. (2010). “It turned my world upside down”: Latino youths’ perspectives on immigration. Journal of Adolescent Research, 25(3), 465–493. https://doi.org/10.1177/0743558410361372
Küey, L. (2015). Trauma and Migration: The Role of Stigma. In: Schouler-Ocak M. (Eds) Trauma and Migration. Springer, Cham. https://doi-org.proxy.lib.utc.edu/10.1007/978-3-319-17335-1_5
Levin, A. (2019). Experts offer considerations for treating migrant children separated from parents. Psychiatric News, 54(12). https://doi.org/10.1176/appi.pn.2019.6b30
Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work, Child Development, 71(3), 543-562.
Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change (3rd ed.). Guilford Press.
Ornelas, I., & Perreira, K. (2011). The role of migration in the development of depressive symptoms among Latino immigrant parents in the USA. Social Science & Medicine 73(8), 1169–1177. https://doi.org/10.1016/j.socscimed.2011.07.002
Perreira, K. M., & Ornelas, I. (2013). Painful passages: Traumatic experiences and post-traumatic stress among immigrant Latino adolescents and their primary caregivers. The International migration review, 47(4), 10.1111/imre.12050. https://doi.org/10.1111/imre.12050

Potochnick, S., & Perreira, K. (2010). Depression and anxiety among first-generation immigrant Latino youth: Key correlates and implications for future research. The Journal of Nervous and Mental Disease, 198(7), 470–477. https://doi.org/10.1097/NMD.0b013e3181e4ce24
Ruggles, S., Flood, S., Foster, S., Goeken, R., Pacas, J., Schouweiller, M., & Sobeck, M. (2021). Migration of Latino youth to US in the last year: American community survey 2015-2019 5-year sample [Data Set]. IPUMS USA: University of Minnesota, Minnesota. https://www. Sda.usa.ipums.org
Schouler-Ocak, M. (2015). Trauma and migration cultural factors in the diagnosis and treatment of traumatised immigrants (1st ed. 2015.). Springer International Publishing. https://doi.org/10.1007/978-3-319-17335-1
Schauer, M., Neuner, F., & Elbert, T. (2017). Narrative Exposure Therapy for Children and Adolescents (KIDNET). In Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents (pp. 227–250). Springer International Publishing. https://doi.org/10.1007/978-3-319-46138-0_11
Smith, B. W., Dalen, J., Wiggins, K., Tolley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. International Journal of Behavioral Medicine, 15(3), 194–200. https://dx.doi.org/10.32388/nzfa7u
Smokowski, P., & Bacallao, M. (2011). Becoming bicultural risk, resilience, and Latino youth. New York University Press.
Suárez-Orozco, C., Bang, H.J., & Kim, H.Y. (2011). I felt like my heart was staying behind: Psychological implications of family separations & reunifications for immigrant youth. Journal of Adolescent Research, 26(2), 222–257. https://doi.org/10.1177/0743558410376830
United States Census Bureau. (2015). American community survey: Selected characteristics of the foreign-born and native population [Data Table]. Retrieved from: https://www.census.gov/acs/www/data/data-tables-and-tools/subject-tables/
Ventriglio, A., & Bhugra, D. (2015) Migration, trauma, and resilience. In: Schouler-Ocak M. (Eds) Trauma and Migration. Springer, Cham. https://doi-org.proxy.lib.utc.edu/10.1007/978-3-319-17335-1_6
Young, M. (2017). Learning the Art of Helping: Building Blocks and Techniques (6th ed). Pearson Publishing.

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Instructor and Author on Grief, Stress, and Resilience with a focus on Line-Of-Duty Loss

I am a nationally certified counselor, educator, and author on grief, loss, and resilience, with a specialty in traumatic grief and line-of-duty losses. I have the good fortune to have had two rewarding careers. A 1979 graduate of Rutgers University, I spent the first ten years as a manufacturing engineer and manager with General Motors and Johnson & Johnson and was lured out of corporate America by the Department of the Navy to join a new training command that was launching worldwide. With hands-on experience in an area, the military needed, I spent the next ten years as a senior instructor and advisor, which sometimes required me to travel the world; go out to sea and facilitate seminars for military leaders in the Navy, Marine Corps, and NATO.

During my tenure with the Navy, I met "The One" in an Officer's Club that was reminiscent of the movie, Top Gun. I eventually married The One, better known as Ken Steen, a Navy helicopter pilot with laughing brown eyes and an all-American smile. Life was better than good. I was happily married, enjoying my challenging position, and preparing to move into our first home with a sunny bedroom that begged for a crib.

I was teaching in Washington, D.C. on the day the helicopter Ken was flying exploded in mid-air as he and his six-man crew were returning to Naval Air Station Norfolk, just a stone's throw from our intended home. There were no survivors. There were established procedures to attend to the physical wreckage at the crash site, but none to cope with its emotional wreckage.

It was not my only personal traumatic event that year. In a five-month period, my beloved father died much too early in life, Ken was killed, and I was assaulted in my own home by a supposed friend. This intersection where trauma and traumatic grief collided fused into one, and its resultant impact haunted me for years.

I was fortunate to have found an outstanding psychiatrist and counselor. The early years weren't pretty—and they weren't easy. Emotive talk therapy didn't work too well for me. I wasn't too keen on talking about my immeasurable pain; what I wanted was a plan to fix it. Years later, I would learn that I am an instrumental griever, one who deeply experienced the inner pain of my losses, but strove to keep my emotions in check. I was comfortable redirecting the emotional pain into actions. I moved into that house with its sunny bedroom, and spent months painting its interior after work and on weekends. In retrospect, painting that house was one of the ways I grieved.

I returned to work after Ken was killed. I needed to support myself and being in the classroom with sharp men and women felt normal. Plus, I traveled for work, which gave me a break from the insanity. As time moved forward, I was impressed by how the behavioral health professionals helped me, not only to save my sanity but also to recognize my existing inner strengths and foster a few new ones. I learned that personal energy gets one through the day, but it's resilience that is needed to move forward for the long haul. After ten years with the military, I was bone tired. I left my position and spent a year mulling over life. I needed purpose. So as part of my 40th birthday midlife crisis, I went back to school and picked up a Master's degree in counseling from Old Dominion University. To gain clinical experience, I accepted a position at an in-patient psychiatric hospital, which was akin to jumping into the deep end of the pool. I had stepped away from the military and was creating a new life as a civilian. And God laughed.

War was on the horizon after the 9/11 terrorist attacks, and I left the hospital to write the grief book for military widows that I needed but never found. I teamed up with a psychiatric nurse who was certified in thanatology, and we coauthored Military Widow: A Survival Guide (Naval Institute Press, 2006), which was released at the height of the Iraq and Afghanistan Wars. On its pages, widows and those who assisted them found answers to the questions about military loss that I longed for but never found. Informally, Military Widow was often referred to as the manual. Humor has its own place in grief.

It was a given to return to the military after Military Widow was released, this time with psychoeducation and training on traumatic loss and the grief it unleashes within survivors. For the next ten years, I briefed emotion-laden topics to disciplined leaders; updated medical and behavioral health personnel on the latest advances in grief; trained servicemembers and chaplains tasked with making death notifications and casualty duty, and, most importantly, spent time with surviving families.

I've sat with Gold Star mothers while a medic gently shared how he held the hands of their dying sons and daughters; spent time with siblings of those who died, whose own loss was often overlooked in grief outreach, and shared conversation with Gold Star fathers who felt they failed as a parent because they couldn't protect their son or daughter from death.

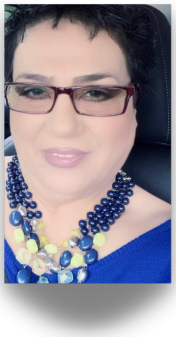
To help fill the void in grief resources for these Gold Star mothers and fathers, I wrote a second book specifically for them: We Regret To Inform You. A Survival Guide for Gold Star Parents and Those Who Support Them (Central Recovery Press, 2019). It was one of the hardest projects I've undertaken in both careers.

As is often the case, I recognized my own transformational growth in hindsight. Looking back, it was clear that I wanted—needed—a greater good to come out of my life-changing events. It's been my honor to work with other surviving military families and those who stepped up to assist them. And I like teaching grief. The need for education and training extends well beyond the military.

On a personal note, fate works in quirky ways. Years after Ken's death, I ran into an old, dear friend at the Post Office who, coincidently, was an usher in my wedding a long time ago. We eventually married, and my husband Tom Wood has the distinction of being in both of my weddings.

In another time and place, I know I will meet my late husband Ken again. And when we do, I hope he will flash that all-American smile, give me a hug, and tell me he's proud of the way I've faced the future and lived my life without him

The Sociocultural Model of Identity Disorders in Immigrant Teenagers Behavioral Acculturation and Internal Cognitive Marginalization



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Trauma is a universal experience for people of all ages living around the world. The effects of trauma on the individual are impacted by the way in which the trauma is interpreted. The cultural lens of the individual is particularly strong in shaping this interpretation (Tay et al., 2019). Teenagers in immigrant families must cope with the complexity of cultural lenses from multiple societies. This adds to the challenges which shape their identity. (Turjanmaa, 2020).

Resilience is a term that describes a person's flexibility and ability to adapt to life's dilemmas. It relates to one's ability to recover from, or adjust easily to, change. This has been found to be particularly difficult for teenagers, especially ones who are multicultural.

Counselors need to be trained to help their teenage clients achieve an effective level of resilience in the processes of adjustment and shaping their identity (Caqueo-Urízar, et al., 2021). These areas need to be more fully researched by counseling professionals. Counselors must be prepared to provide therapeutic interventions for and empowerment of vulnerable teenagers. Research shows higher levels of resilience are a considerable predictor of a person's effectiveness in handling psychological issues and traumatic stresses. Research has also shown that the use of mindfulness techniques can be linked to a level of reduced psychological distress and burnout (Harker et al., 2016; Skews et al., 2018).

Acculturation is broadly defined as the basic process or extent to which an individual learns and adopts the behaviors, attitudes, beliefs, or values of a dominant culture (Klein et al, 2020). At a psychological level, acculturation refers to changes in a range of individual traits, including beliefs, attitudes, behaviors, and values, that result from continuous, first-hand contact with a new culture. There are many challenges which are associated with acculturation. Negative identity, low self-esteem, low self-confidence, depression, and anxiety are some of the negative results that can accrue during the acculturation process in teenagers (Acosta, 2020; Starck et al, 2020).

Acculturation is not an easy process for immigrants and especially for their children. Cultural conflicts, identity crises, and differences between teenager's interpersonal and intrapersonal expectations and reality cause emotional and behavioral issues. Culture is like a river and has many sources that come together to make us who we are. Parents and their cultural backgrounds are important sources of socialization patterns for their children. In the transition from one culture to another, teenagers are the most vulnerable population. This raises severe cognitive emotional-behavioral social challenges that must be confronted (Kumi-Yeboah et al., 2020). At the same time, identity crises caused by immigration as well as the coming of age have the potential for personal growth if there is an availability of sufficient internal and external resources. The relationships between awareness of immigrant teenagers' cultural identity, internalization of such ideals, and identity disorders are moderated by behavioral acculturation and attitudinal marginalization. Studies indicated that behavioral acculturation moderated the relationship between awareness and internalization and cognitive marginalization moderated the relationship between internalization and identity disorders (Lynch, 2020). Value conflict is positively correlated with identity disorders and negatively correlated with behavioral acculturation. The importance of self-esteem and the effectiveness of self-confidence on social responsibility and social interaction in adolescents are important concerns of counselors, counselor educators, families, and societies around the world (Li et al., 2021). The investigation of self-identity, value conflicts, and value ambiguity may give us knowledge that will allow us to reduce the incidence of social problems. This will also challenge us to recognize the critical issues which are the results of low self-esteem in teenagers in general, and especially in teenagers who have bicultural value ambiguity and identity disorder (Van den Bos & Hertwig, 2017).

Self-identity. Studies have shown that people who have negative, unhealthy identity disorders are more likely to experience stress, anxiety, and depression. Identity is an individuals' overall idea about themselves and how they feel about themselves, their skills, and their abilities to apply those skills (Tineo et al., 2021; Long, Quan, & Zheng,2021). When individuals have good feelings about themselves, they can respect others. They are said to have a healthy identity and can be positive in their world views. Having healthy self-identity is extremely important because it influences individuals' choices, motivations, functions, decisions, thoughts, and feelings about others and society as well as about themselves (Losoncz & Marlowe, 2020).
Self-identity and Emotional and Mental Issues. Teenagers who feel inferior to others always keep comparing themselves to their friends. Teenagers with identity issues will experience anxiety, stress, loneliness, depression, and problems in their friendships and their future romantic relationships, academic success, and their job performances. This ambiguity will lead them to become more vulnerable to the abuse of drugs, sex, and alcohol. (Song & Ventevogel, 2020).

Self-identity and Well-being. Various studies have confirmed that self-identity has a direct relationship on teenagers' overall well-being. Values are central in shaping individuals' identity and ambiguity because of value conflicts. It is a type of doubtfulness or uncertainty of meaning or intention and it can influence teenagers' communication skills and their sense of identity (Bhatt & Khadi, 2020).

Bicultural Identity. Bicultural identity is the condition of being oneself as a result of the combination of two cultures. Because of their family and parental cultural values and their complex social and cultural expectations, teenagers usually experience ambiguity in their values and identity. This may cause them to have low self-esteem and low self-confidence and dissatisfaction (Davis, 2013). Marginalization is a process in which an individual or group becomes identified as one that is not fully accepted into the larger group. Cognitive awareness of this Marginalization identity will help individuals to recognize and deal with difficulties in the process of movement from their original culture of origin into their current culture (Benner & Wang, 2014; Verschelden, 2017).

American-Immigrant Teenagers. American immigrant teenagers were born in the United States and grow up in their family's background culture. They suffer from a major identity crisis and from a lack of a sense of national identity. This ambiguity has caused American-Immigrant teenagers to struggle with identity recognition, negative self-identity, and low self-confidence (Harell et al., 2021). Part of the identity crisis is that their parents are proud of their culture and history with which they want to be identified. And they expect their children to think, feel, and behave based on their own cultural beliefs. However, teenagers feel shame and are embarrassed for being identified with their parents' culture as perceived by the American culture (Bismar & Wang, 2021). The dual view and ambiguity of identity have caused cultural trauma and low self-confidence for these teenagers. Teenagers feel that they are living in a third space between their parental cultural expectations and their society's cultural identity. This ambiguity has also caused them to feel neither here nor there. Therefore, the lack of self-awareness and unstable identity may lead them to become isolated. Counselor educators, therapists, and clinical counselors need to become aware of these issues to advocate for and help teenagers (Read, 2020). Cognitive acculturation is the level of attitudinal acceptance of and comfortability with the values, beliefs, and behaviors of a given culture. It is critical to explore the role that both behavioral and cognitive aspects of acculturation play in the development of identity disorders in bicultural teenagers (Umana-Taylor et al., 2020).

(MBCT) is the cultivation of a present-oriented and non-judgmental attitude with the purpose of helping teenagers to learn how to avoid negative thoughts and emotions by not engaging in those automatic thought patterns that perpetuate their anxiety, depression, and self-identity disorders (Giomi et al., 2021). Throughout the Mindfulness-based program, teenagers will learn skills for the purpose of how to manage their minds, increase their awareness of the sources of their negative thought patterns, and increase their abilities to respond in skillful ways. Cultivating mindfulness provides an opportunity for living life in new ways (Fradkin, 2021).

Clinical Counseling Psychologists need to take a new look at the subject of immigrant teenagers experiencing bicultural value ambiguity, especially in the field of child and adolescent counseling (Tan, 2021). It will help us understand the impact of bicultural value ambiguity on teenagers' identity. It will help us become aware of and learn about the impact of behavioral acculturation and cognitive marginalization on the relationships between the awareness of internalization of bicultural teenagers' values and their identity disorders. This will help these teenagers develop their skills, abilities, and psychological resilience. It will also help counselors to advocate for them.

References

Acosta, L. (2020). Acculturation: A Factor in Risky Behaviors among Low-Income and Immigrant Youth in Kalihi. *Horizons*, *5*(1), 19.

Benner, A. D., & Wang, Y. (2014). Demographic marginalization, social integration, and adolescents' educational success. *Journal of youth and adolescence*, *43*(10), 1611-1627.

Bhatt, M., & Khadi, P. (2020). Differences in identity development of adolescents with their ordinal position. *Indian Journal of Health and Wellbeing*, *11*(1-3), 26-29.

Bismar, D., & Wang, C. D. (2021). Mental Illness Stigma and Help‐Seeking Attitudes of Students with Immigrant Parents. *Journal of College Counseling*, *24*(2), 146-161.

Caqueo-Urízar, A., Urzúa, A., Escobar-Soler, C., Flores, J., Mena-Chamorro, P., & Villalonga- Olives, E. (2021). Effects of Resilience and Acculturation Stress on Integration and Social Competence of Migrant Children and Adolescents in Northern Chile. *International Journal of Environmental Research and Public Health*, *18*(4), 2156. Davis, L. (2013). *The end of normal: Identity in a biocultural era*. University of Michigan Press. Fradkin, C. (2021). Karen Bluth: the self-compassionate teen: Mindfulness and compassion skills to conquer your critical inner voice.

Giommi, F., Castagner, V., Zaccaro, A., Gemignani, A., Serretti, A., Mandelli, L., ... & Chiesa, A. (2021). Mindfulness-Based Cognitive Therapy vs. Psychoeducation for Patients with Anxiety Disorders Who Did Not Achieve Remission Following Adequate Pharmacological Treatment. Mindfulness, 1-17. Harell, A., Banting, K., Kymlicka, W., & Wallace, R. (2021). Shared Membership Beyond National Identity: Deservingness and Solidarity in Diverse Societies. Political Studies, 0032321721996939.

Harker, R., Pidgeon, A. M., Klaassen, F., & King, S. (2016). Exploring resilience and mindfulness as preventative factors for psychological distress burnout and secondary traumatic stress among human service professionals. Work, 54(3), 631-637.

Klein, E. M., Müller, K. W., Wölfling, K., Dreier, M., Ernst, M., & Beutel, M. E. (2020). The relationship between acculturation and mental health of 1st generation immigrant youth in a representative school survey: does gender matter? Child and Adolescent Psychiatry and Mental Health, 14(1), 1-10.

Kumi-Yeboah, A., Brobbey, G., & Smith, P. (2020). Exploring factors that facilitate acculturation strategies and academic success of West African immigrant youth in urban schools. Education and Urban Society, 52(1), 21-50.

Li, Y., Liang, F., Xu, Q., Gu, S., Wang, Y., Li, Y., & Zeng, Z. (2021). Social support, attachment closeness, and self-esteem affect depression in international students in China. Frontiers in Psychology, 12, 399.

Long, Y., Quan, F., & Zheng, Y. (2021). Effects of Bicultural Identity Integration and National Identity on COVID-19-Related Anxiety Among Ethnic Minority College Students: The Mediation Role of Power Values. Psychology Research and Behavior Management, 14, 239.

Losoncz, I., & Marlowe, J. (2020). Regulating immigrant identities: the role of government and institutions in the identity construction of refugees and other migrants. Journal of International Migration and Integration, 21(1), 117-132.

Lynch, M. F. (2020). The Cultural Internalization Scale: Assessing internal and external reasons for endorsing one's cultural identity. Образование и саморазвитие, 15(1), 38-55.
Read, G. L. (2020). Processing Ambiguous Social Identity: Disclosure of Identity and Phenotypic Prototypicality Affect Processing and Evaluation of Persuasive Messages. Journal of Communication,70(5), 693-720.
Song, S. J., & Ventevogel, P. (2020). Principles of the mental health assessment of refugee children and adolescents. In Child, Adolescent and Family Refugee Mental Health (pp. 69-80). Springer, Cham.
Skews, R., Palmer, S., & Green, S. (2018). Coaching to enhance resilience and wellbeing. In Positive Psychology Coaching in Practice (pp. 141-154). Routledge.
Starck, A., Gutermann, J., Schouler-Ocak, M., Jesuthasan, J., Bongard, S., & Stangier, U. (2020). The relationship of acculturation, traumatic events, and depression in female refugees. Frontiers in Psychology, 11, 906.
Tan, G. (2021). Arrival Time Matters: The Effect of Biculturalism and Age of Arrival on College Adjustment. Psi Chi Journal of Psychological Research, 26(1).
Tay, A. K., Rees, S., Miah, M. A. A., Khan, S., Badrudduza, M., Morgan, K., ... & Silove, D. (2019). Functional impairment as a proxy measure indicating high rates of trauma exposure, post-migration living difficulties, common mental disorders, and poor health amongst Rohingya refugees in Malaysia. Translational psychiatry, 9(1), 1-9.
Tineo, P., Lowe, S. R., Reyes-Portillo, J. A., & Fuentes, M. A. (2021). Impact of perceived discrimination on depression and anxiety among Muslim college students: The role of acculturative stress, religious support, and Muslim identity. American Journal of Orthopsychiatry.
Turjanmaa, E. (2020). Conflict, solidarity, and acculturation: Adolescents' adaptation and perceptions of intergenerational relations after immigration.
Umaña-Taylor, A. J., Kornienko, O., McDermott, E. R., & Motti-Stefanidi, F. (2020). National identity development and friendship network dynamics among immigrant and non-immigrant youth. Journal of youth and adolescence, 49(3), 706-723.
Van den Bos, W., & Hertwig, R. (2017). Adolescents display distinctive tolerance to ambiguity and to uncertainty during risky decision-making. *Scientific Reports, 7*(1), 1-11.
Verschelden, C. (2017). Bandwidth recovery: Helping students reclaim cognitive resources lost to poverty, racism, and social marginalization. Stylus Publishing, LLC.

Pre- and Post-Migration Trauma: How Trauma Counselors Can Help

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Children and adolescents have been plagued by the numerous disasters our world has encountered over the last few years. Whether those disasters were earthquakes, tsunamis, hurricanes, or the confinement of Hispanic children at the Mexico border. Individuals coming into our country have much to get used to, mainly a new way of living. Migrants from rural areas are faced with the challenges of adjusting to different ways of living in their new urban home settings. These challenges can produce symptoms that correlate with Post-Traumatic Stress Disorder (PTSD) (Raghavan et al., 2019). One thing that needs to be considered is displacement and migration situations. These situations of war and conflict may involve individuals being exposed to "torture, killings, atrocities, incarceration, starvation/deprivation (e.g., food, shelter), rape, sexual assault, and physical beatings" (Bemak & Chung, 2017, p. 300). For the kids and teens who bear witness to this within the country they live in, I can see how that could elicit a trauma response. Kids are resilient in that they can cope with trauma and challenging situations better than an adult. What we do not see is that these coping strategies are covering up the PTSD symptoms they developed during the postmigration. The first few years after the migration are a critical period when these individuals are challenged to learn new coping skills, behavioral and communication patterns (Bemak & Chung, 2017).

In the world of counseling, we are trained to be multiculturally competent and to recognize the biases we may have when it comes to counseling an individual different from us. A shift in focus has been towards emphasizing positive aspects and resilience in the face of adversity. "A focus on resilience in young refugees may aid in adequately representing their response to adversity, understanding their needs, and shaping any interventions" (Sleijpen et al., 2013, p. 2). When it comes to children and adolescents, they are hyperaware of their differences and tend to internalize their struggles. What is important about this statement from Bemak & Chung (2017), is that counselors not only need to be multiculturally competent, but they need to do further study on working with ethnic groups that are affected by traumatic displacement events. It is one thing to watch it on the news but being able to do your own research and get a firsthand look into how a population is treated, could help make the counseling experience an easier one.

What we need to focus on as trauma counselors, is that resilience in children and young adults has been correlated with characteristics like, problem-solving abilities, self-efficacy, optimism, and self-sufficiency (Heard-Garris et al., 2018). If we can understand our kids and teens in a way that they feel heard and can help strengthen their resilience by focusing on the positive aspects of it, we can change the way they grow up for the better. One article quotes an educator as saying, "it would be inappropriate to define resilience as the ability "to bounce back". For young refugees a return to "normal" life is impossible. In this case, a metaphor describing resilience as "bouncing forward" in the face of an uncertain future may be more appropriate" (Walsh, 2002, as cited in Sleijpen et al., 2013, p. 2).

References

Bemak, F., & Chung, R. C.-Y. (2017). Refugee trauma: culturally responsive counseling interventions. Journal of Counseling & Development, 95(3), 299–308. https://doi.org/10.1002/jcad.12144

Heard-Garris, N., Davis, M. M., Szilagyi, M., & Kan, K. (2018). Childhood adversity and parent perceptions of child resilience. BMC Pediatrics, 18http://dx.doi.org.tcsedsystem.idm.oclc.org/10.1186/s12887-018-1170-3

Raghavan, R., Coope, J., Jamwal, S., & Pendse, T. (2019). Reflections on the use of mental health resilience concepts in migration and global mental health. International Journal of Mental Health, 48(4), 299–308. https://doi.org/10.1080/00207411.2019.1708646

Sleijpen, M., June ter Heide, F. J., Mooren, T., Boeije, H. R., & Kleber, R. J. (2013). Bouncing forward of young refugees: a perspective on resilience research directions. European Journal of Psychotraumatology, 4(1), 20124–Article 20124. https://doi.org/10.3402/ejpt.v4i0.20124