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# A Community-Engaged Exploration of Childhood Adversity and Resilience to Inform Mental Health Intervention

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## Abstract

This study investigated a link between adverse community environments and adverse childhood experiences (ACEs) using the *pair of ACEs* (POA) framework to better understand community members' perspectives on how they were impacted across the lifespan by their childhood experiences. In addition, we identified mitigating factors that played a role for participants in building individual and community resilience. Researchers used a community-based participatory research approach with qualitative methodology to explore the experiences of 15 community members. Nine themes emerged related to both adversity and protective factors across family, community, institutional, and structural levels. Findings have implications for the counseling profession in terms of practice, advocacy, and future research.

*Keywords: adverse childhood experiences, adverse community environments, pair of aces, community-based participatory research, mental health intervention*

## A Community-Engaged Exploration of Childhood Adversity and Resilience to Inform Mental Health Intervention

Within the United States, childhood trauma has been identified as a public health emergency, with growing evidence tracing the impact of adverse childhood experiences (ACEs) to adult disease and health disparity throughout the lifespan (Bartolomé-Valenzuela et al., 2024; Danielsdottir et al., 2024; Dube, 2018; Shankoff et al., 2012). ACEs are potentially traumatic events experienced from birth to the age of 17. Of the more than 300 million people in the United States, 60% of adults reported experiencing at least one ACE before age 17 (Centers for Disease Control and Prevention, 2019). The Centers for Disease Control and Prevention (CDC) found that one in six adults reported experiencing four or more ACEs during their childhood, with women and communities of color at higher risk. When the toxic stress related to experiences of ACEs is not properly mitigated, evidence suggests deleterious outcomes can persist into adulthood including higher risk of suicide, incarceration, homelessness, school drop-out, and the development of health problems such as heart and lung disease, an increased likelihood of substance use and addiction, and potentially higher rates of depression (Bartolomé-Valenzuela et al., 2024; Carbonneau et al., 2016; Chapman et al., 2004; Danielsdottir et al., 2024; Dube et al., 2001; Dube et al., 2002; Dube et al., 2006; O'Neal et al., 2016). Evidence also suggests that ACEs and their consequences can be prevented when certain protective and resilience factors are developed in communities (Dube, 2018).

The *pair of ACEs framework* (POA) was developed as part of the *building community resilience model* (BCR), a community-integrated framework aimed at addressing the root causes of ACEs (Ellis, 2019). This framework asserts that ACEs do not develop in isolation but are often compounded by another type of ACE - adverse community environments. Taken together, adverse childhood experiences combined with adverse community environments create a pair of ACEs that contribute to trauma experiences at the individual, family, and community levels. Within the POA framework, these adverse community environments create fertile soil to produce adverse childhood experiences. Therefore, to effectively address the prevalence of adverse childhood experiences within a given community, mental health practitioners alongside community stakeholders must address the POA in tandem (Ellis et al., 2017; Ellis et al., 2022).

The POA framework aligns with the social justice standards of the counseling profession and recent calls for practitioners to focus efforts upstream to community-level prevention and intervention. Since their adoption, the *multicultural and social justice counseling competencies* (MSJCC; Ratts et al., 2016) have established social action as a standard component of practice for counselors. Ratts and colleagues recognized that awareness, knowledge, and skills related to multicultural competency was not sufficient. In response, they added the action of social justice work to the standards of multicultural practice. As a result, counseling practitioners have been challenged to expand their conceptualization of counseling interventions from that of work solely at the individual and family level, to also include prevention, intervention, and advocacy work at the community level. Therefore, counseling practitioners are relying on models such as Bronfenbrenner's *ecological model* (1977) and the *social determinants of mental health* model (SDMH, Compton & Shim, 2015; Johnson et al., 2023; Lenz & Lemberger-Truelove, 2023; Lenz & Litam, 2023; Neal Keith et al., 2023; Pester et al., 2023) to structure and implement social justice and equity-focused mental health intervention. We submit that the POA framework also be considered alongside these models as a justifiable approach to social justice-informed counseling intervention specifically within the context of childhood adversity.

Scholars have long discussed expanding the conventional ACEs framework to include community-level adversity. Neighborhood effects and perceived neighborhood cohesion can affect the development of children and adolescents (Fleckman et al., 2022; Minh et al., 2017; Niwa & Shane, 2021), with adverse community experiences having a substantial effect on adolescents (Cohen-Cline et al., 2019). Considering the role that community events play in human development, the idea of ACEs expansion is reflected in recent literature (Finkelhor, 2020; Fleckman et al., 2022; Giovanelli, 2021). Researchers have identified exposure to community violence, racism,

peer victimization, discrimination, socioeconomic inequality, community dysfunction and immigration-related mistreatment as adverse experiences that can occur at the community level (Baras-Gonzalez et al., 2021; Cohen-Cline et al., 2019; Duncan et al., 2023; Fleckman et al., 2022; Hamby et al., 2021; Karatekin & Hill, 2019; Lee et al., 2020; McEwen & Gregerson, 2018), noting that these adverse community experiences are more prevalent in low-income communities and communities of color (Calthorpe & Pantell, 2021; Cohen-Cline et al., 2019; Duncan et al., 2023; Hampton-Anderson et al., 2021; McEwen & Gregerson, 2018).

### **Purpose of the Study**

The purpose of this study, therefore, was to operationalize the link between *adverse community environments* and *adverse childhood experiences* in a large urban city in the southern United States using the POA framework to inform resilience-building community-engaged coalition work. As a research team led by counseling professionals, we had an interest in examining the role and integration of mental health providers within this coalition. We aimed to understand community members' perspectives on their experiences with adverse community environments and the impact of those experiences on adverse childhood experiences, as well as to identify mitigating factors that played a role in building individual and community resilience. We used the following research questions to guide our inquiry: (1) What connections do participants express between the POA? (2) What impact does the POA have on participants? and (3) How did participants endure their experience of the POA?

### **Method**

#### **Research Design and Rationale**

The guiding principle of our study was Community-Based Participatory Research (CBPR), a framework for research where community participation is centered throughout the research process (Burke et al., 2013; Dari et al., 2019). CBPR supports a shared leadership model engaging a community advisory board (CAB) to guide research activities from project development to completion. For this study, we collaborated with a 10-person community advisory board (CAB) of community members with expertise ranging from law, mental health, education, community activism, and organizing. We partnered with a local community organizer to recruit CAB members. He provided a list of fifteen individuals who either lived or directly worked in our community of interest. We contacted these individuals and ten agreed to take part in the CAB. Throughout the process of the study, the CAB provided critical guidance and accountability to maintain alignment with our target community's priorities (Burke et al, 2013; Fassinger & Morrow, 2013; Lyons et al., 2013). We provided each CAB member with a \$50 payment per CAB meeting for their contribution.

#### **Participants**

Upon receiving institutional review board approval, we applied purposive sampling to ensure various perspectives on the interplay between adverse community environments and childhood experiences. We employed multiple recruitment methods including community outreach, social media campaigns, and collaborations with local organizations that serve as trusted entities and gatekeepers within the community. Our inclusion criteria for participation focused on individuals who had 1) experienced at least one conventional ACE and 2) experienced housing insecurity representing community-level adversity. Participant experiences of ACEs were screened using the Adverse Childhood Experiences (ACE) Study Questionnaire (ACE-Q; Felitti et al., 1998) and self-reports of having experienced housing insecurity (i.e., eviction experiences, time in public housing, loss of property, difficulty paying rent/taxes/mortgage). Sixteen individuals volunteered for the study and 15 people participated in the study. Recruited participants were informed about how the study's results would be used to train mental health clinicians and other service providers about the needs, values, lived experiences, and preferences for resources of members within their community. We provided each participant with a \$50 gift card per focus group meeting/interview as an incentive for their involvement.

Participants varied in their age ( $M = 48.07$  years,  $SD = 16.47$ ) and predominantly identified as Black/African American ( $n = 14$ , 93.3%), with one person identifying as White (6.7%). Most respondents identified as cisgender women ( $n = 11$ , 73.3%), with the remaining identifying as cisgender men ( $n = 3$ , 20%) and one identifying as a transgender woman (6.7%). Participants reported that their total household income during the past 12 months ranged from \$1,000 to \$145,000, with an average of \$63,720.86. One respondent (6.7%) did not respond to this item. Participants predominantly identified as heterosexual ( $n = 10$ , 66.6%), followed by lesbian ( $n = 3$ , 20%), gay ( $n = 1$ , 6.7%). One person (6.7%) did not respond to this item. Most respondents identified as not living with a physical or mental disability ( $n = 10$ , 66.7%), with three individuals reporting having a physical disability only (20%) and two people reporting having a mental disability only (13.3%). All 15 participants identified their religious affiliation as Christian (100%). Finally, most respondents reported their highest level of education as completing a graduate degree ( $n = 5$ , 33.3%), followed by earning a bachelor's degree ( $n = 4$ , 26.7%), earning a diploma or GED ( $n = 4$ , 26.7%), and an associate degree or certification ( $n = 2$ , 13.3%).

### **Researcher-Participant Relationship**

Our research team was composed of two white women, a Black woman, and a Black man with expertise in professional counseling, CBPR, and black studies in teacher education. All three women had backgrounds as professional counselors and pursued this study because they believed it was important to understand how to better provide contextual clinical services in the study's community of interest using a framework like the POA. Additionally, all three women were cultural outsiders. The two white women were outsiders based on both their racial identity and as transplants to the community of interest. The Black female team member lived outside the community of interest. The male research team member had a background in educational studies in diverse populations, was a cultural insider who grew up in the community of interest, began participation as a CAB member, and later joined the research team. He was initially appointed by the CAB to lead participant interviews and remained on the research team to participate in data analysis and dissemination. The diverse academic, professional, and insider/outsider identities of the research team enabled us to approach our research with a critical lens. Together, we actively worked to mitigate our biases by continuously reflecting on our positionalities and integrating both our insider and outsider perspectives into the research process. One example of a bias was the anticipation of stories of more struggle from the focus group members. This was explored in conversation with the research team so that the stories of struggle were not privileged in the analysis and data presentation as opposed to the stories of joy and endurance. Our discussions took place in team meetings throughout the research process where we addressed data collection logistics, the coding and analysis of data, and cultivated ongoing interactions with our CAB.

In addition, we intentionally addressed power dynamics between our research team and the study participants through a commitment to ethical integrity and mutual respect, principles central to CBPR and social justice-focused research (Fassinger & Morrow, 2013; Lyons et al., 2013). Throughout the study, we maintained transparency about the research goals and processes with both the CAB and study participants, which helped build trust and foster shared ownership of the research outcomes. Regular team reflection sessions allowed us to discuss and address dynamic-related issues with participants, ensuring our interactions remained respectful and productive. This included discussing potential ethical dilemmas within the research team and with external ethics advisors from our CAB to ensure that our decisions aligned with ethical guidelines and the best interests of the community members involved in our study.

### **Data Collection**

Our data collection process involved two focus groups and one individual interview all led by a Black male research team member whose role was determined by the CAB. This research team member had training in Black and disruptive qualitative methodologies and held insider status with our community of interest. The first focus group was comprised of eight participants who met four times in person at a local community center. These

in-person meetings ranged in length from 93 to 99 minutes ( $M = 94.75$ ;  $SD = 2.87$ ). The second focus group was composed of six participants who met virtually over Zoom three times with meetings ranging in length from 53 to 74 minutes ( $M = 65.67$ ;  $SD = 11.15$ ). We planned each individual focus group meeting to last 90 minutes and for the meetings to terminate once all questions from the interview protocol were answered. The variation in duration and number of meetings between the two groups was primarily influenced by the differences in the number of participants in each group. Additionally, we provided a meal for the in-person focus group which extended the duration of that group. One participant who was not able to join a focus group participated in an individual interview that was held virtually over Zoom. This interview covered the full interview protocol and lasted 72 minutes. There were no identifiable differences between the data collected in the focus group format compared to the individual interview. Each session (focus group; interview) was audio-recorded with the participants' consent, and comprehensive notes were taken to capture non-verbal cues and contextual details. Recordings were de-identified, transcribed verbatim through an electronic transcription service provided by Landmark Associates (2009), and evaluated for accuracy and consistency by the research team. We found no significant discrepancies between the transcriptions and the audio recordings.

We employed the same 11-prompt, semi-structured interview protocol for both the focus groups and the interview. This protocol was developed in collaboration with our CAB, ensuring that the questions were relevant and sensitive to the community's context (Lyons et al., 2013). Sample protocol questions were: (a) How do you see that your childhood experiences have affected you throughout your life if at all?; (b) What influence do you think your neighborhood had on the experiences you had as a child if at all?; (c) Describe a traumatic event that your community experienced during your childhood. How did your community adapt and cope with that experience?; (d) If you could create your ideal neighborhood, what would it be like?; and (e) Now that we have had this conversation, what would you like for us to do with this information?

### **Data Analysis**

All members of the research team participated in data analysis. All four team members had graduate-level qualitative methodology training as part of their completed doctoral programs and had previous experience conducting various qualitative studies. One research team member also worked as a research and evaluation consultant for mental health equity research. Together, we implemented a thematic analysis approach (Braun & Clark, 2006) beginning with a detailed reading of the transcripts to familiarize the research team with the data. Initially, team members independently coded the transcripts to generate initial themes, using inductive and deductive coding strategies to capture anticipated and emergent themes. This initial coding process involved identifying, analyzing, and reporting themes within the data. Throughout this phase, the research team met five times to compare and refine coding schemes, ensuring consistency and comprehensiveness in theme development. After establishing a preliminary set of themes, the research team engaged in an additional round of discussion to refine these themes and ensure they accurately represented the data.

To further validate our findings, selected excerpts of the data and our interpretations were presented back to a subset of participants ( $n = 10$ ) during an 83-minute Zoom meeting in a process known as member checking. In addition, we also presented our findings to our CAB during a 50-minute Zoom meeting for further feedback and contextualization. This step was crucial for verifying the authenticity and accuracy of our analysis, allowing participants and community members to confirm or challenge our interpretations, thereby enhancing the credibility and depth of our findings (Fassinger & Morrow, 2013; Lyons et al., 2013; Morrow, 2005). The CAB and focus group members provided feedback on our themes and sub-themes and we integrated this feedback into our final results.



## Results

The thematic analysis of participants' responses revealed 9 recurring themes and 37 sub-themes (italicized for emphasis). Respondent quotes appear in Table 1. We organized the themes relying on the ecological model (Bronfenbrenner, 1994) to align the results with this commonly adopted approach by counseling practitioners to conceptualize and structure systemic interventions. The following are descriptions and discussion of these themes starting with the immediate environment of the microsystem and expanding outward to the chronosystem capturing the impact of participant experiences over time.

### Narratives of Themes

#### *Family-level Themes*

**Family-level Adversity.** Participants shared their experiences of family-level adversity, encompassing various challenges encountered within their immediate family units. These adversity factors included: 1) *disruption of the family unit*, wherein several individuals reported their experiences of growing up in households affected by divorce, single parenting, or being raised by other adults; 2) *criminal justice system involvement*, wherein several people had personal experience with the criminal justice system or experienced family members' involvement; 3) *financial challenges*, wherein several respondents discussed the impact of limited financial resources on their access to basic needs, educational opportunities, and overall quality of life; 4) *death*, wherein several persons revealed how the loss of a family member was a significant source of adversity. Participants expressed the challenges of navigating life without their loved one's presence, the lack of support for coping with the loss, and the impact it had on their family dynamics and overall well-being; 5) *violence*, wherein several individuals discussed exposure to interfamily violence and experiences of personal physical abuse. Respondents highlighted the impact of violence on their sense of safety, trust, and overall family dynamics; 6) *mental health issues/stigma*, wherein several people described the impact of mental health issues within their families, such as depression, anxiety, substance abuse, or other psychological challenges. They discussed the stigma some family members had surrounding mental health, which often exacerbated the difficulties that impacted their family; and 7) *disconnection*, wherein several participants shared experiences characterized by strained relationships, a lack of emotional support, or a sense of alienation. They described feelings of isolation, abandonment, or being emotionally distant from family members.

**Family-level Protective Factors.** Respondents highlighted several protective factors within the family context that contributed to their ability to endure adversity. These protective factors included: 1) *familial sacrifices*, wherein several individuals shared stories of the sacrifices made by family members to provide them with opportunities and support. They spoke of parents working multiple jobs, foregoing personal needs, or making difficult choices to ensure their children's well-being and success. Participants reflected on how these sacrifices often preserved their childhood innocence and shielded them from some of the adverse realities facing their families; 2) *family/parental support*, wherein several persons emphasized the importance of supportive family environments and parental guidance. They highlighted the presence of caring and involved parents who provided emotional support, nurtured their talents, and advocated for their well-being; 3) *the presence of extended family*, wherein several individuals discussed the benefits of having a network of supportive relatives who provided guidance, love, and stability during challenging times; 4) *communal parenting*, wherein several respondents revealed the support their caregivers received from community members and neighbors in helping them raise and nurture the children in their neighborhoods. They described the collective responsibility of caring for, supporting, and protecting children in the community, emphasizing the support and guidance families received from neighbors and community members; and 5) *feelings of protection*, wherein several people spoke of instances where their collective network of caregivers provided protection from adverse circumstances or environments- shielding them from violence, advocating for their rights, or creating safe spaces within their homes. They described how these experiences increased their perceptions of safety during their childhood.

**Table 1***Key Themes Identified*

Theme	Example quote <sup>1</sup>
Family-level adversity	AT: “As we got older, he would get high or whatever—or when he didn’t get his way or somebody wouldn’t give him money or a car to get drugs, he would snap. I remember, one day—it was a Sunday mornin’. I will never forget it. He hit me, and I snapped. I snapped so much to the point that I slammed my door. He kicked my door, and my response was to kick the door out so far it came off the door hinges. I just remember I got down the hallway physically fighting. I’m fighting. Everybody’s yellin’... ‘cause I was like, ‘You’re not gonna hit me.’”
Family-level protective factor	Tea: “We knew what we had to do, and we knew that our parents would watch us go from one house to the other. We couldn’t just get out and go up the street to the other family’s house. A parent would watch us to make sure we made it. It was not in a formal neighborhood watch. The parents just decided we made this choice to move in this place and we got to keep these children safe.”
Community adversity	Dee: “Then, of course, crack showed its ugly face there, and the same things were happening. We’re walking from school, people getting in shoot-outs. Walking from school, you could hear the bullets ricocheting off the buildings, and we were running for our lives, literally.”
Community protective factors	Bea: “My neighborhood was encouraging, supporting, and we knew and respected each other. My earliest memories were of [neighborhood name] and spending time with our grandparents, cousins, and church members. The neighborhood consisted primarily of double tenant houses. We would hear the roaring of trains and the smell of the nearby factories, and steel companies. The areas were clean, and the neighbors were proud of their homes. We later moved to [neighborhood name] which was an area that had teachers, laborers, musicians, and a mix. Neighbors looked out for each other, and the youth respected the elders here as well. There was a rich heritage in this area and people took pride in the neighborhood.”
Institutional adversity	Lee Lee: “I guess back then, they used to tell us we couldn’t put weave in our hair, but now that’s okay. You know what I’m saying? If your name was [male name], you couldn’t come to school with no skirt on and say, ‘This is me.’ You know what I’m saying? Nowadays, in the school system, it’s accepted. I guess that’s another memory because I hid who I was for a long time, but now...I look back and I’ll be like, only if I was born in a different era...I could have been more content instead of trying to hide who I really was.”
Institutional protective factors	Karla: “The school I went to in middle school, we had a counselor on site. We would go in her trailer and have counseling sessions. That was important for me because I needed those sessions. I wouldn’t be where I am without it. I wonder if all schools have that same privilege.”
Structural adversity	Trina: “I used to worry about are we gonna have enough food to eat or am I gonna have enough money to keep the lights on.”

Theme	Example quote <sup>1</sup>
Structural protective factors	Thelma: “You cannot change the soul and throw in an old, used-up soul, a soul that has no nutrients, and expect somethin’ meaningful to bloom. That’s what we have done. [Redacted name] talked about the behaviors. We change the soul for these children. That’s on us. The question is, how can we change the soul so they can thrive? As we were talkin’ I thought about, it’s more than just education. We need a community. We need that soul where the parents are making a living wage. We need the soul—if the parents are not thriving, we can’t expect the generation behind us to thrive, so it goes beyond—to me, we can’t separate what we want for the children without sayin’ what the parents need to teach the children the values. To provide those things that they need. We change the soul on these kids, on the next generation, and so we cannot expect them to thrive until we replenish the soul... That’s systemic, so that’s gonna take more than of the parents. We need some system changes to change that soul. We need government to step in. ’Cause we can do our part all we want to, but if we don’t have the resources from our government to me it’s all for naught.”
Generational change	Jessica: “I realized in myself that I had a short trigger myself and that I had an anger issue, and before children even came into the picture, I was terrified. At first, I thought it was just me. I’ll defend myself, and nobody’s gonna talk to me crazy... Then it’s like, no, Jessica. That’s not what you’re doing. You are continuing a cycle of something that you grew up in. Then just thinking of having children and doing that to them terrified me—so I almost bolted through the therapy doors. [Laughter] It was like, help me please. I think it has helped me and given me things to use when I’m feeling myself going back into those old habits and stuff like that.”

<sup>1</sup>Note. Participant names have been changed to the alias of their choice.

### Community-Level Themes

**Community-Level Adversity.** The experiences of community-level adversity shared by participants revealed the challenges they faced within their immediate surroundings. Adversities within this theme included: 1) *violence/crime*, wherein several individuals reported their experiences of living in neighborhoods dealing with high violence and crime rates. They highlighted incidents of drug-related violence and gun violence that created a pervasive sense of insecurity and negatively affected their well-being.; 2) *neighborhood blight*, wherein several respondents described the presence of dilapidated buildings, abandoned homes, and neglected public spaces within their communities. Participants expressed how the physical decay and lack of maintenance contributed to a sense of despair, diminished community pride, and further economic decline.; and 3) *fear/feelings of danger*, wherein several persons discussed the fear and feelings of danger that characterized their neighborhoods. They spoke of being afraid to walk through the neighborhood due to the perceived crime risk. The constant need to be vigilant and hyper-aware of their surroundings was identified as a significant source of stress and impacted their sense of security and community cohesion.

**Community Protective Factors.** Participants also identified protective factors present within their neighborhoods and communities. These protective factors encompassed: 1) *a village mindset*, wherein several people described neighbors looking out for one another, offering support, and fostering a collective responsibility for the community’s well-being. These supportive community relationships provided emotional support, a sense

of belonging, and resources that contributed to their ability to cope with adversity; 2) *neighborhood pride*, wherein several individuals spoke of robust communities with leaders and business owners by whom they felt represented and in whom they could see themselves. They described a rich heritage of civil rights accomplishments and leaders in their neighborhoods and their connection to that history. This pride served as a protective factor, instilling a sense of connection, ownership, and collective responsibility within their neighborhoods; and 3) *supportive structures*, wherein several respondents mentioned the existence of community centers, local organizations, and programs that offered resources and support. These structures played a vital role in fostering resilience, providing opportunities for growth, and addressing the needs of community members.

### ***Institutional-Level Themes***

**Institutional-Level Adversity.** Institutional adversities were significant challenges faced by participants within various systems and organizations, such as schools and churches, in which the participants were involved. These adversities included experiences of 1) *racial violence*, wherein several people described incidents of racial profiling, physical assaults, and acts of violence perpetrated based on race. Individuals highlighted the distressing and traumatic nature of these experiences, which had a profound impact on their psychological well-being and sense of safety within educational and religious settings.; 2) *interpersonal racism*, wherein several persons discussed instances of explicit or implicit racial bias, microaggressions, and discriminatory practices directed towards them by peers, teachers, or administrators, specifically within educational settings. These experiences undermined respondents' sense of self-worth, contributed to feelings of marginalization, and hindered their academic and social experiences within the educational system; and 3) *discrimination*, wherein several participants reported being treated unfairly or experiencing biased treatment based on their race, gender, or other protected characteristics. Additionally, they highlighted instances of discrimination related to their gender identity, such as transphobia, which further exacerbated the challenges they encountered. The pervasiveness of discrimination negatively impacted their access to resources, opportunities, and overall well-being within institutional settings.

**Institutional Protective Factors.** Within the institutional context, respondents highlighted protective factors that mitigated the impact of institutional adversities. These protective factors included the support and sense of community derived from: 1) *church/religion*, wherein several people identified the role of religious institutions in providing support, community engagement, and resilience. They shared stories of finding solace, guidance, and a sense of belonging within their religious communities; 2) *the positive influence of sports*, wherein several individuals highlighted the opportunities for skill development, teamwork, and mentorship that sports provided. Sports offered an avenue for personal growth, a sense of achievement, and positive social interactions; 3) *the guidance provided by mentor programs*, wherein several persons described the support and positive role modeling they received from mentors. Mentorship programs played a critical role in providing opportunities for personal and professional development while fostering resilience; and 4) *access to educational resources*, wherein several participants reported experiences of quality education, academic support programs, school-based mental health resources, and opportunities for exploring extramural activities. These resources provided respondents with tools for empowerment, resilience, and upward mobility.

### ***Structural-Level Themes***

**Structural Adversity.** Structural adversities represented broader challenges rooted in public policy and societal systems and structures. Three sub-themes emerged, including: 1) *resource insecurity*, wherein several participants described limited access to essential resources such as food, healthcare, transportation, and quality education. The lack of sufficient resources exacerbated existing disparities and created barriers to upward mobility; 2) *discrimination*, wherein several individuals shared experiences of discrimination based on race, gender, socioeconomic status, or other factors. They reported experiences of systemic biases, unequal treatment, and limited opportunities within various structural systems such as housing, retail spaces, public spaces, employment, and social services; and 3) *community disruption*, wherein several persons discussed the disruption caused by

various community-level factors, including gentrification, urban development, or displacement. They revealed stories of losing their homes, having infrastructure create physical divides in their communities, neighborhood displacement, and the erosion of community cohesion due to these structural changes. Community disruption created challenges in maintaining social support networks and undermined a sense of belonging. Overall, these adversity factors created by unsupportive public policy initiatives and structures perpetuated inequalities for the respondents and were often accompanied with a sense of loss within their communities.

**Structural Protective Factors.** Despite structural adversity, participants identified protective factors within the structural domain that provided support. These protective factors included: 1) *housing access*, wherein several people highlighted the importance of affordable and safe housing as a protective factor; 2) *human resources*, wherein several persons expressed how individuals, such as social workers, pastors, community organizers, and advocates, played a protective role within the structural context. These resources provided support, guidance, and assistance to individuals facing structural adversity. They offered resources to navigate systems, access services, and advocated for individuals' rights within various settings; 3) *service resources*, wherein several respondents emphasized the importance of access to healthcare facilities, community centers, and mental and social service programs. These resources provided essential support, including medical care, counseling, and educational programs; 4) *environmental resources*, wherein several participants shared the importance of access to parks, green spaces, and clean environments. These resources promoted physical and mental well-being, provided opportunities for recreation and relaxation, and contributed to a sense of community and connection; and 5) *financial resources*, wherein several people highlighted the importance of economic resources in overcoming structural adversity, fostering economic stability, and providing opportunities for upward mobility and financial security. They discussed resources, including access to banking services, financial literacy programs, and economic development initiatives.

### ***Chronosystem-Level Theme***

**Generational Change.** Participants reflected on the transformative impact of generational change. Our initial conceptualization of this theme was focused primarily on ways that participants had *gained perspective* over time and desired to *do things differently* than the previous generations. When we shared this theme with the focus group members, they expressed that we missed what they did not want to change about their childhoods. This feedback initiated another round of data analysis resulting in a new sub-theme focused on *passing along the good parts of the past*. The finalized sub-themes included: 1) *gained perspective*, wherein several individuals discussed the transformative effect of gaining perspective as they transitioned into adulthood or parenthood. Gaining perspective allowed respondents to develop a deeper understanding of the challenges they faced and motivated them to break the cycle of adversity for future generations; 2) *doing things differently*, wherein several persons discussed their commitment to provide a nurturing and supportive environment, breaking negative patterns, and creating positive change. Participants emphasized the importance of learning from past experiences to guide their decisions and actions, striving to create a better future for themselves and future generations; and 3) *passing along the good parts of the past*, wherein several individuals discussed joyful, fun, happy, and connected memories from their childhood in their neighborhoods and communities and expressed a commitment to preserving and transmitting positive aspects of their heritage and community from one generation to the next. They shared an intentional effort to ensure that valuable traditions, values, and cultural elements endured, providing a sense of continuity and connection to the past and continually working toward self-determination.

## **Discussion**

If mental health providers want to effectively address the POA in a community, they must first strive to better operationalize their framework. This study worked to further define how the POA impacted the lives of people in a large urban city in the southern United States. From the results, it appeared that the participants were

impacted not only by the conventional set of ACEs at the family level but also by adversity at the community, institutional, structural, and intergenerational levels. Individuals reported adversity factors at each level and protective factors at each level that helped them endure their experiences of adversity.

### **Adversity Factors**

Our findings of adversity at the family level were consistent with the outcomes of the foundational ACE study conducted by the CDC and Kaiser Permanente (Felitti et al., 1998). Despite these similarities, our study also yielded unique categories of adversity at the family level. These included financial challenges and disconnection within the family. Participants reported the feelings of insecurity they experienced as children when they were unsure if they would have access to adequate food and housing. Additionally, they shared experiences of disconnection within their families when adult family members were unable to meet their emotional needs for connection, understanding, and security. During the member-checking process, respondents reflected on the theme of disconnection and recognized that their parents were often doing the best they could. They reflected that their parents were often unable to provide emotional support because of their own limitations connected to a lack of knowledge and example, their own experiences of trauma, and their desire to avoid difficult experiences. Participants connected this reflection to the theme of generational change and their own desires to do things differently with their children while also having compassion for the limitations of their own caregivers.

Our results also were similar to previous studies that identified childhood adversity factors experienced outside of the home or family unit, such as exposure to community violence, racism, peer victimization, discrimination, socioeconomic inequality, community dysfunction and immigration-related mistreatment (Baras-Gonzalez et al., 2021; Cohen-Cline et al., 2019; Duncan et al., 2023; Fleckman et al., 2022; Hamby et al., 2021; Karatekin & Hill, 2019; Lee et al., 2020; McEwen & Gregerson, 2018; Nadal et al., 2019). These results further reinforce the need to expand the ACEs framework to include community-level adversity factors. Additionally, we found novel adversity factors at the community, institutional, and structural levels including feelings of danger/fear in the community, neighborhood blight, and community disruption. These factors offer a new contribution to the ACE literature because they illuminate the impact of a child's perceptions of safety within their community and the impact of the built environment on the well-being of children. Research has established that ongoing experiences of stressors such as fear and worry about safety contribute to higher degrees of stress on the body's allostatic load, creating difficulty regulating systems such as the cardiovascular, lipidic, and metabolic systems (Brody et al., 2013; Gruenewald et al., 2012). Therefore, perceptions of lack of safety and not just experiences of violence should be considered when assessing childhood adversity factors.

Additionally, the impact of the built environment on the well-being of children should be considered. Participants expressed the impact of seeing their neighborhoods decline as businesses and neighbors moved out of the community, resulting in abandoned buildings and homes and fewer community resources. They also shared stories of having to leave communities or having communities separated due to infrastructure changes. These experiences of community disruption disconnected our respondents from their neighbors and support systems and created a disconnection between them and the neighborhood heritage and pride they once knew.

### **Protective Factors**

When creating the themes and sub-themes, we went back and forth between using the terms *protective factors* and *endurance* because we did not want to dismiss the struggle experienced by our participants due to the various adversity factors they encountered, many of which were a result of marginalization across multiple systems. We did not want to place the onus of resilience on the individual respondents when oppressive systems disproportionately disadvantage certain groups. We did not want to perpetuate or reinforce the Black strength stereotype or put the responsibility on individuals to develop resilience when oppressive systems need to be dismantled rather than endured. When we shared the themes related to *protective factors* to the CAB, they expressed concern about the use of this term and encouraged us to explore the idea of *endurance factors* rather

than protective factors. When we shared this feedback with the focus group members for member-checking, they decided the term protective factor did accurately convey their experiences. They believed that protective factors included the endurance of adversity but acknowledged that its meaning went beyond simple endurance to highlight systemic change factors.

Previous research also has looked at protective factors that help prevent the deleterious effects of ACEs using constructs such as *benevolent childhood experiences* (Narayan et al., 2019), *positive childhood experiences* (Sege & Browne, 2017), *counter-ACEs* (Crandall et al., 2019), *protective and compensatory experiences* (Morris et al., 2021), and neighborhood effects on childhood development (Minh et al., 2017). In addition to these existing factors, our study found familial sacrifice and feelings of protection as protective factors at the family-level. Participants reported that through their families' sacrifices and the actions of caregivers keeping adult concerns amongst themselves, parts of their childhood innocence were protected, allowing them to play, dream, and have access to resources with little awareness of the burden that their families were struggling financially. Respondents shared that they gained perspective and awareness of these sacrifices as they entered adulthood and as many became parents themselves. This factor was one that participants discussed when they expressed wanting to pass along the good parts of their childhood to their own children.

Additionally, feelings of protection by caregivers and care-giving adults also were a protective factor for our respondents. Just as perceptions of lack of safety led to adverse experiences for our participants, perceptions of protection from caregivers also led to resilience. Respondents reported that when caregivers shielded them from violence, advocated for their rights, listened to them, or created safe spaces within their families, it created trust between them and their caregivers, creating a sense of protection from adversity inside and outside their home.

At the community-level, the sub-theme of neighborhood pride discovered in this study is a unique contribution to the neighborhood-level protective factors and helps to expand the existing protective factors focused on a sense of connectedness and collective socialization (Crandall et al., 2021; Crandall et al., 2019). Participants expressed a deep sense of pride in the intergenerational heritage and history of their communities. They shared stories of community leaders who were mentors/models and many who became civil rights leaders. They expressed the community pride that developed from their collective sense of purpose, generational storytelling, and connection to generational history. This sense of neighborhood pride helped respondents develop an intergenerational connection beyond their current neighborhood/community to a connection with the protective features and narratives of their communities' history. It allowed them to connect to legacies of human rights, self-determination, collective strength, and communal protection, aiding in racial/cultural identity development (Sue & Sue, 1999) and a connection to community cultural wealth (Yosso, 2005) as protective factors.

At the institutional level, our findings were consistent with previous literature identifying involvement in extracurricular activities, community-based programs, and access to educational resources as protective factors. Specifically, our findings identified involvement in activities with church/faith institutions, sports programs, and mentor programs as protective. In addition, we found that robust educational resources also provided participants with opportunities for development, career exploration, and upward economic mobility, which mirrors previous studies that identified a sense of belonging at the institutional level as an indicator for positive health outcomes (Bethell et al., 2019; Bunting et al., 2023; Crouch et al., 2021).

Finally, our findings expanded this understanding of protective factors discovered at the structural level to include access to environmental resources. Resources such as access to parks, community gardens, green spaces, and clean environments provided participants opportunities for leisure, relaxation, and physical activity that contributed to their sense of community and connection and helped their physical and mental well-being. This is in alignment with established wellness models such as Sweeney and Myers's (2004) indivisible self-model of wellness that highlights the importance of physical activity, social connection, and leisure as primary components of overall well-being. Additionally, recent research has established the efficacy of outdoor nature-based interventions on preventing and treating mental health problems (Coventry et al., 2021). Coventry and colleagues found that

activities such as gardening and green exercise had positive impacts on symptom reduction related to depression, anxiety, negative affect, and stress. This underpins the necessity of both developing and utilizing green spaces as a component of community wellness at the structural level (Lozada et al., 2024).

Taken together, our results suggest that mental health providers should understand childhood adversity from a broader vantage point that not only prioritizes the family-level but also considers the community, institutional, and structural-level factors of adversity that impact their clients. In doing so, mental health providers can develop preventative measures and interventions targeting each level.

### **Implications for Mental Health Intervention**

Our findings have important implications for mental health intervention. At the individual and family level, there are implications for both assessment and intervention. For assessment, counseling practitioners should consider using expanded ACE measures that include community-level adversity when assessing clients for ACEs such as the Revised ACE Questionnaire (Finkelhor et al., 2015) and the PHL ACE Survey (Cronholm et al., 2015). They also might consider utilizing other measures that include community-level adversity in conjunction with standard ACE screeners such as the Juvenile Victimization Questionnaire (Hamby et al., 2004) and the Childhood Experiences Survey (Choi et al., 2020). Additionally, counseling practitioners should screen for the social determinants of mental health (SDMH; Compton & Shim, 2015; Lund et al., 2018) to better understand the upstream factors contributing to the adversity and stress of their clients with screeners such as the Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences Assessment (PRAPARE, 2022), the WE CARE Survey (Garg et al., 2007), and the Cultural Context Index (Beauchamp et al., 2024).

For interventions, mental health providers should take direct action when working with individuals or families experiencing financial insecurity to help them gain access to local resources that can meet their basic needs. To do so, counseling practitioners should proactively develop a network of resource referrals and community connections that can be utilized as clients' needs emerge to directly connect them with appropriate resources. Additionally, counseling practitioners should spend time in sessions to coordinate these resources with clients or provide support for clients as they pursue the provided referrals.

Mental health providers also should consider interventions focused on helping parents understand appropriate parent/child boundaries, strategies to talk to their children about challenging circumstances, and skills for effective emotional support for their children. By offering support in these ways, counseling practitioners can help caregivers develop the necessary skills to create familial connection and feelings of protection in their homes knowing these offer important protective factors for their children.

At the community level, mental health providers should develop community-based and community-informed approaches to mental health care. Populations who have been historically marginalized from access to counseling services need contextualized mental health care (e.g., sewing circles, barbershop conversations). To accomplish this, counselors should develop feedback mechanisms to better comprehend the context of their community and their mental health needs with a more informed understanding of the existing cultural community wealth as well as community adversity factors (e.g., feelings of danger, blight, disruption). This community-informed approach can help providers develop contextualized services and activities that meet those specific community needs and fit within existing community structures. Effective feedback mechanisms such as CABs that utilize a shared leadership model with members of the community can help counselors better plan and implement contextualized community prevention and intervention programming. CABs have been successful in many healthcare settings and should become an adopted practice of community-based counseling interventions (Ali et al., 2023; Burke et al., 2013; Heck et al., 2023; Lozada et al., 2024; So, 2022).

Additionally, counseling practitioners should prioritize place-based counseling models that address the larger systems and social determinants influencing a client's mental health. Models such as the ecologically informed transdisciplinary prevention model for family health and well-being (EITPM; Lozada et al., 2024) and



the social justice counseling model (SJCM; Crethar et al., 2008) both account for these larger societal contexts. These approaches appropriately situate the client within their larger societal context and address individual concerns and the upstream social determinants impacting those concerns.

At the institutional level, counseling practitioners should intentionally develop and work within resilience-building coalitions comprised of community institutions (e.g., healthcare systems, schools, religious institutions, city/community programs) to promote individual and community wellness. Because children's involvement in extracurricular activities, community-based programs, church/faith institutions, sports programs, mentor programs, and educational development programs are protective factors, these should be prioritized in prevention and intervention programs. Counseling practitioners can consider how to infuse mental health content and social-emotional learning into institutional programming. As trusted entities in the community, these types of institutions and programs can provide safe places for mental health intervention that might otherwise be stigmatized. Counseling practitioners also should consider how to work within these institutions to create greater levels of safety and wellness, directly addressing and combating issues of oppression and discrimination within institutions through psychoeducation and professional development.

At the structural level, counselors should take an active role in legislative advocacy to influence policy change at the local, state, and federal levels (Farrell & Barrio-Minton, 2019; Toporek & Daniels, 2018). Counselors should actively advocate for increased funding for both mental health services and needed social services to help ease the burden of adversity for children and families. Given our results, services and resources such as safe and affordable childcare, affordable housing, access to healthy food, career exploration, community center programming, access to green space, mentoring programs, community recreation, extracurricular activities, and community-based mental health services should be prioritized.

### **Limitations and Future Research**

Although we used several strategies to attend to our positionality throughout the study (e.g., discussions of our biases and personal observations in research team and CAB meetings, member-checking), we did not utilize journaling as a strategy to track these biases in a systematic way. The absence of this practice from our methodology poses a potential limitation to the interpretation of our data. Additionally, this study offered a place-based understanding of the experiences of adversity and the corresponding mental health needs of community members in a large urban city in the southern United States. Our findings, however, may not be transferable beyond the setting of our study. Future research should continue to develop the science of place-based mental health research to help mental health professionals better contextualize their approaches to meet the mental health needs of their communities. Additionally, future research should examine the expansion of the conventional ACE framework to improve the identification of adversity factors that should be included in an expanded ACE framework, the impact of those factors, and the salience of those factors on mental health throughout the lifespan. Finally, more robust outcome research on community- and population-level mental health intervention is needed to help mental health professionals enhance their prevention approaches.


### **Conclusion**

To better address the public health crisis of childhood trauma, mental health practitioners must understand the impact of the POAs on their community and implement prevention and intervention practices to address them in tandem. This study expanded on the conventional ACE framework to operationalize adversity and protective factors at the family, community, institutional, and structural levels. Our findings can inform an expansion of counseling practice to include interventions that integrate the POA framework into standard clinical services thus supporting and further operationalizing social justice action in the counseling professions.

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**Declaration of Interest Statement**

The authors declare no conflicts of interest in relation to this work.

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# Pathways to Allyship in Counselor Education and Counseling Psychology: A Model for White Ally Development

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## Abstract

In pursuit of racial justice, there is a need to understand how to engage in anti-racist allyship to reduce potential harm as experienced by the most vulnerable members within academia. In this study, we utilized grounded theory methodology to create a model of allyship based on the definitions and experiences of BIPOC counselor education and counseling psychology faculty members. Participants included 12 faculty members who identified as BIPOC and who could identify traits of White allies through existing relationships and experiences. Participants represented diversity in racial identity and academic rank and were selected through theoretical, purposive, and convenience sampling methods. Through constant comparison of the data, we developed a model identifying contextual processes and components of White allyship. The model demonstrates generative and restrictive pathways for ongoing allyship across the domains of Humility, Engagement, Impact, and Positionality. Implications for counselor educators, counseling psychologists, and researchers are presented.

*Keywords: White allyship, BIPOC faculty, cross-racial relationships, grounded theory, qualitative research, higher education*



## **Pathways to Allyship in Counselor Education and Counseling Psychology: A Model for White Ally Development**

As scholarship and public interest regarding the characteristics and impacts of Whiteness and White supremacy increase (Bayne et al., 2023; Hays et al., 2023), there is a need for a model of what true allyship and positive cross-racial relationships and power-sharing might look like in practice (Boutte & Jackson, 2014; Helms, 2017; Ostrove & Brown, 2018; Spanierman & Smith, 2017b). True allyship is particularly important in counselor education and counseling psychology training programs, as scholars have identified consistent negative experiences among students and faculty of Color in these disciplines (DeBlaere et al., 2019; Haskins et al., 2013; Pulliam et al., 2019; Sloss, 2024). However, even White people who hold enthusiasm for developing an identity as an ally can either intentionally or unintentionally remain self-focused and performative in action, resulting in a significant negative impact on Black, Indigenous, and other People of Color (BIPOC; Helms, 2017; Margolin, 2015). Acknowledging the consequences of these harmful impacts necessitates intentionality in countering Whiteness and pursuing positive and effective strategies for White allyship, thus enhancing social justice imperatives (Boutte & Jackson, 2014; Li et al., 2023; Ostrove & Brown, 2018; Williams et al., 2021).

In this article, we describe our grounded theory study investigating the experiences of BIPOC counselor education and counseling psychology faculty with White allies, and the resulting model for how White faculty in these disciplines can effectively engage in racial justice allyship in their professional relationships. Finally, we discuss future directions for research, as well as implications to further the application of racial justice in counselor education and counseling psychology.

### **Whiteness and White Allyship**

Whiteness as a construct is rooted in White hegemony - the dominance of ideological, social, cultural, and economic spheres by White people based on power, privilege, and assumptions of Whiteness as the standard (Spanierman & Smith, 2017b). Cultural systems in the United States, including higher education, largely operate with Whiteness as the dominant culture, promoting values such as individualism, competition, paternalism, urgency, and avoidance of conflict (Mathew et al., 2023; Okun, 2001). Whiteness also operates as an invisible identity, rooted in color-blind ideology and the denial of the existence of racially-based power and control that affords White people advantages in sociocultural contexts (Boutte & Jackson, 2013; Nuru & Arendt, 2019; Okun, 2001; Spanierman & Smith, 2017a; Williams et al., 2021). Hence, White people are often unaware or in denial of how systems are structured to their advantage (Boutte & Jackson, 2014; Lin et al., 2023). This lack of awareness can be harmful to BIPOC individuals and can derail efforts toward true allyship and social justice work (Ekpe & Toutant, 2022; Lin et al., 2023; Williams et al., 2021). It is therefore important to understand the ways Whiteness can harm BIPOC people and what effective White allyship might look like in various settings.

### **White Racial Identity**

Janet Helms (1984, 2017) created a six-stage model for White racial identity that describes progressive stages of development, beginning with an obliviousness to issues of race and one's role in perpetuating racism (Contact) and ending with an awareness and acceptance of Whiteness as a source of racism and commitment to a positive anti-racist White identity (Immersion-Emersion and Autonomy). Later, Helms (2017) revised and elaborated upon her model, particularly highlighting examples of the pseudo-independent stage and associating this stage with attempts at White allyship, stating, "White allyship is a pseudo independent or "White liberal" style of negotiating or avoiding acknowledgement of the omnipresence of Whiteness" (Helms, 2017, p. 721). In other words, Helms identified allyship efforts as serving the purpose of assuaging personal guilt through performative action and paternalistic attempts to help people of Color.

Other research has called Helms's Autonomy stage into question, with one study linking this stage to racist attitudes (Carter et al., 2004), and another study finding that counselors scoring in the Advocacy stage also scored lower in the Relational domain of the Multicultural Counseling Inventory (Middleton et al., 2005). These findings and the continued application of Helms's work suggest that the later stages of White racial identity development may be complex, and that harmful dynamics may still be enacted by individuals who believe they have progressed to a final stage of identity (Helms, 2017; Middleton et al., 2005).

### **Negative Impact on People of Color**

The negative impacts of Whiteness include pervasive patterns of behavior that have deleterious effects on BIPOC individuals (Boutte & Jackson, 2014; Mathew et al., 2023; Sue, 2020). Some patterns of Whiteness that hurt BIPOC include defensiveness in racial conversations, high emotionality that draws attention to the White person's feelings and experiences, microaggressions that go unacknowledged, and color-blind perspectives that negate the POC's experiences of oppression (Boutte & Jackson, 2014; Nuru & Arendt, 2019). White silence and inaction when witnessing racism and oppression also contribute to BIPOC experiences of isolation and hopelessness, particularly when committed by White faculty claiming to be advocates (Bayne et al., 2023; Mathew et al., 2023). These experiences can lead to despair, distrust, anxiety, and lack of retention for BIPOC in academia (Burns & Granz, 2023; Mathew et al., 2023). Even work that is done in public-facing support of BIPOC can have harmful consequences if enacted by White people who are inauthentic or who lack a critical understanding of their impact (Burns & Granz, 2023; Ford & Orlandella, 2015).

In academia, White people can engage in scholarship and leadership in ways that co-opt the intellectual property of scholars of Color and can interact with communities of Color in ways that are paternalistic and/or exploitative (Patton & Bondi, 2015; Spanierman & Smith, 2017a). In doing so, White faculty and administrators may reinforce racial hierarchies by positioning themselves as problem solvers rather than collaborators who empower BIPOC to leadership and advancement (Selvanathan et al., 2023). White academics engaged in diversity, equity, and inclusion (DEI)-related work also are more likely to receive recognition and advancement based on this work compared to scholars of Color, negatively impacting the trajectory of BIPOC faculty and reinforcing harmful patterns of performative allyship (Patton & Bondi, 2015).

Understanding how to address and eradicate these harmful impacts while encouraging positive White allyship is critical to the pursuit of social justice efforts (Li et al., 2023; Williams et al., 2021). White scholars and leaders including counselor education and counseling psychology faculty must be cognizant of how their work might impact and be received by communities of Color (Patton & Bondi, 2015; Selvanathan et al., 2023; Spanierman & Smith, 2017a). Transforming systems to undo and reverse the deleterious impacts on BIPOC is needed, versus merely studying the impact of racism or helping BIPOC adjust to White hegemonic systems (Selvanathan et al., 2023; Spanierman & Smith, 2017a).

### **Effective White Allyship**

As noted, the ideal trajectory of White racial identity includes the development of an anti-racist identity, consisting of an awareness of how to use one's Whiteness to engage in effective action to counter the effects of White supremacy (Helms, 2017; Lin et al., 2023; Patton & Bondi, 2015; Spanierman & Smith, 2017a; Williams et al., 2021). One term that has often been used to describe this role of advocacy and support is that of the White ally. Though this term is used colloquially to describe varying levels of engagement and impact, there are some empirically based definitions and frameworks for what White allyship may entail. One definition by Reason and colleagues (2005) stated:

Allies have action-oriented identities ... they have their feet in the worlds of both the dominant and the oppressed ... they need to continually and accurately judge when it is most appropriate ... to listen, to speak up, or to absent the discussion. (p. 1)

To assist with conceptualization and calls to action, previous researchers have developed models of White allyship (e.g., Edwards, 2006; Patton & Bondi, 2015; Sue, 2017). Williams and colleagues (2021) conceptualized steps for work towards racial justice allyship that include a commitment to continuous learning and self-reflection, fostering genuine relationships, taking risks for advocacy, creating supportive structures, institutional accountability, and promoting social justice initiatives.

Other research on White allyship offers similar themes, including the importance of White ally awareness of their own racial identity, how they benefit from White privilege, and how their Whiteness may impact BIPOC in both positive and detrimental ways (Lin et al., 2023; Mathew et al., 2023; Patton & Bondi, 2015; Spanierman & Smith, 2017a; Sue, 2017). White allies must not rely on BIPOC to do all the work of educating them, but rather develop competency in seeking out available resources (Selvanathan et al., 2023). Additionally, racial justice allyship requires civil courage, for example, a willingness to take risks to support BIPOC (Williams et al., 2021). This can include holding others accountable for racist words or actions, working to dismantle systems that the White person has benefitted from, losing or giving up personal or professional power, and challenging the status quo (Patton & Bondi, 2015; Selvanathan et al., 2023). Scholars acknowledge that this can be difficult and stress the importance of tolerating some discomfort to use power and privilege in an effective way (Bridges & Mather, 2015; Lin et al., 2023).

Counselor education and counseling psychology faculty aspiring to be allies should support and empower rather than acting on behalf of BIPOC (Boutte & Jackson, 2014; Bridges & Mather, 2015; Patton & Bondi, 2015; Selvanathan et al., 2023). The role of the ally in support of social movements may thus alternatively be more of a background role, with allies promoting the work and vision of BIPOC advocates (Boutte & Jackson, 2014; Selvanathan et al., 2023). Previous research identified this as a potentially difficult process, as White people are often socialized to take on leadership roles and view support as hierarchical in terms of teaching or working on behalf of BIPOC rather than positioning themselves in collaborative roles (Bridges & Mather, 2015).

Finally, effective and nonperformative actions have been highlighted in the literature (Ostrove & Brown, 2018; Patton & Bondi, 2015). Effective behaviors include speaking up when racism is occurring and moving beyond feelings of guilt towards anti-racist action and a positive White identity (Boutte & Jackson, 2014; Ford & Orlandella, 2015; Patton & Bondi, 2015). White allies embody anti-racist actions and pursue social justice by challenging social norms perpetuating racial inequity (Ekpe & Toutant, 2022). Actions can include individual interventions (e.g., addressing racism in self or others, incorporating anti-racist content in courses) as well as systemic change efforts (e.g., working to resist codified Whiteness in larger systems) (Patton & Bondi, 2015). The effectiveness of White allyship is rooted in whether action directly combats racism and resists social systems, as well as whether it results in positive impacts for BIPOC (Spanierman & Smith, 2017a). In fact, if White allies are not attentive to what is needed for effective action, their work and presence may impede social justice movements and frustrate the progress of BIPOC leaders (Burns & Granz, 2023). Building trust with BIPOC and engaging in continued growth and self-reflection can help distinguish effective allyship from performative action.

### **Current Study**

Scholars have called for research focused on forming clear models of ally development to elucidate a process for aspirational allies (Ostrove & Brown, 2018; Spanierman & Smith, 2017 b). Only a few studies, however, have explored allyship from BIPOC perspectives (Mathew et al., 2023; Ostrove & Brown, 2018), and none have utilized BIPOC perspectives with the specific purpose of building a theory or model of White allyship. Given the tendency for White people to be unaware of their impact on BIPOC and the perpetuation of racism even when

trying to engage in allyship, truly effective allyship needs to be identified and defined by BIPOC perspectives (Helms, 2017; Mathew et al., 2023; Ostrove & Brown, 2018; Selvanathan et al., 2023). In other words, we must understand allyship from the perspectives of those most impacted by it (Mathew et al., 2023; Ostrove & Brown, 2018; Spanierman & Smith, 2017b; Williams et al., 2021).

In this study, we answered this call by utilizing a constructivist grounded theory methodology (Charmaz, 2014) to explore allyship from the perspectives of BIPOC faculty teaching in counselor education and counseling psychology programs. We were guided by the research question: How do faculty of Color in counselor education and counseling psychology programs conceptualize effective White allyship? We hoped to explore the experiences of BIPOC faculty to help aspiring White allies identify areas of personal growth and opportunities for sustainable and effective action.

## **Materials and Methods**

Since the focus of our research was centered on understanding a process and developing a framework, we chose a grounded theory methodology with a social constructivist epistemology, acknowledging how the themes of race, racism, Whiteness, and allyship are socially constructed and that the experiences of these constructs vary depending on one's racial identity and proximity to Whiteness. Our methods drew from the work of Charmaz (2014) to structure the research process, using a constructivist lens to explore the processes and experiences of nuanced identities. Our goal was to define White allyship through the perspectives of faculty of Color in counselor education and counseling psychology programs and to provide conceptualizations of optimal allyship within these respective settings. We focused our research on counselor education and counseling psychology faculty as scholars have identified consistent negative experiences among students and faculty of Color in these disciplines (DeBlaere et al., 2019; Haskins et al., 2013; Pulliam et al., 2019; Sloss, 2024).

### **Participants and Sampling**

Following approval from the university institutional review board (University of Florida, IRB202102509), the research team began recruiting participants using theoretical, purposive, and convenience sampling methods. Our sampling criteria were defined by centering BIPOC faculty voices in counselor education and counseling psychology programs. We included both disciplines because of the significant cross-over in professional training and roles, acknowledging how psychological frameworks of BIPOC experiences and White allyship are often utilized across disciplines. Additionally, we studied faculty in both disciplines because specificity and relative homogeneity of a sample is advisable in grounded theory research (Charmaz, 2014), and also because we (the researchers) are all situated in counselor education programs, where we believe there is a need for addressing allyship.

We initially distributed recruitment emails via the CESNET LISTSERV, which is focused on counselor education and consists of roughly 6,900 members. We also contacted personal colleagues who met the selection criteria (e.g., identifying as a BIPOC faculty member and able to identify at least one professional colleague they considered to be a White ally). Recruitment emails described the goal of our study as creating a model for White allyship through the perspective of BIPOC participants. A prescreen questionnaire collected demographics, rank in academia (e.g., adjunct, visiting, tenured full professor, etc.), and the ability to identify someone whom the BIPOC faculty member considered a White ally. An additional question gauged the level of importance of the relationship with the White ally, and how often the BIPOC faculty member engaged with them. This questionnaire served as a way for us to evaluate each potential participant along essential criteria of theoretical sampling to ensure a level of depth in their reflection on White allyship (Charmaz, 2014; Corbin & Strauss, 2015). Twenty-six people completed the pre-screening questionnaires and 12 (10 counselor educators; 2 counseling psychologists) met eligibility criteria and were interviewed. See Table 1 for sample demographics.

**Table 1***Participant Demographic Information*

ID	Gender	Age	Race/ Ethnicity	Position and Rank	Professional Identity
1	F	49	African/Black American	Tenure Track Assistant Professor	Counselor Educator
2	F	40	African/Black American	Not shared by participant	Counseling Psychologist
3	M	40	African/Black American	Tenure Track Assistant Professor	Counselor Educator
4	F	54	African/Black American	Tenure Track Assistant Professor	Counselor Educator
5	F	45	Hispanic/Latine American	Clinical/Non-Tenure Track	Counselor Educator
6 <sup>1</sup>	F	32	African/Black American	Tenure Track Assistant Professor	Counselor Educator
7	F	41	African/Black American	Tenured Associate Professor	Counselor Educator
8	M	34	Hispanic/Latine American	Tenure Track Assistant Professor	Counseling Psychologist
9	F	--	African/Black American	Tenure Track Assistant Professor	Counselor Educator
10	M	33	Asian/Asian American	Tenure Track Assistant Professor	Counselor Educator
11	M	52	African/Black American	Tenure Track Assistant Professor	Counselor Educator
12	F	33	Biracial/Multiracial	Tenured Associate Professor	Counselor Educator

*Note.* M = Male; F = Female; <sup>1</sup>Interview audio lost due to technical issues.

**Data Collection**

Upon successful recruitment and consent to participate in the study, participants were given the option to be paired with a Black interviewer (second author) or a White interviewer (first author). We wanted to enhance trust in the interview process and understood that participants may have varying degrees of comfort in discussing the themes of allyship and cross-racial relationships in academia. The first author (a counselor educator with experience in grounded theory and qualitative research) provided training and supervision to the second author (a counselor education doctoral student) on how to conduct the interviews by discussing the protocol and interview process in depth, and meeting after each initial interview to debrief and discuss any issues with the protocol. Interviews were recorded and reviewed during the transcription process to ensure continuity across interviewers.

Interviews were conducted via the Zoom platform and ranged from 35-70 minutes, with most lasting an hour, and were transcribed using a password-protected web-based transcription software program. The first and

second authors each reviewed transcripts alongside the recording to ensure accuracy. Of the 12 interviews, one (a counselor educator interview) was lost due to a technical issue. The researcher who conducted this interview completed a detailed field note of the content and we utilized these notes to cross-check themes from other interview transcripts. We chose this approach after careful consideration, as the participant had given significant time and energy to the process, and we did not want to overburden them by requesting an additional interview.

Our interview protocol was grounded in previous research and the goals of our study. Grounded theory allows for the protocol to evolve throughout the study to reflect deepening engagement with thematic content, exploring areas of uncertainty identified throughout the process, and checking whether emerging themes apply across participants (Charmaz, 2014). We structured our protocol to explore both positive and negative experiences of allyship, as divergent experiences are also important in model development and clarification (Corbin & Strauss, 2015). Our original questions included: When you think of the term White allyship, what comes to mind?, How, if at all, have you experienced White allyship within academic spaces?, What might contribute to someone feeling unable to identify a White ally in an academic space?, What makes someone a White ally, in your perspective, and can you give examples?, In what ways have you observed the person/people who you consider to be White allies to fall short, or behave in ways that seemed counter to your view of allyship?, What do you need from the White people around you in order to support you and not contribute to your experience of further racial harm?. Based on initial interviews, we added questions to explore emerging themes such as: How do White allies handle relational ruptures or making mistakes? We also explored how the faculty of Color's racial identity and academic level/rank impacted their experiences of White allyship. All participants were given a \$25 gift card after their interview as an acknowledgement for their time.

## Analysis

We followed the steps of data analysis common to grounded theory (Charmaz, 2014; Corbin & Strauss, 2015), first engaging in constant comparison by transcribing and analyzing transcripts before conducting additional interviews. The researchers (consisting of all four authors) analyzed transcripts after every two or four interviews to inform the modification of future interview protocols and to assess for other sampling needs. For additional theoretical sampling, we sought out biracial faculty to see if their experiences aligned with or were different from the initial sample and we sought out adjunct and full professor participants to explore experiences at various academic rankings.

Each research team member read and coded each transcript, utilizing open line-by-line coding to attribute keywords and summarize meanings (Charmaz, 2014; Corbin & Strauss, 2015). We then met as a team to discuss open codes, working to arrive at consensus. Next, we used axial coding to synthesize similarities and differences among open codes, identifying shared meanings and larger thematic units (Corbin & Strauss, 2015). We utilized a concept mapping procedure to assist in this process so that we could visually manipulate the placement of keywords and constructs within larger meaning units. This mapping allowed us to easily rearrange themes and rename codes as we added data from new transcripts to the analysis. Throughout this process we did not encounter major disagreements among the research team members when coding the data, but we did engage in dialogue about how best to capture perspectives in the wording and organization of the codes.

When the interviews were complete, we transferred the axial coding themes and keywords into a coding spreadsheet. We re-read all the transcripts, organizing data units (i.e., direct participant quotes) within the spreadsheet to ensure that each theme and subtheme was based on direct participant data. We utilized selective coding procedures to name larger thematic categories and to develop a visual model demonstrating how each of the themes fit together (see Figure 1). We also used selective coding to determine which themes related to our guiding research question on the process of White allyship, and which themes could be reserved for secondary analysis (e.g., differentiating between definitions of foundational and false allyship, and describing experiences of White hegemony in counselor education and counseling psychology).

**Researcher Positionality.** It was important for us to discuss our positionality as researchers and engage in constant reflection and consensus-building to guard against undue influence on the data. The research team consisted of three counselor educators and one doctoral student. Two of the research team members are White women, one at the associate level and one at the assistant level at the time of the study. The other faculty member on the research team is a Chinese and East-Indian man who is Guyanese-Canadian and was employed at the assistant professor level at the time of the study. The doctoral student member is a Black woman. All researchers had training in qualitative work, and the first, third, and fourth authors had previous experience conducting grounded theory analysis and thus structured the analysis process and provided ongoing guidance for the rest of the team.

The White research team members had personal and professional motivations for better understanding White allyship. Upon reflecting on failed attempts at allyship, they wanted to determine how to enhance their allyship efforts and better understand the definition and impact of ineffective allyship on people of Color. The research team members who identified as People of Color had an interest in exploring how White allies could be more effective rooted in the consideration and perspectives of BIPOC people, and they both reported personal and professional experiences of being harmed by White people who purported to be allies.

As a group, we met regularly for consensus building and to discuss how we were impacted by the data and emerging themes, as well as whether any of our own biases were impacting interpretations of participant narratives. When discussing our biases, we found that we held some skepticism about whether White people could truly arrive at an identity as an ally, given the complexity of racial dynamics that may impact these efforts. We regularly engaged in conversation around how participant experiences either supported or contradicted these expectations and we referred directly to participants' transcripts to ensure we were capturing their voices accurately.

### **Trustworthiness**

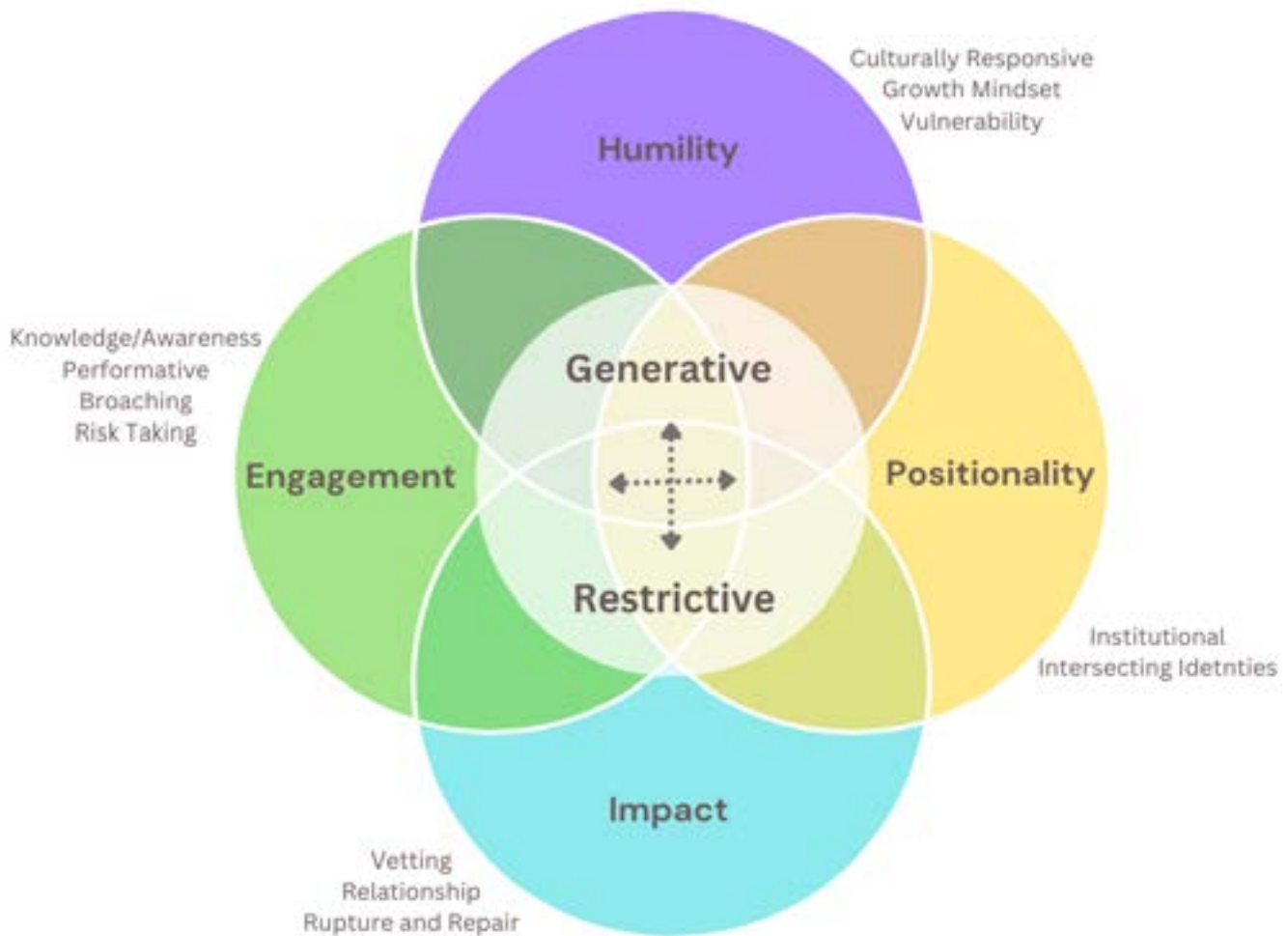
To enhance trustworthiness, we followed recommendations by Lincoln and Guba (1985) and Charmaz and Thornberg (2020). First, we addressed credibility via investigator triangulation of research team members and negative case analysis (Stahl & King, 2020). The full research team met to achieve consensus on themes after each round of interviews during the constant comparison process. We disclosed and discussed our proximity to and reaction to the findings, and returned to the transcripts to ensure our analysis did not stray from the original meaning of the participants. When interviews revealed content that strayed from our concept map, we pursued alternate interpretations and theoretical sampling to explore the negative case. For example, we noted some differences in how biracial participants understood their relationship to White allies and sought additional biracial participants to further explore this variation.

For transferability of findings to other settings we utilized thick descriptions of our results, summarizing findings across our participants while also incorporating illustrative verbatim quotes capturing the essence of the theme (Charmaz & Thornberg, 2020; Lincoln & Guba, 1985; Stahl & King, 2020). We included a description of some demographics of our sample so our findings could be interpreted accordingly (see Table 1). For dependability, we followed the steps of grounded theory research (Charmaz, 2014; Charmaz & Thornberg, 2020; Corbin & Straus, 2015). We verified that all our relevant data fit within one of the themes and subthemes in the coding framework. This ensured our analysis did not stray from participant statements (Stahl & King, 2020).

Finally, we conducted a member check process and shared our results with participants. One participant had feedback regarding the choice of language for describing the themes, and we made corrections based on this feedback. Other participants responded with statements of support for the model, indicating the results captured their experiences and perspectives. In summary, we maximized the methodological integrity (Levitt et al., 2018) of our conclusions and the model produced by the data via both the depth and breadth of the analysis.

**Figure 1**

*Pathways to Counselor Education and Counseling Psychology Faculty Allyship*



*Note.* This model depicts allyship behaviors for two superordinate domains (generative and restrictive allyship) and four subordinate domains (humility, positionality, impact, and engagement). Generative action in any subordinate domain results in helpful allyship, whereas restrictive action results in ineffective allyship and potential harm. The text beside each subordinate domain indicates important keywords and constructs associated with that domain.

## Results

From our analysis, a model emerged for conceptualizing how White counselor education and counseling psychology faculty can engage in sustained efforts of allyship in professional relationships, as described by BIPOC faculty (see Figure 1). The model includes superordinate (restrictive or generative allyship) and subordinate (humility, impact, positionality, and engagement) themes, and its complexity reflects the complicated nature of authentic allyship.

The superordinate themes we identified may help to assess the impact of allyship efforts at any given time. In restrictive allyship, our participants noted that White counselor education and counseling psychology faculty may act in harmful and/or disingenuous ways. In generative allyship, participants stated that White faculty will act in ways that have a positive impact on BIPOC individuals and groups. Each component of the model can, at any given time, be either restrictive or generative. Though it may seem counterintuitive to include harmful manifestations in



a conceptualization of allyship, the restrictive allyship behaviors were a common thread throughout the interviews and fit with previous conceptualizations of White ally behaviors (Helms, 2017). The potential for aspiring allies to act in ways that were counter to effective allyship while still maintaining a forward-facing identity as an ally to BIPOC was a key finding and core component of our model.

The subordinate themes (domains) are reflected in the specific circles of the model, highlighting the various components of White allyship for counselor education and counseling psychology faculty, as described by our participants. These domains consist of both internal processes requiring awareness and openness (see the descriptions of themes for Humility and Positionality) and external processes that are observed or that result in an impact on others (see the descriptions of themes for Engagement and Impact). As we will discuss, the components overlap and can intersect in any given scenario, so each aspect of the model can encourage reflection and awareness as to how allyship is being practiced at any moment in time.

### **Humility**

The humility theme captures the subthemes of self-awareness, motivations, and aspirations for continual growth of White allies, as described by our participants. Key concepts include having a Growth Mindset, showing Vulnerability, and being Culturally Responsive.

#### ***Growth Mindset***

Participants shared that effective White allies should be continually motivated towards their own development and reflective of what is needed for their growth. For generative allyship, seeking out feedback was essential, as was maintaining a desire to put in the personal work to improve one's future awareness and impact. Participant 9 described this process by stating:

So, they were open. If they were going through any type of uncomfortableness or anything, I couldn't tell. So to me, that lets me know that there's an acceptance that, you know, they understand my point of view, even though they don't fully understand it, but they're open to like, this is (Name's) experience of this situation, let me let me hear it. And not, you know, invalidate her. Let me affirm her.

For restrictive allyship, participants shared that when a White ally becomes defensive when receiving feedback and/or refuses to engage in further growth, their behaviors can impact BIPOC trust and willingness to continue to share aspects of their experiences. Participant 11 expressed this as:

It makes it a little hard for me to want a partner to collaborate or trust as well, because I'm like, "hey, I'm trying to give you all these other stories and share what I've learned and all the stuff... or here, read these other stories", and then they're like, "no, I still don't believe that. This is the way it is. This is what's going to happen."

Participant 8 also noted the importance of continued engagement, and expressed some frustration at the lack of willingness for growth among White colleagues stating, "But why don't you want to grow? And do it and be better?"

#### ***Vulnerability***

Participants shared that vulnerability involved openness to feedback, interpersonal risk taking, and building trust. They also revealed that White allies who are vulnerable are not afraid to examine their behaviors and impact on others. For generative allyship, participants stated that White allies should actively consider their impact across their roles and relationships, such as reflecting on how they handled critical moments in a classroom or participated in allyship in a faculty meeting. Participant 5 described it as:

I have white colleagues that are committed, right? And they will sit with me in spaces that are vulnerable and say, “I have a certain feeling about this. And I need to know, like, what do you think about it? Or, you know, this happened in class, and I did this. I feel like it was a microaggression. You know, I like... How do I handle?...” That to me is alright, you’re beginning to walk it a little bit.

Participants stressed that seeking this feedback from BIPOC faculty and students and remaining open to how they are being experienced can go a long way in establishing trust, which builds strength and depth in the relationship. Participant 2 noted “like in any healthy relationship, you have to have trust, if you don’t have trust, you don’t have anything.” For restrictive allyship, participants noted that White people who are guarded or uninterested in feedback can leave faculty of Color feeling more skeptical of their allyship efforts.

### ***Culturally Responsive***

Participants defined cultural responsiveness as White allies being curious and aware of how they might impact people of Color. Whereas vulnerability involves an inward focus on one’s actions, cultural responsiveness considers the impact of Whiteness more broadly. Our participants stated that effective White allies are intentional about how to develop their allyship and understanding of White privilege without placing additional strain on BIPOC. Participant 2 described this as,

Every time you engage with them, you know, understanding their limitations, as well as wanting to learn without tokenizing or putting all the burden on you necessarily, to explain to them. You know, they’re doing their own research. They’re asking questions, they’re, again, they’re acknowledging their shortfall. They’re taking ownership of their white privilege, and you know, all of these different things.

Generative White allyship was thus characterized by humility, awareness, and continued learning about the ways Whiteness might impact BIPOC within systems. Restrictive allyship was characterized by our participants as a lack of cultural knowledge and awareness.

### **Impact**

The impact domain represents how BIPOC in counselor education and counseling psychology programs are affected by the actions and inactions of White allies and highlights the importance of authenticity and trust in ally relationships. Our participants identified generative allyship as consisting of authentic relationships with colleagues of Color, understanding that White allies are vetted and re-vetted as the relationship progresses. Participants described restrictive allyship as involving performative actions, such as making efforts toward relationships in private but overlooking opportunities to publicly support BIPOC faculty. The themes linked with this domain included Continued Vetting, Rupture and Repair, and Centrality of Relationship.

### ***Continued Vetting***

Participants shared that they often held back during a period of initial guardedness and vetting when approaching relationships with White allies, as they observed behaviors and consulted with other BIPOC individuals to determine if the White person’s allyship was consistent and genuine. This process was often based on the BIPOC individual’s history of relational ruptures with White allies, resulting in the need to check and re-check the sincerity of any new ally. Participant 3 summarized this, stating “...as a person of color, I am always watching to see how safe spaces are for me to speak, for me to be me.” Participant 11 explained “I do try to figure out from other people of color, like what their interactions have been with this person. And then I’m like, OK, I have some more confirmation.” Participant 9 described it as, “You can see a white colleague who might, you know, advocate in that space, but even still, sometimes it takes multiple encounters or interactions for you to even attempt to trust... Like, is this really you?”

Restrictive allyship at this level was described by participants as involving actions that reduce relational safety, whereas generative allyship was described as the White ally's ability to be a consistent and trustworthy person within the context of the relationship.

### ***Rupture and Repair***

Once in relationship with a White ally, the BIPOC participants described their experiences of being harmed and how they engaged in healing. Participant 1 shared,

... she was not even aware that her actions had even caused a rupture ... so things were weird between us ... but my heart was, but this is my friend, I don't care what color you know...so we worked to repair that rupture.

Participant 3 further explained:

But if we as the offended don't educate the offender to know what's going on, then that is our issue, because they're going to keep on doing it until someone stops them. Now, if they do it *after* you said something, you know there's an internal struggle that they have going on, and maybe this person is not 110% in my corner or ready to hear what I have to say. So it'll tell you multiple things about that person.

In these cases, participants shared that they (as BIPOC individuals) held the burden of addressing ruptures by bringing it to the attention of the aspiring White ally, who could then either take ownership for relational repair (generative), respond dismissively or defensively (restrictive), or continue the harm-doing behavior (restrictive). Participant 1 highlighted a generative example, sharing "But hopefully, in the end, we both bear the burden of the mistake and not just me. And that's where, you know, work may need to continue to happen."

### ***Centrality of Relationship***

Participants expressed the importance of relationships and spoke of how the quality of a relationship helps delineate performative from authentic allyship. Participant 1 reflected:

So when you asked me to speak up, or, you know, oh, "I think (name) would be good for that". Well, I wonder what made you think I would be good for that? Is it because I'm Black? [restrictive allyship] But, if we have a relationship when you say I think (name) would be good for that. I can trust that because we have a relationship of some sort [generative].

The BIPOC participants we interviewed were better able to interpret allyship behaviors within the context of their relationships. If there was a preexisting relationship and level of trust, our BIPOC faculty expressed that they could interpret such actions as supportive (generative). Participant 11 added "...they've invited me over to hang out and cookout. So I feel very welcomed ... I don't feel like I've just been tossed out there." Hence, participants received allyship behaviors as supportive (generative) within a relationship and level of trust but received the same actions as tokenism or exploitation (restrictive) outside the context of relationship.

### ***Positionality***

This domain pointed to how the higher education context can impact BIPOC faculty experiences with White allies. Subthemes included Institutional and Intersecting Identities.

### ***Institutional Context***

Participants acknowledged their expectations for how aspiring White allies engage in allyship efforts are influenced by context, with higher expectations in settings that encourage DEI conversations and lower expectations in restrictive settings. But even in restrictive settings, participants noted that risk-taking for White allies often held less consequence than risk-taking among BIPOC individuals. Therefore, participants identified

aspirational allyship as finding ways to support BIPOC colleagues and students even in settings that were not supportive of such efforts.

Participant 5 stated:

I think context is important ...in terms of values, right, and alignment with de-centering whiteness, you know? I think we have to sort of take a step back and think about the context of the spaces. Because when I think about a white colleague at one institution, sticking their neck out when the system is supportive of that, that looks way different than a white colleague sticking their neck out at my institution, which is a predominantly white institution that has these inherent values of white supremacy embedded in many places, and spaces.

### ***Intersecting Identities***

Intersectionality informed how the BIPOC faculty we interviewed made sense of allyship in higher education. Participants considered factors other than racial identity (e.g., sex and gender, faculty rank) that impacted their experience of allyship. Participant 5 described this by saying:

I know your study is about white folks in particular, but I, I'd be remiss if I didn't really talk about the role of patriarchy here as well...oftentimes how the nature of being submissive as a woman or not speaking up or being spoken over how those experiences have played into that, as well... you know, not only with white folks, but with men in the field. Not that they're one in the same, obviously, it's a different, you know, intersectionality makes it a completely different ballgame of experiences.

Therefore, according to participants generative allyship involves viewing others in their unique context and being attuned to nuances of how oppression may shift based on these dynamics.

### **Engagement**

The engagement domain represents the assessment of action-oriented allyship practices, as told from the perspectives and lived experiences of our BIPOC faculty. The subthemes of Knowledge and Awareness, Performativity, Broaching, and Risk Taking provide considerations about who shoulders the responsibility to act in moments of conflict, and the conditions that inform visibility, labor, safety, and reliable support between our BIPOC faculty and their White allies. Participants reported that generative allyship behaviors can produce effective engagement and positive outcomes for BIPOC faculty, whereas restrictive allyship behaviors can result in ineffective outcomes or harmful engagement.

### ***Knowledge and Awareness***

Participant 7 described how she assessed ally knowledge and awareness stating, "But are they aware? Are they alert? Are they interested? Like, are they moved by what is happening in the world?"

Participant 4 offered their perspective on what it means to "do your own work" to minimize BIPOC labor, saying:

And I need you to read the chapter. I need you to buy the book. If you're a professor, I need you to have reviewed it like I need you to show me you're investing in your own development around these issues. Before I want to really go into what my what I think you should, what I think... and I never can answer what I think you should do because I don't freaking know what you should do. But probably start by doing your homework.

As noted by participants, generative knowledge and awareness building thus involves seeking out existing sources of information, honoring the labor of grassroots organizations and community organizers, and consensual and meaningful collaboration with BIPOC faculty in counselor education and counseling psychology programs rather than passively waiting for BIPOC voices to provide this education.

### ***Performative***

Participants viewed allyship actions through the lenses of a) authenticity and b) accountability. Participant 10 shared:

Allyship requires solidarity... it means somebody who is accountable and willing to do the work recognizes their privilege in that. Recognizes the ways that they'll be protected by the system, and works in a way that they don't co-opt the space, right? ...finding that balance and saying, I'm not going to take up the space for you. But I'm willing to do what kind of hard necessary work...And so when I think about what accountability looks like, it's like, it means that you're doing the work like the hard work on yourself. To know that it's scary, to know that it's frightening, to know that there are times when you're going to be uncomfortable, and that is the work that needs to happen.

Participant 8 also discussed consistency in allyship efforts, stating:

I think that's great that you show allyship (on social media), right? Or signs of allyship. Like you're standing up in solidarity, right? Which I think is good. I don't think that's bad. But then I wonder what you're doing on your faculty meeting ... Does that make sense? What are you saying? What are you doing? Because I think that is the real test."

Participants described the importance for White allies to use their voices effectively, while not dominating or excluding BIPOC voices. Actions including acknowledging dimensions of privilege, committing to the work, sustaining personal discomfort, and consistency across relationships, roles, and settings were key to generative engagement. Participant 9 stated, "I'm going to show up the same in all these spaces. And that continuity of activism has to happen, like at every level in every relationship."

### ***Broaching***

Broaching involves the White ally's ability to understand the sociopolitical factors that define the academy, to directly name these forces both publicly and privately, and to use these discussions to facilitate a relationship that empowers BIPOC faculty (Day-Vines et al., 2007). Participant 8 described examples of generative allyship in how he hoped White allies could broach in the context of academia, stating:

So for example, in faculty meetings when something comes up, and you're thinking, "Please, let one of these White men who's an ally say something. I don't want to have to say this. I don't want to have to say that." And sometimes it did happen. I was like, "Okay, well, thank you for showing up." Even if it's more definitive, saying like, "I think that's not right. I think we should talk more about this before we make a decision about this diversity topic," does that make sense? Or whenever ...or if I do say something somebody is like, "You know, I think P8 has a point. And here's some more." So those are some very specific examples, where I'm like, okay, well, thank you for showing up and saying that, you know. You didn't have to, right, but I'm glad you did.

Participant 5 offered a restrictive example, "...And I struggle with that. And I also struggle with people that don't like overtly broach and like, like, call a spade a spade in terms of like, what's happening in situations." Hence, our participants cited remaining silent in the face of overt and covert demonstrations of harmful behavior as reflective of restrictive allyship, while offering that generative allyship can involve overtly broaching and addressing problematic behavior without relying on the labor of the BIPOC individual.

### ***Risk Taking***

Participants noted the value of risk-taking in genuine allyship, defining it as the willingness to continue with allyship efforts despite potential costs to the ally in terms of relationships, personal success, and comfort in various settings. Participant 9 discussed how some may pursue allyship only when it benefits them, stating "like, if it helps you advance yourself, then you say or do something, but the moment it doesn't help you, then you stop."

Participant 8 noted the relationship between risk taking and awareness of power, saying “I think a lot of white allies ...are not able to see their power. Does that make sense? And because they are unable to see it, they are unable to risk something.” According to participants, restrictive allyship consists of only engaging in ally behaviors when it’s convenient for self-promotion, whereas generative allyship acknowledges the need to use individual power even in contexts where the White ally might experience negative consequences (e.g., ostracization or loss of power).

Participant 5 described how risk taking may result in personal and professional losses for the White ally:

Getting into conflict with colleagues, losing, you know, their reputation losing power, losing... losing that, that inherent power, right, that’s in higher ed. And now, you know, I’ve been in situations where, where white folks will stick their neck out for others, and all of a sudden they’ll be banished, or they’ll be ostracized because of it. So I think, you know, being an agitator, I think that word comes to mind as well.

Participants highlighted an inherent, disproportionate risk to BIPOC faculty when they self-advocate. Participant 10 described this as, “...are you willing, not just to make that sacrifice. Are you willing to put yourself on the line? Because you know that the consequences will be much higher for me. And much higher for BIPOC colleagues than it ever will be for you.”

## Discussion

The model of White allyship in counselor education and counseling psychology that emerged from our analysis of the data acquired from our interviews demonstrates how allyship is an ever-evolving, ever-moving target requiring intentionality in self-reflection and awareness of the impact on others (Ford & Orlandella, 2015). We initially expected to identify a stage model wherein White allies could monitor growth through progressing stages of development, but participants clearly revealed that allyship is much more nuanced and situational. Our model reflects the need for White counselor education and counseling psychology faculty to concurrently attune to setting, context, intersectionality, intrapersonal processes, and interpersonal impacts. White counselor education and counseling psychology faculty who demonstrate fragility, defensiveness, and unwillingness to grow can negatively impact and distance themselves from aspirational White allyship, while openness to feedback and continued growth can allow for generative ally behavior.

The model aligns with previous empirical and theoretical scholarship on allyship. The importance of ongoing critical consciousness and self-reflection to assess areas of growth in knowledge and awareness (Humility) is echoed in multiple studies of allyship (Bridges & Mather, 2015; Ford & Orlandella, 2015; Selvanathan et al., 2023; Spanierman & Smith, 2017a; Williams et al., 2021). Similarly, other researchers stressed the need for White people to do the work of self-education or in affinity groups with other White people, rather than expecting BIPOC to take responsibility for this teaching (Ford & Orlandella, 2015; Lin et al., 2023; Selvanathan et al., 2023; Williams et al., 2021). Previous models and conceptualizations of White allyship also stress the need for allies to take risks (Engagement) that may result in the loss of privilege, distancing of relationships with other White people, and discomfort in spaces that are normally welcoming (Ekpe & Toutant, 2022; Mathew et al., 2023; Patton & Bondi, 2015; Spanierman & Smith, 2017a; Sue, 2017; Williams et al., 2021). Such risk-taking can be difficult to sustain, as it can lead to isolation and emotional burnout for the aspiring ally (Ford & Orlandella, 2015). These consequences of risk-taking should not be seen as a discouragement of doing the work, but an opportunity to gain critical awareness of what BIPOC face when navigating the risks of their self-advocacy, and further proof of the need for challenging the systems that support the dynamics of oppression (Mathew et al., 2021).

Our findings in counselor education and counseling psychology programs also lend support to previously identified themes (Ford & Orlandella, 2015; Mathew et al., 2023; Selvanathan et al., 2023) of the impact aspiring White allies can have on BIPOC. Our participants shared betrayals of trust and relational ruptures as common occurrences (Impact). They stressed the importance of relationships, yet also expressed caution in how they

navigate relationships with White people who may inevitably act in harmful ways. White allies in counselor education and counseling psychology programs must accept they will make mistakes and must develop relational skills to acknowledge their impact and make amends (Mathew et al., 2023; Patton & Bondi, 2015; Selvanathan et al., 2023; Williams et al., 2021). Similarly, allies should remain cognizant of the tendency for White people to take control and center their own experiences, even when engaging in anti-racist work, rather than supporting and promoting the work of BIPOC faculty (Ford & Orlandella, 2015; Selvanathan et al., 2023). A collaborative and supportive approach over a leadership role can minimize this harmful impact.

The importance of remaining genuine and authentic in allyship behaviors and relationship building (Humility and Engagement) is critical to developing trust and subsequently engaging in effective action that benefits BIPOC (Bridges & Mather, 2015). Our results are congruent with previous research that illustrated the core need for allies to be trustworthy and consistent (Selvanathan et al., 2023; Sue, 2017). As BIPOC faculty in counselor education and counseling psychology programs continue to be impacted by White supremacy in systems and relationships, the effort to open oneself to relationships and anti-racist initiatives with White colleagues can be risky (Mathew et al., 2023; Selvanathan et al., 2023; Williams et al., 2021). All of our participants expressed hope and a desire for relationships with allies that were dependable and genuine. Our participants acknowledged that they did not expect White allies to be perfect or faultless but needed White allies to be consistent across settings and situations as an important part of building trust and viewing the White person as a collaborator.

Our findings thus echo the work of other scholars and highlight similar themes of allyship that can be useful in assessing ally identity at the intra and interpersonal levels. However, our participants broadened the conversation by identifying spheres of allyship that are constantly shifting from generative to restrictive depending on context and action. The model presented in this article, therefore, adds to the literature and understanding of White allyship in counselor education and counseling psychology programs by positioning allyship as a dynamic, ongoing process of engagement, rather than a place of arrival or achievement.

Indeed, the model provides a means of conceptualizing how, at any given time, a White counselor education or counseling psychology faculty member can be demonstrating varying levels of allyship behavior to varying degrees of generative or restrictive impact their BIPOC faculty peers. For example, a White counselor educator or counselor psychologist ally might demonstrate generative Humility by acknowledging what they do not know and taking steps to gain awareness in these areas. At the same time, they may demonstrate restrictive allyship in Engagement, asking BIPOC to direct them to resources or to close the gaps in their learning. Further, at the same time, they also may be restrictive in Impact, unknowingly causing a rupture in relationships with BIPOC and lacking the awareness to take responsibility for repairing this breach in trust. Likewise, White allies may find they are relational in the areas of Impact when they are in low-risk interpersonal contexts, but may be more hesitant to take risks (Engagement) when ally behaviors are needed in a faculty meeting. Allyship for counselor and counseling psychology educators, therefore, can be generative or restrictive based on context, level of risk, and self-awareness, which may result in the ally being viewed as performative (Engagement) rather than one who can be trusted (Impact).

Instead of a prescriptive pathway for development, the model serves more as an invitation to develop continued awareness of each area of potential restriction and growth. In doing so, an aspiring ally does not so much “arrive” at a space of ally identity, but rather devotes themselves to the constant pursuit of awareness and care for their impact. This may be discouraging for White allies who hope to achieve an ally identity, but it is more realistic in setting expectations for the complex and nuanced ways White people can continue to be impacted by internalized Whiteness and external systems operating within White supremacy. The model is not reductionist but reflects the complexity of BIPOC faculty experiences of allyship in counselor education and counseling psychology programs as a constantly moving target.

This model of White allyship in counselor education and counseling psychology programs underscores the complexity and nuance of allyship and emphasizes the importance of ongoing social justice and actions. By

recognizing and actively working against internalized Whiteness and external systems of White supremacy, White allies can contribute to the dismantling of oppressive structures in higher education (Ekpe & Toutant, 2022; Lin et al., 2023; Williams et al., 2021). Engaging in self-education and reflection, taking risks to challenge the status quo, and building genuine, supportive relationships with BIPOC colleagues (i.e., generative allyship) are all crucial steps toward achieving meaningful social change to promote equity and justice (Williams et al., 2021) among faculty in counselor education and counseling psychology programs. Recognizing the dynamic and context-dependent nature of allyship, White allies in these programs can better understand the impact of their actions and strive to minimize harm while maximizing positive outcomes for BIPOC (Ekpe & Toutant, 2022; Lin et al., 2023). This approach aligns with broader social justice goals by fostering environments where BIPOC voices and contributions are centered and respected (Ekpe & Toutant, 2022; Williams et al., 2021).

### **Limitations**

Our focus on the disciplines of counselor education and counseling psychology limits the application and possible replication of the current study across other disciplines in higher education and other non-academic settings, though other contexts may present with similar cultural, structural, and institutional issues. The narrowed focus of this study was purposeful, yet further research can examine whether the model applies in interdisciplinary contexts. Though most of our participants were recruited via word of mouth and by referral, we initially recruited participants via the CESNET listserv, which is primarily for counselor educators and has few counseling psychology subscribers. In fact, very few counseling psychologists participated in our study. Our sample also did not reflect the full representation of racial diversity across BIPOC faculty in counselor education and counseling psychology programs, and we acknowledge individual participants cannot represent a full range of experiences. Our findings are thus limited by the intersectional identities and situational contexts of our participants, especially the limited representation of counseling psychology in our sample. Future research could explore the themes that emerged in this study with a larger, more racially diverse sample, a larger number of counseling psychology faculty, and could integrate the perspectives of White individuals to further explore and clarify the model that emerged from our data.

Finally, we acknowledge the biases of the research team, despite our efforts to maximize trustworthiness and our participants' affirmations of the model during the member check process. The intentional construction of our research team ensured that we had a diversity of perspectives across identities such as race, gender, and academic rank. However, it is possible that another group of researchers may have reached different conclusions in the interpretation of participant narratives, and thus future research is encouraged to confirm the components of the model we presented.

### **Implications**

White allyship in counselor education and counseling psychology programs is a continuous process, with nuances in various contexts. The complexities of this process and the lack of a clear endpoint in allyship identity set the stage for a long and complex journey for White faculty wishing to engage in effective allyship. As ally relationships develop, rupture(s) are bound to occur. Acceptance of these complexities requires awareness and understanding of why BIPOC colleagues and students in counselor education and counseling psychology programs may remain cautious in building relational trust with White individuals, and a willingness among aspiring allies to broach sensitive issues with BIPOC. White faculty in these programs intending to be allies must be able to see themselves and their actions through the lens of harm-doing, which is an important component of allyship growth and requires sustained awareness of self as oppressor. This awareness can be challenging for White people who yearn to see themselves as champions of anti-racism across their various settings and relationships.

Our findings challenge aspiring White allies in counselor education and counseling psychology programs to engage in critical analysis of their intentionality and impact, both for themselves and within the cultural and



situational contexts of their settings. Institutional cultures that value diversity and critical examination of racism naturally require less risk for White allies supporting BIPOC students and faculty (generative). Cultures that reject or ignore how racism is enacted systemically require more risk-taking and greater difficulty for White allies to act (restrictive). Aspirational allyship requires finding ways to support BIPOC colleagues and students even in settings that are not supportive of such efforts. Therefore, we encourage White allies to assume a stance of not knowing as they continue the ongoing process of educating themselves, which might take the form of yielding the floor to BIPOC and/or allowing them to inform the process and journey of White allyship. In addition, generative engagement requires White faculty members to be willing to speak out and take risks in support of their BIPOC colleagues in counselor education and counseling psychology programs, rather than sit in silence for self-preservation. Generative allyship requires consistent solidarity and the ability to understand the nuances between speaking with and speaker for BIPOC.

Elements of the model proposed in this article can be used for self-analysis to identify strengths in current ally relationships and contexts or relationships where additional growth is needed. The model also can be used in counseling and counseling psychology classroom and supervision settings to guide students in their developing awareness of their impact and growth areas. Counselor education and counseling psychology faculty members and programs can engage in conversations on the needs of BIPOC faculty and students, and whether generative or restrictive allyship is occurring at the individual, interpersonal, or program levels. Developing policies or practices that support generative allyship can sustain or improve BIPOC faculty experiences in counselor education and counseling psychology programs, rather than reinforcing narratives that BIPOC individuals must find ways to survive within an oppressive system. Placing more emphasis on departmental and institutional harm reduction efforts overall may contribute to the improvement of BIPOC experiences in these programs. Thus, White faculty allies must address incidents of racial violence as experienced by BIPOC counselor education and counseling psychology faculty to increase the improvement of BIPOC faculty experiences in both fields. Through these intentional actions, White allies in counselor education and counseling psychology can contribute to meaningful social justice efforts, creating more equitable and supportive academic environments for BIPOC faculty (Williams et al., 2021). Such efforts not only enhance individual allyship but can promote systemic change and align with the broader goals of social justice.

Future applications of the model presented in this article could include developing exercises in self-reflection on each component to facilitate systemic-level conversations and dialogue. Additionally, developing personal growth and affinity groups for support and accountability would help aspiring allies when reflecting on their own individual impact. Counselor education and counseling psychology faculty and supervisors should consider ways to embed the themes of Humility, Positionality, Impact, and Engagement into their coursework, consistently facilitating discussions that acknowledge the potential for both generative and restrictive allyship across various situations. Future research is needed to explore and validate our model, as well as examine if additional patterns or distinctions exist specific to ethnic and other racial identities. Finally, scholars also are encouraged to explore the benefits and application of the model in other contexts, as well as other academic disciplines.

## Conclusion

Our grounded theory study with BIPOC counselor education and counseling psychology faculty yielded a model that included themes of Humility, Engagement, Impact, and Positionality, noting that movement amongst these themes in various contexts can lead to allyship efforts that are generative or restrictive. Our results point to the ongoing and continuously self-reflective requirements of allyship, compelling White allies in counseling and counseling psychology programs to remain humble, authentic, and committed to their efforts while striving for genuine relationships and action. The model acknowledges that ruptures in relationships may be inevitable and invites White faculty to develop an awareness of how they might continue to enact harm even as they commit

to growth as an ally. In these moments, White faculty should learn how to center relationships and proactively identify and address harm, so the burden for healing does not fall on BIPOC counselor education and counseling psychology faculty.

We hope that our findings offer BIPOC faculty and students in counselor education and counseling psychology programs some validation of their experiences and captured their hopes for what White allyship might look like. We also hope White faculty can see themselves in the model and that the various domains enable greater intentionality in aspirational allyship. Individuals, groups, programs, and departments can utilize the model to encourage reflection of generative versus restrictive allyship dynamics.

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### **Declaration of Interest Statement**

The authors declare no conflicts of interest in relation to this work.

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# Taking action toward racial and economic justice: An interview with Rebecca L. Toporek

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## Abstract

On November 21, 2024, we had the great honor, privilege, and pleasure to conduct a highly revealing, engaging, and intimate interview with Professor Rebecca L. Toporek about their lifelong investment in social justice and action work. Professor Toporek serves as a faculty member in the Department of Counseling at San Francisco State University. They have been a psychologist and counselor educator for 20 years after serving as a community college counselor and associate dean. Their scholarship has focused on social justice advocacy and activism, backlash, racism, economic justice, and college and career counseling. They have written or co-written over 70 journal articles and book chapters, were co-editor and co-founder of the *Journal for Social Action in Counseling and Psychology*, co-developer of the American Counseling Association Advocacy Competencies, and co-edited five books on multicultural practice and social justice including *Taking Action: Creating Social Change through Strength, Solidarity, Strategy and Sustainability*. They co-produced the video, *Helping counselors and psychologists as advocates and activists*. They are also a daughter, sister, partner, and mother of two awesome 20-somethings. Our interview with Professor Toporek addressed their long-standing experiences that led to their social justice and action work, their role models and mentors, and their challenges and opportunities. Professor Toporek also shared their thoughts on how counseling and psychology have evolved in terms of social justice and action work, and where the fields were heading. Finally, Professor Toporek reflected on the 18-year history of the *Journal for Social Action in Counseling and Psychology*, and they presented recommendations to strengthen the journal.

*Keywords: Social Justice; Advocacy; Activism; Backlash; Racism; Economic Justice; College and Career Counseling; Rebecca L. Toporek*

**Co-Editors:** How did you get interested in social justice and social action work Rebecca?

**Toporek:** I think it was kind of embedded in the values that my parents had. In my family, the two that stood out were values of fairness and equity. I was raised Catholic, and a part of the Catholic lens that my parents had was really more about anti-poverty, giving, and a responsibility toward others. Even though I didn't continue practicing once I became an adult, those values were still really embedded. My dad was a university professor during the sixties, seventies eighties, and nineties, and I remember our family participating in peace rallies as a child as well as attending other related events. My parents were not U.S. citizens, so I remember receiving the message that we shouldn't be visibly involved. I think my parents, especially my dad, was more philosophically an activist than in practice.

There were all sorts of lessons I learned as a teenager, and then, as an undergraduate. I went into psychology and social work really trying to understand life and human behavior. I wasn't active in social action at all during my high school or undergraduate years and didn't take any social justice classes other than some sociology and criminology courses focused on white collar crime and things like that. Most of the people I knew were engineering students, and they weren't justice oriented. After my bachelor's degree, I began a master's in counseling graduate program at the University of Oregon, which focused a lot on introspection and alternative lifestyles, but not political action. I didn't really start to get involved in social action until I moved to the San Francisco Bay Area once I graduated with my master's. My first post-master's job was in a nonprofit career center where we had contracts with different local cities and counties. One city was a very wealthy community in the Bay area. Most of the clientele from that organization were white upper middle-class women, many of whom were in the process of divorce, and were for the 1st time realizing they were going to have to be financially independent. We also had contracts with a different city providing services to clients who were experiencing poverty, housing instability, and food instability. There was one contract focused specifically on serving pregnant teenage mothers. We had really diverse clientele on opposite sides of a privilege spectrum which was such an illustration of disparities. I was more comfortable, and much more committed to the clients that we served on the side of lesser resources. Seeing that disparity I felt my graduate program didn't really provide the skills for doing the multicultural and advocacy work that was necessary for many of my clients. I determined that I needed to educate myself to work with diverse populations, especially in terms of culture and poverty, and began seeking any professional development I could.

My next job was in community college counseling. In this job I was a coordinator for what was basically a welfare to work type program. I was the liaison at the community college for students who were receiving public assistance with dependent children and were going to community college, as opposed to, being forced into getting a job with very little education and work skills. I was a liaison between the department of social services, the students and the college. We supported the students to get book vouchers, transportation vouchers, and childcare. We also helped with their transition and culture shock of being in the community college, because most of them had never been in higher education before, at least not in the U.S. Many of the students were former refugees or refugees. It was again, one of those situations where it was really clear that advocacy was necessary. Four weeks into the semester, the students would say things like I don't have my books, my childcare isn't set, and I don't have my transportation vouchers. And I would say "have you talked with your caseworker." They would reply "I've tried calling, and they're not calling me back." And I would say, "well, let's call together." So, we would call, and I noticed that if I said my name and my title very quickly, then I was less likely to be put on hold. I started to observe these different things and felt even more frustrated that my graduate program didn't really prepare me for this critical aspect of counseling. The student and I could talk until we were blue in the face but if they didn't have their housing, didn't have transportation, and didn't have food we were not going to get very far. During this time, I continued to read, attend workshops, and engage in any opportunities about multicultural counseling. A lot

of what I found focused on self-understanding which I felt frustrated by because I thought what I really needed was to know how to work with clients who were different from me. For example, two books I came across were Pedersen's "*Handbook for Developing Multicultural Awareness*" and Katz's "*White Awareness Handbook*" in the late 1980's. A huge turning point for me happened when I serendipitously attended a workshop that was framed around Janet Helms's Interactional Model of Racial Identity. It was finally clear to me why I needed to understand what it meant to be white as a counselor and how that interacted with the client's racial identity and shaped the counseling process, intentionally or unintentionally. I committed to focus on racial justice and my part as a white person in a system that was racially unjust.

In my next community college counseling job, I was fortunate to meet, learn from, and observe several amazing social justice advocates who were in my department. I started to learn about embedded racism in higher education, cultural humility, community organizing and integrating multicultural counseling into our work. There was, however, a lot of tension in the department between counselors who prioritized client-centered therapy and academic advising without any cultural counseling component. An experience that solidified my commitment to action was related to a situation that came up on campus where several colleagues and I took action and then ended up in a lawsuit. I'll talk more about that later. My experience with this lawsuit and my mentors solidified my social justice skills and interest. Even before this incident, when I started this counseling position, I also started to venture down the path of understanding what it means to be a white person in this country, my community, and my profession. So, the social action that I began to get involved with was more about race and racism in our organization and in the counseling profession.

That's sort of how I came to social justice and action work. Years later, as a counselor educator and professor, a couple of students and I co-wrote a chapter about developing as a social justice-oriented counselor. In preparing to write the chapter, we recognized that we had each come to social action from one of three paths. I felt like I came from an academic path although my family values set the foundation. My experiences in my counseling practice informed me about what was necessary. One of my other co-authors, an Afro-Latino man, who now is a practicing psychologist in Colorado, was a community organizer and activist prior to coming into counseling. He had been that for his whole life, beginning as an undocumented student in the U.S. for a long time until he received his green card just before joining our program. He talked about coming to social justice counseling from an activist perspective, whereas I came from an academic perspective. Our other co-author talked about coming to social justice from a community perspective. As a Filipino man, he talked about his embeddedness in his community and family which led him advocating with and for his community, but in a culturally different way than I or our other colleague.

**Co-Editors:** Thanks, Rebecca. You shared with us a very rich background of how social justice and action developed for you. It was interesting to hear you discuss the three different paths that led to you and your co-authors getting involved in social justice. It was surprising that you said academics, because at the beginning of our conversation you mentioned how your Jesuit values were a foundation for your social justice and action interests.

**Toporek:** Yeah, well, I think that did establish my foundation. But honestly, my parents didn't really engage visibly in community organizing and activism as far as I could tell as a child. Some of the reason, I think, was the feeling that we couldn't be politically active because we weren't citizens. But I think it also had to do with so many other things like economics, mental health issues, and other family issues.

It wasn't until I was in my community college job with mentors and role models, then my doctoral program where I had faculty and professors who were more active social justice role models. I also had other professors that said

things like advocacy and social action had no place in counseling and counseling psychology which motivated me even more.

**Co-Editors:** Let's go back a little bit to some of your early life experiences. Can you please share a few more concrete social justice experiences? For instance, before you started your undergraduate education. At that time, were you involved in any kind of social action or social justice?

**Toporek:** Nope.

**Co-Editors:** Okay.

**Toporek:** Well, let me think some more. No, not really. I was a struggling teenager to be very honest, and I experienced depression along with existential crises. My family was involved in community service with elder and developmentally disabled youth through the church. My family also included a lot of international university students in our family celebrations. But, in general, I was not really involved in social action when I was a teenager. However, I clearly remember a moment during one my experiences of depression, I was maybe 14, when I felt like I needed to have a purpose in order to keep going. I needed to know that I was here for some reason, I needed a purpose to keep living. I decided that the reason I was alive was to make things better.

**Co-Editors:** For other people?

**Toporek:** Yeah, yeah, yeah.

**Co-Editors:** Okay.

**Toporek:** And that was the only thing really to hold on to. It's funny because I've told this story a lot, but for some reason today I'm getting choked up.

**Co-Editors:** Thanks a lot for sharing these experiences. We have a lot of questions for you, but while listening to your story I wondered if there was any specific moment in life in which you said to yourself yeah, I can make things better. Maybe it was an event or something that made you mad and led you to think "I can do this for me or for the people around me." This is a turning point in life. I think without that one moment we will continue being on the surface. If you have that moment like I feel you did, this seemed to become a moving force for you. This is my personal interpretation. Please tell me if I'm wrong or right.

**Toporek:** Yeah, I know. When reflecting on your question, I sort of fell into the trap of thinking that I didn't have a big "aha" or turning point because it seems like social action needs to be some big thing. People often think that if they're not doing some big thing like being in a protest, or being in some kind of organized activity, then they're not doing social justice. Of course, I don't believe that now but it's easy to fall into that trap. But as you were talking, I recall small things that happened through my childhood that I can say, oh, yeah, that was significant for me. I think it was a lot of small things that built up throughout my life. For example, I remember, I must have been 6 years old or so, standing with a friend on the corner where I lived in a predominantly white community. A Black child rode by on their bicycle, and my friend said, "Oh, my dad calls them chocolate drops." I felt really uncomfortable and said, "that's not very nice." Her response was "No, it's good because it's candy," and I replied, "no, that's not good. I don't think that's right." I didn't have the words, but I knew it didn't feel right. There were different times throughout my childhood and adolescence when I did certain things, but I wouldn't have considered them to be social actions. I guess another example could also be related to a sense of justice. In my elementary school, the girls played this game "war," and I didn't want to play this game, but I had to choose



sides. In this game, everyone was supposed to take sides and then you were supposed to go spy on the other side. I didn't want to do any of that. I was trying to explain the dilemma to my parents, and this is how helpful they were, "Well, tell them you're like Switzerland, and you're a neutral country." I remember feeling like they didn't understand adolescent girls at all and that was not going to work. I remember struggling a lot with that throughout my childhood, not feeling like there was a place, or a way or an avenue other than to raise questions and say, that doesn't feel right. I think I didn't have enough confidence in myself for a lot of reasons, to be visible and to take action other than doing small things. When I decided that my purpose was to make the world better, I didn't really have a clear plan of what that would mean, or the skills and confidence to do it. Like I said before, the peace rallies my family attended when I was a child made an impression on me and my parents were involved in some other protests like the grape and lettuce boycotts. They were also involved in the artist community. When I was little, my family had friends that were musicians and puppeteers. A lot of the music and puppet shows had themes of inclusion, fairness, difference, peace, and other values. My mom was an artist and a potter, loved the music of Pete Seeger, Joan Baez, and Woody and Arlo Guthrie. My dad was an architect and was very interested in spirituality. He also experienced bipolar episodes throughout my life and so my family experienced the problems of the mental health system over and over again. As far as being involved in social justice action in high school, I think I was just trying to make it through. I don't even know if my high school had a club or a group, or organization focused on justice issues. So, I'm a late late bloomer, I guess you can say!

**Co-Editors:** Yeah, late bloomer, in terms of how you label it. However, having a social action philosophy you can trace to a much earlier time in your life though calling it that is something you did not do.

**Toporek:** Yeah.

**Co-Editors:** So, we want to make sure we heard you correctly? At one point you said that your graduate programs really didn't promote social justice kind of work and but at another point you shared that you had some professors that were sort of role models. Maybe we didn't hear you correctly.

**Toporek:** It was different between my master's program and my doctorate ten years later. I did my master's program in the late eighties. It was much more of a traditional counseling training program. But it was in Eugene, Oregon, which is a little bit of a counterculture community. The program provided basic skills, training, and working in the community. We did have alternative readings and faculty involved in the community in various ways. Eugene had alternatives to policing but there weren't faculty that were leaders in social justice or at least I wasn't aware of it. My thesis was focused on counselor burnout and I'm finding that helpful now as I look at activist burnout. For my doctoral program, I specifically chose the program because there were faculty who were doing amazing things to change the profession.

**Co-Editors:** Were there other people in or outside the profession that you viewed as social action role models?

**Toporek:** Yes. In the community college where I worked after completing my master's, I had mentors and role models who were counselors and also involved in ethnic studies movements. I also got involved in the American Counseling Association, or ACA, as a counselor in the early nineties. The reason I went to my first ACA Conference was because I had attended a California Multicultural Counseling and Development all day training that Derald Wing Sue, Patricia Arredondo, Thomas Parham, Michael D'Andrea, Don C. Locke, and Allen Ivey presented about the multicultural competencies. That was in 1991 or 1992. I was so inspired listening to them and really committed to what I felt was needed in the profession. I was frustrated that multicultural counseling wasn't taught in my master's program, and I believed that this movement would change things for the better. At that training, the presenters invited people to attend the ACA Conference and advocate for the multicultural

competencies. I attended the next ACA conference. I joined AMCD (the Association for Multicultural Counseling and Development) and within a year or two volunteered to work on a task force with Patricia Arredondo. I think it's important to say that I was very committed to AMCD, it was my home within ACA. But it was complicated because I was one of the few white members who were involved. I wasn't always sure how to be helpful without overstepping or whether I should be visible. I found a lot of wonderful colleagues and mentors in AMCD, and at the same time, there were some folks who were not as comfortable with my involvement. I worked a lot on cultural humility throughout that experience.

At the same time, Derald Wing Sue was living in the Bay Area, teaching at Cal State Hayward. My community college colleagues and I were able to get a small institutional grant to invite him to do a training series for our department about multicultural competence in counseling. I learned so much through my relationships with Derald and Patricia, and then later Thomas Parham and the whole group who had presented the original workshop. They were a very cohesive team and had founded an organization, the National Institute of Multicultural Counseling (I think that's what it was called). The purpose was to provide training and advocate for multicultural competence. Additionally, they worked to advocate for ACA to adopt the multicultural counseling competencies so that counselors would receive better training. I had the fortune of being able to watch and learn from them about the process of advocating for this kind of institutional change. This was the second decade they had been trying to get ACA to adopt the competencies. I was able to sit in on some of the planning meetings, talking about what would be needed for institutional change. The "Call to the Profession" that introduced the idea of multicultural competence was published 1982 by Derald and a large group of colleagues, and a follow up article was published in 1992. However, ACA did not adopt the competencies and argued that they were not specific enough. As a result, Patricia led a task force in AMCD to operationalize the competencies and I volunteered for that group. One thing that I learned from this process, and I tell my students now, is that if you volunteer for a committee or a task force, and you actually do the work, then you are making a contribution. With the opportunity to work on the operationalizing the competencies task force, I was able to work more closely with Patricia, and that laid the groundwork for work I did later.

In my role in the community college, I began to increasingly feel like I wasn't able to do as much as I wanted to impact the profession or even my department and college. I started to think that doctoral programs would be a better next step. I had always planned to do a doctoral program, but that realization sort of convinced me to do it. After several years of applying, I was accepted and chose to attend the University of Maryland given the big impact Janet Helms's and Don Pope Davis's work had on me. I learned a lot about scholarship, research and leadership from both of them, each in different ways. There was also a lot to learn from the other students who worked on their research teams as well.

**Co-Editors:** We didn't know some of the stories you shared. It's really interesting to hear them and to hear how the group of people you mentioned approached getting the competencies approved by ACA.

**Toporek:** Yeah, it was really powerful.

**Co-Editors:** Yes, very powerful. Let's shift a bit. You've done a lot over the years related to social justice and action. Give us some snippets of some different projects, so that we can better understand the diversity of your work.

**Toporek:** There's one thing that has come up a few times. It is not a project, but it was an important experience. Many of my students are sort of asking and trying to figure out how to move forward. Given the political climate we are in, I'm starting a new project exploring the backlash that people are experiencing for doing their social justice work. The student who's working with me on it and I were talking about what backlash looks like. I'm going

to tell this story very briefly, and then I'll answer what I think you might be asking, which is intentional projects as opposed to unintentional. When I was at the community college, we were observing over time that there were students of color, students with disabilities, and female students who were involved in student government, and then leaving student government due to a hostile environment. After several years of encouraging students in this situation to follow due process and to talk with the Dean, it just seemed to keep happening. A group of us across campus came together and said, we need to do something different, because this was not working. In our meeting, we realized that there were other things happening across campus. For example, several students had reported that an instructor listed names on the board and said that all the students listed there would need to retake the exam. The list was made up of all Vietnamese names and the instructor thought they had cheated and was requiring them to retake the exam. We were appalled and agreed that this was not right. Then, an incident happened on campus that was the catalyst for deciding on action. There was an altercation between the student government president, a young Black man, and a white female student senator who had said she felt unsafe with him. The campus had ordered him to stay away when she was on campus. He came to campus to get his things, and campus police ended up throwing him to the ground and arresting him. My colleagues and I felt like there must be serious questions about what was going on in Student Government for it to escalate to this. We questioned what the Student Government Advisor had done over the past several years to address issues that seemed to keep building. We were frustrated that it seemed that the college had not resolved what seemed to be long standing issues and decided that someone needed to bring this situation to the attention of the Academic Senate. We decided to write a confidential memo to the Academic Senate, saying that the process and leadership of student government needed to be examined for climate issues and hostile environment. We had 12 or 13 points in our letter, one of them was to examine the role and function of the Student Council Advisor in relation to addressing hostile environment. Soon after the meeting with the Academic Senate, the Student Government Advisor filed a ten million dollar lawsuit against us and a separate suit against the college. The college was unhappy that we took this action, saying that once he put the suit in place, this prevented them from addressing the issue. They didn't want to provide legal support for us. However, we were able to point to the part of the ACA Code of Ethics to show that we had an ethical responsibility to bring issues of discrimination to the attention of our employer, that this was within the scope of our duty as counselors. As a result, the college did provide legal counsel for us. Additionally, the NAACP and the ACLU provided support and consultation. The person who brought the lawsuit then added both organizations to the lawsuit. I learned a lot from what ended up being a six year lawsuit. It's been a really important part of my development. Although it was emotionally and professionally difficult, I was able to go through it as a part of collective action and learn about consequences. We could have taken a different action, but it helped me to see a process and understand how the legal system ends up getting involved for better or worse. In our case, it was kind of worse, and I realized how much inequity there is in the legal system. This added to the groundwork for my interest in developing tools to help counselors understand how to navigate social justice in their work. In my counseling positions prior to that point, I had learned by the seat of my pants how to advocate for individual clients. But I hadn't really learned about how to do systems level action around specific issues. Prior to the lawsuit, one of my colleagues and I had already been talking about the need for institutional cultural competence. We wanted to expand on the Sue, Arredondo and McDavis multicultural counseling competencies to include an institutional competence aspect. That project was my first academic social action writing, and it took a long time. Being a community college counselor is a really hard, intensive job that doesn't leave space for any academic sort of writing. That's in part also why I was committed to do a doctoral program. I knew I couldn't continue having a full-time job that was a hundred percent service and be able to do and produce things that were going to be useful beyond my immediate environment.

Once I started in my doctoral program, there were a number of things I was able to do related to multicultural training and advocacy. In the late 1990s and early 2000s, Loretta Bradley, Jane Goodman, Beverly O'Bryant, and

Judy Lewis were all presidents of ACA and all focused on different aspects of advocacy and social justice. In the late 1990s, I submitted a proposal to do a roundtable at the ACA Conference on counselor advocacy, and it was accepted. As a result, I met Judy and other folks. Jane wanted to put together a task force to develop the advocacy competencies and appointed Judy Lewis as the chair, with Mary Smith Arnold and Reese House as additional members. They invited me also to be a part of that task force as well. At the same time, others were talking about the need for divisions to focus on different aspects of oppression, for example, forming a group within AMCD to support lesbian, gay and bisexual member. There were some members who were very committed to anti-racism work and also were gay or supporting folks who were taking action around gay rights were not feeling comfortable in AMCD. Similarly, there were people who were in what was AGLBIC (Association for Gay, Lesbian, Bisexual Issues in Counseling) (later known as SAIGE) who talked about feeling support around sexual orientation but not addressing racism. There was talk across divisions about the need to have more of an umbrella group that focused on collaboration and social justice more broadly and where we could address oppression. Although they didn't use the language, it was really intersectionality that they were talking about. Leaders such as Patricia Arredondo, Judy Lewis, Jane Goodman, Mark Pope, Beverly O'Bryant, Michael D'Andrea and others set up a 2-day meeting at ACA headquarters in Alexandria, Virginia. Because I was in school at Maryland (just a 30 minute drive from Alexandria), I was able to be a part of the process. At the meeting we talked about how and what sort of action we should take, and could we integrate social justice and advocacy more into ACA as an organization. As part of that conversation, we decided it should be more than an interest group and that it should be a division. Because Mark Pope, Judy, Patricia, and Beverly, for example, had been ACA presidents, within the 1st day, we wrote bylaws, a necessary first step to proposing a new division that would be called Counselors for Social Justice. In fact, everything that needed to happen occurred in a day and a half. It's the only meeting I've ever been involved in where we ended early because all the work was done. We didn't even have to do the second half of the second day, because it was like boom! Boom! Boom! This experience was really helpful to me, seeing how to make change within an organization. A lot of it had to do with having the right people in the right places who knew the processes and roadmap, how to maneuver what was necessary. Being involved in the creation of the Advocacy Competencies allowed me to think about the ways that the multicultural counseling and advocacy competencies come together. And then, as you know, Larry, co-editing the *Handbook for Social Justice in Counseling* was the next thing for me. It came out of a discussion in More PIE (an informal group within the Society of Counseling Psychology focused on cross interest dialogue). We facilitated a roundtable presentation at APA where we had folks talk about the social justice work they were doing. We thought people needed concrete examples of social justice as psychologists. There were so many people doing really good work, but it wasn't really written up anywhere. And you, Gargi Roysircar, Nadya Fouad, Tania Israel, and I did the roundtable and then decided to create and serve as Co-Editors of the Handbook.

**Co-Editors:** Yep.

**Toporek:** I'm coming closer to today. There are a lot of different smaller projects that I've been involved in. The amazing opportunity I had in 2007 to work with Tod Sloan as co-founders and co-editors of the *Journal for Social Action in Counseling and Psychology* taught me so much. As you know, Tod and I worked together for more than ten years on the journal (I'll talk more about that later). Aside from editing the journal, I was also trying to think about what was next after the *Handbook for Social Justice* was out for a while. I had been asking around to decide if we should try to do another book. I asked people (counselors and psychologists I knew) what would they want to see. What would be useful? And of the people that I talked to most said they needed something for their students that would guide them about how to do social justice work. Unless they're already community organizers, or they're already doing that work, a lot of folks were just kind of uncertain and afraid to do the work. They didn't know what to do or how to do it.

Around the same time, I was invited by the Panhellenic Counseling Association to give a keynote talk because of our Handbook. A Greek psychologist had translated the *Handbook for Social Justice in Counseling Psychology* into Greek. As I began preparing for that presentation, I was thinking what possibly could I have to say that's relevant to folks in Greece? Because the U.S. context is so specific in my mind, and there's so much that's happening in Greece that I don't have expertise about, I was concerned about whether I could be culturally relevant. I reflected back on what I had learned from our process of writing the Handbook and reading all of the amazing work written by the folks that contributed to our book, and also my own experience. I ended up realizing that what I had learned falls into four areas. One was assessing and knowing your strengths, knowing what you know, and taking action based on that now, as opposed to saying, oh, well, I can't do social action until I know how to do XY, or Z. Instead, start now with the skills and resources you have already. And then developing solidarity is the second area, focusing on making sure that the social justice work you are doing is aligned with the communities most affected. For some of us, we are doing work from a privileged place. For me, that is being employed in higher education and being white. Also, I live in a heterosexual relationship, you know all of these different aspects of privilege? So, solidarity and taking the lead from communities that are impacted is essential. And then strategy is the third area. Often, people jump to strategy or action first, you know, go protest or don't take action at all. Or they think, "I'm going to do this," but they haven't really laid the groundwork yet. Strengths and Solidarity lays the groundwork then Strategy is really about the how and the nuts and bolts of taking action. Then sustainability is the fourth area. How do we not burn out? How do we maintain these relationships? How do we deal with the consequences that come from the work that we're doing. Two days after I gave that presentation, the 2016 U.S. election happened. I was still in Greece and I was receiving distressed emails from my students who were distraught about the election results, feeling hopeless, some feeling disconnected from their families who had voted for the candidate that my students believed had done and would do so much damage. It was a time of feeling overwhelmed and somewhat paralyzed. The presentation in Greece was very well received and I started to realize that this could be a useful framework for a workbook to help shift away from paralysis and keep moving toward action. So, I invited my very good friend, Dr. Muninder Ahluwalia, who is a fierce, brilliant social justice oriented psychologist and counselor educator who does social justice work in such a different way from me. I suggested that we do a workbook that people could actually work through. While we were working on the book, we also began a video project where we interviewed 13 counselors and psychologists who we knew were engaged in advocacy and activism and talked to them about what they did, how they did it, and what recommendations they had. This video was produced by Alexander Street Press and is still available. The folks we interviewed were amazing and helped shape some ideas for the workbook, especially the version that is coming out now focused on counselors, psychologists and other helping professionals. But I'm getting ahead of myself. We designed the first workbook for the general public to encourage people to take action. The workbook would lead them through different aspects of social action, engage them in activities, then they would develop a social action plan. We organized the workbook around those four pillars or areas of reflection. The book came out in 2020, just as everything shut down for COVID and George Floyd was murdered. A lot of the work we had planned to do to engage people around the book was difficult and there were a lot of other things going on in the midst of trying to figure out how to live and work remotely. That summer, Academics 4 Black Lives created the first of several annual intensive online institutes focused on anti-Black racism and, as a part of that, they provided structure for accountability groups. I was fortunate to participate and connect with six other women who were committed to understanding white supremacy and we began meeting weekly, then biweekly for the next three years. Earlier, probably about 2016, I had also become more involved in protests and marches and was spending time learning about, and participating in, bystander training. Once things shut down due to COVID, that changed to car caravan protesting, mostly about police violence. Later in 2020, multiple family crises happened, my caregiving responsibilities increased for my mom with Alzheimer's, multiple family members were diagnosed with cancer, etc. I was trying to balance that with also being department chair as well, all while figuring out how to provide our program remotely for the first couple of years of shutdown. One of the

principles in the sustainability pillar is that sometimes it's okay to step back. And that's sort of what I did, or rather, I shifted my attention to family and my department. As department chair, I wanted to make sure we were there for our students. George Floyd was murdered after my first year in the role and I wanted to make sure we explicitly looked at how anti-black racism and white supremacy may be implicit in the work we do in higher education and in counselor education, including our department. What are the things that we can do to be consciously aware of that and deal with that and change our curriculum? How can we look at decolonizing our curriculum? In terms of writing and professional activities, I stepped back quite a bit for a couple of years. My colleague, Muninder, and I had always intended to write a different version of the *Taking Action* workbook specifically oriented for counselors and psychologists so in 2021 or 2022, I don't remember exactly, we invited two other colleagues to join us. It took a lot longer to finish given all of life's unexpected circumstances, but we just sent it off to the publisher a couple of months ago, so that feels good.

**Co-Editors:** That's great what you have shared. Because you've had your foot in both the counseling and psychology professions, can you share with us how they have evolved in terms of social justice and social action, and where you think they're heading.

**Toporek:** Yeah, it's interesting. If you had asked me this two months ago, I might have had a very different answer. And I'll explain that in a minute. I feel like there has been a lot of good movement in some ways. Being in the profession as long as we have, we've had the opportunity to see a lot of different things happen. For example, the resistance to even considering and adopting multicultural counseling competencies took two decades, as it first came out in 1982. It wasn't adopted by ACA until 2002 and then the same year that they adopted those competencies they adopted the Advocacy Competencies. Within ACA, there are several divisions that I am most familiar with that have carried social justice. AMCD was groundbreaking, having started as the Association for Non-White Concerns in Personnel and Guidance (ANWC) in 1972. They held ACA accountable in various ways across the years and fostered important leadership and support for members of color. Counselors for Social Justice, as I mentioned earlier, does some amazing work engaging people in social action. And, SAIGE, the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (formerly ALGBTC) continues to do really important advocacy. I know the Association for Specialists in Group Work also has been committed in terms of social justice. But, as an organization, ACA has fluctuated a lot. The Code of Ethics has recognized advocacy and social justice but there was a period, I think it was in the 1990s, when ACA basically said that they wouldn't take any political or human rights stances. They wouldn't do any statements about current events or anything. There was a human rights committee that ended up getting disbanded and after a lot of advocacy, it was finally reinstated. Judy Daniels and Michael Hutchins did some great advocacy there. I feel there have been ebbs and flows within both counseling and psychology.

In APA, I was a Division 45 (*Society for the Psychological Study of Culture, Ethnicity and Race*) kid. My mentors were in 45 and 45 was much more explicit about social change. That's where I felt more comfortable. In the early 2000's I was able to run for and serve on the Division 45 Executive Council. I learned so much from my colleagues there who were from different specializations across psychology. That broadened my understanding and also gave me great exposure to all the work folks were doing around serving culturally specific communities and doing culturally and racially focused research. Part of my position also was to solicit and advocate for our members to serve on APA Boards and Committees, so I learned a lot about the complicated ways that access to leadership within large organization works or doesn't work. I was very aware as well of the complexities of my role as a white person in the organization.

In APA Division 17, I honestly didn't participate until maybe 20 years ago because it felt, to me, to be resistant to multiculturalism and social justice. When we did our Handbook, I started to get more invested. Some of the

people who had been very prominent in Division 17 in the 1990s and earlier were also faculty in my doctoral program and were not supportive of social justice approaches. For example, one of the faculty in my program told me directly that advocacy is what social workers do, not counseling psychologists. Another faculty member told me that I was having a hard time embracing a counseling psychology identity and was too focused on counseling and advocacy. So, early on, I didn't feel like Division 17 had anything for me. Then, as more folks became involved in leadership and started integrating social action, that's when I started to come back. To be honest, meeting and working with you, Larry, Nadya, Gargi, and Tania on the Handbook was a great relief because it affirmed that there were prominent people in the field who believed in social justice. That's when I started to have hope for the division. Since then, I feel like there are a lot of good things and that Division 17 is moving in a promising direction. For example, the linking to structural competencies now is a great direction. There's so much great stuff that Helen Neville and Amy Reynolds have done along with Shavonne Moore Loban, Anneliese Singh, and Melanie Wilcox as well as others. Working with Tod Sloan beginning in the early 2000s, I got to know the divisions of peace psychology, community psychology, and outside APA, Psychologists for Social Responsibility. That was helpful, because I had pretty much figured that there was nothing else in APA that was going to be supportive. I'm not sure what to expect from APA as a larger organization. Over the last couple of years and especially right now, what I foresee is that we will be in a period of challenge where the organization and some members will have a louder voice moving toward a more conservative stance. I think that in APA and ACA there will be professionals that feel like they've been marginalized because they have conservative views. I am afraid that they will work toward imposing and participating in oppressive legislation at the state level and national. And that they will try to roll back the content about advocacy that is in our code of ethics and accreditation standards. I think that there are a lot of challenges coming. I didn't expect this, and I think there's going to be a lot of feeling like we are moving "three steps back to go one step forward." In some ways, I think it will be very clear as to what needs to be done. That's a good thing. But in other ways it's disappointing, because I think a lot of the progress that has been made, and a lot of people who have been willing to trust being a part of the profession and the organizations may be targeted. The project that I'm starting now, well, it's an expansion of something Amy Reynolds and I did for several years at the APA Convention. We facilitated roundtables and panels of folks that have been targeted because of the work that they're doing around social justice. In part, I was motivated to do this because of harassment I received from an interview I did during COVID with the New Normal, a video series from the Washington Post. They interviewed me for an episode focused on whiteness and white racial identity. It ended up being picked up by conservative media, and I received threats, pornographic and racially violent messaging, and harassment through social media, mail and phone calls to my office, and our office staff. It highlighted for me how many of our colleagues, especially professionals of color, are targeted much more persistently and violently than I was targeted. Now that I am no longer department chair and can get back to research, I'm launching a quantitative study to have something more concrete to look at. What kind of backlash are people experiencing? What has been helpful to them? What are the resources that they turn to? What do they think the profession ought to do to support its members who are doing work around social justice? I think a lot more backlash is coming. When I began working with Amy on all this, I think she was president of APA Division 17. Part of what we were talking about as a project was how can and should Division 17 support its members that are experiencing backlash? We talked about institutional aspects of the backlash. For my research, I want to hear from as many people as possible who are experiencing it, and how they address it. And where do they find support? Have they talked about it at all? Or do they just try to push it aside? What do they recommend for early professionals or others who are engaging in human rights and social justice work? My research collaborator, a student, and I are working on developing a toolkit to help, because I feel it is going to increase even more.

**Co-Editors:** Agree, it will increase even more.

**Toporek:** This morning I attended a webinar about creating proposals for NCORE, the National Conference on Race and Ethnicity in higher education. Two questions I thought were really interesting that it didn't even occur to me to ask gave me a sense of what I think we might be in for given the political climate. One participant asked something like, "Is it still okay to name outright in proposals white supremacy, colonization, things like that? Or should we no longer be using that language?" Fortunately, the conference organizers said, "Well, we're still using that language, and we're going to. And we probably are going to have to start thinking creatively about how to continue doing the work that we're doing." The other question was about the conference being in New York. "What security measures is the conference going to take for participants given the political climate? And given that Trump has a residence in New York, what is the Conference expecting? And how are they going to keep people safe?" And I realized that I didn't even think about these issues. Oh, yeah. I think those are the kind of things that, as professions, I agree with you there is a lot of rhetoric. I also don't know in the next 4 years whether we're going to be able to move forward from where we are or whether we're going to just try to make sure people are safe.

Last night I participated in a day of remembrance for transgender folks. That was really moving, because part of it was reading off the 431 names of trans people, and how they died over the past year, most had been murdered, some killed by suicide. Just being aware of how many people will be in danger, the people who already are in danger, and those who may be increasingly in danger is critical. I imagine with all the international work you both do that's something you've seen and been in the midst of intensively more so than I. I think that for a lot of us who do more of our work in the U.S., we can learn a lot from the experiences that both of you have had.

**Co-Editors:** Yeah, yeah, it's interesting that you pointed these different safety issues, Rebecca. I have a colleague that is afraid to cross the border into the neighboring state because of safety. Like you said, there are many more people experiencing this fear. People doing research on topics considered taboo now are being targeted as are universities that support this research. Scholars though are thinking whether it is safe to continue their research. State legislators are trying to stop and silence that research.

**Toporek:** Yeah. My department chair has been instrumental in getting large HRSA grants for us. These are federal grants that provide stipends to students for integrated behavioral health training. Our grants have been equity focused. And that's part of why we've been able to secure the grants. We're applying for these grants again and we're not sure whether these grants will be funded again. I don't know if anything can be done about this.

**Co-Editors:** Yeah, very challenging, scary, and troubling situations and times.

**Toporek:** I appreciate you sharing this with me because it also makes me think about where we are in the process of developing our survey and research. I also think what you're pointing out is not only that there are people who have experienced backlash, but there are also people who are sort of rethinking and changing their work because they fear the backlash. It's all about silencing, right? Whether it's that people are silenced or threatened directly, or whether it's thinking about changing. What the perpetrators do accomplishes the goal of silencing people.

**Co-Editors:** Yes indeed! Let's try to wrap up the interview. We can talk forever! Silencing we think can be reframed as epistemic injustice. Accepting the global responsibility to face all these challenges is not easy. You mentioned, you felt when you were young you were not prepared for the challenges happening today. Our training courses do not offer enough to the new generation. Psychologists everywhere in the world face the global challenges we have discussed.

**Toporek:** Yes, they do.



**Co-Editors:** Climate issues change into migration issues. There is a great risk of some parts of this world becoming dominant and continuing to dominate the rest of the world. What would be your advice? For example, taking an action somehow or being ready to take an action?

**Toporek:** Right, right, individual level or curricular level, and global level.

**Co-Editors:** Yes! At all the levels. How can we get prepared, how can we prepare our students?

**Toporek:** Yeah, yeah, yeah, that's a good question. My colleague does a lot more international work than I do. She's from Turkey. And she's spending a lot of time going back and forth between Turkey and here, because her family is still there and so I feel she has much more expertise on a global level than I do. She is doing amazing work. But I think one of the things that can be helpful in terms of the curriculum, and for our students is integrating more into textbooks like the basic textbooks that we have. I say that because I'm using a brand new textbook for lifespan development, that I'm pretty excited about. It's still limited in some ways but I'm excited because it takes sort of a case approach for each part of the lifespan. For example, in the section on the 1st part of the lifespan, it focused on a family that had migrated from Guatemala through Mexico to here, and in the process, it talks about the family and intergenerational trauma. It talks a bit about war and immigration policies. It integrates some of those more systemic level issues into understanding the developmental challenges of this child and his family. I feel that's been a great way to bring it into the class because I'm in a program that's about 60 to probably 65% students of color, about 60% 1st generation students, 75% bilingual. We have a lot of students that are in communities they plan to go back and work in locally that are economically struggling, you know, bilingual, trilingual, quadrilingual. They need to get a job to serve their family, and many of them come also from community organizing backgrounds, which is great, and they bring a lot of expertise. Sometimes there's a tension between learning the skills of counseling and talking on a more theoretical or organizing level. And then some students don't feel they're being trained to do the job that they're trying to get or to pass the licensure exam or things like that. I think having textbooks that integrate that and help faculty beyond those who are intentional about doing it. It then hits a broader span of people who we are educating, because then the instructors learn at the same time the students are learning, right? If the instructors don't intentionally build it in, but the textbook does, then it will help instructors start to build it in, so that's one thing. I've struggled myself thinking about being involved internationally versus locally, or at the same time. Tod Sloan was my co-editor for this journal for the 1st 10 years of the journal's existence. Tod shared something with me that was informative: he talked about doing a lot of work I didn't know about. I didn't know him at all before we started co-editing JSACP, but he had done decades of work in Latin America and worked with Ignacio Martín-Baró doing a lot of liberatory work. One time I attended a talk he was giving to a militant anthropologists group at a private university here in the Bay area. One of the questions from an audience member was, "I see that you used to do a lot of work in Latin America, but you haven't been doing that for a while, and why is that and what's happened?" He shared that he was talking with some colleagues and some folks there, and asked them, "What do you really need? How can I be most helpful?" And they said, "What we really need you to do is to be in the United States dealing with the issues there that are impacting us here" so, the imperialism, all of the things that that were really impacting them. They said, "You know, it's great to have you here, but we really need you there." When he shared that, I recognized that I had always felt I should be off someplace else doing some grand work. But I live in San Francisco that has a huge amount of poverty and disparity. Substance use is also a huge problem. And so, I ought to be doing that, and where I can be involved locally. Looking at legislation and thinking about divestment, both at our university level and in our state. How things that our state does impact everything globally. The other thing is integrating global perspectives. I was fortunate to develop an undergraduate course focused on career decisions, work and critical thinking. Several years ago, our university didn't have any career exploration classes at all, and it had decimated the career center. I

was thinking, “What can I do? I’m not in student services. What can I do to help?” So decided to develop a course that was a general education course on career exploration. But it’s focused on global perspectives, social justice, and anti-racism within an ecological model. Having people think about their career direction with those different pieces of it. That’s been interesting and helpful to think about how to address social justice in all the different things that we do. How can we try to integrate that knowledge and understanding to the impact the policies here have on communities, internationally, as opposed to going and doing work, say, in an international community, bringing the “us” perspective there, and not being aware of how the problems were actually probably created by the U.S. to begin with.

**Co-Editors:** Yeah. Yeah. To wrap up, Rebecca, when you and Tod founded this journal in 2007, did you think that 18 years later the journal would still be published?

**Toporek:** I hoped so. It was one of those things where I was at a conference social, and I was tired and Judy Daniels came up and said, “Hey, we’re going to start a journal for Counselors for Social Justice.” I said, “Oh, that sounds really cool.” Her next question was, “do you want to be an editor? You don’t have to do it on your own. It will be joint project between Psychologists for Social Responsibility.” I was really excited about that because I hadn’t been involved in that organization. She shared “They already have an editor from their side, Tod Sloan. He’s really great. Let me introduce you.” So, as Tod and I got started; to be honest, I was just thinking how do we get this up and running? And how do we do it with the principles of it being open access. I wasn’t even thinking about the future, except to have an acronym that was easy to say and find and learning all the things about trying to get into databases so that people could access the journal, and making sure it stayed free. Tod and I were very different in terms of our academic and professional backgrounds. I was raised in a very traditional academic kind of environment, you know, going to the University of Maryland and all that. To work with him and have that community psychology, critical psychology lens we were often trying to find, well, how do we develop this as a journal, that was amazing. He had so much experience, passion, and knew so many people doing great social action work. By the way, thank you both for your work getting the journal into PsycInfo! Tod was less interested the databases; he was frustrated by the things we had to do to get there and felt like that detracted us from the real work. But we also knew, and I also knew, that was the way people were going to find the articles, and also a big benefit to the authors. They needed to have specific databases and citation information to go up for tenure and promotion. It was a social justice act to even get it in there. To answer your question, I never thought about the future of this journal. I just focused on its survival.

**Co-Editors:** Yeah, that’s what it’s been. It’s been survival.

**Toporek:** I’m so happy that you’re still doing it. It feels wonderful to know that the journal is continuing, and I know how hard it is to do that. The labor of love, for sure!

**Co-Editors:** Yeah, yeah, yeah. What kind of changes would you like to see in the journal? What would you recommend for the journal?

**Toporek:** One thing that I’ve seen that Tod and I had talked about doing but we never got to was integrating multimedia into the journal. The Counseling Psychologist, TCP, is doing those podcasts. I think that does make things more accessible. It takes resources of course to do anything additional but in a fantasy kind of world I think that would be cool to have more opportunities for interactive things. I think the journal needs to continue to focus on research and systems. This is hard to meet. I’m not quite sure what to do with that, because as you probably still see, there’s a lot that comes in that is hypothetical or theoretical, and that’s not enough. I get that it is important for credibility purposes to have articles that are empirical, but it also leaves out a fair number of people

who are doing important community work and often aren't writing it up because they're doing the important work. Tod and I also thought about maybe doing some things where we partner somebody who does academic writing with somebody who's doing community work and that they can do like interviews with the people doing community work and then write it up. It would be a co-authored piece. It doesn't require the person who's doing the community work to do the academic writing, because that may not be their specialty, and they may not have the time to do that. That could be an avenue that could be nice, because then it really could bring some stuff that's action focused to the journal in a way that is consistent with the journal's mission.

**Co-Editors:** Yeah, yeah, yeah, yeah. Let's assume we get into the Web of Science. Our application has been submitted to be included in their Emerging Sources Citation Index. This is a first step in the Web of Science database. If we continue to be successful publishing two issues a year with empirical articles, we might have some latitude in the future to then publish a few conceptual articles or proposed systemic social justice or action strategies.

**Toporek:** Yeah. Do the articles right now have to report on quantitative studies? Are you able to publish participatory action research or community based research?

**Co-Editors:** We can and do publish articles that contain all the methodologies you just mentioned. In fact, most articles we publish are based on qualitative methods and analyses. It is rare for us to publish a quantitative paper. The podcast idea came up when we talked with the previous president of CSJ, but we don't have the resources to do this. To return to something you said earlier, is there research on how we can protect people doing social justice work?

**Toporek:** We're doing the lit review right now trying to find this literature. I think we're going to have to be creative about the search terms that we use and certainly go outside of counseling and counseling psychology and probably outside of psychology. I don't have hope that there will be very much literature or research that's out there. I'm hoping to get this figured out, submit it to IRB in time to maybe send surveys out in March, and then start to gather as much as we can from probably from ACA and Divisions 17 and 45, and other divisions of applied psychology, send it to their list serves, and then see what we start to find out. Hopefully we will be able to make some recommendations at a systems level on how to support people, even if it's a matter of legal support and identify resources.

**Co-Editors:** Yeah, right, glad to hear about this vital and timely project.

**Toporek:** Many of the individuals that we talked to initially weren't necessarily interested in coming together with other people. Many people dealt with it more within their family and their close friends, and maybe colleagues, maybe their therapists. The psychological aspect of being targeted and the lack of safety that comes with that, recognizing how vulnerable and visible you are, and especially because families get threatened can explain why they didn't want to come together with other people. In my case, they started calling my department. I've always been kind of careful about keeping my family separate. People, of course, could find my family now if they really wanted to. Some people that Amy and I talked to were energized by being threatened to take action and others not. I think the strategies that people use are helpful and interesting. I want to be aware that what we create needs to align with what people need. We want to be sure we don't put them in more danger than they experience already.

**Co-Editors:** There are going to be a greater number of people that are fearful. Hopefully not targeted, but probably targeted as well. Which means that maybe more people will be willing to speak out. Is there anything else you want to share with us?

**Toporek:** I do want to just leave you with one other piece of wisdom that Tod Sloan left with me. Every fall I would have a crisis about staying true to the journal and the classes I would teach. We were doing systems level work with the journal, but each fall I was preparing to teach students individual counseling skills. I often felt that this was such a contradiction. Tod was always so wise, and he said, "I think part of what we're doing in counseling and therapy is to help people heal enough to be able to participate in the systems change process." I think about that a lot when trying to balance systems level work and the training that we're doing for people to work with individual trauma.

**Co-Editors:** Thank you very much, Rebecca. You shared so many meaningful stories and experiences, lessons learned, and recommendations. We really appreciate the time we spent together!

**Toporek:** Thank you. Well, it's been an honor to talk with both of you. I hope what I shared was even close to what you were hoping for.

**Co-Editors:** Way beyond our expectations! Thanks!

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#### **Declaration of Interest Statement**

The authors declare no conflicts of interest in relation to this work.

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# Challenging Mental Health Professionals to Look Beyond the Consulting Room

A Review of *Becoming a Citizen Therapist: Integrating Community Problem-Solving into Your Role as a Healer* by William Doherty and Tai Mendenhall, Washington DC: American Psychological Association Press, 2024. 231pp. ISBN 9781433839863 (paperback). \$45.99

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## Abstract

William Doherty and Tai Mendenhall's work on the "Citizen Therapist" model bridges psychotherapy with social engagement, emphasizing the interplay between mental health and societal factors. Their book critiques hyper-individualism in therapy, advocating for therapists to address systemic issues such as political polarization, racism, and culturally sensitive healthcare. In addition to outlining the rationale and practical guidelines for mental health professionals to collaborate with their fellow citizens, the book provides examples of programs aimed at addressing community conflicts, promoting healthy lifestyles, and enhancing family life. The model emphasizes community-driven solutions while maintaining professional boundaries, highlighting the connection between individual well-being and societal health.

*Keywords: Advocacy; Social Justice; Promoting Equity; Macrosystem Interventions; Community Organizers*

In 2017, family therapist, William Doherty began a speech at the Psychotherapy Networker conference, crediting President Donald Trump as instrumental in highlighting the connection between democracy and psychotherapy: “In some sort of paradoxical way, Trump did us the favor of removing an illusion. Our country was already divided and Trump symbolized it” (Doherty, 2017a).

Therapists have a role in fostering “personal agency” within their clients' lives, and Doherty (2017b) acknowledged the crucial role that therapists can play in reinforcing the social fabric essential for a thriving democracy. In his book, co-authored with Tai Mendenhall, a medical family therapist on the faculty of the University of Minnesota's Family Therapy program, they challenged the conventional approach of addressing mental health issues like Major Depressive Disorder solely within the confines of individual therapy sessions or pharmacological consultations. This sole focus on the individual overlooked the social determinants influencing mental health conditions. While neurotransmitters and cognitive distortions are factors contributing to Major Depressive Disorder, economic inequality (Patel et al., 2018) and inadequate housing (Rautio et al., 2018) also significantly affect mental health. Doherty and Mendenhall's book while directed to psychotherapists, resonates with other related larger systems perspectives including community psychology (Boursaw et al., 2021) and behavioral public health (Halkitis, 2020). Examples of these perspectives, consistent with the Citizen Therapist model, are included throughout this review.

The book is structured with an introductory section describing the Citizen Therapist model and its background. It concludes with guidelines for mental health professionals interested in implementing this framework. In between, multiple examples of citizen therapist programs addressing contemporary social challenges are introduced—all of which impact mental and physical health. Case studies include projects focusing on healing the divide between African-American men and a metropolitan police department, citizen-based programs to improve patient-centered care in local health clinics, addressing the “red--blue” divide among politically polarized community members, and overscheduled children and families. Some of the programs have developed into national initiatives such as the “Braver Angels” that promotes dialogues between politically liberal and conservative citizens as well as legislators.

Doherty invoked Robert Bellah et al.'s (2007) critique of psychotherapy for supporting what they term the “therapeutic self,” an extreme form of individualism. In *Habits of the Heart*, Bellah et al. (2007) highlighted how therapeutic culture emphasizes individual development at the expense of social responsibility and the public good.

Another critic of the decline in civic life is Robert Putnam (2000). In *Bowling Alone*, Putnam tracked the history of this decline in civic organizations in the United States (U.S.). He referenced Alexis de Tocqueville's (1898) observations that Americans were prone to creating organizations to address social issues. Putnam noted a significant decline not only in membership in social clubs such as Rotary, Elks, and Kiwanis but also in involvement with faith-based organizations like churches and synagogues, as well as sports leagues. Given Donald Trump's election, Doherty (2017a) encouraged therapists to consider using their interpersonal skills to facilitate a re-emergence of the “social glue” that connects citizens with one another.

### **The Journey to Becoming a Citizen Therapist**

For Doherty, the development of the citizen therapist represents, in many respects, a culmination of a career that began with family therapy and evolved into addressing the hyper-individualism of American culture and its neglect of communal responsibilities. Doherty, a faculty member at the University of Minnesota for over 35 years, has charted a varied professional path, commencing with family therapy in health care settings (Doherty & Baird, 1986). Alongside other innovators, such as Susan McDaniel, he emerged as a pioneer in the field of medical family therapy (McDaniel, Hepworth, & Doherty, 1992).

By the late 1990s, Doherty began to challenge the prevailing focus on individual growth and development in psychotherapy. He argued that ethical responsibilities and values are significant aspects of the issues clients bring to therapy, yet these moral dimensions were often neglected due to the profession's preoccupation with personal



development (Doherty, 1995). For example, he provocatively highlighted scenarios where personal choices, such as a recently divorced father remarrying and subsequently neglecting children from a previous marriage, have broader implications on others. He contended that individual duties and responsibilities to others often conflict with therapy approaches centered solely on personal growth.

This value-driven critique influenced Doherty's (2002) perspective that divorce had become an overly convenient solution to marital discord. One of his more provocative viewpoints underscored the ambivalence many couples experience regarding divorce, particularly concerning its impact on children. Doherty also has been critical of the therapeutic community for inadvertently perpetuating harm to couples through hyper-individualistic values. For instance, he highlighted how therapists might focus on a client's partner's individual psychopathology as a rationale for ending the relationship — often based solely on one partner's account.

This perspective informed the development of a marital discernment process for couples contemplating or undergoing divorce (Doherty & Harris, 2017). Research supporting this approach noted that in 40–50% of marriages progressing toward divorce, at least one partner expresses ambivalence about ending the relationship (Doherty & Willoughby, 2013). By the time Doherty began his work as a citizen therapist, he had recognized that marital difficulties were often exacerbated by broader societal stressors, including unemployment, economic distress (Higginbotham & Doherty, 2017; Lichter, et al., 2002), and the challenge of finding affordable housing (Klein, 2017).

Tai Mendenhall, a professor of Family Social Science at the University of Minnesota, received his Ph.D. from the same program. With William Doherty serving as his advisor, Mendenhall's graduate work focused on medical family therapy. As a clinical intern, Mendenhall worked in a primary healthcare setting, treating patients with chronic health conditions. He reported being drawn to this setting because of its variety, interdisciplinarity, and unpredictability. Mendenhall observed that the clinical training he received before specializing in medical family therapy focused largely on office-based, one-on-one sessions and did not align with the fast-paced and dynamic environment of a primary care clinic.

Mendenhall also recognized that he lacked the lived experience of someone dealing with a chronic illness, such as Type II diabetes. However, he encountered patients who were exemplary models of successful self-care. He realized that one valuable resource, fellow patients, was being underutilized in helping those newly diagnosed or struggling with disease management. One of his earliest social action projects addressed Type II diabetes among the Native American community in St. Paul, Minnesota. Through his work in medical settings, Mendenhall identified that patients effectively coping with diabetes could serve as mentors for others who were newly diagnosed or struggling with disease control. This realization was a foundation for his early work as a citizen therapist, including the development of programs to address Type II diabetes among the local Native American population.

Mendenhall also collaborated with the local Job Corps in Saint Paul to address the problem of nicotine and tobacco addiction among students. The Job Corps staff noted that smoking not only made students late to class but also raised concerns about how potential employers might perceive their habits. Rather than imposing a predesigned program, Mendenhall engaged the students themselves to help design the intervention. Notably, he discovered that, in contrast to traditional lecture-based smoking cessation programs, successful initiatives often incorporated physical activities like dancing and basketball, with reduced smoking as a positive "side effect."

Mendenhall's professional interests are broad and diverse. In addition to medical family therapy, he has published extensively on topics such as healthcare teams, systemic trauma, the mental health of police officers, and behavioral healthcare in rural settings.

### **What is a Citizen-Therapist?**

The book authors intentionally chose the priority of “citizen” before “therapist” to highlight the fact that when working collaboratively on social problems, citizenship takes priority over the therapist role. While therapists

may have valuable skills in conflict resolution and fostering productive communication, the predominant role is that of a fellow citizen addressing social or health challenges, particularly in the local community.

The authors noted that prior to the 1930s, professionals across various disciplines, including mental health, were expected to contribute to the broader public good (Cohen, 1983). The early 20th century mental hygiene movement exemplified this dedication to societal well-being. Over time, however, the focus shifted, with mental health professionals concentrating increasingly on providing therapy to individuals addressing personal challenges, including the adverse effects of social forces like racism and discrimination.

One of the central tenets is the need for mental health professionals, despite their potentially beneficial skills in community organizing, to deliberately eschew the expert role. For instance, Doherty recounted an experience with a group facilitator who assumed the conventional role of posing questions to a large group for discussion. The facilitator placed themselves in this central position as the major force for directing the group discourse.

Doherty and Mendenhall contended that for therapists to be effective, they must engage and collaborate with their fellow citizens as equals. Although there are occasions within the process where therapeutic skills can be advantageous, the predominant role of the therapist should be that of a fellow citizen, collaboratively addressing social issues. To uphold this citizen-centered approach, Doherty and Mendenhall suggested that the ratio of citizens to professionals in a working group should be at least 3 to 1. In reflecting on this model during a recent presentation, Doherty used the term "glue maker" to describe the therapist's role in these community settings. Instead of acting as an expert, the therapist functions as a connector among members.

The authors identified several misconceptions regarding therapists' public involvement. One prevalent misunderstanding is that social action primarily targets low-income communities or that therapists fulfill their social obligations solely through occasional pro bono work. They also challenged the assumption that becoming a citizen therapist inherently required adopting a liberal political stance. Instead, the authors proposed a balanced role: therapists continue providing services to individuals, couples, and families while engaging as proactive citizens in their communities. This dual role is complementary to therapy, enabling therapists to use their professional skills to support broader societal engagement.

Aligned with the principles of positive psychology (Compton & Hoffman, 2019), the citizen therapist model emphasizes promoting human flourishing rather than merely addressing dysfunction. The authors encouraged therapists not only to consult with pre-existing programs but also to take the initiative to recruit fellow citizens to address personally relevant social problems. For instance, they discussed engaging in local efforts to improve police-community relations based on their experience with longer term projects. The authors also suggested that therapist-citizen coalitions progress through a series of stages. The first generation identifies the problem and plans interventions, the second leads program implementation, and the third wave consists of community members who have benefited from the program and assume leadership roles themselves. The authors acknowledged that many of the initiatives that were described were in their early stages, focusing on program development rather than long-term sustainability.

Sustaining these programs often requires partnerships with local institutions such as hospitals and clinics. However, it should be expected that leadership within these organizations tends to be transient, and new administrators may deprioritize citizen-driven programs. This variability highlights the importance of finding committed institutional partners to provide consistent support, including access to meeting spaces and part-time staff.

For mental health professionals considering the citizen therapist role, Mendenhall highlights several prerequisites. In primary care settings, he adapted his approach to chronic illness management, diverging from his traditional therapy training. While he successfully built connections with healthcare providers, he faced challenges in integrating patient and peer support systems for issues like chronic pain. Mendenhall discovered that patients and families who had developed effective coping mechanisms were a valuable, yet underutilized, resource. He also stressed the need to be attuned to the unique challenges faced by specific communities, such as racism, gun

violence, and other forms of trauma. These issues often present natural opportunities for citizen therapists to initiate community-driven projects.

Finally, it is important for therapists to set realistic boundaries while balancing professional and community roles. The authors recommended limiting community work to no more than eight hours per week to prevent overextension. Without sufficient time or concrete support such as access to resources and committed community partners, they argued these projects were unlikely to achieve long-term viability.

### **Examples of Community Problem-Solving**

While there are broad general principles to guide the newly engaged citizen-therapist, the approach taken will likely require a flexible repertoire that can adapt to both the program and its chronological development and eternal historical forces. At least two-thirds of the book is dedicated to describing community programs aimed at addressing specific needs. Programs selected for summarization in this review were based on several factors: illustrating the program's breadth ("Over the Top Birthday Parties") and citizen--therapists' responsiveness to contemporary social-political conflicts (African American men and the Police: The "red-blue" political divide in the U.S.). Psychotherapists, both as citizens and professionals, experience the challenges of the health care system including access to care, satisfaction with interactions with health care professionals, and obtaining culturally sensitive care.

#### **The Family Education Diabetes Series**

Mendenhall participated in developing a program to address Type II Diabetes in the urban Native American population in Saint Paul, Minnesota. Within the U.S., Native Americans are nearly three times as likely to develop Type II Diabetes compared with white individuals (Centers for Disease Control, 2024). At the outset, Mendenhall was aware of the distrust many Native American communities had toward the predominantly white, European-dominated healthcare system. This distrust was justified. For example, in the 1970s, many Native American women underwent sterilization procedures, often without their consent. Additionally, female children and adolescents had full or partial hysterectomies performed without parental consent or notification. Many of these procedures were conducted by the Indian Health Service. Estimates cited include 25% to 50% of Native American women having undergone sterilization between 1970 and 1976 (Lawrence, 2000).

Mendenhall spent several years learning about local Native American culture by attending powwows and participating in talking circles. He gradually developed relationships with community elders before embarking on a collaborative program to address factors associated with the high rates of Type II diabetes in the local Native American community. While the program itself focused on health, it is important to recognize that within Native culture, physical well-being is viewed more holistically than in the Western biomedical model.

In this regard, the Family Education on Diabetes Series (FEDS) held bi-monthly meetings, during which a range of topics were discussed. These meetings often began with a prayer said by one of the elders, followed by a smudging ceremony for each attendee and a shared meal. Talking circles also served as a venue for addressing health-related concerns.

Over time, the program became quite popular, with presentations co-led by a mental health or medical professional and an Indigenous community member. Topics included nutritional presentations aligned with Native American food preferences, which also emphasized healthy eating. Other topics covered included stress management and parenting. After the program had been running for several years, Mendenhall noted that a disproportionate number—around 70%—of those in attendance were women. Concerned about neglecting the male Native American community, Mendenhall and the coalition developed a program called the "Men's Group." This group was much less formal than the initial FEDS group and included outdoor activities.

As more years passed, it was recognized that young people were not actively involved in the program. Mendenhall informally learned that the project was viewed as one for "older people." To address this, a youth-

oriented program was developed, which included cultural ceremonies and a medicinal garden. As the program continued, there was interest in securing more sustainable financial support through grant funding. Formal evaluations of the FEDS program were also conducted and published. Notably, the FEDS program has been in place for over 20 years—making it the most enduring program described in this volume.

### **Over-Scheduled Children and “Over the Top” Birthday Parties**

Another distinctive program addressed the phenomenon of overscheduled children and the consequent reduction in quality family time. This initiative, known as “Putting Family First,” comprised parent groups that convened monthly. Key community stakeholders, such as coaches and sports leaders, participated in the discussions, recognizing that extracurricular activities were a significant scheduling challenge detracting from meaningful shared family time. The authors highlighted the risk of parents feeling vilified for supporting such activities. It was crucial to ensure that parents did not feel blamed.

The group's efforts to communicate their message were accepted within the community, recognizing the diversity of children's engagements. This program gained national attention and was featured on shows like *The Today Show* and *Oprah Winfrey*. During an interview on *The Today Show*, Doherty was asked whether parents' desire to live vicariously through their children contributed to overscheduling and if limiting activities to one per week was a viable solution. He tactfully refrained from agreeing, emphasizing that families could approach the issue in various ways. In one of the parent education groups, the topic of children's birthday parties was discussed.

Doherty's university developed a website for parents to share their experiences and perspectives on birthday celebrations, which had become extravagant with rising expectations for entertainment and costs. Since birthdays are annual events, parents often felt pressured to exceed the previous year's celebration. The outcomes of this project received media coverage, even attracting satirical mention by Jay Leno on *The Tonight Show*. Raising public awareness of this project was noteworthy because, rather than addressing health disparities and other areas disproportionately affecting marginalized communities, it focused on a festering issue impacting the experiences of many middle class families. The media coverage, while not a goal of these programs appeared to be triggered by the intuitive appeal—a long-festering tension or division is being addressed at the community level yet, when featured in national news or talk show resonates with a variety of citizens.

### **The Police and African American Men**

Prompted by conversations with the Minneapolis police chief, Doherty participated in the development of a program aimed at fostering regular dialogue between police officers and local African American men. The relationship between these two groups has a long history of antagonism and distrust, dating back at least a century (Searight & Johnson, 2022). Doherty noted that the emotions involved in these encounters were often particularly intense, and he frequently had to draw upon conflict resolution skills honed from working with married couples.

The officers in the program were nominated by a community liaison and the deputy chief. The African American men who participated were drawn primarily from another project called “Citizen Fathers.” The group began with seven community members and six officers, holding bi-weekly meetings. In an early session, Doherty initially experienced some difficulty when a senior officer dominated the conversation, which led to an unproductive debate between the police officers and several community members. One particularly powerful exchange involved discussions about fatherhood. While most of the officers shared their experiences with their own fathers, many of the community members described the impact of absentee fathers on their lives.

Over the course of the group's meetings, external events, including police shootings of civilians impacted the group's interaction. While potentially inflammatory, Doherty noted that these discussions allowed officers to move beyond the question of whether the shootings were justified and instead focus on how these events had impacted both the police officers and the community members over time. It became evident that both police officers and African American men were often perceived through the lens of stereotypes. The dialogue also touched on the underlying issues associated with crime in African American neighborhoods, such as poverty and

housing insecurity, which were found to be relevant to the discussions. With some early success, the program led to broader community engagement.

A newly installed police chief, who recognized that issues like housing security and safety were directly tied to public safety. However, around the time this book was written, George Floyd's death sparked large-scale demonstrations, not only in Minnesota but also globally. Even Pope Francis weighed in on the tragedy stating that racism and respect for human life were incompatible (Chapell, 2020). The protests and unrest brought the issue of police brutality and systemic racism into the death of George Floyd, resulting from Minneapolis police officer Derek Chauvin kneeling on his neck. This presented a particularly challenging and unexpected episode during the project. Chauvin, known among some colleagues for his authoritarian demeanor, also served as a field training officer. Two rookie trainees were present during Floyd's death, both of whom had recently completed Doherty's training which emphasized respect and partnership. Notably, one of the officers present during the incident mentioned "excited delirium" as a possible factor in Floyd's behavior. This term, though not a formal medical diagnosis, has been invoked to explain the behavior of African American men perceived as resisting arrest (Walsh et al., 2023).

At Chauvin's trial, several experts from both the prosecution and the defense addressed the issue of agitated delirium in relation to Floyd's death. Some have argued that the diagnosis is given primarily to African American men as a rationale for law enforcement to use significant force (Walsh et al., 2020). The subsequent rioting and destruction of a police station, triggered by the incident, deeply challenged the group's continued existence. One of the officers in the group was at a police station when rioters descended on it; the officer confessed that he thought he was going to be killed.

### **Braver Angels and Political Polarization**

While the relationship between the police and the African American community was challenging for Doherty in his role as a citizen therapist, perhaps even more demanding was his involvement in co-founding Braver Angels (originally known as *Better* Angels). This initiative focuses on fostering dialogue between President Trump's Red State supporters and Blue State liberals (predominantly identifying with the U.S. Democratic party). Given Doherty's own politically liberal orientation, maintaining neutrality in these conversations proved personally demanding, as it required balancing his liberal value system with a commitment to impartiality.

The initial meeting of Braver Angels, held after the 2016 election, included 10 Trump and 11 Clinton supporters. Drawing upon techniques used with married couples in conflict, Doherty and his co-collaborators established basic ground rules: speak for yourself using "I" statements, avoid assuming what others think or feel, and actively look for commonalities. Early discussions encouraged participants from both sides to describe the stereotypes others held about them. The process then progressed to a structured format familiar to group therapists and educators, the fishbowl. The smaller group (inside the fishbowl) responded to a series of questions designed to reveal members' value orientation while the remaining representatives formed a concentric circle around the smaller group and listened. These discussions eventually turned to areas of shared understanding between the two sides.

Doherty noted that one particularly valuable element of these exchanges emerges when group members describe their personal life struggles and how these challenges shaped their political positions. For example, in one group, both a red and a blue participant shared experiences of growing up in foster care. Although this experience ultimately led them to distinct value positions on issues such as the government's role in addressing social problems like poverty, the concept of *multifinality*—where similar initial conditions lead to different developmental outcomes—was evident (Mash & Wolfe, 2010). This framework aligns with developmental psychopathology and research on resilience.

Since its inception in 2016, the Braver Angels project has grown substantially into a national organization. It has conducted group interventions, including sessions with legislators, which qualitatively appear to reduce

polarization. Researchers have identified that a critical factor in fostering perspective-taking is the sequencing of the agenda (Baron et al., 2021). Allowing participants from blue and red groups to initially meet separately with their in-group provides a safe space to explore their viewpoints. This approach helps them engage more effectively with individuals holding opposing perspectives. One study, which involved undergraduate students participating in red/blue workshops, underscores this finding (Baron et al., 2020).

The early implementation of the Braver Angels project highlighted key ideological differences between liberals and conservatives, as described by Haidt (2012) in his *Moral Foundations Theory*. Haidt, who serves on the Braver Angels board, explained that liberals often interpret fairness as “equality,” advocating for wealth redistribution that supports the vulnerable, while conservatives emphasize “proportionality,” favoring distribution based on effort or merit. Similarly, liberals adopt a global perspective on loyalty, whereas conservatives focus on a strong in-group/out-group dynamic and prioritize domestic issues in government policy. Regarding authority, liberals frequently view it as coercive power, while conservatives see it as a way to maintain order and uphold traditions (Haidt, 2012).

## Conclusion

Particularly in today’s socially and politically divisive climate, becoming a citizen therapist, requires therapists to step outside their comfort zones and “step up” by addressing the systemic forces impacting mental and physical health. To their credit, Doherty and Mendenhall have avoided theoretical conflicts or overly abstract explanations, instead presenting pragmatic principles based on “lessons learned.” Much of their work highlights specific examples of citizen therapist initiatives, including insight into the systemic obstacles these efforts face.

As the authors emphasized, successful initiatives often rely on partnerships with community organizations such as hospitals, neighborhood health centers, police departments, or social service agencies. These partnerships provide critical resources like meeting spaces and administrative support. For example, programs involving police officers depend heavily on the goodwill and support of local law enforcement administrators. However, as Doherty recounted in his work with the Como Health Club, changes in administrative leadership within community organizations can lead to reduced support for these programs.

Many of the initiatives described in their book began on a small, community-based scale. However, some, like *Braver Angels* and *Overscheduled Children*, have achieved national recognition. For instance, *Braver Angels* evolved from a modest project involving a small group of “red” and “blue” citizens into a national organization that has hosted over 1,500 presentations and workshops including work with legislators.

While the citizen therapist model avoids placing therapists in a top-down hierarchical leadership role, Doherty and Mendenhall illustrated how therapists’ skills can add value to community projects. A key “meta-skill” is the emphasis therapists place on reflection and recognizing the meaning behind strong emotions, which often point to important underlying values. This focus on self-awareness and emotional insight contributes positively to being an effective collaborator. Additionally, modeling this type of reflection can benefit other citizens in the group.

Doherty reflected on how the citizen therapist’s role has influenced his own perspectives. Despite holding a strong liberal orientation, he found merit in some conservative critiques, such as concerns about government bureaucracy and overregulation. Notably, Doherty’s skill in managing polarization—honed through his work with couples in conflict—allowed him to maintain neutrality effectively. Doherty’s self-awareness regarding neutrality was so successful that group members were unable to guess his political affiliation, even when directly questioned.

Doherty and Mendenhall conclude their book with practical guidelines derived from their experiences. They advised therapists to align their initiatives with personal interests and passions, while building upon existing community connections. They also recommended limiting involvement to a maximum of eight hours per week, recognizing the emotional and logistical demands of community organizing. Despite these practical tips, they


acknowledged that such efforts can often be frustrating. However, they emphasized that collaborative ownership among a diverse group of citizens can help reduce the burden therapists may feel.

Even for therapists who do not actively adopt the citizen therapist role, Doherty and Mendenhall's book serves as a reminder of the complex world outside the consulting room that profoundly impacts clients' lives. Adopting a citizen therapist perspective, even without directly participating in grassroots programs, can enrich a therapists' understanding of the broader social issues affecting their clients.

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