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# Advocacy and Creativity in Community: A Social Justice Project for Counseling Students

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## Abstract

The proven effective teaching of social justice advocacy competencies while recognized as important by the counseling profession and counselor education programs, remains somewhat nascent in its implementation. Evidence suggests that experiential and constructivist approaches to the teaching of multicultural and social justice counseling competencies represent a worthwhile pedagogical foundation and set of tools in furthering multicultural and social justice counseling competencies in counseling students. The author relates, in detail, the implementation of an experiential, client/community-based, social justice and mental health advocacy project, the Advocacy and Creativity in Community (ACC) Project as a final class assignment in the last term prior to graduation within a CACREP-accredited clinical mental health counseling program in the Northwest region of the United States. Descriptions of student projects, the multitude of benefits for clients/participants and students as elicited from student reflections, and the author's reflection after three years of implementing this project are presented. This project exemplifies the benefits within the literature of taking an experiential and constructivist approach to social justice advocacy training in counselor education programs.

*Keywords: advocacy, counselor education, creativity, experiential learning, social justice competence*

## **Advocacy and Creativity in Community: A Social Justice Project for Counseling Students**

The call for counseling students to increase their understanding of and skills in the importance and power of community-based activism, advocacy and education is clear according to the American Counseling Association (ACA) Code of Ethics which states that counselors should “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” (American Counseling Association, 2014, p. 5). Furthermore, the Council on Accreditation of Counseling and Related Educational Programs (CACREP) standards state that advocacy should “... promote individual human worth, dignity, and potential; and oppose or work to change policies and procedures, systemic barriers, long-standing traditions, and preconceived notions that stifle human development” (CACREP, 2016, p. 59). In addition to the ethical and accrediting mandates for counselors to be effective advocates, the multicultural and social justice competencies and associated competencies outline specific ways that advocacy can be manifested.

Both the ACA Multicultural and Social Justice Competencies (Ratts, Singh, Nassar-MacMillan, Butler, & McCullough, 2016) and the ACA Advocacy Competencies (Lewis, Arnold, House & Toporek 2002; Toporek & Daniels, 2018) describe various actions that culturally competent counselors can take within domains of advocacy to impact their client’s ecosystem. The social justice approach continues to highlight advocacy as a necessary tool to be a culturally competent counselor. Therefore, it is imperative that counseling students learn about social justice advocacy both its importance and how to carry out social justice advocacy.

### **Challenges to Social Justice Training in Counselor Education**

Despite the clear importance that the counseling profession has placed on social justice advocacy and the increased attention within counselor education curriculum devoted to social justice advocacy, there remain numerous challenges to increasing and improving the social justice training of counseling students. Some challenges include the paradigm shift represented by focusing on addressing systemic oppression and the lack of time, familiarity, and planning to effectively carry out social justice advocacy education (Brinkman & Hirsch, 2019; Decker, Manis & Paylo, 2015; Edwards, Tate, Cook, Toigo & Yeomans, 2017; Field et al., 2019).

Counselor education programs still do not grant significant enough attention to its importance (Edwards et al., 2017). Students also have difficulty understanding how to undertake social justice advocacy and often report that they need more hands-on opportunities to learn how to conduct advocacy and integrate it with their other counselor roles (Fickling & Gonzalez, 2016; Field et al., 2019). In addition to well-established multicultural counseling education, social justice advocacy training needs to be integrated throughout the curriculum in order to enhance students’ understanding of and embodying the advocate role. Additionally, research shows that sustained social justice advocacy training within a counselor education program leads to increased sense of competence or self-efficacy as a social justice advocate and to a greater likelihood of engaging in social justice advocacy post-graduation (Decker et al., 2015; Field et al., 2019).

### **Experiential Approach**

The benefits of an experiential approach (cycle of action and reflection) as first described by Kolb (1984) are evident in the teaching of social justice advocacy competence. Similar to how students learn clinical skills (experientially), students can learn social justice advocacy skills by practicing them within the educational context (Bemak, Chung, Talleyrand, Jones & Daquin, 2011; Edwards et al., 2017). Ideally, students would incorporate knowledge, practice, and skills throughout their curriculum and then integrate their social justice advocacy with clinical skill development in internship. This integrative approach throughout the curriculum holds great promise (Field et al., 2019). However, social justice advocacy training is implemented, it needs to be an intentional process and part of the curriculum to be maximally effective (Goodman, Wilson, Helms, Greenstein & Medzhitova, 2018).

Increasing evidence supports the importance of an experiential and constructivist approach in the design of social justice education as a real-world, relevant, and community-oriented endeavor that serves to highlight the importance of advocacy and build advocacy skills (Binkley & Minor, 2020; McAuliffe & Eriksen, 2011). The growing body of literature supporting service learning as a pedagogical approach to teaching multicultural and social justice competence also bears out the efficacy of an experiential approach to such learning (Lee & Kelley-Peterson, 2018; Murray, Pope & Rowell, 2010). However, service learning done responsibly from a social justice perspective requires much time and effort.

Whether within a service learning opportunity in a single class or integrated throughout a curriculum, giving students opportunities to learn about and enact social justice competencies is an important way to give counseling students first-hand experience in advocacy work (Field et al., 2019). Such constructivist and experiential approaches are valuable towards enhancing student cultural competence and broadening the world views of counseling students (Binkley & Minor, 2020). Additionally, advocacy activities when approached with a student developmental lens can build student competence and self-confidence (Ramirez Stege, Brockberg & Hoyt, 2017).

Lastly, in terms of social justice advocacy competence, a reasonable expectation is to have counseling students either plan or actually carry out a social justice advocacy action by the time they graduate. Similar to the expectation of attaining a certain level of demonstrated counseling competence by the end of their internship experience, students should have opportunities to demonstrate their social justice advocacy competence prior to graduation.

### **Creativity in Advocacy Training**

Creativity has a well-articulated place in counseling and counselor education (Gladding, 2011). Counselor educators teach creative clinical approaches (art therapy, cinematherapy, etc.) and have used creativity as an effective pedagogical tool for exploring multicultural competence and social justice advocacy (Pope, Pangelinan & Coker, 2011; Lawrence, Foster & Tieso, 2015). Employing artistic creativity in the counselor education curriculum, except for attention paid to specific clinical interventions (art therapy or cinematherapy) remains underutilized except for a sustained body of research looking at creative approaches in clinical supervision (Villareal-Davis et al, 2020;). One example of this approach is the use of photovoice not just in working with diverse client populations but also in clinical supervision. (Becker, Reiser, Lambert & Covello, 2014; Villarreal-Davis, Sartor & McLean, 2020; Zeglin, Niemela, Rosenblatt & Hernandez-Garcia, 2019).

The many benefits of using and teaching creativity to counseling students may include increasing students' cognitive flexibility and critical thinking, enhancing their appreciation of ambiguity, encouraging risk taking, and self-reflection as a regular practice (Lawrence, Foster & Tieso, 2015; Smith, 2011). With appropriate scaffolding and preparation such as addressing students' hesitation and self-concept regarding their artistic abilities and facilitating a trusting environment capable of supporting risk taking, a creative approach to teaching social justice advocacy competence may be an effective method to teaching these advocacy competencies.

With these considerations in mind and flowing from my constructivist and experiential approach to not just counselor education, as a whole, but multicultural and social justice competencies, in particular, the author conceptualized and designed a social justice project that would incorporate art and creativity in the service of exploring the social justice advocacy domains. Additionally, I wanted to allow students in their final term to "let loose" their artistic, creative, and non-linear sides, especially in a graduate program that is crammed full of linear, verbal and written expression whether its clinical documentation or research papers. Additionally, not identifying as artistic but having created or been part of the creation of multiple projects in the service of reducing stigma, raising awareness, or challenging oppressions, I wanted students to recognize that the creative arts can be utilized not just clinically but for empowerment, activism and advocacy by individuals and on behalf of clients and communities.

## **The Project: Advocacy and Creativity in Community**

The context for this social justice project is in a community counseling class in the final term within a CACREP-accredited clinical mental health counseling program. Students are completing clinical internships and preparing to enter the professional world. This class integrates a multicultural & social justice focus with a clinical/community practice lens and follows a multicultural counseling class earlier in their curriculum. For this project, students are allowed to draw from their own personal or family experiences within the nexus of mental health and social justice issues, observed/actual client experiences in their internship settings, or pressing social justice issues in the community, or the world at large. The scope of the project is intentionally wide to both foster creativity and to adapt to the challenging logistical demands within an 11-week term. Additionally, the project is informed by other community engagement work and numerous guest speakers from different agencies and walks of life. Finally, I share my experiences with creative endeavors as a mental health and social justice advocate and bring in a guest lecturer to present on activist art and the concept of how “everyone is an artist”.

### **Advocacy and Creativity in Community Project Description**

The Advocacy and Creativity in Community (ACC) Project is explained during the first class so that students can begin the brainstorming, planning, and implementation phases of the project. They are given the option of working in small groups or by themselves. Specific instructions include: “By yourself or in a small group (max of 4 people), you will utilize your creative talents to produce an artifact, art piece, or creative work that combines a mental health focus and a social justice component (advocacy or activism). The project/piece will be presented in a Student ACC Gallery at the end of the term. Additionally, a process/reflection paper outlining the rationale for the project, the resources used, the process that ensued, the personal impact of participating in and creating the project, etc. will be completed.”

### **Project Scope and Process**

Since it is well known that many people carry negative internal messages about their artistic abilities and because this can be a source of anxiety and procrastination, the class discusses these concerns and I highlight that the aesthetic quality of the project is not part of the evaluation. Additionally, a colleague who is an art historian and expert on “activist art” is brought in to further dispel concerns about artistic abilities and to discuss the purposes of activist art namely to provoke emotions and thoughts and to highlight a social justice issue. Similar to the mantra in expressive art therapy, it’s not about the “artistic ability” of the creator nor the aesthetics of the work produced but more about what reactions it elicits and the process of undergoing the project itself. Her guest lecture explored and defined activism and the roles artists play in instigating change and igniting community involvement and provided local, regional and national examples of activist art.

Furthermore, from a constructivist framework, the class discussed the different parameters of the project and brainstormed all the different possible artistic modalities in order for students to find a medium that works for them. As evidence of their collective creativity (over the last three years), students have created works using medium such as: collage, oil painting, photography, digital animation, documentary video, live spoken word, poetry, live performed original songs, watercolor, indigenous art forms, sculpture, demonstrations, books, brochures, postcards, letters, simulations, 3-D representations, interactive displays, posters, social media campaigns and more. The range of creative outlets and medium is truly impressive and is only matched by the range of topics and issues undertaken by students.

Students were tasked with brainstorming both the issue and the creative component in dialogue with one another, friends and family members, clients, colleagues at their internship and their site supervisors. Especially if working with clients (e.g. children in a school, prisoners in a therapeutic group, participants on a campus, or people from the community), decisions needed to occur fairly early in order to plan and implement

the project. Importantly, following ethical guidelines, such as gaining informed consent from participants and safeguarding their privacy, required much planning and time. Notably due to time and other logistical constraints, students often had to adapt and change their original ideas because they could not be completed as originally intended. On the other hand, those students who mostly drew from their own personal or a family member's experience were able to complete these aspects of the project in a timelier manner.

Importantly, the ACC project challenged students to integrate their clinical and more mental health-oriented approaches with a wider systemic/structural and social justice perspective. The range of issues that students explored via their ACC projects includes: racial justice, LGBTQ families, family acceptance of LGBTQ adolescents, stigma and bias towards LGBTQ middle school students, destigmatizing grief, transgender allyship and empowerment, stigma reduction and acceptance for individuals with mental illness, compassion for prison inmates, the need for bilingual therapists, human trafficking, child sexual abuse, sexual assault awareness, therapist self-care, suicide among farmers in India, learning disabilities, addiction stigma/awareness, increasing accessibility to mental health agencies, schizophrenia, resilience in children and runaway youth, eating disorders and internalized oppression, bisexuality invisibility, veterans and mental health, COVID-19 mask stigma, mothers in recovery, healing through music, coping with political chaos, invisibility of serious mental illness, positive body image, Black Lives Matter, colorism in minoritized communities, selective mutism, and healing from abuse.

The projects took many forms from the most intimate spoken word pieces and live performed songs, to various projects created by students and/or their clients and shared via this project, to works that were shared with agencies or publicly implemented and displayed. Due to time constraints and other factors (challenges in seeking permission from participants), students were not always able to share their work more publicly but the opportunity of a final class period devoted to sharing their work served as an important penultimate step in their process.

The students reflected upon the ACA Advocacy Competency Domains (Lewis et al., 2003) and located their ACC project with the appropriate domain and sought to exhibit the competencies within said domain. Many of the projects fell within client/student empowerment, community collaboration, and even at times, public information for those projects shared more broadly (or had plans to). A few of the projects were specifically client advocacy and a few had the potential to fall within systems advocacy if the project had been shared in a deliberate and concerted effort with the appropriate agencies and stakeholders. Additionally, it should be noted that most often the "client group" whose needs were being addressed could be considered marginalized by society in one way or another (e.g. people with mental illness, victims of child sexual abuse or human trafficking, LGBTQ youth, women with body image issues, racially and ethnically minoritized people, people with disabilities, etc.) and thus fit the model for social justice advocacy. However, there were groups being advocated for that have relatively more privilege within society but for whom, advocacy still was a pressing need (e.g. nurses and doctors during COVID, veterans, counselors, stay-at-home mothers). Interestingly, throughout many of the projects, there was a strong element of student self-empowerment, as the students often belonged to the group that was marginalized and for whom they were advocating.

### **ACC Art Gallery**

The last class period is entirely devoted to creating an art gallery within the classroom (in 2020, this was entirely recreated online via a Virtual Art Gallery). Invitees to the ACC Gallery include: first-year students, program faculty, site supervisors, partners and family members, guest speakers, and other stakeholders. Refreshments are served as students and guests mingle among the displayed projects. Students also have the opportunity to present their work to the class more formally which is especially important in the case of performances. Otherwise, the guests can mingle and interact with the creative pieces and either read short



descriptions accompanying the pieces or listen to the artist explain their piece. See Appendix A for some examples of ACC projects (permission was granted to share these project images).

## Outcomes

From their reflection papers, students experienced and learned a variety of important learnings which will be discussed below as: benefits and lessons, challenges, and lasting impacts. Some of the benefits included learning experientially, feeling motivated and grateful to have a creative project, and making connections between the arts, advocacy, and counseling. Students particularly noted enjoying using their creativity for this project as well as its timing at the culmination of their graduate training experience. Students expressed being impacted emotionally by encountering painful issues and interacting with those struggling through them and endeavoring to share their experiences in a meaningful way.

### Personal Impact on Students

Many students reported experiencing being emotionally challenged through parts of their experience while also feeling deep satisfaction in accomplishing their project. They report learning a lot and gaining both self- and other-awareness regarding the challenging mental health and social justice issues they addressed. The engagement with the issues and affected populations (whether themselves, their friends and family members, their clients, or members of the general public) enhanced their understanding of the issue, increased their compassion for those suffering, and reinforced connections with the community. Especially when students chose a topic that was personal for them, the multiple benefits of self-empowerment and self-compassion alongside increased awareness and sensitivity towards others were very clear. This outcome supports the experiential and constructivist literature regarding counselor education and especially social justice education (Binkley & Minor, 2020; Edwards et al., 2017; Ziomek-Daigle, 2017). This personal experience is exemplified by these student comments:

I chose to do this project because I know the pain of loss and I know how it feels to have that pain ignored. I did this to show to people that it is okay to miss someone and it is okay to have a discussion about grief.... It was difficult at times, creating the scenes for the wishes, because they are the same ones that I have for my grandfather if he was still alive, but I still got what I need by being able to share this work on behalf of others.

Another student examines this process of identifying with and having compassion for “the other” and seeing his own humanity reflected back:

The people who have shown me what it is to grapple with themselves are my clients. I am just like them: complex, healing, unmotivated and motivated, paradoxical, and contextualized by my experiences, thoughts and family. We are on this journey together; I must not relent in the parallel process of discovering my meaning and purpose in participating in the healing journey of others.

Other students addressed the sense of personal empowerment from engaging in this social justice advocacy. While the project involved them advocating on behalf of others, students are able to reflect upon their own growth in being able to conduct the advocacy work thereby “... pushing back against the forces that seek to oppress me, demean me, marginalize me.” Almost every student wrote about significant personal impacts and benefits whether they were more professional and academic or more personal and humanistic.

### Impact on Participants/Clients

Students noted varying impacts on clients and participants who participated in contributing to creating a ACC project as evidenced by these quotes from student reflection papers. In particular, students observed

processes of empowerment, healing, and self/other compassion especially when the project was shared within the participants' community. This student who conducted a campus-based project on sexual assault awareness observes:

My gut feeling is that it was a process of empowerment, as I hoped it would be. More than once, I watched people step back to look at their flag, or sneak a look over their shoulder as they walked away. I sensed various emotions from pride to sorrow but for all it seemed to be a profound and even slightly healing, act.

Students note participants' experience of self-empowerment and increased self-efficacy, especially as participants came into dialogue with the public about their particular issue via the ACC project; whether sharing and educating about living with mental illness, to overcoming LGBTQ discrimination, to accepting and facing addiction. One student notes the empowering and healing she observed from participants openly and publicly fighting back against society's oppressive stereotypes and messages.

Another student, whose project entailed prison inmates writing letters to themselves that they shared with one another as well as the public via the ACC project, reflects:

The key, in my eyes, is to facilitate interaction on two fronts: between inmates and themselves, and inmates and the public, thereby deepening several levels of trust and self-discovery. In a more perfect world this endeavor has the ultimate ability to dissolve barriers between "us" and "them" --to reclaim lost humanity. I am convinced that people lift themselves out of darkness when they believe that they can.

These observations of impacts on clients and participants are similar to the benefits espoused by proponents of Photovoice as a tool to engage community and empower participants (Becker et al., 2014; Zeglin et al., 2019). Although ACC projects were not designed or implemented as Photovoice projects, it is interesting to note that the benefits seem similar to that proven advocacy and empowerment tool. Importantly, social justice advocacy when implemented alongside clients and participants should be beneficial not just "to the cause" but ideally to those most affected by the issue. Students' reflections reveal that the ACC project has fulfilled those aims.

### **Thoughts on Advocacy Self-Efficacy and Creative Abilities**

Most students reported feelings of pride and accomplishment both for the overall project and its impact as well as how they felt about their creative achievement. In particular, especially during presentations and the art gallery, students' comments about their own artistic abilities were common and also relatively free of judgment and evaluation. It seems that students were able to set aside their internal critic in the service of the larger aims of their project. Regardless of their assessment of their creative abilities, they highly valued the project outcome because of its message and impact. One student reflects:

I feel proud to have developed such a complex idea in my mind and to now see it on a canvas. It seems to have the effect that I was hoping for, that it looks like a piece of abstract art and then once an observer realizes what it is about, they have to reconsider what they are looking at.

Other students echoed the themes of being satisfied with themselves in terms of learning about social justice issues, becoming more motivated to risk self-disclosure upon witnessing other students and participants, and being grateful to have had an experience that provoked deep reflection about becoming an advocate for mental health and social justice. Additionally, students were able to think deeply about their engagement in this project and contextualize it within their CMHC program. This student draws parallels between the project and its creative process and his own development as a counselor:

In the end, I like what I produced, but I enjoyed far more reflecting on the process and its parallel to

my counseling career thus far. The piece itself is a bit over planned and under delivered, but that's ok. That's where I'm at too. I've come a long way, and I'm far more comfortable and competent than where I started. But that's just it, I'm merely getting started. There is so much more to learn, even more to try. I'm lucky to be in a career that has an upward trajectory. I may never become a better painter, but I know that I'll be a more effective counselor.

Another student quote that captures both the sense of challenge and the benefits gained come from this student who created a video highlighting the early challenges of medical providers on the frontlines of COVID-19:

Developing ideas that deliver the intended messages rather than unintended messages is a very challenging task. Nevertheless, I have found that promoting change through advocacy and social justice in the form of community art is inspiring and motivating.

Students seemed to reap the expected benefits from an experiential and creative approach to learning about social justice advocacy as put forth by recent literature in the field (Binkley & Minor, 2020; Edwards et al., 2017; Field et al., 2019; Goodman et al., 2018).

### **Expected Challenges**

The challenges that students mentioned are only briefly presented here, in large part because they were expected and consistent in theme. The primary challenge students reported was not having as much time as they would like to plan, implement, and complete the project (the term being only 10 weeks). Relatedly, the competing demands of finishing their graduate program including taking comprehensive exams and completing their internships proved to be challenging to juggle. Lastly, the logistical difficulties of coordinating with clients/participants, sites, and agency administrators in a timely manner was a challenge for some students. Oftentimes, coordinating times to gather qualitative input from stakeholders, to gain informed consent, and then to complete the creative project proved to take too long necessitating rapid revisions to the initial scope of creative participation. Many students reported feeling rushed in completing their projects which ties back to the first challenge. Lastly, some students experienced technical difficulties with their projects (e.g. getting materials, constructing the project, learning requisite software, or other hands-on challenges with their selected medium).

### **Impacts on Dedication to Social Justice Advocacy**

From their reflections, students overwhelmingly seem to describe a sense of enhanced motivation and dedication to social justice and mental health advocacy. They mention balancing their clinical roles as counselors with meeting the contemporary and pressing social justice demands of their communities, their country and their world. Many students wrote about a sense of responsibility stemming from their role and relative privilege/positionality as mental health counselors- because of counselors' access to training, resources, platforms, credibility, and (at times) privileged social/cultural identities. Especially for clients experiencing a mental health or addiction issue and a marginalized identity, they note the intersectional burden and the role of a counselor in serving as an effective advocate for that client. This sentiment, from one student, was often-repeated in varied phrasing by many students:

I believe strongly that counselors should be a force for social justice in our world and it seems to me that we are a great asset in the fight for that justice as we work to honor our professional lens, and experience specific training that will aid us in supporting our diverse clients and communities.

Taken in total, the benefits of implementing the ACC project were numerous for students and participants. As other counselor educators have noted, the reflection paper has proven to both demonstrate,

detail, and enhance the experiential learning by prompting self-reflection on the process and outcomes of the project which in turn led to multiple and deep learnings experienced by these students (Binkley & Minor, 2020; Kolb, 1984; McAuliffe & Eriksen, 2011; Ziomek-Daigle, 2017).

### **Instructor Reflections and Discussion**

After three years of conducting this project and with continual improvements or changes, this is a good time to reflect on the ACC project. Overall, it is a very worthwhile project that uses creativity, community engagement, and an integrated social justice/mental health lens to teach students experientially about advocacy work. Students and participants benefit directly from their participation in the ACC project as reported in their reflection papers and described above. They are more aware of the nexus of mental health and social justice and furthermore, this project seems to have strengthened many students' resolve to continue their advocacy work beyond graduation. The gains that students report and that I have observed align with the personal growth, risk taking, and cultural awareness that counselor educators have described when implementing constructivist, experiential, and creative approaches to multicultural and social justice learning (Decker et al., 2015; Edwards et al., 2017; Binkley & Minor, 2020).

The timing and focus of this project make it an appropriate culminating and synthesizing activity for graduating counseling students as they enter the profession. Importantly, from a purely student-centered perspective, students thoroughly enjoy the creative opportunity and the nontraditional aspects of this assignment. Students now understand first-hand the power of creative arts and empowerment when used with clients/partners and in dialogue with the community.

So far, I have learned to structure the assignment more, to "front load" more content about health promotion, stigma reduction, responsible messaging, art and creativity, and ethical considerations. I have dedicated more in-class time to discussing aspects of the work. I have provided more structure to the ACC Art Gallery - including both a time for formal presentations as well as informal mingling and browsing. In the Spring 2020, I learned a lot about how to convert the entire Art Gallery to a virtual format which worked very well.

### **Recommendations**

A number of recommendations and ideas come to mind to improve this project or for others to consider before implementing it. Due to the term's time constraints, one idea would be to extend this project across two classes/terms, allowing students to get an earlier start. Another idea would be to broaden the scope of the projects towards the realm of community engagement and/or public policy. Although many of the projects have a public messaging component, it is not widely shared. Thus, a significant improvement would be for these projects to be more widely disseminated or displayed in settings such as clinics, schools, and other public spaces. Alongside the increased community engagement and dissemination of student ACC projects, research into the impact on the audiences who interact with the projects could be undertaken. Lastly, follow-up with alumni could be conducted to explore the impact of this project on graduates' ongoing social justice advocacy motivation, efficacy, and actual actions.

It is important to note that these outcomes are per student self-report via reflection papers over the three consecutive years and therefore do not merit the validity of a full-fledged research study. Rather, this article represents a constructivist and experiential approach to teaching social justice advocacy competencies and as such, the practice is informed by self- (and shared) reflections within a community of counselor educators.

In conclusion, the Advocacy and Creativity in Community project is a meaningful and effective course assignment that utilizes student creativity and experiential learning to increase their social justice advocacy skills.

### **Author's Note**

The works discussed herein were part of a class, COUN 531 - Community Counseling that is part of the curriculum of the Clinical Mental Health Counseling program at Southern Oregon University. I thank the students for their enthusiastic engagement with this project. All images are used with the permission of the student.

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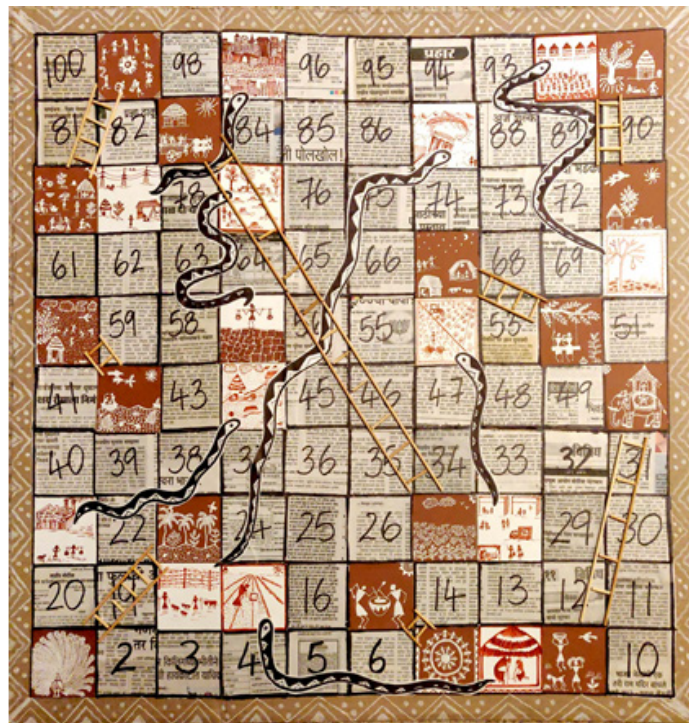
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### Appendix A

*Postcards from LGBTQ+ Youth (June 2019)*



*Farmer Suicide in India (June 2019)*





Disorganized Thought (June 2019)



Facing Addiction (June 2020)



*Identity Crisis* (screenshot of video, not the video itself; June 2020)



I am Human (And More Than My Mental Illness) (with live links; June 2018):



<https://youtu.be/F0pY03pQM6A>

# **Recommendations for Integrating a Social Justice Framework into Clinical Practice: A qualitative analysis with implications for psychology training programs**

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## **Abstract**

Social justice is a frequently used buzz word yet an abstract concept in clinical training. As a result, there is minimal guidance on how to implement social justice in clinical practice, which leads to training gaps, uncertainty, and discomfort among clinicians serving historically oppressed populations. This study examined how to integrate the social justice principles of community psychology into clinical psychology practice among doctoral students. The integration of the following social justice principles were analyzed: addressing oppression and social context, utilizing strength-based approaches, facilitating empowerment, acknowledging and managing privilege, and effective advocacy. We utilized qualitative methods to complete 26 one-on-one interviews and a focus group with 5 participants to understand student experiences and explore how they applied the above social justice principles to their clinical practice. Through an iterative process, doctoral student responses were synthesized into a list of recommendations on how to integrate a social justice framework into clinical work. The primary results from this study suggest that students in clinical-community psychology doctoral programs try to use client-centered strategies to understand their clients' experiences of oppression and incorporate social context and a strengths-based approach into multiple aspects of practice, such as treatment planning and advocacy to connect clients to resources. Students also reported managing their privilege through internal self-reflection and occasional self-disclosure during therapy with clients. However, despite the desire to use socially just practices, several training gaps and needs emerged. These gaps included the need to identify methods of measuring and confirming client empowerment as well as supervisory and institutional support for effective advocacy work. Thus, implications for integrating social justice principles into clinical-community psychology programs, clinical psychology, and related disciplines are discussed.

*Keywords: Social Justice Framework; Clinical-Community Psychology; Clinical Practice; Social Context; Strength-based Approaches*

## Introduction

Dual-track doctoral programs in clinical and community psychology have the unique opportunity to inform and enhance each other given their focus on both individual and ecological levels of analysis and intervention. Despite this opportunity, there are several foundational contradictions between the principles and concepts of clinical and community psychology that make integration difficult and result in conflicting messages to graduate students in training. For instance, clinical psychology programs have historically conceptualized problems at the individual level and ultimately seek to identify and treat the pathologies that underlie individual distress (Tang, 2013; Witmer, 1907). In contrast, from a community psychology perspective, solely focusing on individual-level factors without addressing contextual and systemic factors perpetuates structural oppression and often results in ‘victim blaming’ (Nagayama Hall, 2005; Ryan, 1976). Notably, community psychology developed as a distinct field due, in part, to “discontent” with the lack of contextual application and the individual-level limitations of traditional clinical psychology (Dalton et al., 2013; Rappaport, 1977).

Community psychology has a stronger emphasis on multi-level interventions (micro, meso, macro, etc.) and social justice than clinical psychology. Indeed, a recent review of community mental health over time found that community psychology has moved away from mental health-focused interventions and towards social justice and advocacy for those who experience mental health concerns (Townley & Terry, 2018). Prilleltensky (2001) described social justice in a *distributive* capacity as, “the fair, equitable allocation[/distribution] of resources, opportunities, obligations, and power in society as a whole; promoting fair and equitable allocation of bargaining powers, resources, and obligations in society in consideration of people’s differential power, needs, and abilities to express their wishes” ( p. 754). In tandem, scholars include a *procedural* aspect of social justice, which include “fair, transparent, inclusive, respectful and participatory decision making processes[/procedures]” (Evans, Rosen, & Nelson, 2014, p. 5). This shift towards social justice in community psychology prioritizes outcomes that are equitably distributed, wherein those in need will receive what they need, as well as the process of equity, in which inclusive practices inform *how* those outcomes are attained.

In practice, community psychologists seek to combine a critical awareness of social justice with multi-level action to understand the socio-historical context and address the present practices of disparate access to resources based on the social group memberships of a given community (Dalton et al., 2013; Evans, Rosen, & Nelson, 2014). Similarly, modern clinical psychology training often suggests that it is important to *consider* social context in clinical practice (Clauss-Ehlers et al., 2019), but with few explicit didactics or emphasis on how to do so. When students *are* taught about social justice and environmental context in their clinical coursework, programs often de-emphasize or limit exposure to a single course. Thus, clinical psychology doctoral training tends to focus solely on diversity and raising awareness of differences across social identities, with little integration across courses, research and practical experiences (Green et al., 2009; Gregus et al., 2020). The term ‘diversity’ is a frequent proxy for social justice; however, awareness of diversity does not directly translate into using skills or taking action to dismantle oppression, which are essential for social justice work. This lack of guidance leads to training gaps, uncertainty, and discomfort among clinicians serving historically oppressed populations. As a result, students are left with rudimentary or inadequate skills as practitioners and change agents for social justice (Green, McCollum, & Hays, 2008; Knutson et al., 2020; Sanabria & DeLorenzi, 2019).

In contrast to the limited emphasis on social justice in clinical psychology, counseling psychology programs often aim to promote social justice goals through multicultural education and advocacy training (Ali et al., 2008; Baranowski et al., 2016; Field et al., 2019; Sanabria & DeLorenzi, 2019). For example, Hays and colleagues (2007) explored counselors’ experiences of privilege and oppression in the context of the therapeutic relationship to understand how to better provide multicultural education and training to students. They found that counselors were often aware that the counseling relationship could be affected by differing levels of cultural power, and that their responses and interactions with clients sometimes provided insight into their

own awareness of privilege and oppression. In a classroom setting, Brinkman and Hirsch (2019) created an advocacy proposal assignment for a multicultural counseling course that sought to increase students' perceived importance of and intentions to engage in advocacy work. However, their findings indicated that there were no significant differences between the students who completed the advocacy proposal assignment and a comparison group on the intent to or importance of advocacy. Despite the emphasis on multicultural education and advocacy in counseling psychology, there is little evidence that these strategies actually improve awareness and advocacy in practice. Furthermore, the community psychology social justice principles are composed of various multifaceted and overlapping components that include and span beyond multicultural awareness and advocacy alone (Dalton et al., 2013; Dalton & Wolfe, 2012; Evans, Rosen, & Nelson, 2014).

Thus, to effectively build social justice acumen and practical skills among developing psychologists, it is critical to integrate a social justice framework into all applied psychology training institutions, course work, and field experiences (practica) (Baranowski et al., 2016; Evans, Rosen, & Nelson, 2014; Green, McCollum, & Hays, 2008; Knutson et al., 2020; Sanabria & DeLorenzi, 2019). Currently, in both clinical and clinical-community psychology doctoral programs, there are few opportunities throughout clinical coursework and practica experiences to focus on social justice. One way to address the gap between social justice and clinical practice may be to integrate community psychology's social justice principles into the key components of clinical practice (i.e., intake processes, treatment planning, therapeutic alliance, advancing client wellness, measurements/testing, referrals, etc.). For example, it is possible to apply social justice principles to clinical work with the values and foundational competencies of community psychology practice. Community psychology values include: recognizing the strengths of individuals/communities, respecting and celebrating human diversity, making referrals to and equitably allocating resources, analyzing power and systemic issues (acknowledging many social problems are created by institutions rather than individuals), being proactive/preventative, and collaborating with individuals/communities in fair decision-making processes (Dalton et al., 2013; Evans, Rosen, & Nelson, 2014; Rappaport, 1977). Further, the foundational competencies in community psychology practice include the ability to articulate and apply multiple ecological perspectives in practice, empowerment through supporting marginalized communities to gain access to resources and contribute to community decision-making, sociocultural and cross-cultural competence, including valuing and integrating multiple worldviews and identities, community inclusion and partnership, and ethical and reflective practice for continuous professional ethical improvement (Dalton & Wolfe, 2012; Wolfe, 2019). Given the inherent overlap between the above community psychology values and competencies as they relate to the critical training opportunities for rising clinicians, we sought to understand students' experiences of integrating these guidelines into clinical practice.

The current study focuses on the perspectives of doctoral students as a "bottom-up approach" to understand how to integrate social justice into clinical practice (Larrison, 2000). This bottom-up approach can be an act of social justice within itself, as it de-centers field "experts" in power, such as faculty at the "top," and re-centers individuals who have less power and are experts in their own experiences, such as students at the "bottom" (Larrison, 2000; Lundy & McGovern, 2008; Prilleltensky, 2001). Although faculty and academic leadership in doctoral programs have more power than students to implement department-wide changes to intentionally integrate social justice into clinical training, an objective of these changes would be to support student development and, ultimately, competence in a given area. Thus, when departments make changes for students, students should have a say in what may be helpful based on their preliminary experiences. This aligns with the community psychology competency of community inclusion and partnership (Wolfe, 2019). Further, beginning with students in this bottom-up approach provides a critical, early intervention point for social justice integration and creates a knowledge base to inform doctoral training competencies, program gaps, and students' training needs. Thus, the current study explores how students in clinical and community psychology

doctoral programs incorporate a social justice framework into multiple aspects of clinical work. We sought to understand the relations among community psychology and social justice principles, and how these can be integrated into clinical psychology training. Specifically, our primary research question was *How do clinical-community psychology doctoral students integrate social justice into clinical practice?* Ultimately, the goal of this study is to improve doctoral training programs and better prepare clinicians to support the equitable wellness of diverse communities.

## Methods

### Data Collection Procedure

#### *Recruitment*

To identify potential participants, the research team reviewed the list of clinical and community psychology doctoral programs that were listed on the Society for Community Research and Action (SCRA) website (<https://www.scra27.org/what-we-do/education/academic-programs/>). SCRA is Division 27 of the American Psychological Association and represents community psychology. Initially, we identified nine doctoral programs that listed dual training in clinical and community psychology; however, after visiting the program websites, we removed two programs from our recruitment list because community psychology was a concentration rather than a dual emphasis of the PhD program. This resulted in seven doctoral programs that had dual clinical and community PhD programs: Bowling Green State University, DePaul University, Georgia State University, University of Alaska-Anchorage, University of Illinois Urbana Champaign, University of Maryland Baltimore County, and the University of South Carolina. All programs, because they were clinical and APA accredited, adhere to clinical psychology training requirements. However, although all programs had a focus on both clinical and community psychology, there was some variation in program models such that some programs described more integrated clinical-community training than others and there was variability in terms of required practica in the community (as noted in their online program descriptions). For example, the University of Maryland Baltimore County (UMBC) offers several single program tracks such as clinical psychology, community psychology, and behavioral medicine, and students may opt to take a single track or combine two tracks, such as clinical and community psychology. At UMBC, although there is nearly an equal amount of clinical and community psychology courses in the dual-track, there is no intentional integration between the two tracks in coursework or training, and students must take several years of clinical practicum, yet there is no required community-based practicum for dual-track students (UMBC, 2020). In contrast, the University of Alaska-Anchorage (UAA) has a unique location and focus on indigenous populations. According to its program description, UAA has a strong training emphasis on “community-based action” and indigenous cultural context, and it requires a community-based practicum, termed a “cultural experience”. The cultural experience consists of “direct exposure to Alaska Native and other cultural worldviews, values and life experiences through contact with cultural elders and advisors” (UAA, 2020, p. 16). Further, the UAA program description specifies the required integration between clinical and community psychology. For further information on the various structural descriptions of clinical-community programs, you may visit the aforementioned [SCRA website](#). However, it is important to note that while program descriptions vary, it is difficult to ascertain from these online descriptions how clinical-community and social justice integration actually occurs in training programs.

To recruit potential participants from the seven clinical-community psychology doctoral programs, we used a combination of convenience and snowball sampling methods. Research team members first emailed a letter to faculty at several institutions and asked those faculty members to forward the email to their doctoral students. The recruitment email advertised the “Social Justice in Clinical Training study,” detailed participant

eligibility, and stated the purpose of the study: *to learn how community psychology social justice principles may be integrated into clinical psychology training and practice*. We were also able to obtain student email addresses through several program websites. When student email addresses were available, we sent the recruitment email with the study information directly to students.

The recruitment email provided a link to a short questionnaire that included the informed consent and asked for demographic information, program and clinical training experience, and contact information for scheduling an interview with a research team member. Eligibility criteria included any student who was enrolled in a dual track clinical and community psychology PhD program in the U.S. who had completed at least one year of clinical practicum, which may include supervised psychotherapy practice, assessment, or other clinical duties. Participants were informed that they would each be compensated \$30 at the conclusion of a virtual 1-on-1 qualitative interview. Recruitment for the interviews concluded after 26 participants completed the study, with a minimum of three participants from each program.

After all interviews were completed, 6 students were asked to participate in a focus group to review the initial themes and provide recommendations for the study. More detail on the focus group is provided below.

### **Procedure**

As noted above, the recruitment email included a link to an online Qualtrics form, which included an electronic informed consent and collected the participant's contact and demographic information. After providing consent and completing the Qualtrics form, the research team reached out to eligible participants to schedule a 1-on-1 interview via WebEx video conferencing technology. As participant data were collected, each was assigned a participant ID and any personally identifying information was stored separately from study data to protect confidentiality. All procedures were approved by the University Institutional Review Board.

All 26 participants who completed the Qualtrics form completed a virtual interview. All interviews were recorded and lasted an average of 61 minutes. After the interview was completed, participants were compensated with \$30, which was paid through a free mobile payment app or cashier's check. Also after the interview, participants were emailed a brief Google document of resources to supplement their education on how to integrate social justice into clinical practice. These resources included videos, podcasts, blogs, and books surrounding active anti-racism and decolonizing mental health, and are available online [here](#) or upon request by emailing the first author. All interviews underwent human transcription by a verified Black-owned business, ThoroughScript.

### **Interview Questions**

The research team developed a semi-structured interview guide that offered scripted probes, requests for examples, and options for clarification as needed. To understand how participants integrated social justice into clinical practice, the researchers narrowed the scope of theoretical social justice principles in a way that was relevant to students in doctoral training programs. The primary questions included: *In what ways, if at all, do you address oppression in your clinical practice? ...incorporate knowledge of social context in your clinical practice? ...work towards equity in your clinical practice? ...use a strengths-based approach in your clinical practice? ...facilitate empowerment in your clinical practice? In what ways, if at all, have you acknowledged and managed your privilege in your clinical practice? And, In what ways, if at all, do you advocate for your clients?*

Interview responses were analyzed and synthesized into a list of recommendations for integrating social justice into clinical practice.

### **Focus Group**

After all 26 interviews were completed, the research team invited a sub-sample of participants to meet in a virtual focus group via WebEx video conferencing. Out of the 6 participants invited, 5 attended the

focus group meeting. The participants were randomly selected from the original sample using stratification to increase diversity in gender, race/ethnicity, and geographic area/institution. About 2 days prior to the focus group meeting, participants were provided the list of recommendations for integrating social justice into clinical practice so they could review and prepare their questions and thoughts. During the meeting, research team members asked the focus group to share their thoughts and suggestions to confirm or revise the recommendations. The focus group served as a reliability check to ensure that the research team's list of recommendations accurately reflected clinical-community students' experiences, concerns, and goals. At the conclusion of the meeting, focus group participants were compensated with an additional \$30 via a free mobile payment app or cashier's check.

### **Researchers' Background Statement**

Out of the 5 authors, the principal investigator identified as a Black woman in her 3rd year of doctoral training, 2 identified as Black men in their 2nd year of doctoral training, 1 identified as an Afro-Latino/Caribbean Hispanic woman in her 1st year of doctoral training, and the faculty advisor identified as a White woman. Four of the researchers, including the principal investigator, were current clinical-community doctoral students at the University of Maryland, Baltimore County (UMBC) and advised by the fifth researcher, a clinical-community faculty member at UMBC. All team members take a strong stance on the need to integrate social justice into all facets of research and practice on individual, community, and systemic levels. The researchers began this project because they experienced the effects of inadequate integration between clinical and community psychology doctoral training. These effects included an excessive and imbalanced workload, in which training opportunities and coursework prioritized clinical requirements while minimizing community perspectives and practice, especially in clinical training. Thus, the researchers sought to learn from other clinical-community doctoral students to understand and inform practice and training needs, with a long-term vision of supporting future student clinicians by creating a more clear and intentional integration between clinical and community psychology through a social justice framework.

### **Qualitative Data Analysis Plan**

#### *Phenomenological Approach*

This study utilized a phenomenological approach to understand student experiences and describe how they applied social justice principles into their clinical practice. The focus group meeting last about 1 hour. Phenomenology was selected because researchers using this method often describe the essence of lived experiences across individuals who have all experienced a phenomenon (Cuthbertson, Robb, & Blair, 2020). As such, knowledge is co-constructed between the study participants and the researchers (Langdrige, 2007). This means that the researchers' choice to frame the interview questions around particular social justice applications aided in the data collection just as much as the recorded experiences of the study participants (Langdrige, 2007). Using a phenomenological approach, the research team developed themes, de-identified relevant examples, and inferred a list of recommendations from the common and unique experiences of participants. The inferences aim to add clarity and guidance on the phenomenon of integrating social justice into clinical practice.

#### *Thematic Analysis*

The research team employed thematic analysis to identify participant patterns of perceptions, experiences and practices. Thematic analysis is a method of identifying, analyzing, and reporting themes from qualitative data (Braun & Clark, 2006). The research team employed Braun and Clark's (2006) six phases of thematic analysis: 1) familiarize with the data, 2) generate initial codes, 3) search for themes, 4) review themes, 5) define and name the themes, 6) and generate the report. Researchers reviewed, summarized, and analyzed



the interview transcripts to develop themes and identify relevant examples from participants on social justice in clinical practice. The research team met weekly to discuss and refine proposed themes and ultimately co-developed a list of recommendations, inferred from participant experiences and validated by the focus group, on how to integrate social justice into clinical practice.

## Results

### Participants

Twenty-six adult doctoral students who were currently enrolled in a dual track clinical and community psychology PhD program participated in this study. For demographic information, participants self-reported gender, and identified as female/women (76.9%;  $N = 20$ ), male/men (19.2%;  $N = 5$ ), and non-binary/gender non-conforming (3.8%;  $N = 1$ ). More than half (57.6%) of participants identified their racial and ethnic backgrounds as non-Hispanic and White ( $N = 15$ ); while 15.4% identified as Asian ( $N = 4$ ); 11.5% as Hispanic/Latinx and White ( $N = 3$ ); 7.6% as Black ( $N = 2$ ), and 7.6% as more than one race ( $N = 2$ ). Importantly, 9 participants identified with more than one race and/or ethnicity (34.6%) as they wrote in their responses. On average, participants were 29 years of age ( $M = 28.92$ ;  $SD = 3.06$ ; range 23- 36). Participants had completed at least one year of clinical practicum through their PhD programs, and 57.7% ( $N = 15$ ) were entering their 3rd through 5th years of their doctoral training program ( $M = 4.81$ ;  $SD = 1.58$ ; range 2-7).

The findings from the interviews demonstrate how clinical-community doctoral students attempt to integrate community psychology social justice principles into their clinical practice. The results below begin with the bolded social justice principle heading, followed by a description of common participant responses associated with applying the social justice principle to clinical practice, italicized participant quotes as examples, as well as bolded key phrases to reflect the overarching themes in each area.

### Addressing Oppression and Social Context to work towards Equity

Participants reported overlapping examples for integrating knowledge of oppression and social context into their clinical practice, and these experiences were also often related to advocacy and privilege. When conceptualizing clinical work, participants often referred to the client's **context through an ecological framework**. For example, one participant stated:

*...From an ecological approach, we like to think about a person who's sitting in a chair. There [are] four legs of a chair that keep it firm and standing right so you're not leaning on one side and not falling. And I like to think about a person sitting in that chair in a different context which supports that person. Where's the foundation? How are they being supported through those legs?*

A few participants' diagnostic decisions were made cautiously to **avoid pathologizing clients who were experiencing oppressive systems and contexts**. These participants noted examples in which their clients would have been considered paranoid or diagnosed with a personality disorder if not for considering the clients' social contexts of growing up in an overpoliced neighborhood and experiencing racism and marginalization. However, participants also noted that they **rarely had the power to question the validity or use of the Diagnostic Statistical Manual of Mental Disorders (DSM)** in their clinical placements. Thus, some participants reported that they did not consider social context in their diagnosis decisions, which aligned with the standards and protocols of their clinical placements.

Participants also addressed social context as a means to build the therapeutic alliance. For example, participants **asked clients about what their life experiences were like to acknowledge clients as the experts on their lives** and gain a better understanding of their daily experiences:

*I will say that to a client and give them the expert seat for a minute to tell me, this is what it's like being this*

*kind of person in America today. Or in this kind of neighborhood today. Or whatever context we're talking about.*

Thus, participants frequently conceptualized or asked about social context through an ecological perspective by considering how social group identification, living conditions with housing, family or neighborhood safety, experiences of historical oppression due to group membership, and structural racism may all impact the individual. More nuanced contexts were also considered, such as therapy attendance and resource referrals, by inquiring about the client's needs for tangible resources, such as transportation for in-person therapy sessions and reliable internet access for online telehealth therapy.

### Utilizing Strengths-based Approaches

When participants were asked about how they incorporate strengths-based approaches into their clinical work, several participants replied with **standard evidence-based treatment modalities**. Participants emphasized these modalities because they believed a strengths-based approach was encouraged and emphasized, as with Acceptance and Commitment Therapy (ACT), and Motivational Interviewing (MI):

*...I think that ACT is totally strengths-based. I think it really puts the person in the center and really... yeah, it's just like it's an evidence-based practice. Which our program really values.*

Other modalities and tools were named as being typically deficit-based, such as Cognitive Behavioral Therapy (CBT) that focuses on changing *cognitive distortions* and *maladaptive behaviors*, or standardized assessments that were normed on majority White populations.

Regardless of whether participants leaned on specific evidence-based treatment modalities, all participants valued **centering the client's strengths within therapy**. Strengths included the client's character, values, skills, resilience, hobbies/interests, and social supports. Participants **collaboratively explored and utilized client strengths to validate** the client, their treatment progress and support their self-esteem:

*An example...with an individual who struggled with substance use...We explored the rationale about the drinking, and we found out that it's partially because of a maladaptive avoiding behavior [to avoid anxiety]. So we are trying to reframe that and find more adaptive coping skills to cope with his anxiety. And then the strengths-based comes in...His cultural coping such as fishing, hunting, berry picking, and drumming, we incorporated those into his coping mechanism, [so] he doesn't have to go to drinking to cope with his anxiety for example.*

**Naming and nurturing client strengths** often became a key method of facilitating empowerment in which the client could build skills in therapy to improve and apply their strengths outside of therapy in order to sustain their own wellness. Thus, naming and nurturing client strengths were a common part of treatment goals as well as an intentional means of reaching treatment goals. In essence, participant's strengths-based approaches often explicitly overlapped with empowerment as well as advocacy, as seen later in the results.

### Facilitating Empowerment

When study participants were asked how they facilitate a client's empowerment, the majority of participants reported **connecting clients to local resources** and **advocating for equitable allocation of resources** based on a client's needs and social context. Some participants needed clarification on the term empowerment prior to answering. The interviewers clarified empowerment was an intentional shift of power and resources to the client. In response, participants often confirmed resource connection and further reported shifts of power occurring within their **client-centered approaches to therapy**, in which participants **collaborated with clients** in forming a treatment plan and encouraged clients to determine and amend treatment goals. **Psychoeducation** was also key in empowering clients to understand and choose their preferred

treatment option. Some participants, however, were not confident as to whether they facilitated empowerment in their clinical practice. When asked, one participant replied:

*I think that my honest answer is, I have no idea. Again, talking with clients, asking how they're feeling about their own symptomology, their own coping skills, and stuff like that...working with clients to ensure that they do have the tools that they need to in order...to succeed or whatever. Again, it's all based on self-report. But I don't know. I have no idea if I'm empowering my clients or not.*

Another participant reflected on the **inherent client-clinician power imbalance** that may influence a client's self-report of empowerment:

*...So that's what I try to do to empower the individual. But to say that they're empowered is a tricky thing, because there's a lot of power dynamics that will make it so that they might feel empowered...*

Thus, some participants expressed the concern that they were **unsure of how to best evaluate and confirm client empowerment**.

### **Acknowledging and Managing Privilege**

When interacting with clients, the participants reflected on the multiple privileges they hold in the therapy room. This ranged from socioeconomic status, race, religion and the special advantage of their education alone. They discussed the **internal process** of acknowledging privilege as well as actively working on **gaining diverse perspectives**, and evaluating if any bias is impacting therapy:

*That's a very clear educational thing for me to do. But then reading White Fragility also made me think, well, I'm reading a book written by a white woman. So maybe I should read something that is actually written by somebody in that oppressed group and see their perspective on how white privilege has continued to oppress them. And nobody was telling me to do that. I had to be internally motivated to do that and I will have to continue doing that...*

**Personal evaluation of privilege** was often a varied and **self-taught** experience among participants.

### **Effective Advocacy**

Participants reported demonstrations of advocacy that involved both **voice and action** to promote what is best for their clients according to perceived and reported needs. Along with **connecting clients to community resources**, participants stated that they had **advocated for clinic procedural or structural changes**. For example, one participant was granted sound machines for their clinic's therapy rooms, upon noticing their absence, to protect client privacy. Another participant successfully advocated for a client's support animal to accompany them in the clinic to increase comfort and aid in therapy. Additionally, participants reported advocacy through **vocalizing client strengths** and **reframing client behaviors as adaptive** to clinical supervisors as well as community or institutional partners, including Child Protective Services and case managers. As noted by study participants, some community partners may not be as aware of a client's social context and may use deficit-based, rather than strengths-based, approaches or stigmatizing language when referring to the client. In this context, reframing normalizes the client's behavior or thought processes and facilitates empathy and understanding to protect the client's access to resources and equitable treatment. One participant discussed advocacy as:

*...Really working with other people in the clients' lives to provide context and psychoeducation about the clients' presenting problems and what we were working on together. And I've used that as a way to try to involve others in treatment.*

Participants also reported **advocating for transparency** for their clients regarding diagnosis decisions and documentation:

*That's asking if we can share symptom inventory reports with the client so that they can have that and see whatever data we're collecting. So a level of transparency there.*

However, study participants noted limitations of advocacy. **Advocacy frequency and quality can depend on the clinician's knowledge of and access to resources**, which can make traditional clinical contexts difficult settings for student clinicians to advocate in. For example, hospital placements for clinical practicum may restrict creative thinking and restrict resource access according to bureaucratic power hierarchies:

*I think within a traditional clinical context, that work is a lot harder to do. Again, because you're not in direct communication with systems of power. You're **navigating within [systems of power]**.*

Study participants utilized a range of strategies to apply community psychology social justice principles to clinical practice. Many of their strategies (i.e., asking about the client's life experiences, naming and nurturing strengths, and reframing client behavior) as well as the social justice principles (i.e., strength-based approaches, empowerment, and advocacy) overlapped, as to be expected, with the primary goal of providing equitable treatment to clients.

**Focus Group Feedback**

After analyzing and summarizing the study themes, the research team developed a list of recommendations on how to integrate social justice into clinical practice to discuss with 5 focus group members, who were recruited from the original 26 clinical-community doctoral students. Focus group members asked key questions and requested more specific examples of how to implement social justice recommendations. The following list of recommendations were informed by study participant interviews and focus group feedback. Specific examples of how to integrate social justice into clinical practice are proposed in Table 1 below. Importantly, we note that these example conversations should be approached with sensitivity, as they reflect experiences of oppression and will be influenced by the power dynamics in the room, organization, and larger system.

**Table 1: 10 Recommendations for Integrating a Social Justice Framework into Clinical Practice**

Recommendations	Examples
<p><b>1. Seek educational opportunities by Black, Indigenous, and People of Color (BIPOC).</b></p>	<ul style="list-style-type: none"> <li>• Educational opportunities include multicultural and policy classes, LGBTQ+ ally workshops, Black feminism and antiracism readings, social justice documentaries, racial equity webinars, decolonizing mental health podcasts and websites, and community-based practicum.</li> <li>• Contact the authors or review the following organizations/individuals for resources: artEquity for BIPOC navigating predominantly White institutions, Haymarket Books for social justice and equity, Dr. Jennifer Mullan and Shawna Murray-Browne on racial trauma and decolonizing mental health care.</li> </ul>

<p><b>2. When possible, seek clinical placement sites that align with your social justice values and may support you in learning and implementing socially just practices.</b></p>	<ul style="list-style-type: none"> <li>• Consider the power structures/dynamics of the site. What is the character/style of leadership?</li> <li>• During formal/informational interviews or personal reviews of clinical sites, inquire: How do you think the community perceives this clinic and what it stands for? How does the clinic’s culture and values align with that of the community it serves?</li> <li>• What treatment accommodations are provided for clients from different cultures/beliefs, physical/cognitive/developmental abilities, transportation access, and clients with life stressors that may interfere with clinic payments or attendance? How is accessibility and equity supported?</li> <li>• Does the clinic offer queer-affirming care?</li> <li>• What didactics are offered to train clinicians how to rely less on harmful systems (e.g., child protective services, involuntary hospitalizations, law enforcement) to support immigrant clients and clients from oppressed and marginalized backgrounds?</li> <li>• How do clinicians at this site apply knowledge of social context to multiple aspects of practice such as with diagnosis decisions and how to measure progress?</li> <li>• How do clinicians at this site typically advocate and shift power and resources to clients?</li> <li>• How does the administration/leadership support clinicians’ efforts in advocacy and facilitating empowerment? When microaggressions or harmful behaviors are expressed by clients or by leadership, what procedures and support are offered to safely address these behaviors?</li> </ul>
<p><b>3. Gather social context information in sessions with clients using open-ended socio-ecological questions.</b></p>	<ul style="list-style-type: none"> <li>• Social context inquiries may include: How would you describe your sexual preferences? What gender (or race, etc.) do you identify with? What other identities do you hold (e.g., father, student, competitor, activist, etc.)? Which identities are the most important to you? Which are the most visible?</li> <li>• What has been your experience living with that identity at home (in your community, at school, at work, in this country, etc.)? What are the advantages and disadvantages of this identity for you?</li> <li>• How might others (in family, community, etc.) perceive you? How do you perceive yourself?</li> <li>• How have ___political and current events impacted you?</li> <li>• When/where do you feel safe/unsafe?</li> </ul>

<p><b>4. Apply knowledge of social context, including historical/current oppression, to provide equitable services in all facets of clinical practice.</b></p>	<ul style="list-style-type: none"> <li>• During case conceptualization and diagnosis decisions, understand that a person’s environment and experience of their environment may meet diagnostic criteria for “signs and symptoms of a disorder”, but they may actually be normal and justified responses to a circumstance. For example, if a client identified as a racial/ethnic minority and has had interactions with or concerns about the local police; then the client’s presenting paranoia/hypervigilance may make sense and be conceptualized as an adaptation vs a diagnosis.</li> <li>• Apply social context to how you collaboratively measure a client’s progress. For example, for a client with a negative body-image, the clinician and client may consider treatment progress as the client trying less to fit in with aspects of mainstream culture. Progress can range from tolerating the sight or feel of a bodily feature, to accepting, and one day praising/validating the feature. Addressing each feature may be its own milestone for this client.</li> </ul> <p>Modify treatment to fit social context:</p> <ul style="list-style-type: none"> <li>• Modify metaphors in Acceptance Commitment Therapy to be relevant to a client’s culture or environment.</li> <li>• Change wording of “homework” assignments for therapy to “wellness activities” and offer alternatives to writing/paperwork for diverse learners (e.g., a physical activity, thought exercise, client’s choice). Consider adding psychotherapy activities.</li> <li>• Change wording in Cognitive Behavioral Therapy to be more culturally sensitive and strengths-based, such as substituting “adaptive vs maladaptive/distorted cognitions” for “helpful and less helpful/unhelpful thoughts”.</li> </ul>
<p><b>5. Evaluate and employ tailored strength-based approaches. Connect strengths to therapy goals.</b></p>	<ul style="list-style-type: none"> <li>• Do not solely rely on intake forms or manualized treatments to do the strength-based work for you. Provide additional validation, genuine feedback, and instill hope. For example, a clinician may ask a client, “Can I share my experience of you?” And if they say yes...“My experience of you is that you are so thoughtful and compassionate. These are great strengths. What would it look like if you showed that thoughtfulness and compassion towards yourself?”</li> <li>• Inquire and prioritize the client’s preferred treatment goals and collaboratively explore and often acknowledge clients’ natural strengths (e.g., tendencies to adapt, think flexibly, care for others, care for self, survive, grow, etc.). Then, show and remind clients the connection between their strengths and progress towards their treatment goals.</li> </ul>

<p><b>6. Facilitate and measure empowerment. Collaboratively establish what empowerment can look like for each client considering their social context and goals.</b></p>	<ul style="list-style-type: none"> <li>• Inquire about and do your best to fulfill client preferences on therapy and therapist type. With knowledge of the clinic's capacity and staffing during intakes/phone screens, ask, "What kind of therapist would you prefer (e.g., race/ethnicity, age, gender, sexual orientation, religious affiliation, etc.)?" Fulfilling client preferences is a shift in power.</li> <li>• Ask the client, "What are your goals for treatment? What is a small step towards that goal that we can do once a week? What can you do at home to work on that goal? How often are you willing to do that? We can modify our goals as you see fit...What would make you feel more empowered (e.g., resources, moral support, sense of community/belonging, self-awareness, education, etc.)? How would you know that you are empowered? What would it look like; feel like?"</li> <li>• Providing psychoeducation also empowers by shifting the power/resource of knowledge. Discussions comparing/contrasting treatment options, brief handouts, and frequent reminders of the chosen treatment's concepts and key terms supports transparent collaboration and informs the client's treatment decisions with you and future providers.</li> </ul>
<p><b>7. Analyze your intersectional identities; acknowledge and manage privilege in and outside of therapy sessions with clients.</b></p>	<ul style="list-style-type: none"> <li>• Address your privilege, without being prompted by the client, in initial sessions and when relevant by self-disclosing your visible and salient identities while verbally acknowledging that the client's experiences and perceptions may differ from your own. Verbally express that you cannot and should not assume to know what someone else is going through.</li> <li>• An example statement: "I want to acknowledge that although I am your clinician and I have certain skills and knowledge, I do not know your experience. I am a queer White woman. My queerness may be stigmatized in some places, but it is not always visible. Whereas my visible Whiteness carries many advantages in this country. So, I don't know what it's like to be another identity other than my own. But I want to listen and learn from you so we can work together on your wellness." -Then, initiate identity exploration activities with the client. Note that the client is not responsible to act as your sole educator or the spokesperson for their entire community/culture. Do your own work outside of the therapy session, in addition to listening to your client. Be careful not to take up too much space with self-disclosure. The point is to be transparent, make genuine connections, and create a safe space for the client to share.</li> <li>• We recognize that many of these conversations are sensitive. We suggest that student clinicians frame their presentation of any questions related to the clients' identity with full transparency about why the questions are asked and how they will be used. For example, <i>'I am going to ask you some personal questions about your background and experiences. I am asking these questions so that I can learn more about you and who you are, and what your experience is like outside of our therapy sessions. You can always choose not to answer these questions or we can come back to them at a later time.'</i></li> </ul>

<p><b>8. Advocate with voice and action in the clinic and in the community you serve.</b></p>	<ul style="list-style-type: none"> <li>• May reframe a client’s behavior as a strength to supervisors or community partners (e.g., CPS, case managers, etc.) to normalize the behavior and facilitate empathy given the client’s social context. Talk as if the client is in the room. Work towards the client’s access to equitable care.</li> <li>• Leverage privilege and networks to acquire resources and structural/policy changes that benefit client wellness as well clinicians.</li> <li>• Advocate for yourself, too. Self-advocacy for self-care is just as important. As you accept new responsibilities, can you decline others? Reconsider maxing out your caseload too soon and multiple back-to-back clinical appointments. If possible, add 15-30min+ break in between some appointments. Intentionally make time for self-care, calling a friend, eating, walking, sleeping, and doing nothing.</li> </ul>
<p><b>9. Use education and compassion to safely confront oppressive behaviors (i.e., racist statements/ acts) with clients, staff, colleagues, etc.</b></p>	<ul style="list-style-type: none"> <li>• Consult with trusted colleagues and mentors to rehearse and review best practices on facilitating challenging conversations. Consider Dialectic Behavioral Therapy interpersonal communication techniques. Consider the objective and desired outcome of the conversation (i.e., mutual respect and understanding, treatment progress, personal growth vs. evoking guilt or shame, etc.). Then, consider what tailored phrases are appropriate to achieve the desired outcome while creating a safe space for both individuals to express respectful yet radical candor. Also consider possible consequences, likelihood of retaliation, and what safety precautions and allies may be necessary.</li> <li>• After weighing the risks and benefits, decide on your approach: to tolerate and deflect, ignore, document, explore the root of the oppressive behavior, educate, turn it into a treatment goal and work to substitute more helpful behaviors, clarify boundaries and definitions of respect, and/or to not tolerate; indicate at what point you may discontinue the professional relationship or file a formal complaint.</li> <li>• For clients, you may begin with curiosity, then education with defining the harmful words/behaviors and their impact. See examples of responding with curiosity and education below.</li> <li>• “When you say __, what is your goal; what impact do you want...expect?...and why? How does it make you feel when you say/do __? How do you think it makes others feel? Where might this behavior come from? Where else do you see/hear these behaviors/words (in childhood, home, community, TV, etc.)?”</li> <li>• “When you say __, I hear...” or “This is what __ may mean to others.” If explicit harm continues, you may say, “I’m happy that you chose therapy as a safe space to grow. How are these words/behaviors adding to a sense of safety or growth?... Can we work together on alternative words/behaviors that allow you to still express yourself without harming others?...What helpful boundaries can we agree to so we can both feel respected (or welcomed) and listened to?”</li> </ul>



<p><b>10. Join local activism movements and organizations.</b></p>	<ul style="list-style-type: none"> <li>Identify, join or collaborate with your institution's Diversity, Equity, and Inclusion committee or similar organizations to pressure your institution and community mental health structures to invest in antiracist-multicultural education and advocacy efforts of clinical trainees and supervisors to provide equitable services to clients.</li> </ul>
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## Discussion

This study explored how doctoral students in dual clinical and community psychology training programs integrated social justice into their clinical practice. Our results suggest that integrating a social justice framework into clinical practice is a multi-layered, iterative process that requires critical reflection, ongoing self-education, and action-oriented compassion for the equitable well-being of others. Our findings also confirm the need to expand social justice beyond multicultural education and advocacy training (Ali et al., 2008; Baranowski et al., 2016; Field et al., 2019; Sanabria & DeLorenzi, 2019). The 10 recommendations above are by no means a comprehensive protocol for how to incorporate social justice into clinical practice. They serve as a starting point and guide for student clinicians as well as training programs to develop a more socially just framework for clinical practice.

The integration of community psychology and clinical psychology through a social justice framework may not have been a conscious intention for all student clinicians in this study. This may be especially true for study participants who were enrolled in clinical and community psychology doctoral programs that were not fully integrated in their training models. However, participants employed a range of nuanced and overlapping clinical practice strategies that encompassed community psychology social justice principles. Such strategies included centering the client as the expert on their lives and inquiring about their life experiences with oppression and home/community life to understand their social context. As participants got to know their clients, many engaged in internal self-reflective practices as well as therapist self-disclosure of salient identities with clients as a means of acknowledging and managing their privilege. Acknowledging and managing privilege in therapy sessions coupled with gaining knowledge of a client's social context aided in building an authentic and trusting therapeutic alliance. Further, knowledge of a client's social context also informed ways in which participants facilitated empowerment and their work towards equity regarding what and *how* treatment services were delivered. Additionally, participants' use of strength-based approaches in treatment carried over into the client-centered language and strategies (i.e., vocalizing client strengths and reframing) used to advocate on behalf of clients to clinical supervisors and community resource partners. Many participants shared a critical awareness of the impact of systems on people's lives and a reflexive application of social context and other social justice principles. This may be indicative of standard community psychology values and training (Dalton et al., 2013; Evans, Rosen, & Nelson, 2014; Rappaport, 1977). Moreover, the frequent overlap of social justice principles and application strategies supports the feasibility of integrating community psychology social justice principles into clinical practice.

### Challenges among Student Clinicians and Implications for Training Programs

Despite their valuable skills as student clinicians, participants highlighted several training gaps and challenges when applying social justice principles to their clinical practice. For example, some participants were uncertain about whether their empowerment facilitation was effective from the client's perspective, suggesting a need to identify methods of measuring and confirming client empowerment. In another example, participants noted that the standardized assessments and treatments that they were expected to administer on all clients were normed on majority White populations. Moreover, several participants listed standard evidence-based treatment modalities, such as ACT, as their primary method of using strengths-based approaches with

clients. This may indicate that there is a blanket reliance on Western evidence-based treatment modalities for diverse clients despite participant knowledge that these modalities are normed on majority White populations. Rather than relying solely on these Western tools, there may be a need to use Eastern and African therapeutic approaches as well as more tailored equitable approaches to integrate social justice into clinical practice. The recommendation list in Table 1 provides guidance on integrating social justice principles to work beyond Western clinical standards. For instance, a more equitable strength-based approach requires an in-depth understanding of historical and current oppression as it relates to the client and their strengths (i.e., resiliency, survival, compassion, etc.), the application of the client's socio-ecological context to diagnostic and treatment conceptualizations, and facilitating empowerment and collaboration to center client preferences and cultural perspectives during treatment planning.

Another challenge participants reported involved their capacity for effective advocacy. Specifically, some participants said that there were not always established routes to advocate for their clients and incorporate client-centered changes. Therefore, participants often had to think creatively or take calculated risks in confronting supervisors and community partners to do more for clients and to acknowledge client strengths rather than solely their deficits. According to participants, the effectiveness and extent of their advocacy for clients was dependent upon their knowledge of and access to local resources, as well as on the clinical setting and population. For example, it was often easier for participants to name advocacy when working with children and community schools compared to adults. In contrast, participants reported challenges within medical settings attuned for fast-paced/shorter-term interactions and a high-volume of clients. The structure of such settings may not allow the time and flexibility for clinicians to gather adequate social context to tailor advocacy and client care.

To address challenges in advocacy, focus group members emphasized the need for additional support from clinical supervisors and doctoral training programs in order to increase clinician knowledge of, access to, and the skilled use of resources to equitably shift power and resources to clients. Specifically, focus group members suggested that student clinicians should be granted financial and educational support for social justice efforts. Focus group members also expressed that student clinicians should be allotted "protected time" to focus on advocacy and empowerment work to properly invest in equitable client care.

Ultimately, the resulting recommendation list, as informed by participant interviews and the focus group, attempted to provide a guide for student clinicians' best practices. However, both study participants and the research team recognize the power limitations of student clinicians who may encounter negative consequences to their academic/professional careers and relationships for advocating too passionately or confronting oppressive behaviors, particularly in those with more power. Student clinicians may serve on the front-end of client care; however, the support of supervisors, training programs and greater systems of power are needed to actualize advocacy efforts, model what strength-based approaches and confronting oppression looks like, and collaborate with students to work towards equity in student training and clinical practice.

Clinical supervisors and training programs are called to question their traditional Western procedures, practices, and expectations. Consider the following: How might clinic procedures support or hinder equity for some students or clients? How often is student feedback solicited and incorporated to fill training gaps, particularly as it relates to socially just practices? How can facilitating empowerment and applying social context in clinical practice be better demonstrated for students? How can the principles of social justice be modeled within supervision relationships, meetings, class structures and training opportunities?

It is the explicit *how* of socially just practices that is often missing in clinical training. Although there is often not one right way, modeling and discussing examples along with proactive support will provide a deeper understanding of the *how*, which will result in more personally and professionally prepared future clinicians.

## Study Limitations

This study had limitations that should be addressed in future research. First, the current study's sample was composed of primarily White women. Although White people do make up the majority of psychologists, as only 4% of psychologists in the workforce are Black (American Psychological Association, 2018), the authors expected more diversity among clinical-community psychology students. However, given our convenience and snowball sampling methods, as well as limited public program level data on demographic information, we do not know how well the sample reflects the social identities of students in dual clinical-community psychology doctoral programs. Second, because this study captured a cross-section of self-reported doctoral student experiences, there may be recall errors in participant's reports. However, we believe that asking for specific examples from participants may have alleviated this challenge. To address the current study's limitations, future research on this topic should expand the size and diversity of the sample to capture more diverse experiences. Finally, a longitudinal study may capture more recent reflections and examples of socially just practices. Longitudinal studies may also capture the progression and contributing factors of students' professional, clinical development as they learn how to navigate systems of power and integrate social justice into clinical practice.

## Future Directions

The current research study illuminates the need for social justice integration beyond the individual level of clinicians, to expand to supervisors, faculty, and institutions with more power. As such, doctoral programs should actively work to integrate clinical and community psychology through a social justice framework within courses and training. Such integration can address training gaps regarding the incorporation of social context in diagnoses and assessments, effective advocacy, and measurements of empowerment. Even for purely clinical track programs, a social justice framework is necessary to create explicit praxis for providing equitable care to diverse clients. To inform these efforts, further research is needed to gather insights from individuals and institutions in power to create structural changes beyond the individual level. For example, future research should incorporate the feedback of licensed clinicians, clinical supervisors, faculty, university system leadership and even accrediting bodies to provide a more comprehensive framework for integrating social justice into clinical training and practice.

Future research and practice must also acknowledge the broader systems of harm and how clinicians can avoid reinforcing harm and maintaining the power of these systems. For instance, for several study participants who interacted with Child Protective Services (CPS) on behalf of youth clients, there was no discussion of the potential harms of CPS and other systems. Although the researchers did not ask directly, no participant spoke of the harms of systems that are commonly present in clinical work, such as CPS, schools, police, involuntary hospitalizations, and the unnecessary, ineffective or over-medication of clients. Such welfare, legal, and healthcare systems disproportionately harm people of color and should be addressed with caution, rather than with reliance on these systems. Future studies should explore best practices to understand alternatives to systems that can cause harm to clients and communities.

In closing, the fields of clinical and community psychology can and should enhance one another with the intentional integration of a social justice framework into doctoral training programs. This social justice integrative approach may also enhance the profession and training of single-track clinical psychologists as well as researchers and practitioners in diverse fields including, but not limited to: healthcare, social work, human resources, non-profit or organizational management, public administration, and public policy. Specifically, we provide an interdisciplinary tool that shows *how* to center the perspectives of students, clients, and social groups with less power; address oppression and social context for equity and decision-making; utilize strength-based approaches; facilitate empowerment; analyze and manage one's privilege; advocate for others with less power; and, overall, develop an applied social justice framework to inform and evaluate practices. Implementing these components ensures that social justice is more than just an abstract construct worthy of *consideration in some*

fields. Instead, social justice is an *interdisciplinary* and *action-oriented* framework through which to process and enact transformative change and equitable wellness for all.

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# Tugging at the root of oppression: Infusing social justice across doctoral level clinical psychology curriculum

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## Abstract

Most professional associations and accrediting bodies in psychology and counseling make the aspirational call to graduate training programs to integrate social justice throughout their curriculum. Although a laudable goal, there appear to be no clear guidelines or best practices for cultivating this aspiration in psychology trainees preparing for entry-level practice. This case study will summarize a comprehensive process of integrating social justice principles into a doctoral program in clinical psychology accredited by the American Psychological Association. This programmatic, descriptive case study will describe specific program revisions to internal curriculum components and reorganization of the program trajectory, which were implemented to assist students in the reconciliation process. Modified curriculum components included lecture topics, readings and empirical research, in-class activities, and assignments in the core classes. The result was a more coherent and sequential program that infuses social justice concepts across all aspects of learning and training. The goal of this investigation was to (1) inspire other programs to engage in the important work of moving the exploration of social justice from one mandatory class to a concept that permeates all training aspects, and (2) cultivate a new generation of psychologists that know not just how to effectively treat people from different cultural perspectives, but to dismantle the oppressive systems that cause psychological suffering.

*Keywords: social justice; decolonization; curriculum; graduate education; pedagogy; oppression; social privilege*

## Introduction

The fields of psychology and counseling have been historic pioneers in the areas of social justice from eras of diversity, multiculturalism, and cultural competency (Sue et al., 1992). During the diversity era, we began to acknowledge issues of race as a significant factor in human services. Multiculturalism brought an expansion of identity to include domains of race, sex, gender, sexual orientation, disability, national origin, indigenous origins, etc. Our most recent era of cultural competency placed the emphasis on the quality of our service delivery and asked us to begin evaluating outcomes according to the consumers. The commonalities shared during these past eras include a focus on individual and cultural differences, contextualized within the clinical interpersonal dyad, as well as the assumption that the clinician was usually part of the dominant group. During these eras, mental health training programs adopted affirmative language and made explicit commitments to pursue these important values. This was usually accomplished in a program by adding a mandatory class or classes with some kind of exposure component, while also adding the topic of “diversity” into clinical skill courses and supervision topics (Adams & Bell, 2016).

The evolution of social justice has changed, especially in light of recent events, and our field continues to push the boundaries of this work. The term “social justice” has become more utilized in our academic discourse, suggesting that we may be moving beyond the realm of individual and cultural differences to something more comprehensive. A useful definition of social justice that differentiates it from other forms of justice is as follows, “social justice is the full and equal participation of all groups in a society that is mutually shaped to meet their needs. Social justice includes a vision of society in which the distribution of resources is equitable and all members are physically and psychologically safe and secure” (Bell, 2007, p. 1-2). Social justice can, and usually does, mean different things to each of us. Yet, themes of the common good and equity, despite identity, continue to endure and become ever more relevant (Bergkamp, Olson, & Martin, 2019).

The concept of social justice infers not just cultural knowledge, skills, and awareness, but a deeper understanding of the larger societal systems that permeate the lives of our clients. Gorski and Goodwin (2015) distinguished social justice from other common terms like multiculturalism, cultural competency, and cross-cultural psychology. Specifically, they voiced concern that the use of the word culture, in all its forms, can imply that oppression is a cultural phenomenon versus a dynamic of power through “purposeful societal arrangements” (p. 3). Thus, social justice also requires us to be knowledgeable of issues of power, privilege, and oppression in which culture can sometimes serve as a convenient proxy. This points to the clarified goal of targeting the root of oppression versus the manifestations of culture. Moreover, to embody social justice principles, scholars call on psychologists to expand their professional activities of their individual caseloads and move into the realms of community, legal, and social policy (Goodman et al., 2004). There are some precedent efforts in integrating these principles through training models that foster advocacy and activism (Mallinckrodt, Miles, & Levy, 2014; Melton, 2018).

In the past few years most of our professional associations, such as the American Psychological Association (APA) and the American Counseling Association (ACA), have made aspirational calls for our field to pursue not just cultural competency, but social justice principles that include issues of power and privilege. For example, the APA (2017) recently published an update to the Multicultural Guidelines in which they call on psychologists to “aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services” (Guideline 5, p. 4). The ACA’s Multicultural and Social Justice Counseling Competencies calls out social justice specifically in the title and provides a model involving the privileged counselor and client as well as the marginalized counselor and client, depicting a four-way directional dynamic



of power. In addition, the model consistently emphasizes a historical and systemic perspective regarding power, privilege, and oppression (ACA, 2016). Our training programs are thus called to move beyond interpersonal cultural differences to explore issues of socially-conferred privilege, widening social disparities, and the historical colonization of not just our country but of the field of psychology itself (Suzuki, 2019).

Further, there are calls from the margins of our field to critically examine the role of coloniality in Western psychology (Adams et al, 2017; Adams et al, 2018, Adams & Salter, 2019; Blanche, 2020; Bhatia, 2020; Pillay, 2017). This country was founded in a colonial lineage that still defines our hegemonic views of human behavior, relationships, morals, values, health, pathology and normality (APA, 2021). In line, psychology has moved from its corroboration with eugenics to its role in ending educational segregation. The colonial system of hegemony has permeated our field to such an extent, that it's difficult to differentiate the art and science of psychology from its contextual worldview.

The underlying struggle of moving beyond the interpersonal and acknowledging the systemic is really one of liberating our field from the colonial gaze (Fanon, 1952). The decolonial turn calls us to interrogate our own field, it's historical legacy and lineage, the supporting philosophical assumptions, and our normal way of service delivery. Traditionally, our services have been conducted behind closed-doors, in private, and usually one-on-one. While useful, this context of individual change is not enough to alleviate the suffering of oppression from historical and institutionalized oppression (Goodman et al, 2004). The decolonial turn also implies that we expand our efforts to address larger systemic sources of hegemony that include schools, communities, media, politics, and law.

With the increasing discourse and demand for social justice integration and associated decolonization, it is also important to acknowledge that this is a relatively new dynamic without a clear set of best practices or guidelines to support these needed changes. Some literature reviews indicate that, over the past decade, there has been some attention paid to social justice integration into clinical training, psychological research, and the training of new clinical supervisors (Burnes & Christensen, 2020). Most examples of social justice application to the existing graduate training models in the literature involve service-learning activities, exposure to difference interactions, and efforts to work with marginalized populations in clinical training (Sanabria & DeLorenzi, 2019; Dollarhide et al. 2016; Motulsky et al., 2014). Yet, there is still little addressing doctoral level, clinical psychology academic curriculum. Most programs, while in agreement with the principles of social justice integration do not have clear models of implementation in action. Most training councils have only recently included social justice into conference programming and resources. That is not to say that there are no resources available, but that curricular integration is not the norm for our programs.

Professional training councils, like the National Council of Schools & Programs of Professional Psychology (NCSPP) and others, have anchored their training models and curricular design on social justice principles over the decades. For example, NCSPP stated, "...issues relevant to ethnic and racial diversity and to women demand systemic focus, attention, and the responsible use of and education about power, oppression, authority, and sociopolitical structures (Peterson, R., n.d.). Thus, while resources and conceptual frameworks exist, there still appears to be a dearth of real-life examples of curricular integration.

This aspirational call from our professional associations must be balanced with the myriad of other demands of our training programs with the goal of forging competent entry-level clinicians and researchers. Our programs are tasked to provide empirical and evidence-based education that strives to position ourselves within the sciences. We need to ingrain the highest ethical principles in students to ensure public safety and replicate certain aspects of the medical model. We strive to instill a practice of life-long learning and appreciation of research to evolve our field towards continued improvement and efficacy. All the while, many of our programs must adhere to important accreditation standards. Thus, it could seem that the call towards

social justice integration is just one more demand on top of the difficult endeavor of designing, implementing, and maintaining quality clinical training programs.

While most of our field is in general agreement, it is possible that program leaders, faculty, and staff feel the social justice call as an additional burden to an already difficult job that involve the increasing pressures and burdens that plague our higher education system as a whole. The demands of our daily professional lives leave little room for the kind of innovation and risks that social justice integration presents. There are no clear roadmaps toward integration and many programs are in a quandary in which they continue to have an older model of the mandatory diversity course while voicing commitment to social justice principles. The following case study is just one program's struggle with this problem and provides a window into the journey to liberate a training program in the pursuit of social justice curricular integration.

Specifically, this case study provides a roadmap to move academic programs from the add-on strategy of a siloed mandatory class to a truly integrated vision, mission, and curricular approach to training students in cultural competency and social justice. It is one attempt to meet the recent aspirational goals of our accrediting bodies. As this was an APA-accredited doctoral program in clinical psychology, the Discipline-Specific Knowledge domains and Profession-Wide Competencies were both addressed (APA, 2017). The case study addresses issues around faculty readiness for change, workload demands, pragmatic steps for revision, sabotaging factors, student involvement, and sustainability. The hope is that this case study can provide inspiration to program faculty and administration to engage in the struggle of instilling social justice principles into their graduates, thus influencing our field as a whole.

## Case Study

### Method

A case study is a means of investigating complex social variables in a real-life context, that offers a rich and holistic account of the phenomena that can lend towards hypothesis generation (Merriam, 2009). A programmatic and descriptive case study approach was used to define, track, evaluate, and reflect on the programmatic process of integrating social justice into doctoral-level curriculum over the course of approximately 2 years (Creswell & Poth, 2017). The case study structure allowed for clarity of individual efforts and resultant insights, but also the retrospective evaluation of the developmental arch over time. Programmatic case studies have established value for teaching developmental functions and are an integral part of administrative change (Yin, 2018). Descriptive case studies are utilized when the phenomena has not been extensively studied and the process used is innovative and new in some aspect (Anderson et al., 2005). Further, this case study is structured by chronology in order to depict process tracing, as well as the cumulative results (Bennett & Checkel, 2015).

### Program Description & Participants

This case study involves a small, private, non-profit clinical psychology doctoral program in the Pacific Northwest. The faculty consisted of licensed clinical psychologists and the students were doctoral students in clinical psychology in a program accredited by the American Psychological Association. Founded more than 15 years ago, the program was anchored in explicit principles of social justice, attracting both faculty and students who were passionate about the mission. For many years, faculty would integrate their individual understandings of social justice into their teaching, supervision, and research that inspired critical consciousness, liberation insights, feminism, and critical race theory, along with the natural incorporation into clinical practice and research. Resultant dissertations resoundingly centered on social justice themes and topics with a heavy reliance on participatory action, grounded theory, and phenomenological qualitative projects.

A natural consequence of critical consciousness was the critique of psychology itself, along with the medical model, our role in the health services, and our striving to be considered a STEM discipline. It was common for students to be simultaneously introduced to clinical competencies in parallel with alternative frameworks that questioned the same competencies. For example, students might take Psychopathology, in which they developed their clinical diagnosis skills based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) while at the same time learning about cultural psychology that might posit that the DSM-5 is but another psychological and ontological centric system that should not be generalized across cultures. Another example included students taking Intelligence Assessment in which they might learn the psychometric properties, appropriate clinical use, and effective administration of assessment measures, while concurrently learning about the eugenic origins of these measures and the legacy of oppressive positions psychology took in the context of immigration, military selection, psychiatric hospitalization, and other governmental policy.

As matriculation developed, students exposed to the aforementioned theories, and previous professor's interpretation of said theories, would often apply these frameworks in the more core science courses of the program, such as Quantitative Research, Cognition and Affect, and Biological Bases of Behavior. While cultivating lively discussion and valuable debate, it also appeared to possibly hinder the student's ability to fully learn and master the core science content and impair certain requisite competency development. In other words, there was a bit of a flip in the order of learn first and critique from an informed perspective afterwards. This dynamic also manifested in some of the clinical courses, such as interventions and assessment, in which students would refer to the historical atrocities involving psychology, or the over-generalization of Western-born theory embolden by positivism, to question or outright reject the requisite competencies. Further consequences of this dynamic included students reluctantly conducting psychological assessments and being hesitant to utilize psychodiagnostics.

In summary, the result of instilling a sense of critical consciousness early in the curriculum was a type of barrier or hesitancy when obtaining the requisite clinical and professional competencies, including research and some clinical practice. Yet, it also produced a powerful parallel learning experience for students that would provide a valuable lens throughout their matriculation and later on, as a practicing psychologist. The efforts addressed in the next sections involve exploring how the program balanced the important needs of critical thinking and competency acquisition.

### *Author Positionality*

In the spirit of qualitative foregrounding and the important decolonial practice of acknowledging positionality, the following is a brief overview of the author's rank and status (Nieto et al., 2010). Using the ADDRESSING model (Hays, 2016) as a guide, I hold socially-conferred privilege in the domains of age, disability, religion, social class, sexual orientation, indigenous background, national origin, and gender. I am bi-racial, East Indian and White, and appear externally brown. Regarding status, I began in the program as faculty and moved into the Chair role a few years afterwards. I began by teaching the psychological assessment and qualitative research classes, then moved to teaching the multicultural classes focusing on social justice and decolonial frameworks.

I believe my experience as a bi-racial person of color and my study of multiculturalism and decoloniality provided an understanding of both privilege and oppression, the flip sides of the same coin (Goodman, 2015). The "me"search involved in reconciling my own identity prompted me to further commit to principles of social justice. I adhere to a developmental perspective and am deeply committed to explore social privilege. As program chair, I've called the program to simultaneously learn traditional psychology as well as move towards decolonization of the field. This influenced my role of Chair and the push to further integrate social justice into the curriculum.

As one of two BIPOC faculty in the program, this also brought the challenge of asserting the importance of integration while still staying aligned with the role of psychologist and professor. In addition, through teaching the social justice classes, I began to see the lack of true integration across the program curriculum as a whole which drove my initiative with the faculty.

### **Procedures & Data**

The specific program decided to undertake this curricular revision in early 2018. At which time, faculty suggested that since this effort was somewhat new to the field, it would be beneficial to document the process in hopes the results may support other graduate programs with the same goal. The majority of this integration process took place within the context of programmatic meetings, held on a weekly, monthly, and annual basis. Meeting minutes and individual faculty notes were reviewed to ensure the chronological order and accuracy of the material, process, and results. These documents included in vivo developments as well as reflective evaluation and process improvement. Two academic presentations were produced in order to communicate the project to other faculty and administrators in similar graduate programs. These presentations were completed after the first and second years respectively. These included further planning meetings, faculty notes, the formal presentation slides, and feedback notes and presentation evaluations from the audience. In addition, faculty discussions, both during and after the process, also informed this case study.

## **Results**

### ***Systematic Curricular Review of Social Justice Components***

The inspiration of this process arose after discussion regarding the explicit programmatic mission of social justice. Specifically, accreditation required a clear articulation of what social justice meant for the program and how the faculty was instilling it into the curriculum, clinical training, and research. This also led to the need to clarify the envisioned goal of social justice efforts. Naturally, the final question addressed steps taken to assess and review the effectiveness of these efforts. While the faculty could confirm that social justice was important and efforts were occurring, there was not a clear and agreed upon articulation of what was meant by social justice, what the specific efforts were, what the desired outcome was, or how the assessment of effectiveness should take place. The main goal was to heed the calls from the profession and truly attempt to integrate social justice throughout the curriculum.

To begin, the faculty engaged a series of discussions, under the guidance of the Chair, around what social justice meant to them in order to discern the similarities and differences. Emphasis on academic freedom and faculty discretion was initially established within the frame of our agreed goal to attempt to include some applied and congruent aspect of social justice into each course. The discussions began without a pre-emptive definition of the term in order to pull from the idiosyncratic aspects of the concept. Each faculty member would explain what the term meant to them and their pedagogical understanding. This did, in fact, reveal important variances in faculty understanding, resulting in the faculty group considering how these variations might impact the student's experience and learning process. As the process took on a life of its own, faculty inevitably began sharing social justice resources they found useful. The conclusion of these preliminary discussions was the program's commitment toward integration using the following question as a guide: What does the ideal graduate with a competency in social justice applied psychology embody? What are the associated reflective practices they utilize? What does their service delivery look like? And how do we assist in its development?

The next step was conducting a comprehensive review of the curriculum with specific attention to social justice components of each course. The review followed the student's sequential matriculation through the curriculum, starting from the first class taken in Fall term and progressing through the rest of the Fall term courses, then moving through each of the subsequent terms and years in succession. During this review,

each course professor would present specific social justice related components including readings, lectures, discussions, assignments, and evaluations. In doing so, this systematic review provided a comprehensive picture of the student's experience, including various theories and readings, organized didactics, and applied assignments and presentations. This was an invaluable exercise that provided the faculty a clearer understanding of the content and the sequence of social justice pedagogy. Places of possible contradiction and redundancy became evident and questions of developmental appropriateness arose. Faculty began reflecting on where their course fell within the curricular trajectory and the synergy, or lack thereof, between and within courses.

Inevitably, there were some courses that did not include social justice components, as there were no apparent applications or fit. These included some core science courses, but clinical classes as well. Implications that social justice does not directly relate to the subject matter in some courses were also expressed. Some professors naturally were concerned that they may not have the requisite training, experience, and expertise to address social justice issues. Further, there was some reliance on the required multicultural courses to cover these topics for students. Some trepidation was expressed regarding the possibility that too much focus on social justice, especially in classes in which there is a lack of face validity, would appear political in nature and serve as a distraction from the course content. Additional concerns included the fact that courses were already full of necessary subject content that left little room, both regarding time and faculty capacity, to add or integrate social justice.

The following discussions attempted to distill the insights learned from the systematic course review, as well as attempt to address some of the above concerns. This naturally led to some disagreement among faculty, in which there were varying levels of commitment and understanding regarding social justice principles, as well as good-intentioned professors who were trying to teach their ideas of the best courses possible. One valuable move during moments of tension was to center on our overall goal and ask ourselves the guiding question regarding the envisioned social justice graduate.

One of the most impactful insights garnered from the systematic review was the classification of our efforts of either disruption or reconciliation and mapping them across matriculation. Disruption efforts involved any curricular components that offered a framework for critique of psychology and related competencies within the context of power, privilege, and oppression. This included the previous examples of the cultural boundaries of psychopathology and the eugenic origins of psychological testing. Specifically, students of named program were introduced to theories of critical race theory, social privilege, implicit bias, feminist psychology, and decolonization and liberation psychology early in their first year. Faculty questioned the appropriateness of the content and its placement in the developmental trajectory.

The faculty concretized this insight using a typography that clarified the intention of the disruptive components and the possible negative consequence for learners. The initial disruptive components sought to ignite or kindle intrapersonal awareness of power and privilege, usually done with readings and activities around social positioning and privilege. A natural consequence for some students was an end to societal and relational innocence, a kind of disillusionment, in which they cannot undo what has been revealed.

Another kind of disruption effort focused on the systemic nature of oppression, widening the usually clinical scope of interpersonal relationship and therapeutic alliance to the social, political, economic, and environmental spheres of influence on the individual. This was done through historical accounts of colonization, marginalization, and disfranchisement. The consequence for some students was an erosion of previously held beliefs in the beneficence of societal institutions and traditions, a kind of disillusionment with what was. This caused some students to question aspects of their citizenship, national pride, past and present relationships, and even their own personal narrative. There was an associated feeling of hopelessness when students considered the legacy of oppression, having a difficult time conceptualizing how their relatively small efforts could make a considerable impact on their communities. We termed this phenomenon "iconoclastic nihilism."

The final type of disruption component intended to stoke the student's desire to dismantle systems of oppression towards the goal of equity and inclusion. To gain this momentum, students would be exposed to liberation psychology thinkers who have laid out a path towards decolonization originating with our own internal world to wider society. For most students, the combination of these efforts resulted in a strong social justice motivation that included an energy to do something but with no clear roadmap to follow. Thus, there was a disruption of inertia along with an uncertainty of where to go.

Reconciliation components represent learning activities that assisted students in pragmatically applying social justice considerations and principles directly into clinical and professional competencies. Examples of reconciliation components included didactics on practical steps taken in psychological assessment to avoid pathologizing cultural differences, cultural adaptations to manualized interventions, and use of qualitative research methods when addressing culture-bound concepts. More nuanced reconciliation steps included faculty discussing areas in which they themselves struggle with social justice issues in their own clinical practice and their journeys of reconciliation. In addition, social justice considerations were actively and routinely addressed in clinical supervision across all cases, not just those in which issues of power and privilege are obvious.

While the curricular review revealed some reconciliation components, they occurred more spontaneously and without clear strategy. This was in contrast with the numerous disruption components that appeared to leave some students confused as to how to incorporate a conceptual understanding of power, privilege, and oppression into their applied clinical work. The resultant dissonance that some students may have experienced could lead to a dichotomous rejection of psychological assessment, diagnosis, or other sources of possible discrimination in clinical practice. Thus, the resounding insight garnered from this systematic review was the need to balance disruptive and reconciliation components in a strategic manner across the curriculum. Further, a developmental framework was taking shape in which faculty would intentionally attempt to incorporate the disruptive concepts, introduced early in the curriculum, to the applied clinical and core science courses with the goal to assist students in social justice integration as well as competency acquisition.

The faculty began to conceptualize a developmental framework within the program that began with knowledge acquisition in the first year, then gradually blended in specific skill-building in the second year, and moved cumulatively to direct application (both clinical and research), finally integrating into practice. This framework included all the academic courses, clinical training activities, the clinical competency exam for internship eligibility, and the dissertation process. Faculty then were able to understand how their courses were positioned, not just within the arc of the curriculum, but also in terms of student competency development. In addition, once we identified where disruption and reconciliation components were located across this developmental trajectory, the better we were able to gauge their effectiveness.

At the latter part of the systematic review, some faculty also brought forward models of social justice that could guide the program in this work. Specifically, the model of teaching social justice by Sinacore and Enns (2005) resonated with some of the faculty. This model introduced four broad domains, each with elements of emphasis. The first is Individual Empowerment and Social Change emphasizing resilience, self-efficacy, collaboration, and autonomy. Second is Knowledge and the Knower that focuses on valuing perspectives, diversity of ideas, multiple forms of knowing, and social constructionism. Third is Oppression and Privilege with a lens of social positioning, social barriers, and principles of equity. And Fourth is Reflexivity and Self-Awareness that calls for continuous self-reflection on one's identity and positionality in relation to the other or the task at hand. This model served to guide some of the resultant course revisions that naturally developed after the systematic review.

### *Curricular Revisions*

With the above insights in mind, the faculty began a process of revisions to individual courses within the larger developmental framework. They were careful not just to add a perfunctory social justice reading or

lecture, but instead, to apply disruptive concepts to the core competencies and topics of the course with balance and reconciliation in mind. Faculty took extra effort to refresh and refine their own understanding of social justice towards effective application. Clinical and core science courses were chosen for revision, starting with those faculty who displayed the most enthusiasm. Faculty were asked to review the topics, readings, teaching style, and assignments for these courses. One faculty developed the acronym of BeFAIR (M. Sakuma, personal communication, 2018) to guide the revisions:

1. Encourage students to actively question assumptions of “truth” and Beliefs.
2. Choose topics of Focus highlighting social justice related themes.
3. Choose Assignments that foster critical thinking around power, privilege, and active student reflection.
4. Choose methods of Information sharing aimed at minimizing power differentials in the classroom.
5. Choose Readings highlighting social justice issues including amplifying the voices of the oppressed.

The first round of course revisions included History and Systems of Psychology, Personality Assessment, Evidence-Based Interventions, and Qualitative Research. Each professor reviewed said course within the developmental framework and program sequence, as well as used a model like Sinacore and Enns’s model (2005) to analyze specific course content and process. The most common starting point was to add readings that emphasized social justice within the course content, when possible. This revealed a dearth in the literature for course-specific research regarding social justice principles. Professors routinely consulted with colleagues and shared discovered sources. After adding additional readings, or revising the reading list, professors began to clearly define social justice topics to be covered in class once supported by empirical sources. Then most professors moved to exploring innovative and intentional ways to teach social justice concepts and creating applied assignments that moved towards reconciliation.

This first round of revisions did not develop without challenges. One of the main challenges was the fact that most courses are asked to cover a wide breadth and depth of content to ensure competency acquisition. Despite inspired and committed professors, most voiced the difficulty of how to fit social justice into already full courses without information overload for both the professor and students. Some professors voiced the added concern of appearing like they simply added a social justice reading or topic to the class, which could seem more like lip-service or just “checking the box” of an important and delicate topic. The resolution to this was the importance of developing a truly integrated assignment, one that brought social justice alive within the context of the course. This allowed the professors to teach from a place of experience and expertise in their field, while simultaneously applying social justice in a way that assists in reconciliation. An example of this was an assignment in History and Systems of Psychology that addressed psychology’s role in government-sanctioned torture and the resulting Hoffman report that emerged from its inquiry (Hoffman, 2015).

After the individual professors completed their course-specific revisions, the faculty came together to review the changes. From this, they began to identify common struggles and share possible solutions. The collegial sharing of new ideas and the bonding over challenges brought increased clarity of the overall goal, all with the student’s development at the forefront. The group of first round revision professors then decided to present their work at a conference of similar doctoral programs. This was to help synthesize the changes in a more formal manner and receive valuable external feedback from other colleagues.

The presentation was well received, especially as it was in pursuit of an aspirational goal of our shared professional associations and accrediting bodies. The group presented in a way that emphasized the humble beginnings and the lack of clear and established best practices regarding social justice infusion. Yet, they also conveyed their excitement in the internal innovation along with hopes that students will appreciate the more integrated approach. The faculty received valuable feedback and resources, as well as inspired a lively discussion

among conference attendees. The rest of the program faculty were debriefed on presentation feedback, which in turn seemed to add more energy to another round of revisions.

The second round of revisions, mostly driven by the inspiration provided from professors of the first round, included the more core clinical- and science- related courses that usually did not include social justice elements. These courses included Psychometrics, Quantitative Research, and Biological Bases of Behavior. Professors replicated the process of previous course revisions. The biggest challenge in these classes was the lack of empirical literature on applied social justice regarding course subjects. Hence, professors who wanted to integrate social justice must draw inferences from social justice sources and independently apply them to the course content, or create original sources, topics, and assignments. With collegial support and encouragement, all professors designed integrated assignments based on their own clinical and academic expertise and any related literature available. An example from Biological Bases of Behavior was a Biopsychosocial Research Paper that included evaluation rubric domains for addressing social, political, economic, and cultural factors associated with the medical condition, along with a discussion of the barriers and stigmas and how psychologists could advocate for access and treatment.

This second cycle of revisions resulted in a follow-up presentation at a subsequent annual conference, in which the professors shared the course changes and pragmatic applied assignment ideas. The professors were also able to synthesize the process of course revisions and encourage other professors to do the same. After presenting all the individual course changes, the presentation also provided a retrospective account of all the course revisions taken together and compare the new sequence of courses with what was before. Here, the faculty was able to see that small changes to each individual course resulted in a major shift within the curriculum as a whole. In a before-and-after comparison, faculty determined that there was a more coordinated and strategic approach to social justice infusion and was able to clearly articulate the results to presentation attendees.

After these two revision cycles, the professors began to implement the changes in their courses and report back how the students were responding. This process was not particularly formal, but more of a continuation of the revision process in which faculty were sharing ideas and resources. From this, the conversation began to shift to considering the similarities and differences between the constructs of social justice and cultural competency/humility. In addition, there was continued vigilance for how components of disruption and reconciliation were working together to achieve the vision of an ideal social justice graduate. The students were also involved in the revision process through a series of presentations and discussions to understand their experience, opinions, and reactions to the changes. The emphasis was on making sure the disruptive components did not interfere with competency attainment, while also ensuring an additional sophistication of social justice knowledge, commitment, and application.

### *Distinct Social Justice Competency*

Soon after the second round of revisions, the program began working on its routine accreditation cycle. An essential part of the accreditation process is ensuring that all graduates achieve the requisite discipline-specific knowledge areas and profession-wide competencies (APA, 2017). One of the standard competencies involves individual and cultural differences. Based on multiple anecdotal conversations, most programs include social justice aspects into this competency, and the program in this case study was no different. This provided the program with an interesting opportunity for the faculty to discuss the explicit interaction between cultural competency and social justice.

Specifically, APA requires a profession-wide competency entitled Individual and Cultural Differences (ICD) that requires doctoral graduates to recognize their own individual identity and accompanying biases, accumulate a base of theoretical and empirical knowledge, and be able to work with diverse populations (APA, 2017). While laudable and important, the competency appears restrained to the interpersonal relationship and



focused on differences in individual identities. Social justice, as aforementioned, is the explicit acknowledgment of historical colonization, contemporary power structures, and the resultant social privilege for some and not others. In addition, the push towards systemic and institutional change is a stretch of the domain of advocacy towards allyship and activism (Melton, 2018).

Based on the previous revision work, the faculty decided that the two domains were distinct enough to require a separate program-specific competency to address social justice. Thus, the faculty began working to clearly articulate the essential elements of the competency that was aligned with the curricular revisions. An example of some of the specific competency language is as follows:

- Communicates an awareness of historical, institutional, and systemic structures of power, privilege, and oppression and their effect on research and clinical training. This includes a critical understanding of how the psychological profession has at times contributed to a history of oppression and the change that can arise out of a social justice approach.
- Applies knowledge and awareness of their historically-situated social location and privileged social domains/identities in order to confront the dynamics of power and privilege in interpersonal and institutional settings. This includes identifying and working to avoid further oppression of marginalized and underserved persons and refraining from acts of aggression.
- Embodies the role of a change agent by engaging in advocacy at the individual or institutional levels. This includes conscientiously empowering underserved groups through clinical and professional work or promoting community-based change to address systemic barriers.

These elements were further developed to include the required training and experiential activities that were used to meet each element, defined outcome and outcome measurement, along with the minimal level of achievement. These included most of the course revision made in the two aforementioned cycles, so that the program was well-positioned to make this important addition to the program structure. In fact, without these previous curricular adjustments, the creation of this specific social justice competency would not have been possible. The program now will begin the task of collecting data, including student input, and evaluating how these changes are working and making ongoing modifications.

### **Limitations**

Aside from the general limitations of the qualitative case study method in comparison to the quantitative, positivist frame, this section will address specific issues to consider. The case study is mediated by the sensitivity and integrity of the investigator, as they are the primary instrument of data collection and analysis. In this case, the investigator and author was also an active participant in this case study. Thus, the issue of researcher bias is heightened due to limitations of memory and perception. At the time of report writing, Stake (2005) pointed out that the case study researcher must decide how much to make the report into a story, how much to formalize generalizations or leave it up to the reader, how much description and content to include, and how to protect the degree of anonymity. Use of archival meeting minutes, notes, and academic presentation slides and evaluation feedback were all utilized in the construction of this report, providing external material and verification.

### **Discussion**

Many programs in the field of psychology and counseling are presented with the challenge of infusing social justice principles into their curriculum. Professional associations and accrediting bodies are making aspirational calls for social justice infusion versus a single required course and supporting didactics. While most individual programs, faculty, and administration are in agreement with social justice integration, there are multiple challenges at play. These include over-taxed curricula struggling just to ensure accreditation demands,

probable faculty conflict and resistance, and a dearth of models and best practices for guidance (Motulsky et al., 2014).

The program in this case study began this process with a re-affirmation of programmatic commitment to social justice with humility, by acknowledging areas of improvement and growth. The faculty made efforts to independently revise their curriculum despite the inevitable challenges. The approach was to find a commonly agreed image of the desired social justice psychology graduate that aligned with the program mission and aims. Then the faculty analyzed the curriculum in a sequential manner, taking the perspective of the student matriculating through each course in order to understand places of congruence, incompatibility, and redundancy. A conceptual framework that categorized class components as either disruptive or reconciliatory guided the faculty to revise their courses. The acronym of “BeFAIR” was used to infuse the course with applied social justice activities and concepts. The important point here was to not just add social justice as a side-note, but to truly integrate it into the course content, providing relevant examples of application to the students. After revisions, with motivation to understand social justice as distinct from cultural competency, the faculty constructed a specific professional competency for its students that included defined elements, activities, outcomes, and evaluation measures to promote applied social justice for graduates.

### *Developmental Perspective*

In retrospect, one of the strengths of this case study was the emphasis on development. As a bedrock concept in psychology, a developmental perspective is essential to acknowledge our accomplishments, understand the tasks to progress, and cultivate realistic expectations along the way. Regarding social justice integration, a developmental framework allowed for each faculty to enter the effort where they were at, not demanding a type of Woke/Not Woke dichotomy, but instead understanding we are each at our own stage of development (Bergkamp, Olson, & Martin, 2019).

Expanding on the developmental frame, a retrospective review of this case study reveals correlations with well-known racial identity developmental models (Atkinson et al., 1979; Cross, 1971; Helms, 1995; Quintana, 1994). Considering the mostly White faculty, Helm’s (1995) White Racial Identity Development Model appeared to have the most relevance. Specifically, the case study process is reminiscent of the first few status moves under the second phase of Defining a Nonracist White Identity, that of moving from Pseudo-Independent status to Immersion/Emersion status.

According to the model, White individuals move into the second phase once they formally acknowledge racism and abandon an essentially racist identity. With this, they move into the Pseudo-Independent Status which is characterized by the individual actively questioning the pervasive proposition of BIPOC inferiority. Yet, while conscious thought may abandon this belief, socialized and habitual behavior may perpetuate the belief system. In addition, they may still expect BIPOC individuals to explain racism and assume that inclusion of BIPOC voices in academia is the penultimate goal.

In order to move to the subsequent Immersion/Emersion status, the individual must allow some change to their own identity. While the previous status involves questioning and modifying beliefs, this status involves coming to term with Whiteness and defining themselves as White within a wider historical context. Here Helms (1995) asserted that the individual move beyond considering BIPOC individual as equals, to a more internal identity revision in which they come to terms with the legacy of Whiteness in the United States and reconciling their identity moving forward. This involves experiencing emotions that were denied or distorted, addressing contradictory relationships, and learning to speak openly regarding their identity. More recently, this revision to our own identity narrative has been framed within the concept of social privilege integration (Bergkamp, Olson, & Martin, in submission).

In the case study, the faculty began with a predominate anti-racist belief, asserting their agreement with the explicit programmatic social justice mission. With this, came associated inferences that inclusion of

BIPOC voices into the syllabi and addressing the BIPOC experience in clinical work was adequate, reflecting the Pseudo-Independent status. This relates to the belief that explicit statements of social justice and general inclusion equates to true equity.

With further learning, exploration, sharing, and curricular revision, the faculty was able to move from the additive approach to a more personalized, sophisticated, and integrated method of infusing social justice into their courses. This was indicated by incorporating social justice principles into the main assignments and requiring various components into the evaluation process. These components included applying a historical and structural lens to the class topics and challenging students to explore the advocate-ally-activist spectrum (Melton, 2018). This process required the faculty to move beyond the additive approach to more of an integrative approach, providing the essential message that social justice is involved in all aspects of psychology, whether marginalized populations are directly involved or not. This harkens to the Immersion/Emersion status in which the understanding of racism, or other forms of oppression in the case of generalized social justice, requires infusion into our privileged identities and the understanding of the mechanisms of oppression and privilege versus an “us helping them” savior modality.

The effort to integrate social justice into the curriculum occurs on the individual (faculty), group (program or department as a whole), and organizational level (institutional/university) (Argyris, 1993). While psychology usually focuses on the individual level, the group and organization levels also requires consistent assessment and intervention at all stages of the integration process. The *Continuum on becoming an anti-racist multicultural organization* (Crossroad Ministry) offers a useful framework to apply a developmental perspective to the group and organizational levels (Crossroad Ministry, n.d.). Apply this to the case study, the program appeared to move from symbolic change that includes official policy pronouncements and inclusion efforts to identity change, which engages in the analysis of systemic oppression and an acknowledgment of inevitable bias.

The application of developmental models also involves the important step of faculty readiness for change. While this was not formally identified as a distinct stage in this case study, aspects of faculty readiness manifested throughout the process. Just this past year, the Council of Chairs of Training Councils (CCTC) concluded rigorous workgroups that developed the *Social Responsiveness in Health Service Psychology Education and Training Toolkit* (CCTC, 2020). This publication includes sections on liberating and transforming the curriculum, socially responsive ethics and professionalism, and a new vision of how to evaluate students, faculty, and supervisors. Of specific relevance to this case study, there is a helpful section regarding assessment and intervention of faculty readiness to change. A common theme in the curricular change workgroups was the sabotaging factor in which faculty might express overt support or agreement with curricular change, but then experience some reticence or resistance with the intensity or frequency of said change. Common hotspots include admissions deliberations, student remediation and discipline, and policy changes (Brady-Amoon et al., 2012).

## Conclusion

The hope of this case study is to inspire other programs to take the initiative in social justice integration, despite the lack of a clear path forward. While this topic inevitably involves confusion and conflict, it is also imperative to train clinicians in our current age. Our shared goal is to forge a new generation of clinicians that are poised to not only competently practice psychology and counseling, but to artfully advocate for their clients through wider efforts that tug at the root of oppression in our society.

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# The Good, the Bad, and the Ugly: Experiences, Barriers, and Self-Efficacy Enhancement for Social Justice-Oriented Faculty

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## Abstract

Although a commitment to social justice is central to the identity of counseling psychologists, little is known about how faculty contribute to a culture of social justice. The current study aims to explore engagement in social justice by answering six questions: 1) how do faculty define social justice, 2) how do they engage in social justice with students, 3) what barriers exist in relation to their engagement, 4) how often do faculty engage in social justice with students, 5) how supported do faculty feel in relation to their social justice efforts, and 6) what impact does training have on social justice self-efficacy and subsequent engagement? To examine these questions, a nationwide sample of 72 faculty from APA-accredited counseling psychology programs completed an online survey. Findings from thematic analysis revealed several themes across faculty definitions of, and engagement in, social justice, despite a number of barriers they also identified. Results from quantitative analyses suggested that most faculty engage in social justice. However, many are operating with little support. Several barriers to engagement exist, but graduate school training in social justice may help to eradicate those barriers. Faculty members who received training in social justice as students reported significantly more social justice self-efficacy now. Additionally, faculty with more social justice self-efficacy reported greater engagement in social justice in their professional and personal lives. Implications for promoting social justice among faculty are discussed, including practical suggestions for fostering self-efficacy, building a strong community, promoting adequate training, accessing role models, and engaging in self-care.

*Keywords: social justice, activism, counseling psychology, academia, training and education*

Social justice has a short history but a long past in the fields of counseling and psychology (see Baranowski et al., 2016; Bemak et al., 2011; Brady-Amoon et al., 2012; Sanabria & DeLorenzi, 2019). Its past is marked by both enduring definitions that include equity, fairness, and distributive justice (Barrett & Olle, 2016; Miller, 1979; Prilleltensky, 2012) and updated descriptions that include action, advocacy, and moral responsibility (Brinkman & Hirsch, 2019; Goodman et al., 2004; Green et al., 2008; Hof et al., 2009; Sanabria & DeLorenzi, 2019).

Perhaps one of the earliest influencers of the field was Frank Parsons, a prominent leader and founder of vocational psychology who committed to social justice by advocating for equitable distribution of resources and rights for all people (Jones, 1994). As an extension of his social justice-oriented values, Parsons also integrated advocacy into the vocational literature and methods he proposed, which heavily influenced the foundational webbing of the counseling field (Davis, 1969; Hartung & Blustein, 2002; Jones, 1994).

Several decades later, the field experienced a sudden growth in the area of social justice, with an expansion of the literature around psychological practice, education, and training, particularly around the concept of multiculturalism and multicultural competence (MCC). Vera and Speight (2003) highlighted the integrated relationship between multiculturalism and social justice, commenting that a person cannot be committed to one without also being committed to the other. The multicultural movement continued to blossom, and in 1992, the emergence of MCC elucidated guidelines for working with culturally diverse clientele. MCC suggests that, through a process of reflexivity and refinement, therapists strive to achieve a level of proficiency in three main areas: cultural awareness and beliefs, cultural knowledge, and cultural skills (Sue et al., 1992). In essence, engaging in reflexive practices (cultural awareness), building culturally relevant knowledge to the client's worldview (cultural knowledge), and providing interventions congruent to a client's cultural values (cultural skills) all encompass the culturally competent therapist. Other influencers included Martin-Baró (1994), who expanded our lens to incorporate the macro-level influences on an individual's psychological well-being, while lifting the blinders to understand how context may influence mental health. This level of visibility, Martin-Baró explained, requires an expansion of consciousness and supersedes the confinements of social norms, socialization, and other social limitations in order to liberate people from an oppressive society (liberation psychology; Goodman et al., 2004). Similarly, Prilleltensky (2014) proposed a concept of distributive justice that emphasizes contextual and sociohistorical influences on a person's well-being (Goodman et al., 2004).

The translation of social justice into counseling psychology was particularly apparent during the early 2000's, when a joint Task Force of the American Psychological Association's (APA) Society of Counseling Psychology and the Society for the Psychological Study of Ethnic Minority Issues published a set of guidelines on how to promote multiculturalism and diversity within psychological education, training, and practice (APA, 2003). These guidelines were later updated to reflect the expanding literature on multiculturalism, complexity of identity, and influence of contextual factors on a person's way of being (APA, 2017a).

Indeed, APA acknowledges areas such as contextual influences on a person's experience; and diversity, social justice, and advocacy as components of counseling psychology's "Specialty Knowledge" (APA, 2019). Similar themes have been echoed by experts in the field. A recent study of counseling psychology training directors revealed that both multiculturalism and social justice/advocacy represent vital components of the field's future (Taylor et al., 2019).

Thus, incorporation of values that center on diversity and social justice advocacy are essential in counseling training programs (Scheel et al., 2018). Scheel and colleagues (2018) propose the Counseling Psychology Model Training Program (MTP), an ideal that conforms to APA and the Society for Counseling Psychology's (SCP) guidelines. The MTP proposes a set of four core values (i.e., growth toward full potential; holistic and contextual; diversity and social justice; and communitarian perspective), and twenty principles organized into six clusters (i.e., counseling psychology identity; multiculturalism, diversity, and social justice;



health service psychology; developmental, prevention, and strengths orientation; science–practice integration; and relationships within and between professional communities). The concurrent interplay of MTP principles suggest that one principle may not work effectively without the other; to adequately integrate science and practice, one must also engage in social justice. Moreover, researchers suggest that embodiment of said values may support a counseling psychologist's ability to incorporate social justice and advocacy into work with clients (Scheel et al., 2018).

Although the field of counseling psychology aspires to engage in social justice, few professionals actually know how to put it into practice (Ali et al., 2008). Goodman et al. (2004) highlighted the challenge of moving from theory to action, suggesting that therapeutic intervention has primarily focused on the individual rather than oppressive systems and structures that incubate many of the mental health difficulties experienced by clientele. It is the lack of skills and practical suggestions, researchers suggest, that inhibits one's self-efficacy and ability to put social justice into action (Ali et al., 2008; Goodman et al., 2004).

Indeed, research shows that although graduate level trainees desire training in social justice, they may not obtain the amount or quality of training that they hope for (Beer et al., 2012). In their mixed-methods study, Beer et al. (2012) sought to examine counseling psychology trainees' commitment to social justice. In addition to a desire for more social justice training, findings revealed that perceptions of training environment significantly predicted level of commitment to social justice. Thus, it is imperative to consider strategies that promote a growth-fostering environment conducive to learning social justice-related objectives among graduate trainees.

The current literature offers case examples of strategies that could be implemented to promote social justice in the classroom (Baranowski et al., 2016; Brinkman & Hirsch, 2019; Edwards et al., 2017; Goodman et al., 2018; Green et al., 2008; Motulsky et al., 2014; Murray et al., 2010). Clark-Taylor (2017), for example, enhanced social justice self-efficacy by introducing students to a feminist approach to community engagement. Toporek and Worthington (2014) provided a model that combines community service learning and "difficult dialogues," or conversations that challenge inherent biases and assumptions of marginalized people. When applying this model in their own classroom, they found that having difficult dialogues interwoven into applied service learning helped create more meaning for students. Motulsky and colleagues (2014) provided other strategies used in their department, such as regular meetings with faculty around diversity-related programming, reflective-based experiential activities, and the inclusion of social justice-oriented studies into their quantitative and qualitative courses. In addition, other researchers have highlighted the value of providing students with opportunities for service learning, social justice-oriented practicum experiences, exposure to readings on social justice, reflection activities, and opportunities to apply course material and act as an advocate for those in need (Ali et al., 2008, 2014; Green et al., 2008; Sanabria & DeLorenzi, 2019).

Aside from case examples, many articles on social justice oriented training have provided theoretical approaches to engaging in social justice with students. However, empirical studies that explore the potential impact of social justice training and possible predictors of social justice and advocacy engagement are lacking. The current study seeks to answer this call by exploring six primary questions: 1) how do counseling psychologists define social justice, 2) how do they engage in social justice efforts, 3) what barriers do they perceive in relation to engagement in social justice, 4) how often do they engage and train students in social justice, 5) how supported do they feel in relation to their social justice efforts, and 6) what impact does social justice training have on their social justice self-efficacy and subsequent engagement?

## Methods

### Participants and Procedure

Faculty members at all 69 APA-accredited counseling psychology doctoral programs were invited to participate in this study which occurred in November 2019. Participants were recruited through APA's Division 17 (Counseling Psychology) discussion listserv and through individual emails sent to faculty whose contact information was displayed on their university websites. The invitations contained a link to a secured website (Qualtrics XM) where participants could consent to participate in the study and complete the survey. All participants were informed of their rights, potential risks and benefits, and provided consent prior to participation.

In total, 72 counseling psychology faculty members participated in this study. Approximately half (51.6%) identified as women, 39.1% identified as men, 3.1% as gender non-binary, 3.1% as genderqueer, and 3.1% as agender. The majority of participants (65.2%) reported their race/ethnicity as White; while 10.6% identified as Black/African American, 6.1% as Multiracial, 7.6% as Hispanic, Latino, or Spanish Origin, 6.1% as Asian, 3.0% did not identify, and 1.5% identified as another race/ethnicity not listed. The current study represented psychologists who were slightly more diverse than those in the broader academic psychology workforce, where 53% identify as women and 78% identify as White, 10% as Asian, 5% as Black/African American, 5% as Hispanic, and 2% as Other (APA, 2020).

Of the three career stages listed, 48.5% reported they were early career psychologists, 30.3% were mid-career psychologists, and 21.5% were late-career psychologists. The mean age of respondents was 44.57 years old ( $SD = 11.28$ ), which closely approximates the average age of psychology research doctorates in faculty positions across the U.S. ( $M = 50.5$ ; APA, 2020). On average, participants had been teaching for 16.12 years ( $SD = 11.76$ ), and most (87.9%) were tenure-track, but not yet tenured.

### Measures

Each participant completed a self-administered questionnaire that consisted of mostly quantitative measures, complemented by qualitative items aimed to further explicate participants' perceptions and experiences (Creswell & Plano Clark, 2011).

Open-ended questions invited participants to briefly share: 1) how they define social justice, 2) how they enact social justice with their students, and 3) what barriers exist for faculty in relation to engaging in social justice efforts. Although collecting qualitative data through the survey method may not be a traditional qualitative method of choice (e.g., Flick, 2002), several studies have utilized this method to better understand differing phenomena (e.g., Terry et al., 2017). Moreover, administration of open-ended response items provides an array of benefits that were deemed appropriate given the aims of our study (see Toerien & Wilkinson, 2004). Particularly, open-ended questions provide an opportunity for participants to share more information than quantitative items alone and, as in the case of the present study, leads to a richer understanding of how faculty define social justice, methods they use to enact social justice, as well as barriers they encounter in their work. Additionally, providing a self-administered questionnaire allows for standardization of procedures in survey administration, an area that is difficult to do in other qualitative methods (e.g., semi-structured interviews; Robson, 1993).

Quantitative items included two subscales embedded in the Social Issues Questionnaire (Miller et al., 2009): the Social Justice Self-Efficacy (SJSE) subscale (20 items) and Supports and Barriers Related to Social Justice Engagement (SBSJE) subscale (nine items; five support-related items and four barrier-related items).

The SJSE subscale was designed to measure a person's confidence in their ability to carry out social justice advocacy efforts within a range of contexts, including interpersonal, intrapersonal, community, and institutional/political settings. One sample item from this scale was, "How much confidence do you have in

your ability to encourage and convince others to participate in community-specific social issues?" Items were rated on a likert scale, from 0 (no confidence at all) to 9 (complete confidence). Higher scores indicated greater social justice self-efficacy. In the present study, the Cronbach's alpha for the SJSE subscale was .92 (similar findings are also reported in (Miller et al., 2009, 2011), suggesting excellent internal consistency. Miller et al. (2009) reported criterion-related validity for the SJSE subscale through its correlation with an individual's outcome expectations surrounding social justice ( $r = .56, p < .01$ ), commitment to social justice ( $r = .68, p < .01$ ), and interest in social justice ( $r = .63, p < .01$ ).

The SBSJE measures both supports and barriers individuals perceive they would encounter when pursuing various social justice advocacy efforts. One sample item from this subscale was "If you were to engage in social justice activities, how likely would you be to worry that getting involved would require too much time or energy?". Items were rated on a likert scale from 0 (not at all likely) to 9 (extremely likely). Within this measure, the Supports for Social Justice Engagement subscale (5 items) had a Cronbach's alpha of .90 and the Barriers for Social Justice Engagement subscale (4 items) had a Cronbach's alpha of .69. Similar reliability statistics were reported in Miller et al. (2009). Some evidence of criterion validity is provided through the relationship between SBSJE and commitment to social justice ( $r = .40, p < .01$ ) (Miller et al., 2009).

Lastly, the survey included demographic items in an effort to describe the participants and explore the relationship between demographic items (e.g., gender, race/ethnicity, career stage, graduate school training in social justice) with potential dependent variables (e.g., social justice self-efficacy, perceived supports and barriers related to engaging in social justice).

### Data Analysis

Qualitative data from the three open-ended social justice-related questions were each thematically analyzed by the first and second authors to capture underlying themes across participants for each question (Braun & Clarke, 2006). Due to the nature of qualitative research, particularly Thematic Analysis (TA), results are organized into qualitatively meaningful themes that are not quantified, as frequency does not determine value (Pyett, 2003). Thus, qualitative research relies on trust of the researcher(s) and the scientific rigor found in the procedures involved in the study. These are described as follows. First, TA posits that the researcher cannot be separated from the interpretation of data (Braun & Clarke, 2006). Thus, positionality of the authors was regularly reflected on and discussed during the consultative process of data interpretation and analyses. The authors describe their positionality as follows. The first author is a faculty member who identifies as a White, Christian, middle socioeconomic status (SES), cis, woman from the Midwest. The second author is a doctoral student who identifies as a multiracial second generation American, invisibly disabled, spiritual, cis, woman of color from a low socioeconomic status (SES) upbringing. Given the inherent power difference between the faculty member (first author) and graduate student (second author), authors were aware that the second author may feel pressured to shift her responses to match the first author. Thus, special consideration was made by the first author to empower the second author to feel a sense of belonging to the research and data through regular check-ins and mentoring around the research process. Further care was taken to fully discuss agreements and disagreements from both authors to ensure that resultative themes were indicative of what both authors were interpreting from the data.

Both explicit content (semantic) and underlying concepts of data (latent) were thematically analyzed using an approach informed by a constructivist-interpretive lens (Ponterotto, 2005). The constructivist-interpretive paradigm asserts that each individual constructs their own reality (Hansen, 2004), and that each reality is valid and can be understood (Schwandt, 1994). In the case of research, the researcher and participant co-create a reality through interactions and interpretations of participants' responses (Ponterotto, 2005). However, given the survey nature of the current qualitative method, co-creation was seen primarily between

each coder and the data, as well as between the two coders as they moved through the iterative process of analysis, as detailed below.

Scientific rigor was demonstrated through the procedural steps taken by both authors during analysis of qualitative content. Analysis was employed in an iterative fashion, as steps taken were sequential, recursive, and repetitive until agreement was made among coders (Braun & Clarke, 2006). Furthermore, an inductive approach was taken in that the development of codes and themes were unearthed from the data collected. The order of which analyses were conducted are as follows. First, each coder started with one question and familiarized themselves with all the responses provided for that one question through reading and re-reading. Each coder then created an initial set of codes that were continuously reviewed and revised on an individual basis. Authors then met to discuss findings, highlight any inconsistencies, address any disagreements, revise, and compile codes into a code book. Authors then individually recoded responses with the latest iteration of the code book. Themes were also constructed in an iterative and consultative fashion as both authors identified potential themes individually and together, until codes were further clustered into themes that both authors agreed best captured the data. This process was repeated for each question until agreement was met for all three open-ended questions. Moreover, documentation for each stage of analysis was maintained by both coders to ensure an audit trail for data. While all disagreements were resolved by the first and second author, a third-party masters-level student was identified as an arbitrator prior to start of coding process in the event a disagreement was unable to be resolved. In order to familiarize the arbitrator to the data in the event a disagreement occurred, the arbitrator also reviewed responses to the open-ended questions.

Quantitative data from this survey was analyzed through SPSS 26. Inferential statistics were used to examine counseling psychology faculty engagement in social justice efforts and the degree to which they feel supported in those efforts. MANOVAs and follow-up ANOVAs were used to explore relationships between demographic variables (e.g., whether or not a faculty member was trained in social justice efforts in their graduate program) and the participant's level of social justice self-efficacy and their level of social supports and barriers to social justice engagement. Bivariate correlations were also used to explore relationships among variables (e.g., social justice self-efficacy and social justice engagement).

## Results

In the following section, results are presented according to the six research questions posed: 1) how do counseling psychologists define social justice, 2) how do they engage in social justice efforts, 3) what barriers do they perceive in relation to engagement in social justice, 4) how often do they engage and train students in social justice, 5) how supported do they feel in relation to their social justice efforts, and 6) what impact does social justice training have on their social justice self-efficacy and subsequent engagement? Qualitative findings are presented first, followed by quantitative findings.

### **Question 1: How do Counseling Psychologists Define Social Justice?**

Of the 72 faculty members who participated in the study, 55 provided their definitions of social justice. Our analysis revealed five key themes across definitions of social justice: 1) equity, 2) systemic change, 3) equality, 4) advocacy, and 5) personal commitment and responsibility. Descriptions of each theme, along with examples, are provided below.

#### *Equity*

Appearing in approximately a third of the responses, faculty included equity in their understanding of social justice. These responses tended to emphasize the provision of resources to all based on level of need, as well as promotion of fairness, justness, and access. Most of the responses explicitly used the term equity or a variation of the term, such as the responses below:

It is used in different ways. Although it is intended to mean affirmation of equity across aspects of humanity historically associated with oppression, it has been watered-down to be a buzz word to show other intellectuals that you are savvy. A more compelling concept would be “mutual edification” which has a positive direction going beyond tolerance of other groups.

challenging systemic oppression from white supremacy, racism, heterosexism, ableism etc. to make all resources and opportunities inclusive of historically stigmatized and/or marginalized populations-- seeking equity and inclusivity

A smaller number of participants did not use the term equity explicitly, but rather included the definition of equity in their definition of social justice:

Ensuring that those who need care [receive] it, regardless of their circumstances or intersecting [identities].

Justice and care for all especially groups who have experienced some type of injustice or systemic or structural inequity manner.

### *Systemic Change*

An emphasis on systemic change was also found in approximately a third of participants' definitions of social justice. Responses captured under this theme were mostly focused on systemic oppression and historical injustice. Another notable feature of this theme was the action-oriented nature of responses, further highlighting that social justice may not just be a concept, but rather a form of action.

eliminating disparities that exist because of longstanding systems of oppression in all domains of life, public and private

Working toward systems-level change as a form of prevention, working to ameliorate and prevent harms done to marginalized individuals and groups.

Centering the voices and experiences of underrepresented and marginalized groups; advocating for and supporting marginalized folx, using my privilege to work for a more equitable society

challenging, disrupting and replacing attitudes, behaviors, systems, and policies that are oppressive and that restrict peoples safety and well-being

As demonstrated above, participants emphasize the action of social justice, whether that is through providing space for others with marginalized identities, challenging systemic inequities, or using embodied privilege to leverage the voices of those who are marginalized.

### *Equality*

In addition to equity and systemic change, approximately a quarter of responses discussed equality in their definitions of social justice. Whereas equity focused more on the distribution of resources based on need, this theme focused more on allocating the same amount of resources among people, as well as equal access and rights for all.

Advocating for equality amongst all social groups.

basic rights and freedoms for all individuals regardless of class, location, gender, ethnicity, religion, age, sexual orientation, and ability

All people are treated fairly and have equal access to resources.

Responses captured under the theme of equality also often captured other themes of advocacy and commitment, as described below.

### *Advocacy*

A smaller number of faculty defined social justice as including advocacy. While a few responses highlight the personal act of standing up for oppressed individuals, and empowering others in their personal and professional lives, the majority of responses referred to advocacy in a broader sense.

advocating for and supporting marginalized folx

Advocating to reduce structural barriers that result in inequities

advocacy for underserved including discussing biased attitudes of others

advocating for or helping advance the status of underprivileged groups.

### *Personal Commitment & Responsibility*

A small number of faculty also described social justice as a personal commitment that was taken on themselves. This theme was different from others in that it added a personal sense of responsibility to engage with social justice. Some participants explicitly named social justice as a commitment:

a commitment to promoting equal opportunities, resources, and treatment of all individuals

A commitment to equity (broadly defined)

Committed to creating an environment where all people are treated with respect, dignity, and fairness.

While others described how they perceive social justice to be a personal action and responsibility:

Using the power and privilege that I have to ensure that those who have less power than me are included in power structures equitably.

working myself personally and professionally and to empower others to advocate for and change systems for healthy living, voices, for all locally, regionally, in the US and [internationally]

Approaching every endeavor with the goal of attending to the non-dominant aspects of our culture and attenuating them toward egalitarian ends.

## **Question 2: How do Counseling Psychologists Engage in Social Justice Efforts?**

We received 66 responses regarding how faculty engage in social justice efforts. Our analysis revealed six key themes: 1) working within the classroom, 2) from the classroom to students' lives and profession, 3) from the classroom to the community, 4) advising/mentoring, 5) individual efforts, and 6) acknowledged limitations to social justice efforts. Descriptions of each theme, along with examples, are provided below.

### *Working within the Classroom*

Approximately half of faculty who responded highlighted several ways in which they engaged in social justice efforts within the confines of the classroom. In addition to fostering discussions around power, privilege, oppression, and liberation, approximately half of the participants noted that they incorporate social justice assignments in their course materials. Some respondents noted that they encourage their students to

consider the power and privilege they hold and identify specific ways they can advocate for communities or people who are marginalized or oppressed. Activities ranged from classroom discussions about oppression and positionality, to required readings and assignments that allowed students to dive into the literature to explore barriers that marginalized groups face.

I engage in open and inclusive conversation about social justice issues. I ask them to use their power and privilege when they can to include others who have less power and privilege than them.

Through discussions, through personal stories, readings

In some of my classes, a project will include a social justice component. Or, at a minimum, we'll have readings on social justice

Written assignments: Critical developmental history papers-exploration of how critical, multicultural and traditional theories impact our clients and ourselves as psychologists; Use of videos that highlight connections to real-world issues (e.g., racism and poverty)

I incorporate social justice aspects in my course materials. For example, in my abnormal psych class, while covering substance use disorders, we talked about poverty, unemployment, systemic racism, and capitalism, how they interact to create an environment for substance use issues (specifically we discussed the Pine Ridge Reservation and White Clay NE) and also harm reduction techniques. In my practicum course, I have my students writing reflections about their reactions to their clients, where those biases may come from, and how to work through those.

### *From the Classroom to Students' Lives and Profession*

Approximately half of responses from faculty also highlighted how they help students connect what they are learning in their course work about social justice to their personal and professional lives as future psychologists. An emphasis was made on supporting students in building a critical consciousness and application to their research and clinical work.

Teaching them to translate their research, to honor their embodied knowledge, to mentor/create spaces for others based on their positionalities

I have students critique theoretical and conceptual frames associated with research, the construction of knowledge and clinical practice

I teach them how to critically consume psychotherapy science, to whom our knowledge base is limited; how systems of oppression and privilege operate and how that creates the context in which we are doing clinical work; to integrate a conceptualization of these realities and their impact into psychological assessment, treatment planning, conceptualization; to prioritize systems-level or system-focused interventions alongside intra or interpersonal interventions

When I am teaching I constantly challenge students to think about class, race, sex, ability, gender identity, LBGTQ and so on.

Attempt to create awareness of the institutional inequities that exist, and identifying institutional boundaries that limit opportunity

To understand how their position as MH providers affords them some privileges to speak out about inequities, and offer their expertise to those in need

I have taught them about prejudice and privilege. I have also then used exercises to apply what they learned to their own lives.

### *From the Classroom to the Community*

Approximately half of responses from faculty also indicated a translation of course material to the community. An emphasis was made on experiential learning, such as community engagement, to help students further understand and embody social justice knowledge.

We provide free trainings, we engage in volunteer opportunities, we conduct research focused on social justice, we discuss social justice in every lab meeting

Our students work in the their first year with our university services in food insecurity and housing access; they take two [courses on] social justice (local and global) and participate in projects in both of these experiences. we send out information about actions happening in communities

We have used class time to volunteer at a local agency that serves victims and perpetrators of IPV, students have written letters to advocate for gender-equality (i.e., wrote a letter to the president of our university to advocate for more gender-neutral bathrooms on campus), graduate students facilitated group discussions with undergraduate students after seeing the film *Fattitude*, we have held an open-mic event for the #metoo movement, we advocated for free menstrual supplies in campus restrooms

We talk about what social justice means and the many different ways it looks. It doesn't always mean making a large gesture that'll affect hundreds. It could mean advocating for a single person. We can all engage in social justice on a daily basis. In one of my classes we volunteer at a woman's shelter in other classes we discuss how they can practice social justice with their clients.

In addition to finding opportunities to teach social justice theory, I provide my students political advocacy training and seek to arrange opportunities for them to meet with our federal lawmakers

### *Advising/Mentoring*

Few faculty members highlighted the advisory or mentorship roles they also serve for students as conduits for teaching social justice concepts. Responses under this theme spoke to mentorship, advising, and encouragement.

Inspire, teach, guide mentor.

mentor their academic activities,

Encouraging participation in liberation-based social media movements, community psychology

### *Individual Efforts*

Even fewer faculty discussed methods they specifically used in their own work to promote social justice. Responses under this theme emphasized how the faculty member engages in social justice efforts, rather than how they engage their students.



Recruiting Diverse Students,

Nominating diverse students for GA positions and awards.

Engagement in professional organizations that promote social justice related activities.

### *Acknowledged Limitations to Social Justice Efforts*

Although most participants identified at least one way in which they engage in social justice with their students, one participant noted that they do not implement social justice activities into the classroom, due to concerns that additional activities would extend the length of time students are enrolled in their doctoral programs.

Very limited opportunities. Our doctoral program is long and adding anything else to it would an extra year.)

Other participants also shared barriers to applying social justice in their classrooms, as detailed in the following section.

### **Question 3: What Barriers do Counseling Psychology Faculty Perceive in Relation to Social Justice Engagement, if Any?**

Of the 67 responses, the greatest reported barrier to engaging in social justice was identified as lack of time, followed by positionality and fear of consequences, institutional barriers, lack of colleague support, students who were not ready, emotional exhaustion, and lack of training. A small number of participants reported no barriers to engagement.

#### *Time*

The most common theme across faculty responses was the barrier of time. Most responses captured by this theme simply stated time as a barrier, without context. Other responses highlighted that their time is mostly allocated to the multitude of responsibilities their roles as faculty require of them.

A lack of time and energy. Being a professor at the doctoral level is very demanding.

Like many, not having enough time to do everything.

Being so busy and bogged down with everything else that I need to do on a day-to-day basis.

#### *Positionality and Fear of Consequences*

Approximately a third of participants identified the fear of potential reactions from others, based on their own positionality, as a barrier to engaging in social justice related activities. Many participants noted painful experiences of being silenced by others and fears of facing potential consequences that outweigh the benefits. Several participants disclosed their own identities, both privileged and marginalized, when discussing fear of consequences that engaging in social justice related topics would bring.

I have found that when I lean into social justice issues, particularly in the current sociopolitical climate, there is a large contingency of psychology doctoral students who become dissatisfied with the particular approaches I use. I am either too militant, not militant enough, silencing of dialogues, encouraging of dissension and conflict within a cohort of students, etc. It is exhausting for an instructor to infuse social justice into a course curriculum in the current climate, because a lot of the students' emotional reactions to current events channel directly into you as an instructor.

Sometimes I feel too tired, because I have marginalized identities that require my own personal resistance.

PC culture - both students and I are at times afraid to say the “wrong” thing

I often feel as if I get punished by others with power and privilege for engaging in social justice

My own white, male, cis, het, SES privilege, mainly.

The fear of personal safety. I am Taiwanese and would like to advocate for the human rights issues that are occurring in Hong Kong, Xinjiang, and Tibet, however, being a foreigner in this country makes me worried about my physical safety and documentation status.

Speaking up can be a form of social justice and [unfortunately] there have been times when my voice has been silenced or I feel that the consequences for speaking up would outweigh the benefits (e.g., my voice would not be heard and others might be hurt as a result). Ultimately, however, I feel that because social justice can take so many forms, most times there are few barriers to advocating for others in some way.

### *Institutional Barriers*

Several faculty members reported there to be a lack of institutional support for engaging in social justice efforts. How this looked varied: several participants noted that social justice engagement was not a requirement at a systemic level (e.g., tenure, APA accreditation), while others noted that there are simply not enough resources to support social justice initiatives.

Promotion and tenure guidelines were not built to support social justice activities

Just accreditation requirements for covering material that may not include social [justice] topics

There are not systematic requirement for a social justice focus in our work - e.g. APA accreditation

lack of funding to provide support such that I do all of my own administrative work, as well as all of the support work for my class preps (psychometrics, tests & measures, psychological assessment, and average 1.5 new course preps per semester (while other faculty have been teaching the same four courses for their entire career at the institution

### *Lack of Colleague Support*

In addition to lack of support from the institution, several faculty members noted a lack of support from their colleagues. Responses captured under this theme mostly highlighted resistance, discomfort, and hesitation demonstrated by colleagues in regard to social justice topics. The lack of support thus translated into a barrier for social justice engagement.

lack of complete commitment and engagement by colleagues

Hesitation of colleagues

Other faculty biases.

department requirements; resistance from [other] faculty members who have more seniority; time (I wish the day had [more] than 24 hours!)

### *Students Just Aren't Ready*

Several responses also highlighted the developmental stage of their students as a way to gauge whether or not to engage in social justice activities. Faculty members mostly focused on their perceived notion of the students' development and comfort with social justice related activities and discussions.

developmental stage of students cultural identity

Sometimes my students aren't ready to hear this.

Some of the challenge is students developmental level - so they aren't all ready to move to action if they haven't had a knowledge foundation. Personally, I try to balance myself so not to burnout or fatigue. So I stay informed and try to use public advocacy when I don't engage in demonstrations as much.

We still have incorporated discussions of diversity and inclusivity in several places in the course, but not every day. The barrier would be not wanting to alienate students who are not fully committed to that perspective.

In an undergraduate course I teach, students are less "bought in" to the social justice mission of counseling psychology. In that context, I am less insistent that social justice topics come up every class.

### *Burnout and Emotional Exhaustion*

Relatedly, some of the faculty spoke to feeling burned out and emotionally exhausted by the cost of engaging in social justice. Most responses captured under this theme spoke to either the potential exhaustion, or the experience of being exhausted after engaging in social justice related activities.

Systemic garbage, such as [retaliation and] exhaustion.

Isolation and burnout cause so few of us are actively working toward it, emotional exhaustion from the pain of the work

Emotional costs of doing work actively

One faculty member highlighted the exhaustion that comes from holding their students' emotional reactions to social justice curriculum:

It is exhausting for an instructor to infuse social justice into a course curriculum in the current climate, because a lot of the students' emotional reactions to current events channel directly into you as an instructor.

### *Lack of Training*

Additionally, a handful of participants reported lack of training as a primary obstacle to social justice engagement. Some noted fears surrounding not knowing enough about a topic, not possessing the skills to navigate difficult discussions, and wondering when it is appropriate to engage in social justice efforts.

My own lack of knowledge/inability to be "up" on all pertinent topics

fear of not knowing enough about a topic, fear of navigating tough discussions, wondering if it is the right place, having enough time to complete a discussion

my own newness to the specifics of counseling psych social justice

there might be times when it feels difficult to relate it to the topic of a course (e.g., statistical methods course)

### *None*

Even fewer participants stated that no barriers exist in relation to their social justice involvement, but one included a caveat related to tenure demands: "I'm now a full professor, so none."

In my academic job and practice, not much

None

I cannot think of barriers. My University's culture revolves around human diversity

### **Question 4: How Often Do Faculty Engage with Students in Social Justice?**

In addition to the qualitative questions posed in this study, quantitative findings suggest that despite the barriers counseling psychology faculty face, they are quite engaged in social justice efforts, both in their professional and personal lives. A large proportion (81.4%) of counseling psychology faculty reported that they engage in social justice in at least half of their classes, and nearly two-thirds reported that they do so in 70-100% of their classes. Similarly, 85.4% stated that they engage in social justice efforts in their personal lives in at least half of the opportunities they have to do so, and half stated that they do so even more often (70-100% of the time).

### **Question 5: How Supported Do Faculty Feel in Relation to their Social Justice Efforts?**

Although most faculty reported engaging in social justice on a regular basis, many reported doing so with little to no support. The majority (55.7%) of the participants stated that they never received any training from their graduate program on social justice. Further, over 20% of respondents reported that they have received very little or little support from their current workplace to engage in social justice efforts. The large majority (89.5%) of respondents noted that their institutions do not include social justice as an expectation for tenure, but most (57.8%) believed that social justice engagement should be included as a tenure criterion.

### **Question 6: What Impact Does Training Have on Social Justice Self-Efficacy and Subsequent Engagement?**

Results from a MANOVA indicate that small, but significant, differences exist between faculty members who received training in social justice while they were in graduate school and those who did not, with regard to both their current social justice self-efficacy and the support they feel while engaging in social justice now,  $F(3, 59) = 3.05, p < .05$ ; Pillai's Trace = .13; partial  $\eta^2 = .13$ .

Findings from follow-up ANOVAs suggest that faculty members who received training in social justice while they were graduate students were significantly more likely to experience higher social justice self-efficacy as a faculty member now,  $F(1, 61) = 4.24, p < .05$ , partial  $\eta^2 = 0.07$  ( $M_1 = 149.66, SD_1 = 21.45$ ;  $M_2 = 137.24, SD_2 = 25.73$ ). Additionally, faculty who received training in social justice while in graduate school reported experiencing more support when engaging in social justice now,  $F(1, 61) = 7.86, p < .01$ , partial  $\eta^2 = .11$  ( $M_1 = 40.55, SD_1 = 6.83$ ;  $M_2 = 34.18, SD_2 = 10.49$ ).

Faculty who reported higher levels of social justice self-efficacy also reported significantly more engagement in social justice with their students ( $r = .45, p < .001$ ) and in their personal lives ( $r = .38, p < .01$ )

(see Table 1). Furthermore, faculty who perceived more support for their social justice efforts were significantly more likely to display higher levels of social justice self-efficacy ( $r = .42, p = .001$ ). Lastly, faculty who engaged in more social justice with their students were also more likely to be older ( $r = .31, p < .01$ ) but were no more likely to engage in social justice in their personal lives ( $r = .09, p = .49$ ). No significant differences were found in relation to social justice self-efficacy, barriers, supports, or social justice engagement in professional or personal lives based on gender, race/ethnicity, career stage, or tenure status.

**Table 1. Correlations among Variables**

	SJ in Classes	SJ in Personal Life	Career Stage	SJ Self- Efficacy	SJ Support	SJ Barriers	Age
SJ in Classes	1	.36*	.23	.45*	.11	.05	.31*
SJ in Personal Life		1	-.02	.38*	.19	-.22	.09
Career Stage			1	.18	.14	-.07	.87*
SJ Self- Efficacy				1	.42*	-.10	.13
SJ Support					1	-.37*	.17
SJ Barriers						1	-.01
Age							1

Note. SJ = "social justice". \* signifies  $p < .01$ .

## Discussion

Six research questions surrounding faculty knowledge of, attitudes towards, and experiences with social justice were posed in this study. Each finding is briefly summarized, unexpected and poignant findings are highlighted, and a series of reflection questions are offered to help the reader personalize the findings for their own practice.

The first question explored counseling psychology faculty members' definitions of social justice. Participants highlighted five key themes in relation to their definition of social justice: 1) equity, 2) systemic change, 3) equality, 4) advocacy, and 5) a personal commitment. Of note, several participants commented that social justice involves a sustained *commitment* to equity, advocacy, and self-reflection, a comment echoed by other scholars in the field (see Baranowski et al., 2016; Brady-Amoon et al., 2012). Working toward systemic changes requires dedication and endurance; one cannot claim to be a social justice advocate and participate in it in an intermitted fashion; it is a value that must permeate a faculty member's self-reflection, the lessons they teach, the readings they utilize in their classes, the assignments they provide, and the work they participate in within their communities. To personalize this study's findings to one's own life, an educator reading this article might ask themselves, "When was the last time I reviewed my readings in my syllabus for inclusivity and representation from a wide range of scholars?", "How often do I reflect on my own assumptions, biases, and privileges?", and "What does social justice mean to me? What does it look like?"

The second question in this study examined the ways in which faculty engage in social justice with their students. Results suggested many faculty take a “layered approach” to social justice work. Participants highlighted a number of ways in which they engage in social justice within themselves, their classes, their labs, their programs, their campuses, and more broadly, their communities. In fact, the very range of responses from faculty underscored the breadth by which social justice work is enacted: from prompting student reflection on implicit biases to discussions around the impact of systemic racism on mental health issues; from writing letters with students to those in positions of power on gender equality to providing trainings on political advocacy; and from arranging meetings with federal lawmakers to partnering with university services on food insecurity and housing access. Although many participants highlighted intensive, semester-long social justice initiatives, it should be noted that we can engage in social justice work every day; through the conversations we have, the readings we engage in, and the ways we incorporate social justice topics into our curriculum, clinical work, and research. As the reader considers how they might apply the results from this part of the study in their own lives, we invite them to reflect on the following questions: “How can I intentionally incorporate social justice related content into my curriculum?”, “How am I helping my students apply social justice content to their lives, understanding of their professional identity, and connection with the community?”, “How am I modeling social justice in my classroom and in my interactions with my students?”, “How can I use my talents, skills, and knowledge to advocate for a more equitable future?”, and “How can I harness the talent within my classes to support greater equity in our communities?”

The third question investigated barriers that discourage or prevent faculty from engaging in social justice. The top three themes were lack of time, positionality and fear of consequences, and institutional barriers. Other scholars also identified time as a significant challenge for individuals who aim to infuse social justice in research and advocacy endeavors (Baranowski et al., 2016). In addition, Baranowski and colleagues (2016) noted challenges reported by students in relation to financial constraints, limited training, and perceived program resistance to advocacy, closely mirroring the challenges faculty noted in this study as well. Our findings suggest that faculty may need extra support to engage in social justice efforts, such as those from their colleagues and the institution, as emotional exhaustion and tenure pressures were common barriers experienced. It is also important to note that marginalized faculty often experience added pressures, invisible labor, and added service roles than non-marginalized faculty (Huff, 2021), and racial battle fatigue and minority stress create additional stressors above and beyond what is traditionally understood as “burnout” (see Smith, 2004, 2008; Danquah et al., 2021). Findings from a recent narrative analysis suggest faculty experiencing racial battle fatigue may benefit by creating boundaries around those who are destructive, finding and nurturing community with professionals of shared identities, and engaging in self-care through physical activities and counseling (Quaye et al., 2019). Affecting systemic change on the larger level may be cumbersome for faculty members. Thus, engaging in reflective practices may be more tangible. Faculty might consider reflecting on the following questions: “What stands in the way of me engaging in more social justice work?”, “How does my positionality inform my level of (dis)comfort with social justice related content I teach?”, “How can I continue to create an inclusive environment for my students and facilitate courageous conversations, while also maintaining my own well-being?”, “Have I found a support network with others dedicated to social justice initiatives?”, “How do I feel about the amount of social justice initiatives I am currently engaged in?”, “How sustainable does the amount of social justice work I am engaged in currently feel for me?”, and “What are methods I can take to better sustain the amount of social justice work I want to engage in?”

The fourth question assessed how often faculty engage in social justice. A strong majority of faculty reported engaging in social justice efforts in both their personal and professional lives. Although social justice has been touted as a core component of the counseling and psychology fields (Brady-Amoon et al., 2012), research from this study provides credence for the notion that our fields do not just “talk the talk”, but also “walk

the walk.” Results from this study demonstrate that faculty have utilized many opportunities to partner for social justice. As the reader considers how this finding might connect with their own life, a point of reflection may be: “How often do I engage in social justice efforts with my students?”, “How often do I engage in it in my personal life?”, and “Given that the value of social justice is a core tenet of counseling and psychology, how can I engage in it more meaningfully?”

The fifth question surveyed how supported faculty feel in relation to their social justice efforts. Findings from this study suggest that support is lacking in some key respects. Nearly one in five respondents stated that they received very little to little support for their social justice efforts within their university. Further, a little over half of the respondents reported that they never received any training as a graduate student on ways to engage in social justice. Among those who did receive training in graduate school, it is unclear how much emphasis was placed on social justice efforts. For example, one single-hour seminar on the importance of social justice is likely to register a much smaller impact than more continuous training and modeling by faculty members and fellow students. A similar lack of training was reported in a study of 66 counseling psychology students. Singh et al. (2010) found that 85% reported that they had not received any coursework in social justice. Further, even when trainings occur, many faculty and students struggle to translate theoretical frameworks for social justice into practical action (Ali et al., 2008).

If the field of counseling psychology wishes to embed social justice into its identity (Baluch et al., 2004; Fouad & Prince, 2011; Olle, 2018; Vera & Speight, 2003), we must create a consistent culture within our counseling psychology programs that centers on social justice initiatives, and we must be intentional about it. Social justice initiatives cannot be seen as an afterthought or add-on to a program, but instead as an integral, core component of our identity and actions, and this likely starts with the ways we train our students. A reader of this article might ask themselves, “How can I enhance my knowledge of social justice efforts? What continuing education training, books, or initiative do I have access to? Who can I ask for mentorship in this area?” and “How often do I train others (e.g., my coworkers, my students) in social justice? What holds me back from doing that more often?”

The last question in this study explored the potential impact of graduate school training on social justice self-efficacy later in life. Results indicated that faculty trained in social justice during their graduate studies reported greater social justice self-efficacy now. In addition, those who reported higher social justice self-efficacy also engaged in significantly more social justice efforts in their personal and professional lives. Results from this study of counseling psychology faculty provide mirror results from Beer and colleagues’ (2012) study of counseling psychology graduate students. The researchers found that students attributed coursework (training) focused on enhancing the learner’s understanding of social justice, supportive training contexts, and professional barriers as impacting their engagement in social justice initiatives.

These findings suggest that if we want to foster a culture of social justice, we need to empower counselors and psychologists with self-confidence in their social justice efforts. For this reason, we conclude this article with suggestions designed to increase our readers’ social justice self-efficacy. Our recommendations utilize Bandura’s (1977) model for self-efficacy development as a framework.

### **Developing a Blueprint for Social Justice Engagement through Self-Efficacy**

According to Bandura (1977), self-efficacy develops through four sources: performance accomplishments, vicarious experiences, verbal persuasion, and emotional arousal. Building on Bandura’s theory, four recommendations to enhance social justice self-efficacy among counselors and psychologists are provided.

### **Recommendation 1: Support Performance Accomplishments**

Challenging ourselves to try something new and, in the process, successfully performing those tasks enhances self-efficacy. Several of our respondents noted that their lack of training in social justice has been an impediment to their involvement in social justice efforts. If we want to encourage and support faculty engagement in social justice work, we need to enable them with the appropriate resources (e.g., training, institutional support/backing, emotional support for challenges related to social justice work). To increase self-confidence and competence for social justice work, a focus should be placed on enhancing social justice knowledge, awareness, and skills.

**Enhance Social Justice Knowledge.** A publicly available folder with a collection of social justice-oriented teaching resources and relevant articles could support the acquisition of new knowledge to enable psychologists to embed social justice more intentionally into their practice, teaching, advocacy, and science. Activities housed in this folder might include self-reflection exercises, journaling activities that invite students to reflect on issues of privilege and oppression, case studies, a critical examination at the cultural validity of research, discussions and opportunities to process reactions to discussions, anti-oppression advocacy, the use of media as a vehicle and a voice (e.g., writing to local newspapers), and experiential exercises (see also Burnes & Singh, 2010).

Several excellent resources exist, with ideas and strategies for enacting social justice in classes, research, and training programs (see Ali & Sichel, 2014; Burnes & Singh, 2010; Goodman et al., 2018; Heppner, 2017; Motluskus et al., 2014; Olle, 2018; Scheel et al., 2018; Singh et al., 2010; Toporek & Worthington, 2014; Vera & Speight, 2003; Winterowd et al., 2009). In addition to suggestions found in the articles cited above, the APA's Division 17 (2017b) created a Social Justice syllabus, available on their [website](#), which provides a number of suggestions for social justice oriented readings, assignments, activities, and syllabi.

Resource packets such as the one offered by Division 17 may provide a potential solution for the most common social justice engagement barrier: time. Providing counselors and psychologists with helpful resources can both spark their own creativity to apply social justice work in their classes, research, practice, and daily life, and it can also decrease the amount of time devoted to developing social justice-related activities.

**Support Social Justice Awareness.** In addition to resource packets, awareness could be enhanced through self-reflection activities. A counselor or psychologist might explore their own assumptions, biases, and privilege by using journal prompts such as: 1) How can I use my positionality to affect systemic change? What is one historical and one current example of which systemic oppression was addressed?, 2) When was a time that I wanted to engage in a difficult dialogue but felt too uncomfortable to do so? What held me back?, 3) When was a time that I felt safe to facilitate difficult dialogues within the classroom? What helped it feel safe?, and 4) When I think of diversity, what comes to mind? Are identities from across the spectrum of power (privileged, oppressed) included? What has informed my understanding of diverse backgrounds?

**Increase Social Justice Skills.** Lastly, skills could be developed through role models and social justice training videos, which are discussed in more detail in the next recommendation.

### **Recommendation 2: Offer Vicarious Experiences**

Observing others who successfully accomplish a task can increase self-efficacy. Social justice self-efficacy could be enhanced by providing faculty with access to role models. Mentor matching, articles written by experts with practical recommendations for social justice engagement, video trainings, and courses could be used to provide opportunities for vicarious learning.

Given our finding that more than half of counseling psychology faculty reported no training on social justice, mentoring and other opportunities for training are imperative. Heppner (2017) notes that mentoring opportunities can provide pivotal support for social justice initiatives and outlines several strategies to promote cultural competence and social justice. Some recommendations include mentoring to enhance the creation of



culturally sensitive student services and encouraging mentees to consider how their research can be used as a tool for social change.

Mentoring might also take place within counseling and psychology programs, during faculty meetings, through multicultural/social justice town halls, or through informal interactions. As previously noted, Motlusky et al. (2014) promoted the use of faculty meetings to build connection and support for their social justice engagement efforts. Their faculty engaged in ongoing discussions and reflective conversations that explore how they define social justice, diversity, and multiculturalism. The faculty shared their experiences with social justice engagement and carefully considered where they have experienced success and challenges related to their engagement. These meetings also offered opportunities for verbal and emotional support from others, which can be useful within the third avenue for self-efficacy: verbal persuasion.

### **Recommendation 3: Provide Verbal Persuasion**

Receiving verbal encouragement from people who are important and influential in our lives can enable us to work through self-doubt and concentrate on the current task. Community support groups, mentoring experiences, social justice-oriented awards and recognition, and feedback from community members, students, and fellow social justice collaborators might all offer opportunities for counselors and psychologists to receive encouragement in their efforts.

In addition, faculty need to feel support for prioritizing social justice from colleagues, peers, and the profession, overall. As a field, we need to “put our money where our mouth is.” If we say social justice is important, we should acknowledge it in important benchmarks in a counselor’s or psychologist’s professional career (e.g., tenure).

Unfortunately, many institutions do not support faculty engagement in social justice work. Our study found that more than one in five counseling psychology faculty reported that they feel little to very little support from their workplaces for engaging in social justice efforts. This lack of support can lead faculty members to feel isolated, unappreciated, and burned out.

Social justice efforts could be supported by institutions and organizations in many ways. First, 90% of the respondents stated that their programs do not currently include engagement in social justice efforts as a consideration for tenure. Most faculty in this study, however, expressed that social justice involvement should be counted towards tenure. If social justice is a key component of our counseling and psychology identities, it follows that it should be an important consideration for tenure as a professor. Second, tangible supports should be provided for social justice work. This might include course releases for social justice work, additional funding, and graduate assistantships to support social justice engagement at a programmatic level. Organizations including APA might encourage training programs to detail how they embody our identity as social justice change agents within future accreditation materials. On a systemic level, the APA Society of Counseling Psychology (SCP) has made strides in centering social justice in their work and offers resources faculty and administrators may find useful. The SCP has developed a [Social Justice Advocacy section of their website](#), which includes a historical timeline of social justice in counseling psychology, as well as sections on anti-racism and ways to address anti-black racism, social justice advocacy topics and issues, tools to engage in advocacy, immigration advocacy, issues for the advocate, advocacy training, and a social justice advocacy model. Tangible supports such as these may positively impact a counselor’s or psychologist’s felt sense of agency, appreciation, and emotional wellbeing.

### **Recommendation 4: Attend to Emotional Arousal**

Our emotions, moods, reactions, and stress levels can influence how confident we feel in our own abilities (see also Goette et al., 2015), and results from this study suggest that many counseling psychologists are stressed, emotionally burned-out, and overwhelmed. In fact, many respondents identified emotional exhaustion

as a primary barrier to their engagement in social justice. Self-care can act as a critical shield against burnout and stress associated with social justice efforts. Self-care may be especially important for Black, Indigenous, and People of Color (BIPOC) educators, as the liberation of others may also be an act of liberation of self (Pitts, 2020). Social justice work is meaningful, necessary, and a core component of counseling psychology's identity (Taylor et al., 2019), and social justice can also carry with it the tolls of a personal and emotionally demanding endeavor. Counselors and psychologists are encouraged to check in with themselves emotionally, to consider what forms of self-care work best for them, and to make a conscious plan to integrate self-care initiatives into their daily lives. In a field that is focused on serving others, it can be difficult for many counselors and psychologists to give themselves permission to engage in self-care, to recognize the difference between self-care and self-indulgence, to admit when they need to slow down, and to make self-care a consistent habit.

Additionally, self-care is not always singular; it does not necessarily mean journaling to oneself and taking solitary walks. Communal self-care can provide a helpful reminder that we are not alone in our work. This sense of community might be accomplished through membership in social justice-oriented social media groups, listservs, and locally organized social groups (e.g., Meetup). These experiences allow us to build a community; to feel that there are people "like us" engaged in the same efforts; and to connect with supportive circles.

Initiatives such as these address primary barriers counseling psychologists reported in this study: fear of consequences and lack of colleague support. Social justice-oriented counselors and psychologists may be met with resistance and discouragement from others who are not engaged in the same work. Resistance from others may even be more apparent for educators with intersecting marginalized identities (Pitts, 2020). For that reason, finding a sense of "community" and connection within this work is particularly vital.

### **Limitations and Delimitations**

While discussing the implications of this study, the results must be understood within the context of its inherent limitations. Although the study's sample represented greater diversity among participants than those of the broader APA faculty membership, the representation was weighted towards White participants (65% of respondents). Research suggests that Faculty of Color face additional strains in academia, from experiences of tokenization and microaggressions to increased service burdens and mentoring demands from students who may not find many other Faculty of Color for support (Constantine et al., 2008; Fouad & Carter, 1992; Griffin & Reddick, 2011; Louis et al., 2016). Although no differences in social justice self-efficacy, barriers, supports, or engagement were found between racial majority and minority participants, a broader, larger sample may reveal additional demands Faculty of Color experience in relation to their social justice engagement.

Relatedly, the sample was heavily weighted with tenure-track faculty. Findings from this study suggested that older faculty members were more engaged in social justice work with their students, and there was a trend toward greater engagement among those later in their career stages as well. It is possible that the demands of tenure limit an early career academic's ability to engage in social justice efforts, whereas more senior faculty may not experience the same research pressures that may otherwise impede a faculty member's engagement in community efforts and work related to privilege, oppression, and power.

Lastly, it is possible that both nonresponse bias and social desirability bias may have been present in this study. Although the survey invitation explicitly noted that academics who both were and were not engaged in social justice were invited to participate and faculty members at every APA-accredited counseling psychology institution were individually invited to participate, a select number of counseling psychologists participated. It is likely that those who are more invested in social justice were more likely to take the time to respond to this survey. Further, of those who chose to participate, social desirability bias may have impacted the way some participants responded. Social justice is a hot topic, and it is possible that participants may have attempted to present themselves in a socially desirable light. Given that most psychologists recognize social desirability

measures embedded in surveys, using a social desirability measure for these participants was determined to be of limited value. However, to minimize socially desirable responding, the survey was administered online, and data was collected in an anonymous fashion.

### **Future Directions**

Future studies could build on the current study in several iterative ways. For example, two experimental design studies could be conducted to explore variables that impact counselors' and psychologists' social justice engagement. First, an experimental design study could target all four components of social justice self-efficacy outlined in the discussion section (training, mentoring, support and encouragement, and self-care) and could explore the impact of those interventions on the participant's social justice self-efficacy and engagement. Second, an intervention study could explore strategies to prevent burnout associated with prolonged social justice work. Because one of the barriers related to engagement in social justice work was emotional exhaustion, an experimental study could be conducted to test the efficacy of a support group that meets once each week to provide space for counselors and psychologists to process their social justice experiences and to provide support and encouragement to each other.

### **Implications and Concluding Remarks**

Social justice is an important component of counseling psychology's identity (Vera & Speight, 2003) and, in addition to our field's commitment to issues of diversity, a commitment to social justice and activism is projected to be a seminal part of the identity of counseling psychologists within the next decade (Taylor et al., 2019). Results from this study indicate that more training on social justice is needed, and training in social justice may positively impact a counseling psychologist's confidence in their social justice efforts in the future. Those who displayed greater confidence in their social justice engagement also invested in significantly more social justice work with their students than did those with low social justice self-efficacy.

Counseling psychology faculty play a pivotal role in the future of our field; they train our students to become excellent clinicians, researchers, and future professors. They also provide students with the knowledge, attitudes, and skills to serve the broader world around us through the clients they touch with counseling, the voices they amplify with research, and the inspiration and knowledge they impart on future trainees. The training we provide our students sets an important tone for their confidence in their advocacy work later, and that confidence is an important potential precursor to the degree to which they actually engage in social justice in their personal and professional lives. If we want counselors and psychologists to step outside of the "Ivory Towers" and into the communities around them, we must be thoughtful about creating a new generation of social justice advocates, and confidence to advocate begins with adequate training, mentoring, support, and self-care.

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# Embodied Social Justice Learning: Considerations for Curriculum Development and Training in Counseling Programs

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## Abstract

Social justice curriculum development continues to be an evolving area in the educational and professional training of counselors and counseling psychologists. While many programs facilitate trainees' exploration of social justice knowledge through infusion into multicultural counseling courses, there is a growing trend in counseling curriculum development to provide students with specific social justice-oriented awareness and approaches to advocacy. This article describes the development of two-course sequence in a mental health counseling program where trainees are introduced to multicultural and social justice content pedagogically organized around liberation and critical history frameworks. The theoretical frameworks, process of implementing specific curricular activities with a focus on a culminating service-learning experience, and strategies for enhancing social justice and advocacy curriculum development through an *embodied social justice learning* curricular approach are discussed. This article aims to advance curriculum development by encouraging faculty in counseling programs to consider implementing curricular activities that are guided by social justice embodiments and critical-liberatory frameworks to facilitate trainees' social justice knowledge and their approach to advocacy in their roles as helping professionals.

*Keywords: social justice curriculum; counseling programs; embodiment; service-learning; liberation*



Challenges to structural barriers based on social group marginalization-privilege dichotomies, access to power and opportunity, and respect for historically accurate sociopolitical realities are among the central concerns in social justice and liberation discourse (Adams, 2007; Comas-Diaz & Rivera, 2020; Goodman et al., 2004). Threads of this discourse have been evident throughout the history of counseling and counseling psychology from emphasizing the moral nature of providing mental health services to individuals living with mental illness (Brooks & Wiekkel, 1996) to Frank Parson's work centering the provision of services for homeless and unemployed individuals (Toporek, 2011) to more recent calls for decolonizing and liberation-based approaches to counseling practice (Comas-Diaz & Rivera, 2020; Goodman et al., 2015). Competency models and frameworks for examining notions of power, oppression, and privilege (Singh et al., 2020; Speight & Vera, 2008; Vera & Speight, 2003) and guidelines for working with marginalized populations (see American Counseling Association (ACA) and American Psychological Association (APA) for guidelines) also contribute to the current, albeit debatable, zeitgeist in field. Though the notion of social justice in counseling and counseling psychology is not a new phenomenon (Crethar et al., 2008), movement toward establishing social justice as integral to future counseling professionals' education and training programs' curricula has been more measured (Bemak et al., 2011). Several scholars address the importance of social justice issues in counseling contexts (Ali et al., 2008; Bemak et al., 2011; Field et al., 2019; Gazzola et al., 2018; Goodman et al., 2004; Goodman et al., 2015); however, less has been written about *how* to re-envision counseling programs' curricula in a manner that facilitates social justice as an integral part of future counselors' and psychologists' training and professional identities.

As we exist in social and political contexts where clients and students (and others) are negotiating social (in)justice on a day-to-day basis, it remains of central importance to develop curricula that prepares future generations of counselors and psychologists to recognize, understand, and address social justice issues (Counselors for Justice, 2020; Goodman et al., 2015; Ratts et al., 2016; Steele, 2008). Thus, approaches to counseling programs' curricula development warrants an intentional focus on how to embody social justice training. Liberation, critical, and embodied pedagogies may offer educators unique insights to develop curriculum that facilitates trainees' social justice orientation. These approaches identify trainees as active, whole (e.g., intellectual and physical) and knowledgeable participants in their training, who have the right to engage critical inquiry and historical accuracy. As curricular approaches, liberation, critical, and embodied pedagogies have supported students in deepening their learning experiences and increasing their attunement to social issues (Goodman et al., 2015; LaMantia et al., 2016; Killian, & Floren, 2020). The purpose of this article is to explore the role of critical-liberatory frameworks to initiate exploration of social justice curriculum and training, to describe a course example of re-envisioning infusing social justice curriculum for counselor trainees, and to propose an innovative approach to social justice curriculum and training. For the purposes of this article, we define social justice curriculum and training approaches as those that emphasize the role of systemic and social inequities throughout the learning process, and facilitate growth opportunities to negotiate these social inequities through advocacy (Adams et al., 2010; Beer et al., 2012; Comas-Diaz & Rivera, 2020; Vera & Speight, 2003). Implications for developing curriculum and preparing future social justice counselors and psychologists are also included. To begin, we present a brief overview, based on available literature, of approaches to integrating social justice in counseling programs' curricula.

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<sup>1</sup> Throughout the article the term *counseling programs* is used to describe education and training programs for counselors, mental health practitioners, and counseling psychologists.

## **Social Justice in Counseling Programs' Curricula**

Trends in social justice education in counseling programs have reflected both innovation in conceptualizing social justice competencies and training models, and inherent growth edges in translating proposed competencies and training models into curricula. Much of the scholarship examining counseling programs' curricula focuses on multicultural counseling rather than a social justice perspective in counseling. Whereas multicultural counseling focuses on awareness, knowledge and skills that center individuals' life experiences and cultural values (Sue & Torino, 2005), social justice in counseling emphasizes purposeful attention to societal concerns, systems of power, and advocacy (Abe, 2020; Vera & Speight, 2003). Despite clear differences in foci, literature exploring social justice curriculum in counseling programs is limited. This gap in the literature may be attributed to the fact that many programs do not provide structured learning opportunities on how to engage social justice issues (Speight & Vera, 2008). Even in instances when programs integrate multicultural and social advocacy content across the counseling curriculum, it is an uncommon occurrence for social justice issues to be incorporated as a focal area across course requirements (Vera & Speight, 2003; Speight & Vera, 2008). Previous scholarship has also identified that courses dedicated to social justice content are uncommon. Singh and colleagues (2010) found that 85% of doctoral trainees in counseling psychology program had not taken a social justice focused course.

Given the limited number of social justice focused courses in counseling programs, it is not surprising that there are only a few practical illustrations of approaches to integrating social justice in counseling programs' curricula. Motulsky and colleagues (2014) put forth a collection of pedagogical strategies to infuse social justice content across the curriculum from including critical reflection about social issues in content heavy, technical courses to centering the voices of authors whose scholarship focuses on marginalized groups. These authors further emphasize the importance of framing curricula expectations for students and faculty within critical and liberation pedagogies. As a manner of enacting critical and liberation pedagogies to integrate social justice in counseling curricula, other scholars focus on using service-learning opportunities, practicum experiences, or other experiential methods to foster students' interaction with systems and marginalized populations (Ali et al., 2008; Burnes & Singh, 2010; Lee & Kelley-Petersen, 2018; Murray, et al., 2010; Sanabria & DeLorenzi, 2019; Toporek & McNally, 2006). These kinds of structured learning experiences similarly emphasize self-reflection, systems awareness, and consciousness raising to facilitate students' knowledge of social justice in clinical contexts.

Social advocacy has been another area of curricular focus among some counseling programs. Education and training programs emphasizing critical and experiential pedagogy have been found to have a positive impact on trainees' attitudes toward social justice advocacy (Caldwell & Vera, 2010; Lee & Kelley-Petersen, 2018). Further, trainees' perceptions of their program as providing a safe holding environment to explore issues of power and oppression have been associated with their self-reported inclination to do social justice work (Beer et al., 2012). Faculty mentorship in attending to and exploring social justice issues has also been established as facilitative of trainees' engagement with social justice advocacy (Goodman et al., 2004). Nonetheless, other scholars have suggested that neither the quantity nor the quality of social justice training, as currently pedagogically executed, in counseling courses is necessarily indicative of trainees' investment in social justice-oriented practice (Na & Fietzer, 2020; Nilsson & Schmidt, 2005). The combination of mixed findings and limited practical illustrations of social justice in counseling curriculum demonstrates the importance of continually building upon and exchanging knowledge in the field, heeding numerous calls to intentionally develop social justice curricula that cultivates professionals who are committed to social change.

## **Challenging Status Quo Curriculum: Liberation Pedagogy**

To understand the dynamics of developing social justice curricula within counseling programs, we must first understand the consequences of status quo curriculum. Status quo curriculum is educational and learning

praxis that embeds Eurocentric educational practices, figures, and ideologies as the standard for teaching within higher education (Goodman et al., 2015; hooks, 1994). This kind of curriculum also preserves White supremacist ideology, utilizes course materials, such as textbooks, and, syllabi that center dominant narratives and reinforce interpersonal dynamics (e.g., teacher as expert and student as passive recipient of knowledge) within classrooms that uphold power imbalances (Goodman et al., 2015; Freire, 1972; hooks, 1994; Speight, 2000). Status quo curriculum mimics models of oppression through the erasure of contributions, perspectives and knowledge from scholars of Indigenous, Black, Latinx and other marginalized backgrounds (Goodman et al., 2015; Singh et al., 2020). Thus, trainees' lack of visibility to the contributions of Black, Indigenous, and People of Color (BIPOC), queer, trans, immigrant, differently abled, and other marginalized communities may create barriers to some trainees seeing themselves as advocates and change agents (Bemak et al., 2011). Moreover, status quo curriculum limits the ability of instructors to model for counseling trainees' mechanisms for disrupting oppression narratives, which can otherwise be translated to future clinical practice, research, teaching, and professional service (Killan & Floren, 2019).

In direct response to status quo curriculum and the evolving needs of the communities that counseling professionals serve, counseling programs have integrated multiculturalism as a central competency (Arrendondo et al., 1996; Sue et al., 1992). In recent years, this integration has extended to social justice and social advocacy (ACA Advocacy, 2010; APA Multicultural Guidelines, 2003). The movement toward social justice and advocacy as a competency for counseling professionals stems from innovative scholarship produced by ACA (e.g., Association for Multicultural Counseling and Development) and the, APA Taskforce on the Implementation of Multicultural Guidelines. The connection between persistent forces of oppression and the psychological consequences of navigating daily forms of compounded oppression reinforced the extension of social justice training and competency within counseling and counseling psychology (Counselors for Social Justice, 2020; Goodman et al., 2004; MSJCC, 2016; Vera & Speight, 2003).

Consequently, counseling and psychology professionals are expected to move outside the silos of therapeutic office in creating social change, and engage within community, organizations and legislative entities to effect change in communities psychologically impacted by intersectional forms of injustice (ACA Advocacy Competencies, 2016). Thus, counseling training programs are responsible for preparing counseling trainees to *do* social justice work. This preparation begins with curriculum development. Like other scholars (Crethar et al., 2008; Goodman et al., 2004; Ratts et al., 2016), we contend that liberation and critical pedagogies are essential to enacting social justice learning. In the next section, we overview critical history and liberation ideology as pedagogical approaches relevant for counseling education and training programs.

As noted, the history of counseling and psychology has systematically omitted the contributions and perspectives of numerous marginalized groups. The area of pedagogical practice that examines these gaps in the field's canon is that of critical history. Harris (2009) discusses critical history as purposeful critique and unlearning of revisionist history. Critical history embeds sociocultural and historical contextual details in the retelling of counseling and psychology historical narratives, thus transforming taken for granted history to reflect the complexity of oppression and liberation within the counseling and psychology fields. Critical history provides a framework for critical inquiry in counseling and psychological education, training, and practice. The critical history lens too compliments liberation pedagogy (described in the next section) by emphasizing learners as active within their own educational experiences and seeking to problematize status quo ideologies.

Also challenging status quo ideologies, liberation pedagogy is rooted in the works of Ignacio Martin-Baro (1994), Maritza Montero (2009) and Paulo Freire (1972) and others such as W.E.B DuBois and Frantz Fanon (as cited in Burton & Guzzo, 2020). Foundationally, liberation pedagogy centers engagement with and alongside oppressed communities to facilitate the process of unlearning oppressive imagery, stereotypes, and false narratives of marginalized communities by recovering historical memory and deideologizing daily

experiences (Tate et al., 2013). Liberation scholars further emphasize the significance of relearning and reclaiming marginalized community's cultural strengths, values, and stories of resistance (Martin-Baro, 1994; Montero, 2009). Taken together this approach to learning engages social action through a process Freire (1968) and Martin-Baro, (1994) describe as understanding issues from the standpoint of the oppressed community (i.e., problematization), becoming conscious of the lived reality of oppressed people (i.e., conscientization), and utilizing that awareness to engage in social action (i.e., praxis). Contemporary theorizing and evaluation of liberation psychology or liberation psychologies (Watkins & Shulman, 2008) emphasizes practice guidelines that calls counseling and psychology professionals to commit to reconceptualizing training and practice centered through the lens of the oppressed. In their review of liberation psychology, Burton and Guzzo (2020) highlight the importance of embracing training models and professional practices that require critically "reading the world" (Freire, 1972), attending to sociopolitical, cultural, and economic circumstances relevant for marginalized people groups. These scholars further contend that advancing liberation theory through practice requires professionals to engage the *talking about* and *doing* of liberation work.

To Burton and Guzzo's (2020) point, implementing liberation pedagogy in counseling training programs relies on co-constructing learning communities that actively engage in critical inquiry, reflection, and transformation at the individual, cultural, and institutional level (Goodman et al., 2015; Tate et al., 2013). This necessarily means that trainees are provided learning opportunities in which they can identify and, at times, challenge their ideological positioning to center the concerns of marginalized populations and transform counseling practice. Within counseling curriculum and development, liberation pedagogy can be cultivated through critical inquiry into the history of counseling and psychology, inclusion of various perspectives in course content, and experiential class activities that encourage learners to engage themselves as whole beings. Broadening exposure to the voices of those relegated to the margins of counseling curricula prompt development towards a comprehensive understanding and practice of social justice (Field et al., 2019).

### **A Social Justice Course Example**

As discussed in the previous section, preparing counseling and psychology trainees to be culturally competent, social-justice oriented practitioners require a paradigm shift from status quo training approaches to more creative, reflective training approaches (Brady-Amoon, 2012; Chung & Bemak, 2012; Murray et al., 2010; Motulsky et al., 2014; Sanabria & DeLorenzi, 2019). Based on our experiences co-teaching (first author instructor of record and second author graduate teaching assistant) mental health counseling trainees at a large research institution in the southeastern region of the United States in a 60-credit hour license-eligible master's program, we describe a two-course sequence as an example of integrating social justice into counseling trainees learning experiences. We briefly describe the first course as a lead into a more detailed description of the second course which focuses on enacting social justice curriculum, the primary aim of this article. The two-course sequence description is then further contextualized with instructors' reflections about teaching and learning in the social justice course. Among the reasons this course sequence differs from a more commonly used approaches to teaching social justice in counseling programs is threefold. The courses are designed and taught in a linked consecutive course sequence, multicultural counseling followed by social justice in counseling. Many of the concepts examined at the end of the multicultural counseling course set the stage for the beginning of the social justice course. Additionally, students are encouraged to engage in reflection on course concepts with specific attention to historical narratives or a critical history approach. In contrast to course materials that center dominant narratives, readings and related course media are drawn not only from psychology but also disciplines and frames such as ethnic studies, disability studies, and queer critical theory to support trainees' breadth and depth of knowledge. Moreover, trainees are exposed to population specific scholarly journals and professional organizations, podcasts, television shows and the like to support their ability to engage critical

reflection. Finally, through specific practice with systems level analysis and attention to somatic experiencing, students are provided an opportunity to deepen their awareness of social justice topics, how they are affected by them, and how these topics influence the lives of the individuals with whom they will interact professionally.

### **Two-course Sequence**

Like most master's programs in counseling across the United States, the first course in the two-course sequence we describe, is a three-credit hour multicultural counseling course offered in the fall semester, "Cross-Cultural Counseling". This course is designed to facilitate students' awareness, knowledge, and skills in counseling practice with diverse populations and engaging diverse perspectives. The course is conceptualized in three units that focus broadly on foundational concepts in multicultural counseling, cultural analysis, and culturally responsive care practices. From the outset of the course, trainees examine the origins of counseling through a critical history lens, attending to narratives that have been omitted and overlooked as well as considering how such revisions or omissions in the field influence the practice area that we understand contemporarily as multicultural counseling. Having the backdrop of critical history, trainees proceed through the course engaging readings, didactic instruction, and experiential activities. There is specific focus on utilizing course materials that centers the narratives of marginalized group members' experiences and focus on building intrapersonal and interpersonal awareness to construct a knowledge base that facilitates skill development. Trainees engage ongoing reflective practice and are called to attend to how they move through the world. For example, students complete reflection assignments designed to foster their awareness of how sociopolitical histories influence concepts explored in class. They may respond to prompts such as what social and/or historical events shape the study of a particular concept or their personal connection to a concept. In contrast to a status quo curricular approach, trainees are provided opportunities to learn about and challenge perspectives presented by the authors they read. For example, trainees are encouraged to explore the narratives of the authors of assigned readings to better understand the positionality of the individuals from whom they are learning and explore how various authors positions have changed over time in connection with social and political evolutions. The goal of these instructional activities is to support trainees' exploration of their social identities, those with social identities different from their own, and the impact they may have on clients, peers, and others. Though a wide range of planned topics are explored from ethnocentric monoculturalism to broaching culture in dialogue to racial trauma healing models, the course ends with a call for advocacy in counseling. Trainees are introduced to the counselor-advocate-scholar model (Ratts & Greenleaf, 2018; Ratts & Pedersen, 2014), a framework in which the authors describe the shifting nature of counselors' roles in clinical practice depending upon the needs of the client. This framework emphasizes counselors as change agents who have power to help clients negotiate systemic barriers (Ratts & Greenleaf, 2018). Thus, this course serves as a bridge into the next course, translating the processes of intrapersonal- and interpersonal-focused discovery to systems-focused discovery.

The second required course is "Social Justice in Counseling". This course is also a three-credit hour course offered in the spring semester, and in many ways is a unique part of trainees' curriculum as stand-alone social justice courses in counseling training programs are rare (Singh et al., 2010). The first goal of this course is to introduce trainees to how systems impact individuals' and groups' lived experiences and life chances. Using critical history and liberation pedagogies, the course focuses explicitly on issues of equity, power, oppression, and privilege. Like the first course in the sequence, trainees are called to use their knowledge of history both in counseling and more broadly to consider the role that systems play in shaping people's lives including their own life. This engagement with critical history draws attention to reductionistic historical narratives that serve to uphold social inequity and deny trainees active participation in their own educational process as critical thinkers. Simplistic or acritical history narratives limit trainees' capacity to discern the "contested nature of all ideas as well as past struggles that have changed the field (Harris, 2009, p. 33)." As such a key component of this

course is advance counseling trainees' knowledge and skill in responding to the question, *how has counseling and psychology changed and what made those changes possible?* This question demonstrates a deviation from status quo curriculum by emphasizing a critical examination of historical narratives. We view this question as central to examining power and oppression and as consistent with the notion of critical inquiry (Freire, 1972) in liberation pedagogy. To support trainees in responding to this question, course activities focus on examining socialization messages regarding their identities and social locations. As trainees engage this exploration process of who they are as social beings, they are encouraged to attend to their whole experience including bodily and somatic sensations (e.g., rapid heartbeat, holding the breath, stomach discomfort), relational moments (e.g., connection and disconnection), and intellectual curiosity or defensiveness. As a specific example, trainees are assigned the task of completing a digital scrapbook page that explores their salient social identities and the social location of those identities. Trainees additionally may write about what they feel in their bodies when unpacking their relationship to power and reflecting on their somatic experiences as informational. Menakem (2017) highlights the importance of attending to one's body in learning about the self and the experiences of others to promote openness, compassion, and growth. Hence, the digital scrapbook assignment aims to both support trainees' knowledge of where their identities may be located within systems of power and their ability to attend to the "self" as an instrument of information, practices important for cultivating sensitivity to social injustice and beginning to develop advocacy skills.

As trainees become more attuned to their role in systems and understand their potential power in the counseling role, the course transitions to a focus on specific social justice issues—examining a range of isms and phobias like sexism, racism, ableism, transphobia, xenophobia and other topics. Trainees engage in learning opportunities to facilitate critical reflective practice and inquiry (e.g., journals, responses to media, in-class activities such curating living museums, etc.) with the aim of applying what they have learned about themselves and from the entire learning community to addressing social justice issues as counseling trainees in real world contexts. Thus, a second goal of this course is to encourage trainees to "try on" the *counselor as advocate* role, that they were initially introduced in the Cross-Cultural Counseling course through a variably offered, tailored community service-learning experience named by the first author as C<sup>3</sup> (Counselors-in-training Connecting through Community). Recognizing that the counselor as advocate is a role that develops over time and continually evolves with experience, developing advocacy skills and engaging advocacy practice is a process that is well-facilitated by community service-learning. Community service-learning reflects a curricular strategy that provides firsthand, in-vivo experiences of connecting trainees with populations who have been systematically marginalized (Ali et al., 2008; Burnes & Singh, 2010; Goodman et al., 2004; Toporek & McNally, 2006), and it has been demonstrated to facilitate trainees' integration of social justice concepts (Murray et al., 2010).

Trainees are introduced to the notion of community-based service learning and learn of their community partner at the beginning of the Social Justice in Counseling course. Thus, initial exploration of course concepts is also discussed with intentional focus on the needs of trainees' community partners. This focus provides trainees the opportunity to practice exploring the tangible influence of critical history narratives, social identities, and social location relevant to their community partners. For example, prior to establishing contact with their community partners, trainees are tasked with completing a pre-engagement plan assignment. The points of inquiry for this assignment were informed by aspects of liberation psychology including understanding the perspective of marginalized communities and identifying community-specific narratives and strengths. To complete this assignment, trainees conduct in depth research to understand the history of the organization and how the organization's existence has been influenced by social systems and legislative actions that may impact the provision of services to the organization's target population. Trainees also examine narratives of strength and resistance relevant to the organization and/or its constituents. This process of pre-engagement is

an important aspect of advocacy, reflecting the counseling trainees' attention broader systems level issues that may shape one's role as an advocate (Toporek, Lewis, & Crethar, 2009). Once trainees start to learn about their community partner(s), they begin to assess how they can operate in an advocate role via direct consultation with their community partners. Over the course of several weeks, trainees and community partners collaborate to craft a project that advances the mission of the community partner. This aspect of trainees' interaction with their community partners is directly connected to conscientization as trainees become increasingly aware of the realities of their community partners. Through intentional and collaborative engagements with community partners trainees' projects have included developing resource guides, promotional materials, event planning, and mental health awareness campaigns. Trainees' conceptualization of their projects with their community partners is also guided, in part, by conducting a power, oppression, privilege (P.O.P.) analysis, which allows trainees to connect course concepts with their real-world observations of how power, privilege, and oppression directly impact community-based organizations and the people they serve.

Critical reflection is also integral to the C<sup>3</sup> experience for trainees. Ash and Clayton (2009) suggested that critical reflection in service-learning aims to foster personal growth, facilitate deepened engagement with academic learning, and improve capacity for change agency. These authors further contend that *all* aspects of service-learning are opportunities for critical reflection. As such, trainees complete prompt-specific critical reflection journal entries and collaborative assignments. Trainees detail their cognitive, affective, behavioral, and/or somatic responses to prompts like, when you learned you were assigned to "X" as a community partner, what was your response? Describe your understanding of service and identify what feelings and somatic sensations engaging in service bring up for you. What assumptions and expectations are you bringing to this service-learning experience? How has your knowledge about social injustice as it relates to this population changed given your work with "X" community partner? This critical reflection aims to reinforce trainees' integration of course concepts with their exploration of their roles as advocates. The C<sup>3</sup> experience culminates with presentations for community partners and other community stakeholders (e.g., work products), and a letter written to future trainees detailing general reflections about the experience, lessons learned, and hopes for future trainees engaged in C<sup>3</sup>. The letter along with all C<sup>3</sup> work products creates a portfolio specific to each service-learning community partner that is preserved by the first author for future trainees who may decide to advance the project or want to learn about how others engaged advocacy in working with their community partners.

### **Instructors' Reflections**

As scholars of color engaged in critical and social justice focused practice, we were acutely aware of the potentially harmful nature of status quo curriculum on the development of counselor trainees' professional identity. Through our collaborative and reflective conversations, we acknowledged how power, oppression, and privilege may "show up" in counseling curriculum. We particularly attended to how exclusion, elitism, and power imbalances may pervade the social justice course, and the ways in which we, as members of the academe, may reinforce notions of injustice in the teaching and learning process. It was through this intentional focus on the learning environment and our roles in the environment that allowed us to engage the fullness (e.g., cognitive, affective, behavioral, and somatic awareness) of what we perceive it means to learn about and do social justice-oriented practice. As such, we used our knowledge of and connection to critical and liberation ideologies to help shape engagement with all aspects of the course. We aimed to create opportunities for students to engage in self-work (i.e., critical awareness and consciousness) and systems work (e.g., C<sup>3</sup> community partners). We entered the course acknowledging that we are all learners, attending to notions of power and explored with our trainees their experience of learning about social justice with two Black womxn as co-instructors. We further processed our learning community interactions with one another acknowledging our own areas of growth, experiences of vulnerability, and moments of deepened awareness.

In reflection on the goals and outcomes of this course, particularly the C<sup>3</sup> experience, we discussed a vision beyond that of institutional and professional obligations of trainees to learn foundational skills, rather we focused on cultivating opportunities for trainees to engage in the being and becoming of social justice work. Through trainees' involvement with community partners and the course content broadly, we observed trainees experience the challenges inherent in doing systems work such as lack of resources, time and institutional barriers; we listened to trainees narrate experiences of unlearning and/or relearning about how power and oppression operates, and we witnessed trainees question dominant narratives, some for the first time. It is from these reflections, our engagement in the teaching and learning process, and feedback from our learning community that we began exploring how to describe a curricular strategy that fosters the kind wholeness in learning social justice we observed in our teaching experience.

### **A Curricular Strategy: Embodied Social Justice Learning**

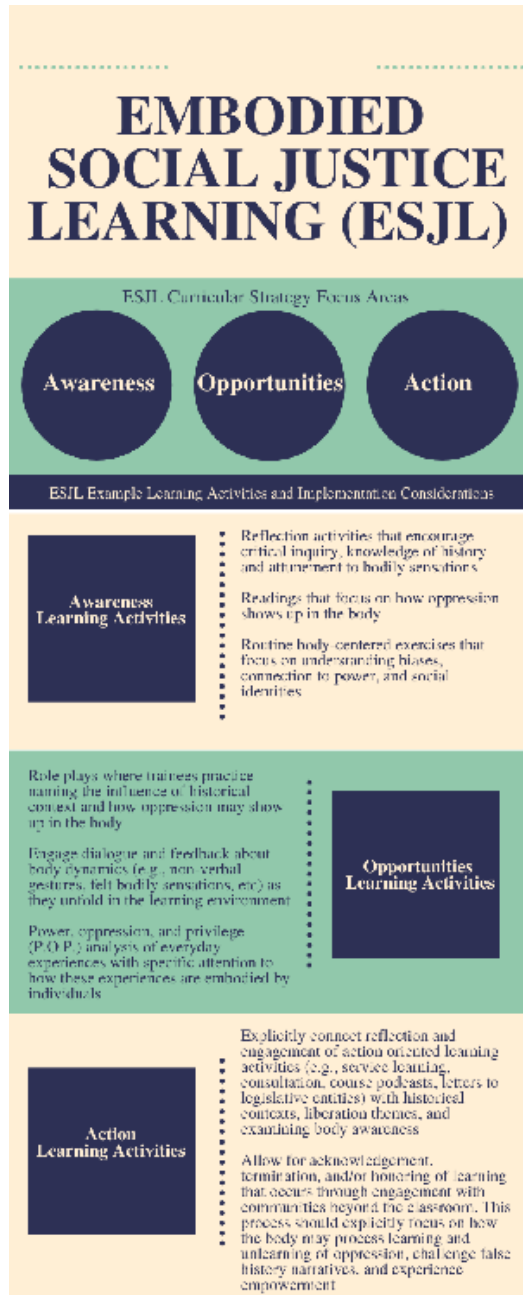
Integrating our observations from the Social Justice in Counseling course with liberation and critical history frameworks, we propose training activities that facilitate *embodied social justice learning* (ESJL) are central to trainees knowing the *what and how* (Arthur et al., 2009) of social justice work. We locate our understanding of ESJL in an interdisciplinary context drawing from theory in higher education and various specialties in psychology, joining a growing number of scholars who emphasize the importance of “bodies as agents of knowledge production” (Wilcox, 2009 p. 105). Perry and Medina (2011) contend that bodies reflect multifaceted ways of being and knowing that are socially and contextually influenced. This perspective aligns well with liberation and critical pedagogies that emphasize awareness of the physical and social self in relation to systems of power, oppression, and privilege (Wagner & Shahjahan, 2015). This too is consistent with Johnson's (2014) discussion of the cycle of embodied critical transformation that describes the process of helping individuals explore how oppression is experienced in and through the body. By attending to intellectually- and body- based experiences of how individuals connect with marginalization-domination, oppressed-oppressor identities, or disadvantage-advantage dynamics, ESJL provides opportunities for trainees to develop skills in dialogue and unified action (Freire, 1972) relevant for social justice-oriented counseling.

Embodied learning may open the door to exploring a range of social justice concerns as trainees become more aware of themselves and others' experiences, exercising cognitive and body-centered capacities for knowing and being. In a qualitative investigation, Johnson and colleagues (2018) found that experiences of oppression, such as microaggressions, uniquely impact the way people feel and express themselves in their bodies. Because so much of how oppression is communicated is non-verbal (Johnson, 2014) or reflective of subtle slights as is the case with microaggressions (Johnson et al., 2018), it is increasingly important that social justice curriculum in counseling programs attend to embodiments. By learning to become aware of and communicate about personal and interpersonal intellectual- and body-based experiences, trainees are required to not only understand domain concepts but also be able to discuss and feel them in the context of their (and others') day-to-day lived experiences as manifested in the body. The goal of ESJL, thus, is to enhance counseling programs' training activities or curricular approaches to facilitate “thoughtful awareness about [how] body, space, and social context” (Nguyen & Larson, 2015, p. 332) are relevant for social justice-oriented counseling practice. Translating social justice themes into curricula requires innovative, non-traditional teaching methods (Flores et al., 2014; Gazzola et al., 2018; Motulsky et al., 2014) to directly challenge status quo, colonized pedagogical approaches (Brady-Amoon et al., 2012; Goodman et al., 2015). ESJL may be conceptualized as a non-traditional approach as it calls trainees and educators to engage learning and teaching as active participant-observers (on intrapersonal and interpersonal levels) and curators of knowledge rather than as passive receivers of knowledge to be applied in the future (Chung & Bemak, 2012). As a curricular approach, we suggest that ESJL strategies



focus on three areas: a) awareness, b) opportunities, and c) action. These areas are described below and Figure 1 provides examples and considerations for implementing an ESJL curricular strategy.

**Figure 1.** *Embodied social justice learning areas, curricular examples, and considerations*



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ESJL *awareness* constitutes identifying and designing course content that fosters trainees' attention to social justice concerns as they are historically and contemporarily grounded, and the complexity of these concerns in recognition of the mind-body dynamics. These dynamics of an individual or a group have been

discussed as attending to thinking, feeling, relating, and physically experiencing simultaneously (Generative Somatics, 2014). Awareness in this sense also constitutes including content that acknowledges the complex interplay of these ways of being and introducing trainees to language and other means of expression (e.g., imagery, music, digital media) that allows for both intellectual and body-based awareness. Readings and other course content to facilitate ESJL awareness should intentionally include a normative focus on one's experience of the body as a source of knowledge. The body as a source of knowledge may lend to deepened trainee insights (Johnson et al., 2018) regarding awareness of their (and others') social location, and experiences of power, oppression, and privilege.

Learning opportunities is another strategy area associated with ESJL. There are many opportunities during counseling trainees' education and training journeys to engage social justice practice. However, these opportunities must be made readily available and strategically designed to support trainees' development. From an embodied learning perspective, curricular activities may focus on helping trainees learn to acknowledge and prepare to respond to social justice issues present in everyday life, including those present in their home training programs. In developing such opportunities, trainees should be encouraged to reflect upon how they are being impacted by a particular social justice issue as well as how they may be impacting others, again emphasizing body awareness in this reflection. "Part of the task of learning from [oppression narratives and social justice issues] must be becoming more attuned to nonverbal [and sensory] components of our everyday interactions with others – to how we read (and are being read by) others on a body level" (Johnson, 2014, p. 84). This too includes centering opportunities to examine how trainees may feel discomfort in their bodies when examining various social justice topics, and consideration for how the intellectual and body-based interactions may shape trainees' responses to key stakeholders such as instructors, peers, clients, and supervisors. For example, instructors may invite trainees to take a moment of pause to attend to their thoughts and related feelings in their bodies as they learn about narratives different from their own. Specific instructor inquiries may focus on noticeable changes in body temperature, breathing patterns, and body movements. With practice, this kind of attending may be informational as trainees interact with others and integrate greater self-awareness.

Action is the final ESJL curricular strategy area, and it constitutes curricular activities that encourage trainees' ability to do social justice-informed counseling. We contend that trainees need in-vivo or experiential learning activities as these experiences, as previously discussed, have been demonstrated to enhance trainees' social justice practice orientation (Lee & Kelley-Petersen, 2018; Toporek & Worthington, 2014). These activities may be designed such that trainees are not only attentive to their intellectual and body-based experiences but also to the experiences of those with whom they are interacting. The goal of curricular activities that comprise action are to lay the groundwork for sustained investment in social justice-oriented practice. This sustained shift or embodied transformation reflects a manner of engaging with the world that is more attuned to how social justice concerns holistically impact the self and others (Johnson, 2014, Generative Somatics, 2014).

## Conclusion

In developing counseling curriculum for trainees, an embodied social justice learning approach to counseling training calls educators to exercise intentionality and consideration for the whole self when designing and curating curriculum. The opportunity to reflect on our experiences of engaging critical and liberation pedagogies as co-instructors builds upon previous literature concerning social justice learning and training within counseling programs (Crethar, et al., 2008; Edwards et al., 2017; Steele, 2008). Thus, we add to scholarship serving to disrupt status quo curriculum through grounding counseling and psychology

curriculum development and in pedagogies that force us to decolonize our course design, content, and instructional implementation, informing a more agential counseling training experience. To conclude, we reiterate key points to support the integration of social justice in counseling programs' curricula and broader training culture.

- *Integrate critical and liberation pedagogies and frameworks in social justice training.* Counseling instructors expand trainees' knowledge and understanding of social issues and advocacy praxis through the introduction of critical pedagogies from various disciplines and scholars. This work further extends to helping individuals explore how their learning is experienced in and through their bodies, attending specifically to sensations connected to specific concepts or course material. The introduction of critical pedagogies and frameworks, in concert with reflective inquiry and dialogue builds a foundation for both social consciousness and action for counseling and psychology trainees.
- *Foster active community learning spaces.* In *Teaching to Transgress*, hooks (1994) implores instructors to set up collaborative educational learning communities that transgress dominant structures of education. Fostering a learning environment requires a co-construction of community guidelines, trust and willingness to embrace the whole individual from their contextual backgrounds and experiences. This too includes providing trainees' opportunities to practice attending to their somatic experiences as informational and growth-fostering. It is within our learning communities that we model for trainees the dynamic of humanity as invested in liberation and freedom which likely fosters an investment in social action and transformation.
- *Integrate ESJL beyond the classroom.* In a study by Bemak et al., (2011) the integration of multicultural social justice ideology and practice within a counseling program reflected a transformation among counseling faculty and the department. True embodiment of a pedagogical and cultural shift toward centering social justice learning, requires equal commitment to critical reflection, somatic awareness, and action by all members of the community. Trainees often observe and model their faculty and are professionally socialized within their departments. As such embodiments of social justice teaching and learning are neither unidirectional nor one dimensional, this work requires all dynamics to shift away from status quo dominant-subordinate narratives to narratives of empowerment, agency, and inclusion.

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# Teaching Cultural Competence and Social Justice in a Mental Health Counseling Graduate Course: Reflection and Review of the Literature

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## Abstract

Cultural competence and commitment to social justice are foundational to counselors' professional identity. There is significant attention in scholarly literature and ethical codes on what this means for the education, training, and practice. This has led counseling and counselor education programs to actively incorporate issues of cultural diversity and social justice into coursework and fieldwork requirements. Research trends indicate graduate students in counseling and counselor education benefit personally and professionally from the knowledge, skills, and awareness they develop in and outside of the classroom. Coursework on multiculturalism and social justice is a standard part of these programs, but knowledge on best practices for students' personal and professional growth is still accumulating to reflect dynamic social and political changes within the United States and abroad. This manuscript describes a required counseling course for mental health counseling students implemented in the spring of 2020. This course integrated topics related to cultural diversity and social justice and introduced conceptual frameworks for counseling and advocacy. The description of this course includes sample readings, in-class activities, and graded assignments that fulfill the learning objectives. Comparisons to research trends and existing recommendations are made, and future directions for course design are highlighted.

*Keywords: counselor education; multiculturalism; social justice; teaching pedagogy*



The integration of multicultural competence and social justice advocacy forms the bedrock of ethical practice for mental health counselors in the 21<sup>st</sup> century and an aspirational goal to effectively combat societal forms of injustice (Pieterse, Evans, Risner-Butner, Collins, and Mason, 2009; Ratts & Greenleaf, 2018). For many scholars, there is growing sentiment that cultural competence, commitment to social justice, and advocacy are core organizing features of how mental health is realized and distress is alleviated (Sue & Sue, 2016). While multiculturalism has long been established as the fourth force in counseling (Pederson, 2001), the role of social justice and advocacy in counseling practice is evolving. Ratts (2009) called social justice the fifth force in counseling. Sue and Sue (2016) also warned that a focus on cultural competence is ultimately ineffective if counselors do not also attend to the role of power and oppression in their clients' lives. This suggests multiculturalism and social justice are distinct but related frameworks for direct-service work and systems-level interventions. Therefore, the professional practice of counselors must embody both forces to be ethical and effective (Ratts & Greenleaf, 2018)

The American Counseling Association (ACA) advocacy competencies provide guidance for how counseling practice can move beyond the 50-minute hour and individual interventions (Lewis, Arnold, House, & Toporek, 2002). This framework is consistent with calls within counseling and counselor education for multicultural competence and social justice to be more prominently featured in how counselors see their roles in helping clients and communities (e.g., Ratts & Greenleaf, 2018). Lewis and colleagues' (2002) developed a framework that ranged from individual counseling sessions to community engagement, including outreach and policy initiatives. Ideally counselors work across these domains to address oppressive values, beliefs, and practices through education, empowerment, and advocacy (Ratts, 2009). The ACA (2014) ethical codes and growing trends in counseling and counselor education since the early 2000s have made it clear that advocacy is an ethical obligation for all counselors rather than the work of a select few who are committed to social justice (Ratts & Greenleaf, 2018).

The ACA (2014) ethical codes and advocacy competencies outlined by Lewis et al. (2002) also have implications for graduate student training. By introducing students to these competencies while also learning traditional counseling skills, they are better prepared to work with marginalized clients and to advocate in interpersonal, social, and public settings. This emergent focus on social justice supplements existing emphases in the ethical codes on helping students to be culturally competent when working with diverse client groups. The 2014 ACA ethical codes emphasize awareness, knowledge, and skills among trainees, which are necessary to develop cultural competence. This three-part model is consistent with recommendations in the multicultural literature for engaging students in dialogue about counseling work within a culturally competent framework (e.g., Sue & Sue 2016).

### **Research on Multiculturalism and Social Justice Competencies**

Research has often focused on the infusion of advocacy and attention to cultural competence into applied components of the mental health counseling curriculum, such as the practicum and internship requirements. A qualitative study by Field and colleagues (2019) interviewed mental health counseling students at three points in their clinical training starting with the practicum course and ending after the completion of the internship. The authors found field experiences were instrumental in enhancing awareness of social injustices and developing advocacy skills to respond in ways that effect micro or macro-level change. Similarly, a qualitative study by Sanabria and DeLorenzi (2019) interviewed alumni about their experiences completing an advocacy practicum experience during their first year in the mental health counseling program. The authors found that engagement in this practicum experience increased awareness about social injustices and created a sense of efficacy to engage in advocacy. Unfortunately, these benefits did not appear to extend past graduation because none of the participants reported current involvement in advocacy work despite increased awareness and commitment to social justice.

Research on practicum and internship can be helpful in identifying how counseling students use their skills and knowledge to help actual clients or communities. However, this is an incomplete representation of how counseling programs can infuse multiculturalism and social justice into the training requirements (Goodman et al., 2004; Motulsky, Gere, Saleem, & Trantham, 2014). Research on classroom experiences and course design is necessary to study how pedagogical choices best reflect current scholarship and ethical guidelines on the teaching of these topics. This can help to pinpoint reasons for lagging skills at fieldwork placements and introduce cohort-wide pedagogical strategies to best prepare students for their roles as counselor-advocates.

### **Teaching about Multiculturalism and Social Justice**

Classroom instruction can introduce counseling students to multiculturalism and social justice and assist in the development of the counseling skills needed to effectively work with diverse client populations. Pieterse and colleagues (2009) analyzed 54 syllabi for required diversity-related courses in counseling and counselor education programs. The authors found that most courses emphasized attitudes, knowledge, and skills, which is consistent with the tripartite model highlighted in the multicultural literature and the ACA ethical codes (ACA, 2014; Sue & Sue, 2016). These courses also utilized a “population-specific” approach by examining the values, beliefs, and histories of select minority groups, such as Blacks and African Americans. Instructors included social justice in most syllabi, although its description and relationship to multiculturalism was not consistently defined across courses. Sample topics included racism, sexism, and homophobia, but there did not appear to be any unifying theoretical frameworks across syllabi to create a lens for understanding the impact of these forms of oppression on wellbeing.

Seward (2014) studied the experiences of students of color in multicultural and diversity-related courses in counseling masters’ programs. When interviewed, the participants verbalized frustration with courses that are primarily centered on the experiences of racial minority groups as objects of study, which potentially dehumanizes them. The participants also raised concerns about stereotypical views of racial and ethnic minority groups in course readings. The students appreciated classroom dialogue and learning about peers’ cultural background as opportunities to go beyond surface level understanding of diversity. Based on these findings, Seward (2014), recommended readings written from the perspectives of racial and ethnic minority scholars and class engagement strategies that allowed students to reflect, question, and learn from each other.

Torino (2019) raised questions on how to best engage White counseling students about issues of diversity and justice. When White students are confronted with examples of societal injustice or asked to view themselves as racial beings, they can become defensive and intellectually disengage from the course. Even among White students who want to become culturally competent, the process of learning about cultural differences and legacies of oppression can elicit feelings of shame and guilt (Sue & Sue, 2016). These concerns are consistent with Seward’s (2014) findings on how students of color perceived White peers whose defensiveness and disengagement undermined class discussions and the potential for anyone to learn effectively. It also presents a challenge for faculty who teach students who vary in their willingness to engage with issues of cultural diversity and social justice. A well-articulated and deliberate pedagogical approach that fosters knowledge of cultural diversity and reflection on issues of power and privilege can support students during class discussions and nurture the growth needed to be a counselor and advocate (Bemak, Chung, Talleyrand, Jones, & Daquin, 2011).

### **My Positionality as the Course Instructor**

The current Multicultural and Social Justice Counseling Competencies (MSJCC) developed by Ratts et al. (2015) and endorsed by the ACA emphasize intersectionality as a lens to understand the self and others. Additionally, Ratts and colleagues recommended any exploration of intersecting identities should be accompanied by reflection on power, privilege, and oppression. Consistent with the multicultural and social

justice counseling guidelines, I offer a brief description of my intersecting identities and experiences with power.

I identify as an able-bodied, cisgender White woman and a lesbian who is currently economically privileged in a role as a university professor. I grew up in a working-class family in rural Pennsylvania. Growing up in a part of Pennsylvania that was not racially diverse made class-related differences the most relevant in everyday interactions, often in ways that made my own disadvantage apparent. It was not until I entered college that racial inequality and interpersonal forms of racism drew my attention, and it was then that I first became aware of unearned privileges as a White person. As a university professor now, I reap benefits of social, cultural, and economic capital and have power that I aim to use constructively in my interactions with students and in course design choices.

### **The Current Class Description**

In the spring of 2020, I taught a course called “counseling diverse populations,” which satisfied the mental health counseling students’ requirement by the state licensing board to complete coursework in multiculturalism (Massachusetts Board of Allied Mental Health and Human Services Professions, n.d.). This required course also is consistent with the ACA (2014) ethical guidelines for the training of graduate students in counseling and counselor education programs and the Multicultural Social Justice Counseling Competencies endorsed by the ACA (Ratts et al., 2015).

When designing the counseling diverse populations course to fulfill the multiculturalism requirement of a mental health counseling program, I was struck by Sue and Sue (2016) argument that conversations about diversity often fail to recognize power, oppression, and privilege in the relationships in society. I was also influenced by my own graduate training in the master’s mental health program discussed by Goodman et al. (2004) where students developed advocacy skills in a community-based placement during their first year in the masters’ program. Goodman and colleagues (2004) documented their first-year advocacy lab as an optional training experience that is nested within a program-wide commitment to social justice. This model has been well-received in the counseling and counselor education literature and has influenced training models in other programs (Motulsky et al., 2014). While I could not implement an advocacy-based practicum experience, I could build upon my personal experiences and knowledge of relevant literature when designing my own course.

My counseling diverse populations course included a blend of standard topics, such as multicultural competence, and utilized readings from well-regarded scholars, such as Sue and Sue (2016). Initial topics in the course introduced students to multiculturalism as the fourth force in counseling and established the importance of cultural competence to work with diverse groups (Hays, 2009; Pederson, 2001). The first half of the course aligned closely with chapters in the graduate-level textbook authored by Sue and Sue (2016) and included supplemental readings by Hays (2009) and Tummala-Narra (2016). These readings were consistent with Pieterse and colleagues’ (2009) analysis of syllabi in diversity-focused courses for mental health counseling students.

The halfway point of the course introduced social justice in the assigned textbook and elsewhere in the counseling and counselor education literature (e.g., Franklin, 2009; Neville, 2015). This provided multiple perspectives on social justice and its status as an ethical imperative based on the ethical guidelines, theories of cultural competence, and personal reflections (e.g., Neville, 2015; Ratts, 2009). An article by Ratts (2009) was especially helpful in introducing social justice as a fifth force in counseling, which complemented an earlier reading by Pederson (2001) on multiculturalism as the fourth force in counseling. It also connected the course readings to topics within our counseling theories course where students studied psychoanalysis, cognitive-behavioral therapy, and person-centered therapy, which are often connected to the original three forces of counseling (Pederson, 2001). Additionally, Ratts (2009) reviewed advocacy guidelines created by Lewis and

colleagues (2002) and reprinted their original diagram. This provided a visual representation for students that we referenced throughout the remainder of the course.

The second half of the course diverged from the content of the Sue and Sue (2016) textbook but remained aligned with their vision to recognize social justice alongside any dialogue on cultural diversity. Rather than follow an often-used design to study the cultural characteristic of a different group each week (e.g., African American and Black populations), I decided to introduce theoretical frameworks that could be integrated into counseling work across presenting problems and allowed for a multifaceted way to view client identity. This decision was consistent with recommendations by Chan, Cor, and Band (2014) who warned that a focus on a single group per at a time has the potential to essentialize clients' experience and provide a single lens to understand experience. Given the typical racial and ethnic makeup of most graduate programs that is predominantly White, this lens is most often derived from the values and beliefs of a dominant cultural worldview. Even though this is a well-received approach to teaching about multiculturalism, it can be a flawed pedagogical approach if the review of cultural characteristics of various groups does not place them in a societal context marked by systemic injustice and differential access to opportunity (Pietrese et al., 2009). Rather than focus on the specific cultural characteristics of different racial and ethnic groups, I chose to introduce conceptual frameworks that could provide avenues for theoretical integration with conventional counseling theories and new strategies to foster client wellbeing. While this approach does not provide content knowledge of the values, experiences, or cultural norms of specific groups, it does introduce students to frameworks to combat injustice and a mindset to explore the cultural backgrounds of specific clients. Additionally, Sue and Sue (2016) included chapters on various minority groups, and students had access to this material by virtue of the textbook being a required reading for the course.

These frameworks were influenced by prominent scholars in multicultural counseling and psychology and other areas of the social sciences and have been utilized in counseling and counselor education literature (e.g., Goodman et al., 2004; Ratts & Greenleaf, 2018). This included: social constructionism, post-structuralism, emancipatory pedagogy, liberation psychology, and critical psychology. Feminist perspectives were not included in the syllabus for two reasons. First students had already covered feminist perspectives in their counseling theories. Secondly, given the limited number of weeks that could be dedicated to social justice-oriented frameworks, I chose to reconsider psychoanalysis and cognitive-behavioral therapy through a social justice lens by introducing the work of Hays (2009) and Tummala-Narra (2016), respectively. Certainly, feminist perspectives on multiculturalism have been influential in counseling and counselor education, and the absence of this topic in the syllabus is not meant to critique the influence of these scholars or the merits of their ideas (e.g., Goodman et al., 2004).

### **Graded Assignments and Class Activities**

When designing the graded assignments and the class activities, I wanted to create authentic assessments that reflected the learning objectives for the course and the competencies students would need to demonstrate professionally. Case conceptualizations played prominently into the in-class activities and graded assignments. This assisted the students in applying the new theoretical frameworks to clinical work and making comparisons to conventional theories, such as cognitive behavioral therapy and psychoanalytic perspectives. The latter objective was supported by specific assigned readings in the first half of the semester, which included Hays (2009) and Tummala-Narra (2016). These assigned readings reviewed traditional approaches to counseling and showcased avenues for integration of conventional mechanisms for client change with best practices from the multicultural psychology, counseling, and counselor education (e.g., Ratts & Greenleaf, 2018; Sue & Sue, 2016). Hays (2009), for example, included a case study in the article and demonstrated how to utilize conventional CBT techniques within a multicultural orientation. Tummala-Narra (2016) infused literature on multiculturalism

and social justice into her psychoanalytic framework and routinely incorporated her experiences as a clinician, trainee, and client.

Students also read an article by Hare-Musten (1994) on discourses in the mirrored room and reflected on the merits of the author's premise in their own clinical work. Hare-Musten (1994) described the mirrored room as the way therapy sessions reflect dominant discourses in society about gender. In discussions about the article and in the reflection paper, I encouraged students to expand upon this description of the mirrored room to explore discourses related to race, social class, sexual orientation, and other marginalized identities. Although not planned at the outset of the semester, this reading coincided with the emergence of COVID-19 in the United States and the transition to remote learning for the remainder of the spring 2020 semester. It also coincided with nationwide protests over incidents police brutality against Black and African American citizens. These events, which affected many students personally and professionally, were prominent in the reflection papers and in discussions. I had incorporated other local and national events in the beginning of the semester as part of my pedagogy, but these events put issues of social justice at the forefront of many of their clinical encounters and experiences of working within communities.

Throughout the semester, I encouraged discussion about the experience of doing clinical work, often for the first time, and self-reflection related to issues of cultural diversity and social justice. This is consistent with recommendations in the multicultural literature that students should personally engage with the material and wrestle with the myriad emotions it may elicit (Seward, 2014; Torino, 2015). I was also influenced by Neville's (2015) reflections upon her teaching and mentorship style and her commitment to explicitly articulate her social justice position for students. I appreciated Neville's transparency in her stance and how that openness extended to all aspects of her courses. Using this as a guide, I shared with students my goals for the course and how my training, clinical work, research, and identity influenced the questions I asked and the lens for viewing the world. I worked diligently to avoid a message that students had to conform to my worldview, and I actively encouraged students to wrestle with difficult questions about their clinical work and the society in where we live. Liberation psychology emerged as a powerful way for students to view the relationship between the disenfranchised individual and society (Jiménez-Domínguez, 2009), and students often connected these writings to clients' experiences related with racism. It is likely this impact was felt so deeply by some students because of the timing of these discussions in the spring 2020 as BLM protests formed across the country.

Students gravitated towards readings on post-structuralism, narrative therapy, and critical psychology because these frameworks often critique the medical model of diagnosis and offer alternative ways to conceptualize mental health. For example, a book chapter by Drewery, Winslade, and Monk (2000) included the case of Ross, a client of one of the authors. Using concepts from a narrative approach, the authors described the ways Ross's life represented more than the consequences of his PTSD diagnosis or the authoritative declarations of his diagnosing clinician. Similarly, a book chapter by a Marecek and Hare-Musten (2009) critiqued the *DSM* as being largely divorced from cultural norms and the sociopolitical context. This is not an entirely new argument for the students. They had learned in previous courses how to apply the biopsychosocial framework to their clinical work to expand upon *DSM-5* symptomology when conceptualizing cases. Marecek and Hare-Musten (2009) discussed diagnosis as a potential power-imbalance in the therapeutic relationship and a way to demonstrate the expert status of the clinician. Their discussion the case of Dora, a 14-year-old girl who experienced the sexual advances of an older man and family friend. Freud diagnosed Dora as having hysteria stemming from her sexual desires for this older man and dismissed her statements the advances were disturbing and unwanted. This framed in-class discussions about the assumptions that can underlie diagnosis and ways those diagnoses may reflect societal and cultural biases towards minority groups. Students shared their own experiences diagnosing clients at internship sites and ways diagnostic considerations enhanced or hindered therapeutic work.

Across course topics, many of the assigned readings included personal reflections by the authors or case studies for the reader to consider. This was a deliberate decision on my part to encourage self-reflection by the students and to help them to map concepts onto their own clinical work. These features of the assigned readings also fostered in-class discussions on the experience of engaging in clinical work and the effects on students' emergent professional identities. This approach is consistent with recommendations to supplement didactic course components with opportunities to apply knowledge to clinical work and to process emotional reactions to the assigned readings (c.f., Brinkman & Hirsch, 2019; Sue & Sue, 2016). Some students also discussed in class and in their written assignments their experiences with prejudice, and discrimination personally and professionally and were generally supported by their peers in sharing moments of vulnerability, confusion, and anger. Discussions of privilege as a counselor or in everyday life were less common and may have represented the developmental status of students who were reflecting upon their unearned privileges while also coming to terms with the ways they experienced oppression in their lives. This is consistent with findings by Brinkman and Donohue (2020) where students in a masters-level counseling course were better at analyzing clients' intersecting identities than considering their own.

### **Limitations of the Current Course Design**

Despite the potential strengths of this multiculturalism course, there are noteworthy limitations. First, the potential benefits for the students enrolled in the class were not evaluated in any systematic way as part of a larger research study. The extent to which this course design successfully prepared students to work with diverse populations or to identify social justice issues is unknown. Furthermore, it is unknown the extent to which students engaged in meaningful self-reflection on the sources of privilege and oppression in their own lives or how these moments of self-reflection may have ultimately impacted the quality of work with disadvantaged and marginalized clients. Reynolds (2011) recommended that courses be evaluated based on the effectiveness of their pedagogical tools to refine course delivery and maximize its impact. Additionally, the possible benefits relative to the content of similar courses in other mental health counseling programs cannot be ascertained. Research should be conducted with students enrolled in the course to determine if readings, activities, and discussions are effective at developing cultural competence, and awareness of societal injustices. The multicultural counseling literature provides numerous choices for assessment tools that are appropriate for trainee populations (Brinkman & Hirsch, 2019).

Conceptually the theoretical perspectives included in the course are not exhaustive of all relevant perspectives to inform social justice work. The frameworks chosen were done through careful review of literature on multiculturalism, social justice, and advocacy and recommendations on the training of mental health counseling students (Pieterse et al., 2009; Ratts, 2009; Sue & Sue, 2016). However, this framework is not without blind spots based upon my own understanding of social justice and reflections upon my identity as a White woman or my current economic privilege as a university professor. For example, indigenous perspectives on health and wellbeing were not assigned readings in the syllabus, which represents a lacking perspective on wellness, colonization, and oppression. Additionally, care was taken to include the voices and perspectives of racial and ethnic minority scholars (e.g., Franklin, 2009; Neville, 2015; Tummala-Narra, 2016), but further review of the syllabus is likely to find avenues for inclusion. Seward (2014) recommended syllabi for counseling graduate programs not only reflect current thinking on diversity and justice but also reflect minority perspectives in scholarship and lived experience. Future iterations of the course could benefit from more explicit inclusion of diverse viewpoints as an effort to support racial minority students' growth and to further challenge White students to reflect upon issues of privilege and oppression.

### Future Directions in Course Design

Future iterations of this course could be strengthened by incorporating an advocacy or community outreach component into its design. As previously mentioned, the students enrolled in the course are typically completing their internship and were actively engaged in clinical work. This creates a potential to incorporate social justice work into actual experiences with clients, agencies, and communities. This is consistent with recommendations by Sanabria and DeLorenzi (2019) for experiential learning and the process of exposure, recognition, and action discussed by Field et al. (2019). The findings reported by Field and colleagues (2019) also highlight the need for sufficient knowledge to act as an advocate and places to process the emotional responses to increased awareness. This suggests that a year-long course dedicated to cultural competence and advocacy may be best suited to supporting students during their internship. This course, if offered, should not take the place of group supervision, but should combine didactic aspects on social justice with opportunities for self-reflection and planning of advocacy efforts. Edwards, Tate, Cook, Toigo, and Yeomans (2017) provided further guidance in designing an extended course design focused on advocacy at an internship site based on the findings of their qualitative study. Counseling students in a multicultural counseling course completed an advocacy project over the course of ten weeks and reflected on their efforts. The project yielded many benefits for students who reflected on the meaning of advocacy and developed relevant skills. However, Tate and colleagues indicated that logistical issues, such as time restrictions, limited the impact of the project on knowledge and skill development among the students.

These limitations discussed by Tate et al. (2018) in their study could be addressed effectively through a year-long course setup that would allow more time for planning and engagement in the community. Such engagement with communities should not be designed to serve only the training needs of the students but rather reflect genuine engagement with clients and ongoing collaboration with community partners. Goodman and colleagues (2018) described two community-advocacy projects that provide opportunities for masters-level training in within the context of ongoing collaboration and advocacy work involving two counseling faculty. The Goodman et al. (2018) description, which bares similarities to previous discussions by Goodman et al. (2004), highlights the benefits of advocacy work as a supplement to traditional counseling fieldwork placements to raise consciousness and to foster students' identities as social justice advocates. Furthermore, these benefits to students stand alongside the ongoing work of faculty with community partners.

Motulsky and colleagues (2014) documented the ways cultural competence and advocacy were integrated into the entire counseling program as a fundamental organizing feature rather than the focus on a single course. This is an ideal direction for training of graduate students for several reasons. First it provides consistent and systematic exposure to theory and application across courses, and it allows for self-reflection throughout the completion of all relevant coursework. For students who have yet to reflect or explore, consistent focus across courses provides the framework to engage in this work before and during fieldwork placements. This is a key point raised by Field et al. (2019) who suggested a developmental approach to social justice competencies is needed, particularly among students whose first exposure to social justice issues comes in graduate school. Finally, it helps professors to track the growth of their students and intervene accordingly if students encounter barriers to developing sufficient awareness, knowledge, and skills for ethical practice (Brinkman & Donohue, 2020; Goodman et al., 2018).

The current course as it is sequenced in the graduate curriculum is among the last the students will take, and they have already dedicated an entire semester to clinical work before enrolling in this course. This is likely to diminish the effects of learning about social justice frameworks and the potential for self-reflection as it relates to issues of power and privilege. This course could be placed earlier in the students' course sequences where the frameworks discussed can inform their goals for an internship experience and the formation of a supportive supervisory relationship. Motulsky and colleagues (2014) discussed an ideal scenario where the

entire curriculum is design with social justice aims in mind, and it does not fall to the learning objectives of a single course to introduce students to relevant concepts, foster their critical consciousness, or support their cultural competence.

These directions for subsequent courses align with best practice recommendations in the multicultural literature and reflect exemplary work being conducted in other mental health counseling programs (Chan et al., 2014; Multulsky et al., 2014). The integration of didactic and experiential course components is well-received in the literature and considered ideal of achieving the ethical mandates of the ACA codes. Ultimately the merits of this course to inform students and foster growth should be nested within a larger framework of multicultural competence and advocacy among trainees. This best serves the students who enroll in the program and the fieldwork placements where they will engage with diverse populations.

### **Conclusion**

The course described above reflects an integration of topics multiculturalism and social justice for mental health counselors in training. This balance of two related but distinct conceptual frameworks is consistent with calls within the counseling and counselor education literature for counselors to evolve in how they define their professional identities and interact with the public. The course design also aligns with best practices based on the ACA ethical guidelines. The content of the course introduced relevant concepts and theoretical frameworks for students to utilize as part of their counseling work at internships and offered opportunities for reflection on issues of cultural diversity and social justice. Despite limitations in the implementation of the course and avenues to refine the syllabus, the course presents a viable strategy to teach about cultural diversity and social justice for mental health counseling students. Through further refinement and elaboration of the pedagogical goals this course has the potential to enhance students' preparation for clinical work and advocacy and contribute to broader dialogues within counseling and counselor education about best practices in the teaching of multiculturalism and social justice.

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# Using a Consultation Assignment to Enhance Trainees' Understanding and Implementation of Consultation and Social Justice in Career Counseling

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## Abstract

Social justice advocacy and career counseling are foundational competencies for counseling professionals. However, training in advocacy and consultation outside of the classroom (i.e., in the community) is infrequent and career counseling courses, despite conceptualizing systemic issues, often focus on individual-level interventions. There is an opportunity to merge these competencies into a single experience for graduate trainees. Graduate students in a clinical psychology master's program completed a pilot, semester-long assignment in their career counseling class, which required them to work as consultants to organizations on a social justice oriented, career counseling focused project. We used a multi-method qualitative approach to analyze students' career theory knowledge and application and social justice advocacy. Data were generated through students' written assignments. Using coding reliability thematic analysis, data indicated most students were able to describe consultant and individual difficulties from an advocate and social justice framework, but about half the students struggled to integrate these social justice frames into career counseling theories and interventions. Five themes relating to student development emerged (e.g., recognizing privilege, self-efficacy), alongside three themes related to the logistics of the assignment design and implementation. Results are discussed alongside how to improve the assignment.

*Keywords: Social justice; advocacy; consultation; career counseling; student development*

Ethics codes expect counseling and clinical psychology scholars and practitioners (hereafter: counselors) to be culturally responsive and social justice oriented (American Counseling Association [ACA], 2014; American Psychological Association [APA], 2017). Focusing on social justice requires counselors think beyond the traditional therapist-client dyad to understand how systems-level factors (e.g., public policy, legislation, and community resources) affect clients and client groups within a multicultural framework (e.g., Ratts & Greenleaf, 2018). Counseling paradigms centering on social justice and multiculturalism, such as feminist or liberation psychology approaches emphasize that counselors develop self-awareness of how their identities manifest within a community and subsequently act to address systemic inequalities in their communities. Training programs need to integrate skills for taking systemic action – such as advocacy and consultation – into the curricula in order to increase trainees’ competency in social justice (Ratts et al., 2016). Historically, career counseling paradigms have emerged from advocacy-based work and seek to conceptualize work experiences as influenced by systemic factors (Toporek & Daniels, 2018). This study explored how merging social justice, consultation, and career counseling knowledge and skills into one assignment for graduate counseling trainees can increase student development across all three competency areas.

The APA’s 2017 Multicultural Guidelines encourage a systemic, ecological approach to multicultural understanding and responsiveness and indicate that social justice, including multicultural competency and advocacy, are the umbrella under which all components of counseling, including consultation, exist. Beyond this, social justice advocacy and consultation, which are both foundational competencies for counselors, share conceptual overlap (Lusky & Hayes, 2001; Moe et al., 2010). Both social justice advocacy and consultation take into consideration the systemic influences of oppression and change and seek to empower the clients within the consultee’s organization by working directly with the organization (i.e., systems-level). Some have suggested that social justice principles are exemplified by the combination of consultation and advocacy (Lusky & Hayes, 2001; Ratts & Greenleaf, 2018), which requires a recognition of the practitioner’s privilege and a collaboration with client group.

Ratts and Greenleaf (2018) assert that counseling’s difficulty in becoming more social justice-oriented is its focus on intrapsychic theories to explain suffering, which fails to account for environmental and systemic causes. Their Counselor-Advocate-Scholar (CAS) model advocates for “non-conventional” interventions in counseling that move beyond the “four walls” of a therapy office in order to tackle these problems (Ratts & Greenleaf, 2018; p. 81).

In their preamble to the ACA Advocacy Competencies, Toporek and Daniels (2018) note that counseling’s advocacy emphasis can be traced to Frank Parsons, widely regarded as the father of vocational psychology. Attending to these conceptual overlaps in advocacy, consultation, and social justice, the ACA and National Career Development Association (NCDA, 2009) published the Minimum Competencies for Multicultural Career Counseling and Development. According to these competencies, a career practitioner must understand career theory and consultation practice from a multicultural and social justice perspective, with a recognition of how established career theories apply to various populations. While career theorists are perhaps slightly ahead in their emphasis on systems-level influences on individuals’ struggles (McMahon et al., 2008), career interventions are still taught and implemented at the individual level.

To reconcile this, scholars have recommended career counselors should work with local community groups to identify and deliver career services and engage in socio-political advocacy (Arthur & McMahon, 2005; McMahon et al., 2008). This is consistent with ACA’s calls to use advocacy work as a form of social justice and for counselors to grow in their knowledge of how systemic barriers affect client groups (ACA, 2015; Ratts et al., 2016; Toporek & Daniels, 2018) and the CAS model (Ratts & Greenleaf, 2018).

Advocacy, consultation, and career counseling are all considered foundational counseling competencies, but there is often a disconnect in counseling training. Career counseling typically focuses on individual-level

interventions (Cook et al., 2005; McMahon et al., 2008; Sampson et al., 2011), and advocacy and consultation training are rarely conducted outside of a classroom setting. These practices contradict research showing that trainees' develop multiculturally when they engage with local community groups (Decker et al., 2016) and that exposure to social justice needs through community-based experiences leads to gains in social justice and advocacy competencies (Field et al., 2019). Such opportunities also increase student self-efficacy to engage in social justice work. For example, Sanabria and DeLorenzi (2019) found that a pre-practicum assignment on social justice advocacy for counselor education students led to student empowerment to engagement meaningfully in advocacy work. Thus, there is a clear opportunity for educators to merge these competencies into a single assignment for students to develop these skills sets and merge these competencies into their emerging counselor identities.

Arthur and McMahon (2005) recommend competencies for career counseling and social justice, including consultation with community organizations to develop effective career development interventions that are responsive to the communities involved. Consistent with these recommendations, graduate students in a Clinical Psychology masters' program were given a course assignment focusing on consultation to emphasize the systemic issues arising in career development and to model the importance of social justice and advocacy for practitioners.

### **The Career Counseling & Consultation Assignment**

Before the semester, I (Stephanie Winkeljohn Black; S.W.B.) asked students to identify potential organizations and their leaders ('consultees') for this project based on their population interests. The final list of consultees included community groups (e.g., local LGBTQ, Latinx, and youth community centers) and on-campus groups (e.g., international students, student veterans, student disability services, etc.). At the beginning of the semester I (S.W.B.) formally taught the class various consultation models to orient students to the consultation assignment. I then taught traditional career counseling frameworks,<sup>2</sup> with an emphasis on how and/or whether each framework could be integrated with social justice and consultation principles. Students were assigned readings from Jackson and associates' (2013) text, "Career Development Interventions for Social Justice," an excellent example of how to merge social justice, consultation, and career theory across various populations (e.g., career decision-making workshop for first-generation college students; effective handling of racial microaggressions in the workplace) to showcase how these frameworks could be integrated. Chapters from Jackson et al. (2013) were assigned bi-weekly; whole-class discussions about each case example gave students the opportunity to process how career theory and social justice intertwine and reflect on how to apply such concepts to their own consultation project.

Students began their consultation projects in the beginning of the semester. Working in pairs, students were instructed to meet with their consultee organization to identify their needs related to career counseling. Students then proposed various interventions, which had to be grounded in career counseling theory, to the consultee and edited their interventions based on consultee feedback. Students maintained open communication with their consultee organization throughout this process. At the end of the semester, students presented the final intervention to the consultee. Due to the COVID-19 pandemic, the final step happened over email for almost all student-consultee groups, as this class occurred during the spring 2020 semester.

The full narrative report assignment prompt, along with identified learning objectives, is available in Appendix A; an example of the final narrative report is in Appendix B. Each student pairing completed one final narrative report. The narrative reports were designed to encourage students to conceptualize their consultee

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**2 Career counseling theories covered in the class included Theory of Work Adjustment (Dawis & Lofquist, 1984), Holland (Holland, 1959), Super's Life-Span, Life-Space Theory (Super, 1980), Social Cognitive Career Theory (Lent et al., 2000), and the Psychology of Working theory (Blustein, 2019).**

organizations and populations' career difficulties with systemic and environmental barriers in mind (e.g., access to resources, systemic discrimination), rather than explaining career difficulties with individual-level variables (e.g., lack of personal awareness or knowledge) and to use established career theories to explain environmental or systemic forces that affected their consultee groups, thereby integrating career theory knowledge and social justice/advocacy frameworks. Each individual student completed reflection prompts (Appendix C) at the beginning and end of the semester. The first reflection paper emphasized consultation skills and asked students to focus on how they conceptualized and built working relationships with their consultee organization, while the second reflection paper emphasized social justice frameworks and asked students to reflect on how their identities and work-related experiences impacted their work with the consultee organization.

### **Current Study**

We used a multi-method, qualitative approach to evaluate how a pilot consultation assignment in a graduate-level career counseling class enhanced students' development of career counseling theory and application and social justice advocacy. We used Ratts and Greenleaf's (2018) descriptions of intrapsychic and environmental/systemic frameworks to determine whether students' responses were aligned with a social justice advocacy model. Data were students' (1) narrative reports, which allowed us to see whether students used a social justice orientation intertwined with career theory to conceptualize their consultee organization and its clients and (2) reflection papers about the consultation assignment, which allowed us to see how students evaluated their own biases, identities and experiences when establishing a working relationship with their consultee and developing interventions grounded in both career theory and social justice for the consultee's clients.

## **Method**

### **Participants and Data Identification**

Participants were graduate students (hereafter, 'students'; 11 females, 7 males) were enrolled in a career counseling course; all were in their second year of a master's program in clinical psychology at a small, public, mid-Atlantic university. Most students identified as white (for confidentiality reasons, further details are redacted), resulting in nine pairs working with nine consultee organizations. Because the data were collected as course assignments obtained through standard educational practices, IRB approval (Penn State University - Harrisburg) was obtained several months after the completion of the course to allow us to analyze the data. The instructor and coders' information is provided below ('Positionality').

### **Data Analysis**

We used a multi-method qualitative approach to answer our research questions. The nature of the narrative reports (Appendix A) lent itself to coding reliability thematic analysis (TA; Braun & Clark, 2018; 2020; Joffe, 2012). The two reflection assignments, which were more open-ended and introspective, lent themselves to a reflexive TA approach (Braun et al., 2016; 2017; Braun & Clark, 2018). While both approaches are forms of TA, they rely on different assumptions when it comes to "procedure and underlying philosophy" (Braun & Clark, 2021, p. 333). For the sake of organization, we first discuss the approach to analyzing the narrative reports, then our approach to analyzing the reflection assignments. Then we discuss our positionality and steps we took to mitigate bias.

### ***Coding Reliability Thematic Analysis: Narrative Report Assignments***

Coding reliability TA is meant to maintain objectivity, with a codebook created using an established theory prior to analyzing the data (Braun & Clark, 2020). I (S.W.B.) developed a codebook to determine whether students had described consultee and client problems as intrapsychic or systemic based on Ratts and

Greenleaf's (2018) CAS model. The codebook involved rating the first two prompts in the narrative report (Appendix A), where responses that described the consultee and client problem as individual and proposed individual-level changes were coded as "1" (intrapsychic), responses that had a systemic or environmental focus were coded as "3" and those in between were coded as "2." (S.W.B.)

The co-authors (Zainab Akef; Z.A., and Centia Thomas; C.T.) then individually coded each of the nine narrative reports using the codebook, then the research team met to discuss how coding was approached. The coding manual was revised based on discrepancies in the initial round of coding, and codes were more clearly defined. Z.A. and C.T. then independently coded the data again. The coders agreed on 83.3% of the data (15 of 18 codes), which is considered acceptable (Saldaña, 2009). S.W.B. reviewed their codes and resolved any discrepancies.

### *Reflexive Thematic Analysis: Reflection Papers*

Reflexive TA recognizes the subjectivity of qualitative analysis and assumes emerging themes will be intertwined with the researchers' values and experiences (Braun & Clark, 2020). It can be used inductively or deductively; in this case our approach was more deductive as there are established frameworks of social justice from which we designed our study and we wanted to see how students' reflections contained social justice advocacy ideas. While these frames did not constrain our reflexive, iterative approach to identifying themes, they almost certainly influenced our analyses. Greater details on our positionality are provided below.

First, we individually read the reflection assignments to orient ourselves to the data. We each took notes and reflected on how themes developed as we re-read the reflection papers, focusing on the first reflection paper (assigned at the beginning of the semester) and then the second (assigned at the end). It is very likely that our interpretations of data from the first reflection papers influenced our interpretations of the second reflection papers. However, given that each participant wrote both a first and second reflection paper, it was expected that they would describe similar ideas between their papers. Given the subjective stance of reflexive TA, interrater reliability was not calculated (Braun & Clark, 2020; McDonald et al, 2019). Instead, during our subsequent meeting about the data we shared and explored each other's interpretation of the data and settled on themes through our discussion.

### *Positionality.*

To acknowledge, and therefore reduce, bias and assumptions in the analytic process, we discussed our identities and experiences that influenced our interpretations of the data. I (S.W.B.) am a 32-year-old, white, cis-woman and assistant professor of counseling psychology. I identify with feminist pedagogical, supervision, and psychotherapy theories and developed and taught the career counseling course. I (Z.A.) am a 23-year-old Arab cis-woman and a second-year graduate student in an Applied Clinical Psychology program. I (C.T.), am a 23-year-old African American cis-woman and a second-year graduate student in the Applied Clinical Psychology program. It was important to acknowledge the inherent power differential between S.W.B. and Z.A. and C.T., due to job and education differences; this topic arose explicitly during research team meetings. S.W.B. routinely encouraged the other study members to challenge her interpretations and strove to maintain an awareness of how she listened to their proposed themes. To further ensure trustworthiness, S.W.B. recognized her bias of hoping to find many social justice ideas in the reflection papers, as the creator of the assignment and course instructor, and therefore deferred to the other authors when developing social justice themes.

When we began analyzing the data, we (Z.A. and C.T.) had not yet taken a career counseling class. When we finished analyzing the data, we both had completed the career counseling class with a different instructor and different course design. We both describe ourselves as being social justice oriented in our studies and clinical work. During the coding reliability TA of the narrative reports, we discussed and bracketed identities



that aligned with the consultee organizations (e.g., Z.A. is an international student and one of the consultee groups was an international student support organization).

## Results

### Coding Reliability Thematic Analysis: Narrative Report Assignments

In response to the first prompt of the narrative report assignment, “Social Justice Needs: This section should summarize why your consultee and organization needs services,” seven of the nine participant pairs’ responses were coded as systemic/environmental and two were coded as intrapsychic/individual. Students identified systemic/environmental factors such as “low socioeconomic status,” “racial discrimination,” “perceived discrimination,” “cultural barriers,” and a “lack of institutional supports.” Intrapsychic/individual-level factors included “confusion, stress, and distress” without any notation of where these symptoms emerged and “although there are large [societal] consequences of work-related stress and anxiety, these feelings are experienced at the individual level.”

In response to the second prompt, “Theoretical Rationale: Use career theory(ies) to explain the current problem or need of your consultee and their organization”, four responses were coded as systemic/environmental, four were coded as intrapsychic/individual, and one was coded as both. Four of the participant pairs used one theory to conceptualize their consultee groups; the remaining five pairs used multiple theories (three used 2 theories, one used 3, and one used 4). Of the career theories reviewed in class, participant pairs most often cited Social Cognitive Career Theory; participant pairs used SCCT to conceptualize problems as both intrapsychic/internal (e.g., “self-efficacy”) and systemic/environmental (e.g., “available resources,” “feedback from the environment.”).

### Reflexive Thematic Analysis: Reflection Papers

We divided our themes into two categories: Student Development and Course and Assignment Logistics. While we expected Student Development themes, we were surprised by the emergent Course and Assignment Logistics themes, as we did not expect to see so many participant responses on this topic. We felt it was important to code and report these as areas for improvement in future iterations of this assignment. This second category also addressed students’ obstacles due to the COVID-19 pandemic, which transitioned all courses online halfway through the semester.

#### *Student Development*

Five themes related to student development emerged from the data: (1) Navigating Privilege, (2) Navigating the Consultative Relationship, (3) Recognizing Client Needs, (4) Professional Self-Efficacy, and (5) Career Theory. The first four themes were present in both written assignments, while Career Theory as a theme appeared only in the second assignment.

Students reflected at the beginning and end of the semester on how their identities intersected with client identities; most often this involved a recognition of their own privilege, which included education level or status, racial or ethnic privilege, and gender privilege. All three coders agreed that the Navigating Privilege theme tended to transcend all other themes identified in the data, as students’ recognition of privilege tended to feed into their conceptualization of what careers should be promoted (e.g., “I assumed the clients would strive for the college life, I almost forgot that technical and military careers were viable options”), how to relate to the consultee organizations, and the process of recognizing client needs. In the first written assignment (where students wrote in pairs), one pair described an “awareness” of their privileged identities while meeting with the consultee for the first time, though also indicated they were not sure how to handle the discrepancy between their identity and their consultee and client identities:

“I think the elephant in the room is that I do not identify as LGBTQ+, and so while I am an advocate and do not consider myself to be uninformed with regard to these identities, I have also never lived with these identities and so cannot understand fully how that colors one’s experience.”

While students described how their identities related to consultee identities in the first assignment, deeper reflections on privilege emerged in the second reflection papers. Some noted they had made assumptions about what “career” means and corrected these as their projects unfolded: “I come from a privileged position with my identities and lived experience. Thus, I had to check my own experience and remain open to the validity of the students’ worldviews.” Further, students noted that their privilege sometimes made it difficult to connect to clients and the needs of the organization as easily. A white, cis-woman student working with a community organization for Latinx individuals described her meeting the consultee at their organization, “I remember talking to [my assignment partner] and telling her how out of place I felt. While I wouldn’t consider it a culture shock, I certainly felt displaced mainly because I was in the minority, the only white person there.” She went on to note that this racial/ethnic difference between her and the consultee and clients may have made clients “skeptical” of her, thereby recognizing that cultural differences can impact a developing consultative relationship.

Students were asked to describe the working relationship with their consultee across both assignments, leading to the theme of Navigating the Consultative Relationship. Students described varying levels of difficulty or ease in establishing agreed-upon goals with their consultee and how projects should be implemented. On the positive end, one student pair noted that their working relationship with their consultee was, “professional, respectful, and friendly.” Others noted their consultees were “understanding of boundaries” related to the class assignment and students’ time constraints. By contrast, some noted disconnects between the student and consultee’s expectations for the product, “we had difficulty setting boundaries with [our consultee], specifically in terms of implementing our product.” Others noted that their consultee seemed unprepared for the project, “our meeting was a little rocky at first as [our consultee] had forgotten we had a meeting with them and was not really familiar with the details of our project.”

Students also described an emotional dimension to their relationship with the consultee; these relationships tended to not change from the first paper to the second. That is, if a consultee was described as “wonderful” in the first paper, students continued to use positive terms to describe the relationship in the second paper (e.g., I feel extremely grateful, however, both for [the consultee’s] support of us and our project in the midst of his incredibly busy schedule”). More importantly, if students described a consultee as difficult to work with in the first paper, they often continued to do so in the second. For example, the student who struggled to set boundaries with their consultee regarding expectations for the final product explained, “I really enjoyed working with the organization but I am not sure I would recommend it for future classes due to constant miscommunication and unrealistic expectations from [our consultee].”

The third theme, Recognizing Client Needs, began as a general listing of client identities and backgrounds in the first paper and ended with more nuance in the second paper. For example, in the first paper, many students summarized clients’ career barriers and indicated that their understanding of client needs was taken directly from the consultee’s descriptions and expressed concerns. However, some students did note that their own personal experiences influenced their initial awareness of client needs. One student pair working with an on-campus organization for student-athletes noted, “We feel the relationship [with the consultee] was strengthened by our ability to identify with [being student athletes].” Others formulated plans to meet directly with the clients (when approved by the consultee), explicitly recognizing the importance of obtaining first-hand information. A student pair working with a community, you-based organization stated, “If we did not speak with [the clients], much of the [clients’ needs] would have been hearsay from the organization.”

In the second paper, students noted that after immersing themselves in empirical literature related to their consultee and client populations, and in some cases after meeting directly with the clients, they struggled to merge career and traditional, therapeutic interventions. One student noted of their work with an on-campus organization for students with disabilities, “However, as we discussed many of their lived experiences, it felt to me like there was a need for a more therapeutic rather than career-based intervention.” Another student, who implemented a process group on defining work and career for LGBTQ youth in the community noted, “It makes me wonder if there is a trauma informed career theory that is designed with the purpose of aiding individuals who have faced aversive experiences in finding and being comfortable in an occupation.” Similarly, their assignment partner noted, “There were times when [our group] started to feel like a group counseling session.”

The fourth theme, Professional Self-Efficacy, traced student perspectives on the feasibility of the assignment (e.g., their skill set, meeting consultee and client needs, etc.) from beginning to end. Students indicated initial hesitations regarding what they could contribute to the consultee’s organization and client population. One student working with an on-campus organization for students with disabilities stated, “I was honestly a little bit nervous about whether or not I would be able to create a project that my organization would like, one that would be useful, or even that connected to a career theory.” By the second paper, students spoke with increased self-efficacy about their work on the finished product. One student who worked with an on-campus organization for student athletes reflected on his development:

“I admit that I had anxiety and nerves about creating an actual product to present to a particular organization. Reflecting back on the completion of our project, this career consultation experience has been immensely rewarding, enjoyable, and meaningful for myself... I did struggle to conceptualize the project at first and was unable to visualize how best to implement some sort of... product... I am proud of the work we created, and I feel it does have many real-world benefits.”

Events that appeared to increase student efficacy were increased knowledge and awareness about their client population, learning by doing, and receiving support and encouragement from their consultee.

The final theme, Career Theory, emerged only in the second, final reflection paper. While students used career theory language throughout both assignments (e.g., “career barriers,” “career self-efficacy,” and “RIASEC”), students explicitly discussed a realization of the importance of career theory after completing their product (e.g., “our original product naturally changed and morphed in response to our understanding of career theory”). Many noted the need for a conceptual framework to guide career-based interventions:

“One area where I think [Partner] and I realized we had not fully conceptualized was near the start of the semester when we integrated career theory into our project. We later discussed how we had not realized that we had to integrate a career theory into our project conceptualization very early on in the Part 1 plan of our project, so we quickly met up to brainstorm in detail how career theory (SCCT [*author note: Social Cognitive Career Theory*]) integrated with our project. If we were to redo this project, integrating theory into it earlier is definitely one thing we would have done differently.”

There was some overlap here with the theme, Recognizing Client Needs, where students began to identify overlap between traditional psychotherapy interventions and career interventions, for example, the student pair that expressed curiosity about trauma-informed career theory (noted above in Recognizing Client Needs theme).

### *Course and Assignment Logistics*

There were three themes related to course and assignment logistics: (1) Orientation to the Organization, (2) Consultees’ Feedback, and (3) COVID-Related Issues. The first theme, Orientation to the Organization,

emerged from the first paper where students were prompted to describe the consultee organization. We noticed that students had varying levels of success in obtaining information about the organization – and client’s needs – from their consultees. While some consultees were “very prepared” and “aware of what they needed from us,” as a student working with a community-based organization described, others noted that their consultants seemed unprepared (see above theme, Navigating the Consultative Relationship). Moreover, while some students indicated they had done some preparatory research on the organization prior to meeting with the consultee, others did not discuss any sort of preparation; potentially indicating a need for greater instructor guidance on how to initiate consultation.

The second theme, Consultees’ Feedback, emerged from a prompt from the second paper, where students were asked what feedback, they received from their consultee about the final product. Unfortunately, many students reported that they did not hear from their consultee at all (though this may have been due to COVID-related complications). The detail of consultee feedback varied, with some offering vague yet positive feedback and others giving more concrete responses. Concrete feedback from the consultees seemed to also increase students’ sense of self-efficacy (theme: Professional Self-Efficacy), as seen with a student working with a community organization that provides mentorship to at-risk adolescents, who reported:

“The delivery of our project validated our hard work and catalyzed some “feel good” emotions. I can say this for myself, because I felt competent in my skills to help others after [our consultee] gave us a resounding positive review...she ecstatically accepted the [product]. Then, she told us that the product was wonderful, and she loved the formatting.”

Finally, COVID-Related Issues reflected obstacles students faced as courses went online during March 2020 and there was a state-wide shut down for many organizations. Students noted that the delivery of their final product had to be changed to a virtual format (e.g., moving from “career box kits” for community adolescents containing stress balls, affirmation activities, and a career guide to an electronic career guide file). Students also noted that they lost consistent communication with their consultee (which may have also included consultee feedback). For example, one student working with an on-campus organization noted, ““Communication with our organization has been somewhat spotty most likely due to the situation surrounding COVID-19, but we did receive an e-mail thanking and appreciating us for our work.”

## Discussion

Students in a graduate career counseling class completed a pilot consultation assignment which merged critical skills around of social justice advocacy and career knowledge of career counseling and consultation, two pillars of the counseling profession (e.g., ACA, 2015; Flores et al., 2014; Ratts & Greenleaf, 2018; Toporek & Daniels, 2018). We used coding reliability TA and reflexive TA to analyze students’ papers to observe developments in understanding career counseling theory and application and social justice advocacy. Given that the assignments were designed to encourage students to integrate social justice advocacy, career theory, and self-awareness of privilege and power, we had some expectations that students would demonstrate an integration of career theory and social justice, as Ratts and Greenleaf (2018) describe in their CAS model as conceptualizing individual problems with environmental and systemic origins.

Most students described their consultee and clients’ difficulties as stemming from environmental/systemic causes, reflecting a social justice advocacy stance (Ratts & Greenleaf, 2018). However, only half of the students integrated career theory and environmental/systemic issues into their proposed projects. Thus, while students were able to articulate problems as stemming from external causes, when asked to put these conceptualizations into practice with career theory they were less likely to do so. Many have noted that counseling theories focus on the individual, which deters counselors and counselors-in-training from becoming

more social justice oriented (e.g., McMahon et al., 2008; Sampson et al., 2011). It appears this remains the case with career counseling theories. SCCT was the most cited theory in the assignment; students discussed it in intrapsychic/individual and environmental/systemic frames. Butler (2012) has suggested that SCCT naturally lends itself to a social justice approach, as the theory focuses on environmental factors. More nuance may be needed when teaching this theory to explain who intrapsychic factors (e.g., self-efficacy) are influenced by external (e.g., role models) factors.

Identified student development themes from the reflection papers and reflexivity TA suggest that the pilot consultation assignment was successful in increasing students' awareness of their socio-cultural identities and how they related to their consultees' organization and clients, which is consistent with other qualitative investigations of social-justice oriented field work assignments (e.g., Field et al., 2019; Sanabria & deLorenzi, 2019). Students indicated that they recognized their privilege and how it shaped even the careers they wanted clients to aspire to. For some students, there was a nascent awareness of how their identities impacted their working relationship with their consultee and clients. These student insights can be furthered in future iterations of the assignment with explicit instruction and readings on working with marginalized communities, including the concepts of gatekeepers, building community trust, and so forth.

Alongside recognizing their privilege and how their identities related to the consultee and clients, students developed a more nuanced awareness of client needs as the semester progressed. By the end of the semester, some students had begun to note that client needs spanned career and traditional psychotherapy issues. Additional assignment prompts that ask students to deliberately integrate these, within a systems-level perspective, would help students tie together all of the concepts to which they were exposed during this project. Encouraging students to think more specifically about these issues over time could help them to develop a "personal advocacy style," (Kiselica & Robinson, 2001, p.395), which requires understanding the self's motivation for continuing to engage in difficult advocacy work despite barriers.

The students had a wide range of experiences navigating their consultative relationship, including both alignment on the goal of the consultation product and the bond between students and consultee. Some of the more difficult experiences may have been due to the usual difficulties of finding community partners who are responsive to the idea that these initiatives do involve students, who are still developing, something that others have noted when implementing similar course projects (e.g., Sanabria & DeLorenzi, 2019). However, the spirit of social justice work indicates that the work of forming committed and open relationships with a community group falls on the consultants. Providing the students with frameworks for building relationships with a consultee within a social justice orientation could offer clarification and guidance on how to proceed in maintaining these relationships (e.g., Flores et al., 2014).

Students developed a sense of self-efficacy alongside a recognition for the utility of career counseling theories. As students realized that their consultation products directly aided many consultees with career-related goals for their organization, they also articulated greater understanding for why career theories matter. As students became more confident and empowered to develop quality products for their consultees, they also became more confident in naming and conceptualizing systemic career barriers with appropriate theory and intervention. Increased self-efficacy could lead to greater likelihood to advocate in future counseling jobs (Crook et al., 2015). Students in the career counseling class already had experience conducting psychotherapy and had completed ethics, multicultural competencies, and psychotherapy theories and techniques courses. Thus, it is likely that the gains students were able to make in this class and with this project were due to pre-existing experiences and knowledge related to counseling skills and these gains should be considered within its sequential curriculum.

Themes related to course and assignment logistics provide insight on specific areas for growth in developing this assignment. This pilot ran during the spring 2020 semester, during which COVID-19 became a

global pandemic and many universities moved to virtual instruction. Identifying COVID-19 related obstacles as a logistic theme helps clarify what logistical issues may have been specific to a unique situation rather than logistical issues that need to be addressed prior to assigning the project again. Remaining logistical issues to be addressed include assisting students in preparing for their initial consultation meeting and obtaining consultee feedback in a systematic manner. While some formal instruction was given at the beginning and during the semester on consultation, selecting a consultative framework and using it consistently throughout the semester may prove more effective (e.g., Falender & Shafranske, 2020). Finally, it was difficult to obtain consistent feedback from the consultees, as the instructor, students, and consultees were all developing their expectations for the partnerships as they progressed. I (S.W.B.) plan to introduce a consistent method for consultees to provide feedback about the students and incorporate this method (e.g., an evaluation/rating form) into the assignment and how the assignment is introduced to potential consultees.

While this novel course assignment and availability of data to analyze student development has its strengths, the assignment and analyses should be considered in the context of their limitations. They are summarized here:

1. Instructors should consider teaching specific consultative frameworks throughout the semester so that students have greater guidance when establishing their consultative relationships (Falender & Shafranske, 2020).
2. Instructors should consider including instruction and readings on developing and maintaining consultative relationships, including approaches to repairing ruptures, from a social justice perspective (Flores et al., 2014).
3. Instructors should consider more explicit reflection assignment prompts, and more frequently during the semester, to encourage students to tie various competencies together, to other counseling knowledge (e.g., psychotherapy), and to personal values (Kiselica & Robinson, 2001). Encouraging students to identify overlap in traditional psychotherapy interventions and career interventions could help them to recognize that career counseling can be integrated across therapy and consultation modalities.
4. Instructors should develop an evaluation form that consultees will complete to provide feedback to the students. This allows students to receive direct, specific feedback and signals to the student's specific behavioral markers they should meet when working with the consultee and organization.

Methodological limitations include the limited generalizability of a small, racially homogenous sample and single pilot. Data analyses were in part driven by pre-existing course assignment prompts, rather than established *a priori* research questions. Future iterations of this assignment should include consideration of research questions at the beginning so that these questions can be integrated into the assignments. Adding in quantitative, survey-based measures in future semesters, to track pre/post changes in students' self-reported efficacy with career interventions, social justice, and consultation would also be useful.

As others have noted, calls to integrate social justice advocacy into counseling are not new (e.g., ACA, 2009; Cook et al., 2005; McMahon et al., 2008; Sampson et al., 2011). Data from the pilot assignment described above suggest that students develop an increased awareness of and self-efficacy for acting on social justice issues, particularly their own privilege, career counseling, and consultation when asked to address these issues in real-world settings. Programs and instructors can merge core counseling competencies into applied, long-term assignments to assist students in developing their professional identities as social justice-oriented counselors.

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## Appendix A

### Career Consultation Assignment

#### *Learning Objectives*

1. To understand and apply the major theories of career development and decision making to real-world population.
2. To develop knowledge and self-efficacy as a consultant to a community or campus organization and their clients.
3. To understand how systemic forces and social justice issues (i.e., oppression, barriers, discrimination) affect real-world communities and their career development.

#### *Assignment Requirements*

1. Your **final product** is what you deliver to your consultee and their organization, and therefore it will be graded on appearance in addition to content.
2. You will submit a **narrative report**, with your partner, which will mirror the structure of Jackson and associate's (2013) text:
  1. Social Justice Needs:\* This section should summarize why your consultee and organization needs services, with references to peer-reviewed literature on the population in question.
  2. Theoretical Rationale:\* Use career theory(ies) to explain the current problem or need of your consultee and their organization. Use this (these) career theory(ies) to guide the development of the product you will deliver to the organization.
    1. For example, if you use Super's Life Span, Life Space Theory to conceptualize the organization's needs and will be providing information in a pamphlet, how will provided information align with Super's theory to promote change?)
  3. Resources Needed: What technology or other equipment will you need to develop your product?
  4. Plan for Delivering Your Product & Expected Outcomes: How will you deliver your final product (e.g., In person? Electronically?) How do you expect this product will positively assist the organization or the clients associated with the organization?
    1. *Note:* Students are not expected to measure outcomes of their product.
  5. Product: Please provide an electronic or paper copy of your final product.
  6. Appendix and References

*Note.* \*Coded in coding reliability TA analyses.

## Appendix B

### Example Assignment

*Note.* The name of the consultee organization has been redacted for confidentiality purposes. We would like to thank Ingrid Morales-Ramirez, M.A., and Chelsea Hoffman, M.A., for agreeing to share their responses to the narrative report, prompts 1 and 2, here.

### Social Justice Needs: Latinx Adolescents

The population we are working with are Latinx high school students who come from a low-socioeconomic status and whose primary language is Spanish.

Research has shown that Latinx adolescences experience multiple barriers such as lack of financial and language resources, negative peer influences, and discrimination from teachers, peers, and even within their own families (McWhirter et al., 2013). According to Rodriguez et al. (2015), Latinx individuals face many barriers on their way to obtaining a college degree. These barriers include the need for immediate financial stability, which may result in obtaining a job out of high school rather than pursuing further education. Other barriers include an overall lack of knowledge regarding the benefits of obtaining a college degree, how to financially plan for college, lack of guidance on how to obtain a college degree, and lower expectations on the Latinx population.

Literature substantiates that Latinx adolescences, in particular high school students, need guidance in pursuing higher education. In the booklet, we hope to deliver guidance on how to prepare for college during high school, how to apply for college (i.e., filling out essays, obtaining the necessary materials such as recommendation letters, taking the SAT, etc.), and how to obtain financial aid. In addition, the booklet includes information on mentorship and information for undocumented students. Our goal was to address as many information-based barriers as possible in order to assist these students in the best way possible. Furthermore, the booklet is translated in Spanish to diminish the language barrier that exists for these students (McWhirter et al., 2013).

### Theoretical rationale: Gottfredson, Super, & Social Cognitive Career Theory

Gottfredson's career development theory of circumscription and compromise aligns with pamphlet objectives. Circumscription is the process of ruling out careers as we develop our self-concept (Gottfredson, 1996). The first aim of the pamphlet is to achieve circumscription by assisting the students in developing their self-concept (i.e., the way they view themselves) with the information provided in the college-prep pamphlet. By researching colleges, majors, and careers with the resources given to them will result in the students screening out jobs that don't align with their self-concept and choose careers that better suit them.

A second aim of the pamphlet is to limit the extent to which a student compromises and add to their cognitive career maps. Compromise is the process of adjusting parts of their self-concept with careers that are available (Gottfredson, 1996). However, compromise is challenging for Latinx adolescents, given the economic and educational barriers they encounter. Hence, compromise occurs daily for these students due to a lack of resources.

This assumption also ties into Gottfredson's theory relating to the development of cognitive maps. Gottfredson argues that cognitive maps (i.e., schemas) for attainable careers are built on what is seen in a person's environment. Given the difficulties that the Latinx community face (i.e., low socioeconomic status, lack of resources), the college-prep pamphlet serves as a tool to combat these barriers by expanding the students' knowledge on opportunities available to them outside their immediate environment and limiting the compromise by adding resources they can use in their educational and social capital.

One assumption of Super's career development theory posits that career pattern is determined by a person's mental ability, socioeconomic status, skills, education, personality, and career maturity. Career maturity is an adolescent's decision-making ability, relevant to same-aged peers (Savickas, 1999). Further, career maturity is culture-laden, as it is affected by language barriers, socioeconomic status, and accessibility to resources. A majority of the Latinx students in the LISTO program face these cultural barriers. For instance, most of the students come from households with a low-socioeconomic status, which can negatively affect their education (Manzano-Sanchez et al., 2019). Hence, because of the minimal allocation of funding for public schools, as well as their restricted skill set, career maturity will be limited due to their environmental circumstances and shortage of resources. In addition, some students have difficulty speaking and understanding English, which harms their career maturity. According to Super, if their career maturity is jeopardized, then their success is also jeopardized.

Social Cognitive Career Theory (SCCT) centers on how academic and career interests manifest, how choices are made, and how success is achieved. Furthermore, contextual background variables- such as gender, ethnicity, social support, environment, perceived barriers- influence career choice and higher educational achievement (Manzano-Sanchez et al., 2019). Many adolescents within the Latinx community experience contextual background variables that influence their career and academic choices, which hinders their success. Research denotes that the most concerning barrier Latinx students face are a lack of financial resources and poor career guidance (Schneider et al., 2006). In a similar vein, Latinx students are the least likely to take college entrance examinations and apply to college (Schneider et al., 2006). These barriers partially explain why Latinx students have the lowest rates of college attendance (Sáenz & Ponjuan, 2012). Given that this population faces many obstacles, it was important that this college-prep pamphlet offered a solution to some of these barriers in order to support the students.

In addition, a facet of SCCT is grounded in social learning theory (e.g., vicarious learning). To help the students develop career interests and choose an appropriate academic path, the students in the LISTO program are matched with mentors who have careers that match the students' career interests. Through continued activity exposure, practice, and feedback with the mentor, the students refine their skills, form a sense of their efficacy in particular tasks, and acquire certain expectations about the outcomes of activity engagement. To further support the students in understanding the purpose and expectation of mentorship, the college-prep pamphlet includes information with a focus on mentoring.

The booklet relies on change mechanisms from each of the three career theories. Overall, the main goal of the booklet is to provide psychoeducation and resources to support Latinx adolescents to reach their career and academic goals. Through the mentoring process, students will develop self-efficacy and a better understanding of outcome expectations relating to their career of interest. Finally, the booklet instills hope that achieving their goal in higher education is feasible.

## Appendix C

### Question Prompts for Students' Reflection Papers

1. Reflection Paper 1 (beginning of semester)
  - a. Briefly describe your meeting with the organization.
  - b. Discuss the process of identifying the organization's need. What sorts of things did you discuss (location, type of skill or information needed, type of delivery, target group)? What, if anything, was difficult about obtaining this information?
  - c. Describe the nature of your working relationship you established with the organization.
  - d. What is your plan for this project? Be as specific as possible in what sort of product you will deliver to this organization.
2. Reflection Paper 2 (end of semester)
  - a. Describe the delivery of your product to the organization. What feedback did you receive?
  - b. What would you do differently, if anything?
  - c. Do you conceptualize work differently than your organization does?
  - d. How did your work experience or your identities affect your approach to this project?

# Collaboratively Adapting Culturally Respectful, Locally Relevant Suicide Prevention for Newly Participating Alaska Native Communities

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## Abstract

Because suicide is deeply connected to local, historical and relational contexts, effective suicide prevention strategies must balance maintaining fidelity of evidence-based practices and adapting for the unique needs of diverse communities. Promoting Community Conversations About Research to End Suicide (PC CARES) builds the capacity of local people in close-knit rural Alaska Native communities to take preventative actions based on existing relationships, roles, and priorities. In a series of learning circles, community members learn about multilevel evidence-based suicide prevention practices, apply the information to personal and cultural contexts, and develop plans for taking action—on their own terms—in their lives. Here, we describe the participatory process used to adapt PC CARES from one region of Alaska to another, aiming to maximize transferability, practicality and relevance in our partner communities. With the shared goal of promoting self-determined, evidence-informed, community-based suicide prevention, the adaptation process included negotiating between comprehensiveness and understandability; subject appeal and utility; predictability and customizability, through consensus-building with researchers and community members. Lessons learned can be helpful to others working to navigate community-specific priorities and evidence-based approaches to develop interventions that can work across many different communities.

*Keywords: Community Based Participatory Research; Alaska Native; suicide; knowledge translation; implementation science*

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## Introduction

The current reliance on one-on-one, clinical mental health services as the main approach to suicide prevention in the U.S. does not address the highly complex intersection of related risk and mitigation factors related to suicidal behavior. The rates of suicide across the nation are increasing, and in rural and marginalized communities, the problem is growing at a faster rate than in urban communities (Crosby et al., 2013; Ivey-Stephenson et al., 2017). In rural Indigenous communities, mental health services are often inaccessible and culturally misaligned (Freedenthal & Stiffman, 2007; Stevenson, 2012; Wexler & Gone, 2012), such that the majority of people struggling with mental health do not seek or receive professional care. Ambivalence toward mental health services is not unique to Indigenous communities, and stigma has been found to be a factor that decreases this form of help-seeking in Black, Latinx as well as Asian International and Asian American people (Alegria et al., 2011; Augsberger, Yeung, Dougher, & Hahm, 2015; Cummings & Druss, 2011; Goodwill & Zhou, 2020).

The majority of suicide prevention funding in the U.S. supports gatekeeper-type programming, promotion of national suicide prevention hotlines, and direct screening for suicidal risk (Asarnow & Wang, 2016; Godoy Garraza et al., 2018; U.S. Office of the Surgeon General & National Action Alliance for Suicide Prevention, 2012). These strategies rely on identifying those at highest risk for suicide and referring them to mental health services, which may or may not be accessible, appropriate or desired (Cauce et al., 2002; Nasir et al., 2016; Wexler, 2010). This approach to suicide prevention has neglected many universal and selective prevention approaches that begin before someone is at heightened risk for suicide and offer many types of support before they become a lethal threat to themselves (Wyman, 2014).

These kinds of universal prevention or wellness strategies can be deployed within communities and can reduce suicide risk and support health (Caine, 2013; van der Feltz-Cornelis et al., 2011). Wellness-oriented, universal, and even selective prevention practices can be amplified if community members—in helping roles both institution-based (e.g., community health workers, teachers, religious leaders) and community and family-based (e.g., Elders, parents, extended family)—know how best to enact and sustain them (Bean & Baber, 2011). Effective prevention strategies range from environmental (e.g., reduction/restriction of lethal means in the household) (Sarchiapone et al., 2011; Yip et al., 2012) to interpersonal (e.g., initiating a supportive conversation) (Owens & Charles, 2017), and can be done by almost anyone in daily life, not just mental health professionals and trained “gatekeepers.” In close-knit rural Indigenous communities, a variety of community members are in contact with vulnerable persons, but do not always recognize suicide risk or know how to intervene early to prevent a crisis. People in informal support systems (family and friends) noticed something was different about their loved ones in 62% of all suicidal behavior in Northwest Alaska, but do not always recognize these issues as possible warning signs for suicide (Wexler, Silveria & Bertone-Johnson, 2012). Effective, upstream interventions are urgently needed to foster the capacity of community members and community workers across multiple sectors (law enforcement, health, religious) to recognize and respond to these signs *before* an imminent crisis (Wilcox & Wyman, 2016).

This article describes the adaptation of one such intervention: Promoting Community Conversations About Research End Suicide (PC CARES), which was designed through a decades-long partnership between the principal investigator (Wexler) and Northwest Alaskan communities. PC CARES aims to shift suicide prevention from strictly crisis intervention to include community-based universal and selective prevention efforts, carried out by those who regularly interact with vulnerable young people (Wexler et al., 2016, 2017, 2019). PC CARES aims to build the capacity of local service systems (e.g. healthcare, education, etc.), family, and friends by recruiting participants from multiple sectors of the community and offering “bite-sized” pieces of information about evidence-based prevention strategies that they can enact in their daily lives. In a series of learning circles facilitated by local people, participants discuss scientific “best practices,” and explore how

they might apply them to their personal and cultural contexts. Community members who attend PC CARES learning circles use these “bite-sized” research insights coupled with their local experiences and knowledge to develop plans for initiating preventative actions collectively or individually in their communities, professional roles and/or homes. Engaging people from different social positions within communities, the approach intentionally develops “communities of practice” through dialogue and invites participants to determine for themselves how best to adapt and deploy best practices within their lives. Overall, PC CARES is anchored in educational research (popular education for health promotion and wellness), framed around Indigenous adult learning theories, with a pedagogy based on building a community of practice (Wexler et al., 2016, 2017, & 2019).

In this article, we describe the ways we adapted PC CARES, after piloting in one region (where it was collaboratively developed), to a different remote area of Alaska. In the pilot study, ten villages, ranging in population from 100 to 3000 residents, held 59 PC CARES learning circles with 535 attendees over the 15-month pilot study. Of these, 376 were unique participants (some of whom participated in more than one learning circle). Most PC CARES participants were female (64%) and 54% respondents were Alaska Native (AN), 140 did not mark their ethnicity. It is likely that many of these unknowns are AN, with more than 80% of the population being Inupiaq. Participants’ ages were 3% teens, 13% young adults, 27% adults, 16% elders, and 41% unknown. About one-third of PC CARES participants were employed as service providers: school staff, family workers, law enforcement, and mental health workers. For a more thorough description of the PC CARES pilot study, along with its process, knowledge, and behavioral outcomes, see Wexler et al. (2019).

Structured group discussions with local facilitators who implemented the pilot intervention in their home communities, recommendations from a Local Steering Committee (LSC) and pilot study results all informed the adaptation of the PC CARES intervention. Here, we describe what we did to adapt our intervention, and explain how our work fits (or not) in existing models as a contribution to the adaptation literature. We acknowledge that there are no validated theoretical frameworks for cultural adaptation of prevention programs, especially in Indigenous contexts, despite the acknowledged need (Gonzalez, 2017). The guidance from participating community members underscores key tensions within the adaptation process that required balancing between thoroughness and understandability; subject appeal and utility; ease of use and comprehensiveness; and predictability and customizability. The engaged process of adaptation highlights community-specific priorities and evidence-based approaches, which are integrated to support incremental social transformation toward self-determination within the field of suicide prevention. This adaptation process attends to the values and priorities of local communities while also clearly portraying scientific research in applicable ways. In this article, we highlight and reflect on the messiness and tensions within this process to offer navigational tools for other researchers and community members interested in balancing community and scientific priorities in practical and respectful ways.

### **Adapting Interventions**

Implementation and prevention research acknowledge the need to address specific preferences and understandings of diverse groups (Baumann et al., 2017; Chinman et al., 2017; Yancey et al., 2018), but often do not allow for the flexibility required to do so in meaningful and community-determined ways. Building contextually and culturally-specific interventions that can flexibly be applied is especially critical in Indigenous contexts where communities have experienced systematic harms and stigma in the name of imposed “systems of care” and scientific inquiry (Barrera et al., 2016; Bernal & Rodriguez 2012; Caldwell et al., 2005; Foulks 1989; Hodge, 2012; Stevenson, 2005). Fitting a scientifically-developed intervention to a particular community context occurs by navigating among and between epistemologies and practical concerns. The process involves integrating community voices and perspectives during the construction of the curriculum (Castro & Yasui, 2017) and through its implementation and dissemination. Adapting an intervention means modifying the



program content in ways that do not distort the evidence base on which it was developed, while also reflecting the culture and context of a particular community (Ivanich, 2020). This process at once seeks to change some less critical parts, while maintaining the explanatory models and evidence-based elements at the core of the intervention to maximize impact. This tricky balancing act is rarely written about in realistic and messy terms because existing trade-offs are often ignored or glossed over. In this section, we offer guiding ideas and intentions that shaped our iterative adaptation process for PC CARES.

By relying on local and cultural knowledge, suicide prevention programs can have longevity and a stronger impact (Allen et al., 2019; Kral 2016). Thus, adaptation processes should center on working with community partners to tailor interventions to the needs, priorities, culture, and available resources of a specific context. The privileging of local and cultural knowledge can increase community commitment to a project and requires power-sharing as a matter of course. Both researchers and community members have vital contributions to make when scientific, cultural, and local knowledges are held in equal esteem. Together, the approach increases local participation, builds on and responds to different epistemologies and knowledge bases, and can support sustainability (Rapkin 2019).

The literature often focuses on the tension between fidelity of the evidence-based program core and fit of the adapted intervention to the community context (Castro & Yasui 2017; Rapkin, 2019), rarely acknowledging temporal issues that often come into play. Specifically, there are few real-time descriptions of the iterative and flexible adaptation process for translating research to social action in Indigenous communities (Ivanich et al., 2020). When interventions have a rapid and flexible use pattern, individual participants can adapt the program to meet their needs and positionality. The self-determined interpretation and application of evidence distinguishes PC CARES implementation processes from other important suicide prevention efforts. Such endeavors include the significant contribution of Indigenous community-based participatory research (CBPR) to developing health promotion and suicide prevention interventions “from the ground up” in and with Indigenous communities (Rasmus et al., 2019). The examples of CBPR co-creation of interventions highlighted in Walters, et al., (2020) are exemplars that require long-term community-university partnerships and continued investments to realize. These influential participatory researchers offer caution about the typical process of adapting evidence-based interventions (EBIs) for Indigenous communities, stating:

Often times, EBIs are supplemented with decontextualized cultural or practice add-ons (e.g., replacing English words with tribal language); thereby, they continue to operate within the Western-oriented worldview that upholds the EBI. This ‘tagging on a feather’ approach may, albeit in limited ways, support integration of culturally specific practices. However, without acknowledging the underlying deep epistemological and cosmological context that drives health and well-being in the Native community, which differ from Western worldviews, this approach may unknowingly diminish the salience and power of Native cultural practices. (Walters et al., 2020, p.3)

Instead of “putting a feather” on the PC CARES intervention to signal indigenization, the intervention invites local adaptations to offer both flexibility and structure directly to local Indigenous facilitators and participants. The re-envisioning and adaptation process of PC CARES involved discussions about how to offer local facilitators enough structure to help them take on new leadership roles about a difficult topic (youth suicide) within their communities, while also inviting them to be creative and adapt the processes used to specific community needs, preferences, and context (e.g., recruiting participants, beginning and ending sessions, organizing discussions, etc.). The balance between facilitator “choice” and structure was an on-going point of consideration in the adaptation process.

Intervention implementation in all disciplines, but especially mental health and suicide prevention, must grow beyond clinical and Eurocentric settings (Glasgow et al., 2012; Woodward et al., 2019) and into more

upstream community environments to promote health equity, which requires earnest dialogues with community members and within the community settings where research takes place. This article begins to unpack the real-life tensions that exist with a focus on negotiating the priorities of fidelity and flexibility. Navigating this dilemma is critical to developing frameworks and approaches which balance different values, epistemologies and ontologies rather than superficial “rebranding” of business-as-usual intervention implementation. We hope that documenting our cross-cultural sharing of perceptions, experiences, and knowledge related to the collaborative adaptation of the PC CARES curriculum contributes to the development of theory and strategies for implementing wholly adapted interventions that can contribute to social transformation for community health (Caulfield, 1979).

## Methods

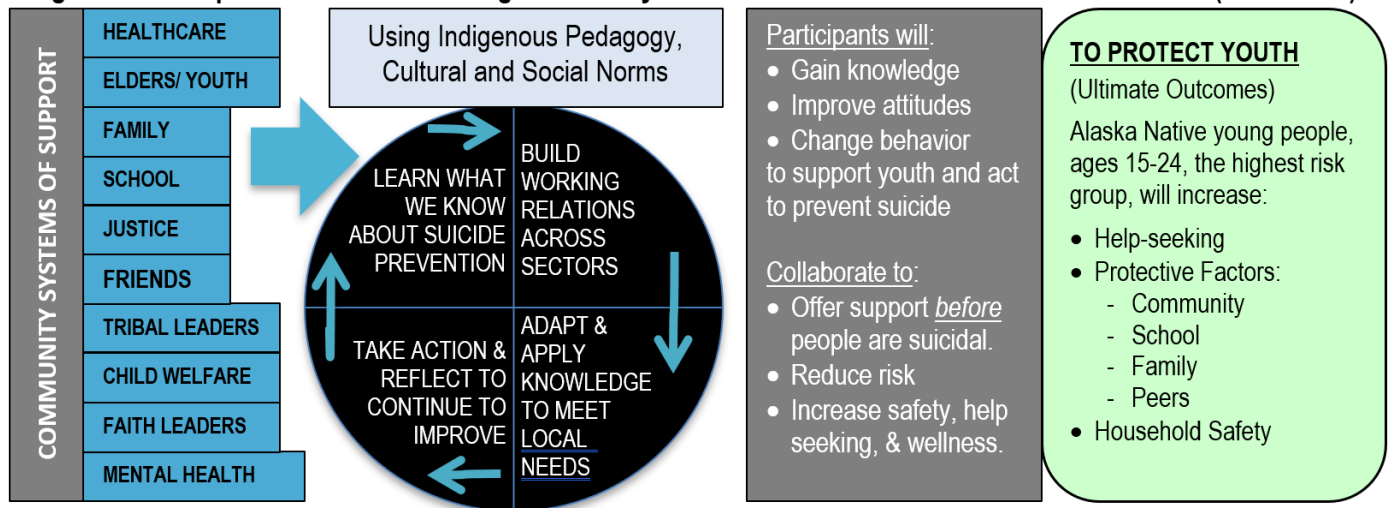
### Community-Based Participatory Research and Participants

As community-based participatory research, this project relies on community stakeholders’ partnership and co-learning with the research team. One mechanism for community leadership is the Local Steering Committee (LSC), which is a group of Alaska Native Elders, local leaders, and interested community members who guide the project during periodic meetings. The LSC met with the research team telephonically every 1-2 months and in-person annually to share local priorities, review progress, and to ensure research artifacts such as new recruitment materials, regular community communications, (e.g. emails, newsletters) respect and adhere to cultural norms. At least half of the members of the LSC were involved in the development of the original PC CARES intervention and participated in the debrief with local facilitators of the pilot. Additional members from the new region were invited to join the LSC early on to ensure that local Indigenous perspectives shaped the adaptation process.

### Materials

The original PC CARES curriculum was developed in partnership with Alaska Native community leaders and included a series of 9 learning circles that reflected different levels (universal, selective, and indicated) of culturally-specific wellness and suicide prevention information. This reality is in contrast to most of the literature on adaptation (Whitbeck, 2006). Our intervention was built from research reflecting both majority and Iñupiaq culture, and content was specifically chosen and tailored for relevance in a rural and remote Alaskan context. Additionally, the process of interpreting research evidence is designed to be a self-determined and community-based one that situates lived experience and knowledge as important for understanding and applying research evidence. In this way, PC CARES integrates locally and culturally-specific understandings of risk and protective factors and practices into the content and structure of our intervention. The approach is intended to build on both the scientific literature and the knowledge and practices of the community participants (see Figure 1: PC CARES Conceptual Model). The series engages people representing community and family and institutional supporters within remote and rural small AN communities. The learning circle content moves from curriculum focused on familiar and foundational topics such as historic and ongoing cultural trauma (Wexler, 2006), to less commonly understood topics that may challenge participants’ ideas about suicide (e.g. postvention as prevention) (Cox et al., 2012). The pilot curriculum included 8 distinct content areas, with the ninth as a review of the 8 topics plus discussions about how (or if) they wanted to continue collective suicide prevention efforts (Wexler, et al., 2019).

**Figure 1: Conceptual Model of Promoting Community Conversations About Research to End Suicide (PC CARES)**



**Adaptation Process**

Adapting the intervention for use in a neighboring, culturally-distinct region involved unpacking the process and outcome indicators from the pilot with community members from the new region, hosting group discussions among pilot facilitators, and modifying the curriculum and research model/methods in order to reflect the realities of the newly participating region. This process involved an assessment of the most important aspects of the curriculum that needed to be preserved, identifying the integral interpersonal elements as well as content. Table 1 summarizes the events of the pilot and adaptation process in a timeline.

**Table 1** *Timeline of events from the pilot through the adaptation process*

<i>Time period</i>	<i>Event</i>
November 2015	First “train the trainer” with pilot curriculum
April 2016	Refresher training for facilitators
November 2015 through January 2017	PC CARES pilot implementation facilitated by 23 community volunteers, delivered to 495 local people in 10 villages to participate in 64 PC CARES learning circles
January 2017	Half-day debrief with pilot facilitators
March 2017	Implementation concludes, survey data collection begins
September through December 2018	Recruiting Local Steering Committee (LSC) members from newly participating communities and key organizational partners
October 2018	Planning meeting in with organizational partners tied to newly participating communities to review process and behavioral outcomes of the pilot study
October 2018	Ideas for condensing the curriculum from 8 learning circles to 4 collected and compared
December 2018	Revision rubric created and content areas scored
January 2019	LSC 3-day meeting previewing draft curriculum and research artifacts and discussing feedback
March, May, June 2019	LSC meets and discusses further changes to curriculum, measurement, and plans for implementation

April 2019	Tribal and institutional review boards approve protocol and measures
June 2019	Village-based counselors preview learning circles; Final adjustments are made based on their reactions
October 2019	Training of Facilitators week-long training begins new cycle of implementation

Following the pilot study, the research team conducted a half-day “debrief” with the most active facilitators after all 9 learning circles were complete. Though ten facilitators were invited, seven participated based on their availability, representing five communities in the pilot region. These discussions took place in 30-minute blocks focused on different questions, and groups swapped topics for the next time period, so that all facilitators discussed all of the topics.

Facilitators reflected on their experiences, talked about what was challenging about facilitating learning circles and what content seemed most engaging and useful for learning circle participants. Facilitators discussed elements that contributed to their success, like having a co-facilitator to rely on, food at the meetings and building trust with learning circle participants. They walked through each learning circle to evaluate the value of the content for each. The groups came together at the end of the debrief to reflect on their shared assessments about how the project could be improved. A research team member took notes on each group’s discussions and shared the notes with participants to ensure accuracy. These notes were referred to when prioritizing changes to be made in the intervention to increase cultural responsiveness and improve feasibility and practical use.

The Local Steering Committee (LSC) discussed broader questions needed to condense the curriculum content, such as “Does this information generate new and useful ways to talk about suicide prevention?” and “How might we group different subject areas together?” and “Does combining more content undermine the idea of using ‘bite-sized’ scientific knowledge to spark extended knowledge-sharing and action-planning among participants?” During monthly meetings, LSC decisions were made through consensus, with detailed meeting notes capturing which decisions were made and why.

After gathering the pilot facilitators’ feedback on what worked and what could be improved in the PC CARES pilot and discussing these findings with the Local Steering Committee, the research team—in consultation with community partners— developed a set of priorities for the next iteration of the curriculum. These considerations were integrated into a rubric to negotiate editing decisions about the curriculum. The rubric offered a way to integrate feedback from multiple sources and balance competing interests. Additionally, the research team reviewed implementation science and adult learning theories and literature (Damschroder et al., 2009; Dearing & Kreuter, 2010; Rogers, 2002; Wexler et al., 2016).

After editing the curriculum to a usable level, the revised learning circles were presented to eight Local Steering Committee members and four regional organization leaders based in the hub community over the course of a 3-day, in-person meeting. This meeting was held in a local cultural center, and time was spent walking through each draft learning circle, including both the content and the research protocols (e.g., group agreements, consent forms, surveys, recruitment scripts). Each learning circle was followed by a 45 to 75-minute debriefing session where the research team asked for feedback and addressed specific activities, asking what people liked and how might it be improved. Experiencing the learning circles in-person also allowed the group to identify times when the instructions were unclear and hone activities and discussion questions when they saw they were not quite functioning as designed.

## Implementation Considerations

Facilitator focus group results and process outcomes demonstrated that the locally-facilitated learning circle approach was feasible. Facilitators liked the facilitator's guidebook with specific instructions and scripts, because it made facilitation easier. They also appreciated that the "tool kits" had all necessary materials, paper, and handouts to carry out the learning circles. Facilitators liked having a set pattern of learning circle flow. Facilitators reported that stating the purpose of the meeting, setting "safe talk" guidelines, and developing shared agreements for group discussion at the beginning of each learning circle gave participants clear expectations. Facilitators reflected that it was helpful having familiar opening processes coupled with the consistent pattern of activities, moving from 'what does the research show,' 'what do we think' and 'what do we want to do' before closing.

The biggest shared challenge across villages was maintaining consistent learning circle meetings and attendance over time. Only half of the participating 10 communities completed all of the 9 learning circles, and local facilitators told us that it was difficult to keep community members interested and engaged in monthly sessions over a 9-month period, following the recommended timeframe of one learning circle per month (Wexler et al., 2019). Suggestions for addressing this issue included offering continuing education credit (CEUs) for community workers, holding learning circles over a shorter time span (3-5 months instead of 9), allowing a different order of learning circles depending on emerging community needs, personally inviting people to attend learning circles (as opposed to only posting a flyer), and reducing the overall number of learning circles: nine was uniformly considered too many.

When discussing the specific content of the curriculum, facilitators reported that participants were particularly engaged in the learning circle that focused on "Listening Well" and developing skills in reflective listening. They also reported that the content regarding historical trauma opened some space for talking about the tragedy of suicide in a way that is respectful and situated within local people's understanding (Wexler, 2006). Starting the learning circle series by acknowledging the role of historical and ongoing colonization as a key driver of Alaska Native youth suicide was an important starting point because it framed the issue outside of the traditional mental health treatment paradigm, and into a societal context.

In practical terms, local facilitator feedback from the pilot intervention and partner discussions led to changes in the delivery, recruitment and content of the curriculum. We reduced the number of learning circles (from 9 to 5) and the timeline to complete them from 9 months to 4-6 months. This change intended to increase consistent participation for busy local people. Additionally, the revised iteration of PC CARES included a 3-credit University of Alaska Fairbanks college course for facilitators, starting with the 40-hour Training of Facilitators (ToF) and providing continued support through on-going virtual cohort meetings each month. Social workers and village health aides who participate in learning circles were also offered continuing education credits (CEUs) to encourage consistent attendance. Based on feedback that learning circles often discontinued when facilitators moved, left their jobs, or had other changes in their lives, the number of facilitators per community went from 2 to 4, with a community coordinator/lead facilitator identified who recruited 3 others. The team worked with local organizations to recruit tribal organization employees who could serve the role of lead facilitator in each community and use work time to organize and recruit for PC CARES sessions.

## Procedure

### Revising the Original Curriculum

Since there were many different kinds of considerations to manage as we revised the curriculum, the research team created a list of criteria to use throughout the revision process informed by conversations with

local facilitators, members of the LSC, and stakeholders from the partnering communities. These considerations helped the team systematically consider many overlapping issues as we made decisions about what to keep, what to change and what to cut from the curriculum. The following list of criteria was both an outcome of many hours of discussion, and a process to help us identify and apply different criteria in our decisions:

*Strength of the evidence in the literature.* The information shared in the learning circles should have strong evidence as health promotion or suicide prevention strategy.

*Local data is available.* It was important to participants and local facilitators that the source of information shared in learning circles be as local as possible. This preference lends credibility to the knowledge shared.

*Information is realistically actionable at multiple socio-ecological levels.* The information shared should be actionable, as opposed to information shared for symbolic or instructive reasons. We also noted the levels of the social ecology where these actions could be enacted, aiming for maximizing usefulness at interpersonal, family, institutional and community levels (Alcántara & Gone, 2007).

*Improvement in the pilot.* We wanted to preserve what was already working in the curriculum, so this criterion captured which subject areas improved during the 5-year pilot study (Lisa Wexler et al., 2019).

*Universal and selective (including postvention) prevention at interpersonal and community levels.* We wanted to ensure a mixture of these categories would be included in the final curriculum because the curriculum aims to support multilevel suicide prevention efforts (Wexler et al., 2016).

### **Iterative Modifications to a Revised Curriculum**

As we revised the curriculum to meet the needs of a new region in Alaska, we aimed to build on the social and learning outcomes of the pilot, while also condensing the content to fit into fewer sessions and to reflect the needs and realities of the new region. The curriculum revision goals included: a) reducing the number of learning circles, b) utilizing topics of priority in the new region, c), keeping information salient to Alaska Native community members (parents, uncles, aunts, Elders) and service providers' scope of practice (behavioral health, child welfare, justice, mental and physical health), and d) using data from the pilot study to prioritize content areas that were shown to be helpful in promoting community wellness and suicide prevention.

To reduce the total number of learning circles, consideration of the value of each content area was based on the five criteria described above. We removed sessions that covered highly localized information that was not relevant to other regions. For instance, we dropped the seasonal patterns of suicidal behavior from the pilot region because these data were not available (and may not apply) for other regions in Alaska. In other cases, we kept research not directly done in the participating region because the Local Steering Committee (LSC) thought it would elicit productive community conversations. For example, survey data about the role of adults in preventing suicide originated from the pilot region (Learning Circle 2, see Figure 2), but the LSC suggested we retain the graph (Wexler & Goodwin, 2006). The LSC suggested we present the graph in combination with regional data from the Alaska Youth Risk Behavior Survey (YRBS) and School Climate and Connectedness Survey (SCCS) to give their community members more insight into how youth local to their region report experiencing adult support.

Learning circle content was adapted based on its perceived usefulness and measured outcomes. In the pilot curriculum, Learning Circle 4 presented a graph describing an inverse relationship between the number of community-level protective factors (e.g. enforcement of local option laws, schools respecting the local culture, village leaders working to improve the village) and suicide rates (Berman, 2014; Chandler & Lalonde, 2008; 1998). Facilitators reported that learning circle participants during the pilot—from many different backgrounds and social positions—had more trouble coming up with ideas about how to use this information than other information shared in other learning circles. (See graph at [www.pc-cares.org/community-protective-factors](http://www.pc-cares.org/community-protective-factors)) They did not find the Community Protective Factor graph compelling or actionable.

Information that was considered relevant, and highly actionable, but had yielded no significant changes in behavioral outcomes, was reframed, explained differently and presented using different teaching tools/visual aids in the adapted curriculum. For example, the pilot curriculum used a case study about a “Jane Doe” character returning home after a suicide attempt, highlighting that people who habitually received short, supportive, and non-demanding notes after a suicide attempt were more likely to seek help (Luxton, June & Comtois, 2013; Motto & Bostrom, 2001; Whitlock et al., 2014). In our debrief after the pilot study, facilitators shared that the story of “Jane Doe” did not resonate with participants: they had little to say about the generic case and did not readily apply the information to their lives. Rather than predicating non-demanding contacts on a suicide attempt, in the revised curriculum, the information was reframed as “small acts of kindness.” Research evidence was explained simply and directly, rather than through a case study example. Learning circle participants are then invited to discuss their connections with youth and situations in which such small acts of kindness might make a positive impact on young people’s lives.

Our revision process involved a fine balance between providing enough information to compel in-depth discussion, while also making the research information understandable in ten minutes or less. This time limit is intended to “allow room” for local wisdom and interactive knowledge-building alongside scientific information sharing. The curriculum needed to be scientifically-grounded, useful, interesting, and understandable, which is especially difficult given the diversity of lived experiences and education of participants. PC CARES intentionally invites people with institutional roles (teachers, therapists, community health workers, child welfare, justice, tribal leaders) to learn alongside parents, uncles, aunties, Elders who are vitally important community and family supporters of youth. The adult education model relies on bi-directional learning, which means that participants come to each session with information and perspectives to share that can inform each other’s practice (Wexler et al., 2016). To invite this kind of sharing, the curriculum needs to inspire discussion and new ideas that are relevant for all participants’ lives and/or scope of practice.

## Results

The resulting curriculum includes four learning circles, each with content that addresses a time points on a spectrum of prevention, including universal (cultural wellness), selective (support for youth, prevention) and postvention (grief and healing, reducing risk after a suicide occurs), and a final learning circle that reviewed the groups’ insights and “takeaways” from previous learning circles in order to discuss next steps (5 in total). Although we present the curriculum with this order in mind for predictability and building of knowledge, sometimes experienced facilitators do use particular learning circles to respond to local events (e.g. grief and healing learning circle after a traumatic event in the community). Interested parties can compare the pilot and adapted curriculum materials on [pc-cares.org](http://pc-cares.org).

### Local Steering Committee Feedback

The revised draft curriculum was tested out during a three-day in-person Local Steering Committee (LSC) meeting in January 2019, with the research team members and curriculum co-authors on the LSC playing the role of “facilitator.” The LSC suggested improvements and asked questions that helped us clarify our purpose and approach, and led to changes in the curriculum. These edits included ensuring that jargon such as “postvention” or “lethal means” be changed or removed from the curriculum. They advised that materials be as localized as possible. Any quotes or examples should be from local youth, handouts and imagery should reflect regional landscapes, Alaska Native themes and language, and local settings. In particular, organizational partners and LSC members underscored the importance of Native pride, cultural expression, and continuing traditions as protective for Alaska Native youth. This was key in understanding how PC CARES “fits in with” many of the wellness-focused activities already being promoted in the region, which celebrate a deeply held

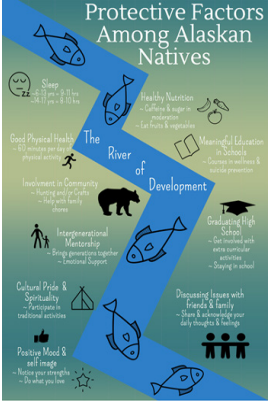

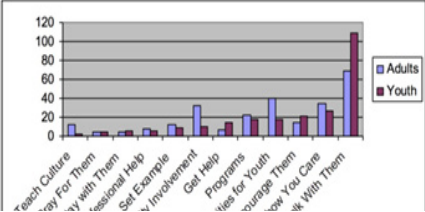
narrative that “culture *is* prevention” (Kirmayer, Simpson & Cargo, 2003; Wexler, Joule, Garoutte, Mazziotti & Hopper, 2014).

**Learning Circle 1: Cultural Wellness.** During the in-person demonstrations of the newly adapted curriculum, the LSC members’ reactions to the “Cultural Wellness” learning circle were captured via detailed meeting notes. Before showing a video of community members’ thoughts and feelings about healing from historic trauma, facilitators highlighted the fact that there were no recorded Alaska Native youth suicides before the 1960s. Discussion questions underwent several iterations, one of which asked, “What do you think was different for youth in the 1960s as compared to now?” The phrasing of the question inadvertently focused discussion on participants’ associations with the decade, such as civic unrest related to the Vietnam War, drug culture, and civil rights, rather than universal suicide prevention. The question was replaced by inquiries that helped relate the information to community members’ understandings and experiences (e.g., “What did the video make you think about the history of Native people in our community?” and “What did the video make you think about what it is like now for young people?”). Additionally, Learning Circle 1 was expanded to include information about positive youth development. With immense input from the LSC, we developed and revised a “River of Development” handout (Figure 2, or for larger resolution see: <http://www.pc-cares.org/cultural-wellness>) which highlights elements necessary for positive youth development using a visual metaphor of rivers converging. Figure 2 shows the results of our collaborations from pilot versions to current drafts of the “River of Development” where the final product was informed by our discussions with the LSC to be more polished and culturally relevant, including the addition of important cultural imagery like fish racks and berry picking and people in relationship with the water and the land.

*Figure on next page. Figures appear in a supplemental file available for download from <https://openjournals.bsu.edu/jsacp>*



**Figure 2. Side-by side comparison of pilot and revised curriculum materials.**

Pilot Curriculum	Revised Curriculum
<p><b>Learning Circle 1: Historic and Cultural Context</b>  <b>Film: historical trauma &amp; youth suicide started in 1960s</b>  <b>Chart: Protective Factors among Alaska Natives</b></p> 	<p><b>Learning Circle 1: Cultural Wellness</b>  <b>Film: historical trauma &amp; youth suicide started in 1960s</b>  <b>Chart: River of Youth Development</b></p> 
<p><b>Learning Circle 2: The Role of Adults</b>  <b>Chart: Protective factors for youth suicide prevention</b></p> <p><b>Guess what Inupiaq youth &amp; adults think is most helpful in preventing suicide? (These ideas came from 355 local people)</b></p> <ul style="list-style-type: none"> <li>○ Teach culture</li> <li>○ Pray for them</li> <li>○ Stay with them</li> <li>○ Get professional help</li> <li>○ Set a good example</li> <li>○ Being involved in the community</li> <li>○ Getting them help</li> <li>○ Programs</li> <li>○ Activities for youth</li> <li>○ Encourage them</li> <li>○ Show you care</li> <li>○ Talk with them</li> </ul> <p>What will help prevent Inupiaq youth suicide?</p> <p>On a Survey representing 355 people in Northwest Alaska, youth &amp; adults wrote:  <small>(Wexler &amp; Goodwin, 2006)</small></p> 	<p><b>Learning Circle 2: Support for Youth</b>  <b>Graph: What Youth and Adults Say Prevents Suicide</b></p> <p><b>Chart: School Survey Results (not pictured)</b>  <b>Role play: Listening for Wellness</b></p>

## Learning Circle 5: Supportive Counseling and Listening Well

Film: Supportive counseling as prevention – Just listen



[Above: video thumbnail - Talking and Listening for Wellness]

Role play: Listening for Wellness

CHEAT SHEET FOR LISTENING FOR WELLNESS

Talker: Tells the listener about the stressor

Listener:

1. Invite conversations from the heart  
→Show acceptance and willingness to listen.  
“Tell me about what is going on for you.”  
“Talk to me about your stress.”  
“Want to talk about it?”
2. LISTEN  
DO NOT interrupt,  
DO NOT give advice,  
DO NOT try to cheer them up...just listen.
3. Reflect back what you heard  
“It sounds like it is really hard for you when....”  
“You get really stressed when...”  
“Sounds like [XYZ] is really hard to deal with.”
4. Ask open-ended questions about next steps:  
“What do you want to do about it?”  
“How have you handled this before?”  
“What can you do to get through this?”

## Chart: School Survey Results (not pictured)

Role play: Listening for Wellness

### Cheat Sheet for Listening for Wellness

SLIDE

1. Invite conversations from the heart  
→Show acceptance and willingness to listen.  
“Tell me about what is going on for you.”  
“Talk to me about your stress.”  
“Want to talk about it?”
2. LISTEN  
DO NOT interrupt,  
DO NOT give advice,  
DO NOT try to cheer them up...just listen.
3. Reflect back what you heard  
“It sounds like it is really hard for you when....”  
“You get really stressed when...”  
“Sounds like [XYZ] is really hard to deal with.”
4. Ask open-ended questions about next steps:  
“What do you want to do about it?”  
“How have you handled this before?”  
“What can you do to get through this?”

[Click Support for Youth and Elders by Using Active Listening with Friends](#)

### Learning Circle 6: Restricting Lethal Means

Image: 10 Minutes Can Save a Life



Research shows that making it harder for someone to find a loaded gun, a private place, pills, a bridge, alcohol, a snow machine keys... CAN SAVE A LIFE!  
 --Even a few-minute delay can prevent suicide.

### New Material: Safe Homes



### Learning Circle 3: Prevention

Flyer: Safe homes

**What we know about effective prevention...**

- #1 10 MINUTES CAN SAVE A LIFE. Research shows that making it harder for someone to find a loaded gun, a private place, pills, a bridge, alcohol, a snow machine keys... CAN SAVE A LIFE! Even a few-minute delay can prevent suicide.
- #2 SIMPLE CHANGES TO THE HOME can help someone we're worried about. Here's how...

CC-BY-NC-SA. Adapted from: [What We Know About Effective Prevention Handout](#)

### Learning Circle 7: Support After an Attempt

Case study: Following up after suicide attempts

When 'Jane Doe' came home from Kotzebue after attempting suicide, she was embarrassed and still had to deal with the problems that made her feel bad in the first place. It was hard. 'Jane Doe' felt alone and sad. She didn't know how to talk about what happened, and she wasn't sure she wanted to because of her shame.

When she received a short text message a day after saying, "You are special." 'Jane Doe' felt supported, even though it was from someone she isn't close to. A few days later, when she got a text saying, "Thinking of you today," she smiled and thought about those people in the community who care about her.

Weeks later, when she gets a text message, "wishing you a good day," she gets a warm feeling. When she is down, she thinks about this feeling and it helps.

Now, many months later, 'Jane Doe' sometimes gets a supportive text from this same person, and it reminds her that people care about her, even if she isn't close to them. It gives her a way to get help if she needs it in the future.

### Flyer: Small Acts of Kindness

#### What Works? Small Acts of Kindness!

**Research note:** In studies, people who received short, supportive and *non-demanding* notes or acts of kindness after feeling suicidal and low were much more likely to seek help, not attempt or die by suicide, when compared to people who didn't get these (Matto & Bostrom, 2001; Ranney, Pisani, & Chernick, 2018; Reger, et al. 2017).

**What does 'non-demanding' mean?** It means to do something without expecting the other person to do anything. For example:

- Ø **Demanding act:**  
 "Call me if you want to talk."
- ⇒ **Better to do Non-demanding:**  
 "I am thinking of you and want you to know I care."  
 "I really appreciate the way you \_\_\_\_\_."  
 "I baked some cookies and wanted you to have some."

Suicide prevention can mean making sure to send someone who is having a hard time random, small, non-demanding notes and acts of kindness over a long time. And, research shows that **you don't need to be close to the person to make a big difference to someone.**

"Whatever it is you want from young people, you must give them."  
 - Anonymous Alaskan

"Kindness is a gift everyone can afford to give."  
 - Unknown

"Love is what makes you smile when you're tired."  
 - Terri, age 4 (From Helping Little Kids Succeed - Alaska Style).

"A healthy village is a circle whose people are safe within its fold. Love, understanding, kindness, culture, history, goals, and truth make the circle strong..."  
 - Harold Napoleon, Yu'pik author and activist

"Love and kindness are never wasted. They always make a difference. They bless the one who receives them, and they bless you, the giver."  
 - Barbara De Angelis

# Learning Circle 8: Postvention: Talking Safely About Suicide

## Chart: Postvention: What to do /not to do to

POSTVENTION	
Protective	Riskier
<ul style="list-style-type: none"> <li>Let those who are grieving talk about whatever they are going through (anger, guilt, sadness, numbness...).</li> <li>Share ways of getting help:               <ul style="list-style-type: none"> <li>"If only he knew that it feels better after talking."</li> <li>"There are other ways to get help, even calling a hotline can make someone feel a sense of relief."</li> </ul> </li> <li>Tell basic facts (no details on how), only:               <ul style="list-style-type: none"> <li>"[Name] was 19, from X village and died yesterday".</li> </ul> </li> <li>Share the hurt caused by the person's passing:               <ul style="list-style-type: none"> <li>"Suicide hurts".</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Blaming someone else for the suicide increases risk because...               <ul style="list-style-type: none"> <li>...People listening may feel angry and desperate, and could think about suicide as a way to get revenge or as a way to hurt someone else.</li> </ul> </li> <li>Talking about the person who died as a "successful suicide" or being "in a better place" or "at peace" can increase suicide risk because...               <ul style="list-style-type: none"> <li>...Suicide could seem desirable for those who are having a hard time finding peace or believing things can get better in their life.</li> </ul> </li> <li>Dedicating a tournament or making T-shirts in honor of a person who died by suicide can increase suicide risk for youth because...               <ul style="list-style-type: none"> <li>...Young people who feel overlooked may see suicide as a way to attention and love.</li> </ul> </li> </ul>

# Learning Circle 4: Grief and Healing

## Poster Activity: Stages of Grief

### Chart: What Can Hurt and What Helps Healing

How to Help After A Suicide	
After a suicide happens, everyone—especially young people—are at higher risk for suicide. Families, communities, and institutions can respond in ways that can help and hurt.	
CAN HURT	HELPS HEALING
<b>🚫 People can hurt others by:</b> <ul style="list-style-type: none"> <li>Blaming someone else for the suicide. This increases risk because...               <ul style="list-style-type: none"> <li>...people listening may feel angry and be looking for a way out, and could think about suicide as a way to get revenge or to hurt someone else.</li> </ul> </li> <li>Talking about the person who died as a "successful suicide" or being "in a better place" or "at peace" because...               <ul style="list-style-type: none"> <li>...suicide could seem desirable for those who are having a hard time finding peace or believing things can get better in their life.</li> </ul> </li> <li>Not talking about it. If someone didn't happen, which it may seem like the right thing to do to "protect" youth, ignoring a suicide is risky because...               <ul style="list-style-type: none"> <li>...if people, especially young people, need a strong role player to talk about their feelings when a friend or family member dies by suicide.</li> </ul> </li> </ul>	<b>👏 People can help by:</b> <ul style="list-style-type: none"> <li>Sharing ways of getting help:               <ul style="list-style-type: none"> <li>"If only he knew that it feels better after talking."</li> <li>"There are other ways to get help, even calling a hotline can make someone feel a sense of relief."</li> </ul> </li> <li>Talking safely about suicide by telling only the basic facts (without details of how or why):               <ul style="list-style-type: none"> <li>"[Name] was 19, from X village, and died by suicide."</li> </ul> </li> <li>Sharing the hurt caused by the person's passing "Suicide hurts"               <ul style="list-style-type: none"> <li>...Young people who feel overlooked may see suicide as a way to attention and love.</li> </ul> </li> </ul>
<b>🚫 Communities can hurt by:</b> <ul style="list-style-type: none"> <li>Talking about the suicide as if it were a "normal" incident. For example, "This girl just took up and her father hanged her."               <ul style="list-style-type: none"> <li>...Youth may hear their friends and think of suicide as something to do if they break up with their boyfriend.</li> </ul> </li> <li>Dedicating a community event, or making a shirt in honor of a person who died by suicide because...               <ul style="list-style-type: none"> <li>...young people who feel overlooked may see suicide as a way to get attention and love.</li> </ul> </li> </ul>	<b>👏 Communities can help by:</b> <ul style="list-style-type: none"> <li>Hosting weekly support groups for people to share whatever they are going through...               <ul style="list-style-type: none"> <li>...Reminding everyone to lock up their guns (or make sure the bullets are out), just every alcohol pill after a suicide.</li> </ul> </li> <li>Making time to listen well:               <ul style="list-style-type: none"> <li>"I'm here to listen and support you."</li> </ul> </li> <li>Letting those who are grieving talk about whatever they are going through larger, guilt, sadness, numbness, etc. because...               <ul style="list-style-type: none"> <li>"It's no one's fault."</li> </ul> </li> </ul>
<b>🚫 Institutions can hurt by:</b> <ul style="list-style-type: none"> <li>Not taking action to prevent another suicide               <ul style="list-style-type: none"> <li>...Telling youth about suicide does increase risk, and youth need adults or school to acknowledge the tragedy to help them get through it.</li> </ul> </li> <li>Ignoring community protocols...               <ul style="list-style-type: none"> <li>... This emergency communities limit the people in hand at a time when they most need their strong traditions, culture and sense of control in order to heal.</li> </ul> </li> </ul>	<b>👏 Institutions can help by:</b> <ul style="list-style-type: none"> <li>Partnering with the mental health, law enforcement, and healthcare providers.</li> <li>Schools having a plan for what to do after a suicide death, which includes talking to students about the suicide safely, teaching about grief, and making time for healing.</li> <li>Following community guidance and leadership</li> </ul>

# Learning Circle 9: Review and Moving Forward

## Posters: Review and moving forward – What do communities want to do next?

Blank space for posters related to Learning Circle 9.

# Learning Circle 5: Review and Next Steps

## Posters: What do we want to do next?

### Handout: Learning Circle Summary

Learning Circles 1-4 Review			
<b>Learning Circle 1: Individual</b> <ul style="list-style-type: none"> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> </ul>	<b>Learning Circle 2: Support</b> <ul style="list-style-type: none"> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> </ul>	<b>Learning Circle 3: Review</b> <ul style="list-style-type: none"> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> </ul>	<b>Learning Circle 4: Review</b> <ul style="list-style-type: none"> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> <li>...to think about the individual's life and how it might be different if they were still here.</li> </ul>

# Handout: Individual and Community Change Discussion questions

### Individual/Family Level Questions

- DISCUSSION QUESTIONS (10 mins)**
- What do you think helped you keep participating in PC CARES?
  - What kinds of prevention or wellness actions have you taken?
  - What helped you remember to do those things?
  - How do you think you could pass on some of what you learned to others?

### Community/Organization Level

- DISCUSSION QUESTIONS (10 mins)**
- What community groups and organizations in this community (for example, Norton Sound, Kawiroi, BSIJ, Traditional Council, etc.) should be part of prevention and wellness?
  - What kind of support from organizations (Norton Sound, Kawiroi, BSIJ, Traditional Council, etc.) do you think mattered most in making PC CARES happen here?
  - What should these organizations or community groups know about how they can work effectively to prevent suicide and promote health?
  - How might these community groups and organizations be involved in prevention and wellness moving forward?

**Learning Circle 2: Support for Youth.** In the original iteration, to introduce the Learning Circle 2 handout, the research team conceptualized a teaching moment where the participants would be asked to guess what adults and youth in their region said they can do to prevent suicide, and then reveal the answer—which is different from what most participants would be likely to guess. Feedback from curriculum co-authors and trainers was that this came across as a “gotcha” experience for participants which hindered the trust-building needed to facilitate communities of practice. The curriculum was subsequently changed to simply demonstrate the discrepancy in answers between adults and youth on the handout instead of reproducing it in real time with participants. This was an important learning experience for the research team where a learning strategy that might have been engaging in a Western context was not the best strategy for local people in our community partner context.

The second learning circle in the adapted curriculum begins by presenting graphs and figures from the original curriculum (Learning Circle 2: “Role of Adults”), integrated with region-specific results of statewide youth surveys. Early drafts of the handout included different kinds of data, including quotes from youth focus groups and interviews. However, this draft was busy and potentially confusing, with extra information that diluted discussion and took up too much time discussing where each piece originated. Trying the data handouts in the learning circle format, it became apparent that the more information that was included, the more explaining was needed about how the information was collected and what the handout was “saying.” When the Local Steering Committee previewed this learning circle, there was substantial discussion about who was surveyed, and how the wording of survey questions might be interpreted differently, (e.g., the difference between teaching a culture and actually living it). Most questions and discussion revolved around the methods of the research more than the overall meaning, and the potential for confusion further diluted the possibility of meaningful knowledge exchange. In subsequent meetings, when a revised handout was shared, members agreed that “less is more”—less information made the handout clearer overall and allowed time for participants to discuss meaningful questions in greater depth. This was a trade-off, since the Local Steering Committee members stated early on that they wanted to share as much research information on this topic as possible (and there was a lot of information available) with the people in their region.

This experience with the Local Steering Committee taught us that the more survey data we bring in to the curriculum, the more questions about methods (e.g., subject recruitment, inclusion criteria) and research (e.g., who conducts this survey and why?) facilitators may have to be prepared to answer during the learning circles. We decided to equip facilitator toolkits with FAQ pages from the statewide surveys and other supplemental resources like the current article. If questions arose, a facilitator could provide supplemental information to the person who was asking without having to memorize methodology.

“Support for Youth” in the new curriculum is a combination of Learning Circle (LC) 2 and LC4 from the pilot curriculum (Table 2). LC4 in the pilot was about building active listening skills. In the new curriculum, with the engrossing discussion of data precipitated by the first handout, it became clear that the accompanying 5-minute movie with interviews from people from the region about Supportive Counseling and Listening Well (LC4) in the original curriculum would be challenging to cover in the time allotted. We subsequently removed the video (which also reduced additional burdens of preparation for facilitators in villages with limited internet and video-viewing equipment).

**Learning Circle 3: Prevention.** The third learning circle focuses on selective/secondary prevention and features an activity designed to call awareness to signs of suicide risk. The focal message of this learning circle in the pilot curriculum was the message that “10 minutes can save a life”—delaying someone’s ability to impulsively act on suicidal ideation by restricting their access to lethal means of suicide is an effective prevention strategy (Sarchiapone et al., 2011; Yip et al., 2012).

This content in the pilot curriculum did not regularly lead to participants' intention to take preventative actions (like ensuring guns, pills, and vehicle keys are not easily accessible to someone in distress), and the curriculum committee thought this information could be broadened to focus on what someone, could do in their home after the training, without waiting for a crisis.

To illustrate the ways that families could make their homes safer, we presented several options to the Local Steering Committee, including the original handout used in the pilot, materials from the Center to Prevent Youth Violence (CPYV) "Is your home Suicide-Proof?" campaign, and a graphic with region-specific data on suicide fatalities. The LSC felt that the imagery of gun/bullets and loose medications in the first draft of the handout (Figure 1, Learning Circle 6) was triggering and may reduce engagement. Furthermore, they encouraged a visual and overall message focusing on what families *can* do, rather than means of suicide deaths, as the most acceptable and engaging approach. Holding the CPYV flier in one hand, a Local Steering Committee member said, "*Our houses just don't look like this.*" The home in the CPYV flier was two-stories, with a brick chimney, home office, and a handgun depicted as an example of the only firearm in the house. While many Alaska residents own handguns, hunting rifles are more common in small subsistence-reliant communities.

This comment was the inspiration to create a drawing of a different house: single-story, built on pilings, Honda four-wheeler out front, as a backdrop for a menu of simple changes a community member could make to their home that could help suppress someone's risk of dying by suicide (Beautrais et al., 2005; Caetano et al., 2013; Mann et al., 2005; van der Feltz-Cornelis et al., 2011). The picture allowed curriculum authors to populate the flier with information about many different risk factors, including alcohol and medications in the home, access to motorized vehicles including snowmobiles, the importance of good sleep, and making resources easily available (Caetano et al., 2013; Craig & Hull-Jilly, 2012; Hill, Perkins & Wexler, 2007; Mann et al., 2005).

The third learning circle also features an activity designed to call awareness to signs of suicide risk. During one activity from the pilot curriculum, participants would receive a list of warning signs they might notice if a friend or family member was having a hard time. Participants would then be asked to brainstorm further signs of risk. LSC members felt that the activity should be prefaced by an acknowledgement that sometimes there are no visible warning signs before a suicide occurs. "*Part of the healing is not to blame yourself or not to blame other people,*" one LSC member said.

They were concerned that showing members of the community a large list of "warning signs" would send the message that suicides are predictable and it is the responsibility of others to stop them (and induce guilt if they did not). It was suggested that community members begin with a blank page, but as the curriculum was developed further, the activity entailed 6 pre-filled signs of risk and short dyadic discussions to supplement the list. It also emerged from this discussion that highlighting things people can do around their home that is not contingent on suicide warning signs or an attempt (e.g., have a regular practice of safe gun and medication storage), made the suggestions much more actionable.

**Learning Circle 4: Grief and Healing.** Very early in the adaptive process, the LSC reflected that in order to break the cycle of youth suicide, there needed to be space for grief and healing from suicide death, since virtually everyone in the region is a suicide survivor. They said the new curriculum should acknowledge the complicated grief that occurs when someone dies by suicide. We added in content related to stages of grief and included a discussion about how an individual might support someone who is grieving.

Additionally, the fourth learning circle highlights best practices after a suicide happens. Suicide postvention is a triggering and painful subject in tight-knit communities with high rates of suicide. This handout (Figure 2, Learning Circle 8 in the pilot) was developed through an intensive iterative process in the pilot study. It features "what helps" and "what hurts" in two columns and offers locally-relevant explanations for scientifically supported assertions. The LSC considered the table to be appropriate and respectful, but suggested changes in language, including changing headers from "Protective/Risky" to "Can Hurt/Helps Healing" and

*“What institutions (e.g., health care organizations and schools) can do to ‘help healing’ is to honor local protocols and follow community guidance and leadership.”*

They also increased the balance of suggestions between institutional, individual, and collective community actions by including more examples at different levels (interpersonal, institutional and community).

**Learning Circle 5: Review and Next Steps.** As in the pilot, we wanted to culminate the series of learning circles with an opportunity for participants to review their previous discussions and decide how (or if) they wanted to continue to meet, learn, and take local action together. The pilot curriculum included a review of the content, an activity for participants to talk about the actions they took, changes they saw, and to participate in a relatively unstructured discussion of what they want to see happen next. The unstructured approach, however, did not lend itself to continuing to mobilize as a “community of practice” since learning circles ended when the intervention did. In the revision, we provided additional scaffolding to prepare participants to continue to work on wellness issues in their community after the official (funded) five PC CARES learning circles ended.

We considered introducing a Community Development Model during the last learning circle, which would present information on what factors need to be in place to sustain positive community change. Such a model would also serve as a primer for discussion about what participants need in order to continue wellness work on a personal and community/organizational level and guide discussions on the next steps they can take individually or as a group to support positive community change. After writing new activities and creating draft handouts with this information, we were reminded by some community partners about the complexity of starting a different area of content (the community development model). We could see that the introduction of a new model to the final learning circle was a complicated subject area and created expectations that burdened some and that did not align closely enough with suicide prevention. Thus, in the fifth and final learning circle for the adapted curriculum, participants review the content from Learning Circles 1-4 and discuss changes they would like to see in their own communities. In consultation with the LSC, we decided to style discussion questions to be balanced around different ecological levels of action (individual, community, and organizational; see Figure 1). Discussions in this session focus on local accomplishments, and what made them possible. The session ends with an open-ended discussion about how they want to move forward, including 1) holding a potluck to sustain the relationships among participants, 2) continuing PC CARES with a new group of participants, 3) reaching out to PC CARES researchers to identify a new focus for continued PC CARES meetings, or 4) making commitments to follow through on some personal/community action ideas.

**Table 2** *Summary of how learning circle subjects were cut and combined*

Pilot Curriculum	Adapted Curriculum
LC1 - Historic and Cultural Context	LC1 - Cultural Wellness
LC2 - The Role of Adults	LC2 - Support for Youth
LC3 - Seasonal Influence	<i>Cut</i>
LC4 - Community Protection	<i>Cut</i>
LC5 - Listening Well	<i>Combined with LC2</i>
LC6 - Reducing Access to Lethal Means	LC3 - Prevention
LC7 - Support after an Attempt	<i>Combined with LC3</i>
LC8 - Postvention	LC4 - Grief and Healing
LC9 - Review and Moving Forward	LC5 - Review and Next Steps

## Discussion

The learnings from PC CARES align with much of the existing research and theories on program adaptation in Indigenous mental health, and this article built upon existing work (Allen et al., 2018; Harder et al., 2015; LaFromboise & Pitney, 1995) to describe the co-creative processes and dynamics in the adaptation of an Alaska Native suicide prevention program alongside community partners. The lessons from our adaptation of PC CARES emphasize that collective negotiation is key in a co-creative adaptation process. The adaptation of the PC CARES curriculum was an iterative process based on a shared vision of promoting self-determined, evidence-informed, and community-based suicide prevention. Using the themes laid out by Ivanich and colleagues (2020) as a starting point, we examine six key aspects of this work, and discuss our experience building partnerships, taking time, integrating guidance from community partners and evidence-based literature. This iterative process maintained familiar aspects of the intervention, while incorporating structural adaptations, innovative methods and designs.

*Building partnerships.* The process of adaptation needs to engage many voices and diverse expertise. The core of the intervention of PC CARES was built on community consensus and several trials with feedback from Alaska Native knowledge-holders who represented tribal organizations and interested stakeholders outside of formal roles associated with employment. Recruitment of these collaborators was based on previous relationships, perceived interest and availability. The vast majority of these partners were women, and most occupied wellness-related positions within their community. It is important to note that several of the LSC members participated in both the pilot and the revision of PC CARES. These key members from both the new and pilot region participated in implementation of the pilot program, listened to facilitator feedback, and added insights in an on-going manner to the revision process. This continuity across time was important for deciphering which components and content to keep and which needed revision. These decisions were influenced by our community partners' intimate knowledge of the local realities for the pilot and new PC CARES regions.

*Taking time.* Time is essential to foster trusting relationships and on-going community engagement, which formed the basis of curriculum adaptations. We worked alongside facilitators and the Local Steering Committee, with whom a strong partnership was established before and during the first iteration of PC CARES. Building authentic partnerships with local collaborators in a "research enterprise" context is difficult because of the power structures that underlie such endeavors. They are typically characterized by a hierarchy whereby the researchers are considered "experts" and community members as "less informed" participants. To address this power imbalance, it is important to pay attention not only to interpersonal dynamics, but also taking time to attend to spaces and processes that might cue or reinforce this dynamic (Cheung, 2020).

Our team contended with these by carefully evaluating activities considered business-as-usual in academic culture but might be unfamiliar and alienating to others, such as introductions centering on professional credentials. During our in-person meetings, we attended to relationship-building to foster open communication and accountability. Our LSC meetings included opening and closing with a prayer, time for breaks, taking walks and eating food together, reflections, giving gifts, inviting personal sharing or song. In the virtual space, we attended to these factors by inviting all participants to check in before starting, balancing between video conferences and phone-only calls, and taking care to tend the virtual space, (e.g. pace of meetings). We intentionally held space in meetings for feedback via discussions where consensus and attention to everyone's contribution can be prioritized rather than asking our group for individualized feedback to drafts via email. We paid attention to what community partners prioritized over time, and proactively raise those issues in an ongoing manner. This approach stands in contrast to asking for comprehensive review of every detail of materials. Instead, we were taught over time which materials are most important to review.

Creating relationships and working spaces for authentic feedback from both community partners and researchers facilitated more authentic conversations and brought revisions closer to important factors



needing balance throughout the adaptation process. Taking time also reflects the progressive process of ideas and changes in curriculum adaptation. Community-based participation takes time to ensure a safe negotiating space.

*Integrating guidance from community partners and evidence-based literature.* Adaptation is also about integration to create an adjustable hybrid program (Castro, Barrera & Martinez, 2004). We consider the term “hybrid” to describe the dynamic and always-evolving processes and perspectives that shape the elements within an intervention. Adaptations are feedback-relayed processes that happen throughout the multiple deliveries (Rapkin 2019). Adaptation explores community perspectives and evidence-based research in a balance between contextual and theoretically-rooted elements.

The very core of PC CARES emphasizes this approach to adaptation on a micro scale, as learning circles present evidence-based research (what does the research show) and ask community members to reflect on this (what do we think) before fostering conversations about what they determined best for their own local applications (what do we want to do). Likewise, the curriculum adaptation process was led by input from the facilitators and the Local Steering Committee. This integration is not a linear process and needs several discussions and negotiations around the appeal and utility of different content. Working alongside facilitators, Elders and other knowledge-holders allows PC CARES to try new materials and have important discussions around comprehensiveness and understandability, maximizing flexibility while maintaining evidence fidelity. A large part of the adaptation literature focuses on the tension between fidelity of core evidence-based elements and the fit to community’s perspectives (Castro & Yasui, 2017). This tension was resolved in PC CARES through our participatory design, which brings together the “evidence-based” elements, rooted in existing research, and the local knowledge of community members, to foster dialogue and planning for future action (Wexler et al., 2016).

*Making the intervention familiar.* During an adaptation process, it is important to contextualize the program to fit to the community’s culture (Barrera et al., 2013). Customizability of a program to local culture and context is expected to positively affect flexibility and outcome predictability. One of the major adaptation elements that PC CARES focused on was coordinating the evidence-based research to appropriately represent the context-specific realities of the new delivery region. This process included integration of local data when possible, and when it wasn’t, making sure that the scientific information represented the realities in the newly participating region. Additionally, we created localized materials that fit the imagery, language, and the setting of the new PC CARES communities.

*Incorporate structural adaptations.* Structural or deep adaptations are changes to address core values, beliefs, and norms of participating communities (Bernal & Rodriguez 2012). Culturally adapted interventions increase engagement, program efficacy and community ownership of the program (Barrera, Berkel & Castro, 2017). Culture is an important protective factor for Alaska Native suicide prevention (Rasmus et al., 2019). The Local Steering Committee was instrumental in rooting elements of the program in continuing traditions and cultural expression of the local region. Furthermore, the iterative process of adaptation led to structural changes of the program that incorporate local priorities (e.g. adding grief and healing) and ways of understanding and addressing the complex issue of suicide (e.g. changes made to learning circles 3 and 4).

*Bring in innovative methods and design.* PC CARES is an innovative program combining health education and community mobilization (Wexler et al., 2016). Elements of the program are supported by teaching materials such as videos, graphs, charts, and pictures, but the central element in the curriculum is a process of community education and dialogue whereby people respond to scientific evidence and share their experiences and knowledge in order to deepen understanding, relationships and possibilities for action. In the revised curriculum, the last learning circle is a structured way to invite reflections from community participants about what they learned and did as a consequence of their PC CARES experience. They are then invited to

innovate: to decide how (or if) they want to continue to meet, learn and act as a community of practice. This “open-ended” and self-determined invitation to innovate is novel.

Overall, these six themes reflect key aspects of curriculum adaptation. The themes are intricately related and feed one another, illustrating how complex and deeply social an adaptation process is. Curriculum adaptation depends on existing relationships with community partners, (whether facilitators, Local Steering Committee members, or learning circle participants), and relies on social relationships of participants and the communities that structure this engagement. At its center, curriculum adaptation is a social exercise involving trade-offs and negotiations that are never finished. This process involved navigating between comprehensiveness and understandability, subject appeal and utility, and predictability and customizability. Adaptation was an ongoing, communal negotiation to ensure that perspectives from community members and evidence-based elements form a dynamic hybrid, context-led program that fit the understandings of local participants, while keeping the theoretical core of the program. By providing a safe place for this back-and-forth dialogue to happen, we ensured that the new iteration of the program mobilizes culturally-grounded community actions to prevent youth suicide in our partner communities.

### **Limitations**

The process we followed involved product testing and gathering feedback on what we presented. LSC members often shared openly and honestly about how the information made them feel or what it made them think about. However, the downside of feedback is that it must always be in response to a proposed idea, product, etc.—and it is seldom a generative mode of creation. We were limited by our own ideas and ability to be creative.

We learned that “trying it out” was the best way to find flaws in the adaptation. Ideally, we would have tested our adaptations with people in the region beyond our Local Steering Committee and organizational partners. Trying it out with less-invested audiences (or those similar to who the facilitators would be interacting with) would offer more critical perspectives about the curriculum.

Importantly, since the majority of Local Steering Committee (LSC) members and program facilitators were mostly women, men were relatively underrepresented during collaborative meetings and opportunities to collect feedback. This does not reflect the communities where PC CARES will be implemented, nor the learning circle attendance during the pilot where many men participated (Wexler et al., 2017). During our discussion with the LSC, members noted that social roles and gender were impacted by colonization and thus, more efforts would be needed to include men in facilitator or LSC positions. Men could have offered different perspectives on the curriculum and its adaptation—for example, activity types that would increase or inhibit their desire to participate in learning circles. In the future, we aim to address this by asking existing Local Steering Committee members to invite male collaborators to serve on the committee. We also recruited a higher proportion of males for learning circle facilitators in the next iteration of PC CARES in the newly participating region (about a quarter of 40 new facilitators were male).

Last, we relied heavily on existing trust, relationships, and infrastructure to build a communal process for reviewing and adapting the curriculum. The processes used to adapt our curriculum might not be generalizable or transferrable to settings where partnerships between local leadership and academic scholarship are newly forged.

### **Conclusion**

Research indicates a need for multi-level, culturally-responsive, “upstream” suicide prevention that extends community safety, works within cultural and local systems of care, and reduces population risk (World Health Organization, 2018). In small, rural, under-resourced Alaska Native villages, collaboration is both

key to accomplishing this, and a cultural value. As such, co-creating, implementing, and adapting programs should reflect true reciprocity between community and university partners (Holliday et al., 2018). Within this process, it is important to understand who defines research evidence, and, if not the communities themselves, if the definition reflects communities' own priorities. PC CARES sought to create a digestible, actionable model to translate scientific knowledge to self-determined practices aimed at preventing Alaska Native youth suicide. Developing scientific content to spark community conversations involves balancing among competing interests, iterative collaborations between academic and AN community partners, and negotiating the tensions of curriculum adaption in ways that attend to power, mutual respect, and a shared vision of promoting self-determined, evidence-informed, community-based suicide prevention.

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The authors of this article have no financial conflicts of interest.

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