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The Journal for Social Action in Counseling and Psychology promotes deep reflection on community change and system transformation in which counselors, psychologists, and other human service professionals play a role. This open access journal aims to highlight 'engaged scholarship' and the very important social change work done by professionals and activists that would not normally find its way into publication. The journal attempts to break down the divide between theory and practice in one of the most critical areas of our work: social transformation toward social and ecological justice and peace.

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Answering the Call for Systems Change: Facilitating the Development of a Social Justice Theoretical Orientation and Skills in Counselor Trainees

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Abstract

There is much agreement within counseling psychology on the importance of social justice, yet social justice education and training remain limited in counseling psychology programs (Beer et al., 2012; Pieterse et al., 2009; Singh et al., 2010). Critical components to social justice education and training include an emphasis on systems theories that could inform interventions (i.e. advocacy and activism) at the exosystem and mesosystem levels as well as learning about the breadth of activism and advocacy skills. Assessment, diagnosis, and conceptualization are considered core functional competencies in professional psychology (Fouad, 2009), yet these processes are often only taught at the individual level. If the goal of advocacy and activism are to foster systems change, considered a functional competency in counseling psychology (CCPTP, 2013), then it is crucial to provide systems-level theories and skills in counseling psychology education and training. We describe how we have attended to the provision of systems-level education and training in our respective programs. We will provide recommendations about the inclusion of systems-level theories, classroom formats, assignments, and mentorship designed to foster trainees' development of a systems-level theoretical orientation, as well as skills to engage in social justice research, leadership, and both micro- and macro-level advocacy interventions.

Keywords: social justice, advocacy, systems, training, theoretical orientation

Answering the Call for Systems Change: Facilitating the Development of a Social Justice Theoretical Orientation and Skills in Counselor Trainees

Principles of social justice have been foundational to counseling psychology since its inception and throughout its leadership within psychology (Brady-Amoon & Keefe-Cooperman, 2017; DeBlaere et al., 2019; Fouad et al., 2004). Yet, there remains a disconnect between counseling psychologists' theorizing and practice, as shifting our perspectives toward systems-level change has seen little progress (DeBlaere et al., 2019; Liu, 2017; Olle, 2018). Of note, while a multicultural perspective should ideally be rooted in social justice *action* (Vera & Speight, 2003), too often, "multiculturalism" focuses on "cultural differences" rather than social justice action. As such, we see the two as distinct, and focus here specifically on social justice. Scholars (e.g., Beer et al., 2012; DeBlaere et al., 2019; Pieterse et al., 2009; Speight & Vera, 2004; Singh et al., 2010; Vera & Speight, 2003) have repeatedly called for a focus on how to *enact* social justice prevention, outreach, advocacy and activism interventions within training programs. To this end, Constantine and colleagues (2007) identified social justice competencies that delineated the knowledge, awareness, and skills necessary for social justice action. Similarly, Lewis and colleagues' (2003) multidimensional model outlined a more comprehensive list of counselor advocacy competencies. More recently, some examples of social justice education and training have been introduced into the multicultural literature, including models of social justice counseling (e.g., Green et al., 2008), classroom assignments (e.g., Brinkman & Hirsch, 2019; Murray et al., 2010), standalone courses and curricular changes (e.g., Sanabria & DeLorenzi, 2019), community-based models (e.g., Hof et al., 2009), and program-based affinity groups (Brady-Amoon et al., 2012).

Yet even with these advancements, the integration of such activities and curricular changes in training programs appears to be the exception rather than the rule. Moving from idea to action has been challenging for graduate programs, perhaps due to the difficulties inherent in disentangling psychology, and the academy itself, from their historic racist, sexist, and classist ideological roots (Goodman et al., 2004; Olle, 2018). Further, many faculty have not received requisite training in this area (e.g., education in systems-level theory). Indeed, many (though not all) of the published recommendations are still focused on *social justice counseling*, or advocacy at the individual level. Further, incorporating some of the published recommendations in training programs would require the creation of new courses or curriculum overhauls, which face several barriers in the academic world (time, budget, and administrative constraints).

Regardless of the reasons, we can no longer wait. New clinicians, researchers, and consultants enter the profession lacking skills in how to engage in advocacy and activism that fights oppression within the systems and structures of our world. We find it imperative that training programs meet the real-world demand (and ethical and professional duty) to join with communities of oppressed people and engage in dedicated action to fight systems and structures that incarcerate, kill, and deny dignity and human rights. In the sections to follow, we offer concrete suggestions for training new professionals with a critical lens -- to use theory to conceptualize and intervene at levels beyond the individual.

Systems Theories, Social Justice, and Conceptualization

Despite the shift from merely theorizing to more concrete expectations (e.g., Scheel et al., 2018), social justice training and education is often lacking in counseling psychology training programs (e.g., Beer et al., 2012; Pieterse et al., 2009; Singh et al., 2010). This disconnect between theory and education, training, and practice may be explained at least in part by three potential "stuck points": (1) A lack of field-wide integration of comprehensive systems-level, justice-oriented theories (DeBlaere et al., 2019), (2) A lack of field-wide education and training on the breadth of activism and advocacy interventions (DeBlaere et al., 2019), and (3) Failure to recognize that we must engage our case conceptualization skills to understand the systems-level etiology of our systems-level problems, and to match our systems-level interventions with our conceptualization (Wilcox et al., 2020).

First, a note about distinguishing between the individual and systems levels. We believe that the recent American Psychological Association (APA, 2021) resolution emphasizing psychology's role in addressing racism is a helpful place to start. They state that psychologists should consider the following four levels of racism:

Structural, Institutional, Interpersonal, and Internalized (APA, 2021). Structural racism is defined as that which results from enacting or failing to repeal “laws, policies, and practices that produce cumulative, durable, and race-based inequalities” (p. 1). Institutional racism refers to that which results from policies, practices, and procedures, at the level of specific institutions. Structural and, to a lesser extent, institutional, represent the “systems level” to which we refer, and map onto Bronfenbrenner’s (1977, 1979) macrosystem and exosystem, respectively (APA, 2017). On the other hand, interpersonal and internalized racism (see APA, 2021)--notably, what we more often learn about and focus on--represent the individual level.

For psychology, intervening upon the systems that lead to individual distress is a form of prevention similar to physician John Snow’s removal of the London water pump responsible for the 1854 London cholera outbreak: address the source of the illness, and prevent rather than remediate (treat or cure) the inevitable illness. Yet while counselors and psychologists are generally able to express a vague sense that clients’ individual struggles are driven by systems-level problems, they often have much more difficulty moving from theory to practice in addressing those systemic issues.

At the individual level, “Assessment/Diagnosis/Conceptualization” is considered a *functional competency* in professional psychology (Fouad, 2009). This is because counselors and psychologists recognize treatment must be rooted in conceptualization, and conceptualization must be rooted in integrative theory. Further, both conceptualization and treatment must be grounded in an understanding of sociopolitical context as well as science. APA (2015) requires that training programs teach psychological theories that serve as the foundation of individual case conceptualization, and comprehensive exams often require an advanced ability to demonstrate the necessary knowledge and skills to apply theory to etiology and treatment.

Through case conceptualization, clinicians seek to answer several questions. First, what exactly is the target of change (the “problem”)? How did it come to be (etiology)? What does the therapist know about problems like this with similar etiologies? What does the therapist know about the client’s sociopolitical and interpersonal contexts? Given the answers to these questions, how does theory suggest a therapist might intervene upon the target of change (treatment plan)? Finally, what skills are necessary to enact and evaluate the treatment plan? Clinicians spend a substantial proportion of their training years learning to apply this paradigm to the individuals with whom they work, gradually incorporating this process into their professional practice. Throughout our careers, we continue to write about how we personally engage this process, as required for predoctoral internship applications, postdoctoral applications, job applications, and board certification. Indeed, some state licensure boards still require an oral examination focused on our case conceptualization and treatment planning process.

Systems change is considered a subfacet of advocacy, a functional competency in counseling psychology (Council of Counseling Psychology Training Programs, 2013). Yet, despite the incredible emphasis that we place on individual case conceptualization and treatment planning, rarely do we receive or provide training and education in exosystem and macrosystem case conceptualization and intervention (APA, 2017; Bronfenbrenner, 1977, 1979). How many of us have ever been asked to articulate our *systems-level* or *social justice theoretical orientation*, and how it informs our “systems-level treatment planning”? Or how our personal contextual/ cultural positionality and worldview informs our systems-level theoretical orientation? How many of us *could* articulate this if asked? To be able to do so would require equally-extensive training in comprehensive, interdisciplinary theories and models of exosystems and macrosystems (APA, 2017; Bronfenbrenner, 1977, 1979), as they inform *etiology*. Further, it would require education and training on the substantial empirical research available demonstrating the *macrosystem causes of both individual and community distress* (e.g., see Hatzenbuehler et al., 2013; Malat et al., 2018) and the data supporting our systems-level theories. We would also need to learn comprehensive, interdisciplinary theories and models of exosystem and macrosystem *change* (i.e. treatment), which is to say, better understand advocacy and activism strategies (e.g., Lantz et al., 2016). Finally, we would need education and training in the breadth of advocacy and activism skills that one can learn to facilitate such treatment (e.g., Lewis et al., 2003).

Matching Intervention to Conceptualization at the Systems-Level: Advocacy and Activism

For many, when they hear “social justice action,” what may come to mind is a particular, stereotypical set of actions associated with a narrow set of activism strategies (e.g., marching; die-ins). Just as there exists a plethora of intervention skills and approaches at the individual level, however, so too are there a plethora of intervention skills and approaches for addressing problems at the exosystem and macrosystem levels. Advocacy and activism skills exist along a continuum of intensity, ranging from conventional, to disruptive, to violent (Barnhardt, 2014; Lantz et al., 2016). Skills can also be enacted from a number of locations within power structures, such as top-down (as an “inside” person with some degree of power), bottom-up (grassroots), as an insider, or as an outsider (Lantz et al., 2016).

One framework for matching intervention to conceptualization includes the recent Society of Counseling Psychology Advocacy Toolkit (Banks et al., 2019). The authors highlight *methods* of intervention depending upon the *level* of intervention. For example, two key questions guide conceptualization at the individual level: (1) What is the source (etiology) of the client’s distress? and (2) Based on the etiology, what are the theoretical and empirical mechanisms of change to resolve the distress? Upscaling the conceptualization process to systems-level intervention, one might consider the level and source of the harm: is the root cause at the federal, state, local, or organizational/institutional level? Given that, what structures should be targeted (e.g., a policy, school system, or professional organization)? The answer may include multiple levels and multiple institutions. Subsequently, depending upon the source(s) of the inequity (distress), and desired target of change, various direct or indirect intervention methods or policy influence methods (Banks et al., 2019) may be selected.

Direct action examples include being involved in government hearings, policy conferences, or serving on policy task groups (Banks et al., 2019). Indirect action focuses energy on mechanisms likely to influence or shape public opinion about policy (for example, media, social media or podcasts), but does not directly involve contact with policy makers (Banks et al., 2019). In deciding on direct versus indirect action, one should also take into account one’s systems-level theoretical orientation and the mechanism (e.g., education, guidance, persuasion, or pressure) by which one hopes to influence policy, as the mechanism of influence may shape whether one pursues direct or indirect means of change (Banks et al., 2019). These considerations should be intertwined with considering how and where the inequity first manifests. Lastly, the chosen intervention may also be a function of an individual’s skill sets and strengths in four broad domains: communication, relationship-building, research, and strategic analysis skills (Banks et al., 2019). The complexities of intervening across these levels requires additional skills that can complement traditional training norms (e.g., teaching skills, theories).

Thus, it is imperative for social justice action that graduate training programs provide their students with the knowledge and skills necessary to conceptualize and address systems-level change. We must work intentionally to foster our students’ ways of thinking about systems change such that it eventually comes naturally, just as we expect at the individual level. Otherwise, trainees may continue to conceptualize systems-level problems as nested within the individual, contributing to a host of clinical errors (e.g., blaming, misdiagnosis, or inadequate treatment approach). There are a number of ways in which such training, formal and informal, may occur within graduate programs. Below, the authors provide recommendations and examples of how they have implemented such training in their own educational practice.

Where the Rubber Meets the Road: Social Justice Training

Course Design

Trainees cannot develop a social justice orientation to their work if their core coursework does not center social justice theory and action. As an initial step in developing a social justice theoretical orientation, instructors must critically examine their syllabi and course design. As a baseline step, faculty should examine course syllabi for evidence of social justice material being *threaded through* a course, as opposed to being a topical focus of discussion on one or two days in a semester. Relatedly, most coursework in counseling psychology usually incorporates elements of ethical practice. Ensuring that multicultural and social justice perspectives are included

alongside ethics instruction reinforces the interdependent nature of ethics, multiculturalism, and social justice. Lastly, in order to truly facilitate a social justice orientation among trainees, it must be infused across curricula consistently, regardless of course content and instructor. If required coursework is also often cross-departmental, this likely requires not only intra-program coordination, but also inter-program/departmental collaboration.

Example

The first author (MMW) redesigned her multicultural counseling class to center a systems theories frame, encourage emotional engagement, directly address Whiteness and White supremacy, and provide education and training in advocacy and activism (see Appendix A for a list of resources). In-class time is predominantly process-oriented, with accountability for readings and content attended to through weekly journals (Appendix B), in a quasi-flipped classroom approach. The first two class sessions, however, are content-oriented such that students learn about the original tripartite multicultural competence model (Sue et al., 1982), the multicultural orientation model (Davis et al., 2018), Critical Race Theory, Critical Whiteness Theory (e.g., Nayak, 2007), intersectionality (e.g., Crenshaw, 1991; Moradi, 2017; Grzanka, 2020), Fundamental Cause Theory (Hatzenbuehler et al., 2013), and social justice advocacy as a form of prevention.

We discuss how family systems theories and critical philosophy emphasize that systems (and the individuals within them) strive for equilibrium, often resisting even positive, healthy, and desired change; and, that White supremacist bourgeois patriarchy (see Liu, 2017) is the overall system within which we exist, and which constantly strives to maintain status quo. This is the foundation of fostering students' social justice orientations: Just as in individual models, they are exposed to multiple theoretical lenses; asked to consider how *they* believe systems-level problems develop; how they believe systems change best occurs; and how their answers align with the given theories. For example, we discuss the approaches to advocacy and activism described in Lantz et al. (2016), emphasizing that the approaches they cover are just some of many. MMW then asks students to consider not only how they see themselves intervening with systems through this lens, but the ways in which their implicit orientation is rooted in their positionality. MMW uses herself as an example, noting that she leans more toward a *tempered radical* approach (i.e., working from within rather than outside organizations using a tempered approach; see Kezar et al., 2011; Lantz et al., 2016), which she sometimes calls a "Trojan Horse" orientation owing to the ancient Greek myth; but, that her orientation toward tempered radicalism is likely rooted in her Whiteness and ability to social-class "pass" in some spaces.

We then further discuss the importance of matching one's intervention to the identified problem from the perspective of one's social justice orientation. MMW has observed over the years that this foundation helps students to articulate their own social justice theoretical orientation and better identify strategies to address systemic problems, including the development of long-term strategies (e.g., career goals).

We co-create a living document of group engagement rules that guide us throughout the semester. Students are asked to simultaneously hold space for critical thinking about the systems level, emotional engagement about its impacts at the individual level, and the interplay between the two. I (MMW) introduce my students to a concept I have come to call *critical self-compassion*. I explain that one of our central tasks is to learn to hold multiple, opposing truths simultaneously. In that vein, I advise students that to do the necessary personal work required of our multicultural journey, we must be able to experience our own reactions non-judgmentally and allow ourselves compassion as we encounter new information. More specifically, we must understand that we did not elect to learn the problematic beliefs and ideas that we now must unlearn; and, we must also be willing to *critically examine* our reactions and from where they originate, holding ourselves accountable to challenge those ideas, beliefs and reactions.

Students are expected to read empirical literature throughout the semester, and demonstrate adequate integration and application of concepts learned in weekly reflection journals. During most class periods, students are shown a video (see Appendix A) meant to elicit emotional connection with experiences of oppression, as well as provide them with contextual historical information. During the second half of the class, we process the

feelings and reactions that were elicited, with particular emphasis on examining our own roles in systems of oppression from the systems-level frames previously discussed. These class sessions can be deeply emotional, and sometimes tumultuous, explosive, or violent at some level. Of note, MMW has observed that discussing critical self-compassion, as well as White Fragility (DiAngelo, 2018) at the beginning of the course helps to temper (but not eradicate) this tumult. The weekly reflection journals are an opportunity to process the video and class discussion in a more private space.

At least two additional class sessions are reserved for didactic learning about social justice. Emphasis is placed on (1) developing one's social justice theoretical orientation, built upon the systems frames discussed earlier, and (2) activism and advocacy skills. Regarding theoretical orientation, students are asked to reflect on *how systems change occurs* and *how they can be most effective* as social change agents. We discuss theories of advocacy, activism, and change, and MMW uses herself as an example, sharing her *tempered radical* approach, how her approach is evident in the work that she does, and the ways in which her approach is linked to her positionality, personality, and experiences. Students learn about the continuum of activism and advocacy experiences, and she provides political advocacy training.

Assignments and Activities

The primary project associated with MMW's course is a political advocacy project (see Appendix C). After their training on social justice, activism, and advocacy theory as well as advocacy and activism skills, students work on a collaborative project that culminates, ideally, in meeting with their United States congressperson to advocate for a policy position relevant to counseling and psychology. So far, this has been advocating for the preservation and strengthening of the Public Service Loan Forgiveness Program. If we are unable to obtain a meeting, we instead work on a detailed letter advocating for our position. Students are trained and supervised in conducting background research; preparing notes on relevant research and stories that highlight the importance of our position; and on making connections with our congressperson's legislative priorities. Students use these notes to either prepare for our meeting or write their letter. Feedback has consistently suggested that students find this project intimidating at first, but then experience both relief and enjoyment afterward.

Several projects included in the second author's (KSS) Master's-level Multicultural Counseling syllabus are designed to help students begin the process of engaging in advocacy and activism as professionals-in-training. The first project is an in-class exercise designed to help students apply their knowledge and practice thinking systemically about problems in real-world clinical treatment. The second project involves consultation work with a non-profit (see Appendix D).

First, building upon readings for the class that include systems-level theory (e.g., Sue et al., 2019), empirical literature (e.g., Goode-Cross, 2011), critical theory and essays (e.g., Adams et al., 2018), and professional critiques (e.g., Rogers-Sirin, 2017), students are placed into small groups for a class period and given a hypothetical case study involving an urban, outpatient clinic serving low-income clients of color, a setting in which many of our students may work. Embedded within the prompt are details that call for a systems-level conceptualization and intervention strategies. For instance, clinicians in the scenario are White, are noted as making racist or classist remarks about clients, and it is noted that clinician turnover is high. Further, the prompt describes that clients who identify as women often terminate treatment sooner than men, that clients are described as having "emotional outbursts," and that treatment of addiction and mental health issues is focused only on the individual.

After reviewing the case, students must develop a plan that conceptualizes the issues they see as concerning (e.g., perhaps women leave treatment because there are limitations to accessible childcare in the community). Next, we discuss how we might conceptualize the clinic and its community members from a systems perspective (e.g., systemic racism and classism is ingrained in the facility's structure and practices; its healing practices are based on White, middle-class values; the assumption that clients are having "emotional outbursts" instead of investigating what these legitimate frustrations might be signaling about where the pathology *truly* resides). Finally, we discuss specific systems-level interventions that would target areas of concern (e.g., staff development on multicultural

and social justice competencies; investing in bringing in a more diverse clinical staff; partnering with childcare facilities) and ameliorate the reliance on pathologizing clients whose participation within an unjust, racist, sexist, classist system is unlikely to lead to positive mental health or wellness outcomes.

Another critical professional skill for counselors and counseling psychologists is consultation, which rarely receives instructional attention or supervised practice in real-world settings. Recently, for the second project, I (KSS) partnered with a Black woman-owned nonprofit small apparel company aimed at promoting social justice through design, with a long-term goal of providing training to K-12 public school employees and students on systemic racism (see Appendix D). Students in my Multicultural Counseling course were assigned to groups, each of whom met with the CEOs and learned about their business plan and ideas. Each group was then tasked to use counseling psychology research and social justice practices to provide recommendations to the CEOs about existing models of intervention in educational settings, engaging in advocacy and activism, and ideas for socially just community, legal, legislative, and financial engagement. Students presented their work to both the organization CEOs and the class for their final project.

Similarly, CNH designed and teaches a Social Justice Consultation Class in which students partner with nonprofits run by a racially marginalized person and a local government office (Clements-Hickman et al., 2018). In its second year being offered, students elected to partner with two nonprofit organizations run by Black women: Nerd Squad and Step by Step (see Appendix E). Students engaged in assessment with the nonprofit directors to understand their needs and determine what could be achieved in one semester. Students visited each nonprofit's regular meetings, developing relationships with the people served by the nonprofits (girls of color interested in STEM and young single mothers, respectively). They then utilized their research and consulting skills to complete a project identified by each director. Students noted that having an opportunity to be treated as professionals, observe the dynamics of small organizational systems, and be agents of change by employing their social justice lens to consultation made the course work meaningful.

Finally, in the third author's (LRM) advanced diversity seminar, students are asked to develop and implement a social justice intervention (see Appendix F). The project has three parts. First, students identify a marginalized group for which they plan to implement the intervention and conduct a review of the literature on the needs of their chosen group. Second, students present their planned social justice intervention to the class for critical feedback and suggestions. Students are encouraged to communicate and seek feedback from stakeholders within their chosen population to ensure that the development of the intervention is collaborative. Last, students implement the social justice intervention, write a reflection on what did and did not go well with the intervention, and share their realizations with the class in an informal discussion.

Research Training

Social justice research training includes critically evaluating the field's research methodologies and resulting knowledge base, particularly in terms of scope of representation, appropriateness of research methodologies, and integration of social justice principles in research activities (Adams et al., 2015; Fassinger & Morrow, 2013; Grzanka et al., 2017). Similar to needed changes to coursework structure, research mentors must first critically evaluate the methods they teach (and *do not* teach). In reviewing research methods courses, we should be asking: What are the dominant methodologies given the most space and time? What is the balance of quantitative and qualitative methodologies? How does content integrate diverse methodologies from outside the traditional, postpositivist lens? Does content include specific research paradigms such as intersectional (Grzanka et al., 2017), critical race, participatory action research (Kidd & Kral, 2005), and queer approaches (Grzanka, 2019)? Are philosophies of science explicitly taught, or is this ignored, which often results in an implicit positivist frame? We recommend research educators conduct an honest and critical examination of what they teach and practice, and thus communicate, about the value of social justice-focused research. At minimum, research educators and mentors should examine training through a decolonization framework (Adams et al., 2015), centering cultural psychology and liberation psychology principles (Martin-Baró, 1991, 1994; Tate et

al., 2013). In addition, educators should emphasize diverse approaches to scientific inquiry and research by providing instruction and *hands-on* experiences and mentorship in quantitative, qualitative, and mixed method approaches that use social justice informed principles (Cokley & Awad, 2013; Lyons et al., 2013; Ponterotto, 2013).

Examples

The second author's and fifth authors' (KSS and CNH) approach to social justice within the research training environment involves the critique of empiricism to understand complex contextual experiences (Wampold & Imel, 2015). Additionally, we question the field's reliance on experimental or other strict empirical processes using participants, often with WEIRD (Wetsern, educated, industrialized, rich, Democratic) characteristics, to generalize "fundamental" or "universal" truths" to all of humanity (Brady et al., 2018, p. 11407). In research methods, psychopathology, and advanced technique courses, students are challenged through reading, dialogue, and article critiques to articulate the ways in which dominant group narratives are centered in psychological theory and scholarship. Students are asked to carefully examine the participant pool, instrumentation, and definitions or thresholds of defined psychopathology or categories of the DSM-5 (American Psychiatric Association, 2013) in the extant literature, as well as questioning the gold standard of randomized clinical trials for treatments identified as empirically-supported. By questioning the processes by which we come to know "the truth" about psychological processes, students begin to understand that the endeavor of psychology itself is culture-bound. Further, we must question the authority granted to the profession as it continues to exclude vast categories of people from its investigation into human behavior, and indeed to pathologize the non-pathological (and under-pathologize the culturally-accepted pathological) in the process. Adequate representation of participants from all groups and appropriate methodological and epistemological diversity are necessary to understand complex individual and systemic processes and to create socially just psychological research.

Further, in Dr. Shaffer's research team, students are asked to write and reflect on their identities related to the team's qualitative work investigating the phenomenon of Whiteness in the clinical training environment. The group discusses their biases and cultural lenses that will shape their interpretation of data, as well as their contribution to the team itself. An explicit discussion of power dynamics among the team members and the faculty advisor allows for the dismantling of White, hierarchical power narratives inherent in academic structures. The advisor aims to share power with the students, encouraging the use of their experiences to shape the project's direction.

Using critical paradigms, informed by queer theory, critical race theory, and intersectionality, provides transformative options for the way we do science and the dissemination of our findings. Scholarship within these paradigms requires that the product serve more than the academic audience, so Dr. Hargons' students are encouraged to create social media posts relaying the key findings from their work to community and lay audiences. Her doctoral mentees have developed social media outlets such as @Blkfolxtherapy and @Academics4BlackLives as research dissemination platforms. Moradi and Grzanka (2017) point out the importance of intersectionality in social justice-informed research, citing it as "critical praxis for social justice" (p. 500). Drawing upon Crenshaw's (1991) framework, the populations we study are understood within a context of multiple marginalizations and the power dynamics that lead to their stereotypical representation in the canon. For Dr. Hargons, the empirical articulation of counternarratives is an important social justice scholastic intervention. As an example, her research team's work disrupts deficit narratives about Black sexuality (Hargons et al. 2018), presenting a sex positive framework that holds the systems that create sexual risk outcomes accountable, as they also examine the pleasure and benefits of healthy sexuality among Black people.

Mentorship

Mentorship and modeling are crucial to professional development in graduate school (Hargons et al., 2017; Langrehr et al., 2017). Additionally, fostering social justice advocacy and systems-level ways of thinking outside of the classroom emphasize these perspectives as a way of being rather than an academic exercise. MMW's approach to mentorship is a multicultural-feminist mentorship approach (Fassinger & Hensler-McGinnis, 2005),

with an emphasis on strengthening the pipeline into the profession for underrepresented students and early career professionals (ECPs), particularly those who have a social justice orientation. This approach is grounded in a *systems-level etiology* of the barriers faced by minoritized students in the pipeline. Fassinger and Hensler-McGinnis (2005) describe principles central to a multicultural-feminist approach, including lessening the power differential between mentor and mentee where possible; focus on the relational and the reciprocal nature of the relationship; commitment to diversity; and ability to challenge “ist” structures. Fassinger and McGinnis (2005) go on to state that boundaries operate differently in a multicultural-feminist framework, and that “[A mentor] will be presumed to know (or care) little about the particular personal problems of her mentees, but in fact, she is likely to know much about their contextual barriers and challenges” (pp. 156-157).

From this approach, I (MMW) seek to intentionally foster students’ (both undergraduate and graduate) and ECPs’ roles as leaders, advocates, and activists, getting to know each person’s goals and strengths and helping them to identify pathways into leadership roles and advocacy opportunities. I strive to identify barriers as well as solutions, connecting students with resources when possible. This work requires that I foster a type of working alliance with students, such that they know they can express their concerns and needs safely. Additionally, I often “talk out loud” about the systemic barriers I am observing, their historical roots, and short- and long-term solutions, seeking to model systems-level thinking and problem solving. My students have also attended extracurricular political advocacy meetings with me (and on their own/on my behalf with my mentorship) and have gone on to occupy a number of professional leadership positions.

The tasks for Master’s-level mentorship are somewhat different from doctoral-level mentorship. Often, Master’s-level trainees are trained as practitioners first and scholars second, as the large majority of Master’s trainees will make their careers in practice rather than research. In a qualitative inquiry (Boswell et al., 2015), Master’s students reported that personal characteristics of their mentor, mentor encouragement, and discussion of what to expect “in the real world” were critical to their mentorship. As such, ongoing discussions of what Master’s students may face in practice, particularly as it relates to social justice issues and systems-level barriers, are of great importance. For instance, we discuss that the systems in which they may work will be inherently racist, sexist, classist, and heterosexist, and that their Code of Ethics (ACA, 2014) requires that they advocate for socially just treatment for their clients within all systems (ACA, 2014, A.7.a). We also discuss the ethical imperative that they learn to care for themselves within these systems (ACA, 2014), as they may be harmed by injustice in agencies with oppressive systems and practices.

As Dr. Wilcox states above, strengthening the pipeline for students from marginalized groups into the counseling profession *and also into doctoral programs in counseling and counseling psychology* is an important task for Master’s-level (and undergraduate) faculty. In particular, identifying students from minoritized groups who are interested in doctoral work and mentoring them into research and clinical experiences that will help strengthen their applications for doctoral work is critical for the professions, particularly as the profession remains overwhelmingly White (APA Center for Workforce Studies, 2019). Often, students with one or more minoritized identities are first-generation students who can benefit from discussions of how to navigate academia, noting its inherent biases, unequal power structures, and hierarchy. Mentoring talented students with oppressed identities is critical to the social justice mission of diversifying the psychology workforce and shifting dominant-centered narratives.

The third author’s (LRM) approach to mentoring is developmental and student-centered with a multicultural lens. At the beginning of the mentoring relationship, no assumptions are made about what the student does and does not know about the journey on which they are about to embark. LRM shares her career journey and how it has been influenced by her identities. Much of this sharing is around her own marginalized identities. The intention is to begin a dialogue about cultural backgrounds/differences between mentor and mentee that will continue over the span of the student’s time in graduate school and beyond. Often what emerges is that the third author’s research is actually “me-search,” as she seeks to understand how experiences of discrimination may affect not only mental

and physical health, but also career development. Another important facet of mentoring is role modeling, using available opportunities to discuss important events (e.g., police shooting of Black people) to engage in discourse about what “we” can do to begin changing the systems in which we live so they are more equitable. Action steps may include involvement in certain groups (e.g., Black Lives Matter) or seeking leadership positions, where systems change can be implemented. Students who choose to engage in leadership positions have commented that the work can be rewarding and gives them insight into how change occurs at higher levels (e.g., the process is rarely linear).

Clinical Training and Supervision

We would be remiss not to speak about the importance of infusing social justice training into clinical training and supervision. Coursework and experiences with research are meant to prepare students for clinical practice by building a multicultural orientation (Davis et al., 2018). However, although trainees will likely embrace social justice ideals, they often struggle most with social justice action, thinking it must be large in scope rather than small changes in individual organizations that can have significant positive effects for clients. One way to encourage social justice action in supervision is to ask trainees about their opinions on the ways in which a particular agency can be improved, which may lead to discussion of organization-level changes and power differentials therein. It is then possible for the trainee to incorporate small changes that positively affect clients and articulate organizational inequities.

The third author (LRM) uses the ADDRESSING framework (Hays, 2016) to assist supervisees in conceptualizing their and their clients’ diverse identities and to facilitate a critical reflection of identities of power and privilege. Students are asked to begin by ADDRESSING themselves as a class activity (and may choose to share or not) and to practice the use of ADDRESSING a client. ADDRESSING is an acronym that stands for age, developmental/acquired disability, religion, ethnicity, sexual orientation, socioeconomic status, indigenious background, nationality, and gender (Hays, 2016). Hays posits that attention to these identities leads to a more complete understanding of the client and their experiences. Although the framework only provides a starting place for the exploration of cultural identities, Hays’ approach can be beneficial because it provides a simple reference point that supervisees can apply in their conceptualization of every client. Supervisees have noted that this approach helps them to consider clients’ experiences of oppression as influential to their presenting concerns. Further, understanding the identities in which supervisees and their clients hold more and/or less privilege is important not only for social justice counseling, but also to take action toward systemic change.

The first author’s (MMW) early experience in community mental health working alongside social workers allowed her to better integrate advocacy into clinical supervision practice. Through this early experience, Dr. Wilcox learned about community resources, how to assess post-acute care needs, interface with interdisciplinary agencies to connect clients directly with resources, and also leverage her professional position to facilitate the procurement of those resources (e.g., connecting a client to case management and assisting in the Medicaid application process). She found it striking to later hear from some of her own supervisors that this was “not the work of psychologists.” We can challenge these narratives in clinical supervision by working with trainees to develop this knowledge and these skills, and to foster an expectation that psychologists work with clients to connect them with resources and advocate with them or for them (which is to say, *intervene*; Lewis et al., 2003) at the microsystem level. This is the application of systems conceptualization and treatment planning.

We can also help students navigate power structures within the supervisory relationship. Often, supervisors are lacking in their own multicultural and social justice advocacy awareness, yet they are ethically required to ensure trainees possess these critical competencies (Bernard & Goodyear, 2019). Master’s-level trainees are often working in systems that serve clients in minoritized groups or those with chronic, severe conditions (e.g., inpatient hospitals, addictions treatment). These settings are clinically challenging, often overloading trainees with developmentally inappropriate levels of responsibility for clients. To the extent possible, it is critical that faculty assist students in navigating conversations about clients (or concerns such as caseload or agency practices) with their site supervisors. Students may have ideas about more socially just approaches to working with their clients or

within the system than their supervisors, but may be reluctant to address these topics in supervision. The tension between advocating for a client's (or trainee's) best interest and disagreeing with or "defying" a clinical supervisor's direction is anxiety-provoking for trainees based on the evaluative nature of supervision (Bernard & Goodyear, 2019). Faculty can role play or practice these challenging supervision conversations with students. Further, when faculty advocate with or on behalf of their trainees, they are also modeling systems-level interventions when they do so.

Relatedly, it is critical that faculty encourage students to advocate for themselves. Universities and training programs routinely make unilateral decisions affecting students without first consulting them. It is important that training programs are *willing to receive feedback about* and *take action to correct* unjust practices within their own domains. This requires intentional reflection and assessment. Ideally, programs should develop a mechanism for receiving feedback and a process of decision-making that shares power with students above and beyond established practices such as student program representatives. Faculty cannot expect students to hear feedback without being willing themselves to confront the inequitable systems of power that govern their own practices.

Conclusion

It is clear that social justice is important to counseling psychology. How do we move past philosophizing, however, to truly building a counseling psychology wherein social justice *action*, not just values, are the norm? It undoubtedly involves a process of constant critical reflection and self-evaluation. In this paper, we sought to identify some of the barriers to action, and provide both recommendations and examples across multiple areas of training that readers can adopt in their own practice as educators. We must adjust our expectations for systems-level education related to theory and practice to be commensurate with our expectations at the individual level. Much is written about the importance that social justice be infused throughout the curriculum rather than relegated to "special topic" status; however, this requires that we provide education on systems-level theories and interventions to the extent that we do for individuals.

Certainly, there are barriers to making such substantial changes to the curriculum as well as to infusing systems-level education and training into existing curricula. For example, it may be difficult to cover both individual-level and systems-level considerations within a single semester; yet, it is also difficult to add additional classes to an already burdensome curriculum. We argue, however, that thinking only in terms of "adding" (adding to the syllabus; adding to the curriculum) has been another barrier to progress in social justice education and training. Instead, we call on counseling and psychology to reconsider their overall approach to "multiculturalism" and social justice. For example, Grzanka (2020) noted that psychology is epistemologically pulled toward situating our analysis and conceptualization within the individual, to the detriment of systems and structural analysis. Grzanka highlighted Metz and Hansen's (2014) similar critique of medical education and training, as well as their Structural Competencies approach to recenter medicine on the structural rather than the individual. Such an approach is not *additive* but rather *transformative*, emphasizing the need to move away from over-centering pathology within the individual and, for our purposes, the intrapsychic. Whether within or across semesters, time is indeed limited; and, we are overdue to reallocate time to the systemic and the structural.

This also means that educators must ground themselves in such knowledge and skills. We must be open to critical feedback and be intentional in our ongoing growth, or we cannot expect counseling psychology training to move forward. Indeed, as was likely true for the generations before us, little explicit training was available to us on advocacy, activism, or developing a social justice theoretical orientation, much less providing such education and training to our own students. Instead, we sought out learning and mentorship in these areas so as to be able to foster a new generation of well-versed counselors and counseling psychologists. We believe it is incumbent upon all of us to develop these competencies; however, we also understand that this is difficult given the lack of easily-available, relevant education. Thus, we hope that the recommendations and examples provided herein are helpful not only in guiding faculty, supervisors, and students toward new practices, but also in identifying areas where

readers may benefit from bolstering their own knowledge. We have found that the more that we learn in these areas the better social justice advocates we are in all of the roles we occupy.

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Appendix A

Multicultural Teaching Media Resource List

Books

- Alexander, M. (2012). *The new jim crow: Mass incarceration in the age of colorblindness*. New York: The New Press.
- Coates, T. (2015). *Between the world and me*. Melbourne, Australia: Text Publishing.
- Coates, T. (2017). *We were eight years in power: An American tragedy*. New York: One World Publishing.
- DiAngelo, R. (2018). *White fragility: Why it's so hard for White people to talk about racism*. Boston: Beacon Press.
- Evans-Winters, V. (2019). *Black feminism in qualitative inquiry: A mosaic for writing our daughter's body*. Routledge.
- Hunter, D. (2015). *Building the movement to end the new jim crow: An organizing guide*. New York: The New Press. [organizing guide companion to Alexander, 2012]
- Kendi, I. X. (2016). *Stamped from the beginning: The definitive history of racist ideas in America*. New York: Nation Books.
- Kendi, I. X. (2019). *How to be an antiracist*. New York: One World Publishing.
- Lensmire, T. J. (2017). *White folks: Race and identity in rural America*. New York: Routledge.
- Oluo, I. (2018). *So you want to talk about race*. New York: Seal Press.
- Wise, T. (2011). *White like me: Reflections on race from a privileged son*. New York: Soft Skull.

Documentaries

Racism

- Last Chance for Eden Part I
- White Like Me
- 13th

Sexism & Toxic Masculinity

- Killing Us Softly 4
- Last Chance for Eden Part II
- Miss Representation
- The Mask You Live In

Gender Identity

- Trans

Sexual Orientation

- For the Bible Tells Me So

Social Class

- People Like Us: Social Class in America
- The One Percent

Immigration

- No Le Digas a Nadie (Don't Tell Anyone)

Shorter Videos with Links

Criminal Justice Reform

John Oliver Sequence on Criminal Justice System (Note: this is an HBO series, so you may need to screen for editing/content):

1. Mandatory minimums: <https://www.youtube.com/watch?v=pDVmldTurqk>
2. Prisoner Re-entry: <https://www.youtube.com/watch?v=gJtYRxH5G2k>
3. Municipal violations: <https://www.youtube.com/watch?v=0UjpmT5noto>
4. Public defenders: <https://www.youtube.com/watch?v=USkEzLuzmZ4>

5. Civil forfeiture: <https://www.youtube.com/watch?v=3kEpZWGgJks>
6. Bail: <https://www.youtube.com/watch?v=IS5mwymTIJU>
7. Police accountability: <https://www.youtube.com/watch?v=zaD84DTGULO>

Racism

1. The Unequal Opportunity Race: https://www.youtube.com/watch?v=vX_Vzl-r8NY
2. How Microaggressions are like Mosquito Bites:
<https://www.youtube.com/watch?v=hDd3bzA7450&t=37s>
3. Dr. Matt Miller's SPOKENproject:
<https://www.youtube.com/channel/UC9T2nlhsGHhPRc4oyeMkh9A/featured>

Social Class

1. Wealth Inequality in America: <https://www.youtube.com/watch?v=QPKKQnijnsM&t=2s>

Ableism

1. How Autism Freed Me to Be Myself:
<https://www.youtube.com/watch?v=jQ95xlZeHo8&list=WL&index=17&t=5s>
2. I Got 99 Problems... Palsy is Just One:
<https://www.youtube.com/watch?v=buRLc2eWGPQ&list=WL&index=19&t=7s>

Religion (Islamophobia):

Ageism

1. The Harmful Effects of Ageism:
<https://www.youtube.com/watch?v=dnp3T4Yzaws&list=WL&index=13&t=0s>
2. Let's End Ageism: <https://mail.google.com/mail/u/0/#search/religion+ted/KtbxLvHcNMtpggSCTVHgJtXSRMwqhVsV>

Websites and Podcasts

Seeing White (as featured on *Scene on Radio* podcast): <https://www.sceneonradio.org/seeing-white/>

On Being: Mahzarin Banaji - *The Mind is a Difference Seeking Machine*: <https://onbeing.org/programs/mahzarin-banaji-the-mind-is-a-difference-seeking-machine-aug2018/>

The Synapse: *For the Culturally Responsive Educator*: <https://medium.com/synapse/podcast-recommendations-for-the-culturally-responsive-educator-tax-day-edition-31d7fc316ac5>

Teaching Guides

Teaching the New Jim Crow (High School):

<https://www.tolerance.org/magazine/publications/teaching-the-new-jim-crow>

The Real Cost of Prison Project -

http://www.realcostofprisons.org/materials/riverside_new_jim_crow_study_guide.pdf

Society of Counseling Psychology Advocacy Toolkit

<https://www.div17.org/scp-connect/community-advocacy-a-psychologists-toolkit-for-state-and-local-advocacy/>

Appendix B
Weekly Journal Prompt
Melanie M. Wilcox, Ph.D., ABPP

Each week, you are to submit a journal (approximately 2 pages) that integrates your own personal experience of the video and the class discussion afterward with the readings of the week (and those prior if applicable). The readings should match the class content (e.g., social class and social class). The journals must demonstrate that you know and understand the content from the readings; that you understand the topic as discussed in class; demonstrate reflection and introspection on your own privilege, oppression, and how it shapes you as a person and a counselor; and integrate all of these.

Appendix C Advocacy Project Melanie M. Wilcox, Ph.D., ABPP

*This semester, we will build upon the theory and skills you are learning by engaging in an advocacy project. Advocacy comes in many forms and may be engaged in at multiple levels of systems. We will specifically target **policy** advocacy.*

On [date], the lecture in class will focus on political advocacy training similar to that provided by the American Psychological Association. We will focus on advocating for the preservation and strengthening of the Public Service Loan Forgiveness program. During class time, after learning about effective advocacy, we will begin to workshop the elements of successful advocacy specifically for our federal legislators (senators and members of the House of Representatives). In the meantime, [professor] will coordinate with [legislator's] office to attempt to schedule an in-person meeting. We will prepare as though we will be attending an in-person meeting (for those available to attend) with [legislator]; however, if a meeting is unable to be set, you will write a collaborative letter instead.

As we will discuss, as a class, you will need to (1) explain your “ask” (in this case, gaining their support for preserving and strengthening PSLF in any reauthorization of the Higher Education Act); (2) connect your issue to [legislator's] priorities; (3) connect personal and professional experiences (no identifiable client information) to your issue and the legislator's priorities through story; (4) provide research to support your position, sharing it in a succinct and digestible way; and (5) reiterate your ask (will you support the preservation and strengthening of PSLF in the reauthorization of the HEA?).

After our initial workshopping as a class, you will work collaboratively outside of class time to prepare for our in-person meeting (or letter writing) by:

- Doing background research on the issue
- Collecting relevant stories from your group and practicing them with each other
- Determining who will discuss (or write) which components and in which order during the meeting
- Compiling an agenda with notes to prepare for the meeting (or preparing the letter)
- Those who are unavailable to attend the in-person meeting will still be expected to assist their classmates with the preparation.

After we attend the in-person meeting, you will collaboratively write a “thank you” letter to [legislator], reiterating our ask and inviting them to contact us with any questions.

To receive a grade, as a class, you will submit at the conclusion of the project:

1. Your preparation notes
2. Your meeting agenda (or letter)
3. Your “thank you” letter (N/A if no meeting)

And, each individual must submit:

4. Your individual reflection journal
5. Your signature sheet signed by your peers confirming that you assisted with the class project

[Professor] is available to consult and support you through these steps at each stage, and will be with you at the meeting.

Appendix D

Social Justice Consultation Project

Katharine S. Shaffer, Ph.D.

Students will be working with the client, XXXX, a justice-focused apparel company that is expanding its mission.

Students will be placed in groups of approximately 6 students each. Once students receive their group assignments by the course instructor, the group will be responsible for coordinating a conference call Zoom meeting with the Founders of XXXX:

During this Zoom conference call, students will be required to gather information to help support the mission expansion of this organization in the form of a consultation project. Your aims are as follows:

- The call should be scheduled for no later than ____
- During the call:
 - Get a detailed history of the organization and its beliefs, values and mission
 - Understand the organization's ideas, objectives and plans for expansion
- After the call:
 - Help the client (the organization) devise strategies for meeting their objective(s), as described in the meeting
 - Your research work will begin here,
 - Once you have clearly detailed and identified all of the above, it is now time to turn to:
 - the scholarly literature
 - Research already completed
 - Experts
 - current community practice models
 - other resources (perhaps websites, podcasts, etc.)
 - The research portion of the project should take place between the time of your call (no later than ____) and approximately ____.
- After the research is completed
 - Work with your team to compile your data in a systematic way that represents your ideas clearly and concisely, using APA style citations
 - Assemble a powerpoint style presentation that outlines what you learned from the organization about who they are and what they want to achieve, and then provide recommendations for how to best meet those objectives based on your research.
 - Make sure to provide a reference list and save copies of your references that can be shared with the organization
- Your presentation is due for final presentation to the class (and due in your Assignments section) on ____ . You will also provide a copy of the powerpoint and all resources to the organization after your presentation.

A few notes:

The organization may decide to ask you to focus on a very small, targeted and specific objective, a few at a time, or a larger, bigger picture objective. Any of this is doable. The org. is aware that you have fewer than 7 weeks to complete this project. The organization may decide to ask each group to research the same topics, or they may ask for different topics from different groups. Work only within your own group to respond to your specific advocacy research task(s).

Once you and your team have met with the organization for the first meeting and then discussed your strategies for research afterward, you may find that a second meeting with the org, or a very detailed email exchange is helpful. This is not required, but it might be helpful to ensure the direction your team is taking for research and recommendations is useful to the organization. Please make sure to give the organization plenty of time to schedule a second meeting (do not wait until the last minute).

Appendix E

Social Justice Consultation Project Description

Candice N. Hargons, Ph.D.

This year's projects will be with Step by Step and Nerd Squad. We will be conducting a participatory organizational consultation project on the impact of the program on the children of Step by Step moms, starting at the grassroots by connecting with the moms who are involved, the executive director, and staff, potentially ending with a strongly established relationship with the organization, kids, mentors, moms, and a presentation for the community. You will investigate with parents using surveys, focus groups, and interviews for a better picture of what their lives are like. For example, many of the moms are transient, couch hopping for housing. The executive director would love for them to self-report how their children's behaviors are affected, and identify how our team can offer a social justice informed set of sustainable solutions.

With Nerd Squad's consultation, you will work with the founder/executive director, FCPS teachers, and squad (girls receiving STEM mentoring services) to co-create a plan for advancement and expansion. The director is interested in what FCPS teachers think is missing from STEM education.

A 15-30 minute PPT or other multimedia presentation is required (roughly 15-25 slides), and a complementary, well-designed executive report should be developed as a handout. Collaborating with the organizations to execute the project and present the findings is also part of the assignment. A complete trial run (in class) of your presentation before presentation day is required to ensure that it is high quality. This project will be guided by a specific consultation model selected by the group.

1. Using a Qual:quan mixed methods approach, examine the experience of young single moms and/or youth in Lexington, which will include your time spent with people in the programs.
2. Research from peer-reviewed articles and other relevant sources should inform your presentation.
3. Include recommendations informed by various stakeholders, including executive directors, parents, staff, youth, etc.
4. Highlight cultural and social justice considerations.
5. Provide an executive report with APA formatted references used for your presentation (no more than 25 pages).

Appendix F
Social Justice Project
Laura Reid Marks, Ph.D.

Students are expected to develop a social justice intervention in a community of their choice. Students may choose to develop an intervention individually or as a group with other students in the class. Students should carefully consider the community when planning the intervention. In other words, students should review the literature of their population of choice and reach out to stakeholders in that community and hold a meeting with them to discuss the intervention and solicit feedback. The intervention can only be finalized when stakeholders' feedback has been sufficiently integrated (as determined by all parties). This project should be a collaboration and not simply students going into a community without input from stakeholders. Students will deliver this intervention at some point this semester and present a summary of the intervention experience in class. This project will have three components:

1. Students will present in 10-15 minutes their planned intervention by incorporating a brief literature review of the population of interest and a need for an intervention, who the stakeholders are, theory/model guiding the intervention, implementation plan, evaluation, and potential strengths/weaknesses of the intervention. Students may opt to use a PPT presentation or handout. A copy of the PPT or handout should be submitted.
2. Students will deliver the intervention after collaborating with stakeholders and incorporating any suggested feedback. Interventions may occur at one time point or multiple time points throughout the semester.
3. Students will write a 8-10 page paper describing their final intervention. They will also present in 25-30 minutes their final intervention using a PPT presentation. Students should be sure to include a summary of the final intervention, challenges and barriers that they faced, and some form of evaluation of their intervention. In addition, a reflection of the experience should be included. Some questions to help guide this reflection are: What was easy? What was hard? What would you do differently? A copy of the PPT and paper should be submitted. For the paper, APA style 7th edition should be followed.

Footnote

Dr. Marks would like to acknowledge Dr. Ayşe Çiftçi whose social justice project assignment she reproduces with approval in her course. Dr. Çiftçi was Dr. Marks' major professor while she was a doctoral student at Purdue University. Dr. Çiftçi is currently a full professor and faculty head of Counseling and Counseling Psychology in the College of Integrative Sciences and Arts at Arizona State University.

A Training Program to Increase Collaboration Between Interpreters and Therapists in Psychotherapy with Resettled Refugees

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Abstract

Drawing from the framework of community-academic partnerships, we describe the development and implementation of a training module to increase collaboration between interpreters and therapists in interpreter-mediated psychotherapy with refugees. Beginning with community engagement with local agencies and leaders to identify barriers to accessing psychotherapy services in the resettled refugee populations, this project involved multiple layers of collaboration to include multiple perspectives. The program was funded by a local community foundation and was implemented in three phases. In the first phase, we identified key community partners and stakeholders with first-hand knowledge of the needs of refugee populations. Phase two involved a two-day workshop for student therapists from different disciplines and interpreters working in the field. Phase three included a follow up to re-assess challenges in the field and refine our training. The need to build early collaboration between therapists and interpreters was highlighted throughout the development and implementation of the project. We discuss the project's impact, challenges encountered, and implications of lessons learned in developing community-engaged partnerships for graduate programs as a way of promoting social justice in practitioner training.

Keywords: collaborative training, community-academic partnerships, interpreter-mediated therapy, therapy with resettled refugees

A Training Program to Increase Collaboration Between Interpreters and Therapists in Psychotherapy with Resettled Refugees

In this article we discuss the development and implementation of a community-engaged program to build collaboration between spoken language interpreters and graduate students in Family Therapy and Social Work assisting resettled refugees. Access to mental health care for resettled refugees is often limited by a number of factors including language barriers and inadequately trained clinicians in culturally responsive practices (Morris et al., 2009). This is especially problematic for refugee populations who have experienced complex traumatic experiences and would benefit from appropriate mental health care (George, 2010; Kirmayer et al., 2011). Though federal mandates require language assistance to be provided in health care settings, it is not always enforced or uniformly practiced (Chen et al., 2007; Clarke et al., 2019). Additionally, graduate students in mental health programs are not always trained in working with interpreters even though there is an increased likelihood of needing language assistance in clinical practice. As we re-think western models of mental health interventions for refugees (Borwick et al. 2013; Kira 2010; Murray et al. 2010; Nickerson et al. 2011; Watters 2001), developing ways to foster intentional collaboration between interpreters and mental health clinicians is vital to effective, culturally responsive practices.

Motivation for this project was initially based on our own clinical experiences, engagement with refugee community leaders, and advocates for language access in a resettlement city in the Northeastern United States. This city has historically resettled large numbers of refugee populations from predominantly conflict-ridden countries. Though services for transitions in resettlement exist, through our practice and scholarship we identified a major need for reducing barriers to mental health care, particularly, psychotherapeutic services. The first author was a faculty member and the second author was a doctoral candidate in a graduate family therapy training program at a private university in this city at the time of this project. Our scholarship is focused on developing community-engaged and family systems-based interventions for low-income refugee and immigrant communities. This project emerged in conjunction with other efforts to increase knowledge of mental health and access to psychotherapeutic services in resettled refugee communities. After a brief overview of existing literature, we describe the steps involved in developing and implementing our training project, challenges and rewards in each step, and conclude with a summary of lessons learned and implications.

Interpreter-mediated psychotherapy with refugee populations

Interpreters are professionally trained to translate a spoken language and serve as a bridge between those who do not share common languages (Paone & Malott, 2008). Interpreter-mediated therapy, or use of interpreters in psychotherapeutic services, can decrease linguistic and cultural barriers in working with those with Limited English Proficiency (LEP), especially when providers are not themselves proficient in client's spoken languages (Chang et al., 2020). While literature on use of professional interpreters in psychotherapy is limited (Mirza et al., 2017), research in psychiatric and medical settings has suggested that when trained interpreters were used, fewer mistakes in diagnosis and treatments occurred (Bauer & Algeria, 2010). Use of trained interpreters was also associated with increased quality of care and greater satisfaction among clinicians and patients (Flores, 2005). However, despite a federal mandate for providing interpreters, there is no uniform set of competencies guiding professional interpreters resulting in inconsistencies in practice (Mirza et al., 2017).

Recently, some attention has been directed to developing practice guidelines for working with interpreters in psychotherapy (Searight & Searight, 2009). Research studies using qualitative methods also have begun to provide perspectives of interpreters in the therapist-client-interpreter triad (Mirza et al., 2017). Practice guidelines for working with interpreters written for mental health settings by scholars and agencies in different countries appear to converge on general principles of clear and open communication between interpreter and therapist to discuss roles, boundaries, confidentiality, cultural exchange, and opportunities for de-briefing (Clarke et al, 2019; Paone & Malott, 2008; Searight & Searight, 2009).

Additionally, while most interpreters are trained to work in medical settings, unique factors of working in psychotherapeutic settings are not always incorporated in training programs (Hseih et al., 2013; Mirza et al., 2017). This setting is distinct from that of a medical setting due to the complex relational and emotional processes that take place in psychotherapy. For example, while it is common for an interpreter to interpret verbatim in a medical setting and for appointments to be short and often with different providers, psychotherapy is a longer-term process relying on the strength of the therapeutic relationship. This way of being may be different, or even uncomfortable for interpreters who are used to interpreting in a medical setting (Costa, 2017; Miller et al., 2005). That is, the intensity of emotions, use of therapeutic interventions such as silence or escalation of conflict, may be quite different from the interpreter's experience in a medical office.

Often, interpreters used for language access in the medical or mental health setting for refugee clients are unique in a variety of ways. These interpreters are frequently members of the refugee community themselves and have access to cultural knowledge that someone outside of the community may not. When utilizing interpreters with refugee populations, it is important to not only be attuned to language, but also specific dialect and cultural nuances. Not only are the interpreters "necessary and important" in the mental health therapy process in terms of language comprehension, but interpreters also play the unique role of "cultural brokers" (Gartley & Due, 2016). Specifically, interpreters, in their role as cultural brokers have insider knowledge about goings on in the local refugee community as well as firsthand cultural knowledge that the provider may or may not have access to. Gartley and Due referred to the interpreters as "a bridge between the mental health worker and their client" (p. 36). That is, interpreters may provide a sense of comfort or familiarity to the clients that can act as a catalyst to the therapeutic alliance.

Another unique aspect of language assistance with refugee populations is the fact that the interpreters may have experienced similar life events as the clients that they are interpreting for. Given this similarity, emotional reactions and potential re-traumatization in sessions may be experienced by interpreters (Mehus & Becher, 2016). However, some authors have suggested that the distress for the interpreters was usually short-term, and the benefits of a "cultural liaison" and someone who truly understands the client's lived experience outweighed potential difficulties in the triadic relationship (Miller et al., 2005). Thus, the risks of re-traumatization may be reduced with an intentional, supportive relationship and provision of supervision for both therapists and interpreters in this context.

Clearly, the effectiveness of interpreter-mediated therapy, especially with refugee populations, is predicated on the ability to develop a trusting, safe, and intentional collaboration in the triadic relationship of the therapist-interpreter-client (Becher & Weiling, 2015; Costa, 2017). However, to our knowledge, there are no known curricula in graduate mental health programs that train students to collaboratively work with interpreters. From a social justice perspective of providing mental health treatment, this gap in training is especially poignant in decreasing disparities in access to quality psychotherapy services. The training project presented in this article was conceptualized as a way of addressing this issue in our own graduate program as well as in interpreter training agencies in our region. Training students to engage with community collaborators and empowering them in advocacy work are essential components in a social justice-oriented curricula (Sanabria & DeLorenzi, 2019). When students learn to collaborate and "share power" with communities they serve, the role of a mental health professional expands as a co-learner and not just as an expert (Becher & Weiling, 2015; Goodman et al., 2004). Examples of incorporating service learning and experiential (e.g., Ali et al., 2008) and advocacy (e.g., Murray et al., 2010) training in counselor education, and immersion education programs in family therapy (e.g., Platt, 2012) provide some strategies. We based our program within the framework of community-academic partnerships (CAP), which are known to play a vital role in health promotion and increased utilization of health services (Wells et al., 2006; Brush et al., 2019). The framework of community-academic partnerships has been used extensively to build research and service-learning programs across disciplines with varying levels of collaboration (Drahota

et al., 2016). Given the potential to increase outreach, build trust, and enhance training, CAPs can be used as an effective strategy in decreasing health disparities (Brush et al., 2011).

Description of the training project

Background

As stated earlier, the training project was developed through continual efforts to enhance access to psychotherapy services in the resettled refugee communities located in a resettlement city in the northeastern part of the United States. While some formal programs and informal networks existed to support their resettlement, attention to mental health services in general was lacking. This deficiency in the refugee resettlement programs in the United States has been widely reported (Brown & Scribner 2014). Given that large numbers of refugees have experienced severe disruptions, traumatic events, and significant shifts in their families, there is a need to extend services beyond their initial months of resettlement to include culturally appropriate psychotherapy services (Miller & Rasmussen 2017). The first author began establishing connections with the refugee community as a result of a qualitative study examining family experiences of resettled Iraqi refugees (Gangamma, 2018). Drawing from findings, the author reached out to various local organizations to better understand needs and barriers to seeking treatment. Over the course of one year prior to beginning this project, the author attended meetings with board members of local community centers run by refugees, immigrant advocacy groups, and a local language advocacy group. What emerged during these meetings was that while there was a major need for mental health services, in general, barriers related to transport, lack of knowledge of services, and language access limited the options available. Additionally, it was apparent that the graduate training of students specifically in the field of family therapy did not include curricula that might build awareness of these issues. In an effort to bridge this gap, we initially created, through a Memorandum of Understanding between the university and community agencies, placements for graduate students in community centers to provide free family therapy services to the refugee communities. Our agreement with centers included access to their trained case workers to serve as interpreters in sessions. Our therapeutic work was not just limited to working with our clients, but also included de-briefing and explaining treatment decisions to our interpreters. This is in line with recommended practices for effective interpreter-mediated therapy (e.g., Searight & Searight, 2009). However, in conversations with our interpreters we learned that these practices were not widely used, if at all, in other mental health care agencies.

These insights provided the foundation for our outreach to interpreter agencies. The first author initially approached a well-known, long running local interpreter provider and training service to understand their approach to interpreting in psychotherapy settings. Over the course of several meetings with leaders, trainers, and interpreters in this agency, a theme of inadequate training for both therapists and interpreters to work together in psychotherapy settings emerged. However, a key insight was that for successful collaboration to occur in interpreter-mediated therapy, this collaboration had to start early on in graduate family therapy training programs. Thus, the first author and the interpreter agency agreed to collaborate to bring together their unique resources to develop a training module that could be implemented in our city.

With the assistance of our university research offices, we applied and received funding from a community foundation that offered grants specifically for projects that engaged local agencies to serve marginalized populations. The original training development module was proposed over three phases - Module development; Implementation of module; and Follow-up and modifications to module. The long-term goal of the project was to establish sustainable relationships with community partners to continue training therapists and interpreters in interpreter-mediated therapy with refugees.

Project development and implementation

Phase One

Phase one of the project was spread over six months of planning meetings with various stakeholders including refugee community leaders and advocates, interpreter trainers, interpreters who worked in medical

or psychiatric settings, two graduate students, and the first author. During this phase, we discussed and studied: a. Unique circumstances and needs of the resettled refugee populations; b. Existing literature on psychosocial therapy with resettled refugees; c. Experiences of interpreters working in medical, legal, and health settings; d. Ethical codes guiding family therapists and interpreters; and e. Special considerations in interpreter-mediated therapy. Materials included academic literature, interpreter training manuals, relevant training videos available online, and role-playing skills in meetings. Though led by the first author, the meeting agenda was discussed in groups and were modified as new themes emerged.

A major challenge for the team in phase one was encountered soon after we received funding. Due to unexpected and unforeseen circumstances, the leadership of the interpreter training agency changed, and we lost a key member who had played a vital role in the conceptualization of the project. However, the agency committed to continued collaboration with us. Over the six months of planning, there was a quick turnover of leaders and interpreters in the agency that collaborated with us. As a result, we did not have consistent members attending meetings, though there was some representation at all times. In these six months, the local office of the training agency also shut down with only one office remaining in another city in the region.

Noting these changes and recognizing the importance of maintaining collaborations with interpreters, we requested a revision to the original proposal to our funders to allow us more flexibility in including other interpreter agencies in the community. This revision was accepted, and we began to include other freelance interpreters who were serving the refugee community in the area. While these unexpected changes were difficult, the flexibility of our funders, the adaptability and persistence of our team opened up other opportunities for collaboration. For instance, our engagement with the freelance interpreters, who were also community advocates, provided more meaningful insights into mental health challenges facing their communities. This informed the content we chose for our training module in phase two.

Phase Two

Phase two included the actual implementation of the training module spread over two days in a workshop format. The aims and objectives of the training were determined by the team working in phase one. The overall aim of the workshop was to foster a collaborative relationship between interpreters and psychotherapists working with resettled refugees. The objectives covered areas of unique challenges of resettled refugees; cultural meanings of mental health and illness in refugee communities; roles of language interpreters and psychotherapists in mental health settings and their code of ethics; and developing skills for effective collaboration to provide culturally responsive psychotherapy. Advertisement and recruitment of psychotherapy students required assistance from the department and college administrative staff, while recruitment of interpreters occurred through our key informants in the community. A total of 25 participants including graduate students in departments of Marriage and Family Therapy (MFT) and Social Work, interpreters from local agencies, interpreter trainers, and partners from a local head start office attended.

The team invited speakers who had lived experiences of being either a refugee or an interpreter for resettled refugees and were able to discuss challenges regarding mental health and access to treatment. The authors and one instructor from the department of MFT whose expertise was in ethics in family therapy also led a few sessions. The first day was devoted to presentations, speaker panels with discussion of content areas, and time for networking. The second day focused on skill building sessions with participants divided into smaller groups to discuss specific case vignettes, culminating with role plays in the larger group. The workshop ended with a consolidation session and discussion on next steps with more time for networking among participants. Supported by funds from the grant, all participants received stationery, reading materials, and three meals with coffee breaks at the venue. The ability to provide for this made it possible for participants to stay in the premises for the duration of the workshop and build professional contacts with each other. Feedback forms were distributed to all participants in an effort to further refine our module. Participants noted the significance of this training with some remarking - *“The most important lesson from this workshop was the power of collaboration among therapist/interpreter and even with the*

client.” And “*I am looking forward to my next session with my client who uses an interpreter so I can better serve my client. I came excited to use these new approaches because I knew NOTHING prior to this.*”

Formal and informal feedback from the workshop highlighted the need for increased communication and collaboration between interpreters and psychotherapists. In addition, the team gathered several insights from our two-day interactions with participants. Salient among them were the following: The collaborative relationship between therapists and interpreters needed to occur early in their respective training programs. There was a need to communicate each of our roles, delineate how psychotherapy was different from a medical visit, and specifically discuss challenges arising in couple and family sessions. In addition to clinical supervision that therapists receive, there was a significant need to provide ongoing de-briefing sessions to interpreters to manage reactivity, vicarious trauma, and prevent burnout. More training for therapists to work with interpreters over phone or video calls was needed. And most importantly, efforts to creating institutional level support at mental health agencies by reaching out to clinical supervisors and administrators would be crucial to sustaining collaborations between therapists and interpreters.

Phase Three

These insights were additionally corroborated by participants in a follow-up session in phase three which occurred three months after the workshop. All attendees from the workshop were invited to participate, however, only six were present. Attendees noted that the skill building sessions at the workshop was most helpful and provided suggestions for finetuning the training module. Specifically, it was suggested that the training be converted to a continuing education (CE) program so that it could reach a wider audience of therapists and supervisors. Additionally, outreach to agency leaders and administrators was suggested in order to build institutional support for therapist-interpreter collaborations.

Project outcomes

Following the completion of the three phases, and based on feedback received, the first author applied and received an extension of the grant. We proposed to conduct another workshop incorporating some of the feedback received. However, due to COVID-19 related restrictions on in-person gatherings, we continued our collaboration remotely with community leaders including interpreters who were former refugees, and curriculum developers and trainers in interpreter agencies. These meetings provided another platform to assist interpreter training agencies to better incorporate curricula on unique considerations for interpreting psychotherapy and family therapy sessions. A condensed version of the training module has been incorporated into graduate level courses on migration and mental health and global mental health taught by the authors. Finally, the authors collaborated with one of the speakers to publish a chapter on ethical guidelines for working with interpreters in family therapy.

Summary and Conclusion

A salient factor in the development and implementation of this project was that multiple levels of collaboration was required at different stages. This involved openness and willingness to learn from each other as opposed to one assuming an expert role. As noted above, however, challenges emerged at each stage that tested the team’s adaptability and commitment. Successful completion of the project was also dependent on the funder’s responses to our requests for changes to navigate challenges. Support from the authors’ department and college was also crucial. For instance, the department provided an entire floor of classrooms for the two-day workshop which greatly helped in reducing costs associated with renting space. While the initial motivation was to develop resources to increase access to psychotherapy services for resettled refugees, lessons learned from this project have broader implications for social justice related training in academic programs, specifically in the field of family therapy that also can be adapted for other graduate mental health programs. The inclusion of graduate students in the development of the training module was important. As team members, students were in direct contact with refugee and interpreter communities that they would work with. This was instrumental in ensuring multiple perspectives were included – those of students who needed training, interpreters who were working in the field,

community leaders who essentially were our key informants, and of faculty who might incorporate the module into their curricula.

A significant challenge in community-academic partnerships is typically ensuring sustainability of the program (Brush et al., 2011). The team was cognizant of this challenge and addressed it early on as it was a requirement of the grant application. Developing a plan for sustainability at the start of the project and remaining flexible to changing contexts (especially during the COVID-19 pandemic) were important to ensure the collaboration did not end with the project.

There were several aspects of the collaborative relationship that our project did not address. For instance, while some authors (Becher & Weiling, 2015) have called for an intentional examination of power in the triadic relationship of therapist-interpreter-client, our training module did not specifically cover it. We noticed that the theme of power (or who is in charge in interpreter-mediated therapy) emerged several times during our planning and implementation. While we openly discussed the theme in our meetings, we did not devote time during our workshop to fully engage with it. Additionally, some of our attendees noted that our training may have reached a wider audience if we had included sign language interpreter agencies as well. This would be area for further consideration in future training programs. Finally, we conceptualized this as a service and training project rather than as a research investigation, which is commonly the goal in CAPs. While the emphasis on service provision enabled us to bring more collaborators into our work, we did not engage in a systematic study of the effectiveness of this approach. Several scholars have noted a need for more careful investigations into ingredients of effective interpreter-mediated therapy (Becher & Weiling, 2015; Hsieh et al., 2015). We echo this call and hope that our continued partnerships with communities will provide more opportunities for future research.

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Engaging Human Services and Behavioral Health Professionals in Youth-led, Adult-guided Social Action Initiatives

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Abstract

Professional and community leaders in Washington, D.C. have expressed the need for more capacity building and increased resources to address health inequities in the city's underserved African American communities. Inequities ("food deserts," community decay, and limited youth opportunities) require equity-informed approaches. Disparities (disproportionate substance use/behavioral health disorders) also require system-level approaches. In response, the Wards 7 and 8 DC Prevention Center (DCPC), a community-based nonprofit, collaborated with residents, community partners, and academic institutions to provide trainings and certifications to its team and community stakeholders.

Initially, DCPC staff members were trained through evidence-informed approaches including Certified Prevention Specialist (CPS) and Photovoice trainings. CPS training uses workshops and tools from the D.C. Department of Behavioral Health (DBH) to train staff to conduct assessments and build community partnerships. Photovoice provides a less intimidating process for vulnerable populations and professionals to collect data, identify social/environmental factors that impact health and well-being, share concerns, communicate with policymakers, and identify solutions to collectively address issues.

In turn, DCPC staff trained youth and human services professionals to conduct Photovoice assessments to highlight the misuse of opioids and the negative effects on their communities. Community stakeholders continue to request the assistance of CPS staff and training for themselves. CPS and Photovoice training demonstrated the potential value of these approaches for students and professionals in the human services fields for supporting equity-informed initiatives. We present lessons learned and best practices in how to apply this multi-component approach as an effective strategy for preparing youth, graduate students in human services, and psychology professionals to engage in social action.

Keywords: prevention, education, training, capacity building, advocacy

Engaging Human Services and Behavioral Health Professionals in Youth-led, Adult-guided Social Action Initiatives

Prevention begins with education and training among residents and professionals in various contexts. However, due to a lack of funding, transportation and education, many prevention trainings are rarely offered to those who seek them out or require training for work. This lack of resources is evident in Wards 7 and 8 in Washington, D.C., where we acknowledge the shortage of offerings such as the Certified Prevention Specialist (CPS) training and Photovoice training for youth advocates, residents, and professionals. In addition to the training shortages, these areas in Washington, D.C. experience other inequities such as a lack of resources like grocery stores (i.e., “food deserts”) and the unavailability of living-wage jobs (Health Equity Summary Report [HER], 2018). This has left many residents struggling to provide for their families and self-medicating with substances such as opioids. In response, the Wards 7 and 8 D.C. Prevention Center (DCPC) sought out resources to reduce these inequities through systems-level strategies such as prevention science-based collaborations, staff and resident trainings, and community-level capacity building.

The Wards 7 and 8 DCPC is one of four prevention centers operated in partnership with and funded by the D.C. Department of Behavioral Health (DBH) to reduce substance abuse and substance use disorders in D.C. The DCPC conducts its work based on three pillars: community education, community leadership, and community change. Under the direction of DBH in partnership with Bridging Resources in Communities (BRIC), Inc., the DCPC with its team of social workers, lawyers, psychologists, and public health specialists has served as an innovative public-private partnership hub for training among community stakeholders and professionals alike.

Five years ago, DCPC staff members, using the Strategic Prevention Framework model from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA; 2019), participated in CPS training and completed the certification exam to enhance prevention science-based partnerships in Wards 7 and 8 of D.C. In addition, DBH and DCPC understood that, as an initial step for systems-level change, the social action needed for such changes would require awareness training for the young people who were the beneficiaries of the services as well as professional youth advocates. Photovoice training was introduced several decades ago as an evidence-based strategy for action (Wang & Burris, 1997). However, many residents and professionals have not been offered the rigorous training to complete the steps for using Photovoice to advocate for systematic environmental strategies in substance use prevention (Wang & Burris, 1997). Relying on DBH funding and a train-the-trainer format (Hof et al., 2009), the DCPC implemented Photovoice training (Wang & Burris, 1997) as a youth-led, adult-guided strategy to complete an environmental scan of the problems in Wards 7 and 8, including D.C.’s opioid epidemic (Hof et al., 2009). To inform the human services field on the potential value of this dual strategy for systems-level change, we asked the question, *Can CPS and Photovoice training together increase community and youth awareness of opioid use in Wards 7 and 8 of D.C.?*

Background and Literature

In its efforts to increase prevention education and awareness training in Wards 7 and 8 of D.C., the DCPC has used the SPF public health model to conduct systematic prevention in an area consisting of families and individuals who have been underserved for decades. Many services and resources are not readily available leading to inequity in these communities in terms of limited funding, poor transportation, and the lack of living-wage jobs. Close to 50% of all D.C. youth live in Wards 7 and 8, and over 50% of the D.C. unemployment and underemployment rates are accounted for by Wards 7 and 8 (HER Report, 2018).

This lack of resources has led to decades of drug misuse and abuse in D.C. Areas in Wards 7 and 8 are known for the prevalence of older Black men heroin users, where medical staff and affordable access to prescription medications are scarce. According to the Washington, D.C. Office of the Chief Medical Examiner (DCOCME; 2022), the most prevalent drug identified was heroin based on illicit and prescription opioids data collected through toxicology testing from 2014 to 2020. However, beginning in 2017, the most prevalent drug identified

was fentanyl which has been gradually increasing each year. Approximately 76% of all fatal opioid overdoses occur among adults between the ages of 40 to 69 years old and deaths due to opioid use were most prevalent among people ages 50 to 59 who were Black men, living in Wards 7 and 8. Educating youth about the dangers of opioids and training them to advocate for policy changes to address the inequities that led to this epidemic in D.C. could potentially disrupt the cycle of deleterious circumstances that would render them the next generation of opioid abusers. This article seeks to share lessons learned and best practices from DCPC's implementation of training tools, such as CPS and Photovoice training, with other human services professionals working in substance use prevention to reduce these trends.

Prevention Certification among Professionals

Prevention among professionals has been increasing since the earlier part of the millennium. Crozier and Gressard (2005) completed a study to examine prevention certification among professionals in education as opposed to counselors. There were about half as many education professionals completing prevention certification compared to counselors. Furthermore, it is critical to note that at the time of the study, there were limited options available for certifications outside of workshops and conferences.

One of the more recent options is CPS training, which is a credential for professionals who facilitate and promote growth in self, specific populations (i.e., groups at risk for developing substance use issues), and the community at large. This training and certification use specific knowledge and skills to design, implement, and evaluate programs aimed at precluding or reducing problems caused by using substances. CPS certification is achieved through passing the International Certification and Reciprocity Consortium (IC&RC) Prevention Specialist Examination. The IC&RC examination is the first to test knowledge and skills about the provision of prevention services on an international level. The exam has been developed by IC&RC through the cooperation of its Member Boards and their strong desire to have an exam that is based on current practices in the field. The examination includes items for demonstrating competencies on tasks, knowledge, and skills needed for substance use prevention job performance.

Best Practices in Communities: CPS Credentialing

Credentialing through the IC&RC was created to facilitate standardized practices across the United States. Standardized practices would include ethics and competencies in substance use prevention. Using interviews, surveys, observations, and group discussions, IC&RC works with Subject Matter Experts (SMEs) in the field to delineate critical job components (Mather, 2014). The knowledge and skill base for the questions in the examination were derived from the actual provision of services in the field (see www.internationalcredentialing.org for more information).

Photovoice Training

The second suggested training for our multi-tiered approach, with CPS as the base, was Photovoice. Photovoice is a method used in community-based research directed toward advocacy for social change (Wang & Burris, 1997). It is an empowering and flexible process that combines photography with grassroots social action and is commonly used in the fields of community development, international development, public health, and education. Professionals use Photovoice to create projects with illustrative photographs with captions strategically placed at the bottom of each photo to initiate problem-solving in affected communities (Wang & Burris, 1997). However, since the time the strategy was introduced by Wang and Burris (1997), many professionals have been modifying and overlooking the rigor of Photovoice by leaving out the systematic participation of community members and neglecting the action necessary to include in the photo captions.

According to Liebenberg (2018), Photovoice requires a community-based participatory action research (PAR) method. PAR ensures residents have a voice in raising community problems and needed resources to promote social and political change (Liebenberg, 2018). PAR promotes awareness to policy makers and other

stakeholders with systematic steps for real outcomes. In addition, participation of professionals and community members can reveal concerns that may not have otherwise been communicated.

One of the first examples of Photovoice was evident in Wang and Burris' (1997) article on methodology. The researchers collaborated with women living in rural farming communities of Yunnan, a province in China. The women were empowered to collect information about the social and public health conditions using photos they had taken themselves. The Photovoice strategy built capacity to advocate for women workers' rights and offered a less intimidating process for the women of Yunnan to gather information to present to their community leaders and employers.

Youth-led, Adult-guided Photovoice

Photovoice may be a less intimidating training for youth to carry out a substance prevention initiative as well. Rarely are youth involved in data-driven social action in the United States due to the ethics and extensive work involved in collecting data, particularly qualitative data (Liebenberg, 2018). Liebenberg (2017) explained the need for youth advocates in the collection and dissemination of results using Photovoice. Guidance from mentors or trainers can increase youth's ability to use their voices with clear instructions on how to complete the work. As a result, not only will the voice of youth bring relevant information to the community, Photovoice also can be used to enlist support from youth advocates who can relate to a population most affected by the problem (Liebenberg et al., 2020).

Social Justice and Equity in Prevention Training

Youth advocates and professionals in human services can learn more about social justice and community needs from prevention training (Ali et al., 2008). Psychologists and professionals in other human services fields can engage in many projects such as social advocacy and peer education to promote equity in communities (Ali et al., 2008). Ali and colleagues (2008) suggested that a social justice project should include training and partnerships for community action. This is similar to the goal of a Photovoice project. Participation in social action is a requirement for the consummate professional in the human services field including counseling.

Social action and advocacy can increase capacity, skills, and awareness in areas that have specific problems. Hof and colleagues' (2009) T.R.A.I.N.E.R. model provides growth and confidence in being able to utilize advocacy skills for those professional counselors and youth advocates who participate in social action projects such as Photovoice (Green et al., 2008). Although young people may not initially understand the need for training in advocacy skills, once they receive such training, their newly acquired social action skills usually lead to young people's increased participation in advocacy efforts in underserved communities. It also leads to their increased awareness of the value of social justice and public policy initiatives (Edwards et al., 2017; Murray et al., 2010). Youth advocates as well as students and professionals in human services fields such as counseling can overcome challenges to participation in social justice and public policy efforts by completing trainings and working with members of the community using strategies such as Photovoice.

We selected these two evidence-based trainings, CPS and Photovoice, to work with community members of the Wards 7 and 8 D.C. area on opioids prevention. In this article, we outline two trainings selected to increase community awareness among human services professionals, students, and community stakeholders. These participants worked for DCPC and/or lived in the surrounding communities in which a youth project to help reduce opioid use in D.C. was located. We explored whether human services professionals, students, and community members would obtain more knowledge on opioid problems in underserved communities and gain more practice in substance prevention after the CPS training and the Photovoice training. Processes for both trainings are described below.

Methods

Community Prevention Specialist (CPS) Training

Participants

Three DCPC staff members completed the CPS training and examination. Ages ranged from 35 to 60 years old. These staff members identified as Black.

Each staff member had to have a minimum of a bachelor's degree verified with official transcripts sent directly from the college/university to the IC&RC Board office. Experience required for the training and examination included two years of full-time employment or 4,000 hours of part-time employment in a wide range of settings including schools, workplaces, health care centers, behavioral health programs, community-based organizations, and prevention coalitions; supervision for 120 hours with a minimum of 10 hours in each of six IC&RC exam's domains (Planning & Evaluation; Prevention Education & Service Delivery; Communication; Community Organization; Public Policy & Environmental Change; and Professional Growth & Responsibility); and/or 120 total hours of education relevant to the field of prevention. Twenty-four of the hours in education or teaching must have been related to Alcohol, Tobacco, and Other Drugs (ATOD). Six of the hours were required in professional ethics and responsibilities that are specific to prevention.

CPS Certification Training

The three staff members who obtained their CPS certifications were tasked with creating logic models and action plans based on the Strategic Prevention Framework (SPF). Logic models are graphic displays of a program's resources, activities, actions taken, and outcomes. Action Plans included proposed work plans with actions needed, persons responsible, and timelines. The SPF model is a nationally recognized five-step, data-driven public health planning model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) allowing prevention specialists working with community stakeholders to assess local needs.

The seven methods of the SPF model that can bring about community change have been adopted as a useful framework by Community Anti-Drug Coalitions of America's (CADCA; no date) Training Institute. Each of these methods represents a key element to build and maintain a healthy community. In the planning process, all seven methods are utilized to be as comprehensive as possible to achieve population-level change. When focusing on implementation of environmental methods, staff need to consider the types of information, skill-building, and support activities necessary to move interventions forward.

The first three methods—provide information, enhance skills, and provide support—assist in educating the public, raising awareness, and helping individuals make healthy choices. The other four methods (enhancing access/reducing barriers, changing consequences, changing physical design/environment, modifying/changing/developing policies) are environmental in nature; and, when utilized in a multi-strategy plan, can form the basis of a comprehensive approach along with the first three methods. Specific documents were developed to assess whether CPS certified staff completed their logic models and action plans; and the extent to which these logic models and action plans represented a comprehensive approach to substance prevention in the community.

Procedures

In 2015, DBH, consistent with its internal initiative to better support the credibility and development of a sustainable drug use prevention specialist workforce in D.C., formed a partnership with the Pennsylvania Certification Board (PCB), which offered the CPS examination twice at DBH for DBH staff and staff of all DC Prevention Centers. With assistance from CADCA, PCB developed a comprehensive exam preparation training that covered the six domains. Certification was dependent on criteria outlined by the state board requirements.

The certification process included a requirement that at least one logic model would have to be created and completed by a group of young people ages 12 to 17 years old under the guidance of the CPSs. However, this task could be delegated to other staff members with the guidance of the CPSs; therefore, the CPSs appointed and trained a part-time psychology professional and part-time graduate students in human services to create this

Youth Corp. The Youth Corp, which we call the Youth Prevention Leadership Corp (YPLC), was selected based on their integrity and passion for educating others about substance prevention and creating community change.

Photovoice

Participants

Trainees included three staff members (one psychologist and two graduate students in public health) from the DCPC and four members of the YPLC. The complete staff consisted of two graduate students in public health, one psychology faculty member, one lawyer, and two social workers who either lived or worked in Wards 7 and 8. Ages ranged from 20 to 70 years old. The YPLC consisted of four high school students between the ages of 14 and 17 years old from Wards 7 and 8. There were two boys and two girls. All the staff members and youth identified as Black.

Photovoice Training

As mentioned earlier, the goal of Photovoice is to produce photographs with captions that tell stories about the assets or needs related to a community problem (Wang & Burris, 1997). For DCPC, the focus was on substance prevention, specifically, prevention of opioid use. The SHOWeD method, which is based on discussion questions for each capital letter of the acronym listed below, is used in Photovoice to generate the captioned photographs that are to be used later in advocacy activities (Wang & Burris, 1997). The SHOWeD discussion questions are mentioned below:

1. S - What do you see here? In this step, participants describe what the need (risk factor) or asset (protective factor) is that was captured in the photograph.
2. H - What is really **h**appening here? Participants describe their impression of what is being reflected in the photo.
3. O - How does this relate to **o**ur lives? Participants relate what is captured to issues in the community at large.
4. W - **W**hy does this concern, situation, or strength exist? Participants offer suggestions to explain what was captured and the reason why it is.
5. e - How can we become **e**mpowered through our new understanding? Participants apply learnings to how they might contribute to address the situation.
6. D - What can we **do**? Participants generate possible solutions to reduce or eliminate the problem captured in the photograph.

SHOWeD was used in both Photovoice training sessions (i.e., the Train-the-Trainers and Youth Advocate Trainings) that were offered.

For the DCPC, these solutions were aimed at system-level changes (i.e., changes in policies, laws, or the built environment that can address the problem). The products yielded by the Photovoice sessions were a set of captioned photographs that could be used to advocate for environmental, policy, or other system-level changes.

Procedures

The DCPC/CPS team formed the YPLC to engage youth as peer-educators/advocates for environmental and policy changes starting in 2016. Youth were trained to develop pamphlets to provide information to community partners at community events. The pamphlets were the primary focus for a capacity building effort for which the youth developed a logic model and action plan. In 2019, after training provided to the youth by the adult staff members, a Photovoice project was implemented utilizing a qualitative, PAR method as the youth's primary engagement approach.

The Photovoice train-the-trainer session in 2019 focused on how to apply the method in youth-led, adult-guided advocacy efforts. DCPC staff participated in a one-day Photovoice Training. An evaluator and professional photographer from a nearby public health research firm facilitated the train-the-trainer session. Training on the details and clarity of photography were among the rigorous guidelines needed for Photovoice. Direction and

clarity of photos, for example, were needed to assist in interpretation of the pictures (Liebenberg, 2018). The ethics of photography and obtaining release statements for those who may appear in the pictures were also needed in Photovoice. The training was delivered in two four-hour sessions—the first session was the train-the-trainer training for staff and the second session was delivered by DCPC staff to train the YPLC. The evaluator provided DCPC staff with a background and overview of Photovoice methodology and guidelines on photographic techniques. The professional photographer instructed staff on different angles from which to take photos as well as the use of lighting. After instruction on taking pictures, the staff were trained in the SHOWeD method (Wang and Burris, 1997) described above; and they practiced creating captioned photographs using a sample of photos from a previous Photovoice project.

The following week, staff members were able to conduct an additional 3-day training for YPLC members. The process involved four sessions, including: 1) a training on the Introduction to Photovoice, how to take good photos using appropriate angles, and identification of a prevention theme to guide the photo-taking; 2) action-oriented (indoor or outdoor) sessions to take photos of the community's assets and deficits that show the extent of the problem in focus; 3) a discussion of the photos to apply captions on what participants believed the photos reflected about their community's assets and deficits; and 4) an exhibit and presentation to policy makers and other community members highlighting each photo and its meaning for needed social action (see Figure 1). Topics for the project/event included the accessibility of prescription drugs, lack of access to emergency rooms or services, and real people affected by opioid use.

Figure 1. Pictures of YPLC members in Photovoice training.



Note: The photo on the left depicts a CPS staff member training the YPLC members; and the photo on the right depicts a flip chart with one of the themes that emerged from youth during the Photovoice discussions. The text on the chart reads, “Overdose on Knowledge, not Opioids.”

After the project and event were completed, an evaluator conducted a few interviews with trainers, youth, and community stakeholders (see Table 1). Interviews were completed over the phone and lasted less than an hour. Responses were shared in a report for the Wards 7 and 8 DCPC and are provided in the Results Section to follow.

Results

CPS Training. Since implementing the CPS Training, Wards 7 and 8 DCPC staff members and other professionals have planned and executed multiple logic models and action plans with over 40 different community partners. This has consisted of education at youth events, campaigns for substance prevention, and collaborations with other organizations. Community stakeholders also have requested consultations from the DCPC staff due to certifications staff members maintain and the requirement to renew the certification every year. There are many stakeholders in Wards 7 & 8 who continue to ask about further training and opportunities to take a course. Many have consulted the staff about websites to review the information about the trainings. Community members trust

the DCPC with assisting in the promotion and completion of community events. Testimonies of the DCPS's work have been included in the local community newspaper and other news outlets. Furthermore, the requirement for yearly CPS certification renewal provides the opportunity for informal networking among professionals. For example, professionals can consult each other when seeking out information about the availability of upcoming Continuing Education Unit (CEU) workshops that will fulfill certain requirements. They also can share resources with other clinicians and human services professionals.

Photovoice Training. As a result of the CPSs' knowledge and guidance along with Photovoice training by part-time staff, the YPLC completed a Photovoice project entitled, "Overdose on Knowledge, not Opioids." The YPLC spent time creating a logic model and action plan for this Photovoice project with the guidance of staff members and other professionals trained in Photovoice. Youth took 60 pictures from which they selected 10 photos to apply the SHOWeD method and captions (see Figure 2). These photos later were presented by youth in an exhibit to advocate for systems-level changes. The photos were enlarged and reproduced on 16" x 12" canvas for the exhibit. The exhibit took place along with a video presentation, "More Harmful than You Think," and panel discussion at a local restaurant in one of the communities of Ward 8 in D.C.

Figure 2. Sample Photovoice canvases on exhibit at the community event.



Parents: Learn what's in your cabinet; codeine and promethazine can be used to make Lean.



Dispose of needles properly. Poor disposal can harm other people.



Hold on to your lighters at the park. You could save a child's life from careless fires.

Post-Photovoice Showcase interviews. As noted earlier, the captioned photos from the Photovoice project were showcased in exhibits at multiple events in D.C. Feedback from the interviews conducted with DCPC staff post-exhibit suggested that the adults understood the value of Photovoice and were able to articulate that the Photovoice training for youth had its intended positive effect on increasing opioid abuse awareness. For example, the aim of the Wards 7 and 8 DCPC Photovoice project, according to one of the interviewees trained to guide the project, was to "spread awareness of the harmful effects that opioids are causing in Wards 7 and 8 and start a dialogue about changes and answers to solve the problem." This interviewee continued with observations about the effects of the Photovoice experience on positive youth engagement, stating, "After the video and panel discussion, youth seemed engaged with attendees about the meaning of the photos and next steps to social action. In addition to fostering a call to action among the attendees, the Photovoice process and exhibit seemed to have favorable effects for youth. Youth seemed to feel empowered, and they learned about their own personal abilities to be creative (take documentary photos), converse (speaking to community officials and the public), and lead change in their communities." The interviews also suggested that the Photovoice project had the intended positive effects on increasing community awareness (see Table 1).

Table 1. Qualitative Summary from Trainees and Stakeholders after Photovoice Showcase

Respondents: Photovoice Professional Trainees/Youth Trainees	
<u>Questions:</u>	<u>Consensus of Responses:</u>
1. How is this beneficial for professionals?	“...to spread awareness of the harmful effects that opioids are causing in Wards 7 and 8 and start a dialogue about changes and answers to solve the problem.” “[the Photovoice project] stimulated discussions for some attendees about partnerships”
2. How is this beneficial for the community?	“Individual community members indicated that the exhibit raised concerns of which they were not aware...most were seeking guidance and help to make changes in the community and asking questions about where to find resources.” “...positive effects on the youth (improved self-efficacy, increased verbal communication skills, improved social competency); their parents (knowledge of how the epidemic is fueled by what they do in their homes—need to monitor medications to which youth might have access); and the community at-large (increased awareness of the issues and receptivity to improving the conditions)”
Respondents: Community Stakeholders	
<u>Questions:</u>	<u>Consensus of Responses:</u>
1. Describe your reaction to the Photovoice project at the Busboys and Poets event in September 2019?	“I thought the photos captured the essence of youth understanding of opioid use in their communities. I believe it was timely and factual. I thought they did a wonderful job.”
2. Do you think the pictures and captions had a community impact? Why or Why not?	“I believe they did. Especially the photos that indicated an uncommon way of gaining access to harmful opioids, photos of medicine cabinets and the syringes on the ground harming others. I was impressed with the images and what youth felt was important to know in the images they captured. They were very thoughtful and thought provoking.”
3. Explain why you think professionals and community members should participate in Photovoice training based on what you viewed at the Busboys and Poets event in September 2019?	“I believe Photovoice training helps to zoom in on a particular aspect of substance use and put it into context of its impact and importance to those around them. Sometimes just the image itself matters.”

Discussion

Summary of Results

The DCPC utilized a multi-tiered, systems change approach using the CPS and Photovoice trainings to educate students and other professionals in human services, who then trained peers and youth in their communities for equity-informed, collaborative social action efforts to reduce opioid use in Wards 7 and 8 of D.C. DCPC staff and youth were primarily African American and had community connections. The trainings enhanced their preparedness for equity-informed collaborations and systems change; and provided skills building in culturally appropriate communications, youth/community engagement, and capacity-building in limited-resource communities as stated in previous literature (Liebenberg, 2018; Wang & Burris, 1997).

Community Prevention Specialist Training

The environmental strategies approach “recognizes that risks associated with substance use are, in part, a function of the interplay between the environments where an individual uses and the substances he/she uses” (CADCA, no date, p. 1). In this environmental strategy approach, place mattered. This project supports the

assumption that the ability to shape individuals' thoughts by structuring what is expected or permitted in specific environments through Photovoice can increase community and youth awareness of drug use. Similar results were found by Miller and Mather (2010). Training CPSs to employ environmental strategies in their work with youth substance prevention had many benefits for the Wards 7 and 8 communities.

One benefit is that the increased number of CPSs in the communities can create greater credibility and sustainability of the human services workforce that has a command of shared, internationally recognized, evidence-based prevention strategies. Having CPS professionals with these competencies can improve the communities being served because these professionals increase the likelihood of success in preventing opioid abuse by using proven standardized processes that are tailored to effectively address local conditions. The CPS certification rooted in the environmental strategies approach was also data-driven. The certification was based upon local data, community-level needs assessments, and active participation of community-level adult and youth stakeholders in data collection. Consequently, the DCPC has received several requests about training additional CPSs from our longstanding community key leaders who have been partnering with DCPC. However, because of the lack of an available systematic training process and the lack of a local exam testing option, we have not been able to fulfill these requests.

Youth-led, Adult-guided Photovoice Training

The youth in our project used their increased capacity in social action during the Photovoice training, and this training resulted in positive outcomes for their peers, family, and community stakeholders. Trainers reported positive effects of the Photovoice training on the youth (improved self-efficacy, increased verbal communication skills, improved social competency), their parents (knowledge of how the epidemic is fueled by what they do in their homes—need to monitor medications to which youth might have access), and the community at large (increased awareness of the issues and receptivity to improving the conditions that could prevent opioid use).

Moreover, the exhibit that resulted from this project stimulated discussions among attendees about potential partnerships with the DCPC to address opioid use and abuse. These partnership discussions focused on leveraging or sharing resources to address the issues, including stated interest from community partners such as the Community Development Center, the citywide D.C. YPLC, and a Community Center located in one of the Wards. It is expected that these collaborations could assist in decreasing the inequities in the Wards by offering CPS training opportunities to additional professionals and students in other human services fields; and having these individuals train youth residents on the use of Photovoice in social action projects.

Future Direction and Implications

There is a need for further CPS training and Photovoice train-the-trainer programs to increase the number of professionals and students in the pipeline in prevention who can conduct processes such as Photovoice for social action. Strategies for prevention are not as well known to graduate students and other service professionals in substance prevention. The expansion of the IC&RC into D.C. may assist in certifying more prevention specialists. A first step for the collaborations just mentioned might be to advocate for this expansion.

Prevention is the first response to problems of substance use and abuse. However, the opioid problem in Wards 7 and 8 is occurring amid the larger opioids epidemic in the United States. With respect to the opioids epidemic, DCPC recognizes that some users often get to the point of overdosing on opioids, primarily heroin in the D.C. area. In these cases, we must also provide access to lifesaving treatments such as naloxone. The swift administration of naloxone has been known to save many lives (NIDA, 2017). Thus, many prevention specialists are also seeking out and completing other trainings, such as Narcan Training. However, like prevention trainings, for trainings related to treatment availability and accessibility are also scarce. Additionally, there is a need for more education on the subject of opioid addiction and those involved in the lives of those opioid addicts (Kelly et al., 2017). Black men are increasingly dying from this epidemic, and we need more professionals trained to provide

culturally-responsive education and reasonable solutions to the gendered nature of the problem (Mason et al., 2022).

Moreover, prevention efforts are being implemented amid the COVID-19 pandemic and other social action/social justice movements in the United States. To that end, DCPC is working with partners to complement CPS and Photovoice trainings with best practices in remote/virtual learning and programming. Once an adequate training process is in place, a larger number of human services professionals and graduate students could participate in virtual CPS trainings. Virtual trainings avoid the need for finding convenient locations, eliminate the need to travel in CPS trainers from other states, and provides the opportunity to stretch resources to offer multiple times for trainings so as not to conflict with professionals' and students' course and work demands. The place-based nature of Photovoice coupled with virtual trainings offers exceptional opportunities to keep youth engaged during closings due to the COVID-19 pandemic. Once trained in the photographic and ethical aspects of Photovoice, youth can take photos anywhere they are not restricted through virtual meetings in the SHOWeD methods. Exhibits can then be held virtually and perhaps attract a wider audience than the in-person exhibit format. DCPC is exploring all options as these trainings move forward.

Limitations

The Wards 7 and 8 DCPC understands that some of the inequities documented are specific to the communities served. Wards 7 and 8 of D.C. include areas that are disproportionately impoverished and disadvantaged (e.g., in terms of food disparities, lack of transportation, and lack of living-wage jobs) compared to other areas of D.C. Although these lessons learned and best practices cannot be generalized, the problems in these Wards are similar to so many other areas around the United States, including those in which social injustices abound and COVID-19 is disproportionately affecting residents.

Due to the unavailability of CPS and Photovoice trainings in Wards 7 and 8 of D.C., the pool of human services professionals and graduate students for this project was limited, raising questions about the external validity of the results. Interviews were conducted with the adult and youth trainees who participated, however, to gather input on how to increase the awareness of, need for, and rigor of the community-friendly trainings described in this article. It is our hope that a larger number of professionals and students will engage in these trainings to promote more social action and justice, and that academic institutions as well as local and state governments will provide the needed resources to increase the availability of such trainings.

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The Anti-Racism Behavioral Inventory: A Validation Study

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Abstract

The current study extends the initial creation and validation of the Anti-Racism Behavioral Inventory (ARBI; Pieterse, Utsey & Miller, 2016), a measure designed to assess anti-racism awareness and behavior among Whites Americans. Given that the original measure was developed with a sample of graduate students in counseling psychology, the current study extends validation to a sample of White individuals who identify as anti-racism activists (N=153). Findings support the original bifactor factor model of the Anti-Racism Behavioral inventory (one general anti-racism behavior factor and three domain-specific factors: individual advocacy, awareness of racism, and institutional advocacy). Additional evidence for validity was supported through negative associations with measures of the color-blind racial attitudes, as well as positive associations with scores on the White Privilege Awareness Inventory. Implications of the findings for training and future research are discussed.

Keywords: anti-racism, advocacy, measurement, social justice

The Anti-Racism Behavioral Inventory: A Validation Study

Racism, the system of racial hierarchy that privileges and oppresses groups based on racial group membership, is rooted in unequal allocation of power (Kivel, 2017) and can be understood as a race-based system of hierarchy that privileges Whites and disadvantages people of Color within the United States of America (US) (Feagin & Doucey, 2018). The system of racial oppression in the US results in the unequal distribution of resources and opportunities that benefits Whites and marginalizes people of Color (Marger, 2014) and is noted to be an enduring phenomenon with American society (Roberts & Rizzo, 2021). Racism, although often only thought of as occurring at the individual level, is a multi-level system that exists at individual, institutional, and cultural levels: On an individual level, racism is reflected in racial prejudice and discrimination toward people of Color (e.g., racial microaggressions and racially motivated violence; Jones, 1997; Miller & Garra, 2017); on an institutional level, racism consists of racial bias within agencies (e.g., the overrepresentation of Whites in positions of power); and on a cultural level, it is the practice of treating the cultures of persons of Color as inferior by both individuals and institutions (e.g., standards of beauty favoring White phenotypes and the United States' history of colonization; Jones, 1997; Bailey et al., 2017;). This system of racial oppression in the United States is deeply rooted in the country's history of White domination that characterizes the country's current practices (i.e., Native American genocide, kidnapping and enslavement of Africans, European standards of beauty, White domination of the media, etc., Feagin & Doucey, 2017).

The harmful impact of racism on its targets is well-documented: Experiences of racism are associated with poorer physical and general health (Paradies et al., 2015; Carter et al., 2019) and negative self-evaluation (Gale et al., 2020). Experiences of racism are also associated with negative mental health outcomes such as depression and anxiety (Nadal, et al., 2014), psychological distress (Pieterse et al., 2012), and trauma-like symptomology (Kirkinis et al., 2021).

Anti-Racism Identity & Behavior

In recent years, the COVID-19 pandemic and high-profile incidents of race-related police brutality such as the 2020 killing of George Floyd, has brought increasing attention to the social impact of racist structures, and has led to renewed calls for all sectors of US society to respond to the phenomenon of systemic or institutionalized racism (Milner et al., 2020; Krieger, 2020). However, in order to effectively address and confront racial oppression, a stance of anti-racism is necessary (Basham, 2004). *Anti-racism* refers to a value that seeks to “counter racism as a system of privilege, inequality, and oppression based on perceived categorical differences” (Basham, 2004, p. 292). Additionally, anti-racism is thought to reflect “forms of thought and/or practice that seek to confront, eradicate, and/or ameliorate racism” (Bonnett, 2000, p. 4). Tatum (2017) compares anti-racist behavior to running in the opposite direction on a conveyor belt which means that those walking in the direction of belt flow, or standing still are complicit in the system of racism. That is, deliberate, active anti-racism action (i.e., moving in the opposite direction of the belt) requires effort and energy necessary to challenge the status quo that maintains racism. At present the literature provides some conceptual models for understanding anti-racism activism which informed the theoretical frame of the Anti-Racism Behavioral Inventory (Pieterse et al, 2016).

Anti-racism identity development

Derman-Sparks and Phillips in 1997 introduced a model of anti-racism identity development that included four phases: (1) an informational introduction to racism and initial exploration of the “social meaning of one's personal experiences” in the context of racism; (2) realization of the contradiction between American values and unequal treatment based on race; (3) the provocation of “cognitive and emotional disequilibrium”; and (4) development of belief in the efficacy of anti-racist action and implement strategies for activism (Derman-Sparks & Phillips, 1997, p. 40-66). Shortly thereafter, D'Andrea and Daniels (1999) provided a model to understand the development of anti-racism development specific to Whites characterized by five phases: (1) simplistic, stereotyped, and “illogical” thinking patterns about race; (2) dichotomous thinking on race relations and conflict;

(3) complexity in understanding human rights that can still create disproportional valuation of White values; (4) historically situated understanding of racism; and (5) excitement and cynicism about dismantling racism. Together, these models provide a foundation for understanding the mechanisms by which anti-racism identity development may work. More recently Ray & Fuentes (2020) have presented a racial equity frame in which they suggest a racially inclusive society can be created and sustained. Their conceptual frame includes three phases including “racial equity learners” in which individuals learn and educate themselves about racial inequality; “racial equity advocates” in which individuals challenge and confront forms of racial inequality, holding themselves and others accountable; “racial equity brokers” in which individuals advocate for and engage policy development for racial equity built on accountability and transparency. Contemporary approaches to anti-racism are noted to consistently include an anti-racism knowledge component and an accompanying set of behaviors directed at dismantling racist attitudes and racist structures (Ben et al., 2020).

Anti-racism behavior

Anti-racism behavior refers to behaviors that aim to dismantle racist attitudes or institutions (Ben et al., 2020; Pieterse et al., 2016). That is, “anti-racism behaviors are designed to challenge prejudicial attitudes and institutional aspects of racism” (Pieterse et al., p. 358). As such, these behaviors can occur at institutional as well as interpersonal levels. Examples of such behaviors include involvement in organizations focused on racial justice (Pedersen et al., 2005), interrupting racist jokes or confronting negative racial stereotypes (cf. Pollock, 2008). Further, it stands to reason that in order to continue to engage in such behavior, it is important to continuously work internally on one’s own racial identity, awareness and knowledge. In connection with aforementioned theory, scholars have theorized that in order to enact anti-racism behaviors, one must both accept that racism exists and have a knowledge and understanding of the history of racism and how it operates in present day society (Derman-Sparks, & Phillips, 1997; Kivel, 2017).

Anti-Racism Among Whites

In terms of research and scholarship in the area of anti-racism behavior for White individuals, qualitative research has identified “understanding one’s Whiteness and White privilege” as a key piece of anti-oppressive work for Whites (Mallot et al., 2014; Smith & Reddington, 2010). Similarly, Kiselica’s (1999) argues that anti-racism advocacy consists of behavioral domains in addition to awareness/knowledge domains. Along the same lines, Smith and Redington (2010) qualitatively examined the qualities of anti-racist allies finding that action was often precipitated by racial awareness and integrated into participants’ work and daily lives. This notion was echoed by White women involved in anti-racism who explained that the activism went beyond traditional understanding of activism (e.g., boycotts, marches) to speaking up against racial injustice throughout their personal lives (Case, 2012). Other anti-racist activists described anti-racism action as integral in their development of a positive White identity (Mallott et al., 2014). Bolstering these qualitative findings with a measure of anti-racism behaviors could add to the field’s understanding of anti-racism in practice.

Measurement of White Anti-Racism Behavior

The recent focus on Whiteness as a construct that informs racism has resulted in literature focused on both conceptual and measurement aspects of Whiteness (Grzanka et al., 2019; Schooley et al., 2019). The current focus on Whiteness and racism builds on the multicultural literature in counseling and education and attempts by these fields to incorporate multicultural competency and social justice into their training programs (Bemak, et al., 2011). In view of a dearth of measurement instruments designed to assess antiracism practice, Pieterse et al., (2016) developed the Anti-Racism Behavioral Inventory (ARBI), as an attempt to measure anti-racism awareness and behavior and to determine the efficacy of anti-racism training among White counseling psychology students. This work was informed by the recognition that that anti-racism development and training needs for White students may be unique (Boatright-Horowitz, 2005; Pieterse, 2009). Through a series of studies that include

item construction and examining the factor structure of the ARBI employing both exploratory and confirmatory procedures, the ARBI provided evidence for internal consistency, temporal stability, and construct validity.

Current Study

The current study sought to extend findings of the initial validation of the Anti-Racism Behavior Inventory (ARBI; Pieterse et al., 2016) by re-examining the factor structure of a sample of White individuals who self-identified as anti-racist activists and who were involved with racial justice organizations (e.g., the Anti-Racist Alliance). The goal was to establish validity on a new population thereby extending the utility of the ARBI beyond counseling students and other mental health professional trainees. We expected that the findings would replicate the Bifactor model of the initial scale construction indicating one overall anti-racism factor and three second order domains, namely anti-racism awareness, individual advocacy, and institutional advocacy.

Upon adequately replicating the factor structure, we planned to assess criterion validity with measures of related constructs including colorblindness via the Colorblind Racial Attitudes Scale (CoBRAS; Neville et al., 2000), and awareness of white privilege via the White Privilege Awareness subscale of the Privilege and Oppression Inventory (WPAI; Hays et al., 2007). We also decided to include a measure of social desirability using the Marlowe-Crowne Short Form Social Desirability Scale (MC-10; Strahan & Gerbasi, 1972) to account for the possible influence of impression management. We expected the ARBI to be negatively related to the CoBRAS as it stands to reason that being unaware of racism (e.g., colorblindness) would not cause one to engage in behaviors to end racism (e.g., anti-racism). Other studies have found a connection between colorblindness and oppressive system justification (Yogeeswaran et al., 2018) as well as anti-affirmative action beliefs (Oh, et al., 2010). We expected the ARBI to be positively related to the WPAI because previous research has shown that awareness of White privilege is related to similar constructs like racial prejudice and antidiscrimination behavior (Stewart et al., 2010).

Method

Participants

Participants were recruited by individually contacting chapter leaders of anti-racism groups (e.g., Anti-Racism Alliance; Showing up for Racial Justice, SURJ) and asking leaders to forward the survey to chapter members. See *Procedures* for additional information. A total of 153 adults comprised the participant group. Of the participants who completed the survey, 131 identified as racial justice/anti-racist advocates, however analyses were conducted on all 153 participants because depending on participants' level of development (e.g., racial identity) not all individuals engaging in anti-racism will self-identify an anti-racist (Pieterse et al., 2016).

All 153 participants self-reported their racial group memberships as White (100%; $n = 153$). In terms of gender, the sample was primarily female (85.6%; $n = 131$), followed by male (11.8%; $n = 18$), transgender (<1%, $n = 1$) and other (2%; $n = 3$). Participant ages ranged from 21-79 years old ($M = 42.31$, $SD = 15.94$). Most participants were highly educated having attained graduate-level educations (45.8%; $n = 70$) followed by undergraduate degrees (39.9%; $n = 61$). Smaller percentages of participants had attained professional degrees (9.2%; $n = 14$), only high school diplomas (3.3%; $n = 5$), or less than high school (1.3%; $n = 2$). One participant did not report their highest level of education.

Participants reported their sexual orientation as heterosexual (67.32%; $n = 103$), followed by bisexual (7.84%; $n = 12$), other (6.54%; $n = 10$), gay or lesbian (5.23%; $n = 8$), queer (4.58%; $n = 7$) and pansexual (3.27%; $n = 5$). Eight participants did not disclose their sexual orientation. Participant annual income ranges were as follows: less than \$40,000 ($n = 65$), \$41,000-\$55,000 ($n = 14$), \$56,000-\$70,000 ($n = 23$), \$71,000-100,000 ($n = 26$), \$101,000-\$115,000 ($n = 2$), \$116,000-130,000 ($n = 3$), greater than \$131,000 ($n = 17$). Three participants did not report their annual income.

Measures

Demographics. Participants self-reported their race, ethnicity, religion, income, age, gender, sexual orientation, and whether they identify as a racial justice or anti-racism advocate/activist.

Anti-Racism-Behavior Inventory. The Anti-Racism-Behavioral Inventory (ARBI; Pieterse et al., 2016) is a 21-item self-report measure designed to assess knowledge and behavior associated with anti-racism, was used for this study which employed a 5-point Likert-type response (1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, and 5 = strongly agree). Examples of items include: “I interrupt racist jokes when I hear my friends talking that way”. The original validation study yielded three subscales: Institutional Advocacy, Individual Advocacy, and Awareness, in addition to a Total ARBI score, with higher scores representing more engagement in anti-racism advocacy. In the original sample, Cronbach’s alpha coefficients were as follows: individual advocacy $\alpha = .83$; awareness of racism $\alpha = .83$; institutional advocacy $\alpha = .79$, and total score $\alpha = .83$. Reliability coefficients for current sample were as follows: $\alpha = .84$ (individual advocacy); $\alpha = .81$ (awareness of racism); $\alpha = .79$ (institutional advocacy), and $\alpha = .89$ (total score).

White Privilege. The Privilege and Oppression Inventory (Hays et al., 2007) includes a 13-item subscale, White Privilege Awareness (WPA) that assesses a cognitive awareness of racial advantage. Each item is rated on a 6-point Likert scale ranging from strongly disagree (1) to strongly agree (6). Example items include: “Whites have the power to exclude other groups” and “There are benefits to being White in this society”. The authors obtained Cronbach alpha coefficients $\alpha = .92$. Reliability coefficients for the current sample was $\alpha = .95$. Hays et al., provided evidence of construct validity through expected relationship with other measures of discrimination.

Social Desirability. The Marlowe-Crowne Social Desirability Scale Short Form (Strahan & Gerbasi, 1972) is a 10 item scale in true/false format aimed to measure social desirability, defined as “the need to obtain approval by responding in a culturally appropriate and acceptable manner” (Crowne & Marlowe, 1961, p. 353). Example items include: “I never hesitate to go out of my way to help someone in trouble” and “I have never intensely disliked anyone”. The original authors obtained Cronbach alpha coefficients ranging from .49 to .75 (Strahan & Gerbasi, 1972). Reliability coefficients for current sample was $\alpha = .67$.

Color Blind Racial Attitudes. The Color Blind Racial Attitudes Scale (CoBRAS; Neville et al., 2000) is a 20-item self-report measure designed to assess color-blind racial attitudes which measures implicit racism-related attitudes as reflected in unawareness of racial privilege, unawareness of institutional discrimination, and unawareness of blatant racism. This scale employs a Likert-type response format. Scores are obtained by summing all items for a total score, and summing relevant items for the three subscales. The total score can range from 20 to 120 with higher scores reflective of greater levels of color-blind racial attitudes. The authors obtained Cronbach alpha coefficients ranging from .70 to .86. Evidence for construct validity includes positive associations between scores on the CoBRAS and a measure of racial intolerance. Further evidence of construct validity has been noted by an inverse relationship between scores on the CoBRAS and scores on the White Privilege Attitudes Scale, a measure of awareness of racial privilege (Pinterits et al., 2009). Reliability estimates for the current sample was as follows: $\alpha = .84$ (racial privilege), $\alpha = .86$ (institutional discrimination), $\alpha = .58$ (blatant racism), and $\alpha = .91$ (total score). These reliabilities are in the same range as other studies that have utilized the CoBRAS (Gamst et al., 2011).

Mental Health. The Mental Health Inventory-5 (MHI-5; Berwick et al., 1991) is a brief, five-item mental health screening tool to assess general mental health and to screen for depressive and anxiety related symptoms. Example items include: “During the past month, how much of the time were you a happy person?” and “How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up?” For each question, participants are asked to choose one of the following responses: 1 = all of the time, 2 = most of the time, 3 = a good bit of the time, 4 = some of the time, 5 = a little of the time, and 6 = none of the time. Because two items ask about positive feelings, their scoring was reversed. The score for the MHI-5 is computed by summing the scores of each question item and then transforming the raw scores to a 0–100-point

scale. Higher scores reflect greater mental health and lower scores reflect increased psychological distress. The reliability coefficient for current sample was $\alpha = .78$.

Procedure

After receiving approval from the Institutional Review Board, an online data collection procedure was utilized. To assist with the data collection process, a list of anti-racist groups was generated by Google search. Chapters leaders were contacted via e-mail and asked if they and/or their chapter would be interested in participating in the study. Chapter leaders who expressed interest were provided with a URL link to the survey, along with a message of introduction to the survey. E-mails requesting participation were sent by chapter leaders, directing members to a URL where they could review informed consent and access the online survey. Prior to data collection, each participant was presented with informed consent. Upon completion, participants received a debriefing form. Participants were not compensated for their participation in the study. All data collection was undertaken online.

Results

Preliminary Analyses

Descriptive statistics indicated a normal distribution of the ARBI total scores as evidenced by the frequency distribution and measures of central tendency ($M = 82.09$, $SD = 11.66.4$, range = 43-102; skewness = $-.80$ and kurtosis = $.27$). Given that these findings suggested adequate variability of participant responses to the initial item pool, we proceeded to conduct a confirmatory factor analysis to examine if the original factor structure could be supported in a new sample of White individuals who identified as anti-racism activists.

Missing Data

In order to determine the percentage of each variable that was missing, a missing values analysis was conducted in the open-source statistical program R (R Development Core, 2014) using the *mice* package (van Buuren & Groothuis-Oudshoorn, 2010). Overall, missing data for specific variables ranged from 0% to 3.27%. Missing data on the ARBI ranged from 0% to 2.61%; missing CoBRAS data ranged from 0% to 1.31%; missing MHI-5 data ranged from 0% to .65%; missing WPAI data ranged from 0% to 3.27%; and missing SDS data ranged was 0%. Based on further analysis of the distribution of missing data across variables, it appears that WPAI items 2, 10, and 12 had the highest percentages of missing data (56.21%), followed by ARBI 3.3 (1.96%) and CoBRAS 2.12, CoBRAS 1.1, CoBRAS 3.18, CoBRAS 3.15 (1.31%). While there is no firm consensus regarding the percentage of missing data that becomes problematic, scholars have suggested that between 5% and 20% of missing data will yield biased results. Since we found that data were missing completely at random (MCAR, Schlomer et al., 2010), we addressed missing data by using the nearest point procedure within the *VIM* package (Shopfhauser et al., 2016). To impute the data using the KNN Nearest Neighbor Imputation, an algorithm that matches a point with its closest neighbor, assuming that a point can be approximated by the values of the points that are closest to it, based on other variables.

Analysis of Variance

We also tested for differences on the ARBI scores across gender and education via a two-way MANOVA. Results were insignificant for interaction effects [Wilks' $\lambda = 1.27$, $F(21, 112) = .81$, $p = .21$] and main effects for education [Wilks' $\lambda = .79$, $F(21, 112) = 1.42$, $p = .12$] and gender [Wilks' $\lambda = .80$, $F(21, 112) = 1.31$, $p = .18$] suggesting that education and gender groups did not differ significantly on ARBI scores.

Confirmatory Factor Analysis

The purpose of this study was to further examine the factor structure with confirmatory factor analysis (CFA) with a new sample of White adults. Typical approaches to scale validation and development include

the replication of the initial factor structure with new samples as well as the examination of validity through correlation-based procedures (DeVellis, 2016).

To validate the factor structure and examine construct validity, a maximum-likelihood estimation model CFA utilizing LISREL8.54 (Joreskog & Sorbom, 2006) was conducted and was guided by the confirmatory procedure utilized in the initial development study (Pieterse et al., 2016). Model fit threshold was guided by general guidelines of model fit including RMSEA equal to or less than .06 and CFI equal to or greater than .95. (Hu & Bentler, 1999; Kline, 2010).

The 21-item first order oblique three-factor ARB model (Model 1) exhibited mixed results regarding model fit, $SB \chi^2(186, N = 153) = 349.992, p < .05, RMSEA = .077 (.064; .088), SRMR = .087, CFI = .941$. All of the factor loadings and uniqueness terms were significant and the standardized factor loadings ranged from .24 (item 4) to .88 (item 13) (See Table 3). Factor correlations ranged from .45 (AWA and INST) to .70 (IND and INST). In addition, we tested a bifactor model (Reise, Moore, & Haviland, 2010), which assumed one general factor that accounted for variance in all ARBI items and three domain-specific factors which accounted for variance (above and beyond the variance accounted for the by general factor) in three separate subsets of ARBI items (Model 2). We tested a bifactor model given the conceptual plausibility of a general anti-racism factor which accounted for common variance among all items. In addition, we assumed that a bifactor model might be most appropriate given the moderate factor correlations identified in Model 1 (Reise, Morizot, & Hays, 2007).

The 21-item bifactor ARBI model exhibited good model fit, $SB \chi^2(168, N = 153) = 210.450, p < .05, RMSEA = .041 (.019; .057), SRMR = .061, CFI = .976$. All but two factor loadings for the general factor (items 4 and 6) were significant. Five domain-specific factor loadings (Individual specific factor items 3, 5, 12, and 15; AWA specific factor item 4) were significant. Standardized general factor loadings ranged from .10 to .81 and domain specific factor loadings ranged from .02 to .74. (See table 2). Likelihood ratio testing with the scaled chi-square difference test (T_d^2 ; Satorra & Bentler, 2001) indicated that the bifactor model exhibited a statistically significant improvement in model fit compared to the first-order three-factor model, $T_d^2(18) = 83.59, p < .0001$.

Correlational Analysis

Bivariate correlations were examined to assess for evidence of validity. Evidence of criterion validity was assessed by examining correlations between scores on the ARBI and Scores on the CoBRAS. Finding indicated that individuals who endorsed racism-related attitudes (i.e., CoBRAS) were less likely to endorse anti-racism knowledge and behaviors as measured by the ARBI ($r = -.75, p < .000$). When examining the association between anti-racism awareness and behaviors and White privilege attitudes, finding indicate that awareness of White privilege was significantly and positively associated with scores on the ARBI ($r = .64, p = < .000$). Examine the subscales an interesting pattern was observed in that the strongest relationship was observed for WPA and ARBI-Awareness ($r = .81, p = < .000$) while the weakest relationship was observed for WPA and ARBI-Institutional ($r = .27, p = .001$). (see Table one). Finally, findings reveal that social desirability had a modest inverse association with scores on the ARBI ($r = -.24, p = .003$), and scores in the mental health inventory were inversely associated with scores on the ARBI ($r = -.19, p = .018$)

Discussion

Findings of this study support the original bi-factor structure of the Anti-Racism Behavioral inventory (ARBI). Given that the factor structure has been replicated with the current sample of predominantly White, female, self-identified anti-racism activists, this finding suggest that the validity of the ARBI extends beyond the initial sample of White college students, and holds the promise for application with White antiracism activists. Furthermore, the mean ARBI score evidenced by the current sample ($M = 82.03$) in comparison to the mean scores from the original sample ($M = 66.03$) (Pieterse et al., 2016) suggest that the ARBI is also sensitive to anti-racism activities as evidenced by higher means scores among anti-racism activists. Therefore, given the current

findings we believe that the ARBI represents an important addition to measures focused on awareness of racism, white privilege, and antiracism activity (Schooley et al., 2019).

The pattern of relationships gleaned from the correlational analysis presents some interesting findings worth further discussion. For the current sample antiracism knowledge and behavior is not associated with positive mental health as assessed by the MHI-5. Although this finding might be disappointing at first glance, it should not be surprising that individuals engaged in social justice activism might also experience lowered levels of wellbeing as evidenced by studies that document the experience of burnout among social justice advocates (Cheng & Gorski, 2015; Gorke, 2019). Although qualitative examinations of the experience of antiracism advocacy among White individuals indicate that these individuals describe the work as meaningful, they are also document significant challenges which is a reminder of the need for support and self-care when engaging activism that challenges entrenched system of oppression and structural racism (Smith & Redding, 2010). This finding also serves as a reminder that White people who have an awareness and commitment to anti-racism (i.e., actively fighting and thinking about it), could experience ongoing racial injustice as distressing and discouraging (Smith & Redding).

When examining evidence of criterion validity, we note that individuals who endorse higher awareness of White Privilege are more likely to endorse and engage antiracism activism. This finding is consistent with the developmental frame for antiracism activism outlined by Derman-Sparks and Phillips (1997) who suggest that knowledge of racism and Whiteness is a prerequisite for individual and institutional antiracism activities. Furthermore, a closer examination of this relationship indicates that White Privilege Awareness, while positively associated with antiracism has weaker associations with antiracism behavior as assessed by the ARBI individual ($r = .43$) and ARBI Institutional ($r = .27$) subscales. This finding provides preliminary evidence that awareness of White privilege does not necessarily translate to engaging in anti-racism activism. It appears that there might be other variables that either mediate or moderate the White privilege awareness and antiracism activism relationship.

Limitations

Although the findings do lend strong support for the psychometric strength of the ARBI, it is important to consider limitations that might preclude generalizability. This validation of the ARBI was on a highly educated, White American sample who were predominantly members of anti-racist groups. Given the rather narrow sample represented in this current research, it is clear that the findings cannot be generalized beyond individuals that share characteristics of the current sample. Future research might examine the validity of the ARBI on a multiracial sample. There is some evidence to suggest that people of Color and Whites have a different process in regard to exploring racial awareness and engaging anti-racism activism (Pieterse et al., 2016; Gorke, 2019). Additionally, the current sample was highly educated, suggesting that educational attainment may influence anti-racist attitudes and behavior. Given mixed findings regarding the relationship between level of education and anti-racist attitudes and behavior (e.g., Hagendoorn & Nekuee, 2018; Norrlof, 2019) future research should examine the interaction between education, racial group and gender, and its influence on the endorsement of anti-racism knowledge and behaviors.

Implications

The ARBI could be a useful tool when seeking to assess the efficacy of anti-racism instruction and training for racial awareness for Whites. Applications could include using the ARBI in a pre-test post-test format to assess the effectiveness of anti-racism training. For individuals who are less familiar with anti-racism behaviors, the ARBI also provides examples of the type of knowledge and the specific behaviors associated with anti-racism activism. Ongoing racial bias and systemic racial oppression within the US (Abramowitz & McCoy, 2019; Clayton et al., 2019) highlights the need to more aggressively pursue anti-racism instruction. The findings also highlight the type of training needed for anti-racism activism, specifically the need to examine and understand White privilege, as well as the need to disrupt Colorblind racial attitudes.

Future Research

The ARBI was developed on a sample of White students in various mental health training programs, and in the current study, further validation has been provided with a sample of White adults engaged in various activism associated with anti-racist activism. Given the focus on anti-racism in other fields such as education (Escayg, 2019), nursing (Coleman, 2020), medicine (Monroe et al., 2021) and public health (Breny, 2020), further development of the ARBI should draw on individuals from these disciplines to extend utility of the ARBI beyond counseling and anti-racism activists. In keeping with further populations for validation – it would be important to extend the ARBI beyond White identified individuals and included other racial groups as part of future validation samples. Additionally, the utility of the ARBI might be enhanced by the development of a normative sample of anti-racist advocates that could serve as a reference point when applying the ARBI to anti-racism training. Finally, the factor loadings suggest that some or the current items could benefit from revision. Additionally, the utility of the ARBI could be further extended with the addition of items that speak to engaging anti-racism in the world of social media.

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Table 1
Correlation Matrix (n = 153)

	1	2	3	4	5	6	7	8	9	10	11
1. CoBRAS Blatant	1										
2. CoBRAS Institutional	0.55**	1									
3. CoBRAS Racial Privilege	0.60**	0.76**	1								
4. CoBRAS Total	0.75**	0.92**	0.92**	1							
5. Social Desirability	0.28**	0.30**	0.41**	0.38**	1						
6. Mental Health	0.10	0.08	0.07	0.09	0.14	1					
7. White Privilege	-0.60**	-0.8**	-0.85**	-0.88**	-0.33**	-0.04	1				
8. ARBI Institutional Advocacy	-0.34**	-0.39**	-0.31**	-0.39**	-0.11	-0.19*	0.27**	1			
9. ARBI Individual Advocacy	-0.46**	-0.50**	-0.45**	-0.53**	-0.12	-0.19*	0.43**	0.55**	1		
10. ARBI Awareness	-0.62**	-0.76**	-0.78**	-0.84**	-0.33**	-0.08	0.81**	0.34**	0.50**	1	
11. ARBI Total	-0.60**	-0.70**	-0.65**	-0.74**	-0.24**	-0.19*	0.64**	0.75**	0.87**	0.78**	1
Cronbach's Alpha	0.57	0.86	0.84	0.90	0.66	0.78	0.94	0.78	0.85	0.87	0.90
M(SD)	11.56 (2.62)	13.99 (5.23)	17.77 (5.23)	43.33 (11.37)	4.37 (2.18)	21.06 (4.13)	67.65 (10.26)	14.95 (4.12)	37.29 (5.29)	29.86 (5.09)	82.10 (11.66)

Notes. ** indicates correlation is significant at the 0.01 level, * indicates correlation is significant at the 0.05 level, 2-tailed test

Table 2**Factor Loadings for Bifactor ARBI Model with loadings <.03 in bold**

Item	ARBI Total	Factor 1	Factor 2	Factor 3	
		Individual Advocacy	Awareness of Racism	Institutional Advocacy	
1. When I hear people telling racist jokes and using negative racial stereotypes, I usually confront them	.274	.618			
3. I actively seek to understand how I participate in both intentional and unintentional racism	.699	.055			
5. I actively seek to educate myself about the experience of racism	.752	.035			
7. I interrupt racist conversations and jokes when I head my friends talking that way	.465	.712			
10. I have challenged acts of racism that I have witnessed in my workplace or at school	.479	.275			
12. I make it a point to educate myself about the experience of historically oppressed groups in the US (e.g. slavery, internment of Japanese, American Indians and the trail of tears etc.)	.617	.124			
15. I often speak to my friends about the problem of racism in the US, and what we can do about it.	.672	-.090			
18. I do not like to talk about racism in public	-.455	-.250			
20. I interrupt racist conversations and jokes when I hear them in my family	.420	.623			
4. I feel guilty and ashamed when I think of the history of racism and slavery in the US	.135		.211		
9. It bothers me that my country has yet to acknowledge the impact of slavery	.568		.669		
11. The US should offer some type of payment to the descendants of slaves	.627		.428		
13. The US has not acknowledged the impact of slavery.	.566		.692		
14. Because of racism in the US, Blacks do not have the same educational opportunities as compared to Whites.	.660		.445		
16. Within the US, racism is largely perpetuated by the White racial majority	.513		.505		
21. The police unfairly target Black men and Latinos.	.565		.528		
2. I give money to organizations working against racism and discrimination	.536			.381	
6. When I read articles in newspapers or magazines that are perpetuating racist ideas, I generally write a letter to the editor	.116			.547	
8. I am actively involved in exposing companies that uphold exclusionary and racist practices	.408			.648	
17. I write letters to local and state politicians to voice my concerns about racism	.295			.618	
19. I volunteer with anti-racist or racial justice organizations	.638			.392	
Model	χ^2	df	χ^2/df	CFI	RMSEA
BiFactor	250.442	168	1.48	.976	.056

Table 3

Factor Loadings and Fit Indices for 3 factor ARBI Model

Item	Factor Loadings				
	Factor 1 Individual Advocacy	Factor 2 Awareness of Racism	Factor 3 Institutional Advocacy		
1. When I hear people telling racist jokes and using negative racial stereotypes, I usually confront them	.450				
3. I actively seek to understand how I participate in both intentional and unintentional racism	.671				
5. I actively seek to educate myself about the experience of racism	.715				
7. I interrupt racist conversations and jokes when I head my friends talking that way	.650				
10. I have challenged acts of racism that I have witnessed in my workplace or at school	.548				
12. I make it a point to educate myself about the experience of historically oppressed groups in the US (e.g. slavery, internment of Japanese, American Indians and the trail of tears etc.)	.634				
15. I often speak to my friends about the problem of racism in the US, and what we can do about it.	.596				
18. I do not like to talk about racism in public	-.532				
20. I interrupt racist conversations and jokes when I hear them in my family	.592				
4. I feel guilty and ashamed when I think of the history of racism and slavery in the US		.239			
9. It bothers me that my country has yet to acknowledge the impact of slavery		.836			
11. The US should offer some type of payment to the descendants of slaves		.754			
13. The US has not acknowledged the impact of slavery.		.877			
14. Because of racism in the US, Blacks do not have the same educational opportunities as compared to Whites.		.791			
16. Within the US, racism is largely perpetuated by the White racial majority		.727			
21. The police unfairly target Black men and Latinos.		.782			
2. I give money to organizations working against racism and discrimination			.698		
6. When I read articles in newspapers or magazines that are perpetuating racist ideas, I generally write a letter to the editor			.397		
8. I am actively involved in exposing companies that uphold exclusionary and racist practices			.680		
17. I write letters to local and state politicians to voice my concerns about racism			.589		
19. I volunteer with anti-racist or racial justice organizations			.798		
Model	χ^2	df	χ^2/df	CFI	RMSEA
3-Factor	389.558	186	2.09	.941	.077

Counseling Research as Caring: Lessons from Group Contemplative Practice

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Abstract

This study models counseling research as a social action process while highlighting multicultural counselor identity. Seven co-researchers/participants possessing a shared counselor identity engaged in a community-based reflexive contemplative practice group which aimed at dismantling the power imbalance that normally exists between researchers and participants while remaining cognizant of the insidious influence of white supremacy in the research process. The data collected represents the content and process reflections on participating in this group which invited contemplation about identity on many different levels. Several themes emerged from the data as did implications for counseling research and practice.

Keywords: community-based participatory action research, reflexive research, contemplative research, decolonizing research, multiculturalism and social justice

Counseling Research as Caring: Lessons from Group Contemplative Practice

Mainstream academic research has long been problematized by scholars working from feminist, anti-racist, and decolonial perspectives due to its historical and contemporary minimization and devaluation of minoritized voices (Buchanan & Wiklund, 2021; Ziai et al., 2020; Kenton et al., 2016; Smith, 2012; Dotson, 2012). Most counseling researchers are affiliated with colleges and universities which are viewed by critical scholars as institutional extensions of the larger colonial apparatus (Verhaeghe et al., 2018). The seminal work of Smith (2012) chronicled the long history of colonialist white settlers' use of research to exploit and brutalize Indigenous communities. Consequently, potential participants who belong to marginalized groups may be hesitant to work with researchers due to realistic fears of being exploited by the research process or misrepresented in research reports (Hamilton, 2019).

After the codification of the Multicultural and Social Justice Counseling Competencies (MSJCC), Hays (2020) invited an inquiry specific to counseling research methodology. Hays (2020) identified several principles which characterizes multicultural and social justice-competent counseling research, including self-awareness, knowledge of participants' worldviews, the establishment of mutually beneficial research relationships with participants, and engagement in advocacy through research activities. Within a social justice-competent research process, minoritized voices can have a space for exploring their experiences, creating knowledge, and sharing power. This is crucial as counseling research is subject to the same dynamics of power which may play a role at the personal, relational, and collective levels of research across all academic disciplines (Prilleltensky et al., 2008). Following Hays, the purpose of the present article is to share the authors' experiences in assembling and participating in a community-based reflexive contemplative practice group which aimed at exposing and altering the power imbalance that normally exists between researchers and participants while remaining cognizant of the insidious nature of white supremacy in the research process. What follows is a short exploration of oppression in academic research and some possible methodological antidotes.

Antidotes to Oppression in Counseling Research: Reflexivity & CBPAR

Smith (2012) viewed colonialism as embedded in the "craft of research as canonized in [academic] research methods and methodologies" (Ziai et al., 2020, p. 3). Such canonization of colonialism in the academy leads to white supremacy and "epistemic racism" which manifests as "non-representation," "silencing," devaluing, and stereotyping of scholars of color (Ziai et al., 2020, p. 2). Institutionalized forms of oppression have led scholars to call for the decolonization of the academy aiming to dismantle the "hegemonic white cisheteropatriarchal framework" that constrains the operation of research activities (Buggs et al., 2020, p. 2) in multiple ways and across multiple levels (Buchanan, Perez, Prinstein & Thurston, 2021; Carnethon et al., 2020). Two research practices that strike at the heart of colonizing research practices are reflexivity and community-based participatory action research (CBPAR).

In the 1970s, CBPAR emerged as a new research approach to address the failings of mainstream research (Minkler, 2000). Rather than mandating a specific process, CBPAR is an overarching paradigm which encourages researchers to engage with community partners to identify, understand, and address community problems in meaningful and culturally congruent ways (Horowitz et al., 2004). A CBPAR approach emphasizes that individual stakeholders from the community work together in the research process on acute and enduring social issues to truly recognize and address the community challenges (Fine, 2018). This approach, therefore, is intended to increase mutual understanding of all parties involved in the research project by developing shared knowledge of the cultures, experience, and individual needs of all parties (Robinson et al., 2019). In CBPAR, power and autonomy of community members is emphasized as well as equitable power relations and active sharing of benefits resulting from the research.

Reflexivity exemplifies a powerful tool to counter patriarchal and racist practices (Fine, 2018) and represents a foundational principle of Indigenous research methods (Hays, 2020). Levitt et al. (2018) described reflexivity as “self-examination.... about [researchers’] influence upon research process” (p. 28). Self-examination should lead to self-disclosure whereby researchers declare their “relationship[s] to the study topic, with their participants, and to related ideological commitments [that] may have bearing on the inquiry process” (p. 29). Reflexive research is considered a method of enhancing rigor through transparency about the influence of the researchers’ backgrounds on their interpretations and constructs.

In addition to enhancing the trustworthiness of qualitative findings, reflexivity is also a practice for researchers to honor and care for themselves and others involved in the research process (Palaganas et al., 2017). Reflexivity can allow researchers to engage participants using a decolonized approach to research by encouraging various ways of communication, participation, and input and recognizing upfront ways to minimize unequal power dynamics and understandable mistrust given the academy’s history of the exploitation of participants. CBPAR and reflexivity represents two antidotes to colonizing, exploitative research practices that are highly congruent with a multicultural and social justice-competent approach to research (Hays, 2020). One of the intersections of CBPAR and reflexivity in the project reported in this article is contemplative practice. We explore the use of contemplative practice in social science research in the section to follow.

Contemplative Practice and Social Science Research

Giorgino (2015) emphasized the usefulness of contemplative practice within social science research. Contemplative practice is an umbrella term for methodical/ritual actions that are based on longstanding spiritual/religious traditions. Generally, they aim to cultivate wisdom by guiding practitioners to focus on present moment phenomena. Mindfulness, perhaps the most well-known and well-researched, is an example of a contemplative practice presented with different degrees of intactness to its traditional roots (Kabat-Zinn, 1990). Other practices span meditation, movement, speech, and song in individual and communal variations. Contemplative practices invite honesty about embodied, interactional and presence-based experiences (Giorgino, 2015). In order to lead with honesty, which connects CBPAR, reflexivity, and contemplative practice, we offer the following statement of bias.

Statement of Bias

This project took place within the auspices of a research center whose mission is to “expand what is considered valid in the current body of knowledge in mental health research to include all the ways in which wisdom is cultivated and shared” (Holistic Research Center, n.d.). Drawing upon critiques above, participants strived to maintain continual awareness of the ways in which our socialization and location within academia contributes to conscious or unconscious ways that we legitimized Western, colonial, white, and male-centric ways of interacting, generating knowledge, and writing about our experiences. Participants wished to engage in research in a way that felt fresh and relevant yet also worried that our intentions might not be welcomed in mainstream counseling journals.

In this article, the third person plural, *we*, is used to express the voice of the co-researchers. *We* represent statements that we have all reviewed and accepted as valid to represent each of our voices. While in some instances the use of *we* can hide researcher subjectivity, or to erase the voices of marginalized or vulnerable people, we wish to assert that our *we* represent our expression of this experience following a careful, reflexive, and consensus-based process among authors. Finally, our *we* is limited to the seven authors of this article. As the reader, you are invited to decide how our *we* speak to you.

Rationale

Through the current study, we present to the academy one example of a method for counselors and counselor educators to engage with issues of colonization and white supremacy in the context of a caring, voluntary, contemplative practice group that existed outside of the context of formal coursework, training, supervision,

or consultation. This group attempted a more egalitarian process between co-researchers/co-participants. By participating in this reflective group experience, we sought to identify whether using contemplative practice, reflexivity, and CBPAR could generate meaningful findings with regards to an exploratory research question while remaining aware of the normative dynamics of academic research that were critiqued above. For counselors and counselor educators interested in multicultural and social justice-competent research (Hays, 2020), this project may inspire implementation of future decolonizing research approaches such as the use of contemplative practice groups.

Method

Research Design

This study invited a blend of CBPAR and Reflexive Research (Fine, 2018). The Facilitating Researcher chose contemplative practice (Giorgino, 2015) as the topic for group study. The group was established with an egalitarian process amongst all participants with an assumption that there was no one expert in the room, and an openness to everyone's ideas and opinions. During the group process, group explorations were collected using reflexive responses. In this article, we use the terms co-researchers, participants, and group members interchangeably. An exploratory question opened the reflective process: *what can be learned from using a combined methodology of CBPAR and self-reflexive research with a contemplative practice group?* As this group process developed, the focus shifted to implications relevant to social justice-competent counseling research (Hays, 2020).

Participant/Co-researcher Recruitment

After the study received IRB approval, a call for participation was made through CESNET and through the Holistic Research Center's community listserv. The Facilitating Researcher sent out a recruitment email asking possible participants to join a research group involving community-based participatory action research and reflexivity. Potential CBPAR group participants would participate in contemplative practices and become co-creators of the group process. As an incentive, a \$25 gift card was offered. As part of the recruitment process, interested participants were invited to send a social location paragraph to the Facilitating Researcher and to the Program Officer. The goal was to create a group of eight people (the Facilitating Researcher, Program Officer, and six other co-researchers) that maximized the sense of diversity present in the group, yet would be manageable in terms of co-creating and tracking an egalitarian group experience.

Participants

The Facilitating Researcher and the Program Officer selected six participants from an initial group of 14 respondents. Each participant was selected because they added a degree of diversity to the group (see Appendix A). The participants were sent a follow-up welcome letter to the study, while the other potential participants were sent a waitlist email. After the first week of the study, one of the selected participants chose to discontinue participation in the group. Since the remaining participants already spent two hours bonding and orienting, we decided to continue the study with seven participants. Table 1 summarizes some of the main identifiers of the participants.

Procedure

We began meeting online over Zoom in January 2020. We agreed that meetings would take place biweekly for 1-1.5 hours through May 2020 (approximately four months). We decided that members would take turns introducing a question or idea for the group to contemplate both during the Zoom meeting and between meetings. Each Zoom meeting began with a check-in. We briefly shared events that were happening and impacting our lives. We also shared our written and verbal reflections on the contemplative question that was proposed during the previous meeting. Our check-ins and reflections were recorded by the notetaker. Next, another member of the group presented a new question for contemplation. This cycle continued over the course of the four-month group

process, with each group member sharing one question central to their interests and experiences (see Appendix B). Each meeting closed with a statement of intention for the weeks to come and/or a statement of gratitude.

Data Collection

Responses and comments made at each meeting were recorded in a shared Google document. Specifically, the Program Officer took down notes during the meetings which were shared immediately over Google Docs. Group members had the opportunity to write comments into the notes to ensure meaning was maintained. Likewise, responses to the contemplative questions between meetings were recorded in the shared document. In this way, everyone processed their own thoughts and meanings while simultaneously allowing other group members to read, reflect, and share comments on the same document. This collective document served as the data for this study as it tracked our reflections throughout this group experience.

Trustworthiness

Multiple steps were taken to ensure trustworthiness of the data collected and analyzed during this process. Our examination of this study's quality is guided by Morrow (2005), who offered criteria for the documentation of trustworthiness across research designs, to include social validity, addressing subjective/reflexive aspects of research, and ensuring adequacy of data and interpretation. In order to increase confirmability, the group members went through a process of defining all the necessary terms of participation, including contemplative, reflexivity, practice, and even research. Defining these terms allowed for a shared understanding of the research process while exposing latent biases. This process of defining was a cornerstone of the authenticity and equity of this research process.

To address social validity and subjectivity/reflexive aspects of the research (Morrow, 2005), we began this research process by making our biases explicit with each other, sharing social location information about multiple identities, and discussing guidelines for sharing in a multicultural space (EBMC, n.d.). All notes and reflections were accessible to the whole group to share comments and thoughts about the other entries. This sharing of information contributed to the idea of transparency and fairness in our data collection and review.

To ensure the adequacy of the data/interpretation (Morrow, 2005), a consistent group member (the Program Officer described above), wrote down the comments and exemplar statements during each group process session. Having one person complete this task helped to maintain consistency in reporting/communication style as well as represented an attempt to reduce confirmation bias in the group. Moreover, participants had the opportunity to correct any misrepresentation of ideas in the collective document.

Results

This section represents the analytical process bringing epistemological reflexivity to a community-based participatory action research model. The themes for reflection were suggested by the Facilitating Researcher, and then reviewed and accepted by the co-researchers. Different group members took the lead on reflecting on the different themes listed below before participants were able to amend the reflections in the editing process. In this next section, we offer joint reflections on overarching themes to potentially integrate social justice competencies (Hays, 2020) into counseling research.

Reflections on Diversity

The group represented diversity in terms of gender, culture, current religion/spirituality, sexuality, and career stage. Meaningful degrees of diversity added to the variety of ideas shared in the group discussions and contemplative reflection on the questions. There was diversity in terms of counselor identity development; however, we did not explore clinical backgrounds or counseling theory perspectives, so this may or may not have been another area of difference. There was a variety in family makeup and situation in terms of children, partners, and levels of connection with extended family members.

Each group member was given space to share during periods of group reflection. All group members had equal access to the meeting notes. Some questions guided us to explore identity in a more general sense, while other questions invited a more intimate look at a specific aspect of identity. For example, the question asked by Kari in week two began with, “How do I balance and live with both absolute and relative truths?” Anthony’s week one question was more specific, “What would the world be like without gender?”

Politically, it appeared that our group skewed liberal as our opinions tended to lean to the left when it came to social issues. However, political affiliation was not explicitly discussed in the group. In terms of ethnicity, most of the participants identified as white, thus we did not successfully decentralize Whiteness in our process. Skewing young, there was a 20-year age range in the group. All of us had some training in multicultural issues in counseling, including an analysis of privilege and oppression in society. Though the topic of academic culture arose, we sparingly discussed our individual positionalities in the academic context. On reflection, this seems to have been a missed opportunity, and perhaps a symptom of the strength of the Eurocentric academic bubble.

Reflection on Social Context

This study began when the COVID-19 pandemic was heating up in the media as the first cases were being reported in the United States. By the time we reached our third meeting on March 17th, 2020, we were all under shelter-in-place orders in our respective cities. There was a unanimous consensus to continue as planned. Since the group was conceived to meet over Zoom, we continued meeting without any interruption. Within shelter-in-place, the group took on an added layer of connection that seemed more pronounced and essential to the process. For example, during the 5th meeting, Zvi brought the point that, “so much came up this week around equity and safety, and what it means to return to slowness and compassion and kindness during this time [COVID].”

Equally impactful was the murder of George Floyd on May 25th by a Minneapolis police officer. Floyd’s death, contextualized within the COVID-19 pandemic, emphasized the disproportionate impact of police brutality on Black people. Our final meeting of this group was on May 26th. We were just waking up to the news and to the strong ripple effects that this murder would have on our communities and the world. The final reflection meeting was a mixture of gratitude and confusion. The group served a function to hold intimate space. For example, Dalad shared, “I really appreciated seeing how everyone has their own struggle, their own way of thinking, and their own experience,” and Kari stated, “I am struggling with a lot of sense of shame and guilt and confusion. I really appreciated the opportunity to talk to others and hear about how people interpret the questions in their own lives; this has been meaningful.”

The group check-ins served as a place to share about family issues, professional issues, and personal issues that had arisen during this time. As the group was set up with an eye towards diversity, it became a place to consider the various ways in which this pandemic was impacting different communities. There was a felt sense of care and concern for each other, for our families, and our communities. We considered our authentic responses to the inequities exposed to increase our connection with our surroundings. Having others to share personal views helped each member to appreciate the function of environmental events in shaping outlook. By increasing a sense of awareness about surroundings, each participant expressed a connection of social situations to general well-being.

Reflection on Leadership

A key goal of this research project was to challenge the power dynamics that are present in research. We considered power in how the group would conduct itself, how we would gather and organize the data, and how the data would be analyzed and shared. This project was conceived in the mind of one Facilitating Researcher, and thus it was not a perfect egalitarian process. Due to academic socialization, the Facilitating Researcher was still considered the Primary Investigator (PI). This truth caused others in the group to hold back opinions or reactions at times, as there was an unspoken and unaddressed rule that ultimately the direction of and dissemination of the project rested with the PI.

The Facilitating Researcher, with the help of the Program Officer, developed the main focus of the study around contemplative practice and formulated the IRB proposal before recruiting the other co-researchers. By the time co-researchers were invited into the study, research preparation was already completed with the main theories already chosen the idea of diversity already in place, and a semi-structured plan for the kick-off meeting. The Facilitating Researcher also loosely conceived the group process (described above) as a suggestion, which the group accepted. Consequently, opportunities for the entire group to shape the foci of this research study and frameworks to be utilized were limited.

Throughout the process, the Facilitating Researcher aimed to increase the sense of leadership among participants. In an effort to increase a sense of shared responsibility for reflection and participation we did the following: (1) each group member presented a question for contemplation, (2) we used a shared reflection document accessible to all group members, and (3) group members were able to motivate and guide different possibilities for sharing the outcomes of this study. The Facilitating Researcher reflected on “How do I become aware of my need to lead when things feel still? How do I deal with hierarchy and leadership without getting caught in it? How can I be who I am in a present way, but not in a controlling or overpowering way?” The intention for shared leadership continued until the end in deciding if the research would be submitted for publication. For example, Anthony stated, “I genuinely enjoy writing for publication and sharing my thoughts with others—but if that does not feel useful or helpful to others, then I am happy to have simply learned from the perspectives and stories of others.”

Reflection on Contemplative Practice

The opening line to the study’s recruitment email stated, *You are invited to take an active part in a unique research study by participating in a community of contemplative practitioners to learn about themselves, each other, and the world, through an online contemplative practice group.* Therefore, contemplative practice was both a criterion and an action for this research group. In order to increase diversity in contemplative practices, its definition was left vague for participants. Contemplative practice was left vague in its definition in order to increase the likelihood of group diversity when it came to contemplative practice. This indeed manifested, as the group member’s contemplative practices were drawn from a spectrum of Buddhist, Yogic, Christian, Jewish, and nonreligious sources. Moreover, contemplative practices also varied with some group members engaging in specific rituals at specific times, while others engaged in contemplative practices in a more informal way. Zvi reflected that he “practiced this question mostly by dropping it into meditation and seeing what happens in the body.” Whereas Ryan shared that “through contemplative practices, such as Taizé prayer, mindful walking (and mindful exercise), yoga, contemplative reading of sacred writings that I was able to address my burnout and begin to witness and understand my own internal reactions to being a human service professional.” Each member shared their own unique engagement with contemplative practice while the group also engaged in contemplative practice together.

Reflection on Questions Posed for Contemplative Exploration

A key feature of the group was accepting a question for a two-week period, offered by a particular group member (See Appendix B.). There was a lot of variety in how the group members brought these questions into contemplation. Some group members used the questions as a mantra for a formal sitting practice, while others used prayer or movement to explore the questions. Still other members simply gravitated towards the question when they were able to see how it reflected in their daily life. As each group member implemented their chosen contemplative practice as an avenue to explore the prompted question, the focus of deeper reflexive exploration as a group process emerged over time.

Even drafting, selecting, and presenting each question was a representation of reflective practice. From the first meeting, the group discussed expectations of being mindful of immediacy and how each question evolved from different identities. Similarly, each presented question was an extension of each participants’ perspectives and

narrative that influenced the reflective practices of other members. In the second meeting, the power of questions was discussed recognizing that “questions will be individually/personally inspired and therefore will bring about new perspectives” (Erin) while each member has “different ways to process and answer questions depending on their style/way of thinking.” (Yuleinys)

Each participant asked important questions about personal growth, either as a theme in our lives or as an issue that was present for the questioner. The questions revealed information about our values, attitudes, and beliefs calling us more deeply into each other’s lives with the care of a contemplative stance. Some questions were more pointed, while others were more global. The questions varied in their focus to the immediate group experience. Some questions invited us to first consider our identities more overtly, while others allowed identity to weave itself in more organically. The differences in the questions provided a window into the interests of the group members.

The same question did not mean the same to each person. After a question was presented, we held a discussion to see where we might locate ourselves in the question. These positions did vary on several questions. For example, as Erin used the terms vocation and calling in her question, each group member had to consider how to understand these constructs. The diversity of the questions, mixed with the diversity of the interpretations of the questions, added richness to the practice. Understanding that one question could have multiple answers helped us to better understand each other’s perspectives.

Reflections on Insights

Engaging in this group’s contemplative reflexive process led to insightful experiences. Insights were understandings that caused surprise, fostered self-awareness, or increased empathy for our lived experiences. One such insight was that our manner of relating to one another shifted from a friendly professionalism to a caring professionalism rather quickly. We began each group meeting with a personal check-in where each member shared within their own comfort zone. In time, we reached a warmth of connection that broke the boundaries of the often-considered cold research stance through the lens of caring.

From our first meeting, the group noticed that being part of the group process would bring us to consider the question, “What changes by just being present?” (Yuleinys). We considered the value of noticing the different ways we are in groups and more generally in our lives to recognize the impact on others and self. We were able to experience the power and change that happens with simple awareness and presence, rather than necessitating verbal expression. We encouraged one another to notice urges to speak or refrain from speaking, and to allow ourselves space to find meaning and make choices during both silence and speaking.

Another area of insight was noticing the organic development of questions over time. There was a shared experience that the group contemplative practice during meetings flowed from the previous week’s discussion to the new question. By creating a structure that allowed for openness, there was also space for a natural unfolding. We were able to see the way in which co-creativity can be facilitated with a balance of structure and spontaneity.

Conversely, several group members noted (both during group meetings and during the manuscript preparation) that the Facilitating Researcher’s efforts to create a sense of safety and respect for each members’ contributions may have ironically created a degree of interpersonal distance within the group. Specifically, our group tacitly agreed to structure our biweekly check-ins and verbal responses to previous and upcoming contemplative questions prompts with limited feedback from others beyond gratitude for their perspective. We now worry that this structured manner of sharing may have inadvertently fostered an environment where microaggressions of various kinds could have gone unaddressed. Some group members also expressed a desire to know and understand fellow group members at a deeper level, which might have been accomplished more readily through a less structured approach to facilitation. We encourage those who wish to utilize and adapt our format to utilize a model of group facilitation which fosters greater interpersonal risk-taking by inviting the members to express curiosity about others, ask follow-up questions regarding others’ statements, and share genuine reactions to others’ stories.

Reflection on Disagreement

As discussed above, one of the questions around vocation took group members in different directions. Some of us moved towards a theistic notion of vocation, while others wrestled with the notion of vocation in a more humanistic sense. As we discussed our reason for being in the counseling field and even more broadly a caregiver, Ryan explained, “After diving into Catholic spirituality during my time as a volunteer in Sacramento, the idea of calling or vocation became clearer as I got acquainted with lay and religious people who had committed to a life of service.” In contrast, Yuleinys expressed, “I tend to think about my job as a vocation, but it can also be a career... I do embrace my role as an educator to influence a sense of purpose not only for me but for students as we work very closely with others.”

Another area of divergence was how different group members considered their gender expression within their own culture. For some of us, gender—especially when it comes to how we perform and express our gender—is more flexible, while other group members maintained a more essentialist sense of gender within their cultural context. For example, Anthony shared, “what a world would look like if we didn’t see people as women, men, or trans or non-binary, but just as individual people who had different bodies that could do different things and had different needs, it just feels so much more freeing to me,” while Dalad wrote, “If the world has no gender, I must be lost.” The spectrum of how gender was held by different group members created different starting points to questions that invited contemplation of identity in a more overt fashion.

There were a few different focal points for group members that added to the context of our contemplative group practice. Some group members seemed to focus on the very here-and-now process of the group, reflecting on the quality of the connection between group members. There was a looming question, *are we really getting to know one another in this context?* Another focus was on the potential transformation of group members through the group process. *How will I and/or we be different after this process?* There also was a focus on the method itself. *Are we doing this right? What will be the value of this study? And for whom?* Thus, these different focal points, among others led group members down different paths of inquiry, interest, and exploration.

Discussion and Recommendations

This article reports the findings of seven co-researchers/co-participants who engaged in a caring, voluntary, and contemplative practice group which sought to generate findings across a variety of topics relevant to multicultural and social justice-competent research (Hays, 2020). Considering social and cultural movements, our group explicitly sought to blend CBPAR and self-reflexive research to resist white supremacist, patriarchal, and colonialist research practices. We share our findings and reflections upon the research process to inspire others, including counseling researchers and educators, interested in utilizing contemplative practice groups as a means of engaging in more equitable, transparent, and mutually beneficial research relationships (Hays, 2020).

While it is questionable whether decolonized research is possible within academia (Buggs et al., 2020; Ziai et al., 2020), we aimed to create spaces for open discourse and multiple perspectives using reflective practices that foster insight and participation in research. Our study highlighted some of the deeper challenges to conduct research that is free of Euro-patriarchal norms.

Though diversity plays a vital role in multiple levels in academia, training, and practice, the reflexivity in this study reinforced an imperative to recognize and welcome varied perspectives that increase a sense of awareness and connectedness to others. By allowing individual representations of mindfulness, a space of sharing and caring enabled learning about different practices and viewpoints. Moreover, reflective questions and responses increased a sense of respect, empathy and validation among participants. In counseling research, reflective questions could foster spaces for diversity and social justice practices needed for improved social context.

Another significant outcome of this reflective group experience was the power of being part of a group. The group process was significant for each member to understand their role in the group but also the consequences of being in this group. In practice, teaching, and research, counselors could benefit from taking time to be reflective

about their group memberships. This shared group experience resulted in an increased awareness about each person's responsibility in their role in the group.

Our research recommendations may also have clinical implications. Using greater collaboration and reflection in research could lead to increased relevance to the counseling community. Oftentimes, researchers in our field are serving clients and teaching counseling students. Integrating the values of equality and a non-hierarchical framework in a group process, as discussed in this article, creates the possibility of passing them along in counseling sessions and in the academe itself.

Our study offers a model of research as caring. With the help of group reflexivity, our process transcended analytical inquiry and accessed a heart-centered ritual of listening and being with each other during a time of collective unrest. The experience of nurturing the tribe or village (Smith, 2012) as part of the research paradigm benefited our group of co-researchers. Caring can be adopted as a central pillar in social justice infused research as a statement of professional values and the guiding mission of our therapeutic field. Caring invites in a thoughtfulness for how a study is conceived, how researchers present and carry themselves, how participants are recruited and tended to, and how knowledge produced is shared and applied.

Study Limitations and Next Steps

This study was inspired by CBPAR practices (Hacker, 2012) in which co-researchers worked together to generate knowledge related to a co-designated research question. However, several elements of CBPAR were not present in this study. Specifically, the Facilitating Researcher invited a group of co-researchers/participants into a community process of self and group reflection, which is different from CBPAR. The Facilitating Researcher did guide the study and shaped certain aspects of the study. Accordingly, it can be argued that we never truly reached a breakdown of the researcher/participant divide. Lastly, with all qualitative methods, generalizability is not the goal. Our study, like many other qualitative studies, will not stand up to modernist conceptions of precise replicability. Instead, our goal in sharing our experiences in forming and participating in a contemplative, reflexive, anti-racist practice group was to offer one imperfect model to potentially inspire innovation in multicultural and socially just research in counseling.

Our group experience emphasized multiple perspectives that were shaped into a collaborative voice. However, multiple limitations existed that impinged upon our ability to craft a truly equal relationship between all co-participants/co-researchers, despite our intentions. For instance, a need to get approval from an IRB before recruiting participants meant that an inflexible hierarchy was already in place. A potential route might have been to determine if our study could have been exempt from IRB approval given that we were all co-researchers. The issue with this route was that it would have communicated that our project was not research. We faced a catch-22; if we wanted this project to be considered research, a hierarchical structure was necessary, and if we wanted to avoid this structure, we would need to sacrifice the label of research. We are not advocating, however, against structure or institutional research oversight, nor are we implying that hierarchy does not exist outside of colonization; rather, this project highlighted the reality that the hierarchy within colonized research is accompanied by an embedded and inflexible power structure that can set the researcher (in this case, the Facilitating Researcher) apart from the community.

Internalized academic norms also could have influenced our expressed hesitation in leading discussions and decisions related to efforts to present and publish these findings. Our study is an invitation for researchers to consider how to disrupt harmful dynamics by including CBPAR and reflexive principles in research designs. These principles can be helpful in illuminating the invisible dynamics of power (Alvesson & Sköldböck, 2009; Hacker, 2012) by increasing the equity in group experiences and offering the opportunity for ongoing care and compassion for each group member. As mentioned above, our achievement of these goals was mixed, thus we recommend a more active and ongoing reflection on the dynamics of power and connection among the stakeholders in a study.

Similarly, the group process discussed in this article illustrated some power dynamics involved in leadership and research. The co-researchers were somewhat hesitant to become the leaders each week because of

an implicit assumption of having a leading researcher. Therefore, educators and practitioners need to purposely address the power differentiation in training and practice. The impact of social practices in counseling arenas was visible in this microcosm as the co-researchers accepted some expectations without challenging the apparent group dynamics.

There are a number of next steps resulting from this study. The group members shared that they would like to experience a longer and more focused group—perhaps working with one question for more time. There were sentiments shared about enhancing the researcher/participant connection and sense of *getting to really know each other* which was somewhat hindered by the structure of the group meetings and journaling format. The immediacy experienced by the group members may have been enhanced by meeting in-person. In addition, future endeavors could explore using specific reflective methods, open dialogue among participants, and even offering a workshop experience.

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Table 1**Summary of co-researcher/participant characteristics**

Name	Age	Gender	Sexual Orientation	Race/Ethnicity	Academic Standing	Religion Spirituality
Anthony	47	Transgender Man	Queer	White	MA Student	Some Western Buddhism/ Various Spiritual Teachings
Dalad	40	Cisgender Woman	Heterosexual	Thai	Doctoral Student	Catholic/Buddhist (Combined)
Erin	43	Cisgender Woman	Heterosexual	White	PhD; Visiting University Faculty	Catholic
Kari ^a	28	Cisgender Woman	Queer	White	MA Student	Western Buddhism/ Agnostic Theist
Ryan	31	Gender-Fluid	Bisexual	White	Doctoral Candidate	Buddhist
Yuleinys	U	Cisgender Man (toward Gender-Fluid)	U	Latina	PhD; Counselor Educator	U
Zvi ^b	40	Cisgender Man (toward Gender-Fluid)	Gay	White-Jewish	PhD; Non-Tenure Track Faculty	Jewish flavors with Western Buddhism Infusion/ Interfaith And Agnostic

Note. U=Undisclosed.

^aProgram Office of Holistic Research Center/Logistics support

^bFacilitating Researcher/ Holistic Research Center Director

Appendix A

Social Location Paragraphs

Participant	Submitted to Express Interest in the Study
Anthony	I am a forty-seven-year-old, white, able-bodied, college-educated, queer, transgender man who began transition at age 38. I am the youngest of six children from an Italian-Irish Catholic family. I grew up in a middle-class family in a mostly white, suburban area and attended Catholic school from kindergarten through senior year of high school. My father was a doctor and my mother had an associate's degree and worked at home raising six kids. Five out of the six kids in our family attended colleges and hold graduate degrees, including myself. I am able to work and travel on my own freely at this point in my life and transition as I am read as male in most settings. I own a car and rent an apartment by myself.
Dalad	I was originally from Thailand and I am a first-generation of my family who came to the USA. I identify as a cisgender female. I was born in Bangkok, Thailand as the second daughter of a low-income family. My grandparents were from China, but my father was born in Thailand. I grew up in a low-income family community in which there was a strong stereotype toward a female. I came to the USA when I was 17 years old for my Associate Degree. I started to understand diversity as I was living in an urban area. However, due to my background as a female from Thailand, the majority of the time, I have been feeling discriminated against due to misunderstanding perception about a female from my country. Even though I have traveled to many countries, I feel no different relating to how people perceive me as a female from Thailand.
Erin	I am a fourth generation American, Catholic, white, able-bodied, heterosexual, cisgender female. I am married and a mother of three children. I grew up in a suburban, upper middle class, nuclear family. My father, grandfather, and all of my uncles served in the United States military. My family had a very service-oriented approach to the community.
Kari	I am a 28-year-old white German, European, French American female living in Oakland, California. I was born in Indiana to a nuclear family with 4 siblings that practiced the German Baptist faith. This religion is in our ancestry for hundreds of years influencing our mentality and ways of being greatly, even after we left when I was 5 years old. At the age of 16, my family and I moved to central Washington State where I completed high school and went to college for Sociology and Spanish. After college, I traveled to Costa Rica where I found a new sense of self and got in touch with my intuition. After getting pregnant in Costa Rica, I returned to the United States and had a baby at the end of 2018. I did an open adoption and he currently resides with that family in Oregon who I visit frequently. I am now attending JFK University in Pleasant Hill for my Master's in Counseling Psychology - Somatics. I present as a female, however, have always had "tomboy" ways of being and recently have become more comfortable in that. I identify as queer and one of my main focuses and identities is my relation to the spiritual world and how that manifests in my physical reality as I experience it through the body.

Participant	Submitted to Express Interest in the Study
Ryan	<p>I am a 31-year-old white doctoral student living in New Mexico. I identify as bisexual and genderfluid. My parents were college professors, and I grew up with a great deal of social class privilege and social capital. I was homeschooled until high school, which shielded me from a great deal of the gender policing I would have likely encountered based on my diverse interests; my maternal grandparents were farmers in Illinois. My relationship with ability status is strongly influenced by my older brother, who is Deaf and has an intellectual disability; I grew up using ASL and identify as bilingual and bicultural. Difficulties in my family system and with my own mental health led to a tumultuous adolescence and my involvement as a patient/client/convict in the mental health, judicial, and carceral systems. These experiences instilled in me a perspective I doubt I would have ever acquired in my sheltered, suburban, and upper-middle-class life. As a young adult, I found contemplative practice through self-help/mutual aid fellowships and personal therapy, and my love of yoga led me to become a yoga teacher. Further, my work as a mental health therapist has exposed me to a number of contemplative practices, which have supported my long-term mental health recovery. I can see how all of my experiences and group memberships influence my current professional agenda (research, practice, teaching, and advocacy).</p>
Yuleinys	<p>I am a cisgender female, Latina immigrant, who resides in central California. I grew up in a comfortable financially stable environment within a diverse community. I am a naturalized American citizen with also a Venezuelan passport. I embrace a bilingual, bicultural lifestyle that involves my children, communication, and traditions. I am still considered able-bodied and I value diverse abilities. I am a counselor educator who enjoys cultures, learning, and diversity.</p>
Zvi	<p>I am a first generation, born in the U.S., Jewish white gay male. I grew up in NY in an upper middle-class family in a part of Brooklyn that has a very suburban feel to it. There was not much diversity around me, and queer people were invisible. My ancestors were survivors of different violent attacks on Jewish communities in Europe. Though I present mostly as male, my gender feels more fluid at times, and I can express myself in ways that are often deemed feminine in Western culture. I am able-bodied, though I can struggle with the media's idea of the perfect male body. I do not fit into that mold. I am well-educated in the academic sense and have had the opportunity to travel abroad and observe life in other countries. At this point, I am leaning towards immersing in other cultures, to the extent possible.</p>

Appendix B

Posed Contemplative Questions

Question By	Contemplative Question
Anthony	What would the world be like without gender? What would our life look like individually and collectively if there were no gender? If we did not choose to identify gender in the way that we do, if it was not such a big deal? What would it be life if gender did not exist? We just had our bodies, but did not have gender? So, we have our bodies and this thing called gender, what would we do if we didn't use gender in the ways we use it in this reality? One of his stories - After he started transition, he went to rent a vacuum and he had to check out his gender, and the options were male and female. Why do they need to know my gender to rent a vacuum?
Kari	How do I balance and live with both absolute and relative truths? How do I go back and forth between those 2 extremes? Oneness vs Duality. Balancing Identities in this reality with a lack of identity beyond this
Ryan	In what ways have contemplative and social justice practices interacted in your life?
Erin	As counselors, we are caregivers. What compels you to be a caregiver? Do you view caretaking as a <i>calling/vocation</i> or a just a <i>career</i> ? For the purpose of operationalizing a definition, we will define <i>calling</i> as: (a) 'a transcendent summons, experienced as originating beyond the self,' (b) 'to approach a particular life role in a manner oriented toward demonstrating or deriving a sense of purpose or meaningfulness,' (c) 'that holds other-oriented values and goals as primary sources of motivation' (Dik et al., 2009, p.6). We will define <i>vocation</i> as consisting of just (b) and (c).
Dalad	Based on my ethnicity/culture: What do I need to remind myself of and put into practice more often? How does this play into my own identity and interaction with others?
Yuleinys	What might you want to learn more about because of being a part of this group?
Zvi	Where do we go from here? What does meaningful integration look like for this process we have been through, given our diverse cultures/identities/COVID-19/personal life twists? What and how are you drawn to reflect more deeply on from what we have explored in a way that can be shared with at least one other person? And how do we hold the desire to share our process in more conventional means (like publishing)?

Sustaining Long-term Community-Academic Partnerships: Negotiating Power and Presence

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Abstract

Community based participatory research (CBPR) partnerships simultaneously increase knowledge and community well-being. Despite the growing number of long-term (as opposed to project-specific) CBPR partnerships, research has yet to sufficiently explore factors that contribute to their success and sustainability over time. This study investigated this question by exploring the perceived benefits, barriers, and facilitators of participation in one long-term CBPR partnership, with particular attention to the role of power. Fifteen members and non-members of a CBPR partnership were interviewed, and data were analyzed using qualitative content analysis. Interviewees discussed the value of involvement in the partnership, including strong relationships, honest discussion of power dynamics, mutual learning, and capacity building. Barriers and facilitators to involvement included access factors (ability to be involved) and participation factors (desire to be involved.) Attention to power dynamics was an important benefit for members, yet culturally-specific organizations faced unique barriers to participation. The findings of this study suggest that future long-term CBPR partnerships should prioritize addressing inequitable logistical barriers to participation, discussing power dynamics and power-sharing, and “centering the margins” by focusing on the needs and interests of culturally-specific organizations.

Keywords: intimate partner violence, community-based participatory research, research practice partnerships, domestic violence, evaluation

Sustaining Long-term Community-Academic Partnerships: Negotiating Power and Presence

Recent years have seen a considerable rise in the number of community based participatory research (CBPR) partnerships in the field of domestic violence (DV; Maciak, Guzman, Santiago, Villalobos, & Israel, 1999; Thomas et al., 2018; Wennerstrom et al., 2018). This trend reflects researchers' and practitioners' increased commitment to overcoming the legacy of mutual mistrust that has hindered collaboration (Andrews, Pepler, & Motz, 2019; Ghanbarpour et al., 2018; Murray & Smith, 2009; Murray & Welch, 2010; NVAWPRC, 2001). The collaboration described here, called Project Collaboration for the purposes of confidentiality, is one such CBPR collaboration, comprised of DV practitioners and researchers who have been collaborating for almost ten years to improve DV survivors' lives through practice-based research and research-based practice. See Thomas et al. (2018) for a longer discussion of the nature of Project Collaboration. While Project Collaboration members have provided anecdotal descriptions of their experiences (e.g., Thomas et al., 2018), this study aims to provide a systematic account of the benefits, barriers, and facilitators of participation in this long-term collaboration, to inform our own development as well as offer guidance for similar long-term partnerships.

As we sought to understand what has made Project Collaboration work as a sustainable collaboration, we were also interested in understanding *for whom* Project Collaboration and similar CBPR collaborations may be most sustainable. We, therefore, wanted to hear from people who have chosen to participate (current Project Collaboration members) *and* people who have chosen not to (DV practitioners from non-member agencies.) This latter group includes potential stakeholders whose voices are rarely included in CBPR evaluations (Chavez, Duran, Baker, Avila, & Wallerstein, 2008; Vera & Polanin, 2013). We, therefore, included in the sample both current Project Collaboration members and DV practitioners from non-member agencies.

Literature review

Community-based participatory research (CBPR) is an approach to research characterized by full collaboration between researchers and community members, with the goal of increasing knowledge and action to improve the wellbeing of communities (Collins et al., 2018; Drahota et al., 2016). Core values of CBPR include (a) transparent and trusting relationships, (b) building on each partner's resources, strengths and interests, (c) attending to and redistributing power, (d) equitable decision-making and accountability, (e) creative and flexible processes, and (f) dissemination of research products to those most affected (Goodman et al., 2018; Israel, Schulz, Parker, & Becker, 2008).

CBPR partnerships can take a variety of forms, from brief, time-limited collaborations between a single academic institution and community partner, to long-term, ongoing projects that involve a variety of academic and community collaborators. Although, historically, the vast majority of community-academic partnerships have been time-limited (with fewer than 10% lasting more than six years; Drahota et al., 2016), the number of long-term CBPR collaborations has increased in recent years, raising questions about how to define and measure success for this kind of ongoing partnership (e.g., Garland & Brookman-Frazee, 2015; Israel et al., 2020; Palinkas, Short, & Wong, 2015). Recent literature has begun to identify characteristics and processes of effective partnerships, such as shared leadership, trust, adaptability, and strong communication (Brush et al., 2020), and to investigate the role of CBPR values, such as power sharing, in successful long-term partnerships (Wallerstein et al., 2020). Different studies have focused on concepts such as "synergy" and "collective empowerment" to characterize partnerships with effective and equitable models of collaboration (Jagosh et al., 2015; Wallerstein et al., 2020). However, these recent studies still call for further research on what constitutes long-term success in CBPR partnerships and how best to share power and disrupt existing power hierarchies in these collaborations (Israel et al., 2020; Wallerstein et al., 2020).

Project Collaboration is an ongoing regional CBPR partnership, formed in 2011 to address difficulties in evaluating DV programs in the absence of clear conceptualizations of program success and ways of measuring

it. Following collaborative research to address these gaps, Project Collaboration members (including the third and fourth authors) have gone on to produce multiple scholarly publications and practice tools for the field (e.g. Goodman et al., 2014; 2015; 2016). Today, Project Collaboration consists of representatives from over 20 DV agencies in the region and researchers from approximately five research institutions, though exact numbers fluctuate, with approximately 10 consistent practitioner-members, and another 10 who have been less consistent, for reasons we wanted to understand better, in part through this study. The majority of Project Collaboration members are white women, a sobering reflection of the current dearth of people of Color in leadership positions in the state's DV practice community, along with other factors, to be discussed in the results section (Prabhu, 2017). However, a few members identify as Asian or Asian-American, Black, or mixed race, and a few identify as men. Members of Project Collaboration continued to gather for bimonthly meetings with discussions about shared interests and challenges, guest speakers, collaboration on current projects, and plans for future ones, until spring of 2020. Due to the COVID-19 pandemic, Project Collaboration has been on an extended hiatus, while members juggle their pressing personal and professional demands; the hope and intention is to resume our regular meetings once the pandemic subsides.

In response to both internal interest within Project Collaboration to reflect on our first ten years of partnership and also calls within the field to examine factors that contribute to successful long-term CBPR partnerships (Israel et al., 2020), this study aims to explore both the successful and challenging elements of Project Collaboration's characteristics and processes. In particular, by drawing on the perspectives of both members and non-members of the partnership, we hope to illuminate factors that have made sustained involvement in Project Collaboration compelling and feasible for some practitioners but not others. Following an identified need in the field (Wallerstein et al., 2020), as well as our own curiosity about the demographics of Project Collaboration members and non-members, we aim to draw particular attention to the role of power dynamics and power sharing in long-term CBPR collaborations. The research questions are as follows: What factors hinder and facilitate ongoing participation in long-term CBPR partnerships, and what do participating members perceive the benefits to be?

Methods

We used a qualitative descriptive methodology, which is valuable for capturing relatively unknown phenomena, and relies on participants' own descriptions of the topics under investigation (Sandelowski, 2000; 2010). This study was approved by the Institutional Review Board at Boston College. While Project Collaboration is itself a CBPR collaboration, the following study was not conducted using CBPR methodology. That is, although developing the idea for the study was a collaborative venture, practitioners-members appointed the researcher-members to conduct it, due to time constraints and greater interest in the results than the process. The researcher-members then collaborated with the first and second authors (non-members) to ensure integrity of the research process (i.e., non-member authors led data collection and analysis to minimize bias).

To be eligible to participate in the study, individuals had to be 1) a current, active Project Collaboration member (attends meetings on a regular basis); 2) a former (not involved in Project Collaboration for at least one year) or intermittently-involved (attended fewer than 25% of meetings in the past two years) member of Project Collaboration; or 3) a non-member (no prior Project Collaboration involvement) but a staff member at an agency that intentionally serves DV survivors. We used convenience and purposive sampling and recruited via email.

The final sample consisted of 15 adult women. Eight were active members, three were former/intermittent members, and four were non-members. Participants ranged in age from 33 to 63 (mean=50.1 years), with 13 participants identifying as white, one as Biracial, and one as Black. At the time of data collection, participants had an average of 19.5 years of DV-related work experience and represented 13 different DV programs. The racial and gender composition of this sample is consistent with Project Collaboration's membership and, more broadly, DV practitioners in the region in which this study was conducted (Russell, 2020; Goodman & Epstein, 2008; Koyama,

2006). The results section will further address additional factors that may influence the demographic composition of the group. Project Collaboration members typically have a general interest in and appreciation for research, and have learned about CBPR, in particular, through participation in the collaboration. In some cases, even non-members familiar with Project Collaboration, as it is well-known in the region and has been discussed at state and local DV practitioner meetings.

We conducted 30-45-minute interviews. All interviews were conducted by phone to facilitate convenience and ease of scheduling for participants. Two separate semi-structured interview protocols were used: one for active and former/intermittent members and one for non-members. (Please see interview protocols in appendix.) Both interview protocols centered on two domains: 1) barriers and facilitators to participation in Project Collaboration and 2) the perceived impact of Project Collaboration.

We used qualitative content analysis, a systematic approach to analysis that focuses on summarizing and describing (Elo & Kyngäs, 2008). Qualitative descriptive research derives from the naturalistic inquiry tradition, which seeks to study phenomena in their natural state as much as possible, employing whatever theories and techniques best capture the phenomena as they would appear outside of the research process (Sandelowski, 2000). While some interpretation is inevitable in all analysis, qualitative content analysis stays close to the data, imposing minimal interpretation and representing findings in everyday language that participants themselves would generally agree with (Sandelowski, 2000; 2010). This approach faithfully reflects participant voices in a manner that is consistent with naturalistic inquiry (Sandelowski, 2000). Consistent with qualitative content analysis, we used a three-step approach: open coding to generate an initial list of codes, closely representing participants' own words; grouping codes into broader categories of similar ideas; organizing categories into overarching clusters that represented themes. Codes, categories, and clusters were iteratively reviewed and refined as new data were collected and analyzed. Data collection and analysis took place simultaneously until theoretical saturation occurred.

Reflexivity among the research team was particularly critical for this study, given the researchers' proximity to the research subject. As founding members of Project Collaboration, the third and fourth authors challenged themselves and one another throughout the research process to question how their close involvement with the CBPR partnership could lead to blind spots in the questions we formulated and our analysis of findings, as well as how it might influence participants' openness in their interviews. To partially address these concerns, the first and second authors, graduate students with minimal prior involvement in Project Collaboration, both conducted the interviews and led the analysis.

Throughout the research process, we also reflected critically on the ways that our own identities as white women and academic researchers with race, class, and professional power might influence our understanding of the findings. In particular, we challenged each other to center marginalized voices from culturally-specific DV programs in our consideration of the implications of the study, even if they did not represent the perspectives of the majority of interviewees, so as to not replicate prior systemic harms to culturally-specific programs and marginalized groups of survivors.

Results

Two overarching clusters emerged: 1) the value of involvement in Project Collaboration and 2) barriers and facilitators to involvement. These are described next, with categories indicated in bold and codes in italics. The frequency with which participants spoke to each category or code is reported as "few" (less than 4), "many" (4 to 7), or "most" (8 or more). This approach enables us to identify patterns within the data, such as common or unusual themes, without suggesting quantitative generalizability (Sandelowski, 2001). We differentiate between "member" (i.e., active or former/intermittent) and "non-member" responses, to identify those based on experience of Project Collaboration versus speculation.

Cluster 1: The Value of Involvement in Project Collaboration

The value of relationship-building through Project Collaboration emerged as a major theme, with most members describing how Project Collaboration strengthens relationships both among practitioners and between practitioners and researchers. Members talked about the value of networking but also feeling close and comfortable with other members, looking forward to seeing them, and sharing interests. Members also reported valuing the rare opportunity to build real, reciprocal relationships with researchers. As one member said, “You don’t commit to projects like this unless you have trust and communication and a good rapport”.

Most members reported that Project Collaboration **pays close attention to power and inclusion**, which contributes to the strength of relationships. Most described feeling that, in Project Collaboration, *all voices matter, irrespective of professional status and social position, such that members feel comfortable speaking up*. As one member said, “You have a voice, a voice that gets heard, you’re valued, your input is also valued.” Another member explained, “We all get to talk. It’s not like [the researcher-members] are talking at us or even bringing a researcher to talk *at* us.” A few practitioner-members described feeling intimidated by researcher-members when they first joined Project Collaboration, but reported that this quickly dissipated. A few members reported that *involvement in Project Collaboration boosted their confidence to speak in other forums*.

Many members described Project Collaboration attending to power dynamics by *prioritizing ongoing conversation about power, diversity, and inclusion*. Members acknowledged desire for more diversity and a sense that the group was always working toward this. One member said:

What I truly appreciate about Project Collaboration is that we talk about those hard things, whether it’s race, class, or any of the issues... and we really try to look through those things through a lens of social justice... sometimes those conversations are hard to have but they’re happening.

Many members also appreciated that *roles within Project Collaboration are equitable rather than equal*. Members take on leadership roles commensurate with available time and capacity. Two researcher-members coordinate and plan meetings because they have more schedule flexibility than practitioner-members. Meanwhile, practitioner-members often drive the ideas that Project Collaboration pursues. Many practitioner-members explained that this current division of labor was a relief because, as one member said, “We are so overwhelmed and so busy in our day-to-day life putting out fires.”

Most members spoke about how Project Collaboration **facilitates mutual learning relevant to their work**. Many noted how Project Collaboration *members come from a variety of roles and organizations and so offer a wide variety of perspectives*. Most also described how Project Collaboration *promotes practice-informed research and research-informed practice*. For instance, practitioners help researchers keep abreast of what is happening in the field, while practitioners are exposed to various topics and tools for their work. They learn what is working in other places, so they do not have to “reinvent the wheel” and have empirical justification for their practices. One member referred to Project Collaboration as, “A true collaboration and a meeting place for both of these worlds,” and another explained, “I’m probably touching the, you know, the toe of the elephant and researchers are touching another part”.

Most members described how **Project Collaboration increases practitioners’ capacity to advocate for the needs of organizations and survivors, modify organizational practices, and evaluate their work**. Many members explained how *connection to research gives legitimacy to practitioners when dealing with outside stakeholders*. Members described mentioning their involvement with Project Collaboration to grant-funders and receiving more credibility for their organizational practices. Many members also spoke about how Project Collaboration *influences the community by bringing multiple agencies together for conversation and action*.

Cluster 2: Barriers and Facilitators to Involvement in Project Collaboration

Two categories of barriers and facilitators to involvement in Project Collaboration emerged: *Access* factors prevent or enable an individual or agency's *ability* to be involved in Project Collaboration. *Participation* factors prevent or enable an individual or agency's *desire* to be involved in Project Collaboration.

Most members and non-members identified **barriers to accessing** Project Collaboration. Most identified the *time commitment of Project Collaboration activities (including travel)* as a barrier. A few members and non-members noted *working for a smaller agency* (many of which were culturally specific) was a barrier to accessing Project Collaboration because employees juggle multiple roles, leaving little time. One member also said *high staff turnover makes Project Collaboration involvement inconsistent*. Many members and non-members identified **facilitators of accessing** Project Collaboration, which aligned closely with barriers. Many described *the ability to control one's schedule* as a facilitator of access. In addition, *public transit-accessible meetings* were critical for those without cars; for those with cars, it was *access to parking*.

A few non-members identified **barriers that affect their desire to participate in Project Collaboration**. One non-member from a culturally-specific organization was unfamiliar with Project Collaboration's previous work but presumed an *absence of research projects focusing on culturally-specific groups* would be a barrier to participation. Another non-member, who worked for a different culturally-specific organization, described *feeling split between the DV-specific and culturally-specific needs of survivors* and was therefore conflicted about whether to spend her limited time with DV-specific or with of culturally-specific collaborations.

Most members described a range of **facilitators that contributed to their desire to participate** in Project Collaboration. Many identified the *welcoming environment* as a facilitator. Many also described feeling *drawn to participate when their work was relevant to the meeting or project's focus, and they had knowledge to contribute*. A few members identified the *ability to choose one's level and type of participation* and Project Collaboration's *inclusiveness regardless of invitation or role* as facilitators of participation. Although these facilitators are related to the factors reported earlier that make participation worthwhile, they alone are not sufficient for sustaining participation.

Discussion

This study explored perceived factors that contribute to or hinder sustainable participation in a long-term DV-focused CBPR collaboration. Many of our findings about the benefits of involvement in Project Collaboration echo those from previous studies of CBPR processes and outcomes that have noted the value of trusting relationships, equitable leadership roles, and mutual learning (e.g. Garland & Brookman-Fraze, 2015; Brush et al., 2020). In particular, like other CBPR studies, we found that Project Collaboration's explicit attention to power dynamics within the partnership was a major benefit of involvement for practitioner-members (e.g. Wallerstein et al., 2020). Specifically, Project Collaboration redistributes academic power by increasing practitioner-members' credibility with funders and other stakeholders, who often view the perspectives of academics as more legitimate or credible than those of practitioners (Ghanbarpour et al., 2018).

These findings support the value of a CBPR approaches to long-term collaborations, which emphasize attending to and redistributing power (Goodman et al., 2018; Jagosh et al., 2015; Wallerstein et al., 2008). However, the findings of this study not only point to the benefits of CBPR but also the more systemic need to challenge and break down existing norms of credibility, whereby partnership with researchers boosts the credibility of practitioners, but not necessarily vice versa. Others have highlighted this credibility crisis, for instance in the way that academics often assert that "we don't know" something, despite substantial community knowledge, simply because it has not been studied by other academics (Burk, 2018), or the way that members of marginalized communities will be asked to cite sources to justify assertions about their own lived experiences (Starr, 2018). Redistributing the privileges of academic power through CBPR is a good step towards ensuring that voices of

survivors and practitioners carry authority as critical sources of knowledge. But in the final analysis, it does not address the root issue that non-academic collaborators have less credibility to begin with.

This study also echoed findings from previous research about logistical factors, such as time commitment, access to parking, and proximity to public transportation, as barriers to CBPR participation (Agans et al., 2020; Coburn & Penuel, 2016; Farrell et al., 2018; Garland & Brookman-Fraze, 2015; Garland et al., 2006). Discrepancies in access are not power-neutral: Culturally-specific organizations that serve communities of Color, immigrant communities, or LGBTQ communities are likely to be smaller and under-resourced (Star, 2018) and, therefore, have less capacity to participate. Thus, addressing these logistical barriers to participation is a critical equity issue for CBPR collaborations like Project Collaboration. The interviews for this study were conducted before the COVID-19 pandemic, which, along with many immense challenges and hardships for DV survivors and practitioners, has created small windows of innovation and opportunity. One such innovation is the use of virtual meetings to decrease logistical barriers to participation in meetings and organizations. While Project Collaboration has been less active during the pandemic as members focus on “putting out fires” in their own communities, virtual meetings are a promising option for increasing equitable access to participation in Project Collaboration and other similar CBPR collaborations in the future.

Along with issues of accessibility, this study also addressed factors that influence desire to participate in Project Collaboration. Notably, we included the perspectives of non-members of Project Collaboration and were challenged to acknowledge that, in pursuing research projects that focus on the interests of the mainstream DV organizations that comprise Project Collaboration’s membership, we have often failed to prioritize the needs and interests of culturally-specific programs. One interviewee from an organization serving a specific racial minority group discussed difficulty choosing between spending her time and energy on DV-specific vs. culturally-specific collaborations. Implicit in this statement is a recognition that the DV-specific research conducted by Project Collaboration is not truly for her and her organization; that it assumes a default lens of whiteness that can only ever partially address her needs and interests. Another interviewee from an organization serving predominantly people of Color expressed hesitation about trusting Project Collaboration members, who she perceived to lack experiences of marginalization, and skepticism that Project Collaboration’s research agenda would align with her agency’s needs. Her point is well-taken and reflects Project Collaboration’s past failure to invest resources in collaboration with programs and survivors with specific marginalized identities, such as LGBTQ, disabled, immigrant and BIPOC survivors. We are also left with the discomfort of wondering whether the welcoming, cozy environment described by Project Collaboration members reflects the relatively homogeneous identities of the group (Chavez et al., 2008). Though, as a notable exception, one longtime member of Project Collaboration who identifies as a Black woman denied concerns about race or power in her interview, and we would be remiss not to capture her perspective here as well.

Intersectional feminist scholars and leaders in the DV field have called for the interests of culturally-specific organizations to be moved from the margins to the center (hooks, 1984; Burk, 2018; Starr, 2018), and the findings of this study suggest that Project Collaboration has work to do in this arena. In order to truly center the margins, Project Collaboration and other similar CBPR collaborations must work to *earn* the trust of culturally specific programs: explicitly inviting them in as collaborators, listening to and prioritizing their interests, and continuing to reflect on and redistribute inequitable positions of power.

Limitations and Implications for Practice and Research

The current study has a number of notable limitations. First, the findings reflect only those current and former members of Project Collaboration who participated in the study and not all members (e.g., those who chose not to participate or could not be invited because we no longer had contact information for them). Second, as previously discussed, all four researchers and the majority of interviewees were white women. This likely limited who was interested in talking to us, what they shared, and how we related to and interpreted the findings.

Likewise, although interviews were conducted by non-members, their relationship with member authors might have influenced practitioner-members' willingness to be totally candid in their responses. These limitations point to the need for more research on diverse CBPR collaborations.

CBPR collaborations represent an important strategy for fostering research-informed practice and practice-informed research in the DV field and other fields. Like Project Collaboration, other collaborations should be prepared to explore ways to minimize barriers to equitable participation, including addressing logistical barriers to access and committing to centering the priorities of culturally-specific organizations in their communities of practice.

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Appendix

DVPERC Process Evaluation Interview Protocol

(Members)

Introductions

- **Introduce yourself / what your research interests are.**
- **Summarize the purpose of the study:**
- We are working with Lisa, Kristie, and [add names of other interested members] on a project designed to learn about what kinds of research DV programs value and what kinds of partnerships with researchers would be most useful. We are specifically interested in how you think about DVPERC. The project will involve interviewing three groups: active members of DVPERC; former or intermittent members of DVPERC; and non-members of DVPERC. For the purposes of the project, you are in the _____ group.
- Do you have any questions so far? [*If yes, address any questions*]. If not, and you are okay with continuing, we can review the consent form. [*Review consent form, including confidentiality, de-identified data, can discontinue the interview at any time*]. There will also be a short demographic questionnaire to fill out after the interview.
- Before we begin, we also want to acknowledge that we are very interested in all that you have to say, including both positives and negatives. Do you have any other questions before we begin?
- **Is there an alias that you would like to use?**
- **Could you please tell me about the type of work you do at [organization name]?**

Part 1: Research Needs/Wishes

- **How does research and evaluation fit into your current organizational priorities or other aspects of your organization's practice?**
- **How do you and/or your organization use research, if at all?**
- **What are you eager to learn more about in terms of research, if anything?**
 - *Probe: If they only talk about evaluation (does this work)...are there dimensions of you or your client's lives or experiences that you also wish you knew more about?*
- **Has your organization ever partnered with researchers in the past?**
 - *Probe: How do you decide whether or not to partner with a particular researcher or pursue a research collaboration?*
 - *Probe: One participant said that she asks a) will it be beneficial for the organization, (b) will it contribute something valuable to the field, and (c) do we have the capacity? Does this resonate with your experience at all?*

PART 2: DVPERC

We've been talking about research broadly, but now I'd like to shift to talk about a specific partnership, DVPERC.

PARTICIPATION

- **How would you describe DVPERC?**
 - *Probe: Are there parts of it that are particularly important for you?*
- **What makes participation in DVPERC easy/hard from a practical perspective?**
 - *Probe: Do you have any stories that highlight these challenges/ facilitators?*
- **What makes participation in DVPERC easy/hard from an interpersonal or structural/power perspective?**

- *Probe: Do you have any stories that highlight these challenges/ facilitators?*
- *Does it ever feel like there is an in-group? Or that it is clique-y?*
- *Do you feel free to disagree when we are talking about sensitive issues?*
- **Other researchers doing similar projects have found that things like race/racism, professional status, or access to resources can create tensions within research-practice collaborations. Have these factors ever come up for you?**
 - *Probe: What is it like for you that when you look around the room most people are White women and from a mainstream program?*
 - *Probe: Are there roles or identities (your own or other members'), or other sources of power that contribute to these barriers/facilitators?*
 - *Probe: Can you tell me a story that illustrates how differences in power or privilege have impacted your experiences in DVPERC?*

IMPACT

- **Can you share a little about what you/your organization gets out of individual DVPERC meetings, if anything?**
 - *Probe: Were there any speakers, discussions or topics that were particularly meaningful or influential? If so, which ones and how?*
- **Beyond individual meetings, how (if at all) has DVPERC influenced you and/or your organization?**
 - *Probe: What dimensions/aspects of DVPERC contribute to this?*
 - *Probe: Can you give me an example that highlights how DVPERC has influenced you personally or professionally? Your organization?*
 - *Probe: How are you sharing DVPERC information with the rest of your organization, if at all?*
- **Have you seen DVPERC's influence extend outside of your own or your organization's work?**
 - *Probe: What dimensions/aspects of DVPERC contribute to this?*
 - *Probe: Can you give me an example that highlights DVPERC's influence beyond your organization?*
- **What makes participation in DVPERC worthwhile / not worthwhile, in terms of logistical, interpersonal, and power-related factors?**

FUTURE DIRECTIONS

- **Is there opportunity for DVPERC to be more inclusive?**
 - *Probe: Who is not being included now? Who should be?*
 - *Probe: In the face of very little to no funding, what specific steps could DVPERC take to be more inclusive? Practically? Interpersonally? Power-wise?*
- **When you think about DVPERC, is there anything more that you'd like to get out of it?**
 1. *Probe: Specific speakers, topics, or activities?*
 2. *Probe: Research topics?*
 3. *Probe: What would you like to see more of/less of?*
- **Of everything that we discussed today, what is the most important point that you want to stress or think would be helpful moving forward?**
- **Is there anything important that we have not asked about?**

DVPERC Process Evaluation Interview Protocol (NON-MEMBERS)

INTRODUCTIONS

- **Introduce yourself / what your research interests are.**
- **Summarize the purpose of the study:**
- Thank you for taking the time to speak with me today. We really value your time and input. We are working with Lisa, Kristie, and [add names of other interested members] on a project designed to learn about what kinds of research DV programs value and what kinds of partnerships with researchers would be most useful. We are specifically interested in what you think about a research partnership called DVPERC. The project will involve interviewing three groups: active members of DVPERC; former or intermittent members of DVPERC; and non-members of DVPERC. For the purposes of the project, you are in the non-member group.
- Do you have any questions so far? *[If yes, address any questions]*. If not, and you are okay with continuing, we can review the consent form. *[Review consent form, including confidentiality, de-identified data, can discontinue the interview at any time]*. There will also be a short demographic questionnaire to fill out after the interview.
- Before we begin, we also want to acknowledge that we are very interested in all that you have to say, including both positives and negatives. Do you have any other questions before we begin?
- **Is there an alias that you would like to use?**
- **Could you please tell me about the type of work you do at [organization name]?**

PART 1: RESEARCH NEEDS/WISHES

- **How does research and evaluation fit into your current organizational priorities or other aspects of your organization's practice?**
- **How do you and/or your organization use research, if at all?**
- **What are you eager to learn more about in terms of research, if anything?**
 - *Probe: If they only talk about evaluation (does this work)...are there dimensions of you or your client's lives or experiences that you also wish you knew more about?*
- **Do you and/or your organization collaborate with any researchers already?**
- *Probe: If not, is coming together with researchers around your practice something that could be useful?*
- *Probe: How do you decide whether or not to partner with a particular researcher or pursue a research collaboration?*
- *Probe: One participant said that she asks a) will it be beneficial for the organization, (b) will it contribute something valuable to the field, and (c) do we have the capacity? Does this resonate with your experience at all?*
- **If barriers were not an issue, what would your ideal involvement in a research project look like?**

PART 2: DVPERC

We've been talking about research broadly, but now I'd like to shift to talk about a specific partnership, DVPERC.

- **Have you heard about it?**
 - **If so, what do you know or may have heard about DVPERC?**
 - *One of the things we are interested in learning about are reasons why people do/do not choose to become involved in DVPERC. With that in mind, we are curious to learn about the factors that led to your decision not to be involved.*

- *Probe: Are there any practical/logistical reasons?*
- *Probe: Are there any interpersonal or structural/power reasons?*
 - *Probe: Other researchers doing similar projects have found that things like race/racism, professional status, or access to resources can create tensions within research-practice collaborations. Have any of these factors come up in terms of not joining DVPERC?*
- **What are your impressions of the impact/influence of DVPERC on the DV community?**
 - **If not, let me tell you a bit about it:** *The Domestic Violence Program Evaluation and Research Collaborative (DVPERC), is an ongoing, regional, unfunded collaboration between DV practitioners and researchers committed to using CBPR to improve DV survivors' lives. We've been around since 2011, working to bridge research and practice and attend to both process (e.g., authentic, respectful relationships) and outcomes (e.g., rigorous research that is useful to survivors and programs).*
 - *Probe: Does this sound familiar?*
 - *What questions do you have?*
 - *Does it sound interesting or enticing? Why? Why not?*

FUTURE DIRECTIONS

- **Is there opportunity for DVPERC to be more inclusive?**
 - *Probe: Are there specific logistical/practical challenges we could address?*
 - *Probe: Are there specific interpersonal or structural/power variables we could address? For example, race, professional status, access to resources.*
- **What would need to happen/how would DVPERC need to look for you to become interested in participating?**
 - *Probe: Specific speakers, topics, or activities?*
 - *Probe: Research topics?*
 - *Probe: What would you like to see more of/less of?*
- **Of everything that we discussed today, what is the most important point that you want to stress or think would be helpful moving forward?**
- **Is there anything important that we have not asked about?**

Amidst the Chaos: Developing a Counseling Psychologist Identity during Ongoing Social Unrest

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Abstract

In this reflection paper we discuss the complex challenge of undergoing Counseling Psychology doctoral training as gender expansive women of color during times of great sociopolitical unrest in the United States (U.S.). We consider how via insider status, we are uniquely impacted by engagement in clinical and research work with diverse communities that face ongoing threats to their social and psychological well-being. However, our insider positions are rarely considered in our training experiences. We argue that the field of Counseling Psychology must make a concerted effort to center the voices of students with minoritized identities or runs the risk of engaging in White supremacist practices. We end with recommendations for how Counseling Psychology can better consider and address the needs of doctoral students with minoritized identities.

Keywords: counseling psychology, professional psychology, clinical training, research training, social justice

Amidst the Chaos: Developing a Counseling Psychologist Identity during Ongoing Social Unrest

In 2020, the American Psychological Association (APA) released its 13th annual *Stress in America* survey, comprised of a national U.S. adult sample. The survey illuminated the heavy toll of the U.S. sociopolitical climate on life stress. When asked about major sources of life stress, 56% of respondents endorsed the 2020 presidential election. The following year, APA released *Stress in the Time of Covid-19*, another national survey of life stress among U.S. adults. In this survey, 68% of adults endorsed the current political climate and 59% endorsed police violence toward communities of color as significant sources of life stress.

The increasingly charged sociopolitical climate characterizing 2020 and 2021 has resulted in elevated levels of stress across the U.S. As argued by scholars, the recent climate has fueled discriminatory treatment against many diverse communities across race, ethnicity, religion, sexual orientation and gender identity (Flaskerud & Lesser, 2018; Paluck & Chwe, 2017) Krupenkin et al., 2019) with syndemic disparities taking center stage during the Coronavirus pandemic (Azar et al., 2020; Garcini et al., 2021). It is during times of sociopolitical and economic unrest that psychologists must intervene at the individual, social, and community levels; these interventions must be grounded in principles of social justice to bring about critical change (Grzanka et al., 2017).

According to APA's (2017) Ethical Principles of Psychologists and Code of Conduct, "psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to use such knowledge to improve the condition of the individual, organization, and society." The ethics code highlights that as part of this responsibility, psychologists are expected to respect and protect human rights (APA, 2017). Thus, psychologists have an ethical duty to contribute to the well-being of the most vulnerable populations, including neutralizing the ill effects of hostile sociopolitical climates (see Harzem, 1987; Council of Counseling Psychology Training Programs, Association of Counseling Center Training Agencies, & Society of Counseling Psychology, 2009).

A long-standing history shows that Counseling Psychology has long been invested in creating necessary social justice change (DeBlaere et al., 2019; Vera & Speight, 2003). The Society of Counseling Psychology (2020) emphasizes that the practice of Counseling Psychologists spans a broad range of culturally attuned practices that promote well-being, alleviate distress, resolve crises, and increase individuals' ability to function better in their lives. Counseling Psychologists are trained to consider cultural and environmental factors that uniquely impact diverse groups and to provide psychological relief through research, clinical, and advocacy efforts. For these reasons, Counseling Psychology is in an ideal position to train the next generation of social justice driven psychologists who can respond to the uniquely negative sociopolitical climate that has characterized the U.S. in recent year. However, we assert that Counseling Psychology training programs must be more proactive in supporting trainees with minoritized identities by helping trainees leverage their own cultural capital (Yosso, 2005) to shape the future of the field.

Gazzola et al. (2011) found that Counseling Psychology graduate students reported disappointment with the training experiences they received to develop their professional identities, leaving some feeling unprepared for professional work. Participants noted that the training they received left them unclear about what a Counseling Psychologist identity truly encompasses (i.e., theoretical perspectives, paradigms) and how this translates into practice for social change. For instance, respondents reported an internal struggle between choosing an "expert" stance versus endorsing an "egalitarian perspective." A growing movement within the profession has called for Counseling Psychology to infuse a social justice perspective to counseling theories, paradigms, the ethics code, and clinical practice (Pope et al., 2021; Ratts, 2009; Singh et al., 2010). As noted by Scheel et al. (2018), "counseling psychology's emphasis on diversity and social justice has emerged with a level of clarity and vigor unsurpassed in its history" (p. 9). Yet, scholars continue to call on training programs

to adequately address systems of oppression (Beer et al., 2012; DeBlaere et al., 2019; Singh et al., 2010)
The Implications of Political Divisiveness on Psychologist Training

In 2016, shortly after the 45th presidential election, a national poll of K-12 educators found that 67% had witnessed specific incidents of student-initiated bigotry, racial slurs, and harassment towards diverse groups (Southern Poverty Law Center, 2019). Educators also described student aggressors as more emboldened to freely express negative views towards others. Further, 80% of educators expressed that they were highly concerned about the worry and fear expressed by students to widespread anti-immigrant rhetoric and federal policies, which created heightened levels of anxiety and stress among students of diverse backgrounds (Southern Poverty Law Center, 2019). More recently, misinformation related to the use of facemasks and the COVID-19 vaccine has unearthed new threats to daily life in the U.S. (Ayers et al., 2021). Reports of serious physical violence toward Asians has skyrocketed during the Coronavirus pandemic (Gover et al., 2020) and there have also been ongoing violent uprisings, some within U.S. federal buildings (Zarkov, 2021), that demonstrate ongoing sociopolitical unrest.

In 2018, Crandall et al. sampled 388 U.S. adults and found that participants perceived a shift in the acceptability of prejudice toward certain social groups targeted by former President Trump post-election. Namely, participants reported that prejudices were becoming more acceptable in the general social landscape around them. Similarly, a national survey conducted by the Pew Research Center in 2019 found that 65% of U.S. adults believed that a culture of overt racism was more socially common and acceptable following the election of former President Trump.

Mental health providers have reported that recent policies targeting diverse groups (e.g., separation of families, discriminatory policies, racial profiling, etc.) has added to and/or exacerbated clients' mental health stressors. Consoli et al. (2018) and Krupenkin et al., (2019) found that immigrant adults described persistent fear of persecution related to being detained, banned, or deported. The Substance Abuse Mental Health Services Administration (2019) found increased serious mental health challenges across all ages of Black/African American individuals in recent years. In the context of COVID-19, Black Indigenous, People of Color (BIPOC) have seen disproportionately high numbers of coronavirus incidence, hospitalization and death compared to White adults (Gold et al., 2020), as well as higher rates of unemployment and economic stress (Pew Research Center, 2020). COVID-19 has had, and will continue to have, detrimental impacts on the well-being of BIPOC communities for generations to come.

Counseling Psychology doctoral students face unique challenges in today's sociopolitical climate (Galan et al., 2020). Students are forging their own professional identity as social justice advocates while also learning how to navigate serving clients and carrying out research among communities that have been under persistent threat from federal policies. For example, students conducting research with Latinx immigrants will have to consider how heightened fear and political uncertainty of the future plays a significant role in mental health symptomatology (Chavez-Deñás et al., 2019; Consoli et al., 2018). Additionally, doctoral students with minoritized identities have to navigate these same concerns while in the midst of a pandemic. In a recent study exploring the experiences of Counseling Psychology doctoral students during COVID-19 (Pasyk et al., 2021), an emergent theme was a sense of needing to negotiate personal and professional identities while also feeling an inherent sense of loss (e.g., loss of training plans, purpose, structure and routine, community). Further, the authors noted that undergoing training during a pandemic brought to light inherent power differentials between doctoral student trainees, supervisors, and program administrators.

In clinical training, many critical opportunities are missed to train students in how to discuss and respond to sociopolitical issues with clients, including, clients' rights and ability to resist discriminatory treatment at the individual, community, state, and federal levels. Indeed, scholars have called attention to the discrepancy that exists between the commitment that the field of Counseling Psychology has made to social justice and the actual preparation that individuals receive to fully learn how to become active social change agents (Olle, 2018). DeBlaere et al. (2019) noted that training programs centered around social justice may intentionally or unconsciously

uphold and recreate systems of oppression when failing to consider a system-level focus on the conceptualization of individual problems. We argue that when training programs do not explicitly address how the sociopolitical climate in the U.S. has fostered a rise in state-sanctioned discrimination and violence toward diverse groups, they are inherently upholding deeply embedded foundations of White supremacy in training practice (Liu 2017; DeBlaere et al., 2019; Speight & Vera, 2004). In simple terms, when training programs do not account for minoritized students' unique needs—how they are disparately negatively impacted by sociopolitical unrest and/or the Coronavirus pandemic—they are upholding a status quo that centers non-minoritized students' experiences and needs.

By 2060, BIPOC will comprise the majority of U.S. residents (United States Census Bureau, 2015). It is imperative that psychologists be ready and able to address how an increasingly hostile sociopolitical climate fuels mental health disparities among minoritized communities in an effort to prepare the next generation of social justice change agents. Counseling Psychologists are called on to engage in actions that will challenge inequity and create larger systemic change (Prilleltensky, 2003; Singh, 2020). In her recent 2020 Society of Counseling Psychology presidential address, Dr. Anneliese Singh called on Counseling Psychologists to move towards a framework of liberation. She noted the need to decolonize and re-Indigenize Counseling Psychology, to center Black liberation, to unlearn internalized Whiteness in Counseling Psychology, and to uplift the liberation of Black and Brown trans women and nonbinary communities. Dr. Singh called for a transformative process within the Counseling Psychology field, including the need to reconsider training programs and how we become active agents of liberation (Singh, 2020).

According to Goodman et al. (2004), social justice within Counseling Psychology is defined as “scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination, empowerment, and change” (p. 793). In line with this definition, Goodman et al. (2004) discuss six principles for engagement in social justice that include (a) ongoing self-examination, (b) sharing power, (c) giving voice, (d) facilitating consciousness raising, (e) building on strengths, and (f) providing clients with the necessary tools to create social change. Vera and Speight (2003), borrowing from Bell's (1997) definition of social justice, assert that the goal of social justice is, “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, 1997, p.3). Ratts, (2009) notes that in practice, a social justice paradigm “uses social advocacy and activism as a means to address inequitable social, political, and economic conditions that impede the academic, career, and personal/social development of individuals, families, and communities.” While social justice definitions, frameworks, and paradigms have been well circulated in the Counseling Psychology literature, researchers argue that remains a severe gap in how social justice is infused in doctoral students' training experiences (Goodman et al., 2004; Ratts & Pederson, 2014; Ratts & Greenleaf, 2018; Vera & Speight, 2003). -

Researchers have examined how Counseling Psychology training programs are preparing doctoral students to develop as social change agents (Beer et al., 2012; Singh et al., 2010). In a mixed methods study of Counseling Psychology trainees, Beer et al. (2012) found that participants perceived significantly less integration of social justice training than they desired, reporting a strong desire for additional social justice training. Singh et al. (2010) sampled 66 Counseling Psychology trainees and found that participants expressed the desire for social justice to be infused in all aspects of training as well as for training opportunities outside of Counseling Psychology programs. Yeo et al. (2017) examined how webpages communicated multicultural information to prospective students via a random sample of 90 APA accredited doctoral health service psychology programs. In their review, the authors found that Counseling Psychology programs had a greater amount of multicultural information on their webpages for prospective students compared to Clinical and School Psychology programs. The authors stated that while multicultural visibility in websites served to attract a more diverse student body in Counseling Psychology,

resistance to change within organizational cultures and within programs continued to impede representation and recruitment of Counseling Psychology students with minoritized identities.

Many graduate programs have pivoted in response to social justice concerns among students and faculty by integrating social justice into the very framework of their program. The Counseling Psychology Model Training Program was revised in 2018 (Scheel et al., 2018) to respond to the changing climate in which Counseling Psychologists work. Similarly, Ratts and Greenleaf (2018) developed the Counselor-Advocate-Scholar (CAS) model to delineate the different roles that counselors can assume when engaging in social justice advocacy. The CAS model considers how counselors ought to assume multiple roles such as the counselor, advocate, and scholar when addressing issues of social justice and inequality. Most importantly, the conceptual framework is centered on a multicultural-social justice praxis which acknowledges a multicultural society and the critical role a social justice change agent has in creating effective change in the lives of all individuals and society. Furthermore, Ratts and Pederson (2014) note that counselors committed to integrating social justice in their work must expand dominant discourse in counseling by recognizing an individuals' cultural background when working with clients and communities, resist the value of neutrality, and acknowledge the issue of oppression and other external influencing factors on clients' lives. While the field of Counseling Psychology has generated suggested guidelines in the provision of training to respond to an increasingly hostile sociopolitical climate, the larger body of literature has yet to center the perspectives of students from minoritized backgrounds who are the forefront of addressing health disparities within their communities of origin. It is critical that students from minoritized backgrounds, who are not often in positions of power, raise their voices about how Counseling Psychology programs are preparing us to be agents of social change.

Reflections on the Inclusion of Minoritized Students in Counseling Psychology Training

The current paper began as a culminating group project in a Counseling Psychology seminar in winter 2019. We are part of a combined Counseling, Clinical and School Psychology doctoral psychology program on the West-Coast. Each year, the program admits a cohort of about 10 to 12 students of diverse backgrounds and whose research interests align with those of the departmental faculty. Some of the research conducted by faculty include multicultural supervision, psychotherapy integration and training, interventions supporting the mental health and well-being of sexual and gender minorities, and resilience and thriving among BIPOC communities with a strong emphasis on Latinx, immigrant and Spanish-speaking persons.

A specific requirement for Counseling Psychology doctoral students in the program is that they take two counseling seminar courses. The specific seminar from which this paper developed served to orient doctoral trainees to the field by introducing theories that are foundational to the field. In this course we discussed intersectionality, prevention, minority stress, and critical race theory and together applied these theories to significant socio-political issues like the Black Lives Matter movement and immigration policies under the 45th presidential administration.

During the course of the winter quarter, the topic of what it meant to begin and continue training during severe political unrest was a constant theme throughout class discussions. We came to realize that while our training opportunities were rooted in cultural humility, multiculturalism and social justice, the field as a whole was not yet prepared to address what it meant for trainees with minoritized identities to come into their professional identities as Counseling Psychologists during an especially volatile sociopolitical climate. Further, as a class comprised of gender expansive women of color (both students and instructor), it was even more evident that our personal experiences and professional needs as members of diverse groups targeted by the 45th presidential administration were not fully considered by the field, nor in our clinical and research training.

In the next section we discuss our experiences of undergoing Counseling Psychology doctoral training as gender expansive women of color with diverse intersectional identities during a time of intense social unrest. We share our stories to call attention to important structural shifts needed to help us—and other minoritized students—better navigate training programs. It is our aim to collectively raise awareness about some of the

challenges we have faced in developing our professional identities as well as to highlight factors that have positively shaped our development.

“La Lucha Sigue:” *The Fight Continues* by Iliana Flores

I am a cisgender Latina raised by a single immigrant mother who came to the U.S. to pursue the “American Dream.” My mother did not speak English, nor had any formal education. She had to work multiple low-wage jobs to support me and my siblings. This meant I had first-hand experiences with poverty that often exists in underserved communities. At a young age, I became aware of how a lack of resources to prevent or address issues of mental health, domestic violence and substance abuse in the community often led to negative outcomes and consequences. These experiences allowed me to bear witness to and understand how it was crucial for individuals in our society to provide families with resources that could provide hope and relief.

As a bicultural (Mexican American) and bilingual (Spanish-English) Counseling Psychologist-in-training, I am often made aware of the impact that systemic oppression and inequity have on individuals from marginalized communities. As such, my role as a clinician has been largely informed by a social-justice lens. For instance, I find it crucial to consider how different forms of oppression within the current sociopolitical climate interact (i.e., xenophobia, racism/prejudice, white supremacy, patriarchy) to impact the lives of many people, particularly those from less privileged backgrounds. I strive to be intentional about using a strengths-based approach to highlight clients’ resilience and to formulate a treatment plan that is congruent with their needs and cultural identity—values that are especially critical during this period of political unrest and the Coronavirus pandemic. Indeed, developing a psychologist identity as a woman of color and working closely with community members has been rewarding, yet challenging.

As a first-generation college student, I have learned to cope with a persistent feeling of imposter syndrome that was exacerbated during the presidential election of 2020, feeling “othered” at times while attending a historically white serving institution, or becoming discouraged by the lack of BIPOC representation in academia. Moreover, these issues have been compounded when my training does not cover how to provide effective clinical services to BIPOC that are impacted by racism and prejudice, threatened with detainment and deportation, and/or consumed by fear for their safety and wellbeing in our current U.S. climate. In many of these moments, I look to my colleagues and the many mentors in my life that work tirelessly to challenge the status quo for guidance and direction. It is through many private discussions that I have found my ability to heal and find radical hope. This has included showing up to a mentor’s office and expressing my frustration for the social inequalities I observe in and outside of clinical work and being validated for how I feel, as well as reminded that *la lucha sigue* (the fight continues) and our struggles are not in vain because they are helping to create important changes that are for the good of society. At times it is the simple act of others acknowledging my lived experience; that as a first-generation college student of color, navigating academia is no simple task. In fact, my survival is a testament to my strengths, abilities, and tenacity to persevere. These moments encourage me and remind me to keep moving forward so that one day I can be in a position where I can extend hope to other students that also face institutional disillusionment. I am hopeful that the field of Counseling Psychology will continue to name the systemic issues that affect individuals. And moreover, I hope that our field will provide adequate training opportunities that build on the inherent strengths of students with minoritized identities.

प्रेरणा (*Prerana*): *Inspired by Being the Other* by Himadhari Sharma

While I identify as a second-generation, multilingual, Asian Indian American, cis-woman, eldest daughter of immigrants, the weight given to each aspect my identity has often had to be negotiated. Being raised in a predominately white suburb in the Midwest, my family’s “otherness” was always apparent and at times not welcomed. Which aspect of my identity took lead was often determined by the needs, situation, and environment. In many settings, my responsibilities and expectations went beyond my role reinforcing the societal expectation to quietly work hard. As witness to my immigrant parents’ struggles and sacrifices, a pressure to achieve became

interwoven into my self-definition. My experiences ignited a passion to serve a community of American “misfits” and “others,” while also trying to balance my duty to honor my family expectations.

I am privileged to have had the support to change fields, leaving a paid job to pursue a doctoral degree in Counseling Psychology. I am aware that my born citizen status and middle-class socioeconomic background have allowed me to focus on my career. At a young age, I was introduced to the challenges faced by non-white and culturally diverse individuals in accessing relevant mental health support. This became the motivation for my graduate studies, influenced by my desire to serve marginalized communities. While my ambitious professional goals may be encouraged, I must acknowledge the effect of, and invisible pressure placed by an internalized model minority myth on my pursuits.

Developing my identity as a future South Asian American woman psychologist has been challenging. With the support of my advisor, I have sought opportunities to access resources, mentorship, and professional environments that validate my identities, such as the Asian American Psychological Association and the Division of South Asian Americans. I have had the privilege to collaborate on projects that quench my thirst to serve and build community. My personal and professional experiences fuel my commitment to social justice within my work, both clinical and research. I continue to find ways to challenge the status quo, as I understand not fitting into it, by pursuing research focused on my and other minoritized communities. I place emphasis on utilizing strengths-based culturally humble approaches (e.g., Relational Cultural Therapy; Jordan, 2017) with clients to honor their diverse paths to culturally salient healing. I am committed to going beyond traditional white psychology, in effort to serve those often ignored, encourage radical healing, and use my power and privilege to aid in righting the wrongs of society and our field.

***Bienestar, Alegria, y Conosimeinto: Well-being, Joy, and Knowledge* by Veronica Franco**

My experiences as a Latinx, bilingual, first-generation cisgender woman have guided my commitment towards social justice, liberation, and guide how I engage in cultural humility, growth, and critical consciousness. I have learned to actively seek spaces outside of academia that center and uplift communities and work towards disrupting the status quo. As I approach the later part of my training, I find myself centered and grounded in my commitment towards social justice and the liberation of BIPOC individuals. Growing up as a second-generation daughter of immigrant parents from Mexico in a predominately low-income Latinx community, I witnessed the constant juxtaposition between survival and wellbeing. Often informed by the large disparities that exist among communities of color and the hostile social political climate; these direct experiences as a Latinx, particularly Mexican American, bilingual (Spanish and English), low-income woman has informed the ways in which I navigate academia and the lens through which I view healing, social justice, and advocacy.

Having received my Master of Counseling Psychology in a predominately White institution in the Midwest exacerbated feelings of otherness and not belonging. I often felt the pressure to “push through” feelings of not belonging and not being “smart enough” in order to meet milestones. The most difficult challenge as a trainee has been learning to navigate through a system that forces students to separate their personal experiences from their professional world, when they intersect at all aspects. As a graduate student, I constantly grapple with the disconnect I experience in training as if systematic racism and disproportion of access and resources are experiences faced by “other” communities that I do not belong to. The experience of learning of disparities, inequities, and discrimination that communities and diverse groups face as if us doctoral students were removed has only exacerbated feelings of not belonging and not being seen.

My pursuit of a graduate degree is a direct reminder of the constant juxtaposition my parents experienced between survival and wellbeing. Graduate school has symbolized that there is no time to attend to my own needs despite fatigue, sadness and anger, but rather that I must “push through.” However, as I progress in my professional and personal growth, I choose to disrupt the narrative of merely surviving by centering the importance of *mi bienestar, alegria, y conosimeinto* (my well-being, joy, and knowledge). I recognize that academia promotes values

that I personally do not agree with, and I am reminded of the commitment I have towards BIPOC liberation and the immense impact my social support and mentors have had on my own process towards liberation. Through my relationships, I have been able to build academic families that are fostered and fueled by values of liberation, love, community, collective care, and mentorship.

Am I Enough? by Adrian M. Valadez

Describing the complexities surrounding my intersectional identities is a feat that is not easily accomplished in a concise manner. My salient identities implicitly come with caveats whenever I speak about them. For example, it is not enough for me to acknowledge the fact that I am a third-generation Mexican American because it comes with disclaimer that my experiences are impacted by the fact that I am also half-White and phenotypically White. It is not enough to acknowledge my Queerness because it must also be paired with discussions about Questioning identities and my hesitation to come out in spaces other than academia. And while my identity as a cis-woman and the privileges associated with it are protective in some ways, I must also acknowledge the ways in which my status as a first-generation college student further isolates me in a system that was not built with communities like mine in mind.

Through my academic career, mentorship has proven to be vitally important in my retention and success. Receiving mentorship from various advisors who have shared some semblance of my experiences have helped to validate my nuanced identities and protect me from the imposter syndrome that I am so often ailed by. However, academia for a first-generation student is an alienating system. This isolation that I experience is further exacerbated by the fact that education, as much as it was an escape for me, is also the catalyst that has distanced me from my “roots.” As a result, there has always been contending views residing inside of me that I no longer belong to the places that I come from nor do I belong in the spaces in which I currently reside- an experience that is jarringly similar to feeling out of place as a biracial Queer woman.

I have often found myself attempting to navigate my place in academic via pure “brute force.” I have carried the mentality that if I “keep my head down” and work hard, good things will come to me. But this myth of meritocracy has not been sustainable. I have received food stamps and federal aid, applied for emergency grants in order to afford rent during the time of COVID-19, and have largely survived through the overextension of myself. While I hold a great deal of pride for my grit and resilience, I have to acknowledge that much of my ambition is fueled by the pressures to contribute to systems that are not reciprocating my investment and the internalized ideas that my productivity is reflective of my self-worth.

My experiences of alienation have largely fueled the ways that I choose to integrate social justice in the field of Counseling Psychology. My research interests related to LGBTQ+ mental health not only allow me to serve a community that I belong to, but also afford me the opportunity to engage with like-minded scholars who can relate to my “out of place” feelings. More importantly, I seek to enter a career in academia with the intention to mentor students who “look like me” in an effort to build a more inclusive and supportive field for the future Counseling psychologists.

Centering the Voices of Minoritized Students by Alison Cerezo

I am Counseling Psychologist, having earned my PhD in 2009. I am a mixed-race Latina with parents that were born in Guatemala and Puerto Rico. I identify as queer and as somewhere between non-binary and woman. I am the first and only person in my immediate family that has graduated from college. I was born and raised in an area of Los Angeles, CA with few economic and social opportunities for young people, meaning my older brothers went off to the army or straight into the workforce following high school. My identities and my lived experiences play a central role in my engagement with academic spaces. I see academia as a means to an end, an opportunity for social and economic mobility. As Counseling Psychology faculty, I approach my work as building opportunities for engagement in clinical work and research from a social justice stance, being able to address social and health disparities for communities that face historical, systemic barriers to their well-being.

Addressing health disparities is a driving force in all of my work, from discussions about systemic racism and oppression in research methods, clinical training and supervision, to the ways students are tasked with considering social and economic policies and/or movements in coursework. My commitment to health disparities is rooted in personal experience as a caregiver to my parents. When I was 18 years old, my father lost his eyesight and as a result, our family lost our home. Several years later, my mother also suffered major health crises. My parents' health issues, and the economic fallout as a result of those issues, have marked my entire adult life. I've come to learn that my family's health and economic challenges are not unique but rather reflect disparate rates of chronic health issues in Latinx and BIPOC communities. My family is part of a larger pattern of inequity in the U.S. where many BIPOC are employed in low-paying physically demanding jobs with few health resources. I make it a point to discuss intersectional experiences and needs with students, asking them to consider those community members that are hardly reached and thus hardly served. I teach that all interventions should start with those individuals in mind so that services rendered have the capacity to reach all members of the target community. In times of social unrest, teaching and training from a social justice orientation has meant that I use this very same principle—I first consider the needs of doctoral students who are hardly reached and hardly served and let that guide all of my work efforts. I have learned that students are well aware of their training needs. It is our job as faculty to listen and to modify our training objectives and processes accordingly.

Analysis of Author Reflections

We shared our narratives to call attention to our lived experiences as minoritized individuals in Counseling Psychology. For us students, graduate training has always occurred during intense social unrest targeting our home communities. However, we have experienced a disconnect in how training programs—and the larger Counseling Psychology field—consider and address our needs. As students with minoritized identities, feeling “othered” is not a new feeling. We experience imposter syndrome in moments when we are the only woman of color in a professional space, or when we offer a perspective that challenges dominant psychological discourse related to theory, research, or clinical approaches. Our collective sense of “otherness” underscores the importance of speaking out about our experiences, to name how chronic and persistent feelings of not belonging has direct implications on psychologist training and the ability to effectively serve our communities.

The Importance of Social Justice Driven Role Models and Mentors

Mentorship has played a critical role in helping us tune into our strengths, self-efficacy, and resilience during this time of heightened social unrest. We have been inspired by mentors who have used their positions of power to advocate for our training needs. This includes teaching us about areas that are integral to the well-being of minoritized groups, despite positioning themselves to be at risk for institutional backlash (Patel, 2015). These mentors create spaces in which students can feel free to voice their concerns safely and become empowered to take necessary action that will challenge the status quo. This has included mentors operationalizing steps toward achieving institutional change (e.g., how to advocate for departmental funding). These role models have demystified what it means to be committed to the field of Counseling Psychology and how students can themselves challenge training perspectives and practices that do not fully align with the values of our field (e.g., a lack of balance between individual-level work and systemic-level work). Indeed, we are grateful for the mentorship that has supported us and has been vital in our development and growth as future Counseling Psychologists. Yet, accessible mentorship from those who look like us and/or share similar cultural experiences is still something we long for and crave. As the current state of the nation continues to be blanketed by a hostile sociopolitical climate, we reflect on our stories and call for resources to equip us with the tools needed to sustainably serve minoritized communities and avoid burnout. Moreover, we observe that institutions must proactively lean in to hear about the experiences of individuals that have been historically underrepresented in and outside of Counseling Psychology and be open to suggestions for how to address the gaps in social justice training from these perspectives.

Recommendations for Counseling Psychology Training

In this next section we offer several recommendations for how training programs can better consider and address the impact of ongoing social unrest on Counseling Psychologist training.

Student Forums to Uplift Minoritized Voices

It is critical that training programs provide forums for students with minoritized identities to voice their experiences and needs, including, how they are directly impacted by discriminatory policies and/or actions. In our experience, many of our loved ones were personally threatened by anti-immigrant legislation; yet, these issues are treated as though they are outside of our personal experience. It is therefore critical that trainees have opportunities to discuss the complex challenge of developing a psychologist identity amidst sociopolitical unrest and that professors and clinical supervisors acknowledge the impact of these issues on our personal lives. Importantly, we argue that programs must not only seek to gather data about how to improve professional development for students with minoritized identities but that they also be transparent about they will seek to implement important changes. We suggest that programs seek a culture shift from a hierarchical decision-making process to more of a horizontal approach in which students are active members in program changes.

Strengths-based Mentorship

Our narratives highlight that professional identity development can be further supported interpersonally by professors in the field who are committed to student development and in investing in the next generation of social change agents. Specifically, our stories suggest that institutions ought to continue to capitalize on the implementation of using strengths-based guidance particularly when working with individuals from diverse backgrounds. In other words, counseling trainees, who may face unique stressors can benefit from additional support and encouragement given the unique stressors they might face (Wong, 2014). Role models and mentors can have a profound effect on students and contribute to their overall well-being and success. We recommend that programs consider how to connect students with mentoring opportunities inside and outside of their training programs to enhance community engagement and support of students. For instance, we encourage departments to build collaborative partnerships with existing programs within universities (e.g., diversity initiatives) to facilitate social support and community building.

Shifting Institutional Culture

To date, scholars have argued for an institutional change, a shift in White institutional values that are guided by notions of individualism, patriarchy, and defensiveness and operate by a top-down value system (Grzanka et al., 2019). We call for Counseling Psychology departments to assess their culture by considering whose values are the basis of operation via an analysis of who comprises leadership within the department, college and/or larger university. This includes productivity expectations during the Coronavirus pandemic. We have found that blanket statements of self-care versus specific changes in work demand and/or access to critical resources can lead students to feel undervalued and unprioritized. We suggest better recognition of students' increased experiences of fatigue, exhaustion, and burnout and invite departments to gather data about students' needs on an ongoing basis. Our hope is that these data will foster transparent community and decision making in the best interest of students' ever-changing training needs. Indeed, ongoing data gathering that seeks to understand Counseling Psychology trainees' experiences, and their relationship to social justice training, is critical for the advancement of our field.

Limitations

Our group was comprised of gender expansive women of color in Southern California. A more diverse sample (e.g., African American, transgender, Southern region of the U.S.) would have reflected different minoritized experiences in Counseling Psychology training not represented by our backgrounds. Moreover, our narratives are a snapshot of our perspectives at a specific time point in our training (third and fourth years) thus reflecting what we believe is missing in our training at this particular moment in our career trajectory. Students in their first or second year of doctoral studies might have different perspectives on what is needed to strengthen their training

as future Counseling Psychologists. Finally, utilizing an approach that inquired about our experiences and our professional identity development at different points in our training could have resulted in a more accurate picture of how our training experiences and needs changed over time and during different phases of social unrest.

Conclusion

Counseling Psychologist training amidst ongoing social unrest has brought to light the social, political, and economic challenges impacting our field, as well as opportunities to help students learn how to be responsive to ever-growing polarity in the U.S. We recommend that Counseling Psychology training programs be intentional about hearing the needs of minoritized students and implement suggested changes at the individual and institutional levels (i.e., forums followed by action, strengths-based mentoring) to ensure that training meets the needs of all students.

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“And the Ones that Survived had Hope”: Resilience in Holocaust Survivors

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Abstract

The current study uses a strengths-based lens to explore the resilience narratives of five Holocaust survivors and their perspectives on experiences of resilience during and after the Holocaust. Using Interpretive Phenomenological Analysis (IPA), transcripts of one to one-and-a-half hour interviews were analyzed by a team of three researchers. Overarching emergent themes of meaning included: Definition of Resilience, Adversities, Attitude After Overcoming Adversity, Method of Resilience, Adhering to Cultural Values, and Beliefs About Others' Experience of Resilience. Subthemes and tertiary categories also evolved and are discussed. Findings are interpreted with the acknowledgement of systemic oppression and overcoming, including participants' development of critical consciousness (Freire, 1975/2000), both relevant to the interpretation of recovery from human-created oppression through a social justice lens. Implications for current societal circumstances and issues are discussed.

Keywords: Holocaust, survivors, qualitative, phenomenological, resilience

Resilience in Holocaust Survivors: Lessons from Those who Survived Genocide

Surviving the Holocaust as a victim of human-created oppression and living to serve the world through an investment in social justice lens characterizes many survivor stories. However, most extant literature on Holocaust survivors, particularly that prior to the past couple of decades, focuses on adversities such as concentration encampment and Post Traumatic Stress Disorder (PTSD) (Kuch & Cox, 1992), as well as the difficulties faced by survivors immediately after their release (Kahana et al., 2007). In the 1970's and 1980's, research started to shift to the longer-term psychological effects of trauma endured by survivors (Barel et al., 2010; Kahana et al., 1997). Most recently, studies have looked at the effects on survivors as they age. Long-term effects for survivors often include continued triggering from the trauma, nightmares, hypervigilance, survivor's guilt and grief (Kellerman, 2009), in addition to normal aging challenges (Kahana et al., 2007). While such studies have been informative, there is a need to learn more about strengths and the social justice service, or 'giving back to the world' characterizing many such individuals.

In addition to the plethora of findings about long-term deficits, Holocaust survivors have been found to have significant resilience (Glickman et al., 2003; Shmotkin et al., 2011). Resilience has been defined as the process of adapting well in the face of adversity, including trauma, tragedy, threats, or other significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors (APA, n.d.). Adversities involve risk, or exposure to difficulties that can interfere with development (Luthar & Cicchetti, 2000). There has been an increasing interest in the contextual and cultural circumstances that promote resilience (Kirmayer et al., 2011; Theron, 2016; Ungar, 2011). Specifically, family cohesiveness, unity, interpersonal relationships, and autonomy are cultural factors and values that have been found to be passed down to subsequent generations of families of Holocaust survivors (Chaitin, 2002).

Inquiry into the experiences of Holocaust survivors has often been characterized by stories of purpose and hope (Greene, 2002). As famously documented by Victor Frankl (1984), many concentration camp prisoners were able to find meaning in everyday life despite the misery and horror through which they were living (Greene, 2002). Just as Frankl was able to attach meaning to occurrences and create hope within the concentration camp where he was housed, others also found things to attach meaning to for survival (Frankl, 1984). Meaning making is defined as the forming and reforming of intentionality and significance attributed to actions or events, and is essential for adult development (Carlsen, 1988). Testimonies from Holocaust survivors have often recounted atrocities experienced with a more meaningful framing. For example, some in the camps assigned meaning to death as an escape from suffering while other survivors conceptualized survival as important in order to fulfill their families' wishes for them (Ayalon et al., 2007).

The resilience of Holocaust survivors is exemplified by their ability to live relatively normal lives in their later years, reporting satisfaction with job situations and interpersonal relationships (Shanan, 1988), being well adjusted both in physical health and cognitive functioning (Barel et al., 2010), and often succeeding in compartmentalizing the trauma they experienced in order to function well in their family as partners, parents, and grandparents (Shmotkin et al., 2011). These traits are seen as adaptive and a means to survive the traumatic experiences not only from the period of the Holocaust but also afterwards (Shanan, 1988).

Other types of responses to the adversities of the Holocaust also have been indicated as helpful in survivor resilience: choosing to live, focusing on basic needs, living for and protecting family, friendships, caring for others, community work, and artistic endeavors (Greene, 2010). Family values, religious beliefs, and social support (Hollander-Goldfein et al., 2012) also have been found helpful in processes of overcoming. In contrast, some have felt their survival of the Holocaust was entirely based on luck and they were simply fortunate to have survived such an atrocity (Ayalon et al., 2007).

While there is a large amount of extant literature on Holocaust survivors in general, less research has been conducted with older survivors, indeed some of the remaining few who are living. Even less of this research has been conducted from a strengths-based perspective, highlighting the fortitude and persistence of such individuals. The lack of a strengths-based foci becomes a social justice issue in that what is published shapes our images of the subject matter. Specifically, reading only about damage and not about strengths of Holocaust Survivors shapes how we frame and think about the experiences of these oppressed individuals. We have much to learn from the strengths of these individuals, particularly in light of our recent struggles in the United States around who we are as a nation and issues of racial justice. While we never want to discount the oppression, it is important to acknowledge and learn from the strengths that allow them to overcome and to use this information to empower communities that continue to be oppressed (Solomon, 1987). In understanding how these Holocaust survivors were able to overcome adversities we can develop a deeper understanding of how to support communities and individuals who continue to experience oppression.

Qualitative research allows for an in-depth look at the narratives and recounting of the participants, with the goal of understanding the phenomenon of resilience through their voices. More specifically, qualitative approaches provide a detailed examination of individuals' subjective human experiences that may not be assessed through objective measures. Thus, our methodology itself becomes a social justice choice. Choosing a method that centers the person's voice helps to avoid the epistemological violence that can occur from using the more top-down, traditional and prescribed ways of studying a topic which unfortunately may perpetuate deficit thinking about certain groups of people (Barker et al., 2003; Teo, 2010).

The current study explores the lived experiences of Holocaust survivors in their eighties and nineties using the phenomenological approach of Interpretive Phenomenological Analysis (IPA), (Smith, 2004). We addressed the research question: How do Holocaust survivors experience and understand their overcoming of adversities and their resilience, and what are the long term impacts of this?

Methods

Researchers' Positionality

The first author is a cisgender, female, Counseling Psychology faculty member, trained in a social justice and strengths-based perspective. She identifies as Latina (mixed European and Mexican) and has engaged in and taught qualitative inquiry for many years. She developed a relationship with the local Jewish Federation when she was asked to help evaluate an agency program (Morgan Consoli et al., 2017). She has devoted her career to teaching and studying multicultural and social justice issues. The second author is a cisgender, female, doctoral student in Counseling Psychology who identifies as a Latinx woman. Subsequent authors are doctoral students in Counseling Psychology. They identify, respectively, as a cisgender, Latinx male of Mexican descent and a biracial, Latinx, cisgender woman of Mexican and European descent. All have been trained from a social justice and strengths-based perspective. None of the authors have Jewish backgrounds.

The first three authors formed a team that analyzed the transcribed interviews of Holocaust survivors. Prior to the start of analysis, the analysis team discussed their preconceived notions and beliefs related to relevant study topics (i.e. resilience, Holocaust, etc.), as is called for in qualitative work to share the lenses through which the data will be viewed (Creswell & Poth, 2018). Analysis team members expressed a consensus in the belief that everyone has the capacity to be resilient but it varies based on life experience and environment and that human-created oppression may create unique ways of overcoming and making meaning of what happened. Perspectives on and experience with the Jewish population varied with some members disclosing they had always viewed Jewish people in positions of power and as spiritual people. One member disclosed having little experience with Jewish people while growing up, and had viewed them as more educated and as social justice advocates. Given the

age of participants, members believed they may have had time to process the experience and attribute meaning to some of the atrocities experienced.

Participants

Participants were recruited through a local Jewish Federation Program with whom our research team had previously worked. This program paired Holocaust survivors with at-risk youth in a mentoring program (see Morgan Consoli et al., 2017). Potential participants were provided information about the study through the federation and encouraged to contact the researchers for an opportunity to share their experiences overcoming adversities through the Holocaust. All five resulting participants (4 female; 1 male), were Holocaust survivors between the ages of 80 and 92-years-old, thus they were young children when the Holocaust occurred. Given its emphasis on depth and the lived experiences of individuals, IPA studies suggest that an acceptable sample size is between three and six participants (Smith et al., 2009), as IPA's primary approach is to provide a detailed and concentrated account of human phenomena (Smith et al., 2009). All were active members in their Jewish community federation. The inclusion criteria for participants were that they identified as Holocaust survivors and were interested in sharing their experiences around resilience. Brief participant descriptions follow.

Participant One

Participant One is an 82-year-old Jewish woman who was born in Poland and was forced to leave her family during the war. She and her relatives witnessed many atrocities as she moved around Europe. After the war she moved to Canada and obtained a master's degree and worked in a public service job. She married, and described bringing up "a successful family of three well-educated children and six grandchildren."

Participant Two

Participant Two is a Jewish woman in her eighties who described herself as "from a family full of doctors." After living through the war from the age of four, she came to U.S.A. from Europe at 11-years-old, where she attended school for the first time, and learned to speak English. During the Holocaust, she was separated from her father who was taken to the Russian Army as a physician, and she went with her mother and uncle to hide in a bunker. Her family was reunited in Poland post-war. She continued on to live in the U.S.A.

Participant Three

Participant Three is a 92-year-old Jewish woman born in Germany. She and her family fled to a Jewish suburb in the U.S.A. at the age of 12 during the war. She lived in a small apartment with her mother and brother. She attended a Jewish grade school and high school. Upon graduation she attended a fashion school, got married and moved to the West Coast of the U.S.A. Her grandparents and grandparents' family were all killed during the Holocaust. She has six grandchildren.

Participant Four

Participant Four is a 92-year-old female who grew up in a "well-off" family in Poland. She was in elementary school when the Nazis came to power. Her family was forced to flee and move around Europe multiple times during the war. They eventually fled to the U.S.A. in 1941 and she attended a university in New York City, then obtained graduate education. She worked in international social service positions for her entire career. She stated that all of her relatives "became professors."

Participant Five

Participant Five is an 81-year-old Jewish man who was born in Germany. When very young, his family sent him on a Kindertransport to Scotland, where he was adopted by a family. The family was later reunited in Bolivia, and moved to the U.S.A. when he was 15 years old. His family was working class and they worked a lot. He attended community college and a university for a few years and became a professional. He married and has children and grandchildren. His aunt died in Auschwitz in a gas chamber, and he lost contact with his father.

Procedures

Interested participants contacted the researchers and individuals meeting criteria were invited to participate in an in-person interview. One of the researchers interviewed the participants at the local Jewish community center or at the individual's home, depending on the preference of the participant (some had more difficulty getting out and about so it was deemed important to go to them in some cases). The researcher reviewed the consent form prior to beginning the interview and answered any questions. Participants were also asked to fill out a brief demographic questionnaire (see below). Interviews lasted approximately one and a half hours and were audio-recorded with the consent of the participants. Interviews were conducted by the first author or by a trained doctoral student. Participants were not given monetary compensation but were provided refreshments during their interviews and thanked for their participation. The research project was approved by the university Internal Review Board.

Materials

Demographic Questionnaire

A brief demographic questionnaire was developed for the purposes of the study. The demographic questionnaire asked questions on age, gender, education, and occupation.

Semi-structured interview

The semi-structured interview protocol and all questions within it were open-ended, allowing participants to generate discussion about their experiences and understanding of resilience, as well as allowing for the researcher to follow up on relevant topics. Questions were developed by the researchers for this study based on previous literature on resilience (Morgan Consoli et al., 2017; Morgan Consoli & Gonzales, 2017, Morgan Consoli et al., 2019; Luthar & Cicchetti, 2000; Ungar, 2011). Questions included participant's definitions of and views on resilience, how they overcame adversities and made meaning out of their experiences, as well as the presence of resilience in the rest of their lives (See Appendix A).

Design and Analysis

The underlying research paradigm for the selected qualitative approach of IPA was social constructivist. Social constructivism aims to understand participants' subjective experiences, asserts that there are multiple realities shaped by our contextualized experiences, and affirms that meaning is co-constructed through researcher-participant interactions (Creswell & Poth, 2018). IPA grew out of qualitative studies in a healthcare setting with a primary goal of exploring how individuals assign meaning to their experiences (Smith et al, 2009). The overall goal of IPA is to explore in-depth how participants make sense of their personal and social worlds and is rooted in the belief that individuals are meaning makers of their lived experiences that are informed by their social and historical contexts (Smith et al., 2009; Smith & Osborn, 2008). A salient tenet of IPA is the elicitation of personal accounts of specific group members that are immersed in their relational, social, and cultural worlds (Larkin & Thompson, 2012). IPA is an interpretative approach and engages in double hermeneutics, emphasizing that as the researchers are making sense of the participants' experience, the participants themselves are also making sense of their own lived experiences (Smith et al., 2009). This allows the researchers to pay attention to participants' processes of meaning-making in their own personal and social worlds (Smith et al., 2009). Using IPA, the researchers intended to create a platform to give voice to the Holocaust survivor participants and make sense of their overcoming of adversities and resilience.

Interviews were transcribed verbatim by the team members. All team members received training in qualitative coding by the first author, who has had several years of experience using IPA's data analysis method. The training consisted of team members practicing coding and discussing how codes were derived as a group with the first author. IPA research is integrative and inductive, thus analysis emerges through the interpretation of participants' experiences while conducting data analysis within each case and across cases (Smith et al., 2009). Steps taken in analysis included line-by-line analysis, in which the researchers immersed themselves in the data

by reading and rereading transcripts and making sense of the emerging narrative of the participant. Researchers then began initial coding as a research team emphasizing “convergence and divergence, commonality and nuance” (Smith et al, 2009, p.80), within each case and then across cases. This process led to coding dialogues between researchers, on the coded data, and on participants’ knowledge that reflected the meanings of their lived experiences given their contexts. The final step included the organization of analysis from initial steps to final steps.

This iterative process led to the creation of an interpretation that encompassed all data relevant to the topic of study. Researchers engaged in dialogue and reflexivity throughout each stage of the analysis. A unique approach to IPA is the focus on what each theme may mean for participants, given their individual contexts (Smith et al., 2009). Analysis team members rotated facilitation of analysis meetings to assist in the prevention of groupthink, and make sure discussions adhered to the data. A faculty member from another university, highly trained in qualitative inquiry, served as the external auditor reviewing the coding and accounts of overcoming adversities to ensure they logically reflected the data. The external auditor provided feedback to the researchers, such as suggestions for clarifications of theme names and definitions, that the analysis team discussed and integrated into the coding scheme. Unfortunately, it was not possible to follow up with participants for their feedback on interpretations, however, as per the method, many clarifications and meaning checks were made during the interviews. The final interpretative themes and narrative are a representation of the researchers’ examination of overcoming of adversities resulting from the Holocaust.

Results

While many discussed the specific adversities they faced, it is beyond the space allotted for this paper to go into details of all such adversities. In general, they faced adversities such as experiencing constant physical danger, losing family, and migrating to a new country or joining a new family. In all of these adversities they discussed an underlying, ever-present fear. Four superordinate interpretive themes emerged across participant responses: 1) Attitude After Overcoming Adversity; 2) Method of Resilience; 3) Adhering to Cultural Values; and 4) Beliefs About Others’ Experience of Resilience. In addition, subthemes themes emerged around overcoming adversities and resilience (see Table 1 for an overview of all themes). In the following section, definitions and descriptions of themes are presented along with significant quotes from participants. One to three participant excerpts are provided to illustrate and support each theme, as recommended by Smith et al., (2009).

Attitude After Overcoming Adversity

A salient theme across participant responses involved participant perceptions of others facing an adversity in life. Participants described having lived through the Holocaust shifted their perceptions of how they view resilience. One female participant described her attitude about resilience as:

My attitude about resilience... in all honesty, I think it’s (going through Holocaust) made me a little bit judgmental. Uh, in that, I don’t like it when people, um, you know, kind of, whine about hardships they’ve had and why they behave a certain way. I think I’m not very nice about that... It’s just, when people feel that they’ve been wronged and they make a very big deal out of it, and it doesn’t, you know, they don’t improve themselves because of this attitude, I’m not very nice about how I look at it.

Method of Resilience

Participants described various ways in which they were able to overcome life challenges. Most participants shared a variety of strategies they integrated within their lives that helped them overcome and be active members within their family and communities. Some included their personal lens of viewing the world, creating meaning, and having hope and other strategies included a shared narrative around remaining silent about the Holocaust and having to rely on themselves.

Choosing Resilience. This subtheme was defined as participants selecting a lens through which they view the world after having faced an adversity. A female participant described this as, "Well you know it's kind of a way of life. I mean you... accept what you can do and what you can't do. Accept what you have and what you don't have. So, it's just like a coping mechanism." Another female participant stated, "Well, you figure if you can survive that, you can survive anything else and do better." A third female participant described her resilience as being strong:

Kind of a strength. Um, to see the synagogue in the neighborhood burning, or hundreds of people strolling around screaming and yelling, what I had to do is walk through the crowd, but without boots, without having boots, and saying, "well I'm going to my school and my school will be different." It was...the reality was that the school was not different. It was also destroyed on *Kristallnacht*. However, that idea, you know, that you have to have strength, and that was, of course, I went to school and maybe in the Jewish school we also learned that you had to overcome this dilemma.

Creating Meaning. This subtheme includes participants' descriptions of making a useful and important life. For example, one female participant described creating meaning as, "Well, be a good citizen. Contribute to the community. Be a responsible spouse, a responsible parent." Another female participant shared that she created meaning in her life "...partly by forgetting difficulties, adversities. For many years and just going with life and doing things that are useful for humanity." A male participant stated:

You know, okay, there are two aspects to your life, is to be successful for yourself, but I also felt that a lot of the things I did was related to making it a better world and that's a cliché, you know. So that's what I recall because none of my work was about making money. It happened that I did make money because, but the fact was, making something interesting and worthwhile... that's maybe what I meant.

Silence About Holocaust. The subtheme of Silence About Holocaust was defined as survivors remaining quiet about their experiences in the Holocaust to better deal with them. For example, a male participant shared, "On purpose, I put it in the background and not thought about it [sic]. That was important to me." A female participant noted, "I don't know whether that's good or not... when I was raising my family. I did not talk about the Holocaust because I wanted them to have a normal life. I didn't want them to feel guilty or anything or feel sorry – I don't want people to feel sorry for me – so in a way, maybe I am to blame, that it's like denying this happened." Another female participant shared, "I never talked for 20-30 years about my experiences, and I lived in foreign countries, and nobody ever asked me, you know, and I just dealt with the present and the future."

Receiving Support. Receiving Support was defined by the researchers as having others assist them to overcome their adversities. A male participant stated that what helped in overcoming was, "Security, both mental, physical, and love. You know, love or friendship, maybe, and understanding above all that. Understanding of other people and what they came through, which is very difficult because somebody who hasn't gone through tragedies or difficulties often cannot really understand them." A female participant shared, "when people go through this huge thing and you know it's kind of like this collective trauma because everyone is going through something similar, everyone is going through the same thing and in some ways can help in the sense of coping because other people know, they all went through it."

Being Accepting. This subtheme encompassed participants' descriptions of a process of coming to terms with one's situation. A female participant depicted this in the following way, "I tried to accept it. There were a few things that I can't quite forgive, for what happened to most of my family. That's one aspect...but most of it, I just tried to live a normal life." Another female participant stated:

Not to know the language, I also had a new mother. We had no money. We were very poor and that was hard to take, you know, not to have anything, when we always had before, and to decide in your mind you will accept all that there is, all these hardships and you go on. You go on with your wish, your determination. I had a focus. I had a very strong focus.

Another female participant stated, about the acceptance of other survivors in her family:

Well, they absolutely couldn't cope with what was demanded of their... they had very low class work, maybe in a factory. My aunt, who was a Jewish princess, worked in a factory gluing wallets, you know, I mean, very demeaning kind of work. Uh, but being that she had a lot of other Jews, refugees there that became her friends; they all coped together, but maybe such a person that was alone, having to do the job that had not support, that had no support, maybe, from home or from herself couldn't cope with it.

Experiencing Luck. This subtheme depicts the belief by some survivors that overcoming Holocaust adversities can be partially fortuitous. For example, a male participant stated simply, "I could move on with life and I'm very lucky because I survived." Relatedly, another female participant stated:

So, we were one of 10% of survivors in this one bunker in (geographic location). So, there was a lot of luck, too. There was planning, but there was luck, too. A lot of these things, a lot of people were hiding, they planned on it, but they were found out. We were lucky not to be found out.

Relying on Yourself. The subtheme of Relying on Yourself was defined as "survival being up to the individual." This was exemplified by one female participant who stated very directly, "It's up to you to survive." Another male participant noted:

I have to deal with things, obviously we all have problems, and we deal with them. I have to solve it myself. I don't think anybody can help, you know, sometimes friends, or family, can give you advice, but I believe very much that basically that, you, yourself, have to solve problems and obviously we all have problems.

Having Hope. This subtheme of Having Hope was defined as looking beyond the present. A female participant stated, "We knew that we would be liberated...and we hoped they would find our families...you know it wasn't always true, but they had hope. Hope was a big thing." Another female participant stated:

You know and, I think when you read the history of some of the survivors...why did some survive, and some didn't? ...because of the resiliency. Because some of them gave up. And the ones that survived had hope.

Adhering to Cultural Values

Participants described cultural values they adhered to that informed their resilience. Many shared the belief of having to move forward, obtaining education, and having a routine as cultural values that were part of their upbringing. This theme included subthemes of Persevering, Bettering Self, Discipline, and a tertiary theme under Persevering by Doing What You Have to Do.

Persevering. The subtheme of Persevering was defined as moving forward in the face of difficulties. A female participant noted, "Well you know, it's like, you know, just keep persevering." Another female participant said, "Well, to me, it means that, after overcoming difficulties, to not worry about it, and just keep up with life. Make the best of life, you know?" Yet another female participant described survival as, "Overcome, to overcome things, events, happenings, life's uh, life's experiences, to overcome them, and to go on with whatever you have to go on with to live."

Within the subtheme of Persevering, a tertiary theme emerged, Doing What You Have to Do. This tertiary theme was defined as participants' seeing overcoming as necessary. A female participant put this simply: "Well you know, we just sometimes have to do what you have to do." Another female participant said, "So, you did what you had to do. It wasn't a matter of you know ... "I can't do this" or you know or, "I need help." A male participant said:

They just worked all their lives. There wasn't any question about it. I started, when we got to Memphis, I was fifteen almost sixteen and I started a paper route. I would get up at 3:30 in the morning and deliver

papers to the ... and then after that I worked in a clothing store and hardware store, so I basically worked the whole time. So, you know, you did what you had to do. It wasn't a matter of we had a choice.

Bettering Self. This subtheme was defined as the process of self-improvement being a part of overcoming adversities, often through education. A female participant stated, "Also, you know when you make goals in life. You want an education...you want a better life for yourself." Another female participant noted, "My parents believed in education. That's part of the whole practice, believing in education and getting ahead," the same participant also shared "Yeah, I think that was very important for my family. Education is very important. For most Jewish families it is. When we came to the United States, getting ahead meant education and that's what we instilled in our kids."

Having Discipline. The last subtheme within the theme of Adhering to Cultural Values was Having Discipline and was defined as keeping a daily routine of life. A female participant noted, "I don't know how much resilience you have in a bunker because you're really not in control of anything. Yeah, I guess you control your behavior, but you had to." Another female participant described this as, "I feel that I am still disciplined. I don't think I am obedient. But I am still disciplined, and I still always have been disciplined. For instance, every day I go in the swimming pool in the morning, and I work out. That's a certain discipline." Another female participant noted:

I had to learn to let all that go and there I had every day, and that kind of a strength I think was born into German children. Obedience, discipline, meant you overcame things. It wasn't a soft way; it was a rather hard way that you overcame things. Obedience and discipline were the utmost importance, and I think that kind of thing is positive, and it is negative. Helped, however, helped me forever to overcome many things that got lost, that were no more, that I had to get adjusted to.

Beliefs About Others' Experience of Resilience

The last superordinate theme is Beliefs About Others' Experience of Resilience. This theme was defined by the researchers as "perception participants had of other survivors who they did not see as resilient." It included the subthemes of Difficulties Adapting to Life After Holocaust Blaming Others After Holocaust, and Staying in Survivor Enclave.

Difficulties Adapting to Life After the Holocaust. This subtheme was used to classify when participants talked about those who were not able to overcome adversities. For example, two female participants shared, "A lot of survivors that just fall apart... fall apart and also, they put a lot of blame on their children and on others. They can't cope" and "Well, they lack their will to forget to past and look into the future, you know, work on themselves. There is life beyond tragedy, losing a loved one." Another female participant stated:

A number of people who were refugees, who came to America, could not cope, could not cope, with the hard life that they had here. It was during the time of the depression still and right after the depression; committed suicide. There was, you know, my family talked of some people that committed suicide, who couldn't bear it, or some went back to Germany after the war.

Blaming Others After Holocaust. This subtheme was described as participants describing other Holocaust survivors experience around surviving, but not being able to move emotionally past the Holocaust.

This female participant described:

For instance, there was one woman that asked to share a room with me in a hotel when we went to visit the Holocaust museum in Washington, D.C. She was a survivor, and its true you know, um, she was in a concentration camp and she suffered but she talked and talked obscenely... and she had one son and she couldn't get along with her son because of all of the blame she put on everybody else and she has a difficult time... always angry, lashing out... a difficult time to accept... to make peace with yourself.

Staying in Survivor Enclave. This subtheme was defined by the researchers as surrounding self with only survivors. A female participant noted:

You know another thing that I noticed is...there's a group of people living in (other state), and they were Holocaust survivors. And it's like... they all stuck together all the time. They didn't go out of that circle to embrace normal experiences. You know Holocaust survivors are different...and there were times when the general population didn't want to hear the stories...and if you dwell on it all the time... in fact I think there was a film at (local university) once we went to see and it showed... ..and every year all these Holocaust survivors would meet, and they just lived among themselves. They didn't try to adapt, you know like you move somewhere, you got to learn to adapt to your environment, and they rejected that. So, their whole life was like rehashing the experiences of the Holocaust.

Discussion

The current study provided insights into how Holocaust survivors were resilient in the face of atrocities and how they think about their own resilience retrospectively. The study is framed through a social justice lens, in that we need to understand not only the deficits created for victims of person-created oppression, but also acknowledge and understand the strengths and perspectives utilized to overcome such oppression. Many findings corroborate those of the few other studies looking at resilience in Holocaust survivors. For example, many adversities emerged for these participants both during and after the Holocaust. Such adversities have been generally outlined previously (Ayalon et al., 2007). Meaning making emerged as a large theme discussed by many participants. The ability to make sense of something, or assign any significance to it, has long been seen as related to hope and necessary to keep moving forward (Snyder, 2002). In fact, many survivors attributed their survival or the survival of others to hope. Hope has been found to be tied to resilience across a range of different populations and circumstances (Panter-Brick & Eggerman, 2012; Satici, 2016; Vartak, 2015). Dr. Viktor Frankl, the famous creator of logotherapy and Holocaust survivor, discussed finding meaning in the smallest acts of kindness or even in little details of nature inside the camp (Frankl, 1984). Indeed, the field of existential psychology emphasizes the importance of meaning making for wellbeing; for the survivors, things like surviving in hopes of seeing their families again or even living a good, successful life after the Holocaust kept them going.

Other current study findings on resilience were more unique and represent novel contributions to the literature. Analysis of the interviews revealed that adherence to cultural values gave many individuals a foundation to cling to while facing their adversities. For example, the valuing of perseverance, discipline and bettering oneself, which was often accomplished through education, or the valuing of family and friend support in which one may develop an extended family, sometimes replacing those who were lost during the Holocaust. Participants *chose* attitudes such as gratefulness and rejection of hatred. While most survivor participants did not mention explicit Jewish values, we interpreted many of their responses as shaped by the valuing of reflection, resilience and social justice in the world.

Another interesting “method” of resilience that was talked about impactfully by some participants was the idea of just surviving through luck, or even that resilience is luck. This finding is related to the research on systemic structures and resilience, or more specifically, the criticism of resilience as being too tied to an individual. The concept that has been called critical resilience, and that we are further developing, therefore seems apt, given that it acknowledges power structures and inequities in systems and entails development of a consciousness about such systems that may lead to growth and a desire for action to change the system (Campa, 2013). Using this framework, we note that Holocaust survivors were completely at the mercy of existing power structures based on their demographic identities. There was nothing they could have done to escape the atrocities, and the recognition of luck or attribution of their survival to luck, then, may be an acknowledgement of this type of overcoming despite extant power structures; thus, critical resilience.

Frankl talks in his book "Man's Search for Meaning" about the only part of the prisoner that the Gestapo could not reach: "a life of inner riches and spiritual freedom" (Frankl, 1984, p. 55). Survivors' consciousness of this, much like the participants in the current study discussed what we labeled as "Choosing Resilience" – or framing things in such a way that you were able to persevere. These outcomes indicate the navigation of power structures and adversity beyond one's control in a critically resilient way. It should be noted at the same time, that the difficulties some survivors had in adjusting after the Holocaust were due to these same power structures and systemic oppression, and not through some choice or lack of choice on their own part. Interestingly, another participant also talked about herself as being more judgmental of others after going through her own hardships. It seems that after overcoming such a severe atrocity, other hardships in life may be handled differently or change one's perception of others going through adversities.

Despite, perhaps, a changed view of surviving adversity, the participant survivors in the current study were recruited through their involvement in giving back to society at the local Jewish Center. Specifically, they were mentoring at-risk Latinx youth through hardships related to discrimination; thus, trying to change future society for the better. As "giving back" and wanting to change or affect the system was an outcome of going through adversity; these individuals were living out the resilient outcomes of developing critical consciousness, or an in-depth understanding of the world, including social and political contradictions and power structures, and the ability and desire to intervene to change it (Freire, 1975), in their lives already, and this is consistent with what they reported – many having lived post-Holocaust lives of giving and service, or "making it a better world." Thus, these individuals were critically resilient, a type of resilience accounting for power dynamics and social, historical, economic and cultural contexts for individuals and which results in a specific type of gains: those that help create a perspective of wanting to give back and help society. Through confronting the human-created adversities (oppression) the survivors seem to have gained critical consciousness (Campa, 2010; Morgan, in press).

Delimitations

As is standard in qualitative research, there are choices we have made that, while not limitations, are more accurately defined as delimitations (Leedy & Ormrod, 2010). For example, we engaged in participant recruitment for "Holocaust survivors" as our intention was to focus on those who considered themselves survivors. Therefore, we had participants who had been impacted greatly by the discrimination and oppression against Jewish people during World War II and had considered themselves as survivors though they had not lived directly in the concentration camps. In actuality, there are few survivors of concentration camps still alive at this point.

Conclusion and Implications

The framing of these lifelong stories by survivors as critical resilience illustrates a social justice perspective on what it is to overcome extremely adverse oppression, and then move forward in life with a critical consciousness that not all in society acquire in their lifetimes. It is important to note that we are in no way minimizing the adversities faced, saying people *should* be able to overcome all adversities or placing the onus on the participant to overcome, in fact, with critical resilience it is quite the opposite. Through recognizing that these individuals faced atrocities created by other humans that were systematized, we are highlighting the power differences and pressures in place in the world which systemically oppress many marginalized individuals. Indeed, in our modern-day world, with the recent murder of George Floyd and many others along with the discounting of facts and unequal treatment of protesters across racial and political lines, among many other such occurrences, we are seeing systemic oppression continue. Holocaust survivors themselves have commented on the parallels between recent political circumstances and what they witnessed in World War II (Fox-Bevilacqua, 2020), discussing in the interviews the ways they have overcome systemic oppression and a society that turned against them because of their identities during World War II. The current study informs our conceptualization of resilience in the face of human-created oppression and holds many social justice implications for our current times, including that

we should never forget and never cease to learn from these human-created, tragic events in our history. It also reminds us to use a strengths-based and critical lens as psychologists, counselors and educators to view current events and frame our understandings and teaching and provides a call to take action that mirrors and can be incorporated into current societal dynamics. Such perspectives can be used to develop programming for helping survivors of discrimination and oppression, for therapy with clients who suffer discrimination and “isms,” and students who feel out of place in the system in which they find themselves. Finally, these findings remind us that saying nothing about such oppression in our society is equal to supporting the status quo (Prilleltensky, 1989). While these participants have shed light on how they were able to survive such atrocities, no one should have to do this.

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Appendix A: Interview Protocol

1. Many people use the word resilient. What does resilience mean to you?
 - a. What experiences, stories or examples have influenced your understanding of resilience, if any?
2. Based on upon your understanding of resilience, do you consider yourself to be resilient? Why or why not?
3. What do you feel allows people to be able to overcome traumatic events or difficult life situations and to keep going with their lives?
 - a. What do you think motivated you to keep going (e.g. be resilient) in the face of adversity?
4. Do you feel you developed the ability to be resilient (overcome adversity) or that you were born with it? How does it occur?
5. How does resilience become an enduring characteristic of one's life? (i.e., last your entire life in all circumstances?) Or does it?
 - a. Can you tell me how family and friends (or others) contributed to your resilience
 - b. How, if at all, have friends, family or others exemplified resilience?
 - c. Can you tell me how spirituality or religious beliefs contributed to your resilience?
 - d. Can you tell me how positive attitude contributed to your resilience?
 - e. Can you tell me how cultural beliefs contributed to your resilience
6. What happens to people who are not resilient? Can you provide an example?
7. Is there anything else you would like to tell me that I have not asked you about that you think might be helpful in our study?

Table 1. Coding Scheme of Super-Ordinate Themes and Subthemes

Super-Ordinate Themes	Subthemes
1. Attitude After Overcoming Adversity	
2. Method of Resilience	<ul style="list-style-type: none"> a. Choosing Resilience b. Creating Meaning c. Silence About Holocaust d. Receiving Support e. Being Accepting f. Experiencing Luck g. Relying on Yourself h. Having Hope
3. Adhering to Cultural Values	<ul style="list-style-type: none"> a. Persevering b. Bettering Self c. Having Discipline
4. Beliefs About Others' Experience of Resilience	<ul style="list-style-type: none"> a. Not Overcoming b. Blaming Others After Holocaust c. Staying in Survivor Enclave

Meta-Study of *Journal for Social Action in Counseling and Psychology* (JSACP) Articles from 2007-2019

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Abstract

Articles published in *Journal of Social Action in Counseling and Psychology* (JSACP) from 2007-2019 were analyzed to determine trends over time in author characteristics (e.g., gender, work setting, authors per article) and article content (e.g., topical content, statistics, research design and methodology, participant characteristics).

Keywords: meta-study, article characteristics, author characteristics, trend, trend analysis

Meta-Study of the *Journal for Social Action in Counseling and Psychology* (JSACP) Articles from 2007-2019

Success in social justice counseling and the advancement of the counseling field rely on an understanding of the complex social systems of which individuals are a part. This understanding extends to the ways in which counselors, clients, and others work toward social change and system transformations. With its first publication in 2007, the *Journal of Social Action in Counseling and Psychology* (JSACP) became an open access journal that publishes the social change work and scholarship conducted by activists and professionals. The published scholars include counselor educators, researchers, and practitioners whose work addresses community change. The aim of JSACP is to build a connection between theory and practice within the area of social transformation with the goal of accomplishing peace and justice (*Journal of Social Action in Counseling and Psychology* [JSACP], 2021).

As time progresses, world events illuminate the pressing need for social change. JSACP provides space for this essential scholarship, periodically publishing special issues addressing these current events. JSACP's publications (2021) are action oriented and include four sections of journal focus: (a) activism and advocacy, (b) program development and evaluation, (c) policy and theory, and (d) education and training. JSACP is sponsored by Counselors for Social Justice and Psychologists for Social Responsibility and published by Ball State University's Center for Peace & Conflict Studies and University Libraries.

Just as it is important for professionals to reflect and self-evaluate on occasion to ensure they remain current in their practice, likewise, periodic evaluation of journals is essential to study the content of articles published and the trajectory or direction of important characteristics. These evaluations provide opportunities to investigate journal trends, potential challenges, and responsiveness to reader needs and societal changes. Erford et al. (2010) illuminated three primary ways a journal's evolution can be evaluated. The first involves evaluating the special issues published within the journal to assess primary issues that occurred during the publication period under study. In the current JSACP review of 2007-2019, three special issues were published: Vol 3(1) in 2011 on the 2010 Multicultural Social Justice Leadership Development Academy; Vol 5(1) in 2013 on Violence against Individuals and Communities: Reflecting on the Trayvon Martin Case; and Vol 5(2) in 2013 on Research and Social Justice. There has not been a special issue published in JSACP since 2013.

The second way to evaluate a journal's evolution is via a qualitative review and synthesis. This procedure involves synthesis by an expert scholar of the journal contributions over a specific period of time. The aspects analyzed and synthesized may include author characteristics, content themes, methodology, and statistical analysis (Erford et al., 2010). To date, no qualitative synthesis of JSACP journal content was conducted.

The third way to review a journal's evolution is through a quantitative review, called a meta-study (Erford et al., 2010), which is the methodology used in the present study. Typically, meta-studies include analysis of article and author characteristics, as well as a special focus on research articles and statistical procedures, and is used to identify trends and patterns within the articles published by the journal. This procedure can be used across publications within the same journal or across multiple journals with a focus on a particular topic of interest. In the current meta-study of JSACP articles published between 2007-2019, analyses of trends were conducted to answer the following primary questions: (a) What is published within JSACP (article characteristics) with a particular focus on research articles, and (b) Who publishes in JSACP (author characteristics). These questions were also analyzed for trends over time, to assess changes in journal characteristics across the 13 years of publication in the time period of interest for the present study. The following sections present the methodology for the present study, followed by the resulting trends and analyses of characteristics, and, finally, a discussion of the implications of such findings as JSACP continues to evolve into the future.

Method

All full text articles published between 2007 through 2019 were retrieved from JSACP's (2020) on-line archive, and either accepted or rejected into the current analysis. Scholarly publications were accepted whereas brief, less scholarly publications were rejected from subsequent analysis (e.g., first-person accounts, introductions to special issues, editorials). Independent coding was conducted by the first two authors and disagreements were discussed until consensus was reached. If consensus could not be reached, the third author was consulted for a final decision.

All accepted articles were next examined and coded for article and author characteristics. The coded author characteristics included name, gender, employment setting of all authors, and national or international domicile of lead author. Article characteristics coded include type of study (i.e., research study or not) and topic. The topic of publication was multi-coded when deemed necessary. The authors devised and agreed upon a list of article content topics in which all accepted articles were categorized.

For articles designated as research, coding of additional variables was conducted. This included: classification (i.e., intervention or non-intervention), research paradigm (i.e., qualitative, quantitative, or both), research design (i.e., true/quasi-experimental, test development, descriptive, qualitative, meta-analysis, comparative, survey), participant type (i.e., undergraduates, counselors, youth, non-human), numerical sample size and category [i.e., small, (<30), medium (30-99), large (100-499), and very large (500+)], random or non-random participant selection/assignment, statistical sophistication (i.e., basic, intermediate, advanced), and actual statistics utilized (i.e., descriptives, regression, ANOVA/ANCOVA, MANOVA/MANCOVA, factor analysis, t-test, correlation, nonparametric). The mention or consideration of effect size, validity, and reliability within each article sample was also coded.

The two independent coders inputted data into their respective Microsoft Excel coding documents. Data comparison was conducted, and all disagreements were discussed until consensus was reached. To accommodate for research studies using qualitative traditions, we assessed for whether authors included procedures to assess for dependability (reliability) or credibility/ trustworthiness (validity). Quantitative tradition studies were assessed for inclusion of the more traditional indexes of coefficient alpha (reliability) and correlation coefficients (validity). Intervention studies provided experimental control of the treatment variable (e.g., true experimental, quasi-experimental, and single subject research designs), while nonintervention studies were any other type of pre-experimental or nonexperimental design (e.g., correlational, comparative, qualitative).

The 13 years of JSACP currently under study were aggregated into convenient class intervals (i.e., 2007-2009, 2010-2014, 2015-2019) to facilitate trend analyses. Because so few articles and no research articles were published from 2007-2009, that window was removed from trend analysis. Thus, in the results and discussion sections that follow, trend analysis only compared 2010-2014 to 2015-2019. These 5-year time windows were selected to allow sufficient numbers of articles to be published to enhance statistical power and to standardize the time frames in accordance with other meta-studies so that characteristics can be compared across equivalent time periods (i.e., 2010-2014, 2015-2019). In all analyses, the independent variable was the author or article characteristic of interest and the dependent variable was the proportional frequency of occurrence within each time interval and coded category (level). SPSS 27 descriptive and univariate ANOVA statistical procedures with weighted proportions were used to identify author or article characteristic trends over time. Type I error was established at $\alpha < .05$. Because only two time windows were used, *post hoc* analysis on statistically significant findings was not required. Effect sizes were reported as eta-squared (η^2) and assigned the following interpretive range: .01 for small effect, .09 for medium effect, and .25 for large effect (Erford, 2014). Two analyses used independent *t*-tests so the effect sizes were reported as Cohen's *d*, and interpreted as .20 small, .50 medium, and .80 large.

Results

JSACP published 132 articles from 2007 to 2019, 39 of which were excluded from analyses because they involved brief, less scholarly contributions (e.g., first-person accounts, introductions to special issues, editorials). Thus, 93 articles were accepted for variable coding, and the results aggregated into convenient class time windows (i.e., 10 in 2007-2009, 46 in 2010-2014, and 37 in 2015-2019). Only the latter two time windows were appropriately powered and subsequently analyzed for trends over time.

Author Characteristics

Gender of JSACP lead authors was stable from 2010-2014 to 2015-2019 [$F(1, 81) = 0.13, p = .717, \eta^2 = .002$], as women consistently comprised 72.3% of all JSACP lead authors. Likewise, when all authors' gender was assessed, a consistent 71.4% proportion of women authors occurred [$F(1, 278) = 2.53, p = .113, \eta^2 = .009$]. The average number of authors per JSACP article also remained consistent at 3.20 in 2010-2014 and 3.59 in 2015-2019 [$t(81) = -1.00, p = .320, d = -.221$].

JSACP author employment affiliation (i.e., university and non-university settings) was a steady proportion of 98.8% university affiliation for lead authors [$F(1, 81) = 0.80, p = .373, \eta^2 = .010$], and 95.7% for all authors from 2010-2019 [$F(1, 278) = 0.59, p = .444, \eta^2 = .002$]. At the same time, the proportion of internationally domiciled lead authors publishing in JSACP trended toward a decrease over time [$F(1, 81) = 2.87, p = .094, \eta^2 = .034$], from 13.0% in 2010-2014 to 2.7% in 2015-2019.

From 2007-2019, the following universities supported the highest number of JSACP lead authors: (1) University of North Carolina - Greensboro (5 articles) (2) University of Miami (4 articles); and (3-tie) Boston University, Victoria University, University of California – Santa Barbara, and University of Iowa (3 articles each). Leading individual scholar contributions were not determined because no author published more than two articles in JSACP from 2007-2019.

Article Characteristics

Topical content appearing in JSACP publications was very consistent from 2010-2019 [$F(1, 195) = 0.20, p = .659, \eta^2 = .001$] (see Table 1). The largest proportions of topics included 18.9% for counselor training/supervision, 18.9% for advocacy/activism, and 17.9% for multicultural issues; all other topics ranged from a prevalence of 4.7% to 8.0%. In the most significant change of all variables in this meta-study, after publishing no research articles in 2007-2009, JSACP substantially increased the proportion of research articles published from about 26.1% from 2010-2014 to 62.2% from 2015-2019 [$F(1, 81) = 12.30, p < .001, \eta^2 = .132$]. Various characteristics of the 35 research articles published in JSACP between 2010 and 2019 are reviewed in the remainder of this Results section.

The proportion of JSACP qualitative research studies was very high and stable over the past 10 years at a proportion of 85.0% [$F(1, 38) = 0.01, p = .928, \eta^2 = .000$]. Likewise, Table 2 shows the various types of research designs appearing in JSACP were also highly stable [$F(1, 47) = 0.00, p = .965, \eta^2 = .000$]. Qualitative/ethnographic research designs comprised 42.9% of the research studies, while descriptive and survey designs composed 26.5% and 14.3%, respectively. Quasi-experimental or true experimental designs composed only 4.1% of JSACP research designs over the past 10 years. This lower rate of quasi- and true-experimental designs was also reflected in a stable overall intervention study rate of just 2.9% [$F(1, 33) = 1.97, p = .170, \eta^2 = .056$].

All four JSACP sample or participant characteristics assessed were stable over the 10-year window of 2010-2019. Research article categorical sample sizes were very stable over time [$F(1, 32) = 0.89, p = .354, \eta^2 = .027$]. The proportions of small (<30), medium (30-99), and large samples (100-499) participants composed 52.9%, 26.5%, and 20.6% of research studies, respectively. This was supported by the observation that actual sample sizes from the 2010-2014 to 2015-2019 time windows were not statistically different: $t(32) = -1.34; p = .188; d = -.482$; although this effect size was small to medium. Not surprisingly, with qualitative studies composing a majority of research articles in JSACP, sample sizes were small overall. Indeed, no research study published in JSACP had a very large sample size (>500 participants). Proportions of types of participant groups (e.g., adults, undergraduates) were

consistent over time in JSACP research studies [$F(1, 38) = 0.33; p = .568; \eta^2 = .009$], and were nicely distributed across the participant categories: 37.5% adults, 25.0% counselors/professionals, 15.0% graduate students or counselor trainees, and 12.5% undergraduates. Finally, randomization in selection and assignment procedures displayed stable proportions [$F(1, 33) = 0.51; p = .478; \eta^2 = .015$] at a consistent rate of only 2.9% of research studies.

Both statistics variables showed stability in the use of various statistical procedures over time. Statistical sophistication was categorically coded as basic, intermediate, or advanced, and was stable over time in JSACP research studies [$F(2, 112) = 0.64; p = .529; \eta^2 = .011$]. Over the past 10 years, 83.3% of research studies used a basic statistical procedure (e.g., content analysis, descriptive, correlation), 11.9% used an intermediate statistical procedure (e.g., ANOVA, regression analysis), and only 4.8% used an advanced procedure (e.g., MANOVA, factor analysis). Likewise, when use of those specific statistical procedures (e.g., correlation, regression, MANOVA) between 2010-2019 were analyzed, consistency over time was again observed (see Table 3) [$F(1, 40) = 1.33; p = .256; \eta^2 = .032$].

Finally, three reporting standards variables (effect sizes, score reliability, and score validity) were coded, and only the report of validity (generalization) trended positive over time, although all three variables had very low levels of compliance. The reporting of study effect sizes was a consistent 5.7% [$F(1, 33) = 1.08; p = .307; \eta^2 = .032$]. Reports of sample reliability were also very stable [$F(1, 33) = 2.38; p = .132; \eta^2 = .067$], maintaining an overall reporting rate of 11.4%, even though the proportions actually moved from 0% in 2010-2014 to 17.4% in 2015-2019. Finally, the report of sample score validity changed significantly across the two time windows [$F(1, 33) = 6.03; p = .019; \eta^2 = .155$], as the proportion increased from 0% in 2010-2014 up to 34.8% in 2015-2019 as reports of generalizability and validity coefficients became more commonplace.

Discussion

Since 2007, JSACP has provided scholarly information for counseling and psychological professionals and students-in-training to integrate advocacy into practice to help build a more equitable and just society. In pursuit of this goal, JSACP responds to dynamic professional and societal issues. This Discussion section continues to address and answer the two main questions of this meta-study: Who publishes in JSACP, and what is being published in JSACP? Along with the associated trends relative to these foci.

Author Characteristics: Who Publishes in JSACP?

The 83 articles submitted to analysis from 2010-2019 indicated that a consistent and stable proportion of 72% of lead authors and all authors publishing in JSACP were women. While all counseling journals except JHC (Sylvester et al., in press) were majority female in the most current five-year window [2015-2019; e.g., *Journal of Counseling & Development* (JCD; Anderson et al., 2021); *Counseling Outcome Research and Evaluation* (CORE; Johnson et al., 2021); *Counseling & Values Journal* (CVJ; Alder et al., 2021); *Journal of Mental Health Counseling* (JMHC; Menzies et al., 2020); *Adultspan* (Rippetto et al., 2021); *Journal of College Counseling* (JCC; Milowsky et al., in press)].

JSACP non-university-affiliated lead author proportions of 2.2% over the past 13 years, means that 97.8% of all lead authors were university affiliated. In 2015-2019, no lead authors (0%) were non-university-affiliated, the lowest of any counseling-related journal assessed. Not surprisingly, most counseling journals had non-university affiliation rates equal to or less than 6.5% [*The Professional Counselor* (6.5%; Williams et al., in press), JMHC 6.0% (Menzies et al., 2020), CORE 6.7% (Johnson et al., 2021)] except for *Counseling and Values* (CVJ; Alder et al., 2021) which had a 14.9% lead author affiliation rate. The voices of non-university practitioners have been diminishing in nearly all counseling journals over the past several decades (Erford et al., 2010). That said, JSACP has an opportunity to highlight and enhance the voices of practitioners as the journal remains fertile ground for practical approaches to systemic and individual advocacy and social justice. Practitioners in the field aligned with

specific causes are using innovative approaches to instigating and accomplishing social change and university scholars and researchers can partner with these innovators to help with writing and other facets of a manuscript. It is also possible that authors may have dual affiliations, but only report a university affiliation in the author note. Practitioner-authors should be encouraged to include these practitioner affiliations in author notes.

The number of authors per JSACP article was stable but very high at 3.59 for the 2015-2019 time window, the highest of any counseling journal assessed, even though most counseling journals have also experienced increases in author collaborations in recent years. Other counseling journals with the highest author per article collaborations are currently (2015-2019) *Journal of College Counseling* (JCC) at 3.20 authors per article (Milowsky et al., in press), MECD at 3.21 authors per article (Saks et al., 2020), and JCD at 3.18 authors per article (Anderson et al., 2021). It is likely that enhanced mentorship (Anderson et al., 2021) and the increased use of research and writing teams (Erford et al., 2012) contribute to these increased author per article averages.

Lead author domicile data indicated a trend ($p < .10$) of a smaller proportion of international lead authors from 2015-2019 (2.7%) than during 2010-2014 (13.0%). The 2.7% proportion from 2015-2019 places JSACP near the bottom of the list compared to other counseling journals [e.g., 0.9% between 2015-2109 for JMHC (Menziez et al., 2020); 1.7% from 2000-2019 for JCC (Milowsky et al., 2020)]. On the other hand, the 13% occurrence from 2010-2014 is very good for a counseling journal and higher than all but three counseling journals: JEC at greater than 50% (Siegler et al., 2020), *Career Development Quarterly* (CDQ; Gonsalves et al., in press) at 32.4%, and MECD (Saks et al., 2020) at more than 30% from 2015-2019.

Article Characteristics: What is Published in JSACP?

A statistically significant and welcomed trend displayed within the current results was the increased proportion of JSACP research studies. No research studies were published in JSACP from 2007-2009. From 2010-2014, 26.1% of the articles published in JSACP were research based, and then the rate increased significantly to 62.2% in 2015-2019. Interestingly, nearly all other counseling journals increased their proportions of research studies published and all except the *Journal of Humanistic Counseling* (48.6%) and the *Journal of Creativity in Mental Health* (35.8%) publish research articles at greater than the 50% rate. Still, a 62.2% proportion of research articles is low compared to other counseling journals as nearly half of all counseling journals now exceed the 75% threshold of published articles being research articles (i.e., CDQ, Gonsalves et al., in press; CORE, Johnson et al., 2021; CES, Johnsen et al., 2021; JAOC, MacInerney et al., 2020; JCD, Anderson et al., 2021; JCC, Milowsky et al., in press; JMCD, Pesavento et al., in press; MECD, Saks et al., 2020), a welcomed focus for a science-based discipline.

Non-experimental research designs (see Table 2; i.e., qualitative/ethnographic, survey, descriptive, comparative, correlational) composed a stable 92% of all JSACP research articles. At the same time, intervention studies were steady at 2.9%, tracking the 4.1% rate of experimental (true and quasi-experimental) research studies. These rates of experimental and intervention studies are among the lowest in all counseling journals, although not as low as some; *Adultspan*, *Journal of LGBT Issues in Counseling*, and *Journal of College Counseling* registered no true or quasi-experimental studies in 2015-2019.

A related research design variable involved the proportions of qualitative versus quantitative methodology. JSACP, by far, had the highest proportions of qualitative approaches represented in the 35 research articles at a consistent 85%. Only three other counseling journals had qualitative proportions above 50%: JCMH at 60.5% (Zhang et al., in press); CES (Johnsen et al., 2021) at 56.4%; and *Adultspan* (Rippeto et al., 2021) at 52%. In summary, JSACP is heavily weighted toward qualitative and nonexperimental research designs. Inducing theories and exploring the lived experiences of participants is essential in social justice and social action research, but it is equally important to study what works in social justice initiatives and how well it works. For the future, the JSACP editorial board should encourage authors to submit higher proportions of experimental studies, including true or quasi-experimental designs or single case studies to help practitioners understand potential causal inferences of these more robust experimental designs that allow greater generalizability to populations of interest.

JSACP participant sample characteristics were very consistent from 2010-2014 to 2015-2019. JSACP participant types are appropriately mixed as the proportion of each of the five human categories ranged from 7.5% (children/adolescents) to 37.5% (adults). Given the focus of the journal, it is quite appropriate that 62.5% of all participant types would involve adults and counselors or other professionals. Counseling professionals (25.0%) and graduate students in training (15.0%) are the primary audience of JSACP and the focused inclusion of adult participants (37.5%) and undergraduates (12.5%) are the primary stakeholder groups for study and change. Sample size configurations also were very stable over time, both in terms of sample size categorization (i.e., small, medium, large), and actual numerical sample sizes. No large samples (>500 participants) were noted, and only about one in five samples had more than 99 participants. This is not surprising given the substantial occurrence of the qualitative approach in the 35 JSACP research articles (85%), which tend toward smaller sample sizes.

JSACP was one of only two counseling journals assessed to not have at least one sample exceeding 500 participants, the other being JCMH (Zhang et al., in press) which publishes the second highest proportion of qualitative studies. Indeed, the overall median sample size for JSACP research articles was just under 30 participants. Finally, use of randomization was a low, consistent 2.9% from 2010-2019, commensurate with the rate of intervention studies and experimental designs, but still smaller than all other counseling journals except the *Journal of LGBT Issues in Counseling* (Gayowsky et al., 2021). JSACP authors and editorial board members should strive to increase use of intervention studies, experimental designs, and randomization procedures in sampling and assignment to enhance causal connections and sample generalizability. Such studies are also helpful in addressing limitations associated with nonrandomized sampling and pre-experimental and non-experimental designs (Erford et al., 2012).

Use of statistical procedures in JSACP research articles were very consistent over time in both the types of statistics and sophistication level of statistics used. About 83% of the statistical techniques used were basic (correlation, descriptives, thematic coding), while 12% were intermediate (ANOVA, regression) and 4.8% used advanced statistics. This was mirrored in Table 4 by low proportions of MANOVA and factor analysis (advanced statistics), and a 4.8% advanced statistics usage proportion is among the lowest of all counseling journals (e.g., 4.1% in CORE, Johnson et al., 2021; 3.9% in JMHC, Menzies et al., 2020; 1.5% in JCMH, Zhang et al., in press). Counseling journal leaders in the use of advanced statistics included MECD (16.9%, Saks et al., 2020), JMCD (18.2%, Pesavento et al., in press), JCC (18.4%, Milowsky et al., in press), and JAOC (20%, MacInerney et al., 2020).

Research article reporting standards on effect size, and sample reliability and validity are important metrics of research quality. Over the past 13 years, JSACP was steady, but on the low end of proportions for each of these standards. For example, JSACP reported sample effect sizes in only 8.7% of research articles from 2015-2019, the lowest proportion among counseling journals. This was also the case for providing sample reliability evidence, at a JSACP rate of 11.4%. Regarding provision of sample validity evidence, JSACP did much better as the rate of 22.9% was just below the median proportion for counseling journals. Increasing the proportions of these metrics should be a goal of the JSACP editorial board and contributing authors over the next decade.

Study Limitations and Conclusion

Systematic reviews, such as meta-studies, help identify trends, quality indicators, growth opportunities, and insights for editorial board members, authors, researchers, and journal consumers to continuously raise the bar on quality counseling publications. However, all research designs have limitations and potential weaknesses, and meta-studies are no exception. This study involved descriptive and comparative analyses, so no causal link can be inferred from the results. This caution is particularly warranted when attempting to generalize findings or conclusions. We tried to stay grounded at all times in the data and results when describing aspects of JSACP author and article characteristics.

Coding procedures and results were cross-checked by two researchers independently for concordance and agreement. Despite rigorous adherence to standardized data collection, coding, and analytic procedures, it is possible that errors occurred. To enhance statistical power and standardize comparisons across other counseling journals, we collapsed results into 5-year convenient class intervals (2010-2014 and 2015-2019). It is possible that other research teams may have preferred shorter or longer time windows. Likewise, the variables coded for this meta-study were standardized to allow comparisons with other counseling journals as well as derive descriptions of important characteristics of JSACP publications. Other research teams may choose more, fewer, or even different variables to elucidate relevant author and article characteristics. Subjectivity could also play a part in the variables that allowed for response multi-coding, such as occurred for statistics used and topical content. We attempted to mitigate all of these potential problems through training, independence of coding, cross-checking and consensus procedures. In the case of coder disagreements, consensus procedures were pursued with the third author serving as final arbiter of disagreements.

In summary, this meta-study sought to analyze and evaluate trends over time evident in numerous author and article characteristics published in JSACP from 2007-2019, the first effort in the journal's short history. Interestingly, only two of the 25 coded variables demonstrated significant change over time: the proportion of research studies published and the proportion of sample research articles reporting sample validity. Thus, for such a new journal, the editorial board is already demonstrating admirable stability in author and article characteristics. Several areas of improvement were noted, particularly related to research article reporting standards and diversification of some author characteristics. But, overall, JSACP is on a good trajectory in most areas and achieving its mission and goals. As JSACP continues to evolve and grow in the years ahead, we hope this information on current publication trends and issues provides profession leaders, researchers, authors, and editorial board members with helpful information to guide desired changes.

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Table 1. Issue Categories in JSACP Articles from 2000-2019

Content Topic	2007-2009	2010-2014	2015-2019	Total
Counselor Education/Training	4(26.7%)	16(15.0%)	20(22.2%)	40(18.9%)
Advocacy/Activism	6(40.0%)	21(19.6%)	12(13.3%)	39(18.4%)
Multicultural Issues	1(6.7%)	21(19.6%)	16(17.8%)	38(17.9%)
Causes (homeless, poverty)	0(0.0%)	11(10.3%)	6(6.7%)	17(8.0%)
Community	0(0.0%)	9(8.4%)	7(7.8%)	16(7.5%)
Research/Interventions	1(6.7%)	10(9.3%)	5(5.6%)	16(7.5%)
Youth	0(0.0%)	5(4.7%)	10(11.1%)	15(7.1%)
Immigration	0(0.0%)	6(5.6%)	5(5.6%)	11(5.2%)
Health and Wellness	3(20.0%)	3(2.8%)	4(4.4%)	10(4.7%)
Trauma/Violence	0(0.0%)	5(4.7%)	5(5.6%)	10(4.7%)
Total	15	107	90	212

Note: Many articles were coded to reflect multiple content issues. Thus, totals exceed the number of accepted articles.

Table 2. Proportion of research designs used in JSACP research studies

Time	2007-2009	2010-2014	2015-2019	Total
Qualitative	0(0.0%)	9(56.3%)	12(36.4%)	21(42.9%)
Survey	0(0.0%)	2(12.5%)	11(33.3%)	13(26.5%)
Descriptive	0(0.0%)	2(12.5%)	5(15.2%)	7(14.3%)
Comparative	0(0.0%)	1(6.2%)	2(6.1%)	3(6.1%)
True/Quasi-experimental	0(0.0%)	1(6.2%)	1(3.0%)	2(4.1%)
Correlation	0(0.0%)	0(0.0%)	1(3.0%)	1(2.0%)
Test Development	0(0.0%)	0(0.0%)	1(3.0%)	1(2.0%)
Action Research	0(0.0%)	1(6.2%)	0(0.0%)	1(2.0%)
Totals	0	16	33	49

Table 3. Proportion of various statistical procedures used in JSACP research studies

Time	2007-2009	2010-2014	2015-2019	Total
Thematic Coding	0(0.0%)	5(31.3%)	14(34.1%)	19(33.3%)
Descriptive	0(0.0%)	7(43.8%)	11(33.3%)	18(31.6%)
ANOVA/t	0(0.0%)	0(0.0%)	4(9.8%)	4(7.0%)
Nonparametric	0(0.0%)	1(6.2%)	3(7.3%)	4(7.0%)
Correlation	0(0.0%)	0(0.0%)	4(9.8%)	4(7.0%)
MANOVA	0(0.0%)	1(6.2%)	2(4.9%)	3(5.3%)
Factor Analysis	0(0.0%)	1(6.2%)	2(4.9%)	3(5.3%)
Regression	0(0.0%)	1(6.2%)	1(2.4%)	3(5.3%)
Totals	0	16	41	57