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PTSD, Complex PTSD, and Childhood Abuse: Gender Differences among a Homeless Sample

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Abstract

The current study examined the potential relationship between homelessness, gender, and occurrence of Post-Traumatic Distress Disorder (PTSD) and Complex PTSD. Participants were 90 homeless persons from shelters located in a large, South Central Texas, metropolitan city of approximately 1.9 million persons. The study found that homeless participants reported high levels of childhood emotional, physical, and sexual abuse. Homeless women reported higher rates of childhood abuse and were affected by PTSD at a higher frequency than homeless males. PTSD, Complex PTSD, and traumatic experiences such as childhood abuse appear to be contributing factors to homelessness. Results suggest the need for increased advocacy among counseling and psychology professionals is warranted for homeless persons experiencing PTSD.

Keywords: Homeless; Gender; PTSD; Complex PTSD; Childhood Abuse, Advocacy

Introduction

It is difficult to determine an exact count of homeless persons living in the United States (U.S) however, in 2003 the U.S. Conference of Mayors reported the number of homeless individuals to be between 2.5 and 3.4 million (U.S. Conference of Mayors, 2016). The 2017 Annual Homelessness Report (AHAR) to Congress reported an estimated 553,742 individuals who were experiencing homelessness during a January 2017, Point-in-Time Count (Henry, Watt, Rosenthal, & Shivji, 2017). In addition, 33% (184,661) of the homeless were individuals in homeless families with children; and 7% (40,799) were an unaccompanied youth who experienced the highest rate of unsheltered living conditions (55%) (Henry et al., 2017). Difficulties in estimating homelessness rates may be traced back to the transient nature of homelessness and lack of consistent nationwide data collection methods.

There are many, often overlapping causes of homelessness. These include a lack of affordable housing, low-paying jobs, mental illness, substance abuse, domestic violence, unemployment, and poverty (U.S. Conference of Mayors, 2015). In spite of the increased spending to alleviate homelessness, Lucas (2017) determined that marginalized sub-groups within the homeless population including unsheltered youth, lack adequate services due to limited federal funding. Much of the research pertaining to the homeless is now quite dated and more current studies are needed. Recent socioeconomic trends towards more significant income disparity and changing demographics (Kochan & Riordan, 2016) warrant further investigation into homelessness. To this end, our research goals were to examine the potential relationship among homelessness, gender, and occurrence of Post-Traumatic Distress Disorder, (PTSD) and Complex PTSD, and if present, increase attention and potential advocacy for this homeless PTSD/Complex PTSD subpopulation via research publication.

The literature on mental health provider advocacy for the homeless is mostly addressed in social work journals. School counseling literature provides some insight into the topic as it relates to families and minors. Also, the American Counseling Association's (ACA) division journal of the Association for Specialists in Group Work published a limited number of articles specific to social justice constructs and homeless (Brubaker, Garrett, Rivera, & Tate, 2010; Coker, Meyer, Smith, & Price, 2010). Despite this, a paucity of research literature specific to homelessness and the need for advocacy among this population exists in professional counseling journals. This lack of homelessness specific literature in professional counseling journals is surprising since Section A.7a of the ACA Code of Ethics calls for advocacy. Specifically, the Code states, "When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients" (ACA, 2014, p. 5). Concomitantly, the Ethical Principles of Psychologists and Code of Conduct Principle D: Justice and Principle E: Respect for People's Rights and Dignity (American Psychological Association, 2017) and the APA Presidential Task Force on Psychology's Contribution to End Homelessness (2010) indicate the need to advocate on the behalf of America's homeless to ensure fairness, justice, and people's rights and dignity. The American Psychological Association (APA) addresses homelessness in a limited manner through the Advocacy on Socioeconomic Status Project (American Psychological Association, 2018b). A 2017 congressional briefing focused on family homelessness and the link between childhood abuse and homelessness (American Psychological Association, 2018a). However, a search of APA journals revealed only a limited number of articles addressing homelessness advocacy, with the majority having been published in the 1980s and 1990s.

A significant barrier encountered by advocates arises from the complexity of defining homelessness, its causes, and appropriate interventions. Also, advocates striving to meet the needs of homeless individuals often encounter political or systemic obstacles created by the need for research-driven funding. Different ideas arising from research generate competing claims for funding and other resources. This leads to interventions tailored

around only a few of the identified risk factors for homelessness while objectifying a marginalized population (Farrugia & Gerrard, 2016). While causes for homelessness such as alcohol and substance abuse as well as mental illness are frequently targeted, PTSD, Complex PTSD, and a history of childhood abuse seem to be less of a focus.

Homeless Americans must cope with hardships that accompany homelessness as well as the stigmatizing treatment to which they are frequently subjected. Previous research found that the poor and the homeless are often stigmatized and blamed for their dire circumstances (Belcher & DeForge, 2012; Phelan, Link, Moore, & Stueve, 1997). In reality, there is a myriad of problems facing those struggling with homelessness. In general, mental health concerns and history of alcohol and drug abuse occur at higher rates among U.S. homeless persons (Fazel, Khosla, Doll, & Geddes, 2008; Narendorf, Cross, Santa Maria, Swank, & Bordnick, 2017). Lee, Tyler, and Wright (2010) reported between 30-40% of homeless persons experience significant mental health concerns. In addition, the literature on mental health problems encountered by the homeless suggests that these individuals often experience higher levels of psychological distress and suicidal ideation than the non-homeless (Schutt, Meschede, & Rierdan, 1994; Dietz, 2011). Children and adolescents seem especially vulnerable. Youth who reported sexual abuse were at increased risk of running away from their parents' homes and becoming homeless (Chen, Tyler, Whitbeck, & Hoyt, 2004). The limited existing literature suggests homeless persons have experienced an above average number of traumatic events (Lee & Schreck, 2005). This includes higher childhood physical abuse rates, estimated as 37%; and sexual abuse rates estimated as 32% for females, and 10% for males (Sundin & Baguley, 2015). By comparison, the childhood abuse rate among the general U.S. population was estimated at 3.3% for physical abuse. General U.S. sexual abuse rates were 6.7% for females, and 9.6% for males (Finkelhor, Ormrod, Turner, & Hamby, 2005).

PTSD and Complex PTSD

According to Herman (1992) trauma occurs when actions fail, and one's self-defense system is overwhelmed and disorganized. Furthermore, individuals react to trauma by alternating between intrusion and constriction (numbing) the emotional state. Neither allows full traumatic experience integration, which is critically important to healing and traumatic experience resolution (Herman, 1992). Those experiencing PTSD, Complex PTSD, and childhood sexual abuse often behave and experience the world in a manner others may interpret as pathological. Such behaviors and experiences may represent a trauma victim's attempt to cope with intrusive memories or heightened arousal (van der Kolk, McFarlane, & Weisaeth, 1996). Succinctly put, PTSD is a natural reaction to an extrinsic event or stated differently, a normal reaction to abnormal experiences.

Two trauma categories are discussed in the literature. One refers to single episode events such as car accidents, which can lead to the development of PTSD (Pelcovitz, DeRosa, Mandel, & Salzinger, 2000). The other refers to trauma caused by recurrent interpersonal events such as continued child abuse, which may lead to derailment of healthy development in affected individuals (Freyd, 1994; Herman, 1992). Complex PTSD or Disorders of Extreme Stress Not Otherwise Specified (DESNOS) differ from PTSD. Specifically, a PTSD diagnosis focuses on clients' re-experiencing of traumatic memories or attempts to avoid stimulation associated with a traumatic event. Conversely, DESNOS focuses on emotional and somatic dysregulation, dissociation, and trauma-related behavioral patterns (Scoboria, Ford, & Lin, 2008).

The American Psychiatric Association (APA) introduced PTSD as a formal diagnosis in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (Herman, 1992). Since then, research has supported the validity and relevance of PTSD (Courtois, 2004; van der Kolk & Courtois, 2005). Concomitantly, further research suggested the negative psychological impact caused by chronic, interpersonal trauma. This was especially noted when such trauma began in childhood and was not adequately addressed (van der Kolk & Courtois, 2005). During the DSM-IV development, the APA conducted field trials to investigate the utility of creating a Complex PTSD/DESNOS diagnosis, but in the end, it was not included in the DSM-IV or the DSM-5 as an independent diagnosis. Instead, Complex PTSD/DESNOS symptoms were subsumed under

associated PTSD features (Scoboria, Ford, & Lin, 2008) because during the DSM-IV field trial it was found that individuals with Complex PTSD/DESNOS frequently also qualified for a PTSD diagnosis (van der Kolk et al., 1996). Likewise, the DSM-5 offers a brief description of DESNOS symptoms as associated features supporting a PTSD diagnosis (American Psychiatric Association, 2013). In the 10th edition of the International Classification of Diseases (ICD-10), the World Health Organization (WHO) acknowledged the impact trauma has on individuals by offering the diagnostic criteria “lasting personality changes following catastrophic stress” (World Health Organization, 1992). The ICD-11 edition, which has been released in June of 2018 and is scheduled to be fully adopted on January 1, 2022, goes even further. In contrast to the DSM-5, the ICD-11 for the first time includes a new diagnostic category for Complex Post-Traumatic Stress Disorder.

The Current Study

The purpose of this current investigation was to examine the relationship between homelessness, gender, and occurrence of PTSD as well as Complex PTSD. Researchers predicted elevated PTSD and Complex PTSD levels would be found in homeless participants. It was further predicted that there would be higher levels of the history of childhood abuse reported by homeless participants compared the general U.S. population. In addition, it was predicted that positive correlations would be found between the history of childhood abuse and PTSD, as well as Complex PTSD. Lastly, it was hypothesized that there would be differences between male and female homeless participants. It was predicted that female homeless participants would report higher instances of PTSD, Complex PTSD, and a history of childhood abuse.

Method

Participants

A total of 90 participants were recruited from local homeless shelters. The population for this study is considered vulnerable, and care was taken to protect participants from harm and/or coercion. Specifically, participants were recruited by requesting participation after group sessions or life skills classes held at various shelters. Participation was strictly voluntary, and participants were informed about the purpose of the study. As an incentive, a five-dollar gift certificate was offered to all participants. Risks to the participants from the study were considered minimal, and deception was not necessary. Possible risks to the research participants included but were not be limited to reflecting upon potentially stressful events that might have been uncomfortable.

The shelters from which participants were recruited were located in a large, South Central Texas, metropolitan city of approximately 1.9 million persons. The mean age of participants was 37.64 ($\sigma = 10.85$); the minimum age was 18, and the maximum age was 61.

Forty-two percent of participants (38) were male, and 58% (52) were female. Nearly 37% (33) were Caucasian, 28.9% (26) were Hispanic, and 18.9% (17) were African American. Approximately 8% (7) described themselves as ‘other,’ and 7.8% (7) did not respond. Thirty-four percent (31) reported being single, 5.6% (5) reported being in a partnership other than marriage, 31.1% (28) reported being married, 8.7 (8) reported being separated, 15.6% (14) reported being divorced, 3.3% (3) reported being widowed, and 1.1% (1) did not respond. Table 1 describes the frequency of homelessness among the participants.

Table 1. Length of Homelessness

Length of Homelessness	%	n
Less than 1 mo.	8.8%	(8)
> than 1 mo. – 3 mo.	21.1%	(19)
> than 3 mo. – 6 mo.	18.9%	(17)
> than 6 mo. – 1 yr.	15.5%	(11)
> 1 yr. – 2 yrs.	11.1%	(12)
> 2 yrs. – 4 yrs.	4.4%	(5)
> 4 yrs. – 6 yrs.	5.5%	(5)
> 6 yrs.	2.2%	(2) [20yrs]
> didn't reply	10.0%	(9)
> not categorizable	2.2%	(2)

Procedures

Institutional Review Board approval was obtained, and participants' informed consent was secured prior to data collection. The study used a descriptive and between-group correlation design; group membership was based on gender. Participants completed a survey packet consisting of a questionnaire; the Structured Interview for Disorders of Extreme Stress (SIDES); and the Trauma Center PTSD Symptom Scale. The constructs under investigation were PTSD, Complex PTSD, and a history of childhood trauma. Instruments were administered to participants in the order indicated above.

Instruments

The survey packet consisted of self-completion questionnaires that took about 45 minutes to complete. The packet contained a demographic questionnaire that was used to collect demographic and experience histories such as gender, age, ethnicity, homelessness status, family history, history of physical and mental health concerns, history of domestic violence, and history of childhood abuse.

SIDES. Complex PTSD was assessed using the SIDES. The SIDES (Trauma Center Assessment Packet, 2003) is a 45-item instrument that assesses functioning on six dimensions. Instrument authors purport these six dimensions represent areas of impairment in reference to Complex PTSD. Each of the six dimensions contains diagnostic criteria to be met (see table 2 for more information).

Table 2. Complex PTSD/DESNOS Symptom Categories Assessed by the SIDES

Major Scale	Sub-Category
(I) Alterations in Regulation of Effect and Impulse	Affect regulation Modulation of Anger Self-destructive Suicidal preoccupation Difficulty modulating sexual involvement Excessive risk taking
(II) Alterations in Attention or Consciousness	Amnesia Transient dissociative episodes & depersonalization
(III) Alterations in self-perception	Ineffectiveness Permanent damage Guilt and responsibility Shame Nobody can understand Minimizing
(IV) Alterations in relations with others	Inability to trust Revictimization Victimizing others
(V) Somatization	Digestive system Chronic pain Cardiopulmonary symptoms Conversion symptoms Sexual symptoms
(VI) Alteration in systems of meaning	Despair and hopelessness Loss of previously sustained beliefs

The SIDES was developed to capture Disorders of Extreme Stress Not Otherwise Specified (DESNOS) symptoms (Trauma Center, 2013), which were originally represented in the DSM-IV-TR under Associated Features of PTSD (American Psychiatric Association, 2000). For the purpose of the present study, the self-report version of the SIDES was used. The instrument is able to assess lifetime as well as current symptom presence. The severity of symptoms was also assessed. It must be noted that the SIDES-SR underreports DESNOS symptoms related to affect dysregulation and modulation of anger in comparison to the clinician-administered version (Trauma Center Assessment Packet, 2013). To date, the SIDES and the SIDES-SR (self-report version) are the only validated instruments for DESNOS assessment (Luxenberg, Spinazzola, & van der

Kolk, 2001). The literature on the self-report version does not provide validity information, however, convergent validity between the clinician-administered version and the self-report version of the SIDES was established with correlation coefficients ranging between 0.60 to 0.78 in reference to individual dimensions, and a full-scale correlation coefficient was reported as 0.86 (Trauma Center Assessment Packet, 2013). Reliability of the instrument was based on 520 participants and ranged from $\alpha = 0.53$ to $\alpha = 0.90$ on subscales/dimensions (Pelcovitz et al., 1997) and a Chronbach $\alpha = 0.90$ for the full SIDES scale (Zlotnick & Pearlstein, 1997).

Trauma Center PTSD Scale. PTSD was assessed using the Trauma Center PTSD Scale. This instrument is a 17-item self-report measure designed to assess PTSD symptoms as defined by the DSM-IV-TR (Trauma Center, 2003). It has been adapted from the Modified PTSD Symptoms Scale (MPSS-SR). Psychometric properties demonstrated overall good reliability ($\alpha = 0.96$). The adaptation consisted of adding the ability to also assess lifetime presence of PTSD symptoms (Trauma Center, 2003). Assessing lifetime experiences of PTSD was necessary for this study. The Trauma Center PTSD scale assesses the frequency and severity of PTSD symptoms during the last two weeks as well as lifetime occurrence. It assesses intrusion, avoidance/numbing, and arousal symptoms of PTSD (Trauma Center, 2003).

Results

Demographic questionnaire results revealed nearly two-thirds (69.8%; 37) of homeless women and a little less than half (40.5%; 15) of homeless men reported having been in an abusive relationship in the past. It was not clear if the respondents were the perpetrator or victim in the abusive relationships because the questionnaire did not address this. Homeless participants also reported mental health conditions. The following four diagnoses were reported most frequently: depression (22.2%), Bipolar disorder (15.6%), anxiety (5.6%), and PTSD (4.4%) (see table 3 for information pertaining to ethnicity and PTSD).

Table 3. Ethnicity and PTSD Rates of Homeless Sample

	Ethnicity		PTSD	
	%	n	%	n
Caucasian/Anglo	39.8%	(33)	43.4%	(13)
Hispanic	31.3%	(26)	28.6%	(6)
African American	20.5%	(17)	25.0%	(3)
Asian	N/A		N/A	
Other	8.4%	(7)	33.3%	(2)

Note. None responses were not included in the calculation of percentages.

Table 4 describes additional results pertaining to the demographics of the study participants. It is important to note that while this table shows differences in gender and ethnicity for some variables, none were statistically significant. Most salient in terms of gender was that male participants reported higher rates of having a professional trade than women, and more male participants spend most of their time alone. Female participants reported experiencing severe depression and anxiety frequently at a higher rate than male participants did. In addition, African Americans reported the highest rate of having a professional trade; the highest rate of not having someone to help them financially; the highest rate of spending most of their time alone; and the highest rate of having a close relationship with their mother. African American participants also reported the lowest rates of experiencing serious anxiety frequently. Hispanic participants reported the highest rate of having trouble understanding, concentrating, or remembering; the highest rate of having problems controlling violent

behaviors sometimes; and the highest rate of fathers who have/had problems with alcohol. Caucasian homeless participants reported the highest rate of taking prescribed medication for mental health problems while African Americans reported the lowest. Overall, it is important to note that education completion rates are based on those participants who responded to the question; the non-response rate was 33.7%, which possibly skewed the results.

In terms of childhood abuse, 38.2% (13) of male participants and 53.8% (28) of female participants reported emotional abuse; 41.2% (14) of male participants and 52.9% (27) of female participants reported physical abuse; and 23.5% (8) of male participants and 52.9% (27) of female participants reported sexual abuse. When asked about suicidal ideation, 8.1% (3) of male participants reported they thought about suicide often, and 18.9% (7) reported they thought about suicide sometimes. In turn, 7.5% (4) of female participants reported having suicidal ideation often or very often, and 26.4% (14) stated they thought of suicide sometimes. In terms of suicide attempts, 27% (10) of male participants and 26.4% (14) of female participants reported that they had attempted suicide in the past.

Table 4. Demographic Questionnaire Items

Item	Gender				Ethnicity					
	Males		Females		African American		Caucasian		Hispanic	
	%	n	%	n	%	n	%	n	%	n
Taking prescribed medication for physical ailment on a regular basis.	31.4%	(11)	30.6%	(15)	43.7%	(7)	36.7%	(11)	16.7%	(4)
Taking prescribed medication for mental health problems on a regular basis.	22.7%	(8)	34.0%	(17)	14.3%	(2)	48.5%	(16)	20.9%	(5)
Completed 12 years or more of education.	69.9%	(18)	79.3%	(23)	54.4%	(6)	73.9%	(17)	69.2%	(9)
Having a professional trade.	70.3%	(26)	43.4%	(23)	70.6%	(12)	60.6%	(20)	38.5%	(10)
Not having someone to help financially.	91.9%	(34)	76.9%	(40)	100.0%	(17)	81.2%	(26)	76.9%	(20)
Spending most of their time alone.	45.9%	(17)	25.5%	(13)	56.2%	(9)	46.4%	(13)	19.2%	(5)
Do not have any close friends.	30.3%	(10)	22.4%	(11)	26.7%	(4)	20.0%	(6)	20.8%	(5)
Experiencing serious depression frequently.	18.9%	(7)	41.5%	(22)	23.6%	(4)	39.4%	(13)	30.8%	(8)
Experiencing serious anxiety frequently.	21.6%	(8)	40.4%	(21)	12.5%	(2)	36.3%	(12)	38.4%	(10)
Having trouble understanding, concentrating, or remembering frequently.	21.6%	(8)	38.5%	(20)	31.2%	(4)	21.2%	(7)	53.8%	(14)
Having problems controlling violent behaviors frequently.	13.5%	(5)	3.9%	(2)	5.9%	(1)	6.2%	(2)	12.0%	(3)
Having problems controlling violent behaviors sometimes.	29.7%	(11)	35.3%	(18)	35.3%	(6)	18.8%	(6)	52.0%	(13)
Having a close relationship with their mother.	69.4%	(25)	47.9%	(23)	75.0%	(12)	50.0%	(15)	58.3%	(14)
Having a close relationship with their father.	36.4%	(12)	34.0%	(17)	21.4%	(3)	36.7%	(11)	32.0%	(8)
Mother has/had problems with alcohol.	17.6%	(6)	18.8%	(9)	11.8%	(2)	27.6%	(8)	16.7%	(4)
Father has/had problems with alcohol.	39.4%	(13)	53.2%	(25)	33.3%	(5)	46.4%	(13)	60.0%	(15)
Mother has/had problems with drugs.	2.9%	(1)	12.5%	(6)	5.9%	(1)	13.8%	(4)	4.2%	(1)
Father has/had problems with drugs.	9.1%	(3)	19.1%	(9)	0.0%	(0)	21.4%	(6)	16.0%	(4)

Results indicated PTSD (current and lifetime) in homeless participants reported higher PTSD both current and lifetime than the general U.S. population. When considering gender, results showed 25.8% (8) of male homeless participants and 42.2% (19) female homeless participants qualified for a current PTSD diagnosis. Also, 29.4% (10) of male homeless participants and 47.1% (24), of female homeless participants qualified for a lifetime PTSD diagnosis. These differences were statistically not significant. Lifetime PTSD occurrence in the general U.S. population using DSM-IV-TR diagnostic criteria has been reported as 8.7% (American Psychiatric Association, 2013). Results for this homeless sample based on the SIDES found that 3.3% (3) of homeless participants qualified for a Complex PTSD diagnosis. Notably, 61.8% (55) of homeless participants reached diagnostic levels on at least one SIDES dimension or more. A total of 42.7% (38) homeless participants reached diagnostic levels on two or more SIDES dimensions, and 28.1% (25) of homeless participants reached diagnostic levels on three SIDES dimension. Additionally, 19.1% (17) homeless participants reached diagnostic levels on four or more SIDES dimension, and 5.6% (5) reached clinically diagnostic levels on five or more SIDES dimensions. The most frequently represented Complex PTSD dimensions were *Alterations in Relationship with Others* (endorsed by 41.9%), and *Alterations in Attention and Consciousness* (endorsed by 36.8%). Complex PTSD has been reported as 0.6% in a community population (Wolf et al., 2015).

As discussed, results indicated that homeless participants experienced higher levels of childhood abuse compared to the general population as reported in the literature (see table 5). Also, in terms of a relationship between childhood abuse and PTSD, an association was found between current PTSD diagnosis and reporting a history of childhood abuse, $\chi^2(1, N = 76) = 20.580, P < 0.0005$. The association was of moderate strength: $\phi = .462$. Results also showed that 88.9% (24) of male and female homeless participants who qualified for a current PTSD diagnosis also reported a history of childhood abuse. Results based on gender, PTSD, and history of childhood abuse were also significant. Male participants who reported childhood abuse had significantly higher PTSD occurrence, $\chi^2(1, N = 31) = 10.819, \text{exact } P = 0.002$. The association was of moderate strength: $\phi = .509$. Also, female participants who reported childhood abuse had significantly higher PTSD rates, $\chi^2(1, N = 45) = 8.991, \text{exact } P = 0.004$. The association was of moderate strength: $\phi = .408$. In terms of type of abuse, significant results were found only for a history of sexual abuse; 52.9% (27) of female participants reported a history of childhood sexual abuse compared to 23.5% (8) of male participants for this type of abuse, $\chi^2(1, N = 85) = 7.286, \text{exact } P = .008$. The association was approaching moderate strength: $\phi = .281$. No significant relationship was found between gender and current or lifetime diagnosis of PTSD. Also, no significant relationship was found between gender and Complex PTSD/DESNOS scores.

Table 5. History of Childhood Abuse by Family Member or Acquaintance in Homeless Participants Compared to the General U.S. Population

Group	overall abuse		emotional abuse		physical abuse		sexual abuse	
	%	n	%	n	%	n	%	n
General Population ^a	13.3%	n/a	10.1%	n/a	3.3%	n/a	7.6%	n/a
Homeless Men	45.9%	(17)	41.2%	(14)	44.1%	(15)	23.5%	(8)
Homeless Women	63.5%	(33)	52.9%	(27)	52.0%	(26)	52.0%	(26)

^aResults derived from Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005).

Note. Only valid percent are reported for the present study. Nonresponses by participants were not included in calculations.

There was no significant association between Complex PTSD/DESNOS diagnosis and history of childhood abuse. While most participants did not qualify for a full Complex PTSD/DESNOS diagnosis, calculating the overall Complex PTSD/DESNOS scores showed that male and female homeless participants who reported a history of childhood abuse had higher levels of Complex PTSD/DESNOS scores than those who did not report a history of childhood abuse. A Pearson product-moment correlation (in lieu of point bi-serial correlation) between history of childhood abuse (recoded to reflect 1=no and 2=yes) and sum of Complex PTSD/DESNOS showed a significant positive correlation ($r = .386$, $N = 89$, $P = 0.01$, two-tailed). The strength of the correlation is considered moderate. These findings indicate that those participants who reported a history of childhood abuse had higher overall DESNOS scores.

Discussion

This study examined the relationship between homelessness, gender, and incidence of PTSD/Complex PTSD. Study findings reflect existing, often dated literature and suggest homeless men and women suffer from PTSD (current and lifetime) at a much higher rate than the national average. As hypothesized, homeless women in this study were affected by PTSD at a higher rate than their male counterparts. Women were twice as likely than men to develop PTSD. As predicted, male and female homeless participants reported much higher levels of childhood abuse (emotional, physical, and sexual) in comparison to the general U.S. population. Our findings support previous studies that reported similar results (Finkelhor, Ormrod, Turner, & Hamby, 2005; Lee & Schreck, 2005; Sundin & Baguley, 2015). Also confirming our hypothesis, homeless women reported higher rates in all three child abuse subcategories in comparison to their male counterparts. In terms of childhood sexual abuse, homeless women reported over twice the abuse rates than their male counterparts. Complex PTSD was also found to be present in participants at a greater rate than reported in a previous community sample (Wolf, 2015). It is important to note that while many did not qualify for a full Complex PTSD diagnosis, some of the homeless participants did experience Complex PTSD symptoms to varying degrees. These symptoms may negatively impact the lives of homeless participants and their ability to cope with day-to-day demands, as well as stressful situations. It is of interest to note that the demographic questionnaire self-report of PTSD was much lower than was found using the PTSD and Complex PTSD assessment instruments. This suggests PTSD is often underdiagnosed in homeless populations. The present study confirmed our hypothesis that there would be correlations between the history of childhood abuse, PTSD, and to a limited extent, Complex PTSD in homeless individuals.

It is important to note that findings suggest that in addition to the customarily cited reasons for homelessness (lack of affordable housing, low-paying jobs, mental illness, substance abuse, domestic violence, unemployment, poverty, and prison re-entry) PTSD, complex PTSD, and childhood abuse may be significant factors contributing to homelessness. Stated differently, childhood abuse experiences may be a contributing factor to the development of PTSD and Complex PTSD, and in turn, may contribute to homelessness.

Findings suggest the existence of homeless subgroups that might also suffer from Complex PTSD. As shown in the literature, this distinction is vital for treatment efficacy. PTSD and Complex PTSD may require alternative types of clinical and supportive interventions. For example, exposure therapy techniques, which are successfully used to treat simple PTSD may not be appropriate for the treatment of Complex PTSD. In terms of Complex PTSD alternative therapeutic modalities are referenced in the literature, such as focusing on establishing more adaptive coping strategies. For example, Cloitre et al. (2011) suggest trauma education, anxiety/stress management, emotional regulation interventions, narrative and cognitive interventions, and interpersonal skills training for those who experience Complex PTSD symptoms. Self-reported mental health problems and elevated suicide ideation, as well as attempts, are also causing for concern. Further research should be conducted to follow up on these critical areas.

Lastly, when working with and advocating for homeless clients, it is essential also to consider gender and

ethnic differences highlighted in table 4. Although statistically not significant, there were differences based on gender and ethnicity on several of the questionnaire items. It is crucial to consider the additive effect of multiple marginalization experiences of homeless clients. Homelessness, gender, and ethnicity appear to intersect and create individual challenges. It is crucial to consider commonalities as well as individual differences among homeless individuals. For example, advocacy is necessary to dispel stereotypes such as viewing the majority of homeless people as high school dropouts and unskilled laborers. In addition, the lack of social connectedness and family support seem to be prevalent among the homeless and may be contributing factors to becoming and staying homeless.

There are several limitations that should be considered when evaluating the results of the study. The present study used a convenience sample of homeless participants who were staying in either emergency shelters or transitional shelters. Homeless participants living on the street were not included in the study. Also, not using a randomly selected sample, volunteerism, reliance on self-report data, and possible respondent bias may have introduced errors to the study. Furthermore, correlations/associations do not establish causation. It is possible that the relationships identified may be due to extraneous variables that were not included in this study. For example, being homeless and unstable living situations by themselves are traumatic and may also have influenced PTSD and Complex PTSD symptoms in participants. Additional research is needed to support the findings of this study.

Recommendations

These findings should be considered when addressing homelessness concerns in agency/treatment settings when devising policy and in advocacy efforts. Gender differences and other factors highlighted in this study should be taken into account. Program effectiveness may be undermined if PTSD, Complex PTSD, and history of childhood abuse are not attended in an appropriate manner. With the release of the ICD-11, focus on Complex PTSD will hopefully increase and it is crucial for agencies and treatment providers involved with the homeless to become knowledgeable in this area. Also, advocacy efforts should address educating the public as well as other stakeholders such as the police and first responders. It has been established that traumatized individuals may react in unpredictable ways when confronted with stressors. Traumatic memories can be triggered by any number of events and may lead to extreme emotional distress. The triggering event may seem mild or innocuous to the onlooker. However, physiological reactions to triggers may be accompanied by unpredictable intense emotionality in those suffering from PTSD/Complex PTSD (van der Kolk, 2008). Provider training, research, and increasing awareness that homeless individuals may suffer from trauma-related problems are vital to furthering advocacy for the homeless.

Conclusion

Counseling most often occurs within the walls of a counseling practice or clinic; however, outreach is a vital tool for connecting with marginalized populations (Coker, Meyer, Smith, & Price, 2010). Larkin et al. (2016) suggest strengthening educational curriculum and building partnerships between education institutions, service agencies, local and national policy makers, and government agencies. For example, incorporating current homelessness data into the educational curriculum would help to increase trainee knowledge related to the needs of homeless clients (Lane, McLendon, & Mathews, 2017); this should include crucial information pertaining to the occurrence of PTSD/complex PTSD and history of childhood abuse in the homeless.

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“I Feel Like We’re Going Backwards:” Post-Presidential Election Resilience in Latinx Community Members

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Abstract

The 2016 U.S. presidential election brought many reactions on a global scale. World leaders, national leaders, and everyday citizens experienced intense emotions on varying levels. Latinx communities in the U.S., specifically, were impacted significantly, with rhetoric about immigration and issues regarding border security (i.e., build a wall). While much about these sentiments have been reported at the journalistic level, little has been published at the research level to date: specifically, how Latinx community members reacted on an individual level, how they confronted concerns related to fear and adversities (i.e., their resilience), and what the impact may be for their future. The current study employs a community-based, qualitative approach that involved conducting semi-structured focus groups with self-identified Latinx community members in a U.S., West Coast town. Participants were asked about their emotions and reactions, as well as plans regarding the results of the election. Emergent themes included three broad categories: (1) perspectives on the outcome of the 2016 U.S. presidential election; (2) observed impacts of the U.S. presidential election, and (3) ways of dealing with the election results. Sub and tertiary thematic categories were also identified.

Keywords: 2016 U.S. Presidential Election; Latinxs; Resilience

Introduction

The 2016 U.S. presidential election brought about many reactions worldwide (Rich & Ueno, 2016). For many, the election reaffirmed white, heterosexual, male privilege (WHMP: Helms, 2016), and thus left others feeling even more oppressed. More blatant racism began to blossom immediately after the election, and many have spoken of the “Trump effect,” which allows individuals to more freely express racist/sexist sentiments with little fear of repercussions. Latinx communities, specifically, were impacted significantly by rhetoric about immigration and building a wall (Ross et al., 2017). Briefings at that time reported many Latinx¹ people feeling that they had awakened “to a nightmare” and either experiencing constant worry or numbness (Cruz & Perez-Chavez, 2016, p. 13). Recent findings by the Pew Research Center indicate that Latina/o individuals in the U.S. feel their situation has worsened and their fears of deportation and penalty have increased under the current administration (Lopez, Gonzalez-Barrera, & Krogstad, 2018). As a social justice issue, these individuals are feeling disenfranchised from the country in which they live. However, little research has been conducted which documents the individual, psychological difficulties experienced by Latinxs immediately after and since the 2016 election, and how they are managing to cope with such adversities. The purpose of the current study was to redress the lack of information on the psychological impact of the 2016 presidential election for Latinxs in the U.S.

Through qualitative methodology and focus group interviewing, the researchers hoped to facilitate synergy and saliency in conveying why this topic was important to participants (Stokes & Bergin, 2006). Through the lens of social justice, the authors used Thematic Analysis (Boyatzis, 1998) to explore the views, feelings, ways of coping and future of several Latinx community members in a medium-sized West Coast town in the U.S. Thus, these participants were provided a platform through which their voices could be joined and heard, employing methodology appropriate for under-explored multicultural issues (Morrow & Smith, 2000). Using a unique two-team/Spanish-English design, the researchers were able to highlight the multicultural realities for this group of people in their own words and language and around a political issue that has impacted their lives significantly. Such work is an attempt to answer the social justice informed call for considering all contexts in our psychological and educational work.

Political Adversities and Resilience

Research on political adversity is broad, encompassing a range of difficulties that vary in form, severity, and course. These difficulties are driven by political objectives and may directly or indirectly involve state institutions and actors. Examples of political adversities include but are not limited to institutional discrimination, police brutality, rebellion, revolution, terrorism, war, and genocide. In fact, pervasive colonialism from within the U.S. is likely at the root of most of these issues and has been noted as a systemic problem to be overcome if equity for all is to be achieved (Grosfoguel, Maldonado-Torres, & Saldivar, 2005). While a significant amount of scholarship has been dedicated to understanding why and how political conflict ensues, attention to the psychological effects of such upheaval is growing. Some research has shown political difficulties to negatively affect overall wellbeing (Barber, 2009; Barber et al., 2014). For example, studies have demonstrated how national and cultural traumas such as slavery in the U.S., the Holocaust, the internment of Japanese Americans in the U.S. during World War II, and the September 11th attacks in the U.S. in 2001 have resulted in psychological

¹ The term “Latinx” reflects gender inclusivity; however, when other studies are cited, or when participants self-identified, the original language is retained.

distress and psychopathology for groups directly and indirectly exposed to such events (Abu-Raiya, Pargament, & Mahoney, 2011).

The psychological impact of the 2016 presidential election and its results has been widespread and cited in both scholarly and popular publications (Solomonov & Barber, 2018). In an annual survey put forth by the American Psychological Association (APA; 2017), over half (52%) of Americans identified the election to be somewhat to a very significant source of stress. This same survey also found that nearly 60% of Americans felt stressed by the current climate of sociopolitical polarization (American Psychological Association, 2017). Psychological effects were also documented in a study by Lench et al. (2018) examining post-election subjective wellbeing (SWB). Not only did they discover a significant change in people's perceptions of their quality of life after the election, but they also found that partisanship predicted these changes such that SWB improved among Trump supporters and decreased for Clinton supporters. Although the election's effect on SWB eventually diminished, these findings are notable, given that SWB is considered relatively stable (Diener, Oishi, & Lucas, 2003).

The prevalence of stress response symptoms (e.g., worry and fear, sleep disturbance, feelings of helplessness and loss of control, low mood) to the election have led some to "medicalize" these reactions with labels such as "Trump Anxiety Disorder" (Panning, 2017) and "Post-election Stress Disorder" (Sweeton, 2016). While these labels represent a social phenomenon rather than an official clinical diagnosis, they do underscore a high level of distress across the nation. It should be noted, however, that impact of the election and political climate may be more complex and enduring for certain minority groups such as the LGBTQ community (Flaskerud, 2018; Gonzalez, Pulice-Farrow, & Galupo, 2018; Gonzalez, Ramirez, & Galupo, 2018), Muslims (Abu-Ras, Suárez, & Abu-Bader, 2018; Kteily & Bruneau, 2017), immigrants (Cerezo, 2016; Torres, Santiago, Walts, & Richards, 2018; Vasquez, Salgado, Ramirez, & Greenfield, 2018), and survivors of sexual assault (Grant, 2016; Raskin, 2018; Velez, 2018).

For the Latinx community, which was openly and directly targeted by presidential candidate Trump throughout his presidential campaign, this is especially true. Trump's attacks helped to create a challenging climate for the Latinx community with 60% of Latina/os reporting feeling afraid and 78% feeling angry during the 2016 election season (Barreto, Frasure-Yokley, Vargas, & Wong, 2018). In comparison, only 19% of Latina/os reported feeling hopeful during this time. After the election, Trump and his administration have continued to express anti-immigrant rhetoric and enact anti-Latinx policies (e.g., rescission of DACA, "zero-tolerance" policy). As such, estimates of dissatisfaction with the government and the direction of the nation are comparable to those during the Great Recession in the U.S. (December 2007-June 2009). Included in this dissatisfaction addressed by this article are fears about deportation, high unemployment and economic circumstances, and discrimination (Lopez, Gonzalez-Barrera, & Krogstad, 2018). Additionally, hate crimes against Latina/os increased significantly since 2017 across the nation, with rates as high as 52% in California (Abrams, 2018).

Despite the political hardships facing Latinx communities pre- and post-election, Latinx individuals have been found to possess strong ethnic pride (Lopez et al., 2018) and a "radical hope" which helps them to persevere (Cruz & Perez-Chavez, 2016), or, be resilient. Research suggests that Latinx and their communities demonstrate extraordinary resilience in the face of political adversities (Ifeagwazi, Chukwuorji, & Zacchaeus, 2015).

Resilience or the ability to make normal developmental achievements in spite of adverse social and environmental conditions (Garmezy, 1993; Rutter, 1987) has been studied relatively extensively in light of many different adversities. Although less is known about resilience in the face of political adversities, evidence of resilience in the aftermath of political conflict can be found throughout the scientific and professional literature. For example, studies have found psychological growth among Israeli Jews (Hall, Saltzman, Canetti, & Hobfoil, 2015), Palestinians (Aitcheson, Abu-Bader, Howell, Khalil, & Elbedour, 2017), and individuals from Northern

Ireland (Simms, 2015) exposed to ongoing political violence. Positive psychological changes were also found among Muslims living in U. S. after the September 11th attacks (Abu-Raiya, Pargament, & Mahoney, 2011; Abu-Ras, Senzai, & Laird, 2013).

While the results discussed thus far are illuminating, the impact of the 2016 U.S. presidential election on the Latinx communities is not fully understood nor is it clear how Latinxs' responses to the current political adversity have helped or hindered their ability to overcome such challenges. To better understand this large and growing sector of the U.S. population, research into what contributes to such perseverance is needed.

Methods

Researchers/Positionality

The first author is a cisgender female counseling psychology faculty member who identifies as Mixed Latina (Mexican) and European. The second author is a cisgender male, counseling psychology faculty member who identifies as a Latino immigrant. Subsequent authors are doctoral students in Counseling Psychology. They identify as, respectively, a cisgender, Filipina female, a cisgender Latina of Mexican descent, a cisgender Latina of Cuban descent, a cisgender male Caucasian, and a cisgender Mexican American male. All are working with Latinx communities and other minoritized racial/ethnic communities, and have been trained to work through a multicultural and social justice lens.

The researchers divided into two analysis teams that analyzed focus group interviews conducted in both English and Spanish language according to the preference of participants. Prior to beginning analysis, each team discussed their beliefs and experiences related to the 2016 presidential election, the Latinx population, and resilience. Several members identified as liberal Democrats and expressed initial shock and disappointment regarding the 2016 presidential election results. Members expressed feeling an indirect impact of the election on family, friends, and the community. Others expressed current and future worry about family and friends' immigration status. There was a general consensus that highlighting the voice of participants gives an opportunity for them to share their thoughts and feelings as well as provides information for assisting the local community through programming and resources.

Participants

Participants in this study were nineteen Latina/o self-identified community members (15 female, 4 male; 18 Mexican nationals or Mexican Americans and one Guatemalan), who ranged in age from 18 to 81, $\chi = 51.10$. Sixteen participants identified as first-generation (born outside the U.S.), two participants identified as second-generation (born in the U.S., parents born in another country), and one participant identified as third-generation (participant and participant's parents were born in the U.S., one of the participant's grandparents was born in another country). Participants were recruited via purposive sampling through social media outlets, local flyers, snowball technique, and community contacts familiar with Latinx community organizations and individuals on the West Coast. Criteria for participation included self-identification as Latina/o/x, having opinions, beliefs, and reactions about the 2016 presidential election and the desire to express them, and being 18 years of age or older.

Procedures

Interested respondents meeting criteria were invited to complete a demographic questionnaire and participate in a semi-structured focus group with other community members. In some instances, participants were members of pre-existing groups (e.g., community center breakfast group). Four focus groups were conducted, ranging in size from two to nine participants. Upon arriving for the focus group, the study was explained, and participants signed a consent form which outlined the limits of confidentiality and asked for permission to audio record the focus group (all consented). The focus groups ranged from approximately one hour to one

hour and a half in length, beginning with the initial set of semi-structured questions, but also allowing for any related topics or questions to arise as part of an inductive study approach (Creswell & Poth, 2018). The focus groups were conducted in English or Spanish at the preference of the participants and occurred between March and June of 2017. In most cases, one researcher led the group, while one or two other researchers attended to the tape recorder and took written notes of content and observations. This study received institutional review board approval.

Instruments

Semi-structured Interview protocol. The interview protocol included questions about reactions to the 2016 presidential election results and government, ways in which participants dealt with their feelings about the election results and government, and plans on dealing with election results and the new administration. The researchers transcribed the focus group protocols verbatim (see Appendix 1).

Research Paradigm

The research paradigm in this study is based on both social constructivist and postpositivist perspectives (Boyatzis, 1998). Social constructivism aims to understand participants' subjective experiences, asserts that there are multiple realities shaped by our contextualized experiences, and affirms that meaning is co-constructed through researcher-participant interactions (Creswell & Poth, 2018). Similarly, in practice, postpositivism assumes multiple perspectives shared by participants, yet follows logical and rigorous procedures during data collection and analysis to minimize bias (Creswell & Poth, 2018). This paradigmatic framework was selected to create a platform for participant voices and perspectives to emerge and inform the findings (Boyatzis, 1998). A grounded theory method was selected to move beyond description and provide a unified theoretical explanation of how participants in this study have experienced a period of time after the 2016 presidential election (Creswell & Poth, 2018). Specifically, the data were analyzed using Boyatzis' Thematic Analysis, a hybridized grounded theory approach which provides a thick, rich description of participant responses by identifying, analyzing, and reporting patterns that emerge within the data (Boyatzis, 1998).

Data Analysis

The researchers divided into English and Spanish analysis teams to code and discuss interview data in its original language, as per suggestions of international researchers who have worked with multilingual data (Smith, Chen, & Liu, 2008). Data remained in its original language throughout the analysis process and was translated only internally as the team discussed a final coding scheme.

During the analysis phase, the team first discussed preconceived notions related to the current presidency and political climate, Latinx populations within this context, and any other relevant perspectives. Researchers within both teams each independently reviewed the transcripts and noted significant statements and themes, then came together to come to a consensus on the coding of the data. The lead author served as an internal auditor and was present during analysis team discussions to help prevent groupthink by analysis team members, and to promote adherence to the data, thus deriving codes and themes strictly "grounded" in data (Creswell & Poth, 2018, p. 82). Finally, all researchers involved in this study (including members of both analysis teams) met routinely to discuss and create one, consolidated coding scheme consisting of separate identifiable and distinct, but broad and overarching themes, subthemes, and tertiary categories encompassing the attitudes, beliefs, reactions, and ways of dealing or coping with times of political change and adversity for these participants, as per Boyatzis' Thematic Analysis (1998). The language used by participants was retained where possible. In some cases, participants in both English and Spanish groups said the same thing; therefore themes titles are bilingual.

The coding scheme was then audited by the two lead authors, who served as external auditors and have each worked for many years in multicultural issues with Latinx populations, and in qualitative inquiry. These

external auditors ensured raw data was logically reflected in the coding scheme and provided feedback to the researchers at all stages of the data analysis, which were discussed and incorporated as necessary.

Results

Data from participants were analyzed and organized into three broad categories, then the overarching categories were divided into subcategories, and even further separated into tertiary categories as necessary for the purpose of constructing meaning and representing the depth of the input offered. The first broad category was labeled Perspectives on Outcome of the 2016 Presidential Election and defined as “the attitudes and points of view about the 2016 election,” which included the subcategories of Aversion to President Trump and Negativism Surrounding Socio-Political Environment. The second broad category was labeled Observed Impacts of the Presidential Election Results and defined as “specific ways in which the results of the 2016 election have impacted the participants or the community, as experienced by participants.” Subcategories identified for this broad theme included Negative Emotions and Systemic Changes. The third broad category was labeled Ways of Dealing with the results of the 2016 Presidential Election and defined as “the various approaches employed by participants in response to the 2016 presidential election results;” subcategories included Personal Methods and Action (see Table 1 for an overview of all themes, categories, and subcategories). Definitions and descriptions of the subcategories, as well as significant quotes from the participants in the focus groups for each of the tertiary categories, are presented next. All quotes are presented in their original language.

Table 1. Coding Scheme of Categories, Subcategories, and Tertiary Categories

Categories	Subcategories	Tertiary categories
1. Perspectives on the Outcome of the 2016 Presidential Election	A. Aversion to President Trump	1. <i>Negative Personal Characteristics</i> 2. <i>“Not my president/No es mi presidente”</i>
	B. Negativism Surrounding Socio-Political Environment	1. <i>Regression of Government</i> 2. <i>Increased Sense of Hostility and Heightened Discrimination</i>
2. Observed Impacts of the Election Results	A. Negative Emotions	1. <i>Personal Emotional Responses</i> 2. <i>Pity for other people/Lástima por otra gente</i>
	B. Systemic Changes	1. <i>Schools</i> 2. <i>Immigration/Inmigración</i>
3. Ways of Dealing with the results of the 2016 Presidential Election	A. Personal Methods	1. <i>Spirituality/Espiritualidad</i> 2. <i>Persistence</i> 3. <i>Hope</i> 4. <i>Disconnecting</i>
	B. Action	1. <i>Building Community</i> 2. <i>Proceed with Caution</i>

1. Perspectives on the Outcome of the 2016 Presidential Election

1 A. Aversion to President Trump. This subcategory was characterized by dissatisfied thoughts and opinions about President Trump's personal characteristics, skills, and behavior. It consisted of two tertiary categories.

The first tertiary category, 1 A 1, was labeled Negative Personal Characteristics. Several participants expressed critical views of President Trump's traits or qualities, criticism, and doubt about his eligibility and ways of being, demeanor, or competence. Representative quotes by participants include: "Tiene una manera de expresarse tan fea y tan grosera que cada vez que él habla me parte el alma, me duele el estómago, me da un dolor de cabeza. Su manera de hablar me afecta a mi físicamente..." [He has such a rude and ugly way of expressing himself that every time he talks it breaks my soul, my stomach hurts, I get a headache. His way of talking affects me physically...] and, "I just see him as a very divisive president in all ways, shapes, and forms... and it's frustrating for me to see a man who is a misogynist, who is a racist, who like wants to oppress us, you know, and women just in general." Another participant, mixing English and Spanish, stated:

Y yo pienso que no he dormido bien desde ese día. Ha habido muchos presidentes y gobernadores que uno no esta de acuerdo con ellos, eso no es nada nuevo pero este hombre trae... 'guacala'... [and I think that I haven't slept well since that day. There have been many presidents and governments that one does not agree with, that is nothing new, but this man has something like... Disgusting!] Cuando el habla yo siento así como ugh, [When he talks I feel like ugh] I think I'm gonna throw up a little bit... como que da asco... [he is just gross...].

The second tertiary category, 1 A 2. Not my president/*no es mi presidente*, involved a perceived lack of representation by, or identification with Trump by some participants. Representative quotes include: "Que están subsistiendo separados injustamente por este señor que, perdóneme Dios, pero no lo puedo ver como presidente." [They are surviving separately unjustly due to this mister, who, forgive me God, but I can't see him as president]. Another participant stated, "I don't think that he represents my family and the community that I belong to." Yet another indicated, "Trump is not my president. He does not represent me and my generation."

1 B. Negativism surrounding socio-political environment. This second subcategory within the broad category of Perspectives on the Outcome of the 2016 Presidential Election included negative comments about the current socio-political climate and a heightened sense of hostility, prejudice, and overt discrimination. This subcategory encompassed two tertiary categories. The first tertiary category, 1 B 1, Regression of Government, involved perception of the government as taking a step backward in political, social, and economic progress. Representative quotes by participants included: "Yo no siento que estamos en democracia, no siento que somos seres libres. Yo no siento que las cosas han mejorado... Vivimos en una cultura de miedo, de terror, desde hace muchísimo tiempo." [I do not feel like we live in a democracy, I don't feel like we are free beings. I do not feel like things have improved...we live in a culture of fear, of terror, and have been for a long time now]. Another participant stated, "... mentalmente es demasiado, ya estamos viviendo tiempos muy difíciles no estamos mejorando como sociedad, ni en lo económico ni en nada. Creo que ahora, emocionalmente ahora, la salud mental está a punto de reventar." [... mentally it's a lot, we are living through very difficult times and we are not improving as a society, not economically or anything. I believe now, emotionally now, mental health is about to explode]. Yet another participant stated, "...Están empeorando las cosas. Se están llevando cantidades grandísimas de nuestro dinero... yo me siento así como que tú creaste el problema, tú nos das la solución..." [... They are making things worse. They are taking large quantities of our money...I feel like you created the problem, you give us the solution...]. Another participant succinctly concluded, "I feel like we're going backwards."

The second tertiary category, 1 B 2, Increased Sense of Hostility and Heightened Discrimination, involved an apparent change in increased tolerance of negative thoughts/actions towards marginalized groups, more

permission for discrimination, and a growing awareness of aggression towards Latinx community members. Representative quotes by participants include: “Porque esto está creando... este tipo de situaciones donde ahora es evidente que existe, que ha estado ahí, pero ahora con el apoyo de él, pues como que es el último ingrediente para que todo reviente.” [majority of group members nodded head in agreement] [Because this is creating... this type of situation where it's evident that it exists, it has been there, but now with his support, well it's like it was the last ingredient needed for everything to burst.]. Another participant stated, “I have felt through family members, through friends increased prejudice and things that have come back to the surface ...” “Unos peleándose con otros... creando una ola de discriminación.” [Some fighting against others...creating a wave of discrimination.]. Several participants indicated feelings of being attacked either personally or the observation of it within their larger community. Participants stated the following, “¿Por qué atacan a las personas? ¿Por qué? ¿Por qué tiene tanto poder un grupo de personas?” [Why do they attack people? Why? Why does one group of people have so much power?] “El racismo lo hemos visto siempre y siempre va a haber, pero ahora explotó...” [We have always seen racism, and there will always be racism, but now it exploded...] Finally, “As a woman of color, I feel like as a woman he's attacking me, as a person of color he's attacking me, as a young, you know, middle-aged working mom he's attacking me...”

2. Observed Impacts of the Election Results

2 A. Negative emotions. This first subcategory involved instances where participants expressed their heightened anxiety, guilt, fear, pain, and shock. This subcategory consisted of two tertiary categories.

The first tertiary category, *2 A 1, Personal Emotional Responses*, encompassed negative emotions personally experienced at an individual level. Representative quotes by participants included: “Yo, en lo personal de verdad que ahorita estoy a ciegas porque desde que inició la administración este señor hubo reacciones todos los días de sorpresa. Y mucha ansiedad, con mucho estrés.” [Personally, since he started the administration I am blind right now because there were daily reactions out of nowhere. Lots of anxiety, with a lot of stress.] “Cuando amanecí en la mañana como que se me fue la respiración y fue un día, ugh, de muy baja energía como una depresión muy fuerte.” [When I woke up in the morning, I felt like I could not breathe and it was, ugh, a low energy day, it was like a deep depression.]. Another participant stated, “Para mi cada elección, a veces es menos, esta vez fue mas fuerte, creo que al otro día de la elección se podía sentir afuera el clima diferente como muy silencioso. Yo decía, oh, que será, pero era todo lo que estaba pasando...” [For me every election, sometimes it's less, but this time was a lot stronger, I believe that the day of the election one could feel the climate outside was different like very silent. I would ask myself, what could it be, but it was everything that was happening...].

The second tertiary category *2 A 2, Pity for Other People/Lástima por otra gente* involved feelings of sadness and sympathy for individuals directly impacted by the new administration, proposed laws and perceived an increase in deportations. Representative quotes by participants include: “Sí mire, bueno a mí no me afectó con mis hijos gracias a Dios, pero sí lo estoy mirando con los vecinos donde vivo con mi tío. Está una pareja, yo no sé cuánto tiempo tienen aquí...” [Look, well, it did not affect me with my children thanks to God, but I am seeing the effect on my neighbors where I live with my uncle. There is a couple, I do not know how much time they have been here...]. “A mí no me afecta porque mis hijos son nacidos aquí, pero me pongo en los zapatos de otra persona y digo... padre santo... ayuda a la próxima generación que son los niños. Que están subsistiendo separados injustamente por este señor.” [It did not affect me because my children were born here, but I put myself in other people's shoes and think...Holy Father...help the next generation that are the kids. They are surviving separated unjustly because of this man.]. “Yo no tengo que temer porque yo soy ciudadana americana, pero me da mucha lástima por los niños, que están separando a las familias.” [I don't have be fearful because I am an American citizen, but I feel bad for the children, I feel bad that they are separating families.]. Another participant stated:

Mi mamá cuando yo era joven, no tenía documentos so esto era un miedo para nosotros y yo pienso

que parte de mi frustración ahorita es porque estoy reviviendo los temores que yo tuve en mi niñez...afortunadamente nunca se la llevaron y no pasó nada, pero ese golpe, ese dolor, ese trauma, ese miedo lo viví, aunque ella no fue deportada nunca... Yo siento dolor pensando en cuantos niños están viviendo ese mismo temor. [When I was young, my mom did not have documents so that was scary for us and I think that part of my frustration right now is because I am reliving the fears I had when I was young... fortunately they never took her and nothing happened, but even though she was never deported I lived that punch, that pain, that trauma, that fear. I feel pain when I think about how many children are living that same fear].

Yet another participant stated:

At family, or at home it's been the same but it's more like what happens if something does happen. Like what if there's a mess up and he takes away one of my parents right? I'm 18 now so I can legally- so if they were to leave I'd be in charge of the money but I know for a fact that I'm not ready to be in a position of taking money or working to support my younger brothers who are still in high school or in junior high. So, I don't know. Yeah, it's scary to think about what could happen if he was to take out all the immigrants that he claims he would.

2 B. Systemic changes. The second subcategory within the broad category of Observed Impacts of the Election Results, included real and anticipated changes in participants' social ecologies. This subcategory involved two tertiary categories.

The first tertiary category, *2 B 1, Schools*, captured a concern about a possible decrease in educational funding and resources. One participant stated:

Mis hijas veo la frustración de ellas que me dicen ma todos los cambios que han hecho y también les ha perjudicado a ellas en lo que es lo de las escuelas... porque tenían como mas ayuda y también ahora se los cortaron también y me dijo mi hija ma y que vamos a hacer, y le digo pues tenemos que esperar que pase los cuatro años. Pero en cuatro años cuantas cosas pueden pasar y si veo la frustración de ellas también y de otras personas con los que he platicado que ven la diferencia de todos los cambios y recortes. [I see the frustration in my daughters where they tell me of all the changes they have done and that have harmed them with regards to school... because they had more help but now they've cut those resources too and my daughter told me, mom what are we going to do, and I tell her well, that we have to wait till the four years pass. But in four years many things can happen, and I see the frustration in them and in other people who I talk with that see the difference that the changes and cuts make.].

Another participant stated:

I've been very active in my kids' schools, and I believe in public education. And when you talk about taking funding away, you're taking away that from my kids' schools, and it's going to impact what you know provided for them. And I don't think that's okay. So, it's a direct impact, and not everyone sees the public policy, and you know politics as it directly impacts you.

The second tertiary category, *2 B 2, Immigration/Inmigración*, involved concerns about the increase in deportations, detainment, and anti-immigration policies. One participant stated:

El estar ahí en la oficina todos los días oyendo 'mi esposo ha sido detenido, inmigración lo tiene. ¿Qué puedo hacer con mis hijos? El es el único que trabajaba. Tengo miedo salir por mis hijos, ¿cómo voy ahora seguir adelante sin el sustento de mi esposo?' [To be there in the office every day hearing 'my husband has been detained, immigration has him. What can I do with my children? He is the only one

who was working. I am scared to go out for my children, how am I going to move forward without the support of my husband?'].

Another participant stated:

Mi hijo acaba de ser detenido porque estaba manejando... Estaba manejando y la policía le pidió los documentos, y pues como él no pudo presentarlos lo detuvieron y ahora se lo dieron a inmigración, ¿qué puedo hacer yo? [My son has just been detained because he was driving... He was driving, and the police asked him for his documentation, and well because he could not provide them they detained him and now they sent him to immigration. What can I do?].

3. Ways of Dealing with the Election Results

3 A. Personal Methods. This first subcategory was characterized by individual resources used to sustain and enhance one's well-being following the election. This subcategory was specified further into four tertiary categories.

The first tertiary category, 3 A 1, *Spirituality/Espiritualidad*, involved using, seeking, or looking to a higher power for hope, peace, and comfort. Representative quotes by participants include: "Pues mire, le doy gracias a Dios, que Dios es el que me da la fuerza y la fortaleza cada día." [Well look, I give thanks to God, God gives me the strength and fortitude every day.]. "Pero esperemos que Dios le toque su corazón a ese hombre (referring to President Trump)" [But let us hope that God touches that man's heart]. "Yo siempre he pensado que orar mucho por la persona, orar por la persona. No podemos pedir mal a nadie. No podemos, no debemos pedirle mal al mal. Eso seria, seria ir en contra de lo corriente..." [I have always thought that praying for the person, pray for the person. We can't wish bad to anyone. We can't, we shouldn't wish for bad to the bad. That would be to go against the ordinary].

The second tertiary category, 3 A 2, *Persistence*, involved the will to keep living in spite of current national conditions and challenges. Representative quotes by participants include: "Mi plan es seguir, somos muy fuertes en general, somos una comunidad muy fuerte, muy trabajadora e inteligente. Muchas personas tenemos carreras profesionales mas no podemos ejercerlas. Pero mi plan es, pues seguir viviendo." [My plan is to continue, we are strong in general, we are a very strong community, hardworking and smart. Many of us have professional careers but we can't practice them. But my plan is, well, go on living.]. "Seguimos en la lucha... Obedecemos las leyes que, aunque las leyes a veces están en contra de nosotros... Pero seguir, seguir portándonos bien. Salir adelante, seguir contribuyendo al país que construimos por mucho." [We continue the fight... We abide the laws despite laws sometimes being against us... But continue, continue behaving well. Move forward, continue contributing to the country that we've constructed by a lot.].

The third tertiary category, 3 A 3, *Hope*, involved the belief that things will change and get better. Representative quotes by participants include: "... if he goes down, we go down with him. So, we just have to put up with him and hope for the best. I can't always be scared, that's my takeaway. Yeah, you got to be worried but don't do it to the point where you're scared, and you don't know what to do, and it dominates your life." "And I said one of the main things that I truly believe in no matter if Trump's president or if somebody else or you know the tide, the political tide always comes and goes, and things change."

The fourth tertiary category, 3 A 4, *Disconnecting*, involved actions that participants engaged in to avoid the political atmosphere. Representative quotes by participants include: "Yo trato de ignorarlas, como que yo no miro las cosas, no las escucho para que no me afecte tanto." [I try to ignore them, I act as if I don't see the things, I don't listen to them so that it doesn't affect me so much.]. "No miro televisión, no miro noticias." [I don't watch television, I don't watch the news.]. "Turning off the news, turning off the social media, taking a break from things..."

3 B. Action. This second subcategory, that has the pursuit of social justice at its core, encompassed decisions and behaviors made to help oneself and one's community. This subcategory was further specified into two tertiary categories.

The first tertiary category, 3 A 1, Building Community, involved working together to take social justice steps towards finding solutions for issues affecting participants' communities. Representative quotes by participants include: "Creo que el trabajar para educar a nuestros niños es lo único que podemos hacer para que ellos en el futuro ese trauma que ahora lo están viviendo quizá no lo olviden pero que puedan valorar y lo puedan voltear a algo positivo." [I believe that the only thing we can do is work to educate our children so in the future the trauma that they are living now they might not forget it but perhaps value or be able to turn it into something positive.]. Another participant stated: "Mi hija me dijo, mom puse en FB 'en tal lugar esta la migración'... y ya todos le mandaron a decir oh gracias por decirnos donde van a estar..." [My daughter told me, Mom I put on Facebook that 'immigration is at such place'... and everyone sends her a thank you for telling them where they are going to be.]. Yet another participant shared: "I've actually started to become more active with some advocacy groups ... I'm reading more, I'm you know supporting and becoming more of an ally." And another: "If I don't participate in the march is there another way I can contribute ... like always trying to find a way to be involved in the community again." Another: "I feel like people who are joining advocacy groups or trying to give back to their community by doing volunteer work that's growing, that's nourishing, that's flourishing and creating positive energy." And finally: "For me, as a mom of four kids I think it's really important that I role model and the adults in the community role model that we won't tolerate going backward."

The second tertiary category, 3 B 2, Proceed With Caution, involved participants' alertness or carefulness in moving forward in situations perceived as dangerous. A participant stated:

Mi hijo, tiene una condición, él es especial y he trabajado tanto con él para hacerlo un niño normal. Para él es traumático vivir sin mamá, porque él sabe que necesita de alguien que esté siempre con él. Y él me decía y yo ¿qué voy a hacer si tú te vas? ¿Qué vamos a hacer? 'Tenemos que hacer el plan para que el disability que alguien esté junto a mí', y tengo que decirle, no tú eres una persona completamente normal, vas a salir adelante tú solo. O sea, es bien traumático porque como que para él su futuro ya no está encaminado en el mismo sendero que llevábamos. [My son has a condition, he is special education and I have worked a lot with him to make him normal. For him it is traumatic to live without Mom because he knows that he needs help from someone, someone who is with him at all times. He would tell me, what am I going to do if you leave? What are we going to do? 'We have to create a plan so that disability can provide someone to be with me' and I have to tell him, no you are a completely normal person, you will move ahead on your own. It's very traumatic because his life path is not the same as we had planned it.].

Another participant stated:

Yo oí que era una familia y a la, creo que a la mamá, le cortaron la mica, y no la dejaron entrar. Entonces yo estaba pensando el otro día, dije okey, yo soy ciudadana no voy a cargar unos papeles pero, sí se me ocurrió sacar una copia de mi pasaporte y traerla conmigo. Porque, si me para la policía... [I heard that there was a family and I believe the Mom, they cut her *mica* (Legal Permanent Resident Card) and they didn't let her enter the country. So, I started thinking the other day, ok, I am a citizen, I won't carry my papers, but it did occur to me to make a copy of my passport and carry it with me because if the police stop me...].

Another participant stated:

Yo ahora mismo, antes ni siquiera la había visto, mi residencia la tarjeta siempre estaba guardada, y

ahora la cargo en mi cartera todos los días. O sea, que si pierdo la cartera pierdo mi residencia pierdo todo. Pero yo la traigo en mi cartera y le estoy regañando a mi esposo. ‘Llévate tu mica, tráela en tu cartera, ¿qué tal si te agarran en por donde andes trabajando y te avientan para afuera?’ Y yo estoy diciéndole así, y ahora yo la traigo siempre en mi cartera por miedo, porque digo, no sé si me van a parar en alguna parte o me va a tocar. Eso es lo que me ha hecho el miedo a mí. [I, right now, I hadn’t even looked at it before, my residency card was always put away, and now I carry it in my wallet every day. So, if I lose my wallet, I lose my residency, I lose everything. But I carry it in my purse and I have been scolding my husband, ‘Take your green card, carry it in your wallet, what if they get you where you are working, and they deport you?’ And I keep telling him like that, and now I carry it in my wallet because of fear, because I say I don’t know if they are going to stop me somewhere or it is going to be my turn. That is what fear has made to me.]

Discussion

The current study sought to honor the voices of Latinx community members in a West Coast U.S. town in reaction to the 2016 presidential election. This study makes a significant social justice contribution in that it is one of the first studies to create a research platform for voices of our community members who would otherwise be unheard. The study also highlights the types of social justice action efforts that can be implemented by community members to improve existing contextual challenges. Importantly, these community members were among those who stood to lose the most, given immigration reform and threatened restrictions. It is important to note that this study was a “snapshot in time” in that many other events have occurred on the world stage since these focus groups. However, the intent was to capture the psychological responses and ways of coping being used in the first months after the election. The use of focus groups as a data collection method allowed for more casual conversations to take place among community members while shifting the focus away from the researchers (Wilkinson, 1999). Moreover, the use of a novel two-team approach, one in Spanish and one in English, and then coming together with both for one final coding scheme, captured and represented the complexities of the Latinx American identity – part Latinx, part U.S. culture, and at times, part Spanish, and part English.

Another contribution of this study includes documenting the experiences of some members of the Latinx community. Researchers were careful to frame questions in a non-leading manner, and at no time indicated a satisfaction or disappointment with the election results themselves. Despite this, all participants discussed adversities related to the election results, and no one discussed any positive outcomes. Discussions ranged from fears to physical difficulties, and all appeared to be struggling to cope with these reactions on a daily basis. This occurrence at such a level warrants the attention of educators and helping professionals.

Despite such adversities and detailed descriptions of negative reactions, most participants in the study discussed having hope for the future and devising social-justice focused approaches to deal with their current negative feelings and emotions. This ability to overcome adversity or resilience, is notable as well. Many individuals discussed persistence, which may be related to the Mexican American cultural value of *aguantar* (to persevere no matter what) (Morgan Consoli, Cabrera, Llamas, Noriega, & Gonzalez, 2014). There was also a sense of persistence for their families and communities, drawing on a history of community strength and *familismo* (family first, Losada et al., 2010). Such values seemed inherent in the descriptions of facing adversity. Some participants described going even further and taking action, educating others, and doing community service. While the adversities experienced should in no way be minimized by this display of resilience afterward, it was notable that most participants viewed the hardship as a catalyst for perseverance and service in seeking social justice. This sense of community and its sustaining qualities has been explicated in other literature which

suggests that the strength of bonding among community members and a willingness to accept and help others may assist in the healing process after adverse situations (Ramos, Suarez, Leon, & Trinidad, 2017; Schultz et al., 2016). For these participants, it seems that the role of connection to their community created a sense of unity and responsibility to speak on their experiences as well as a desire to take action.

The spur to action may be similar to the process of conscientization, a Freirian concept in which people who experience oppression come to realize their own conditions and work to take action to change society (Freire, 1973, 1993). Often, experiencing adversities serves as a catalyst for the development of such critical consciousness (Quintana & Segura-Herrera, 2003). Therefore, for many of the participants who spoke of how the election caused them to engage in more community action and service, a process of social-justice awareness and action may have been ignited, and such a process may contribute to overcoming the adversity. Such a finding is important from a social justice perspective, in that increased critical consciousness by more people is more likely to lead to political change. The injustice, however, is that people must experience this in the first place.

Limitations/Future Directions

While this study makes several contributions to the extant literature in this field, it does so with limitations. As noted above, this study captures feelings in the months immediately after the 2016 presidential election. Much has happened since that time, which has impacted the Latinx community even more greatly. In the future, a longitudinal study might be helpful as fully understanding this type of adversity and resilience entails a process rather than only a point in time. Additionally, while beneficial in many ways, the design and analysis process of two analysis teams and two languages was not without challenges. For example, when the teams came together to combine the coding into one coding scheme, they often had to determine whether the sentiment was expressed more in Spanish or in English. Additionally, it was a challenge to combine a vast amount of data from two different teams into one synthesized coding scheme.

Lessons Learned

As with any research that involves community participants, the necessity for trust, and a good relationship had to be established. In particular, given the inherently political nature of the topic and the fear around the deportation of the times, trust became vital. The relationship with the community contacts, as trusted members of the community and including one who became a participant herself, helped us to overcome the initial difficulties. Beyond this, we attempted to create a comfortable and informal atmosphere, providing food, holding some of the meetings in the living room of a home or at a meeting room of a community center, to help put participants at ease. However, even with community contacts, some participants voiced concern about expressing views and opinions to the researchers. This issue of trust has often been a challenge in conducting community research (Jagosh et al., 2015). Future studies might consider further ways to help address this often-present concern so as to increase participants' level of comfort.

Another lesson learned is that conducting focus groups in the language of the participants' choice, and then continuing to analyze and code in the language of the interview, was extremely beneficial to the richness and completeness of our findings. While logistically challenging at times, the themes brought forth from the Spanish groups and the themes brought forth from the English groups differed slightly. It is beyond the scope of this article to address these differences. However, it was clear that different perspectives were being consolidated into the final coding scheme from the different groups. In other words, had all focus groups been conducted and analyzed in only one language, a sizable breadth of data would have been lost and may have even misrepresented what some of the participants intended to convey.

Finally, as with all community-based research, flexibility was key. At times groups were formed and then canceled due to schedule conflicts by participants, more or fewer participants showed up than anticipated, or

participants came to a group that was not in their preferred language. In all of these instances, researchers needed to decide at the moment how to best handle the situation, and the value of genuinely representing community voices had to be weighed against more traditional and strict “best practices” of research. As an example, when both Spanish and English preference participants showed up for an expected Spanish focus group, researchers decided at the moment to split into two different groups, though smaller than anticipated, rather than not hear the voices of those participants or reschedule.

Implications

Several implications can also be drawn from this study. The study represents the specific psychological effects of changes in government and the increasing polarization in the U.S., through the lived experiences of some of its marginalized members. By providing a humanized “snapshot” of what some members of the Latinx community have gone through in regard to the 2016 presidential election, we are better able to envision the best means of providing support. Through using a strengths-based lens, perhaps, more importantly, we are able to highlight the immense fortitude of many of our Latinx community members. Specifically, counselors and psychologists working with Latinx clients who are suffering from current climate issues, being careful not to minimize the reality of the barriers, can be aware of and focus on the strengths of the person and community. Through a liberation psychology lens (Martin-Baro, 1983), it is our responsibility as more privileged society members to bear witness to and accompany those less-privileged, and to attempt to educate, elucidate and right wrongs when we can; particularly, given the current WHMP being highlighted in our nation today. As psychologists and counselors committed to social justice, the current study gives us the information we can use to engage in this commitment.

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Appendix 1. Post-election Reactions and Coping Among Latinxs: Focus Group Protocol English and Spanish

Thank you very much for agreeing to participate today. We will have an approximately one-hour conversation in which I will ask you some questions about your feelings and thoughts regarding the results of the recent national election and the new government. The purpose of this focus group is to understand your reactions to and ways of coping with post-election.

Interview Questions

1. What are your main thoughts and feelings about the recent political election and the new government? (prompts) Do you have any fears? Are there things you are happy about?
2. How have you and/or your family been coping with your feelings about the election results and the new government?
3. What do you plan to do in the future to cope with your feelings about the government and election? How will you be able to get past any concerns you have?

At the end: Thank you very much for sharing your time and your views.

Spanish

Muchas gracias por participar en el estudio. Estaremos conversando por una hora, aproximadamente. Les estaremos preguntando sobre sus perspectivas y reacciones, sus emociones y pensamientos relacionados con los resultados de las elecciones nacionales y el nuevo gobierno nacional. Nuevamente, el propósito de nuestra reunión es conocer sus reacciones y las diferentes maneras en las que sobrellevan sus reacciones, pensamientos y emociones.

Preguntas

1. Cuáles son sus principales perspectivas y reacciones, sus sentimientos y pensamientos sobre los resultados de las elecciones y el nuevo gobierno nacional? ¿Tienen algún miedo en particular? ¿Están contentxs?
 2. Les invitamos a compartir las maneras en las cuales tanto Uds. como sus familias le están haciendo frente o sobrellevando sus reacciones, sentimientos y pensamientos con respecto a los resultados de las elecciones y el nuevo gobierno nacional.
 3. ¿Qué planes tienen Uds. para lidiar con sus reacciones, sentimientos y pensamientos en el futuro (sentimientos y pensamientos relacionados con los resultados de las elecciones y el nuevo gobierno nacional) ¿Cómo superarán sus preocupaciones?
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Humanity in Homelessness: A Social Justice Consultation Course for Counseling Psychology Students

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Abstract

Students in counseling psychology have cited a desire for more opportunities to engage in social justice within their programs. Pressing national issues, such as homelessness, offer an opportunity to use transferrable psychology skills, such as consultation, to address and prevent systemic oppression, while affording students necessary training. This paper describes a doctoral level counseling psychology course on social justice consultation and evaluation. The students and faculty undertook a consultation project with the city's Office of Homelessness Prevention and Intervention (OHPI), where they applied a strengths-based social justice consultation model to the goal of providing recommendations to prevent homelessness. First, we set the context for homelessness in Lexington, Kentucky. We then outline the course's social justice consultation process and preparation/presentation of a formal report for OHPI officials, including successful outcomes from the consultation. Finally, we discuss lessons learned from the consultation project and recommendations for students and faculty who plan to implement social justice consultation into their graduate programs.

Keywords: Social Justice; Homelessness; Training; Counseling Psychology

Introduction

According to the 2018 LexCount (point in time count of homeless people on a given night in January) for the city of Lexington, Kentucky, there were 685 homeless people in our city of 321,959 (Kentucky Housing Corporation, 2018). That figure declined from 1,051 homeless people in 2017 (Lexington-Fayette Urban County Government, 2018). More personally, a homeless Black man named Teddy* reportedly froze to death in my (first author's) neighborhood between these two counts. We knew each other because my husband and I purchased an abandoned home in a mixed-income neighborhood, and Teddy often lent a hand in our renovation process. He offered what help he could for a few dollars, and at night, he slept in the unfinished \$400k townhomes being built in return for serving as a watch guard for the construction company. Teddy froze to death during the frigid winter in 2017, and his story is not unique among homeless people. His death became a catalyst to engage in social justice in Lexington related to humanity in homelessness through the 2018 Social Justice Consultation and Evaluation course I was scheduled to teach.

Counseling psychologists define social justice work as “scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination” (Goodman et al., 2004, p. 795). One potential avenue for social justice may be through consultation and evaluation (Romney, 2008; Sue, 2008), or the process of engaging with agencies to address social justice issues at the systemic level. Psychologists have traditionally been tasked with helping individuals cope with effects of social inequality, such as poverty, but failing to address and prevent the root of these inequities has been a flaw in our training (Thrift & Sugarman, 2018).

This paper describes a doctoral level course on the intersection of consultation and social justice, particularly in working to prevent homelessness in Lexington. The authors describe existing literature on social justice training, with a focus on consultation work. We then briefly discuss homelessness in Lexington and the primary goals of the course's social justice consultation project. Next, we outline the process of data collection and preparation of a formal report for Lexington's Office of Homelessness Prevention and Intervention (OHPI). Finally, we discuss lessons learned from the consultation project and recommendations for students and faculty who plan to implement social justice consultation into their graduate programs.

Social Justice Training

Social justice training involves preparing trainees with the knowledge and skills to implement systemic change toward the goal of dismantling systemic oppression. Counseling psychology has explicitly espoused social justice as a value for over a decade (Packard, 2009); however, trainees in counseling psychology assert that our programs fall short of acting on this expressed value (Beer, Spanierman, Greene, & Todd, 2012; Singh, Merchant, Skudrzyk, & Ingene, 2012). In Vera and Speight's (2003) call for the implementation of social justice multicultural work and Helms' (2003) critique of their call, the overarching invitation was to work on systemic change in addition to the individual level interventions in which most counseling psychologists are trained. Thus, when students ask faculty how to reduce or eliminate oppression and injustice, it serves as a call to action for faculty and supervisors to provide training opportunities to implement social justice interventions at the systemic level.

Social Justice Training in Counseling Psychology

Social justice training research has documented some of our field's repertoire of possible activities to provide students with social justice knowledge and skills (Flores et al., 2014; Koch & Juntunen, 2014; White et al., 2018); however, the literature presents them in isolation, rather than comparing and contrasting the value

of various training options. Although this small body of literature offers evaluation of various course activities with valuable lessons learned, the direction in which our field is going is less clear.

Social justice training projects include everything from writing proposals for social justice projects to engaging in social justice service learning to consultation projects (Koch & Juntunen, 2014). Whereas proposals and written assignments may serve as a catalyst for later engagement in social justice action (Storms, 2012), actual participation in social justice service learning and/or consultation develops the skills (Flores et al., 2014; Toperek & Worthington, 2014). White et al. (2018) described the use of the intergroup dialogue model to develop social justice advocacy competencies among counseling psychology doctoral students. The doctoral students facilitated intergroup dialogue groups with undergraduate students under faculty supervision. The facilitation process reportedly increased the counseling psychology students' awareness of their experiences with oppression and placement within social systems. Participants also reported a renewed sense of interest in social justice work. Whereas this project sought to use social justice training to improve the university climate, other projects have an external focus, engaging the community outside of the academy.

Flores et al. (2014) presented a social justice consultation project in partnership with the Educational Justice Project. Through their description of this project, they shared consultation activities, student outcomes, and a social justice consultation model for guiding graduate training. Students reported developing the ability to identify better their privilege, systemic inequalities, and the skills of engaging in social justice work. The Flores et al. (2014) and White et al. (2018) projects highlight the differences between the types of social justice training students may receive and the outcomes related to their programs. We argue that these applied social justice consultation approaches are ideal for counseling psychology programs who wish to actively engage the endorsed value of social justice, thus this course was designed to train students and provide the aforementioned benefits.

Programs also note challenges with integrating social justice training into an already packed curriculum. Students may have social justice content in certain classes, such as multicultural psychology, but faculty may struggle to apply social justice to courses such as research methods or neuropsychology (Motulsky, Gere, Saleem, & Trantham, 2014). This often results from the faculty's lack of social justice knowledge and skills, as well as resistance to change in curriculum. Faculty at Lesley University discussed how they established a program-wide commitment to embed social justice in every course, which occasionally included "stepping out" assignments, or cultural immersion projects, where students attended community events outside of their experience (Motulsky et al., 2014). To further this experiential training, consultation courses can be an ideal addition.

What differentiates consultation projects from immersion projects is the partnership with a community or system to identify and address a problem (Flores et al., 2014). The strength of consultation projects is that they move beyond exposure to collaborative action. Immersion projects typically include spending extended periods of time with a group that students have little experience and contact with in order to learn from that group (e.g., Germaine, 2009). Rather than attendance and observation of cultural differences and similarities, consultants share their research, conceptualization, and other transferable psychology skills with the consultee with a goal of enacting mutually determined systemic change. The next section will further address how consultation skill development can be an integral part of social justice training.

Importance of Consultation Skill Development in Social Justice Work

Systems of oppression impose damaging experiences and circumstances on marginalized people. Whereas therapeutic work can enhance coping skills and increase capacity for resistance and critical action (Comas-Dias, 2016), therapy is limited in its ability to effect change on the system of oppression. Consultation work has a decidedly systems approach. Although there are instances where the consultee is a clinician, the typical consultee is often an organization or a system that has identified a need to change (Baranowski et al., 2016). Consultation projects seek to address a problem/prescribe a solution generally, and social justice consultation

aims to address systems of inequality and oppression through consultation work (Sue, 2008). As a part of the counseling psychology model program (Scheel, Stabb, Cohn, Duan, & Sauer, 2018), counseling psychologists have specified the importance of consultation coursework. To couple that with the expressed value of social justice, social justice oriented consultation courses provide an opportunity to collaboratively develop and apply consultation skills in a meaningful way through a class project.

Various consultation models may be applied to social justice work (Flores et al., 2014), including individual client-focused consultation, advocacy, and community or system focused consultation (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). Models that are specifically intended to examine and decrease oppressive conditions affecting marginalized people are requested by students (Burnes & Singh, 2010). For the purposes of the 2018 Social Justice Consultation and Evaluation class at the University of Kentucky, we sought to address the issue of homelessness in Lexington using a prevention-focused social justice consultation model. As homelessness remains problematic in the United States (Thompson, Wall, Greinsten, Grant, & Hasin, 2013), Lexington represents a microcosm of a national issue. A lack of affordable housing (Martin, 2015), inadequate mental and physical health care (Greenberg & Rosenheck, 2010), substance use issues (McVicar, Moschion, & van Ours, 2015), and the culture of homeless shelters impact the lived experience of homeless people in this city.

In 2010, the American Psychological Association Task Force on Homelessness issued a report that examines the issue of homelessness, as well as outlines several ways that training can be used to help alleviate the issue. The Task Force recommended that training opportunities incorporate theories of homelessness within a strengths-based framework, direct service with individuals at risk for homelessness, and learning opportunities that focus on psychosocial factors contributing to individuals exiting and entering homelessness (Bray et al., 2009). However, it was not clear how training opportunities should be structured to meet these training goals in counseling psychology programs. The current consultation project provides a strengths-based and social-justice focused framework that could be implemented to meet these training goals. Using the consultation to recommend prevention efforts to OHPI allowed us to walk the talk of social justice in our counseling psychology program.

Homelessness in Lexington

In 2017, approximately 4,025 individuals were identified as homeless in the state of Kentucky. This is a significant decrease from the 8,061 individuals who were identified as homeless in 2007. Approximately 26% of the homeless population resides in Fayette County, where Lexington is located (National Alliance to End Homelessness, 2017). Although the 2018 count identified a decrease in the number of individuals living on the streets or in emergency shelters by approximately 35% (Lexington-Fayette Urban County Government, 2018), it is still not clear how many individuals are double-upped with families and friends. Thus the number could be higher.

The reduction in existing homelessness in Lexington may be primarily attributed to the development of The Office of Homelessness Prevention and Intervention (OHPI). The OHPI was established in 2014 and primarily focuses on helping individuals quickly exit homelessness. One example is the Housing First program that provides affordable, permanent housing to individuals or families who have lost their home. Despite the progress OHPI has achieved, statistics also indicate the vast majority of homeless individuals were homeless for the first time (Kentucky Housing Corporation, 2017). Even more concerning is the number of individuals who reported housing costs were more than 50% of their total annual income (i.e., severe housing cost burdened) increased by 6%, suggesting a continued lack of affordable housing (National Alliance to End Homelessness, 2017). The increase in the number of individuals who were homeless for the first time and the increasing lack of affordable housing both informed OHPI's interest in partnering for the current project.

Humanity in Homelessness Project

Through this doctoral level course focusing on social justice consultation and evaluation, doctoral-level counseling psychology students engaged in a social justice consultation project with OHPI in Lexington. The course served as a training opportunity for students to learn about the consultation process, specific research, and policy related to homelessness while contributing to the prevention of homelessness as a form of social justice. Students executed a consultation project consisting of collecting both qualitative and quantitative data, creating an executive report, providing recommendations in a formal presentation, and receiving supervision to reflect on the consultation process and its connections to social justice.

The 3-credit course is designed for doctoral students who have completed the majority of their coursework. Students in the course engage in a semester-long consultation project with the chosen organizations; after the course is completed, students had opportunities for continued consultation and engagement with the organization. This was the first time the instructor taught the course, and it is our hope that the social justice consultation project outlined will encourage and guide future efforts to implement social justice consultation training within counseling psychology, particularly with individuals who are homeless.

The project was titled the “Humanity in Homelessness Project” to highlight the importance of recognizing the humans OHPI serves. The faculty member made initial contact with OHPI prior to the beginning of the course. Through initial discussions, the purpose of the project was determined to help OHPI understand the experiences of people who are homeless in Lexington and learn how to prevent people from becoming homeless based on the feedback, strengths, and experiences of those affected by homelessness. OHPI had been relatively successful in their goal of helping people out of homelessness, but not as successful in preventing more people from moving into homelessness. Following initial readings by students in the course to better understand homelessness, social justice, and the consultation process, the consultation team met with the director of OHPI to explicate the overarching goals the office had for the consultation process. After consulting local stakeholders, reviewing empirical research, and further readings about homelessness in Lexington, OHPI and the consultation team developed qualitative and quantitative measures aimed at exploring the stakeholder’s goals. Consultation goals included examination of 1) risk factors that may lead to people becoming homeless, 2) use of OHPI and other services geared towards people without homes and barriers to these services, 3) strengths of people who are homeless, 4) barriers to maintaining housing, and 5) services homeless people in Lexington need with the aim to prevent homelessness.

Strengths-Based Approach

The 2009 APA task force on homelessness recommended that training programs incorporate a strengths-based approach to dispel the stigma associated with homelessness (Bray et al., 2009). The professor also employed a strengths-based approach in training students to encourage their sense of empowerment and autonomy in executing the project. We argue that programs wishing to initiate a consultation project focused on homelessness should implement a strength-focused for several reasons. The implementation of a strengths-based consulting perspective allowed us to systematically capture and make use of these strengths to develop effective interventions tailored to the community. The overarching goal of the strengths-based perspective is to help individuals, groups, and communities increase their personal and socioeconomic influence toward improving their circumstances through the identification of strengths (Rapp, Saleebey, & Sullivan, 2005). The strengths-based perspective amplifies strengths to increase people’s resources and capacity to be engaged in action (Saleebey, 2009). In this way, a strengths-based perspective has the potential to widen pathways out of homelessness above and beyond other approaches. Research supports that identifying strengths facilitates escape from homelessness through the recognition of one’s worth and value (Patterson & Tweed, 2009). Homeless individuals have described their strengths like resilience, optimism, and resourcefulness, but prevention research

has rarely applied a strength-based approach to homelessness (Thompson et al., 2013). Effective homelessness prevention requires a combined risk-aware and strengths-based approach, so our data collection process included both.

Data Collection

To gain data related to the above questions, the consultation team made site visits to three homeless shelters in Lexington where they collected qualitative and quantitative data from homeless people. The consultation team also reviewed the literature on homelessness initiatives throughout the United States to inform data analysis and recommendations for OHPI. Per university guidelines, the professor determined this project did not require IRB approval, as the information gleaned for the consultation project was not intended to be generalizable and was explicitly used for OHPI program evaluation and recommendations. Thus, the data collection process, but not results, are discussed here.

Quantitative data. Following an examination of the literature on risk factors and pathways to homelessness, the consultation team developed a Qualtrics survey to assess the prevalence of some common risk factors for homeless people in Lexington. Survey questions asked about demographic information, housing experiences such as foreclosure and eviction, substance use history, legal/criminal history, veteran status, current medical illnesses, and mental health symptoms, such as depression (PHQ-9; Kroenke, Spitzer, & Williams, 2001), anxiety (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006), and posttraumatic stress disorder (PC-PTSD; Prins et al., 2004). Before completing the survey, the consultation team explained the purpose of the survey to potential participants, including voluntary participation, aspects of confidentiality, and that the goal of the project was to provide feedback to stakeholders about what programming works well for addressing homelessness, as well as what programming would more effectively serve this population and prevent homelessness. All participants signed informed consent.

Over the course of the semester, members of the consultation team visited three homeless shelters to distribute surveys. Initially, participants at homeless shelters were hesitant and potentially distrusting of the consultation team. This may have been due to our observable middle-class and academic backgrounds, such as being dressed in business casual attire after collecting data following our on-site clinical training responsibilities. Furthermore, the consultation team members were initially unfamiliar to the participants; however, after multiple visits, the consultation team began to build rapport with participants. This rapport culminated in participant trust, as evidenced by the encouragement of others to take our survey. Data were collected in person at the shelters using either paper or online versions of the survey. Participation was optional, and only individuals and community partners and participants who provided consent took surveys.

Qualitative data. To highlight the humanity in homelessness, qualitative methods were also used to understand the experiences of homeless people in Lexington. Qualitative methods are cited as being best able to highlight and raise traditionally underrepresented voices by allowing participants to describe their experiences and views (Ponterotto, 2010). Focus groups were planned for each of the three homeless shelters, but due to scheduling and logistics, two focus groups were completed. Consultation team members conducted the focus groups in pairs. The focus groups had three and six participants, respectively, and were conducted over 45-55 minutes. At the start of focus groups, participants were invited to assign themselves a pseudonym. Focus groups followed a semi-structured interview protocol with the following questions: 1) How do people become homeless? Walk me through that process. 2) What did it look like for you? 3) What do you see as the strengths of people who are homeless in Lexington? 4) What do you think would help people get and keep housing? 5) What are the services related to homelessness that you have used that have been helpful? Unhelpful? 6) What services do you need that you have not been able to access, or Lexington does not have? and 7) What keeps you going? The consulting team engaged in memo-writing following focus groups and throughout the qualitative analysis to understand their own reactions, biases, and observations (Charmaz, 2014). Through the process of memo-

writing, team members collected field notes following each focus group, which was then discussed during team meetings. Team members engaged in a discussion regarding what was being learned and observed through the data collected and the data collection process.

Thematic analysis (Braun & Clarke, 2006) was used to identify themes present across the focus groups. Following focus groups, the focus group leaders transcribed the focus groups. Members engaged in line-by-line coding (Charmaz, 2014) to remain close to the data and voices of the participants. Coding using gerunds identified action, meaning, categories, and observations within the transcripts. Following initial coding, the consultation team pulled codes for focused coding that were salient and meaningful across the two focus groups. Focused coding entailed further defining and understanding relationships between initial codes to formulate themes and subthemes (Braun & Clark, 2006). Consensus about the results was reached by all team members before sharing with the OHPI in report form.

Site visits. Members of the consultation team visited three of the larger homeless shelters in Lexington. Recruiting from homeless shelters was recommended by the consultation partners to complement recently conducted data on homelessness via unsheltered homeless individuals. Repeat visits allowed the consultation team to build rapport and trust with individuals at the shelters. This led to more people being willing to complete surveys or participate in focus groups upon subsequent visits. While collecting survey data and conducting focus groups, site visits also allowed the consultation team the opportunity to more informally speak with people at each shelter, as well as make observations about the environmental and interpersonal dynamics to provide additional feedback and recommendations to the OHPI. With the data collected and analyzed, the project shifted to the report writing and dissemination stage. The explanation of the roles below outlines team member strengths and their contributions to the next step in the project.

Explanation of Various Roles and Strengths of Team

The consultation team consisted of seven members: the faculty advisor and six graduate students. Of the seven members, four identified as White, one as Black, one as an Asian international student and one as biracial (Hispanic/White). All six student members identified as middle class had earned a master's degree and were enrolled as doctoral students in counseling psychology at the University of Kentucky. The faculty advisor identified as working class transitioned to the middle class and served as core tenure track faculty in the program. Of the seven team members, five identified as heterosexual, one as gay, and one as bisexual. Though none of the members had previous personal experiences with shelter homelessness, they had experience working with this population through therapy, service work, prior research or cultural experiences/exposure. Each member had resided in Lexington for a minimum of six months before the start of this project.

The faculty advisor served as a primary liaison between the consultation team and the stakeholders. Once a relationship was established, the faculty advisor aided in managing the project as well as providing continued support and guidance throughout the process. For example, as data were collected, the faculty member facilitated in class discussions about impressions that biases could have informed the process. As the data collection concluded, the faculty advisor reviewed and edited all reports, presentations for OHPI, and offered constructive feedback to the student team. Amongst the graduate students, three teams of two were formed to initiate contact with stakeholders. Each team of two visited one site each and administered the quantitative survey to individuals faced with homelessness in community partners around Lexington. Further, each student member led a focus group.

The six student members divided themselves according to their strengths. However, pairs were also created to promote growth among each other through the processes of modeling and peer supervision and consultation. For example, an individual was paired with another member more familiar with survey development. Additionally, students with qualitative research experience conducted the focus groups with members unfamiliar with this process. Clements-Hickman and Spiker focused on developing a review of existing

literature that focused on homelessness in Lexington and across the United States. Their search focused on uncovering existing models of homelessness, the risks associated with homelessness, and prevention. Dschaak and Ryser-Oatman concentrated their efforts on developing the quantitative survey by referring to existing measures that focused on homelessness and mental health. Kwok and Meiller developed a qualitative interview protocol for the focused groups. Once data collection was complete, Clements-Hickman, Dschaak, and Spiker worked on cleaning and analyzing quantitative data, while Kwok and Meiller thematically coded the qualitative data. Ryser-Oatman, whose strength lay in the presentation of work, then focused on bringing together the various data points for the OHPI. With his experience in program evaluation report-writing, he developed suitable recommendations for the OHPI and built structures for the long- and short-form reports.

The culmination of the project included the team working together to combine various parts of the report. They also collaboratively developed, practiced, and finalized the PowerPoint presentation used for presenting the data to the OHPI. The teams' success lay in the students and faculty advisor honoring each members' strengths. Further, due to having worked together previously and having close professional relationships, the team developed trust and rapport quickly and effectively. Each team member was flexible and willing to step in whenever needed (e.g., scheduling difficulties). The faculty advisor provided guidance such that students were given autonomy to work together but also had support whenever needed.

Final Steps for the Consultation

Following data collection and analysis, the consultation team combined the collected data with the empirical literature on homelessness and homelessness prevention initiatives to provide recommendations consistent with the primary, secondary, and tertiary prevention models (Burt, Pearson, & Montgomery, 2005; Shinn, Baumohl, & Hopper, 2001) to OHPI. The consultation team then presented the information in the report to local stakeholders, including mental health providers, executives, city officials, stakeholders in OHPI on campus. Broadly, the consultation team recommended ways OHPI could engage with communities at risk of homelessness to establish relationships and awareness of OHPI resources to prevent the occurrence of homelessness. OHPI and stakeholders posed questions and discussed the usefulness of the findings with the consultation team. Due to the success of the project and the recommendations in the presentation, two paid graduate research assistantships were developed to promote continuity and future collaborations between OHPI and the counseling psychology program. Students members of the consultation team expressed that this was one of the most meaningful training experiences they had to date.

Recommendations for Integrating Social Justice and Consultation in Curriculum

This manuscript serves as a guideline for graduate programs seeking to implement social justice consultation into their curriculum as a means of in vivo experiences of consultation. Hazel, Laviolette, and Lineman (2010) examined school-based consultation course syllabi and found that of 25 American Psychological Association accredited programs; less than half mentioned prevention, and fewer mentioned social justice consultation. Thus, below, we describe facilitators and barriers to implementing social justice consultation, as well as specific recommendations for students and faculty.

Facilitators

Several factors facilitated our social justice consultation project. For instance, using a small group of students was advantageous to conduct this consultation. The consultation team for this project consisted of six students who were at similar points in their doctoral training. A small group allowed for easier division of tasks and ease of communication. The consultation team conducted early discussions around our social locations, consultation strengths, and areas for growth, which allowed our group to support each other, utilizing a developmentally appropriate strengths-based perspective. An example of this perspective included having

consultation team members further in their development of aspects of the project (e.g., survey creation, qualitative methodology) assist other members in gaining this awareness, knowledge, and skills. This support was essential, considering the emotional cost of social justice work (Kiselica & Robinson, 2001), and it speaks another facilitator. The course was offered for more advanced students who had taken necessary research coursework and had prior practicum experiences working with similar populations. Students had already earned master's degrees and were in their first of second-year post master's.

Another facilitator of our project included the emphasis on smaller group sizes during the data collection process (e.g., focus group, on-site survey collection). The smaller group sizes allowed for more open and honest conversations, as highlighted by many of the participants. In particular, the smaller group sizes appeared to have assisted in providing the more silent, distrusting, and disenfranchised participants the opportunity, space, and comfort to speak (i.e., empowerment of voice; Flores et al., 2014). An additional facilitator was having a faculty member initiate and establish the partnership before the class began. Thus, the consultation partner was primed to consider what help the consultation team could offer at the beginning of the class. Due to time barriers and other difficulties, this early start was necessary.

Difficulties

Several challenges arose when conducting this project. Most notably, working with underserved groups may present challenges in the development of trust between consultation partners and participants. Evidence suggests it is difficult to develop a rapport with homeless populations, which must be prioritized for data collection to succeed (e.g., Cloke, May, & Johnsen, 2010), mainly because homeless people might have had painful past or present interactions with institutions meant to serve them (Ensign, 2003). By acknowledging the sociopolitical context of this distrust, the consultation team adjusted accordingly and attempted to spend time in shelters that served homeless individuals outside of data collection time (Hoolachan, 2016). Further time investment and consistency may have increased participation in the focus groups and surveys. Future consulting projects should ensure adequate time to build community relationships prior to data collection. A specific recommendation regarding time would be helpful, but processes such as building trust in the consultation are organic (Barret & Ollie, 2016). Consultants should consider the system in which they partner with and plan accordingly.

Another challenge of engaging in consultation work with a large organization is stakeholder engagement. Occasionally, student consultants had difficulty contacting stakeholders and holding consistent communication about clarifying expectations, scheduling data collection times, and receiving feedback on assessment materials; this was mostly in part due to the limited resources (e.g., low staffing, staff members fulfilling several roles within their organizations) of homelessness services in Lexington. Several times throughout the consultation process, consultants and the course instructor had to repeatedly email stakeholders to set up and clarify data collection times, seek feedback on data collection materials, and provide consultation updates.

Lastly, several unique challenges arose when completing a consultation project in the context of a doctoral level course. A significant limitation came from the time available to complete the consultation project. In total, the consultation team had 15 weeks to meet with stakeholders, develop research instruments, collect data, analyze data, and generate reports to provide to stakeholders. Due to time constraints from the semester length and commitments to professional roles (e.g., counseling sites, teaching assistantships), the consultation team had limited time to visit homeless shelters and build relationships with this community. Still, the training experience was a rewarding and unique contribution to the students' program of study despite a substantial time commitment.

Recommendations for Students

Students conducting social justice consultation initiatives should engage in ongoing self-examination. Sue (2008) asserts that an essential attribute for an effective consultant is the ability to use oneself as a tool for

change and to understand how social location impacts others. Ongoing self-examination fosters an individual's self-awareness of their own biases, prejudices, and stereotypes (Sue & Sue, 2013). We followed Flores et al. (2014) recommendations for engaging in consciousness-raising activities such as reading literature (i.e., specifically around inequality, social justice competency, and the experiences of homeless individuals), writing reflection papers, engaging in memo writing, debriefing sessions after each consultation activity that include discussions and reflection on social location, privilege and power, biases, prejudices, and stereotypes, which were all critical for our consultation. For instance, most of the students on the consultation team had little experience working with homeless populations outside of therapy. To increase familiarity and competence with this population, the consultation team processed their experiences with shelter visits to discuss how their perceptions of homelessness were challenged and the reactions they had to their experiences.

The second recommendation is that members of the consultation team begin informally integrating themselves within the culture of the prospective consultation partners and prospective participants before the formal consultation process begins. Consultation efforts should not be seen as just “drive-by data collection” (Riger, 1999, p. 1101) in which individuals are viewed as data banks that promote research agendas rather than the communities' well-being (Goodman et al., 2004). This also affords students the opportunity to observe the culture and system before being influenced by stakeholders and allows students to gain awareness and challenge their own biases, prejudices, and stereotypes (e.g., Flores et al., 2014). For instance, consultation team members would regularly visit homeless shelters and talk with both participants and those who chose not to participate in learning more about their experiences. Further, the counseling psychology program and OHPI established an ongoing relationship by instituting and funding two graduate student assistantships to continue working with the homeless initiatives once the course ended. This was requested and funded by OHPI.

Third, social justice consultation projects are not wide-spread in doctoral training programs (Burnes & Singh, 2010). Students should advocate for opportunities to conduct social justice consultation as a means of learning more about the process of implementing long-standing change for marginalized groups. In many cases, students may need to take a proactive effort to assist faculty in the creation of these opportunities, considering that faculty may feel hesitant to incorporate social justice initiatives into programming (Talleyrand, Chung, & Bemak, 2006). One way to encourage the implementation of social justice consultation is the evidence suggesting that it assists graduate students in developing cultural competences (Goodman et al., 2004; Sue & Sue, 2013).

Fourth, it is vital for students to consider how their social locations influence different aspects of the consultation process. For example, as counseling psychology, doctoral students, our quantitative and qualitative methodology included numerous questions related to mental health. Although the questions for this project were created collaboratively between the consultation partners, it may have been easy for consultation teams with similar social locations to emphasize mental health factors, while failing to consider the goals and context of the consultation project.

Recommendations for Faculty

First, faculty facilitating consulting projects for counseling psychology doctoral students should be mindful that even in programs that endorse a social justice orientation, students and faculty members may vary in the integration of that identity (Burnes & Singh, 2010). All parties involved should review the literature on how social justice is defined and enacted to establish a working model for the consultation project. Second, front-loading reading assignments in the first month on the consultation process, the consultation focus area, and social justice primes students to then integrate that knowledge into their subsequent practice. Despite a large amount of reading, this priming can be reinforced and discussed throughout the course.

Third, as indicated in Flores et al. (2014), instructors should include an opportunity to process student experiences during the consultation project as a means to continue developing social justice self-awareness.

The consultation team was able to examine their power and privilege as students interacting with people who are homeless, which included identifying emotions and perceptions that emerged and shifted throughout the project. Lastly, inviting students to identify and utilize their strengths is vital to the counseling psychologist identity (Scheel et al., 2018) and serves as an important protective factor when engaging in a rigorous, high stakes class assignment. In the same way, the consultation team invited the homeless people they surveyed, interviewed, and observed to name their strengths as a source of data to inform prevention efforts, identifying student strengths enhanced the success of the project. Initially, students found the strengths exercise difficult, which may serve as feedback for the counseling psychology field that our training experiences may not match our values enough. Stated differently, we may address client strengths while ignoring student strengths more often than we should.

Conclusion

The extent to which consultation is used as a teaching tool is unclear in counseling graduate training programs (Hazel et al., 2010), particularly in counseling psychology. This is unfortunate given the propensity of consultation work to help students gain in vivo learning related to social justice (Flores et al., 2014). The current manuscript outlines a social justice consultation course that focused on collaborating with a government-funded homelessness prevention agency in a mid-sized university town: Lexington.

While limited research examines social justice consultation, the experience was similarly rewarding to other students who have engaged in this process (Flores et al., 2010). The project resulted in more insight about the consultation process and how it can intersect with social justice. Although barriers arose, such as difficulty gaining the trust of participants and constraints on time to collect data, the consultation team successfully navigated those barriers by using their strengths and presented findings and recommendations to OHPI, the city's homelessness prevention organization. Thus, through a high-stakes social justice consultation project, students went beyond knowledge acquisition. They applied skills as consultants to the city where they spent four to five years of training and evaluated the services being provided. Additionally, focusing on a demographic that receives less attention in the counseling psychology literature, students were able to examine a variety of systemic, interpersonal, and individual factors by integrating multidisciplinary literature and lived experience. Thus, counseling psychology consultation courses provide a key opportunity to put our translatable social justice skills into practice.

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