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# **JOURNAL FOR SOCIAL ACTION IN COUNSELING AND PSYCHOLOGY (JSACP)**

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

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# Barriers to Mental Health Care for Low-Income Clients as Perceived by Counselors

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## Abstract

This study aimed to answer the question, “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?” One hundred thirteen counselors were recruited via mass email, completed an online survey, and participated in individual interviews. Using a group concept mapping procedure, participants grouped the data into seven concepts, including barriers due to low income and employment, systemic barriers for clients, obstacles due to trauma, competing needs and priorities, biased approaches, limits to real-world helpfulness of counseling, and negative impacts of systems on and for counselors. The results highlight the importance of identifying and addressing inequities faced by clients living with a low income to increase the accessibility and availability of mental health services for all.

*Keywords: Low income, counseling, barriers, challenges, concept mapping*

## Barriers to Mental Health Care for Low-Income Clients as Perceived by Counselors

Access to mental health care is fundamentally a social justice issue. Systemic barriers preventing low-income individuals from receiving adequate care perpetuates inequality and compromise their well-being (Bellerose et al., 2022). The current research is grounded in a social justice framework that recognizes how power, privilege, and socioeconomic factors intersect to create disparities in mental health service access and outcomes. By identifying barriers from counselors' perspectives, this study aimed to document challenges and advocate for systemic changes that promote equitable care.

The social justice perspective guiding this study is particularly relevant when examining how the COVID-19 pandemic has magnified existing inequities in mental health care access and outcomes for vulnerable populations. The pandemic significantly affected the mental health of low-income individuals, worsening their existing vulnerabilities and inequalities (Hall et al., 2022). Those with limited resources faced disproportionate health and economic challenges, showing that crises exacerbate social injustices (Kola et al., 2021). Key factors like financial instability, health fears, parenting, social isolation, and food insecurity contributed to increased anxiety, depression, and stress among low-income populations (Guerin et al., 2021; Mitchell et al., 2022; Thorndike et al., 2021). Additional challenges compounded these economic and social stressors. Food insecurity, in particular, emerged as a significant stressor (Wolfson et al., 2021). Increased anxiety and depressive symptoms were linked to concerns about adequate nutrition (Abdel-Rahman, 2023; McAuliffe et al., 2021), while legitimate fears of infection and inadequate access to healthcare and resources compounded these stressors (Kaniuka et al., 2021).

This study examined these socioeconomic inequities through a social justice lens, recognizing that barriers to mental health care represent systemic failures rather than individual shortcomings. One key barrier to mental health care is the limited availability of counselors who understand diverse cultural and socioeconomic contexts (Fullen et al., 2022; Silas & Seward, 2023). Research on counselors' views regarding effective mental health care for low-income clients highlights the importance of respecting client diversity and acknowledging systemic barriers (Triplett et al., 2024). Systemic barriers, like lack of insurance or financial resources, further complicate access to appropriate mental health services (Lewy et al., 2014; Rami et al., 2022), and navigating these challenges can lead to frustration, hopelessness, or anxiety (Knudsen & Studts, 2010).

In the present study, we asked members of a national counseling and psychotherapy organization about their experiences counseling low-income clients. Specifically, we asked participants: "What have you found to be the least helpful aspects of counseling with clients facing low income?" This research specifically aimed to identify systemic inequities affecting low-income clients seeking mental health support. This study examined inequities in access, service delivery, and the effectiveness of therapy experienced by low-income populations. In addition, the study addressed the adjustments counselors made due to their transition to online service delivery.

### Literature Review

Individuals with a low income may face similar socioeconomic challenges, but their experiences are multifaceted and diverse, with some enjoying privileges that others lack. Importantly, many also endure further oppression and discrimination stemming from their intersecting identities, including their age, race, sexual orientation, ability, and size (Collins & Barnes, 2014; Government of Canada, 2021; Sinclair et al., 2024). While counselors' awareness of their values and clients' diverse experiences is crucial for effective therapy, these individual-level considerations must be understood within the broader context of systemic barriers that fundamentally shape access to mental health services for low-income populations.

These systemic barriers manifest in multiple forms across the healthcare landscape. Specifically, obstacles to accessing mental health treatment include not knowing where to go, long wait times, the shortage of professionals, language barriers, inequities due to geography or demographics, and the cost of services not covered by private insurance (Moroz et al., 2020). It also has been suggested (Placzek et al., 2021) that systemic barriers are linked to the inequitable distribution of and access to publicly funded resources and systems (Rami et al., 2022) through strict

program criteria and complicated application processes, which was observed during the pandemic as well (Ballo & Tribe, 2023). Healthcare systems perpetuate power imbalances, disadvantaging low-income clients (Collins & Barnes, 2014; McBain, 2018; Rami et al., 2022). Traditional counseling models rooted in White, middle-class norms can pathologize clients who do not align with middle-class behavioral and communication norms (Kim & Cardemil, 2012).

Beyond systemic barriers, income and class differences are apparent in therapy through clothing, language, and office decorations (Borges & Goodman, 2020; Wolgast et al., 2022). When counselors address client needs, consider structural factors, and manage these differences, clients experience safety and positive outcomes (Juntunen et al., 2022; Kim & Cardemil, 2012; Thompson et al., 2012). Ignoring these differences risks silencing discussions and “recreates the oppressive power dynamics of larger society” (Appio, 2012, p. 156).

A comprehensive framework is needed to understand better these complex dynamics between counselors, low-income clients, and systemic barriers. All of the aforementioned research regarding counselors' work with low-income clients can be viewed through a Multicultural and Social Justice Counseling Competencies (MSJCC) lens, which encompasses domains such as counselor self-awareness, familiarization with clients' experiences and worldview, the counseling relationship, and counseling and advocacy interventions on an intrapersonal, interpersonal, and institutional level (Ratts et al., 2016; Sinclair et al., 2024).

In the counselor self-awareness domain, the research highlights how counselors' attitudes and biases toward low-income clients can negatively impact therapy, as clinicians may view clients as irresponsible for missing appointments while ignoring the chronic stressors and cognitive strain experienced due to income limitations (Appio et al., 2013; Baum et al., 1999; Dougall & Schwartz, 2011). Understanding experiences such as the digital divide, inadequate housing, and healthcare access is crucial for the client worldview domain, as these factors have further affected clients' physical, emotional, and financial well-being during the pandemic (Gerstein & Rami, 2022).

Within the counseling relationship domain, articles from the *Journal for Social Action in Counseling and Psychology* underscore the importance of collaborative strategies that acknowledge power differentials, emphasizing empowerment and social justice approaches with low-income clients (Giriffin & Steen, 2011; Jefferson & Harkins, 2011). For the counseling and advocacy interventions domain, practitioners can enhance their effectiveness by improving their cultural competencies, advocating for systemic change, and supporting clients through targeted interventions and community partnerships (Bhattacharyya et al., 2018; Watkins, 2012), particularly as the pandemic has worsened healthcare inequities and mental health challenges for low-income individuals (Rami et al., 2022). This MSJCC framework provides valuable insight into how counselors' perceptions shape their practice. Counselors' perceptions of “what works” in counseling significantly influence their interventions. Factors such as self-efficacy (Edwin & Fisher, 2023), alignment with client needs (Aslan, 2023), and contextual influences (Oser et al., 2011) contribute to shaping these perceptions and, ultimately, the outcomes of counseling. Agreement between counselors' perceptions and clients' needs is crucial for establishing a therapeutic alliance, which is a key predictor of counseling outcomes (Westergaard, 2013). The current study aimed to identify counselors' perceptions of the barriers and challenges faced by low-income clients following the pandemic to identify solutions and advocate for policy changes to promote greater equity and social justice for these individuals in counseling. Specifically, this study identified counselors' perceptions of barriers to establishing concrete, actionable solutions that could lead to more equitable mental health services for low-income clients.

## Methods

### Study Design

Group concept mapping, a mixed-methods approach, was utilized. Concept mapping can be categorized as Participatory Action Research (PAR) as it is a collaborative process that considers participants as experts in their

own experiences (Dare & Nowicki, 2019; Kane & Trochim, 2007; Rosas, 2017). It can be used to explore social justice issues, such as that explored in this research, by representing complex relationships between concepts related to disparities and systemic inequalities to better understand and address concerns within a given context (Lyons et al., 2013; Soule et al., 2024). Participants are enlisted to obtain knowledge with the researchers collaboratively and are involved with all research process steps, from data generation to analysis and interpretation (Dare & Nowicki, 2019; Rosas, 2017).

Concept mapping was initially created in the early 1980s by William Trochim at Cornell University for use in program planning and evaluation (Kane & Trochim, 2007) and has since been adopted by social sciences researchers (Rosas, 2017; Trochim, 1989). According to Rosas (2017), Concept mapping has become “widely recognized as a means for capturing the complexity found in social phenomena” (p. 1404). Concept mapping is a mixed-methods research approach, as it utilizes statistical analyses (quantitative) of participants' groupings of statements (qualitative) (Dare & Nowicki, 2019; Rosas, 2017). This approach has been effectively used with diverse samples of individuals, including newcomers (Burgos et al., 2019) and resident youth (Dare & Nowicki, 2019), as well as young adults (Cook & Bergeron, 2019).

### **Participants**

Participants were members of the Canadian Counseling and Psychotherapy Association (CCPA), which has formal training programs and provides counseling services across Canada. The participants were recruited to complete a survey via a mass email advertisement sent to all registered members of the CCPA. They completed an online survey, and at its completion, were asked if they would be interested in participating in an individual interview to gather their in-depth perspectives on barriers experienced when working with low-income clients. Individuals who indicated their interest in participating in a follow-up interview were contacted. A total of 322 individuals previously completed a national survey and indicated their interest in participating in this study. One hundred thirteen of these counselors participated in an individual interview, and twenty-nine counselors were involved in the sorting activity for this study. Participants in the overall sample during the interview phase ranged in age from 24 to 67 years old ( $M = 40.08$ ,  $SD = 11.89$ ) and primarily identified as female (81%) and White (74%). Approximately half the sample was in Ontario (42%), and most had obtained a Master's in counseling or a related field degree (92%). Most participants conducted sessions virtually and in person (75%), had spent 0-5 years in counseling (54%), and spoke only English (67%). Persons who noted more than one racial identity were categorized as mixed race (8%).

### **Procedure**

There are four steps to constructing a concept map (Rosas, 2017; Trochim & McLinden, 2017) including generation, structuring, analysis, and reporting. First, our participants generated responses to specific research questions (Dare & Nowicki, 2019; Rosas, 2017; Trochim & McLinden, 2017) asked during the interviews. Zoom interviews lasted roughly 30-60 minutes, during which participants were asked closed-ended demographic questions and open-ended questions. This study reports on the question: “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?” Counselors were compensated with a C\$50 gift card of their choosing for participating in the interview portion of the study. Research assistants (RA) then transcribed interviews. Each transcription was spot-checked by another RA for accuracy. Researchers reviewed and edited all statements generated by participants for clarity by removing redundant items (Rosas, 2017; Trochim & McLinden, 2017). A final response set containing 85 unique statements was created.

In step two, participants completed a sorting activity. RAs contacted counselors who had completed the interview and expressed their interest in performing the sorting activity. Each willing participant was sent a sorting package containing the responses to the research question via either email or mail. Counselors met individually with a RA using the Zoom platform, with the option to join by phone or Internet to review the instructions and begin the activity. During the sorting activity, participants were asked to sort the statements into groups

and provide labels for all their groupings (Dare & Nowicki, 2019; Rosas, 2017; Trochim & McLinden, 2017). Those who completed the task submitted their responses electronically using a web-based platform. In contrast, those who completed the sorting activity with a paper copy subsequently met with a RA to collect their sorting responses. Counselors were compensated with a C\$100 gift card for completing the sorting activity.

In step three, all groupings were analyzed in GroupWisdom (groupwisdom.tech) to perform multidimensional scaling and cluster analysis (Dare & Nowicki, 2019; Rosas, 2017; Trochim & McLinden, 2017). Multidimensional scaling placed statements as spatial points on a map, with closer points indicating frequent groupings by participants. Cluster analysis was then applied to these points to form clusters, each reflecting an underlying theme. The primary researcher, aided by bridging index values (Trochim, 1989), determined the most suitable number of concepts for interpretation.

In step four, researchers analyzed the data to refine the groupings to a suitable, manageable number that accurately reflected all responses (Dare & Nowicki, 2019; Trochim & McLinden, 2017). The final count of groupings was determined through a qualitative review of the clustered statements to ensure clarity and a quantitative assessment that prioritized lower bridging indices (Brown et al., 2019; Kane & Trochim, 2007a). Additionally, the primary researcher assigned labels to each grouping that encompassed all the labels proposed by participants and themselves (Dare & Nowicki, 2019; Trochim & McLinden, 2017). The combination of the statistical analyses and the refined groupings outlined above culminated in the creation of a graphic representation known as the concept map (Rosas & Kane, 2011).

## Results

The map addressing the question “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?” was developed using interviews with Canadian counselors, along with their sorting of the statements. A seven-concept solution best captured an explanation for this research question (Trochim, 1989). The stress value of each statement illustrates how well the final representation of the seven clusters aligns with the original similarity matrix, with lower values representing greater consistency between raw and processed data (Rosas & Kane, 2012). To assess the quality of this analysis, the stress value for the map in this study was 0.26, which was within the acceptable range (0.17 - 0.34; Rosas & Kane, 2012). With this acceptable level of consistency established, 66 unique statements were used in the sorting process (see Table 1). Through this process, seven concepts, as visualized in Figure 1, were identified, including barriers due to low income and employment, systemic barriers for clients, obstacles due to trauma, competing priorities and needs, biased approaches, limits to the real-world helpfulness of counseling, and the negative impacts of systems on and for counselors.

Each statement in Table 1 corresponds to a statement made by the counselors. The distance between statements on the map in Figure 1 reflects how often participants grouped those statements within each concept (Rosas & Kane, 2012). A low Bridging Index of 0.00 to 0.25 indicated that the statement was grouped with other statements closest to it on the map. In contrast, a high Bridging Index of 0.75 to 1.00 indicated that the statement was sorted with other statements across all map regions (Rosas & Kane, 2012). Figure 1 represents statements within concepts with fewer layers that were grouped more often than those with more layers.

### Barriers due to low income and employment

Counselors identified two primary challenges when assisting low-income clients after COVID-19: time and space limitations, and resource accessibility and allocation. Specifically, they mentioned that clients struggled to find the necessary time and place for counseling due to demanding work and childcare responsibilities. For example, a participant shared this scenario: “clients work 8, 9, or 10 hours a day and often have to cancel sessions when called into work. As much as they value the sessions, they prioritize their income.” This prioritization of immediate financial needs over mental health care created additional challenges. Access to resources and resource

**Table 1**

*Hierarchical Tree Diagram of Statements and Concepts for “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?”*

Barriers due to low income and employment

- Technology access limitations
  - “Don’t have access to technology or aren’t as tech-savvy”
- Work schedule conflicts
  - “Client(s) are working 8-10 hours a day and have to cancel sessions”
  - “Client(s) are working, and they can’t take time off”
- Lack of private spaces
  - “Clients may not have the space, privacy, or comfort for virtual sessions”
- Childcare needs
  - “Client(s) need child care with low-income social determinants of health”
- Inconsistent attendance
  - “Client(s) may not receive the full benefit of counseling”

Systemic barriers for clients

- Restrictive policies
  - “Tight restrictive rules around late arrivals and cancellations”
  - “Overly rigid about session location or type of access”
- Service limitations
  - “Limited number of sessions for very large issues”
  - “Constraints put on by extended health benefit providers”
- Resource gaps
  - “Difficulty accessing other resources”
  - “Social supports are still underfunded”
- Navigational challenges
  - “All the hoops you have to jump through”
  - “Forms they couldn’t read”
- Representation issues
  - “There aren’t a whole lot of racialized or black counseling practitioners”
- Quality concerns
  - “People accessing help from those who aren’t certified”
  - “New counselor every 5 or 10 sessions”

*Table 1 continues on page 8*

*Table 1 continued from page 7*

## Barriers due to trauma

- Emotional barriers
  - “Hopelessness”
  - “The sense of powerlessness”
  - “Fear of judgment creating barriers”
- Trauma effects
  - “If traumatized, it takes time to feel safe with somebody”
  - “Intergenerational disturbance around attachment and abandonment”
- Social stigma
  - “Shame of seeking specific supports”
  - “Misunderstanding that person hasn’t tried hard enough”
- Complex trauma
  - “Inability to cope with poverty is a symptom of deeper problems”

## Competing priorities and needs

- Basic needs focus
  - “Mind is on their next meal or paying rent”
- Present concerns
  - “Hard to focus on underlying issues with so much going on in present”
- Crisis management
  - “Always in crisis mode, no space for personal growth”
- Motivational challenges
  - “Challenge with being motivated”
  - “Compounding issues
  - “Other issues they’re dealing with besides low income”

## Biased approaches

- Judgment and assumptions
  - “Assuming things based on income status”
  - “Looking at people as if we understand them based on financial status”
- Privilege awareness
  - “Counselors not aware of their own privileges”
  - “White counselors causing harm with racialized clients”
- Inauthentic practice
  - “Trying to empathize when it’s not genuine”
  - “Changing approach just because they’re in that lower bracket”

*Table 1 continues on page 9*

*Table 1 continued from page 8*

- Context failure
  - “Failing to consider context”
  - “Savior complex
  - “Wanting to get people out of low income”

## Limits to real-world helpfulness of counseling

- Limited impact
  - “The 2 of us in this room are not actually going to change the situation”
- Unrealistic expectations
  - “Thought record their way out of stress about money”
  - “Unreasonable expectations for people struggling with poverty”
- Communication gaps
  - “Not talking about money, though it’s essential”
- Dismissing priorities
  - “Not focused on what feels biggest to client at that moment”

## Negative impact of systems on and for counselors

- Unhelpful modalities
  - “Solution focus mode vs. deep work”
  - “Cognitive models unhelpful vs. somatic models”
  - “Problem solving mode not helpful”
- Rigid professional conduct
  - “Unspoken rules of how counseling should operate.”
  - “Others’ judgment of how I run my services”
- Professional limitations
  - “Counseling can’t actually fix their problems”
  - “Recommendations relying on external factors not helpful”
- Internal struggles
  - “Going in with my own agenda”
  - “Not empowered to hold space as wanted”
  - “Emotional burden setting boundaries and rates”

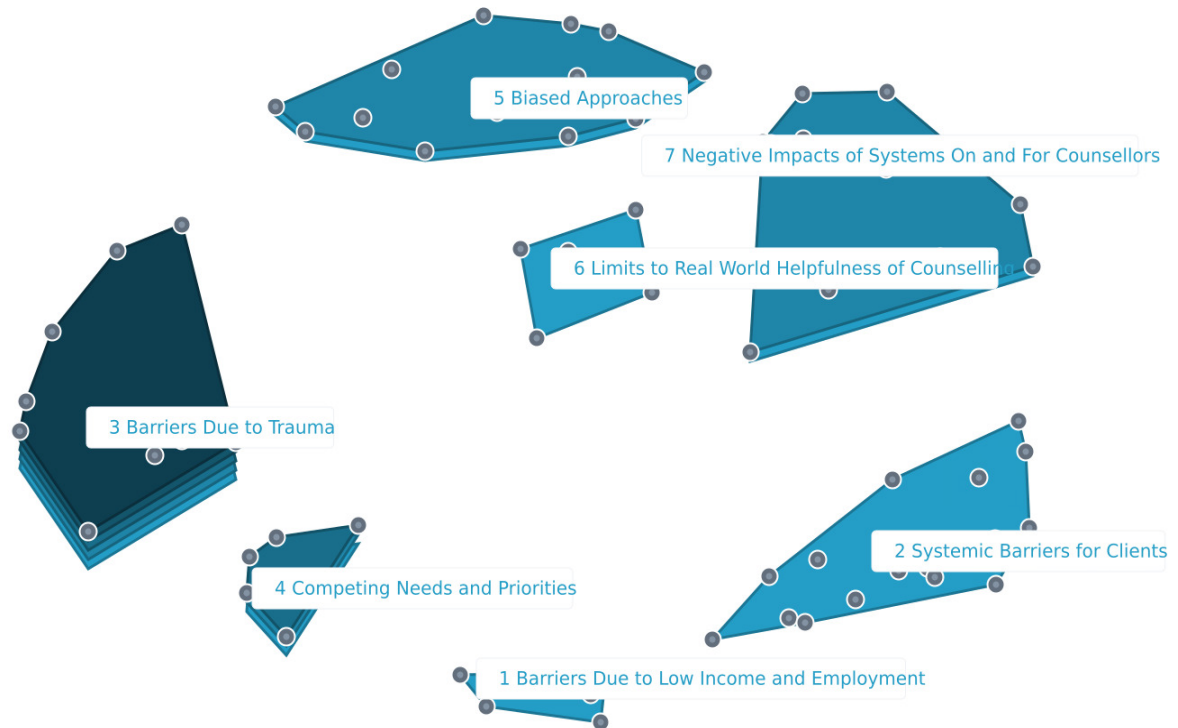
## Figure 1

Concept Map for statements: “What have [counselors] found to be the least helpful aspects of counseling with clients facing low income?”

### Cluster Legend

#### Layer Value

1	0.14 to 0.27
2	0.27 to 0.40
3	0.40 to 0.54
4	0.54 to 0.67
5	0.67 to 0.80



allocation was evident as a barrier, as evident by statements such as: “the inconsistency of client(s) attending, they may not receive the full benefit of counseling.” These statements indicated the effect of resource allocation on counselors' ability to work with low-income clients. While individual circumstances can contribute to significant challenges, institutional factors present additional obstacles.

### Systemic barriers for clients

It became clear that strict policies, limited access, and scarcity of resources negatively affected counselors' ability to support low-income clients after COVID-19. Specifically, participants noted that their work with these clients was obstructed by highly structured mental health agencies enforcing inflexible policies. The challenges they faced included restrictive counseling formats, strict rules regarding late arrivals and cancellations, rigid requirements about the location of a session, and mandated services—all of which hindered counselors' efforts with low-income clients. One participant observed that there were “tight restrictive rules around late arrivals and cancellations,” while another noted agencies being “overly rigid about session location or type of access.” Beyond policy constraints, limited access and resource scarcity were significant obstacles for counselors working with low-income clients. Issues mentioned included frequent changes in counselors and restrictions in the availability of sessions for complex problems, with participants lamenting the “limited number of sessions for very large issues” and clients getting a “new counselor every 5 or 10 sessions.”

These staffing issues also raised concerns for the counselors about the quality of care provided. Additionally, counselors pointed out that low-income clients often received care from unqualified individuals or lacked access to counselors with diverse racial identities, which diminished the quality of care. These experiences were exemplified in concerns that “people [are] accessing help from those who aren't certified” and “there aren't a whole lot of

racialized or Black counseling practitioners.” Participants also highlighted navigational barriers, noting “all the hoops you have to jump through” and “forms they couldn't read.” Other navigational barriers identified included resource gaps where clients experienced “difficulty accessing other resources” and “social supports [that] are still underfunded.” Beyond systemic obstacles, counselors identified trauma-specific barriers that uniquely affected low-income clients.

### **Barriers due to trauma**

Participants indicated that clients' trauma—both internal emotional struggles and those influenced by external factors—negatively affected their work with low-income clients. They outlined internal challenges such as “difficulty in feeling truly safe with someone” and “the shame associated with seeking specific support.” In addition to these internal struggles, external issues like poverty, intergenerational trauma, and societal stigma also were noted as barriers. Counselors emphasized that distress related to poverty often arose from deeper problems, and public misconceptions about clients' efforts further complicated their work. Related to trauma responses, they also noted how competing survival needs interfered with therapeutic progress.

### **Competing priorities and needs**

Participants indicated competing needs and priorities as challenges when working with low-income clients. Counselors reported that clients' ability to focus was hindered by pressing concerns, as reflected in statements such as: “[the] (client's) mind is on... their next meal... or how they're going to pay their rent.” Compounding issues impacting motivation to change were also identified as a barrier in statements such as: “If client(s) are always in crisis mode, there's no space to work on personal issues, growth, and positive changes.” While client circumstances created barriers, counselors also recognized how their attitudes and assumptions contributed to these challenges.

### **Biased approaches**

Counselors described biased approaches as a barrier when working with low-income clients including assumptions and judgments they made, their lack of awareness, and their personal motivation that influenced the course of therapy. Examples of these assumptions and judgments were: “changing the way you approach counseling with client(s) just because they're in that lower bracket” and “the assumptions, looking at people as if we can understand a person based on their ethnic group or their financial status.” Counselors' motivations were perceived to be challenges, illustrated by “trying to solve the problems when in reality, that's not (their) job” and “a sense of internal pressure to overextend (themselves) when (they are) also facing low income.” Beyond addressing personal biases, counselors grappled with fundamental limitations in the ability of therapy to address structural inequities.

### **Limits to real-world helpfulness of counseling**

Counselors faced challenges due to the limited impact counseling could have on low-income clients' lives beyond therapy. The statements: “unreasonable expectations for people who are struggling with poverty” and “the 2 of us in this room are not going to change the situation” represented these challenges. These challenges were further complicated by communication barriers such as “not talking about money. It's an uncomfortable conversation for myself and other people, but it's so essential.” Counselors identified communication as crucial and a lack thereof, particularly around taboo topics such as income, to be a challenge when working with low-income clients, limiting the effectiveness of their therapy with low-income clients. These challenges were exacerbated by systematic obstacles that also affected the counselors.

### **Negative impacts of systems on and for counselors**

Participants highlighted challenges when working with less socioeconomically attuned modalities and when experiencing rigid standards of professional conduct. Modalities and approaches that counselors thought limited their effectiveness were represented in statements like, “I find cognitive models unhelpful, and my preference is to work with effective somatic models” and “It is so easy to get into the solution-focused mode, and

counseling deep work requires attending to many of them, slowing it down and attuning to the body.” Counselors also reported that having rigid ideals of their roles was unhelpful when working with low-income clients. This rigidity was reflected in statements such as “unspoken rules of how counseling should look.” Personal and professional challenges within systems emerged as well, exemplified by statements like “counseling can't fix their problems” and “the emotional burden of setting boundaries and rates.”

## Discussion

This study found that counselors perceived multiple barriers when working with low-income clients after COVID-19. Seven key themes emerged: barriers related to low income and employment, systemic challenges for clients, obstacles stemming from trauma, competing priorities and needs, biased approaches, limitations to the real-world helpfulness of counseling, and negative impacts of systems on and for counselors. These findings underscore the intricate interplay between individual, relational, and systemic factors influencing low-income clients' counseling experiences.

### Barriers due to low income and employment

Identifying time constraints, space limitations, and resource accessibility challenges extends the existing literature on social determinants of health (McBain, 2018; Ollerton, 1995; Payandeh, 2023). Our findings revealed how employment demands directly conflicted with therapy schedules, creating situations where clients must prioritize income over mental health support. As one participant noted, clients “work 8, 9, or 10 hours a day and often have to cancel sessions when called into work. As much as they value the sessions, they prioritize their income.” This tension represented a fundamental structural inequity in how mental health services were delivered.

The inconsistency in clients' attendance resulting from the constraints of their employment suggests deeper issues with the allocation and accessibility of resources. Unlike earlier research (McBain, 2018), our study did not discover that travel time and costs associated with counseling were barriers. This discrepancy may reflect the pandemic-driven shift toward virtual counseling sessions, transforming the challenges of accessibility from physical transportation to the limitations of digital access and a lack of private spaces for remote therapy.

Building upon these employment-related challenges, our findings revealed systemic barriers beyond client's individual circumstances. The most prominent systemic obstacles identified by counselors included rigid institutional policies, resource scarcity, and limited access to appropriate services. While employment-related barriers affected individual clients, institutional factors created broader systematic obstacles.

### Barriers in the system for clients

This study extends previous research by highlighting how institutional rigidity creates obstacles for low-income clients. While earlier work identified general systemic barriers (Placzek, 2021; Thompson et al., 2015), our findings specifically illuminated how inflexible policies regarding the format of sessions, session cancellations, and the location of services directly undermined the effectiveness of therapy. According to our participants, “tight restrictive rules around late arrivals and cancellations” and agencies being “overly rigid about session location or type of access” demonstrated how institutional structures failed to accommodate the realities of the lives of low-income clients.

Our findings regarding limited access and resource scarcity align with previous research (Moroz et al., 2020; Placzek et al., 2021; Thompson et al., 2015), and adds important nuance about how these limitations manifest in practice—through restrictions in the availability of sessions for complex problems and frequent changes in counselors. The shortage of counseling practitioners with diverse racial identities adds a critical dimension to understanding how systemic barriers intersect with concerns about cultural competence.

While our study confirmed many existing findings linked with navigational challenges and resource gaps, it did not uncover cultural and language barriers or wait times for service to the same degree as previous literature (Ballo & Tribe, 2023; Moroz et al., 2020). This difference likely reflects our focus on counselors' perspectives rather

than client experiences, suggesting the importance of fully incorporating multiple viewpoints to understand barriers to mental health care. Beyond systemic obstacles, our findings revealed trauma-specific barriers that uniquely complicate the therapeutic work with low-income clients.

### **Barriers due to trauma**

A unique contribution of this study was highlighting trauma as a specific barrier for low-income clients accessing counseling services. While existing literature has noted relationships between socio-economic status (SES) and trauma (Baum, et al., 1999; Bradley-Davino & Ruglass, 2008), our findings revealed how trauma affected the therapeutic process both internally and externally. Internal challenges identified by our participants included “difficulty in feeling truly safe with someone” and “the shame associated with seeking specific support,” while external factors encompassed poverty, intergenerational trauma, and societal stigma.

This finding expands on Sharir’s (2017) observation about systemic trauma and stress for low-income individuals, in that our participants noted, clients are “at a disadvantage; it’s just an ongoing trauma and stressor.” By identifying trauma as a distinct barrier category, our study identified the inverse relationship between trauma and SES (Bradley-Davino & Ruglass, 2008), opening new avenues for developing trauma-informed approaches specific to low-income populations. Closely related to trauma responses, counselors shared how clients’ competing needs for survival further interfered with therapeutic engagement

### **Competing priorities and needs**

This study deepens our understanding of how competing needs affect therapeutic engagement by highlighting specific mechanisms through which fundamental survival concerns overshadow psychological growth. Our participants revealed that when a client’s “mind is on... their next meal... or how they’re going to pay their rent,” therapeutic progress becomes secondary to their immediate survival needs. This finding aligns with research that has recognized compounding issues, including emotional, mental, and financial, that low-income clients experience due to competing needs for survival and income versus self-improvement activities such as counseling (McBain, 2018; Smith et al., 2012), and adds specificity about how these competing priorities, as our participants reported, creates a “crisis mode” that leaves “no space to work on personal issues, growth, and positive changes.”

Identifying motivational challenges linked to these competing priorities suggests that traditional therapeutic approaches may need significant adaptation to address the realities of the lives of low-income clients. Rather than viewing motivation as an individual characteristic, our findings suggested it emerged from the interaction between personal factors and structural constraints. While client circumstances create substantial barriers, counselors also recognized how their own attitudes and assumptions contributed to therapeutic challenges.

### **Biased approaches**

Our findings regarding counselor biases align with prior research, highlighting how attitudes and assumptions can hinder the therapeutic process (Lavell, 2014). Our participants noted that “changing the way you approach counseling with a client just because they’re in that lower bracket” revealed how SES could unconsciously shape clinical decision-making, even among well-intentioned practitioners.

This study extended previous work by identifying biases and also some problematic counselor motivations, such as trying as our participants reported “to solve the problems when in reality, that’s not (their) job” and experiencing “a sense of internal pressure to overextend (themselves) when (they are) also facing low income.” Unlike earlier research (McBain, 2018; Thompson et al., 2015; Tucker et al., 2021), our participants did not claim that they lacked training when working with low-income clients. This difference may reflect our smaller sample size and suggested that awareness of biases, rather than specific training deficits, was more salient to our participants. Beyond addressing personal biases, our counselors grappled with fundamental limitations in the capacity of therapy to address structural inequities.

### **Limits to real-world helpfulness of counseling**

The recognition by our participants that “the 2 of us in this room are not going to change the situation” and the concern about “unreasonable expectations for people who are struggling with poverty” demonstrated a sophisticated understanding of how socioeconomic factors constrained therapeutic outcomes.

Our findings about communication challenges, particularly “not talking about money... but it's so essential” as one participant claimed echoed previous research about income disparities between counselors and clients (Appio, 2012; Appio et al., 2013; Lavell, 2014; Thompson et al., 2012). However, unlike Balmforth's (2009) work that highlighted clients' perceptions of counselors' income, our study identified counselors' own awareness of these differences. This distinction illustrated the importance of examining both sides of the therapeutic relationship to understand how socioeconomic factors may affect counseling processes.

This study discovered counselors' recognition of the limited possibility for change as important but also challenging when working with low-income clients. Awareness of being unable to change clients' financial situation reflected a crucial ethical consideration that has not been addressed adequately in the literature. These limitations in therapeutic effectiveness are also compounded by systematic challenges that directly affect counselors, thus indirectly impacting their clients and their work.

### **Negative impacts of systems on and for counselors**

Our findings concerning the limitations of particular therapeutic approaches challenge assumptions in the existing literature. While prior research often recommends solution-focused approaches for low-income clients (McBain, 2018), our participants reported, “I find cognitive models unhelpful, and my preference is to work with effective somatic models” and expressed concerns about brief “solution-focused” models versus deeper processing and self-improvement counseling work. This contrast suggested the need to reevaluate which therapeutic modalities or approaches best serve low-income clients.

The discovery in this study about the barriers created by rigid professional boundaries represents another unique contribution to the literature. Statements by our participants like “unspoken rules of how counseling should look” suggested that professional norms may sometimes conflict with the flexibility needed to serve low-income clients effectively. Similarly, our participants' claims such as “counseling cannot fix their problems” and “the emotional burden of setting boundaries and rates” revealed a gap in the literature that currently focuses on client experiences rather than the challenges counselors face.

### **Limitations and implications**

While this study contributes to understanding barriers to mental health care for low-income clients, several limitations must be acknowledged. The sample was primarily comprised of White female counselors from specific Canadian provinces, potentially limiting generalizability to more diverse practitioner populations, regions, and countries. The relatively small sample size also may not capture the full range of counselors' experiences, and selection bias may have influenced which counselors chose to participate.

Our findings do, however, have implications for counseling low-income clients. First, mental health organizations should reconsider rigid policies regarding the scheduling of sessions, cancellations, and the format of providing counseling to low-income clients' lives. Second, counselors should develop greater awareness of how their assumptions and biases about SES may influence their therapeutic relationships. And third, training programs should incorporate content specifically addressing the unique challenges of working with low-income populations, including trauma-informed approaches that recognize the relationship between poverty and psychological distress.

From a social justice perspective, our findings underscore the need for systemic changes beyond individual therapeutic settings. Policy reforms that address the limitations of insurance coverage, that improve the integration of social services and incorporate initiatives to increase the diversity in the counseling profession would help to lesson these obstacles. Specifically, insurance reform should include coverage for the flexibility in the formats of

sessions, extending the duration of sessions for complex trauma-related issues, and waiving cancellation charges due to employment conflicts. Healthcare policies also should mandate coverage for telehealth services, including measures to promote equitable access to necessary technology and private spaces for virtual sessions.

Further, the integration of social service could be improved with policy initiatives that establish co-located mental health and social service centers, streamline referral processes between agencies, and create shared funding that allows counselors to simultaneously address psychological and material needs. Additionally, workforce development policies should include loan forgiveness programs for counselors serving low-income populations, targeted recruitment and training initiatives for practitioners from diverse backgrounds, and revised licensing requirements that acknowledge alternative pathways to professional competency. By viewing obstacles to mental health care as social justice issues rather than a client's personal failings, the profession can work toward transformative changes that improves equitable access to effective mental health services.

## Conclusion

In conclusion, this study identified seven multifaceted barriers that counselors face when working with low-income clients, particularly in the aftermath of the COVID-19 pandemic. These findings highlight the complex relationship between socioeconomic factors, counselor perceptions and experiences, as well as systemic inequities deeply rooted in societal structures, all of which extend beyond individual client circumstances, emphasizing the need for system-wide transformation in mental health care.

The identification of trauma as a barrier provides an important contribution to the literature, highlighting how socioeconomic disadvantage creates ongoing psychological challenges that not only complicate therapeutic work, but also extend beyond individual therapy sessions. In a similar vein, our findings suggest a need to reconceptualize and modify mental health interventions for low-income populations and adopt frameworks that address both relevant and personal therapeutic goals, as well as engage with the inequities that their clients face. Furthermore, policy reforms are recommended, as well as the promotion of community-based therapeutic practices that recognize and amplify the voices of low-income populations, thus facilitating their greater accessibility. Programs that incorporate peer support and culturally relevant healing methods stand to bridge the gap between traditional therapy and the lived experiences of marginalized groups.

While this study provides valuable insights, it also illuminates the need for future research to include a more diverse sample of counselors and a broader geographical perspective to enhance generalizability, as the current study sample was predominantly White, female, and from specific Canadian provinces. Future research should strive for increased diversity among sample populations to enrich the literature with the understanding of varied counselor experiences and regional differences in barriers faced by low-income clients, as well as investigate how different therapeutic modalities might better address the unique challenges faced by this population.


Ultimately, implementing these findings while embracing a social justice perspective will enable counselors to advocate for systemic change, and foster a more equitable mental health care landscape that truly accommodates the complexities of socioeconomic disadvantage. This collective commitment to reform will empower both counselors and their clients to transcend current limitations, paving the way for a more available, inclusive, and effective mental health care system and ensuring that therapy is not a privilege but rather accessible to all, regardless of income.


## Author Note


Correspondence concerning this article should be addressed to Riley Keast at rkeast4@uwo.ca. Riley Keast has since graduated from the MA Counselling Program at Western University and is now employed at Anova: A Future Without Violence. The authors received a grant from the Social Sciences and Humanities Research Council of Canada to conduct this research. The authors confirm this work is original and has not been published elsewhere, nor is it currently under consideration for publication elsewhere. The data that supports the results


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The authors of this study have no competing interests to disclose.

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# **Asians\* Unmasked: A National Photovoice Project of Asian Americans' Experiences during COVID-19**

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## **Abstract**

COVID-19 generated a health crisis and major loss of life throughout the world. Asian Americans (AA) have been uniquely impacted during this time by anti-Asian racism, at times blaming AA for the pandemic. A few years after the emergence of COVID-19, studies now show that anti-Asian violence during the pandemic opened historic wounds and exacerbated psychological legacies of trauma uniquely felt by AA.

In response, a national group of interdisciplinary AA women activists developed a community-based photovoice project called Asians\* Unmasked. AA in the United States submitted photographs online and shared their experiences and ideas about social change during the early months of the pandemic (March 2020 - June 2020). Participants answered three questions adapted from the photovoice SHOWeD technique about their images as they related to their COVID-19 experiences. Fifty-five ethnically diverse AA (15-78 years old) submitted 82 photos. Using a cross-case qualitative analysis, seven domains were identified: (a) life and community changes, (b) connection and isolation, (c) racism and oppression, (d) health and mental health, (e) service to others, (f)

resiliency and hope, and (g) ways to change the world after COVID-19. This article intends to “bring the gallery to the academy,” and share participants’ voices, photographs, and calls for change.

*Keywords: Asian American, photovoice, liberation psychology, participatory art-based research, qualitative analysis*

## **Impact of COVID-19 on Asian Americans**

Since December of 2019, the COVID-19 pandemic has presented a major public health threat to communities worldwide, with implications for mental health (Ibrahim et al., 2024). For Asian Americans (AA), defined as “people having origins in any of the original peoples of the East Asia, Southeast Asia, or the Indian subcontinent” (Office of Minority Health, 2019, p. 2), the pandemic is not only a health crisis but also a crisis of racial trauma and sociopolitical anxiety. AAs must contend with the reemergence of anti-Asian racism and violence that sweeps from the White House across the United States (U.S.) (Reny & Barreto, 2020). From 2020 through 2024, we witnessed increased incidents of racist violence including physical attacks, racial slurs, microaggressions, and alienation (Ibrahim et al., 2024). According to the Stop AAPI Hate Reporting Center developed under the Asian Pacific Policy and Planning Council, for instance, there were 12,255 reported occurrences of racism and discrimination against AA between March 19<sup>th</sup> to December 31<sup>st</sup>, 2023 such as harassment (88%), physical harm or contact (23%), institutional discrimination (14%), property harm (6%), and other incidents (< 1%) (Stop AAPI Hate, 2025). Despite these significant numbers, more incidents go unaddressed and unreported due to shame, fear, or not knowing how to respond (Stop AAPI Hate, 2025). These widespread incidents are exacerbated by misinformation about the origins of COVID-19, fueled by longstanding anti-Asian racist tropes about the spread of disease.

### **Historical Trauma and Mental Health of Asian Americans During Health Crises**

AA migrants have long been blamed as being the ‘vectors’ for U.S. health crises and they have been discriminated against (Kim, 2024). Despite the World Health Organization’s best practice recommendations that infectious diseases should not be named after people, countries, or cultures, the first Administration of U.S. President Trump repeatedly referred to COVID-19 as the “Chinese flu” and “the Kung Flu,” normalizing and legitimatizing anti-Asian xenophobia, and further exacerbating hate and discrimination against AA (Reny & Barreto, 2020).

The “yellow peril” stereotype, rooted in fear of Asian dominance, predates the “model minority” myth, which portrays Asians as successful and non-threatening (Kawai, 2005). These seemingly contradictory stereotypes form a “yellow peril-model minority dialectic,” a framework used in psychological literature to understand and address anti-Asian racism and its impact on Asians’ mental health (Kawai, 2005; Kim, 2024).

Psychological trauma follows pervasive xenophobia in diverse, multiethnic AA communities (Yi et al., 2023). We thus conceptualize COVID-19-era psychological health for AA in the lens of Historical Trauma Theory. That is, the idea that communities exposed to long-term, collective oppression (i.e., racism, genocide, war) exhibit elevated adverse mental health outcomes even generations after the traumas occurred (Sotero, 2009). Given the already enormous impact of COVID-19 on morbidity and mortality, we are starting to see an increase in mental health conditions such as depression, anxiety, and posttraumatic stress among AA (Ibrahim et al., 2024). Unfortunately, AA are the least likely to seek and receive mental health services due to cultural stigma, language barriers, lack of awareness of mental health resources, and lack of culturally appropriate service providers, all leading to the mental health disparities of AA (Ibrahim et al., 2024; Park et al., 2019).

## **Toward an Asian American Liberation Psychology: Engaging the Community with Photovoice**

To document the lived experiences of AA during the pandemic, we employed Photovoice, a community-based method, to understand how racism impacted AA mental health and to promote collective action toward liberation (e.g., Lichty et al., 2019; Wang & Burris, 1997). Rooted in liberation psychology (e.g., Quiñones-Rosado, 2020), this approach emphasizes sharing "self-crafted images" to tell fuller, more authentic stories of marginalized people, moving beyond merely documenting the harm of racism (Tuck 2009). Photovoice is ideal for this purpose as it allows AA participants to create and share visual representations of their lived experiences. It addresses the impact of racism on personal, interpersonal, and political levels, encouraging participants to become agents of change (Misra et al., 2020; Nykiforuk et al., 2011; Rocoroni & Tucker, 2024).

This article presents our liberatory healing project utilizing an online adaptation of Photovoice (e.g., Lichty et al., 2019; Wang & Burris, 1997) to center the power, experiences, and voices of AA in the U.S. in a time of heightened trauma, racism, and xenophobia. Photovoice entrusts cameras in the hands of community members, allowing them to record and reflect on their own strengths and needs to engage in critical dialogue (Wang & Burris, 1997). We asked AA around the U.S. to take photographs of their life with this question in mind: "What are your experiences during the early months of COVID-19 (March-June 2020)?" As a group of national AA activists, we sought to understand how our community wished to tell their stories and engage in social action towards collective change. To our knowledge, this is the first online Photovoice project using this novel process to document and center AA experiences.

### **Methods**

#### **Development of Asians\* in Focus Community Team**

First, we created a participatory team, representative of AA communities. Instead of conducting research "on" a sample of people, the participatory method calls on researchers to conduct studies in intentional partnerships "with" people, particularly among communities directly affected (Chan et al., 2021; Roncoroni & Tucker, 2024). With this in mind, we created a national interdisciplinary team of activists and scholars including Sriya Bhattacharyya, PhD., DJ Ida, PhD., Pata Suyemoto, PhD., Jennifer Nguyen, MA, LMHCA., Janet Namkung, BA., and Allyson Goto, BA. The Asians\* in Focus (AIF) team was established in collaboration with the National Asian American Pacific Islander Mental Health Association (NAAPIMHA). All team members represented both their respective AA communities as well as serving as researcher-participants (meaning they submitted photographs to the study and contributed to the study's conceptualization, implementation, analyses, write-up, etc.), a key element of participatory research (Datta et al., 2015). All team researcher-participants utilized their lived experiences to explore the key research questions and to offer a space for others in their communities to contribute. Team members self-identified as South Asian (1), Japanese (2), Mixed-Asian (2), Chinese, and Korean (2). They were embedded in local and national organizations serving AA and were physically located in New York, Denver, Aurora, Boston, Seattle, Washington D.C, and Cambridge, respectively. Each team member at least had education in basic undergraduate research methodology and was CITI certified. In May of 2020 the team launched a project titled *Asians\* Unmasked: A National Photovoice Project of Asian Americans' Experiences during COVID-19*. The ultimate goal was to "create a space dedicated to the sole purpose of telling AANHPI [Asian American, Native Hawaiian, Pacific Islander] stories, using the full range of artistic expression" (AIF website, 2020). Additional community partners including the Japanese Arts Network, Humanity Unmasked, Red Pocket Magazine, and Sakura Foundation, endorsed and promoted the project.

#### **Asians\* Unmasked Photovoice Project**

Photovoice effectively captures the needs of marginalized populations and allows individuals and communities to reflect upon both the strengths and needs of their own communities via photography by participants (Kim et al., 2019); additionally, it was accessible during a pandemic (Lichty et al, 2019). Therefore,

this methodology was suitable for the *Asians\*Unmasked* project, given our desire to support communities and engage them within the constraints of social distancing.

The project publicly launched in May 2020, in acknowledgement of both Asian Pacific American Heritage Month and Mental Health Awareness Month. The team sought to collect photographs and narratives about AA life and experiences during the early months of COVID-19 March - June 2020 (*Asians\* in Focus* <http://naapimha.org/asians-unmasked>) with the goal of launching an online photo gallery and hosting national community discussions.

### **Recruitment**

Individuals who identified broadly as AA were invited to submit photographs and accompanying text (*Asians\* in Focus* website, November 2020). Native Hawaiians and Pacific Islanders also were initially included in the project's recruitment, but given no submissions were received from these communities, the article will solely focus on AA and will discuss recruitment challenges in the limitations section. Submission invitations were sent via email blasts through partners networks, word of mouth, and social media (e.g., Instagram, AIF website). Additional AA organizations, such as Red Pocket Magazine, expressed interest in the project and re-shared the invitation to participate on social media.

At the time of submission, each participant was asked to sign a consent form that gave AIF permission to use participants' names, photo(s), description(s), and any additional information in print, in digital materials, and in advocacy and research. All fifty-five participants gave authorized consent. For the purposes of this article, we will only be displaying participants' first names. It was made clear to the participants that no incentives would be given for their submission and there were no exclusion criteria.

The Asians\* Unmasked project was a community art project available to the public online. The research team utilized this public archival data to complete the analyses described in this article. The project was reviewed and received expedited approval (#2022-13968-086680) through the Albert Einstein College of Medicine Institutional Review Board (IRB).

### **Participant Demographics**

At the time of submission, a total of 55 AA participants, ranging in age from 15 to 78, shared a total 82 photos though we capped per-person photo submissions at three. As such, we report demographics in two ways. First, we share the number and percentage of participants in the sample (out of 55 participants) in relation to their demographics. In the next column, we present the number and percentage of submissions (out of 82) in terms of the demographic characteristics of the participants who submitted them. We do this to both honor the individual participants, and the unique contributions of each photographic submission. Demographics related to ethnicity, location, and age were self-reported. Participants were not asked to disclose their gender, sexual orientation, or religion, as multiple categories of identity were not immediately relevant to our project. As a result, each participant will remain gender-neutral in our analyses and results/findings below. See Table 1 for participant demographics.

### **Procedure**

First, participants received information about the project, an introduction to the AIF team, justification for using photographs as research materials, and instructions for their participation. They were informed that the purpose of the project was to examine the experiences of Asian Americans during the early months of the COVID-19 pandemic. We asked participants to capture images of their phenomenological experiences as AA people living during the COVID-19 pandemic. Participants were invited to submit images captured during the COVID-19 pandemic related to a series of categories (e.g., resiliency and hope, connection and isolation, solidarity and activism) developed by the AIF team based on our lived experiences; participants were also allowed to create their own categories.

Second, participants described their photos in an open-text field. Participants were asked to elaborate on their submissions with an adaptation of the "SHOWeD Technique," a Photovoice technique used to facilitate

discussion and identify dynamics regarding social issues, (Wang & Burris, 1997). The traditional “SHOWeD Technique” questions include: (1) What do you **See** here? (2) What is really **H**appening here? (3) How does this relate to **O**ur lives? (4) **W**hy does this situation, concern, or strength exist? and (5) What can we **D**o about it? To increase accessibility, the AIF team used group consensus to synthesize these five questions into three: (1) How would you describe your image to someone who may be visually impaired? (2) What does your image mean to you? and (3) Based on your COVID-19 experience, what changes would you like to see in the world around you? After participants submitted images and corresponding text responses through an online portal (following the Lichty et al., 2019 method), we downloaded text submissions into a shared spreadsheet and our study team organized responses for a coding and analysis process led by two doctoral-level researcher-participants.

**Table 1**

Participant Demographics ( $N = 55$ ) and Demographics by Number of Submissions ( $N = 82$ )

	<i>n</i> (%) of participants	<i>n</i> (%) of submissions
<b>Ethnicity</b>		
Japanese-American	9 (16.3)	18 (22.0)
Chinese-American	6 (11.5)	10 (12.2)
Chinese	5 (9.09)	7 (8.54)
South Asian	5 (9.09)	8 (9.76)
Japanese	4 (7.27)	4 (4.88)
Filipino-American	4 (7.27)	4 (4.88)
Filipino	3 (5.45)	3 (3.66)
Mixed Japanese-American	3 (5.45)	3 (3.66)
South Asian-Indian	3 (5.45)	5 (6.10)
Korean	2 (3.64)	4 (4.88)
Vietnamese	2 (3.64)	4 (4.88)
Chinese-Vietnamese	1 (1.82)	3 (3.66)
Chinese-Scottish American	1 (1.82)	2 (2.44)
Chinese-Filipina	1 (1.82)	1 (1.22)
Chinese-Indonesian	1 (1.82)	1 (1.22)
Filipino-Sicilian	1 (1.82)	1 (1.22)
Hmong	1 (1.82)	1 (1.22)
Taiwanese	1 (1.82)	1 (1.22)
Of Hong Kong descent	1 (1.82)	1 (1.22)
Asian (unspecified ethnicity)	1 (1.82)	1 (1.22)
<b>Age</b>		
10-19	4 (7.27)	6 (7.50)
20-29	14 (25.5)	18 (22.5)
30-39	18 (32.7)	29 (33.8)
40-49	4 (7.27)	4 (5.00)
50-59	6 (10.9)	9 (11.3)
60-69	4 (7.27)	8 (10.0)
70-79	5 (9.09)	8 (10.0)

Table 1 continues on page 27

Table 1 (Continued from page 26)

State/Location	<i>n</i> (%) of participants	<i>n</i> (%) of submissions
New York	14 (25.5)	18 (20.7)
Colorado	12 (21.8)	21 (25.6)
California	8 (14.5)	16 (19.5)
Massachusetts	5 (9.09)	5 (6.10)
Washington	3 (5.45)	6 (7.31)
D.C.	3 (5.45)	5 (6.10)
Illinois	3 (5.45)	3 (3.67)
Florida	1 (1.82)	3 (3.67)
Ohio	1 (1.82)	2 (2.44)
Oregon	1 (1.82)	1 (1.22)
North Carolina	1 (1.82)	1 (1.22)
Minnesota	1 (1.82)	1 (1.22)
Maryland	1 (1.82)	1 (1.22)
India	1 (1.82)	1 (1.22)

## Reflexivity

Given the large size of our team, we will focus our researcher reflexivity on the two main project coders given their backgrounds and lived experiences had the strongest influence on the analytic process. Sriya Bhattacharyya a South AA, cis-gendered queer female, lived and worked in New York City at a hospital during the height of COVID-19 and has over a decade of qualitative research experience. DJ Ida, a Japanese American, Colorado-born female, has over 40 years' experience working with AA including direct services, policies, training and evaluation. The two primary coders maintained personal notebooks to document reactions, interpretations, and questions about submissions which they discussed in a weekly one on one meeting during the three-month coding period. They had discussions about the impact of present and historic trauma on salience and perception of information, both recognizing the mental tolls the pandemic and racism incurred. They recognized how their backgrounds informed their biases; for example, DJ was impacted by the incarceration of Japanese individuals and felt particularly sensitive to government attacks against AAs. Sriya worked in a hospital and was sensitive to the experiences of healthcare workers and people who had contracted COVID. The two coders journaled and had weekly discussions to manage their biases. At times, the primary coders needed additional input to reach agreement on their coding and would bring the data to the full researcher-participant team to review, a process described in detail below.

## Analyses

After image and textual submissions were downloaded, they were reviewed by Dr. Bhattacharyya and the AIF team. We took a participatory approach to data analysis, wherein two leaders and primary coders from the AIF who had the capacity to participate in the analysis process stayed on as co-researchers (Datta et al., 2015). We aimed to include a limited number of available researcher-participants to develop a study team that represented a diverse array of experiences from the AA community. The study team organized submissions in a shared spreadsheet organized by participant demographics, date of submission, location, and title of the image. Participant responses were organized according to which of the three research questions each participant responded to, submission category, stipulations to consent (i.e., they wanted their image shared but not their name), and any additional feedback participants chose to share.

We then took an inductive thematic approach (Charmaz, 2006; Thomas, 2006) to analyze the data. This bottom-up approach is often used in health and social sciences to allow findings (rather than research questions) to lead the way. Results thus emerged from participants' own words, using raw data rather than a pre-determined structure to identify domains and topics critical to understand our participants' experiences and image and textual data (Thomas, 2006). As the study's proposed question was open-ended and aimed to understand various domains of AA COVID-19 experiences, this approach was an appropriate fit for the data. The two primary coders, Dr. Bhattacharyya and Dr. Ida met weekly to discuss the findings, to further enhance trustworthiness of the data and to incorporate clarity and consistency checks (Thomas, 2006). This strategy involved three steps: creating a set of codes by interpreting the text; organizing these codes into overarching themes; and organizing these themes into domains.

### ***Coding Schema***

First, the two primary coder researcher-participants engaged in initial coding (Charmaz, 2006) and assigned segments of text an 'in vivo code,' or a summary of the text's core meaning as close to the participant's words as possible. For example, if a participant wrote, "I spent so much time on Zoom," we assigned that text with the code 'Zoom.' If a participant wrote, "I really felt lonely during that time," we assigned that text with the code 'lonely.' The two primary coders independently developed an initial set of in vivo codes, utilizing language directly from participants' narratives, and discussed their codes with one another. When there was agreement, a code was created, and when there was disagreement, they discussed the disagreement until an agreement was reached or brought to the larger team for consensus. This process took place over the course of three months with sets of 10 submissions until the entire data set had been reviewed. There was 100% inter-rater agreement between the primary coders during this second round of coding. In vivo codes were developed prior to organizing submissions into the five existing categories which allowed for novel themes to be captured in the coding. The five categories were referenced and where codes did not fit, a new code was developed. After the coding schema was finalized, the entire team reviewed the final coding structure comprised of 7 overarching domains. The team agreed the initial domain creation seemed reflective of submission data. We discussed that a benefit of this coding system was that it was driven by the data and by stakeholders who had identified relevant existing issues in their communities. The themes, however, were limited to the experiences of the project participants and may not be exhaustive of all AA experiences.

### ***Themes***

Second, the primary coder researcher-participants developed a set of themes to summarize overlapping content found in multiple codes. For example, codes such as 'Zoom,' 'FaceTime,' and 'video chat' were grouped into a theme called 'Virtual connection.' Each primary coder developed a set of themes independently, then met to discuss inconsistencies and consistencies, adjusting to reach consensus and develop a final set of themes to share with the larger researcher-participant team. A total of 49 themes were identified. The full data set was then reviewed by the researcher-participant team to ensure all content was captured by an existing theme, a process referred to as focused coding (Charmaz, 2006; Thomas, 2006).

### ***Domains***

Third, the primary coders entered these 49 themes into a spreadsheet and grouped them into seven overarching domains, or labels that represented the core constructs across the data. For example, themes such as 'virtual connection' and 'physical isolation' were grouped into the domain 'Connection and Isolation.' The first six domains mirrored the six initial submission categories participants were invited to consider when uploading images and data; this process of comparing domains and themes to the original research questions is deemed theoretical coding (Charmaz, 2006). We renamed these domains from the initial submission categories to more closely reflect the data. Additionally, a seventh domain was documented, which we called 'ways to change the world.'

This domain reflected action steps, a core component of Photovoice (Wang & Burris, 1997), and documented ways participants responded to this question: “Based on your COVID-19 experience, what changes would you like to see in the world around you?” Because of the breadth and actionable value of these responses, we created subdomains within the seventh domain to fully explore the data. Frequencies of themes were counted and considered in theme and domain development as to not overly emphasize researcher-participant perspectives. Domains are outlined in Table 2, with themes and subdomains beneath each domain. Table 2 also includes counts and percentages of submissions coded as belonging to each domain and subdomain.

Many submissions were categorized in more than one domain based on the frequency and relevance of the themes present in the submissions (Thomas, 2006). An image was categorized across domains when participants’ narratives aligned with domains outside of the categories they chose. For example, one coder categorized an image as part of the connection/isolation domain, and another placed an image in the resiliency/hope domain. When a situation like this occurred, the primary coders referenced their journals and outlined the steps that they took to arrive at the category/code, and if discrepancies in coding remained, they discussed these discrepancies with the larger research team. The primary coders shared their coding schema, domains, and subdomains with the larger researcher-participant team to see if the coding fit with their diverse lived experiences, a process akin to member-checking. The AIF team felt the domains and subdomains both accurately reflected their lives during COVID-19 as well as the data. After organizing the domains and subdomains, as a final step, the team conducted upper level or theoretical coding (Charmaz, 2006), in which relationships were specified among domains of in vivo codes to help tell a coherent analytic story. As such, the domains were chronologically organized based on the researcher-participants’ own COVID-19 narratives. The seven domains, their respective inductively derived subdomains, domain descriptions, and selected photographs and quotes are shared in the results and findings section to follow.

## Results

### Image and Textual Data

Photograph and text submissions about AA COVID-19 experiences during March-June 2020 were organized into seven overarching domains: (1) life and community changes, (2) connection and isolation, (3) racism and oppression, (4) health and mental health, (5) service to others, (6) resilience and hope, and (7) ways to change the world. Each domain and its sub themes will be elaborated upon in a “gallery” below and supported with photographs and text quotes from participants’ submissions. In Table 2, we present a summary of our findings. This includes the frequency of submissions (i.e., photographs) that were coded as matching each domain and subdomain. Specifically, 55 individuals submitted 82 photographs, so frequencies here refer to the number of submissions to honor the full breadth of experiences shared. It is important to remember while reviewing the findings that participants were not surveyed so it is possible multiple participants were experiencing additional categories but did not focus on them in their submission. Rather, these findings reflect what was salient to participants about their COVID-19 experiences.

### Domain 1: Life and Community Changes

The first domain captured life and community changes. COVID-19 had a ripple effect on almost all aspects of AAs’ life resulting in change at the individual, community, national, and global levels. Some of these changes

included working from home, celebrating graduations and birthdays in new and creative ways, and grocery shopping while socially distancing and wearing masks.

In this photograph, Mike, a new parent, explained the challenges faced during the pandemic:

“Not only has my world drastically changed with the birth of my son, but the hospital experience was also changed. My son saw only part of my face for the first several days of his life because masks were required while he was briefly in the NICU.”

### ***Changing Plans and Situations***

Nineteen of the submissions related to changing plans and situations because of the pandemic. Edward, a 69-year-old Chinese American from Oakland, California submitted a photograph of a man pretending to row a gondola. Edward stated:

“One of the hardest things about life during Covid-19 is the abrupt cancellation of travel. [...] We sent this picture out to recall happier times when we enjoyed an afternoon in the Venice canals. Don't surrender to sadness and anxiety. Find the funny where you can.”

### ***Loss of Financial Security***

Two of the submissions expressed the loss of financial security. Rumi, a 38-year-old Japanese from Seattle, Washington described difficulty operating a small business deemed essential during the height of the pandemic:

“Operating on 50% of pre-outbreak sales on a good day, trying to keep 14 hired people employed, navigating to get financial assistance and adhere to new requirements with little to no guidance, dashed dreams after being on track for months of having solid financial standing in order to grow the business. [...] Fighting with every other business in the industry for supplies needed to operate [...] and working far too much while having countless sleepless nights.”

### ***Working from Home***

Six submissions highlighted both the challenges associated with working from home, as well as the new and innovative solutions. Mary, a 28-year-old Filipino American from Washington, D.C., took a picture of her now multipurpose living room:

**Figure 1.**  
*My New Normal*



“Our small living space is multi-functional. Since COVID-19, it is not only a place to eat or watch Netflix, but it is also an office for two people, a workout area, a 3D printing space, and a space to connect virtually with friends and family, near and far. It's not always easy quarantining in a small space, but we make it work!”

### ***Wearing Masks***

Twenty-one submissions reported the critical importance of wearing a mask. Janet, a 31-year-old Korean from Washington, D.C., described how wearing a mask quickly became a “new normal.”

“[...] Since the start of the pandemic, the key holder has now transitioned to a mask holder. For the last three months, it's been a constant reminder of the importance of having a mask with me at all times when passing the barrier of my apartment door. It's my new normal, and probably for many others as well.”

### **Domain 2: Connection and Isolation**

A common theme also identified was connection with family through dinner meals, conversations, and reflecting on culture and heritage. Many submissions focused on creative solutions to maintain connections with family and friends by scheduling virtual video and phone calls and coordinating socially distanced meet-ups outdoors. Dao, a 28-year-old individual from Denver, Colorado, took this picture of her grandmother to illustrate both connection and isolation.

“[This image] shows what visiting my grandma looks like during the quarantine. My sister and I have set up a sitting area outside of her house and we are talking to her through the screen door.”

**Figure 2.**

*Through the Screen No.1*



### ***Physical Isolation***

Twenty-six participants reported feelings of anxiety, loneliness, and isolation. Sasen, a 37-year-old South Asian from Los Angeles shared a photograph of a taiko player standing in front of a drum, ready to play.

“This is how we practice now. I am lucky--I was able to bring home one of my group's huge *chudaiko* drums. Even with layers of towels, I strike the drum as lightly as possible, to avoid annoying my neighbors. It is deeply lonely practicing alone; this music was meant to be played together.”

### ***Virtual Connection***

Eleven submissions captured the new and creative ways of connecting through Zoom and various other digital platforms. Glenn, a 55-year-old Japanese American from Lafayette, Colorado, stated:

“Connections were made during the pandemic that transcended the isolation. My mother is in a memory care facility that offers weekly Zoom calls to connect with loved ones. I set up a call so my mother could see and interact with a dear friend who she had not seen for quite some time and to converse in pure Japanese conversation. It was a joyful, yet bittersweet experience. [...]”

### **Family Connection**

Thirty-six submissions emphasized family connection. Some participants felt connected to their ancestors and heritage by recalling past stories or photographs, while others connected with their family through Zoom. Many also bonded through cooking. Jennifer, a 33-year-old from Seattle, Washington, described a photograph of a very burnt eggroll. Jennifer stated:

“[...] My parents own a Chinese restaurant, and they would never let me and my sibling cook.... I have since moved away from home with zero cooking skills, but in quarantine, my go-to restaurants are closed. I had to take matters into my own hands and try to cook. Thankfully, my Dad and Mom offered to help me and my partner out by giving us virtual "cooking lessons." [...] It allowed my parents and I to connect and share a story during quarantine. [...]”

### **Domain 3: Racism and Oppression**

The third domain focused on racism and oppression. During the height of the pandemic, many AA experienced the dual burden of the pandemic and anti-Asian and anti-Black racism. This discrimination and racism was a reminder that intolerance and insensitivity take many forms, including on the interpersonal, institutional and systemic levels. This photograph illustrates a shattered glass screen and a poster on the side of a New York City public phone booth after a night of protests. The photographer wished to remain anonymous.

“It depicts a close-up portrait of a young Asian woman with the caption: ‘I should have the right to take pride in my heritage without being told to go back to my country.’ At the poster’s bottom, the text reads ‘You Do Have the Right’ and is sponsored by the Commission on Human Rights and the Office of the Mayor. The glass covering the poster is almost completely broken, with shattered pieces along the bottom of the frame.”

### **Historical Racism**

Ten submissions drew attention to historical racism on the Asian community. Stacey, a 57-year-old Japanese American from Denver, Colorado submitted a photograph of running shoes and a mask.:

**Figure 3.**  
*Poster on street, glass broken*



“[...] I wear shoes that I can run in - to avoid potential name calling or, God forbid, a violent situation. I never thought this level of fear would arise in 2020: fear of the ignorant and hateful discrimination that echoes the treatment that my parents faced in WWII as they were shipped off to concentration camps. [...] The question continues to ripple through our country: Why? As in “Why are people so hateful?” “Why can’t we learn from the mistakes of the past?” “Why can’t we see and focus on what all we have in common?” “Why can’t we live and let live?”

### ***Anti-Asian Racism during COVID-19***

Nineteen submissions described anti-Asian racism during COVID-19, including: violence against AA, resulting in microaggressions, racial slurs, physical violence, alienation, and extreme physical distancing. Maxine, a 20-year-old mixed Japanese American from Boston, Massachusetts submitted a photograph of iPhone notes with the caption: “When will I not be an alien, a virus, a myth, a fascination, a threat, someone the world wishes to silence?” Maxine stated:

“[...] I felt the shift in the air as I sat in public. Extra cautious of my actions, the actions of others around me, and I had just spoken with my friends about the Asian Australian man who died because nobody wanted to give him CPR two days prior. The shift in the air while intense, was and always has been a familiar one.”

### ***Anti-Black Racism & Police Brutality***

Fourteen submissions highlighted anti-Black racism and police brutality. In June 2020, following the murder of George Floyd we saw a resurgence in the Black Lives Matter movement in the U.S. Yun, a 30-year-old Chinese participant from Chicago, Illinois, expressed:

“[...] Ahmaud Arbery was shot jogging. Breonna Taylor was shot in her bed. George Floyd was choked [for] using a fake \$20 bill. Christian Cooper had the cops called on him birding. Tony McDade and Nina Pop were murdered for being Black trans. My apartment door seems to shut out discrimination but does not stop racism. [...]”

### ***Ableism/Other Forms of Intolerance***

Two submissions related to ableism and other forms of intolerance. Grace, a 42-year-old Chinese-American from Des Plaines, Illinois, described their experience of being a member of two marginalized communities during the pandemic:

“[...] As a person with limited lung function it is hard enough knowing that there is a virus that may be able to kill you without the pervasive racism and ableism that is permeating through society. Discussions and efforts concerning medical rationing during this crisis that deems my life as less worthy of saving over someone without chronic conditions devalues people like me as human beings. Being a disabled Chinese American woman during this time in our history has taken a toll on the state of my mental health.[...]”

#### Domain 4: Health and Mental Health

While health and mental health were reflected in all the domains/galleries, the images in the fourth domain focused specifically on the health and mental health impact of COVID. Many participants reported anxiety and depression related to the fear of contracting the virus, exacerbated by their isolation and separation from their family and loved ones. Linghua, a 23-year-old Chinese participant from Chicago, Illinois, reported her experience with depression, anxiety, and loneliness during the pandemic.

“This is a black-and-white photo taken from early morning in my apartment in Chicago and you can see me [...] sitting on the bed holding a stuffed animal and buried my face in it. I looked desperate and lonely with the lights from the window casting shadows on the wall behind me.”

The photograph above also represents the subdomain *emotional impact from COVID-19* below.

#### ***Emotional Impact from COVID-19***

Thirty-one submissions captured the emotional impact from COVID-19. Many described fear, anxiety, and depression. Linghua described her experience of being alone during the early months of quarantine. She stated:

“When your life is 24/7 inside a confined space, the quietness of living alone suddenly became insufferable. I’ve long suffered from depression and anxiety associated with my life in a foreign country... All of a sudden, the pandemic and stay-at-home order destroyed my coping mechanisms. The lack of human interactions and being far away from my home country led to multiple serious mental breakdowns. For a while, I lost the motivation for everything: work, socializing, and even performing some daily activities like cooking and cleaning.”

#### ***Emotional Impact of Racism***

Fifteen submissions described the emotional impact of racism as a result of violent attacks, scapegoating, and extreme physical distancing. Exacerbated by mainstream media’s portrayal of AA coupled with the lack of adequate responses from leaders to prevent misinformation and acts of racism/discrimination, many shared widespread fear and anxiety. Some participants were fearful to even leave their homes and others expressed judgement they felt from others in public. Stacey, a 57-year-old Japanese-American from Denver, Colorado, shared feeling fearful and out of control:

“[...] There are still those who choose to lash out at and ignorantly blame Asians for the virus. The virus does not discriminate. The virus scares us. The virus makes us feel out of control. The discrimination also scares us and makes us feel out of control.”

**Figure 4.**

*A Self-portrait of Isolation during COVID-19*



### **Health Impact from COVID-19**

Seven submissions identified health concerns related to COVID-19. Some participants were affected directly by the virus, while others knew of friends or family that contracted the virus. Elisa, a 59-year-old participant from Seattle, Washington, described a photo from May 6th, 2020, that was featured on the front page of the Seattle Times.

“[...] [This picture] is of my husband, Michael Flor, applauded by hospital staff when he was discharged from the Swedish Hospital ICU after battling COVID 19 and its complications for two months. The image captures the celebration of a miraculous survival, but also acknowledges the dedication of medical providers who worked tirelessly and compassionately to save his life. [...]”

### **Figure 5.**

*Masked*



### **Self-Care**

Seven submissions described ways in which participants engaged in self-care throughout the early months of the pandemic. Some participants took daily walks while others journaled, called family and friends over Zoom, or picked up a new hobby while quarantined. Richard, a 78-year-old Japanese-American from Denver, Colorado, described his experience staying healthy:

“Being older and part of a “vulnerable” population makes me very conscious of taking care of my health. Sitting at home is safe but hard to do without getting a little stir crazy. I live near a park [...] It feels good to take the mask off and get a breath of fresh air. I feel very fortunate that I get to do this on a regular basis.”

### **Domain 5: Service to Others**

The fifth domain captured service to others. This service took many different forms. Asian American physicians, nurses, and other healthcare professionals worked tirelessly through incredibly long and dark hours in hospitals and other healthcare settings. Many were unable to see their family due to their fear of spreading the virus. In the photograph above, Dr. Sun steps outside on April 13, 2020, to take a break during the nightly 7 PM applause of appreciation from the neighborhood in NYC. Dr. Sun wrote:

“Since then... I’ve worked 35 shifts (all 10-12 hours long) across numerous ERs in mostly the Bronx, Queens, and Brooklyn (and a few in Manhattan), added 3 new ERs to my roster, met so many supporters, while also losing colleagues, friends, and my grandfather to COVID-19 [...] I needed to breathe. I needed to know if I was still alive.”

Service to others also included support for small businesses who were struggling to survive, donating masks to healthcare workers and those who could not afford them, creating online service projects and tutoring programs, and providing emotional and mental support to family and friends.

### ***Healthcare Services***

Seven submissions related directly to healthcare services during the pandemic. Many were from healthcare workers, including doctors, nurses, respiratory therapists, emergency medical technicians, and many others, who worked longer hours, rationed personal protective equipment, limited their interactions with their family members and friends in fear of spreading the virus, and sacrificed their lives for the safety and well-being of others. Many were in a constant state of psychological stress and anxiety, which will likely result in post-traumatic stress disorder, anxiety, and depression in the long run. It is critical, therefore, that we employ strategies to care for the mental health of our healthcare workers.

Arlene, a 40-year-old Chinese and Filipina from New York described her experience working on the front lines of the pandemic:

“[...] I was deployed to work 12-hour overnight shifts to care for PUIs and COVID-19 patients. . [...] People asked me, “Were you scared?” Yes, but not as scared as they were of being the next ones to need ventilators, or the next ones to die. [...] I was scared, also, but I was there to serve them.”

### ***Supporting Others and Activism***

Fifteen submissions identified ways to support one another during the pandemic.

Jennifer, a 33-year-old woman from Seattle, Washington, submitted a photograph titled “#WhitecoatsforBlacklives” standing in solidarity with the Black community:

“A crowd of thousands of healthcare workers, therapists, social workers, doctors, and nurses standing together in masks in the street, on the sidewalk, and peacefully protesting to stand against racism and the injustices that the Black community has faced. [...] The deaths of George Floyd and Breonna Taylor in the pandemic has brought out the fire of this country. The black community has cried out for help, and we are not going to sit quiet and let it happen anymore.”

### ***Teaching and Other Services***

Seven submissions related to teaching and other services. Many participants employed creative strategies to teach online classes through Zoom and other virtual platforms. Toby, a 15-year-old Chinese-American from Lexington, Massachusetts, created an online peer mentoring program to engage middle and elementary school students. Toby expressed:

“[...] MentorOn [...] equips high school students to advise and support their younger counterparts, with BC students serving as trainers. Together, they are creating an expanding, virtual neighborhood and a safe space for kids to have conversations with high school students about coping though quarantines, school and life transitions.”

## Domain 6: Resiliency and Hope

Many of the images in the sixth domain reflected the power of resilience, humor, creativity, inner strength, community, and spirituality, as 2020 tested the world in unprecedented ways. Some participants celebrated surviving COVID-19, and others recognized the contributions of AA in history, encouraging and empowering younger generations to hope for a better future. Aryani, a 51-year-old Chinese-Indonesian from Rockville, Maryland, sent an image of a collage celebrating important AA role models:

“Th[is] photo shows drawings and paintings of prominent Asian Americans and emblems of their contributions to the US. Drawn by K-12 students, the artwork are splashes of colors that are as bright as the futures of the burgeoning artists themselves.”

Many participants also celebrated in unique and creative ways. The photograph above represents the subdomain *celebration* below.

### **Spirituality/Cultural Pride**

Seventeen submissions reflected spirituality and cultural pride. Devon, a 22-year-old Japanese-American from Sunnyvale, California, submitted a photograph of his family’s *Obutsudan*, a Buddhist Alter, taking great pride in his ancestry.

[...] It was hand carved by my great grandfather's friend and given to him as a gift when he left for America over 100 years ago. When my family was incarcerated in the Poston Concentration camp they left it at the Salinas Buddhist Temple in hopes that it would be kept safe from looters or people who would bring harm to it. Now, it sits in my grandma's house as a symbol of hope and resilience. This Obutsudan is a symbol of not only my family's resilience but the resilience of the APIA community that has continued to fight for our rights to belong in America.”

### **Celebration**

Five submissions captured the unique and creative ways participants engaged in celebration throughout the pandemic. Some described their experience completing their doctoral thesis, while others celebrated virtual and socially distanced graduation ceremonies. Glenn, a 55-year-old Japanese American from Lafayette, Colorado, submitted a photograph of a high school “drive-thru” graduation. Glenn stated:

“[...] He's wearing a mask to be considerate of others while also showing the joy in seeing many neighborhood residents come out and support the long parade of vehicles with happy graduates who could not experience a traditional celebration due to the virus. It was a very uplifting experience for audience, family and graduates alike.”

### **Physical Activity**

Eleven submissions reflected the ways in which participants engaged in physical activity. Some incorporated walks into their daily routines, while others began to teach tai chi and dance classes through Zoom. Edward, a

**Figure 6.**  
*Celebrating Role Models*



69-year-old Chinese-American from Oakland, California, described how his daughter Sara, found joy during the lockdown while prioritizing physical activity throughout the day. Edward reported:

“My daughter Sara was sheltering in place with me away from her friends [...] She enjoys a dance class with housemates via zoom.”

### ***Creativity***

Eighteen submissions focused on ways in which participants engaged in creativity and innovation during the pandemic. Many picked up new hobbies (e.g., music, journaling, and writing). Pollyanna, a 30-year-old Filipino/Sicilian participant from Brooklyn, New York, submitted a photograph of a watercolor painting that she started back in January of 2018 and picked up during the pandemic.

“[...] In 2020, while quarantined in Brooklyn, I dug through my old portfolio and found the original painting. I saw it with fresh eyes and gathered a new appreciation for the work I started. The extended period of time in my apartment compelled me to find inspiration in what I already had: a value of nature and potential for growth. The mulberry branch with ripe berries, speckled purple egg, and dreamy blue sky were all added in a few days, signifying a renewed confidence in my instincts and creativity.”

### ***Hope, Gratitude, Resilience***

Twenty-five submissions talked of hope, gratitude, and resilience. The year 2020 was challenging for many AA. Despite this, many people expressed ways they built resilience and fostered gratitude. They did this by expressing and sharing both negative and positive emotions, maintaining social supports, and engaging in coping and stress reduction strategies. DJ, a 70-year-old Japanese American from Denver described her close connection to her family and how she found peace and solitude throughout some of the most challenging days. She stated:

“COVID-19 has forever changed our lives. I miss being able to visit friends and family whenever I want. I find myself constantly thinking I should be doing more but at the end of the day, when the house is quiet, and I feel pulled in many directions, I light some incense, think of mom and dad who passed away many years ago and I find the peace and quiet that is hard to find when things feel so hectic.”

## Domain 7: Ways to Change the World/Calls to Action

The final domain reflected participants' answers about the ways that they wanted their world to change. While some provided specific actions such as change in leadership, improved healthcare systems, and revamping the current work structure, others emphasized the need for more openness and compassion and treating others with respect and empathy. This domain was divided into seven subsections, representing a unique pathway identified by participants for advancing social change. Each subdomain includes "action steps," as shown in Table 2.

### *End Racism*

This subdomain included the following action steps: (a) end Anti-Asian racism, (b) stand up for Black lives, (c) end white supremacy, and (d) build coalitions. Pata, a 58-year-old mixed heritage Japanese American from Woburn, Massachusetts stated:

"I live in a country where systemic racism and oppression are the norm and this must be changed. As AAPIs, we need to build coalitions with the Black, Latinx, and Native communities to fight the injustice that we experience in solidarity. We cannot sit passively and silent while others are oppressed. We also need to understand that the model minority is a myth that has been used against us to pit us against other people of color. As AAPIs we need to stand up and fight for racial equity and justice."

### Figure 7.

*Ways to Change the World & Calls to Action*



### ***Improve the Health and Mental Health Systems***

The second subdomain focused on improving the health and mental health systems. This subdomain included the following action steps: (a) strengthen responses to COVID-19, (b) institute universal healthcare, paid sick leave, and food security, (c) increase access and appropriate services, and (d) advocate for health and mental health promotion. Grace, a 42-year-old Chinese-American from Des Plaines, Illinois, expressed:

“[...] The pandemic has also highlighted our lack of a national safety net. Having universal healthcare, universal basic income, paid sick leave, and guaranteed childcare is a need not a want. I hope that our nation will begin to address these needs in a substantial way. [...] The devastating effects of COVID-19 on the nursing home population also illustrates the importance of providing home health and personal assistant services so that people can live in the community. I hope that we can move toward this goal.”

**Table 2**

*Summary of Results (N = 82)*

<b>Domain</b>	<b>Frequency</b>	<b>Percentage</b>
Domain 1: Life and Community Changes	48	58.5
Changing Plans and Situations	19	23
Loss of Financial Security	2	2.43
Working from Home	6	7.32
Wearing Masks	21	25.6
Domain 2: Connection and Isolation	73	89.0
Physical Isolation	26	31.7
Virtual Connection	11	13.4
Family Connection	36	43.9
Domain 3: Racism and Oppression	45	54.9
Historical Racism	10	12.2
Anti-Asian Racism during COVID-19	19	23.2
Anti-Black Racism and Police Brutality	14	17.1
Ableism and Other Forms of Intolerance	2	2.44
Domain 4: Health and Mental Health	60	73.2
Emotional Impact from COVID-19	31	37.8
Emotional Impact of Racism	15	18.3
Health Impact from COVID-19	7	8.54
Self-Care	7	8.54
Domain 5: Service to Others	29	35.4
Healthcare Services	7	8.54
Supporting Others and Activism	15	18.3
Teaching and Other Services	7	8.54
Domain 6: Resiliency and Hope	76	92.7
Spirituality and Cultural Pride	17	20.7
Celebration	5	6.10
Physical Activity	11	13.4
Creativity	18	21.9
Hope, Gratitude, and Resilience	25	30.5

*Table 2 Continues on page 41*

Table 2 (Continued from page 40)

Domain	Frequency	Percentage
Domain 7: Ways to Change the World After COVID-19		
End Racism	37	45.1
End Anti-Asian Racism	12	14.6
Stand Up for Black Lives	12	14.6
End White Supremacy	8	9.76
Build Coalitions	5	6.10
Improve Health and Mental Health Systems	40	48.8
Strengthen Response to COVID-19	20	24.4
Institute Universal Healthcare, Paid Sick Leave, Food Security	8	9.76
Increase access and appropriate services	7	8.54
Advocate for Health and Mental Health Promotion	5	6.10
Fix Leadership	27	32.9
Change Leadership	17	20.7
Broaden Leadership	5	6.10
Enforce Police & Leadership Accountability	5	6.10
Ensure Economic Justice	21	25.6
Support Small Businesses & Black and Brown Labor	8	9.76
Institute Universal Basic Income, Housing, and Childcare	7	8.54
End Capitalism	4	4.88
Extend Unemployment Benefits	2	2.44
Change Work Conditions	8	9.76
Connect Virtually & Use Technology	6	7.32
Institute a Four-day Work Week	2	2.44
Protect the Environment	4	4.88
Be Compassionate	52	63.4
Create a Compassionate & Collective Society	35	42.7
Engage in Self-Education	12	14.6
Practice Self-Compassion	5	6.10

### ***Fix Leadership***

The third subdomain focused on improving leadership through (a) change in leadership, (b) broaden leadership, and (c) enforce police and leadership accountability. Yun, a 30-year-old Chinese from Chicago, Illinois, stated:

“[We need] effective leadership based on empirical evidence of public health, epidemiology, medicine, psychology, etc., rather than political ideology, capitalist interests and personal ego. Accountability of authority and law enforcement. There must be personal willingness and responsibility to examine sources of entitlement, financial stimulation and support for communities disproportionately impacted by the pandemic, and training of police, and enforcement of proven effective policies to stop police brutality.”

### ***Ensure Economic Justice***

The fourth subdomain focused on economic justice and it included the following action steps: (a) support small businesses and Black and Brown labor, (b) institute universal basic income, housing and childcare, (c) end capitalism, and (d) extend unemployment benefits. Jordan, a 29-year old Filipino-American from Glen Ellen, California reported:

“My hope is that as time goes by, we continue to support our local businesses and restaurants because they are truly the ones that make up the fabric of our communities. I hope that we continue to make strives to take care of our most vulnerable members of our society [...].”

### ***Change Work Conditions***

The fifth subdomain identified two action steps to change work conditions: (a) connect virtually and use technology, and (b) institute a four-day work week. Sriya, a 33-year-old South Asian Indian from Bronx, New York, revealed:

“I would like to witness economic justice and more access to electronics to connect with others from afar. I'd like for us to learn that the busy lifestyle is not necessary, and perhaps change to a 4-day work week.”

### ***Protect the Environment***

The sixth subdomain emphasized the importance of taking action to protect the environment. Sriya also expressed the following:

“I [...] hope for better climate practices and reduced emissions [...] More love to mother earth, more time in the capitalist system to be in relationship with the earth and with community neighbors and families.”

### ***Be Compassionate***

The seventh subdomain by far the largest, outlined the following calls to action: (a) create a compassionate and collective society, (b) engage in self-education, and (c) practice self-compassion. Devon, a 22-year old Japanese American from Sunnyvale, California, stated:

“The outbreak of Covid-19 has shown privileged Americans the inequalities that have been built into the very structure of our society. It has also shown that our "acceptance" always has and always will be conditional in the eyes of White America. My hope is that Asian Americans begin to further educate ourselves in our own history and the history of other marginalized groups to create a society where justice prevails.”

## **Discussion**

Our findings highlighted participants' experiences as they grappled with the global impact of COVID-19, xenophobia against AA, and the mental and emotional health tolls of the pandemic and their recurrences of historical trauma. Themes emphasized unique ways in which AA were impacted by the various stressors they experienced since the start of the pandemic. These themes also offered a blueprint for social action. Participants experienced various life transitions during the pandemic; some participants graduated during the pandemic, some served on the front lines in hospitals, some picked up new hobbies while quarantined, and some attended protests to stand up against anti-Black racism. They also experienced a range of emotions like loneliness, anxiety, and uncertainty for the future. Some felt anxious being in public for fear of racist attacks while others felt deeply isolated being at home. Others expressed concern about the current government and political leaders. At the

same time, many participants also felt empowered to fight for a better and brighter future. Our novel national Photovoice project offered the AA community space to hold, value, and share these similar experiences. The seven thematic galleries illustrated these unique and shared experiences.

### ***Scholarly Implications***

There are many scholarly implications generated from this study. First, the findings underscore the well-documented yellow peril-model minority dialectic (Kawai, 2005; Reny & Barreto, 2020). Participants reported the pervasive and historical anti-Asian racism they felt and related depression and anxiety, consistent with current research on the mental health impacts of COVID-19 on AA (Ibrahim et al., 2024). Historical trauma previously documented for AA (Sotero, 2009; Yi et al., 2023) was clearly exacerbated during the early months of the pandemic, leading to isolation and fear. However, as this project was designed by and for people in the AA community it documented experiences that extended far beyond the yellow-peril and model minority frameworks. Through this participatory methodology (Roncoroni & Tucker, 2024) we gained insights not only into the impacts of racism and mental health, but also into life and community changes. This included the loss of financial security, the shift to virtual connection and physical isolation, the development of strategies and practices to serve others, avenues for resiliency, experiences of hope and, most importantly, a blueprint for social action vis-à-vis participants calls to change the world in the wake of COVID-19. This blueprint is consistent with participatory research that engages community stakeholders as researcher-participants facilitates grounded, relevant, and actionable insights, especially within communities facing extreme distress. This Photovoice project took a critical step toward identifying community-based solutions to the traumatic impacts of the pandemic, which will undoubtedly have long-lasting psychological and social consequences.

An important distinction between this and other Photovoice projects was that past projects typically involved in-person training workshops and group dialogue sessions (Desyllas, 2018). However, research has shown that many past Photovoice projects have been small, geographically isolated, and resource intensive, limiting the potential to reach a diverse audience to ignite radical social change (Lichty et al., 2019). Acknowledging this concern, and as a consequence of social distancing and stay-at-home orders during the early months of the pandemic, the Asians\* in Focus team spearheaded one of the few entirely virtual Photovoice projects, reaching a wide-ranging audience in fourteen states in the U.S. We learned this project provided an avenue for AA to stay connected, especially during a challenging period permeated with uncertainty, fear, and isolation. The online project was uniquely accessible as it required no additional materials or resources other than a mobile device and/or camera to take and submit photographs. The opportunity to submit photographs digitally can provide an important contribution to participatory research in an increasingly globalized and isolated world.

The design of this online Photovoice project highlights its value as a therapeutic methodological tool with great potential to capture day-to-day experiences. This methodology, rooted in participatory research and liberation psychology, seeks to center community voices and uplift their resilience strategies during intense emotional and mental health crises. Beyond data collection, this participatory research project contributed to the online praxis of this form of research. It provided opportunities for national connections as participants were able to meet one another virtually and “visit the gallery” together during the launch party held in July 2020. During this party, the AIF team disseminated results, explained the origins of the project, featured participants’ stories through short videos, previewed the online galleries, explained photo data analysis, illustrated the calls to action featured in Domain 7, and facilitated a discussion about the project. Following these discussions, participants informally evaluated the impact of the project vis-à-vis expressing gratitude to the research team and their fellow participants for creating a powerful avenue that provided space to share their individual experiences and find comfort through the recognition of their experiences. This project exemplifies how researchers can leverage technology and online participatory methodologies, such as Photovoice, to amplify the knowledge of geographically diverse community members and foster a sense of collective identity and resilience among them.

### ***Implications for Social Action***

Our project also has many implications for social action. The ultimate goal of Photovoice is to work towards informing internal, interpersonal, and political change by creating liberatory, community art that empowers those most impacted by social issues to reflect on and share their personal experiences. In Domain 7, participants' responses to change the world after COVID-19 included: (1) end racism, (2) be compassionate, (3) improve health and mental health systems, (4) fix leadership, (5) ensure economic justice, (6) change work conditions, and (7) protect the environment. In building an AA psychology of liberation, these calls to change oppressive conditions provide a framework for psychologists and community members to use to inform social action (Quiñones-Rosado, 2020). As such, the entire AIF team took these requests from participants to assemble accessible, concrete seven avenues (calls to action) to engage in change including (1) stand up for Black lives, (2) end White supremacy, (3) build coalitions, (4) strengthen responses to COVID-19, (5) institute universal healthcare, paid sick leave, and food security, (6) increase access and appropriate services, and (7) advocate for health and mental health promotion. These calls to action were launched as infographics on the AIF website and Instagram page to enhance community engagement, encourage active resistance against the racist and discriminatory political context, and mobilize the AA community to fight for these changes.

Psychologists and mental health professionals can bring these calls to action to life. As part of our prevention and intervention efforts to support AA communities, we can engage in activism towards racial, economic, and environmental liberation. This can be done by partnering with existing social movements and utilizing the resources of universities and agencies to support activism. Additionally, we can continue to advocate for and prioritize the establishment of ethnic-specific mental health centers, while recognizing the unique contextual stressors for AAs such as anti-Asian xenophobia to guide culturally responsive therapeutic interventions. Psychologists also can develop and participate in ongoing training and education programs, centering their knowledge of communities with lived experience. Through this we can co-create mental health programs, and support and conduct innovative, therapeutic research processes and initiatives (like participatory and arts-based research) to prioritize AA voices in shaping mental health discourse and services.

### ***Limitations and Future Directions***

Although our online Photovoice project was able to reach a broader audience, leading to more cross-community connection, there were challenges to sustaining these connections. This included a lack of physical space for participants to meet on a regular basis and the need for a central community leader to facilitate small group discussions to engage all participants. We also acknowledge that our online platform may have been inaccessible to some communities, particularly individuals who did not speak English as their first language, and persons who had difficulty accessing or navigating technology. Further, due to the public and community-based nature of this project, our analyses were not disaggregated from participants' demographics. Therefore, our ability to interpret any challenges, expressions of resilience, and experiences that may be unique to specific AA subgroups or intersectional identities was limited.

Future research can follow up on this project by more deeply understanding the mental health impacts of COVID-19 on the AA communities and by further comprehending the protective factors that mitigate the adverse impacts of racism and xenophobia. AA groups can be engaged through creative elicitation methodologies such as Photovoice, qualitative interviews, and surveys to develop community-centered, culturally relevant research strategies (Roncoroni & Tucker, 2024). Finally, we need to improve our outreach to Pacific Islander (PI) and Native Hawaiian (NH) communities. Their experience is often radically different from AA who arrived in the U.S. as immigrants and refugees while the PI and NH communities were victims of colonization by the U.S (Godinet et al., 2020). Failing to recognize the diversity of AA, NH, and PI communities can mask potential critical differences which have direct implications for developing culturally and linguistically responsive care. Improving outreach to

the PI and NH communities can strengthen our understanding of each group's strengths and their creative ways of healing in the future.

Our project is one of a few to explore how AA survived and thrived during the pandemic and it called attention to how creative outlets like Photovoice, are designed to heal and empower marginalized communities. Moving beyond damage-centered research (Tuck, 2009) and building on the field of AA liberation psychology (Quiñones-Rosado, 2020), our project allowed AA to use their voice to define for themselves who they were outside the racist stereotypes that falsely blamed them for the pandemic. It highlighted their resilience and resistance in the face of pervasive racism, historical trauma, and collective uncertainty.


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### **Declaration of Interest Statement**

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

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# **“My Vision isn’t the Only One”: Visioning Abolition in School Counseling Through Arts-Based Exploration**

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## **Abstract**

School counseling is built on the American School Counselor Association National Model (2019, 2025), which includes heavy emphasis on individualist-focused student standards and isolationist practice (Drake et al., 2024b). While the field has undergone some revision, we continue to lack methods for visioning and visions for abolition in our praxis. Without liberatory visions for abolition, our traditional approaches and models of school counseling will only prefigure more racial capitalism, more white supremacy, and more state violence in schools. As part of a larger, year-long Critical Participatory Action Research project, this article focuses on the abolitionist visioning generated by a community of practice, including school counselors, community organizers, and a school counselor educator, using arts-based exploration. Our findings center the collective analysis and meaning-making of our community of practice, elevating the visions of on-the-ground school counselors and organizers and honoring local wisdom to guide practice rather than relying on Westernized, meritocratic school counseling models.

*Keywords: school counseling, abolition, K-12 schools, visions, counselor education*

## **“My Vision isn’t the Only One”: Visioning Abolition in School Counseling Through Arts-Based Exploration**

School counselors are regularly trained to implement the American School Counselor Association (ASCA) National Model, including creating a program vision statement (ASCA, 2019). Vision statements “communicate what school counselors hope to see for students five to 15 years in the future” (ASCA, 2019, p. 30). As school counselors, we believe in visions as guides for school counseling practice, and as abolitionists, we believe in visions to move us toward social change. As Rose Braz, a co-founder of Critical Resistance, an abolitionist organization, shared: “A prerequisite to seeking any social change is the naming of it. In other words, even though the goal we seek may be far away, unless we name it and fight for it today, it will never come” (Bennett, 2008, para. 14).

Yet ASCA’s approach prioritizes the school counselor’s role in single-handedly creating the vision, which contributes to a reductive, individualized process, limiting “hopes” to what school counselors alone believe, value, and dream (ASCA, 2019). The recently released fifth edition of the ASCA National Model (2025) similarly privileges the school counselor’s individual perspective by calling for them to prepare statements that describe how the school counseling program aligns with the school and district’s vision, both of which are regularly devoid of diverse community perspectives, dreams, and wisdom. In a field that has relied historically on traditional approaches that engage policing, vision statements or statements describing program alignment with school and district visions built without the ideas and imaginings of those most directly impacted by them, including community members most intimate with state and structural violence, are positioned to contribute to further harm (Drake et al., 2024b). School counselors who are committed to liberatory care work must rethink their approaches and vision differently.

Abolitionist school counseling is a disruptively loving approach to counseling in schools that centers collective well-being and safety. Instead of being driven by academic achievement, abolitionist school counselors are driven by community—every member of the community deserves care, and no one is disposable. With students, families, educators, and communities, counselors in schools who commit to abolition do so by uprooting policing in their practice and co-constructing life-affirming approaches to counseling as solidarity.

This article draws from a larger, year-long Critical Participatory Action Research (CPAR) project that explored the co-construction of an abolitionist approach to school counseling. In our final meeting, the partners (i.e., school counselors, community organizers, and a school counselor educator, all of whom identified with a commitment to abolition) of the research collective came together to playfully and artfully engage with intuitive collage, an arts-based method we used for collective visioning for abolitionist school counseling. Drawing from the visions of school counselors and community organizers committed to abolition, this article asks: *What do school counselors and community organizers vision for abolition in school counseling? How might they vision in community?*

### **School Counselors and Community Organizers as Partners for Abolition**

School-family-community partnerships are historically critical for students’ academic achievement (Bryan, 2005; Bryan et al., 2019; Castillo, 2023; Haynes & Comer, 1996; Teemant et al., 2021). School counselors are tasked with building these meaningful relationships with families and community members, ensuring those connections are collaborative and reciprocal (Bryan et al., 2019; Dunn et al., 2019; Washington, 2010). Often missing from partnerships, however, are community organizers, who engage in the everyday work of creating real change that challenges injustices. Some have advocated for school counselors to build nontraditional and culturally aligned partnerships that integrate the needs and perspectives of students and families (Bryan et al., 2019). Others have explicitly called for school counselors to deeply align with community organizers for abolition, who know community best (Drake et al., 2024b). To create life-affirming relationships, school counselors must practice reciprocity, expanding beyond traditional boundaries of therapeutic relationships toward acting as comrades in

solidarity. Rather than individualized care, abolitionist school counselors know that care is not radical if it is not free for everyone (Nadasen, 2023).

Some educators are organizers themselves, while others build relationships with community organizers to address social injustices (Hernandez et al., 2022; Pour-Khorshid, 2016). Community-based pedagogy is a practice in which “the knowledge, assets, and imaginations within students and the local communities are the potential antithesis to systemic oppression in PreK-12 classrooms to co-create justice-focused education” (Popielarz, 2024, p. 439). Drawing from community-based pedagogical implications, school counselors might co-construct programs that elevate community, centering community care and community cultural wealth (Yosso, 2005) and building and sanctifying homeplace (hooks, 1990), or “a space where students are seen as whole human beings, allowed to grow and heal” (Mayes et al., 2022, p. 2). Here, school counselors can love and protect youth as an antiracist act (Mayes & Byrd, 2022).

Beyond schools, school counselors must join movements and learn from leaders in the context of education in movement spaces. In movement, learning happens in community and is intergenerationally curated, with pedagogical practices emerging from the people (Shield et al., 2020). This is a pedagogical practice of solidarity, a “set of practices directed toward specific political goals and rooted in the specificities of relationships” (Gaztambide-Fernández et al., 2022, p. 253), allowing diverse wisdom and expertise to be honored and valued.

### **Abolition in School Counseling**

Abolition in school counseling rejects reform (Drake et al., 2024b) because it is exactly that: a re-formation of existing arrangements that leaves the prison industrial complex (PIC), or the merging government and capitalist interests that use policing and prisons as reactions to social problems, intact. Abolitionists challenging the PIC, including school counselors committed to abolition, collectively resist to “dismantle, change, and build,” (Critical Resistance, n.d., para. 5), a theory of change in which everyone, particularly Black, Brown, working class, immigrant, trans, and gender queer communities, can experience life-affirmation. Ending policing means dismantling all forms of it, including how it manifests in school counseling; changing conditions, practices, and logic that disenfranchise communities; and building ways of being, practices, and resources to empower communities by meeting our needs and enabling everyone to thrive (Critical Resistance, n.d.).

Kaba and Ritchie (2022) described soft policing as the coercion, forced assimilation, and punitive practices that public employees, including educators, use to maintain the carceral state and, thus, existing racial and economic hierarchies. School counselors often act as soft police, surveilling students, identifying perceived deficiencies, and teaching young people how to act and what to think, guided by the ASCA Mindsets and Behaviors (ASCA, 2019). Providing an essential function for the PIC, traditional school counseling acts to control students and maintain the social order.

Educators, however, can dismantle soft policing in their practice and build abolitionist practices in K-12 schools and higher education (Meiners, 2011; Sabati et al., 2022; Stovall, 2018). School counselors, in particular, who aspire to abolitionist praxis, must center the visions and theory of change promoted by PIC abolitionists. Focusing on critical connections with community organizers, centering collective well-being, and practicing community healing (hooks, 2000) instead of prioritizing achievement above all else, school counselors might define their roles differently (Drake et al., 2024a). There are other ways to be in school counseling, and organizers have provided school counselors with the tools, resources, and skills to approach harm and systemic violence in ways that do not contribute to more harm. By actively listening to students, their families, and communities and integrating their visions, we might dismantle the reductive role of school counselors in schools with more expansive hopes for our collective future (Mayes & Byrd, 2022).

### **Abolition as Vision and Practice**

Abolition is both a vision and practice. “Vision and practice are not contradictory, but rather inseparable—the insistent prefiguration of the world we know we need” (Davis et al., 2022, p. 15). Many abolitionist organizers

and scholars highlight that we must envision the future we want and work collectively toward it. Davis et al. (2022), for example, elaborated on how vision and practice intersect to inform abolition: “The productive tension of holding onto a radical, real, and deep vision while engaging in the messy daily practice is the feminist praxis: the work of everyday people to try, to build, to make. And this requires collectivity. Always” (Davis et al., 2022, p. 16). Abolitionists must both believe in and imagine more liberatory futures while practicing new ways of being in relationship, fighting for change, and doing so together. Importantly, visioning and practicing are contextual, informed by local communities and their distinctive, yet not new, struggles. Abolitionist geographer Ruth Wilson Gilmore explained abolition as an orientation to struggle, suggesting that it serves as a method to inform our resistance (Gabriel, 2022). Said differently, there is no map toward the perfect practice of abolition, yet our visions can orient us in the direction we need to collectively move. Being “vision-oriented” can help us discern how to intentionally practice our visions and focus on care rather than control (brown, 2020).

## Methods

Hoping to bring forth and unearth collective visions for abolition in school counseling required us to think differently about our methods. Encouraged by artists as cultural organizers, we studied abolition feminism aesthetics, specifically art created to “denaturalize the carceral state” (Davis et al., 2022, p. 8). We engaged arts-based exploration for aesthetic provocation, intentionally challenging traditional research norms and pushing the boundaries regarding what was considered legitimate in scholarly work. This qualitative study used intuitive collage, an arts-based method, to generate “new ways of seeing” (Fine & Torre, 2021, p. 74), allowing us to bring forth our imaginations and collectively generate complex, often obscured visions (Bhattacharya, 2013).

### Positionality

Guided by our commitment to creating possibilities for abolitionist counseling approaches in schools, we came to this study with varied and similar experiences in PK-12 schools, school counseling, and abolition.

Riley, a white<sup>1</sup> woman, is a former elementary school counselor who practiced abolition in school counseling before she had the language to define it as such. Now, as a school counselor educator at a Midwestern public university, she struggles alongside those in the field and on the ground to build abolition into school counseling. Importantly, she is deeply committed to the abolition of prisons and policing, organizing with communities in the Twin Cities to practice abolition daily.

Rena, a Black woman, is a former school counselor and school counselor educator with a specific focus on Black joy and liberation in school counseling practice. As a Black woman, she often is the miner’s canary facing similar structural challenges as her students while working to dismantle such systems. She is committed to collaborating with schools and community members to creating homeplace to both cultivate and protect Black joy across all spaces.

Abby, a white woman, is a first-year school counselor in an urban metropolis. They practiced social justice in school counseling throughout their education and currently use social justice and abolition in school counseling.

Ingrid, a white woman, is a second-year graduate student in school counseling and a first-year school counselor. After putting herself through intensive mental health treatment, she saw disparities in care and institutions firsthand. That led to a drive for equity and inclusion in her future role as a school counselor.

### Study Context

As part of a larger, year-long CPAR project, which had received Institutional Review Board approval, school counselors and community organizers, all of whom described a commitment to abolition in initial interviews, came together as partners in a research collective with Riley, a school counselor educator, to explore abolition in school

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<sup>1</sup>We draw from Dumas (2016) and lowercase white, because “it is nothing but a social construct, and does not describe a group with a sense of common experiences or kinship outside of acts of colonization and terror” (p. 13).

counseling in a community of practice. (Refer to Table 1. All names are pseudonyms chosen by the partners.) They virtually convened biweekly from August 2023 to June 2024 to deepen their political commitment to abolition, learn from one another, and discern how to practice abolition in public schools, despite the contradictions and constraints they experienced. Meetings lasted approximately one and a half hours and were audio-recorded. Every partner was financially compensated for their participation.

This article focuses on our final meeting, during which Riley guided partners through an intuitive collage activity. Intuitive collage is an expressive arts-based, spontaneous process of selecting magazine images without thinking and allowing the imagery to draw from your inner world to answer a question (Klammer, n.d.). Of the research collective, Amber, Fay, Irene, Emelia, and Lex were present; Jesse had prior obligations and could not join the meeting until later. Therefore, she was unable to contribute to the collective analysis. Riley requested that the partners prepare supplies (i.e., paper, magazines, scissors, glue) before the activity and began by asking partners to sit with the following question: *What do I envision for abolition in school counseling?*

Riley invited the partners to keep the question in mind, begin flipping through magazines, and tearing out pages to which they were intuitively drawn. Then, they arranged four to five images in whatever way felt most compelling to them. Riley instructed the partners to glue those images to a sheet of paper and sit with their final collage, considering each image and relationships amongst the images. Then, she directed the partners to reflect on the following: (a) What message is my collage conveying? and (b) How does my collage answer our question? (*What do I envision for abolition in school counseling?*). The partners journaled their responses and uploaded a photo of their collage to a shared folder (Refer to Figures 1-5.).

Then, partners shared their collages with the research collective and intuitively responded to the original question. Each partner shared their meaning-making, and Riley took field notes regarding their comments. When all narratives had been shared, the partners considered salient ideas or patterns across their collages as a form of “participatory reading across texts” (Fine & Torre, 2021, p. 55) to center collective analytical interpretations and meaning-making. Using “arts as analysis to reveal patterns that might otherwise have been obscured” (Fine & Torre, 2021, p. 74), partners identified the following ideas as collectively shared: (a) community; (b) feeling free; and (c) moving beyond the comfort zone.

### **Data Collection**

The data collected and used for this study included the partners’ collages, which must be understood as contextualized by each partner (Bhattacharya, 2017; Hodder, 2000); the meeting audio transcription (i.e., partners’ interpretations of their collages and their reflections of one another’s collages); and Riley’s field note (i.e., analytic memo). While partners shared their collages, Riley wrote fieldnotes, which were sketches at first, or rough attempts to capture what she was hearing and seeing from the partners’ collages and interpretations. As the meeting continued, Riley attempted to fully flesh out the notes, drawing from what she remembered a partner speaking to earlier to deepen her understanding of a salient idea (Emerson et al., 2011). At the end of the meeting, she structured her fieldnotes into a brief memo in which she attempted to capture the research collective’s reflections, questions, and conjectures (Bogdan & Biklen, 2003).

### **Data Analysis**

Ingrid, a graduate assistant and school counseling student familiar with abolition in school counseling, transcribed the audio from this meeting. The transcription was made available in a shared, secure folder for partners to review and edit. Then, using the partners’ initial ideas captured in Riley’s memo as a coding framework, Riley began coding. She is a critical qualitative researcher with a background in abolitionist organizing and has trained with researchers leading critical qualitative inquiries and analyses. Later, in round three, Riley trained Ingrid to analyze the qualitative data. They centered the collective analysis of on-the-ground school counselors and community organizers, engaging in three rounds of coding. As a reminder, the initial coding framework included: (a) community; (b) feeling free; and (c) moving beyond the comfort zone.

In the first round of coding, using the research collective-generated coding framework, Riley began the coding process thinking about, as Dr. Cathy Compton-Lilly invited us to imagine, theories as frames and lenses (Halverson, 2017). In this round, Riley engaged in open-coding (Emerson et al., 2011) using the coding framework (i.e., theory) as a conceptual frame (Halverson, 2017). She thoroughly read the data for significant passages (Dyson & Genishi, 2005). She considered a passage significant if she noted a pattern in the data and/or if the passage contained a concept or idea conceptually related to a code from the coding framework. She then held the data, namely the significant passages, up against the framework to see how the data reflected the frame. Riley asked: How does the data reflect (a) community; (b) feeling free; and (c) moving beyond the comfort zone? Using the coding framework in this way, alongside contextual understandings and her positionality, helped her to conceptualize the data broadly, build a sense of organization, and identify meaningful segments.

In her second and third rounds of coding, with the segments in mind, she engaged in focused coding (Emerson et al., 2011). Riley interpreted the data to make meaning (Dyson & Genishi, 2005), studying the partners’ collages, the final meeting transcription, and her memo, which allowed her to refine the codes. She used theories as lenses, pulling out ideas to see particular things happening in the data (Halverson, 2017). For example, she sought to identify patterns and connections amongst abolitionist “ideas” (Halverson, 2017) previously discussed in past meetings throughout the year-long CPAR project. Riley moved from theories as frames to conceptualize and organize data to initially make sense of it, to theories as lenses to see how partners’ visions of abolition in school counseling (as ideas) were showing up in this data.

In the third coding round, with Ingrid, they continued focused-coding (Emerson et al., 2011). Riley and Ingrid coded the data separately, and Riley compared their codes to refine central themes unifying various categories. No significant disagreements emerged. Riley and Ingrid re-read the data to refine themes and engaged in member-checking; partners agreed with the final overarching themes drawn from the initial coding framework. Throughout data analysis, Riley continued to refine themes as patterns were identified and reflected upon. Notably, she recognized that themes did not emerge (Bhattacharya, 2017; Rodriguez, 2020); instead, they were identified through her analytical process in which she looked for patterns that could be organized and characterized to make meaning (Bhattacharya, 2017). The final themes then served as findings, depicting the collective visions and visioning processes of on-the-ground school counselors and community organizers.

While we triangulated and member-checked for purposes of trustworthiness (Lincoln & Guba, 1985), we were primarily concerned with the type of strong objectivity (Harding, 1995) to which Fine (2018) referred that is the result of the wisdom of differently positioned people coming together. Critical qualitative research, especially CPAR, opposes traditional notions of validity, and instead centers critical construct validity, or how deep, local meaning is made and confirmed through analyses (Fine, 2006; Fine & Torre, 2004), and theoretical generalizability, or how thorough theoretical analyses may translate across communities (Fine, 2018; Fine & Torre, 2004). To support critical construct validity and theoretical generalizability, data analysis in this study started with the partners, whose interpretations and reflections drove the initial coding framework. Further, we elicited feedback from the partners throughout the analysis, which guided the process and was integrated into the final results presented in this article.

## Results

The final themes included *Solidarity in Community*, *Freedom to Be*, *Experimentation*, and *Abolition as Method*. Together, these themes represented our research collective’s vision of abolition in school counseling and the power of intuitive collage to “unlock” the imagination (Kaba, 2021). Our themes were not wholly disparate but intersected in ways that made it difficult to separate them into siloed themes. As such, we intentionally selected quotes that dynamically captured this interconnectedness, oftentimes merging into another theme or seemingly shifting shape partway through the line. Refusing to “let go of the visionary—that which does not yet exist—and the radicalness of the imaginary as a space for what is yet unthinkable, at the edge of the possible” (Davis et al.,

2022, p. 16), what we imagined was not a prescription for one vision or one way to approach abolition in school counseling but represented a profound shift in how we vision toward life-affirming practice.

### **Solidarity in Community**

The school counselors and community organizers strongly emphasized community as central to their vision for abolition in school counseling. Many disclosed how much they needed community, while others discussed their desire to connect more deeply. Community is “a radical vision” (Davis et al., 2022, p. 14) for everyday practice and offers coalitional possibilities to build solidarity. Indicating community as a need, Irene, a community organizer for mutual aid and liberation projects, shared her collage and pointed to an image of outer space:

I need people that can help ground me and balance me, too, and bring me back down to Earth... And so, yeah, that's what I see... is finding community, finding balance in our lives.

Describing her need for balance, Irene suggested community as a leveling agent that could offer stability during challenging times. Community creates fortification through its relational commitment to solidarity; no one practices solidarity alone (Gaztambide-Fernández et al., 2022).

Similarly, Fay, an elementary school counselor, suggested community was critical for both challenging and joyful times:

I realized [we need to be] bringing people together for not only joyous things, but also for difficult times... so the importance of how you need to bring people together for both of those things.

For Fay, community was a respite to sit with grief, an emotion that school counselors frequently attend to individually, but rarely in community. Yet we are reminded that “Rarely, if ever, are any of us healed in isolation. Healing is an act of communion” (hooks, 2000, p. 215). In other words, Fay recognized that we need one another across different experiences, offering a dynamic understanding of when and how we must come together in intentional and critical engagement grounded in reciprocity (Gaztambide-Fernández et al., 2022).

Emelia, a community organizer for mutual aid and educational justice, shared that her vision of abolition in school counseling “looks like sharing in dinner.” Referencing an image of a group of people seated at a table and eating together, Emelia went on:

This definitely looks like these are people who are a part of the same community, possibly the same family. But I was drawn to this just because of them having an opportunity to share with one another, creating space for one another.

For Emelia, creating space for one another requires community and is animated by relationships shaped by different contexts and conditions. For her, the kitchen table was a space where solidarity was constructed, not with others who were distantly suffering, or offered by those seeking to engage in an individualized form of care, but among people who were “a part of the same community.” Emelia’s framing distinguishes community solidarity from “ironic solidarity,” which is dependent upon the suffering of the “other” to maintain an isolated, individualized notion of oneself as caring without genuine commitment to dismantling, changing, and building toward liberation (Chouliaraki, 2013; Critical Resistance, n.d.).

The school counselors and organizers discussed community and solidarity as both a process and a goal. By being in the struggle, in which we are all implicated to varying degrees, the partners uplifted solidarity, describing an interconnectedness and a stronger sense of one another as essential to our ecosystem’s survival and flourishing.

### **Freedom to Be**

The partners also discussed and referenced the idea and act of freedom. Many connected to images of young people running, dancing, or creating. Several described images depicting what freedom felt like to them. For example, Amber, a middle school counselor, pointed to her collage:

You can see there's a picture of a child on there, and what drew me to this child was there's all these little magical stars, and little details where she's obviously magical and celebrating maybe her weirdness, which is what I love about students. I mean, that's what I love about working with students is giving them a space to celebrate who they are, and they can be weird AF.

Reflecting on her love of young people's unique and quirky developmental characteristics, Amber framed her vision for abolition as one that not only tolerated, but welcomed the "weirdness," allowing students the freedom to be who they were, indicating her pedagogical enactments of homeplace (hooks, 1990; Mayes & Byrd, 2022). Amber shared more about how she interpreted her collage, resonating with the idea of freedom, as evidenced by the inclusion of images of nature. She disclosed her vision for abolition in school counseling, saying:

School could nurture what kids already are, instead of changing them into something else that is driven by our goals, which are all tied to capitalism and creating workers, you know, instead of being in harmony with nature and the community.

Describing a reimagining of "public freedom learning spaces," Amber's notion of homeplace is evident here, indicating a desire to "nurture" students by prioritizing different goals, including grounding in local community-based issues (Kaba & Ritchie, 2022; Popielarz, 2024). Directly pushing up against "a pedagogy of incarceration at worst and a pedagogy of industrialization at best" (Shield, 2022, p. 91), Amber articulated the ways students are trained for the workforce to reproduce racial capitalism, while also imagining how schools might get in right relationship with the natural world and the community. Like Amber, Emelia shared her vision for school counseling to become an open container, able to hold the expansiveness of learners and all that they are. Pointing to an image of plastic containers in her collage, she offered:

The Tupperware is definitely an interesting one... I just think about a team of people with very different philosophies, backgrounds, experiences all coming together to fit into some type of structure. And then I also thought about the fact that all the tops are off, too. So, it still gives room for other things to fit inside.

Here, Emelia described the need for educational spaces to be broad and open enough to accommodate all the differences that students and their communities bring to school. Describing the need for opportunities for students to be whole, rather than denying their social, cultural, and political identities, Emelia rejected the common practice of forced assimilation in schools, an element of soft policing (Kaba & Ritchie, 2022). Rather than a container with a firmly sealed lid, Emelia emphasized the need for schools to be flexible spaces that adapt to

**Figure 1.**  
*Amber's Collage*



learners' varying needs and experiences. Similarly, Lex reflected on images that signified freedom to her. She reported that she:

was drawn to the things that make me feel the freest—being under the night sky. That's the back left image of a canyon with the Milky Way over it. And then running in nature. And then my favorite picture that I found was the beautiful Black women fishing, and that one just really made me happy... I think I captured what makes me feel free, and I wish the same for all our students and for everyone.

Lex revealed that feeling “free” was foundational to her vision for abolition in school counseling. Not only did Lex share images that depicted freedom for her, but she also considered the freedom experiences of others, evidencing her desire for collective, not simply individual, liberation (Nadasen, 2023).

Finally, Fay drew from an abolitionist perspective, describing what he envisioned dismantling and building. He pointed to an image of a shadow towering over young people at their desks and described his collage, as well as his vision for practicing abolition, noting the tendency for policing and carceral logic to seep into practice. Reflecting on how his actions impact students' capacity to feel free, he reported that he desired:

just really being free myself, being creative, and then really trying to avoid being that a shadow that looms over the kids, acting as if I'm just watching them.

Fay's vision for abolition in school counseling sought to dismantle the surveillance common in traditional school counseling practices, allowing him to experience and practice freedom himself (Drake et al., 2024b).

### Experimentation

A common idea that surfaced in most of the partners' interpretations of their collages was experimentation, suggesting that school counseling needs to move beyond the traditional boundaries of the profession. Several partners disclosed that creating something they have never practiced will require them to create something they have never witnessed themselves. For many, this meant challenging themselves to do what they had not yet done. For example, Amber reflected:

I'm pushing myself to really try to think about how to get out of the day-to-day grind and just responsiveness and being a truly nurturing place for students.

Amber's challenge to herself was about “unleashing her imagination” to move beyond the traditional reactivity typical of school counselors (Kaba, 2021). Notably, Amber recognized that schooling was a force that required her reactivity, and she was often following the directions of her administrators when responding to crises. She went on to think more disruptively about counseling approaches in school, rooted in abolition, considering how she might challenge the protocols she was directed to follow. She wondered aloud:

Pushing outside of just the school walls and making a connection in my community is an example of really living that out [experimentation], trying to create something that expands beyond school to benefit the community.

**Figure 2.**  
*Lex's Collage*



Similarly, Fay, pointing to an image, described the challenges of overthinking and how experimentation was guiding him:

I like that it says, ‘Don’t worry’ at the top before it says, ‘Mix it up,’ because I tend to overthink. [Instead, I should] try to let myself pursue something and not worry about it too much. We’ll worry about it as we go through it.

Fay recognized his tendency to need all the answers before trying something new and shared his vision for practicing abolition, which required that we practice without all the answers (Hayes & Kaba, 2023). He talked further about creating something to disrupt the imaginary boundary between school and community, animating the ways the separation served to maintain policing and disconnected students from what was often their primary support systems:

My dream is to try to do new things and bring people together, whether that’s in the school or people from outside the school into the school.

Finally, Emelia referenced an image of a paintbrush on her collage:

I just think about creating in some way, shape, or form...I can create in a lot of other different ways, but I think just also the beauty of there being a lot of residue for maybe projects and things from that which has already been developed.

Emelia described a vision of creating from residue. Like Fay and Amber, she recognized experimentation as central to her vision for creating abolition in school counseling. Creativity could be unlocked, and their collective project reinforced their willingness to make the world anew. If we are to imagine something new, we must be prepared to do something new. Practice and vision grow in tandem; Fay, Amber, and Emelia indicated visionary desires to experiment.

### **Abolition as Method**

Finally, the partners discussed how the intuitive collage activity mimicked the process of abolition, describing it as a “method” that had the power to elicit their intuition and create opportunities to experience freedom in community. Potential power aside, the process itself was complex for several of them, who described how challenging the activity was, at times inducing anxiety. For the school counselors, models and step-by-step scripted curricula have made it difficult to break from our colonial mindsets (Kaba, 2021). However, the practice of letting go of the need to know it all was liberating. Fay, for example, recounted:

I tried to stay very true to the [directions for making the] collage and not really think about it a whole lot, and just really grab things quickly. And as somebody who really likes to plan and think everything through, it was a lot. It was kind of anxiety-inducing, but it was also very freeing.

**Figure 3.**  
*Fay’s Collage*



Fay described the act of creating with his intuition as an entanglement of emotions: experiencing uncertainty and liberation at the same time.

This form of abolitionist praxis through experimentation was also powerful for Lex, who, reflecting on what could come from intuitive collage, what could be unleashed or “unlocked,” expressed:

I think it's really interesting, you know... doing something I've done before [collaging] in a different way, really, I think, unlocked some stuff, because you don't have time to overthink it.

Powerfully, Amber described the process of the activity as challenging her “natural state” which “is to plan it and think it. And this did not let us do that.” Further reflecting on collective visioning, Amber continued:

You can't really practice abolition if you're just gonna think about it all the time, right? You have to do something, and then talk about it, and talking about it with others, I think, is very powerful. Like, doing this by myself would not have been the same as me hearing from everybody... This exercise reflected abolition in general.

Amber identified critical praxis in community as central for abolition, describing an element of abolition feminist thought. She pointed to the significance of building in “collectivity” rather than alone (Davis et al., 2022).

Addressing a comment Amber shared about collective visioning as “dropping seeds,” Irene described the importance of visioning in community for accountability:

It seems like to me when you share, those are seeds that are planted. It's accountability, and the first step towards doing something towards that dream. It doesn't stay locked inside and continue to just be a dream to think about, to talk about. Yeah, sharing is an actionable step... we can all do with a little bit more action and accountability, too.

For Irene, collective visioning meant community accountability, planting the first seed toward the actions one would take. Further, bringing a dream out into the open with others “unleashed” the dream from one’s internal world, making it come alive and actionable.

Like Irene, Amber described the power of sharing their collages in community, offering the ways the experience enriched her perspective and challenged her vision:

I also think hearing other people's dreams and looking at their images, it wouldn't have been the same experience... I was like, oh she had a fire [referencing Emelia's collage], and I thought ‘Oh I wish I had a fire to put on mine’, and I honestly thought she was gonna say it meant like, ‘Let's burn it all down and start over!’ But she didn't, so it's good to hear other people's perspectives. The images that they had access to and their ideas helped me expand on my ideas already in this one conversation about it, you know.

**Figure 4.**  
*Emelia's Collage.*



Amber noted that we learn from one another’s perspectives and expand what we think possible by sharing in community. Visions born in isolation do not routinely offer robust and dynamic imaginings bolstered and complexified by community.

Building from Amber’s perspective, Fay likened the experience of creating a collage to the practice of experimentation, attesting to “getting outside of [his] comfort zone” to see what could “spread.”

I think it [collage] goes back to trying different things and getting outside your comfort zone, going with it and seeing where it leads you... when you bring people together and listen to them to learn what their dreams are...you could see it spread, and then they would start thinking in different ways.

Fay’s offering above signified his clarity about abolition as an orientation to liberatory struggle (Gabriel, 2022, p. 149). Building with others and being willing to be shaped by process was a testament to his deep commitment to struggle and solidarity with students and their communities. Like Amber, Fay recognized that experimenting in community brought about new and vitalizing shifts in awareness and possibilities.

Finally, Emelia’s description of intuitive collage exemplified her sense of abolition and how change is made:

I think even just the process of ripping something or cutting something and leaving the things that might speak to us or the things that are relevant to our settings... even just that process is a great example of what abolition should look like. And doing it, I think, as a lot of people have shared thus far, in community, right? Like my vision isn't the only one, right? [We need] everybody's visions coming together.

Emelia described the process of “ripping something” and “leaving” what speaks to the collective as an act of abolition. The partners collectively expressed this abolitionist conceptualization of intuitive collage. Distinctly, yet grounded in mutual commitments to community, Emelia powerfully noted that her “vision isn’t the only one,” demonstrating a commitment to collectivity and humility and pointing to the power of connection to generate shared visions.

## Discussion

If school counselors are committed to abolition, their visioning must shift beyond singular, individualized processes. This study focused on how organizers and school counselors came together to vision abolition in school counseling, documenting their processes of visioning and the visions themselves. Our findings indicated that not only did collective visioning contribute to richer, more contextualized visions, but the relational process of prefiguring a more liberatory approach to our work produced a “productive tension” that the partners in this project felt deepened and provocatively shaped their experience together (Davis et al., 2022).

**Figure 5.**  
*Irene’s Collage*



The visions and relational process offer an entry point for school counselors committed to abolition, particularly in this social and political moment, when many educators struggle to adapt to ongoing state and federal repression, such as anti-Diversity, Equity, and Inclusion (DEI) bills and “divisive concepts” laws (Schwartz, 2025). While many school counselors may question their way forward, under the constraints of strict federal and state oversight, the partners in this project described a vision for abolition in school counseling: solidarity in community, freedom to be, and experimentation. These process-oriented visions create possibilities, extending and expanding earlier scholarship emphasizing homeplace (hooks, 1990) through freedom dreaming by exemplifying core components of sacred, loving, and nurturing learning spaces, particularly for Black young people and other students with historically marginalized identities.

Importantly, the partners' visions collectively suggested that there can be no homeplace without solidarity. In this study, we attempted to practice that: honoring that the people know best, a shift from earlier conceptualizations of school-community-family partnerships (Green et al., 2019). Rather than conceptualizing our partnership as nontraditional, the partners' visions more expansively illustrated that our commitments to one another must be rooted in solidarity. In other words, we needed one another; our relationships must be reciprocal. Understanding our solidarity as shaped by a deeply relational, clear political strategy for change, our findings extended earlier explorations of school-community-family partnerships: school counselors must build and be in reciprocal relationship with community organizers (Gaztambide-Fernández et al., 2022). Solidarity as a relational practice is “oxygen for nurturing the soul of [school counselors, organizers, and young people]” (Fine & Torre, 2019, p. 443), exceeding the scope of what is commonly taught to counselors: empathy. Solidarity requires commitment and relationality in ways that expand and deepen our therapeutic alliances, necessitating that school counselors committed to abolition engage in political struggle, rather than merely empathize with it.

The partners also envisioned freedom to be, pushing back on schooling's emphasis on forced assimilation. They described educational spaces that honor all young people, including their “weirdness,” and were able to hold and nurture the many vibrant cultural and social identities of students. The partners' conceptualization of freedom, “where students are seen as whole human beings” (Mayes et al., 2022, p. 2) was not limited to some, but was envisioned as collective liberation. In other words, it is not freedom if it is not for everyone (Nadasen, 2023).

In addition, rather than relying on prescribed school counseling models, the partners identified experimentation as a way forward. Departing from standardized approaches, the partners indicated a desire to take risks beyond their comfort zone. Abolitionist Ruth Wilson Gilmore reminded us that “what the world will become already exists in fragments and pieces, experiments and possibilities” (Gilmore & Lambert, 2018, para. 3). Likewise, the partners' visions signified “building the future from the present” (Gilmore & Lambert, 2018, para. 3), a process of creating from residual beauty in the world around them to make something new. With a willingness to be shaped by experimentation, the partners described their insights, reflections, and curiosities as informed by one another. Without all the answers, the partners both called for and practiced experimentation, embracing abolition as method (Hayes & Kaba, 2023).

As a method, our study animated conceptualizations of abolition in school counseling, which called for school counselors to “vision and practice freedom futures” (Drake et al., 2024b, p. 6). The partners in this project built a collective vision grounded in their current realities and what they imagined abolitionist praxis could be. Despite the uncertainty that arose during the process, they engaged in a “fundamentally different [approach] toward liberating visions and practices” (Drake et al., 2024b, p. 16). Notably, they found intuitive collage to be a generative way to collectively vision for abolition in school counseling. Building on arts-based and community-engaged scholarship that produced new ways of knowing, imagining, dialoging, and dreaming (Bhattacharya, 2013; Fine & Torre, 2021), this study centered on the collective visioning of school counselors and organizers, inverting traditional vision creation processes. Rather than individually creating a vision and then sharing it with community members, this activity started with those most directly impacted by policing and involved in movements for social transformation, eliciting their goals, dreams, and needs. Intuitive collage became an invitation to be in solidarity,

eliciting practices toward political goals and grounded in the context of our relationships (Gaztambide-Fernández et al., 2022).

Riley was committed to maintaining the integrity of the partners’ original reflections (i.e., the coding framework) during data analysis. While she drew from the partners’ initial ideas represented in the coding framework and member-checked frequently, the project had concluded, the partners’ contracts had ended, and compensation ceased. Therefore, Riley coded alone, without the partners, during rounds one and two. Participatory data analysis, however, does not privilege one person’s interpretation, nor does this method align with Riley’s abolitionist commitments. She wonders how the themes might have shifted given a participatory analysis from start to finish, rather than only in round three when Ingrid joined the analysis. She attempted to stay as close to the partners’ ideas as possible yet found herself longing to dialogue about her points of tension, questions about a pattern that surfaced, or moments of curiosity. At other times, she paused analysis, unsettled and questioning how her socialization as a white woman could be impacting her interpretation (Drake, 2024). In moments of ambiguity, rather than moving away from the data, she attempted to get closer to it, letting what was irresolvable exist in the analytical process *and* determined to be accountable to the partners in the collective. We believe that a collaborative analytical approach in every coding round would have likely generated more capacious interpretations.

During our activity, however, our participatory analysis acted to “organize ourselves to practice [our visions] every day” (brown, 2021, para. 6). Our methods, “ripping something or cutting something and leaving the things that might speak to us,” as Emelia shared, and creating from the “residue,” offer abolitionist methodological implications for how researchers committed to liberation might merge meaningful scholarly and practical approaches to abolition. Visioning in this study was abolition, and we created it together.

Our goal was never to create *the* vision for abolitionist school counseling, but *a* vision, grounded in our relationships and commitments to liberation. Other visions can and do exist, and our field desperately needs them. Together, with organizers, young people, educators, and families in our communities, we can create visions to fight against policing and domination, connect our struggles, and position school counseling programs where they should be—with the people. What else could school counselors and organizers create together? How might school counselors demonstrate solidarity with social movements? How might they expand our understanding of what it means to “love and protect,” prioritizing collective freedom to be? (Mayes & Byrd, 2022). How might school counselors unravel themselves from the control and order presumed by our profession to experiment in solidarity with organizers, especially when they do not have all the answers? Counselor educators must consider these questions and their many answers that may offer implications for how (and with whom) they might teach and embody collective visioning in their school counselor education programs.


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### Declaration of Interest Statement

We have no known conflict of interest to disclose.

**Table 1*****Partner Demographics***

<b>Name &amp; Role</b>	<b>Salient Identities</b>	<b>Setting</b>
Jesse Dawkins, School Counselor	Black woman	Private high school (East U.S.)
Fay Michael, School Counselor	Asian biracial man	Public elementary school (Midwest U.S.)
Amber Price, School Counselor	White woman	Public middle school (Midwest U.S.)
Irene Allen, Community Organizer	Black woman	Mutual aid community organizer (Midwest U.S.)
Emelia Cochran, Community Organizer	Black woman	Mutual aid and Black Liberation Movement community organizer (Midwest U.S.)
Lex Manning, Community Organizer	Indigenous woman	Indigenous sovereignty community organizer (Midwest U.S.)

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# **Behavioral Health Innovations during COVID in Black and Hispanic Communities: Research Findings of a Community Engagement Project**

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## **Abstract**

In an effort to address behavioral health disparities, the researchers conducted a community engagement research study to identify innovative practices that behavioral health agencies utilized in Black and Hispanic communities during COVID-19. Research methods included community agency input, a targeted survey of 15 behavioral health agencies, and focus groups. The researchers identified innovative practices in eight areas including physical safety, emotional safety, accessibility through technology, accessibility for face-to-face counseling, affordability, leveraging resources, availability, and changes in procedures. The researchers discuss recommendations and implications for social justice action to decrease behavioral health disparities.

*Keywords: COVID, Behavioral Health, Black and Hispanic, community, Innovative strategies*

## **Behavioral Health Innovations during COVID in Black and Hispanic Communities: Research Findings of a Community Engagement Project**

During the COVID-19 pandemic, there were increases in mental health problems as well as numerous counseling barriers and behavioral health disparities for people in underserved Black and Hispanic communities (Ruprecht et al., 2021; Sullivan et al., 2021). Counselors are ethically obligated to follow the American Counseling Association's Multicultural and Social Justice Competencies (MSJC) (Ratts et al., 2015) to improve the behavioral health of diverse communities. MSJC implores counselors to "collaborate with social institutions to remove systemic barriers experienced by marginalized clients" (Ratts et al., 2025, p. 12).

The purpose of this article is to explain how we collaborated with community leaders to identify innovative practices that behavioral health agencies utilized during COVID-19 in underserved Black and Hispanic communities. We will (a) discuss counseling barriers and behavioral health disparities during COVID-19; (b) describe research methods of facilitating community agency input, implementing a targeted survey of 15 behavioral health agencies, and conducting focus groups; (c) report findings of innovative practices in eight areas; and (d) discuss recommendations and social justice implications for systems change.

### **COVID-19 Counseling Barriers and Behavioral Health Disparities**

During COVID-19, mental health problems increased due to fear, grief, traumatic stress, unemployment, food insecurity and social isolation (Liu & Modir, 2020; Ruprecht et al., 2021; Thomeer et al., 2023). Yet, Thomeer et al. (2023) found Black and Hispanic community members had disproportionately higher mental health problems than White individuals. Their study of two nationally representative U.S. surveys, one pre-pandemic and one during the pandemic, revealed that the mental health of Black and Hispanic respondents worsened compared to White participants, particularly with respect to depression and anxiety. Specifically, "in 2020–2021, a larger percentage of Black (41.69%) and Hispanic (44.23%) respondents were categorized as having depression/anxiety compared to White respondents (37.97%;  $p < 0.001$ )" (Thomeer et al., 2023, p. 968) The researchers concluded that this was due to less access to mental health, lower pay and insurance, less job flexibility, more discrimination from mental health care workers, and the compounding of racist events such as George Floyd's murder.

Prior to COVID-19, Black and Hispanic community members faced numerous barriers to counseling such as stigma, finances, geographic access, discrimination, cultural unresponsiveness, and language (Thomeer et al., 2023). During COVID-19, additional barriers were the higher likelihood of COVID-19 exposure; higher likelihood of COVID-19 related death (1.5 per 10,000 for Whites, 4.3 for Hispanics, and 6.8 for Blacks); reduced resources; and financial insecurities (Thomeer et al.).

Black and Hispanic community members also faced more behavioral health disparities during COVID-19 (Johnson-Agbakwu et al., 2022; Maffly-Kipp et al., 2021; Sullivan et al., 2021). Ruprecht et al.'s (2021) study of Chicago residents during COVID found that the Black and Hispanic survey respondents had a significantly lower use of telehealth for mental health services (Black: 9.75% vs. Hispanic: 16.0% vs. White: 30.7%;  $p = 0.001$ ) compared to the White participants, partially due to mental health stigma and limited access. Behavioral health disparities also were attributed to existing racism and implicit bias (Johnson-Agbakwu et al., 2022); shortages in the Black and Hispanic workforce due to the disproportionate impact of COVID-19 (Office of the Assistant Secretary for Planning and Evaluation, 2022), and clinician burnout (Wood, 2021).

To decrease counseling barriers and behavioral health disparities in the future, counselors need to intervene at the institutional, community, and public policy levels (Ratts et al., 2015). Moreno et al. (2020) recommended "disseminating good practices that can result in sustained, efficient, and equitable delivery of mental health-care delivery" after COVID-19 (p. 813). To achieve this outcome, counselors need to know what behavioral health interventions were helpful in Black and Hispanic communities during the COVID-19 pandemic so they can advocate for systems change. Although general strategies used during COVID were increased such

as the utilization of technology (Wood, 2021), telemedicine (Ye et al., 2021), and partnerships with community agencies (Moran et al., 2022), there is limited research on innovative strategies specifically for underserved Black and Hispanic communities. Hence, the purpose of our study.

### **Purpose of Study.**

This study was designed to document emerging innovative practices of community-based behavioral healthcare providers in a large Southwest city of the U.S. during the COVID-19 pandemic in order to improve the mental health care delivery to underserved Black and Hispanic communities. The study was part of a larger project that examined both healthcare and behavioral health care emerging practices in agencies that offer free or low-cost services to underserved people in predominantly Black or Hispanic communities. The study featured in this article focused on behavioral health care. Our research questions were (1) “what was the work format of behavioral health care agency staff during the pandemic,” (2) “what were barriers that behavioral health care clients experienced,” and (3) “what are emerging and innovative approaches conducted by behavioral health care providers during the COVID-19 pandemic within underserved Black and Hispanic communities.”

## **Methods**

To answer these research questions, we conducted a mixed methods study (Timans et al., 2019) that included a quantitative online survey and qualitative focus groups. We used triangulation to increase the trustworthiness of research findings by (1) engaging leaders in behavioral health organizations that operated during COVID-19 to identify innovative strategies they used in underserved Black and Hispanic communities; (2) developing an online survey, based on community leaders’ input, for behavioral health providers in the region; and (3) conducting follow up focus groups to verify and expound upon the survey findings. The Institutional Review Board (IRB) of our university approved our request to conduct the study.

### **Organization Leader Participation: Step One**

As part of a larger study, we conducted purposeful sampling to identify 74 leaders from 37 community-based healthcare and behavioral health care agencies that served underserved low-income individuals in 9 specific zip codes that were predominantly Black or Hispanic communities. We sent emails to invite these organizational leaders to attend an introductory meeting. Between March and April of 2023, twenty-two organizational leaders, approximately 30% of those invited, participated in an introductory meeting.

We asked the agency leaders (e.g., administrator, clinical supervisor, counselor, etc.) to describe changes their agency made during COVID-19 to serve their clients. Then, we asked the leaders to review preliminary survey questions that were based on findings that appeared in the literature. We also asked the leaders to improve the wording of the of the questions, response options, etc., and to identify missing content and questions. Finally, we asked the leaders to request their staff to complete the online survey and to share ideas on how to increase response rates to the survey.

### **Online Survey Instrument: Step Two**

The purpose of the online survey was to identify emerging and innovative approaches implemented by primary care and behavioral health care providers during the COVID-19 pandemic in a major city in the Southwest region of the U.S. First, we reviewed the current literature related to healthcare and behavioral healthcare changes during the pandemic. Second, the research team developed a preliminary 17 question online survey via Qualtrics to gather data on participant demographics, agency information, the format of work during the COVID pandemic (i.e., solely face to face, mostly face to face, equal amount, mostly online, or solely online), client barriers to services during the pandemic (Likert scales and an open-ended question), innovative approaches used during the pandemic (Likert scales and an open-ended question), ideas for innovative approaches post-pandemic, and willingness to participate in a focus group. For example, a 5-point Likert scale (Almost all, Most to Very few) was

used to rate perceptions of which service barriers clients experienced, such as fear of getting COVID, limited finances, long waiting lists, etc. Likewise, a Likert scale (Very Effective to Not effective, or Did not use) was used to rate perceptions of the effectiveness of innovative practices such as teleHealth, zoom meetings for staff, ppe, reduced fees, artificial intelligence for medical records, etc.

Third, we solicited feedback from the 22 agency leaders mentioned above on ways to improve the survey and we later implemented their suggested changes. Fourth, we tested the survey by sending it to two colleagues to ensure the link worked properly. Then, we emailed an invitation to complete the 15 to 20-minute online survey to the 74 individuals representing the 37 agencies and requested that they send the Qualtrics link for the survey to their staff. We called and sent follow-up emails to ask the agency staff to participate. Based on our survey responses, we identified qualitative themes through a process described below.

**Participants for Online Survey.** The demographics of the 15 behavioral health care agency respondents are as follows. The gender of the respondents was 20% ( $n = 3$ ) male and 80% ( $n = 12$ ) female. The race/ethnicity of the respondents was 33.33% ( $n = 5$ ) African American or Black; 0% ( $n = 0$ ) Latinx or Hispanic; 6.67% ( $n = 1$ ) Asian; 33.33% ( $n = 5$ ) White; 20% ( $n = 3$ ) bi-racial; and 6.67% ( $n = 1$ ) prefer not to answer. The age range was 6.67% ( $n = 1$ ) 18-24; 20% ( $n = 3$ ) 25-34; 20% ( $n = 3$ ) 35-44; 26.67% ( $n = 4$ ) 45-54; 13.33% ( $n = 2$ ) 55-64; and 13.33% ( $n = 2$ ) 65 or older.

**Agencies.** These survey respondents represented 12 different agencies with 80% ( $n = 12$ ) from behavioral health care agencies or private practice and 20% ( $n = 3$ ) from behavioral health hospitals. Approximately 46.67% ( $n = 7$ ) of the agencies reported that 50 to 100% of their clients were low-income, uninsured.

### Focus Groups: Step 3

As we stated earlier, we also led focus groups. The purpose of these groups was to (1) conduct member checking to determine if the wording and description of the qualitative themes were accurate or reflective of what respondents had intended; (2) ask focus group participants to elaborate on these emerging practices and to give examples; and (3) discuss the focus group participants' recommendations for implementation of these emerging practices.

We developed focus group questions to review the themes for innovative practices used during the pandemic and to elicit ideas for post-pandemic systems change. Then we made telephone calls to invite the survey participants to attend a one-hour focus group. Since many people were working, both face-to-face and virtual options were provided at two different times for a total of two focus groups, each lasting 90 minutes. A focus group facilitator with a master's degree in social work and graduate course work in focus group facilitation conducted both focus groups comprised of health care and behavioral health care survey respondents who agreed to participate. The focus groups were recorded to ensure that the agenda for the questions developed by the research team were implemented as intended (Krueger & Casey, 2014). The focus group recordings were transcribed using ATLAS.ti Web Version 5.8.0 (2023). During the focus groups, the facilitator did not ask for any specific identifying client data in order to adhere to the Health Insurance Portability and Accountability Act (HIPAA). There were seven focus group participants, two in the first group and five in the second group.

### Researcher Bias and Positionality

The biases of researchers during the entire study were discussed among the research team members. The positionality of the research and coding team members were three Black females, one Black male, and one White female. Four of the team members were doctoral level mental health educators and one was a doctoral level public health educator. They all work at a university in an under-resourced Black community and are avid social justice advocates. They acknowledged their belief that Black and Hispanic clients experienced behavioral health disparity, which they saw as unfair and detrimental. They combatted researcher bias by consulting with their university research advisors, systematically reviewing the literature with neutral words such as COVID, Black, Hispanic, and health services, seeking the voice of a wide range of behavioral health providers in the community, using a

computer coding program, having a coding team, and performing member checking (Whittemore et. al., 2001). They did not use self-reflective journaling, which was a limitation of the study.

### Data Analysis

To analyze the quantitative survey data, we used Qualtrics and SPSS to obtain frequencies and percentages. To analyze the qualitative data in response to the open-ended survey questions and focus group transcripts, we followed Braun and Clarke's (2006) thematic analysis procedures to establish trustworthiness. We loaded open-ended survey responses and the Atlas transcriptions into NVivo, color coded similar responses, and identified themes until consensus was met among the five research team members. Specifically, four team members had a doctoral degree in a behavioral health field (i.e., 3 in counseling and one in social work) and one team member had a doctoral degree in public health. Each team member had doctoral level training in qualitative analysis. We conducted two one-hour meetings to discuss the coding process. Nvivo software was used to collect, sort, and code data. The team members independently engaged in open coding to label themes based on description and content. Three team members engaged in focused coding by color coding similar core concepts. Then all team members discussed the themes until consensus was reached. There were no disagreements. To increase the trustworthiness of the results, we sought member checking by asking the seven focus group members to confirm or change the themes and to elaborate on the themes by providing examples. The focus group members agreed with the themes and did not recommend any changes. Their elaboration on the themes are described below.

## Results

In the larger study of both healthcare and behavioral healthcare agencies, there were 47 healthcare and behavioral healthcare professionals that responded to the online survey. In the current study, we focused on responses from 15 behavioral healthcare respondents, who represented 12 behavioral health care agencies or practices and three behavioral health hospitals. The rationale for focusing solely on behavioral health care responses was because the combined data of healthcare and behavioral health care is reported in a separate journal article targeted in the public health discipline. We desired to extend the literature on social justice in the counseling discipline.

### Quantitative Survey Results

**Format of Work during COVID.** The format of how respondents worked with clients from February 2020 to February 2022, divided into four 6-month increments, varied throughout the pandemic. See Table 1. From February 2020-July 2020, 53.33% (n = 8) were working either solely face to face or mostly face to face while 13.33% (n = 2) worked equal face-to-face and online but 33.33% (n = 5) worked either mostly online or solely online. However, by August 2020-January 2021, there was a decrease to only 40.00% (n = 6) who were working either solely face to face or mostly face to face while 13.33% (n = 2) worked equal face-to-face and online but there was an increase to 46.67% (n = 7) who worked either mostly online or solely online. Between February 2021 to July 2021, there was another shift to 33.33% (n = 5) working equal face-to-face and online. By February 2022, work shifted back to 60.00% (n = 9) solely face-to-face or mostly face-to-face.

**Client Barriers.** When asked about the most prominent barriers that many clients had to obtain behavioral healthcare services, 53.33% (n = 8) of respondents marked fear of getting COVID; 53.33% (n = 8) marked limited finances; 46.67% (n = 7) marked misinformation or lack of trust; and 46.67% (n = 7) marked limited staff. See Table 2. When asked to write in other barriers, respondents commented:

- “The greatest barrier was limited hospital staff leading to higher rates of burnout among practitioners and lower quality client care. Long waiting lists were also a frequent complaint.”
- “Most clients either lost a loved one or feared catching the virus. Most were diagnosed with PTSD and were afraid to go to work.”
- “Many clients lost their jobs due to non-essential job duties. Some even didn't have childcare. Families

were forced to be at home. Struggling with the online school environment. Families suffering from lack of communication. Loss. Lots of loss.”

**Effective Strategies.** When asked about effective strategies to meet client needs and reduce health inequities during the pandemic, 73.33% (n = 11) of respondents indicated Zoom/TEAM meetings for staff; 66.67% (n = 10) indicated Telehealth; 46.67% (n = 7) indicated online/paperless forms; 40.00% (n = 6) indicated telephone contact; 40.00% (n = 6) indicated online education/information for clients; and 40.00% (n = 6) indicated Personal Protective Equipment (PPE; e.g., masks). See Table 3 which lists strategies from most effective to least effective. When asked to write about other effective strategies, respondents commented:

- “Networking with the community and being able to refer them over to an agency that can meet their needs.”
- “1. Minimizing contact with the clients. 2. Minimizing treatment team face-to-face weekly meetings 3. Social distancing in sessions and other settings. 4. Suspended family visitation. 5. Placing all new intake clients on Quarantine to prevent possible COVID-19 spread. 6. Conducting a rapid COVID-19 test on all intake clients for potential COVID-19 infection. 7. Conducting periodic tests on clients and staff for suspected/potential cases. 8. Client isolation if tested positive. 9. Staff sick time off if tested COVID positive.”
- “Transportation.”
- “Assisting clients with acquiring private insurance to get medical care.”

## Qualitative Survey Results

We analyzed qualitative data from the online survey. We identified numerous themes of behavioral health emerging practices during COVID that respondents used in Black and Hispanic communities.

**During the pandemic.** Based on written survey comments about effective strategies during the pandemic, seven themes emerged and are organized by similar content as follows.

1. **Physical Safety** during the pandemic was described as using Personal Protective Equipment (e.g., masks and gowns), social distancing, and COVID-19 tests. This theme appeared twice.
2. **Emotional safety** was reported as “check ins,” “client feedback,” and “cultural responsiveness.” This theme appeared once.
3. **Accessibility via technology** was identified as telehealth, online meetings, emails, texting, phone calls, electronic records, electronic education, electronic data gathering, and providing computers. This theme appeared ten times.
4. **Accessibility for face-to-face** was defined as transportation assistance such as gas cards or ride share (e.g., Uber or Lyft). This theme appeared three times.
5. **Affordability via fee adjustment** was delineated as reduced fees or eliminated fees and **funding** by enrolling clients in insurance, obtaining grants, and added resources of food pantry and internet access. This theme appeared three times.
6. **Leverage resources** was described as networking with other agencies and referring to other agencies to connect clients with food banks and other assistance. This theme appeared six times.
7. **Availability via extra staff** was reported as hiring extra staff and **extended hours** via evening hours and being open on the weekends. This theme appeared twice.

**Post-pandemic.** Based on qualitative data of written open-ended comments about enduring trends after the pandemic, the same themes emerged as earlier: physical safety; emotional safety; accessibility via technology, distribution, and transportation; and affordability via fee adjustment, funding, and leveraging resources. One new theme was identified as **Change in procedures**, which was described as changing the meeting location, shorter

appointment times, limited number of guests in the waiting rooms, and marketing via text messaging. This theme appeared four times.

### **Focus Group Verification and Expansion of Results**

Seven respondents participated in the focus groups. These participants first confirmed the results of the theme analysis reported above with no recommended changes and then provided even more examples of emerging practices linked with each theme. An analysis of the focus group responses revealed the following recommendations for implementation of these emerging practices.

**Physical Safety** was described as following CDC protocols and maintaining good hygiene practices even after the pandemic.

**Emotional Safety** was delineated as encouraging staff work-life balance; understanding client triggers of PTSD due to COVID; providing clear expectations to staff; and providing effective strategies to clients.

**Accessibility through Technology** was depicted as demonstrating patience, user friendly communication, and explaining technology, especially for elderly; investing in infrastructure such as smartphones or iPads to loan out; and continuing online services (e.g., Doxy.me).

**Accessibility for Face-to-Face** was reported as recognizing some clients need face-to-face counseling; arranging transportation and creating behavioral health pop-up locations in local churches, charter schools, or other agencies.

**Affordability through Fee Adjustment and Funding** was delineated as adjusting eligibility formulas for fee assistance (e.g., so a family income of \$65,000 would qualify); providing a menu of services to cater to people's needs; and seeking special funding (e.g., grants) for services.

**Leverage Resources** was described as encouraging collaboration among agencies and leveraging relationships with food banks.

**Availability** was defined as working to reduce the stigma of mental health; increasing the number of counselors available; promoting counselor self-care to prevent burnout; and right-sizing workload with efficient staffing.

**Change in Procedures** was reported as following CDC guidelines; offering shorter sessions and virtual meetings; allowing staff to work from home when sick to reduce their use of sick days; and being poised to return to sanitizing and social distancing measures if the virus resurfaces,

## **Discussion**

Our findings offer answers to the research questions about the format of work during the pandemic, client barriers, and emerging and innovative approaches conducted by behavioral health care providers during the COVID-19 pandemic in Black and Hispanic communities. Regarding the format of the providers' work, it was interesting that at the height of the pandemic, 34.18% of the providers were still working either solely face-to-face or mostly face-to-face, even though telehealth was an option. By the end of the pandemic, 51.27% of the providers were working solely face-to-face or mostly face-to-face. This finding may indicate that at least one-third to one-half of clients in the Black and Hispanic communities in this study preferred face-to-face counseling. This result is consistent with other research studies showing that Black and Hispanic clients have a lower use of telehealth for mental health services compared to White respondents (Ruprecht et al., 2021). Therefore, it may be helpful for behavioral health providers to maintain flexibility when assisting persons in Black and Hispanic communities so that face-to-face counseling services are an option in the event of another pandemic.

In this study, respondents indicated the main barriers to obtaining behavioral healthcare during the pandemic were predominantly the fear of getting COVID, limited finances, misinformation or lack of trust, and limited staff. These findings complement those of Thomeer's et al. (2023) who discovered that Black and Hispanic individuals had a higher likelihood of COVID-19 deaths and financial insecurities as well as Wood's (2021) finding

concerning clinician burnout. Further, the current study's result related to misinformation or lack of trust appears to be linked to previously identified discrimination, cultural unresponsiveness, and language barriers (Thomeer et al., 2023). Our findings extend the literature of Benkert et al. (2019) and Ho et al. (2022) by verifying that misinformation and a lack of trust existed during the pandemic in Black and Hispanic communities. If a lack of trust is not addressed properly in behavioral health care systems, it could have severe consequences (e.g., suicidal ideation) for Black and Hispanic clients who may be reluctant to seek needed services. Therefore, behavioral health care providers need to be intentional in their efforts to decrease distrust by providing culturally responsive information about a pandemic. It would be best for this information to be delivered by a professional who reflects the race and ethnicity of the community being served.

When identifying emerging, innovative behavioral healthcare strategies in Black and Hispanic communities during and post-pandemic, our study offers a unique contribution to the counseling literature. In short, a comprehensive approach is needed along many realms, including (1) physical safety; (2) emotional safety; (3) accessibility via technology; (4) accessibility via transportation; (5) affordability via fee adjustment and funding; (6) leveraging resources; (7) availability via extra staff and extended hours; and (8) changes in agency procedures. This comprehensive strategy is needed because clients in Black and Hispanic communities face many barriers in each of these realms (Benkert et al., 2019; Ho, et al., 2022; Johnson-Agbakwu et al., 2022; Liu & Modir, 2020; Ruprecht et al., 2021; Thomeer et al., 2023).

To decrease behavioral health disparities for clients in Black and Hispanic communities during a pandemic, it would seem important for behavioral health providers to advocate for systems change in their organizations. Not only is it an ethical duty for counselors to foster fairness and equality (American Counseling Association, 2014), but it is a key multicultural and social justice counseling competency to promote equity in systems (Ratts et al., 2015). The following recommendations may help counselors in doing so.

### **Recommendations for Systems Change**

While each agency must consider the needs of their specific clientele, our findings lead to some recommendations to remove systems barriers and promote innovative behavioral health practices for marginalized clients in Black and Hispanic communities.

1. During a pandemic, behavioral health agencies can prepare their staff to work mostly online but also have the flexibility to meet face-to-face with clients while following CDC recommendations.
2. During a pandemic, agencies can be intentional when providing culturally responsive information to address the fear of clients contracting a disease. This information should be delivered by people who reflect the race and ethnicity of the community being served.
3. Agencies can increase the trustworthiness of their services by considering the strategies mentioned below. In an effort to promote counselors' social justice advocacy, we have linked these strategies to the domains of the ACA Advocacy Competencies (Lewis et al., 2003). We will identify if these strategies are at the micro, mezzo, or macro level and if they are a direct systems intervention or collaboration with client community groups.
  - a. **Physical Safety** can be explicit by ensuring each staff person is wearing PPE, offering free masks at check-in counters, placing hand sanitizing containers throughout the building, and signs stating the frequency of sanitation. In light of ACA Advocacy Competencies, physical safety is at the mezzo-level of systems advocacy in that counselors are addressing an environmental barrier for Black and Hispanic clients. Physical safety in health is particularly important given the peripheral trauma from the Tuskegee study of untreated

syphilis in Black men (Alsan, et al., 2019). Black and Hispanic clients need reassurance that their physical safety is paramount.

b. **Emotional safety** can be promoted through intentional check-ins via phone calls, emails, and texts, asking for verbal and anonymous written client feedback, and behavioral health providers stating their intentions to be culturally responsiveness and open to their clients' guidance. Emotional safety also is at the mezzo-level of systems advocacy in that counselors are understanding the cultural contexts of their clients as well as their own cultural identity in relation to Black and Hispanic clients. In their phenomenological study of counselors as social justice advocates, Sinclair et al. (2024) also identified diversity and culturally responsive trainings for staff to be at the mezzo-level of advocacy.

c. **Accessibility via technology** (e.g., telehealth, electronic intake forms, electronic education) can be offered, step-by-step directions provided, and tablets or smart phones can be loaned out as needed. Providing accessibility to technology is at the ACA Advocacy Competencies micro-level of client empowerment by sharing resources and tools with Black and Hispanic clients.

d. **Accessibility** can be facilitated by offering services in local churches or community centers and arranging transportation through gas cards or ride shares (e.g., Uber or Lyft). Accessibility is at the mezzo-level of community collaboration by partnering with community centers and Churches to meet common concerns of access to mental health for Black and Hispanic clients.

e. **Affordability** can occur by reducing fees or eliminating fees (e.g., consider hosting counseling interns or associates), assisting with insurance enrollment, and seeking grant funding. Affordability is at both the micro-level of client advocacy when enrolling clients with insurance and the mezzo-level of systems advocacy when removing barriers and providing resources. Affordability also could be at the macro-level of collective action or social/political advocacy by contacting legislators regarding improving insurance coverage (e.g., Medicaid paying counseling associates to provide counseling).

f. **Leverage resources** by networking with other agencies (e.g., onsite food distribution), referring to other agencies (e.g., YMCA), and offering free internet access. Leveraging resources is at the mezzo-level of community collaboration by developing alliances for other groups working for change. Sinclair et al. (2024) also reported that community partnerships at the mezzo-level of advocacy were helpful when addressing systemic marginalization.

g. **Availability** can be increased by hiring extra staff and offering extended hours in the evening and weekends. Availability is at the mezzo-level of direct systems change by identifying environmental factors that impede Black and Hispanic clients' access to services. This is particularly important in lower income areas where clients may have multiple jobs without flexible schedules.

h. **Change in procedures** can occur by modifying the meeting location (e.g., closer to community transportation), shortening appointment times, limiting the number of guests in waiting rooms, and marketing via text messaging. Change in procedures also is at the mezzo-level of direct systems change. Counselors could be flexible in providing services other than the traditional in office 60-minute session. In addition, they could limit the number of family members in the waiting room to ensure safety. Although many Black and Hispanic clients may have a collectivistic value of bringing many family members to an appointment, it may be more

important to maintain physical safety to not contract a disease by limiting the number of family members at an appointment.

### **Implications**

The implications for social justice action, based on our study's findings and recommendations, are as follows. First, since Black and Hispanic community members faced more behavioral health disparities during COVID (Johnson-Agbakwu et al., 2022; Maffly-Kipp et al., 2021; Ruprecht et al., 2021; Thomeer et al., 2023), counselors need to act as social justice advocates by collaborating with behavioral health agencies in Black and Hispanic communities to identify and remove systemic barriers (Lewis et al., 2003), particularly during a pandemic. Such collaboration could help decrease implicit bias that impacts behavioral health systems (Johnson-Agbakwu et al., 2022) by amplifying the lived experiences of providers working in Black and Hispanic communities, as we did in our study. For example, rather than assuming Black clients did not want counseling since many did not show up during the pandemic, behavioral health providers can consider ways to mitigate clients' lack of trust, logistical barriers, and threats to their social identity (Kahn & Money, 2022).

Second, counselors need to advocate for behavioral health agencies to use a comprehensive approach that addresses the complex interactions of clients' physical safety, emotional safety, affordability, accessibility, and availability. This approach may help remove multiple barriers such as the fear of contracting a disease, limited finances, misinformation, lack of trust, and limited access. When counselors enact their social responsibility by advocating for this comprehensive approach, they can help decrease behavioral health disparities in Black and Hispanic communities during and post pandemics (Johnson-Agbakwu et al., 2022; Moreno et al., 2020; Sullivan et al., 2021; Wood, 2021).

Third, our recommendations may help to increase Black and Hispanic clients' use of mental health services in their communities both now and in the event of another pandemic. Our recommendations provide concrete steps for social justice action. Finally, behavioral health agencies must be flexible in changing their systems to accommodate clients and employees in Black and Hispanic communities. This flexibility will help maintain the consistency of behavioral health services in these communities so that clients can stabilize their own mental health.

### **Limitations and Future Directions**

Like all studies, our study had several limitations. First, since we used purposeful sampling rather than randomized sampling of organizational leaders in a specific geographical area, our results may not necessarily apply to other geographical areas and cannot be generalized to all Black and Hispanic communities. Second, the reliability and validity of the online survey we developed were not established, beyond being guided by the literature and community leaders. Third, our results were based on self-report and recollections of behavioral health providers and did not represent the perceptions of clients or actual data obtained from agencies. Fourth, we did not utilize self-reflective journals during the study to examine our personal assumptions and clarify our belief systems, thereby limiting the rigor and trustworthiness of our project. Finally, the effectiveness of our recommended innovative practices has not been established.

Based on these limitations, future research should use randomly sample behavioral health providers who work in Black and Hispanic communities during a pandemic. It also should administer outcome assessments that are valid and reliable and gather data directly from clients in Black and Hispanic communities who have received behavioral health services during the pandemic. Additionally, future research should measure the effectiveness of the practices we have recommended. The implementation of such studies could help to decrease the behavioral health disparities in Black and Hispanic communities during a pandemic and promote systems change.

## Conclusion

In an effort to address behavioral health disparities, our study aimed to identify barriers and emerging innovative behavioral health strategies used in Black and Hispanic communities in a large Southwestern city of the U.S. during the COVID-19 pandemic. We discovered that the barriers for clients were the fear of getting COVID, limited finances, misinformation or lack of trust, and limited staff. We also found emerging, innovative behavioral healthcare strategies encompassed (1) physical safety, (2) emotional safety, (3) accessibility via technology, (4) accessibility via transportation, (5) affordability via fee adjustment and funding, (6) leveraging resources, (7) availability via extra staff and extended hours, and (8) changes in agency procedures.


Our study embraced community collaboration, which represents the ACA Advocacy Competency (Lewis et al., 2003) domain of Collective Action to support Black and Hispanic groups. We encourage behavioral health leaders and providers to be social justice advocates by following our recommendations in the eight areas mentioned above. Doing so could potentially reduce behavioral health disparities both now and during another pandemic. Accomplishing this outcome has important implications for promoting systems change for behavioral health in Black and Hispanic communities.


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### Declaration of Interest Statement

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

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**Table 1**  
*Format of Work during COVID*

Timeframe	Solely Face-to-Face		Mostly Face-to-Face with Some Online		About Equal Face-to-Face and Online		Mostly Online with Some Face-to-Face		Solely Online	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Feb 2020 - July 2020	5	33.33	3	20.00	2	13.33	4	26.67	1	06.67
Aug 2020 - Jan 2021	4	26.67	2	13.33	2	13.33	4	26.67	3	20.00
Feb. 2021 - July 2021	5	33.33	1	06.67	5	33.33	2	13.33	2	13.33
Aug. 2021 - Jan. 2022	5	33.33	2	13.33	5	33.33	2	13.33	1	06.67
Feb. 2022 - Present	6	40.00	3	20.00	2	13.33	4	26.67	0	0

*Note.* Percentages across rows equal 100% to show different formats within one timeframe.

**Table 2**  
*Barriers Clients Experienced*

<b>Barriers</b>	Many Clients		Some Clients		None	
	<i>n</i>	%	<i>N</i>	%	<i>n</i>	%
Fear of getting COVID*	8	53.33	6	40.00	1	6.67
Limited finances (more of a problem than before COVID)	8	53.33	6	40.00	1	6.67
Misinformation or concerns about vaccinations or lack of trust	7	46.67	7	46.67	1	6.67
Limited number of staff due to COVID	7	46.67	5	33.33	3	20.00
Limited availability or access of meds, supplies, or vaccines	7	46.67	5	33.33	3	20.00
Lack of transportation (more of a problem than before COVID)	7	46.67	1	6.67	7	46.67
Having COVID	6	40.00	7	46.67	2	13.33
Government restrictions/lock downs	6	40.00	7	46.67	2	13.33
Long waiting lists (more of a problem than before COVID)	6	40.00	4	26.67	5	33.33
Job loss	5	33.33	7	46.67	3	20.00
Lack of childcare	5	33.33	5	33.33	5	33.33
Language barriers	2	13.33	8	53.33	5	33.33
No internet access**	2	13.33	6	40.00	7	46.67

*Note.* Percentages across rows equal 100%

\*Most prominent barrier; \*\*Least prominent barrier

**Table 3**  
*Effective Strategies*

Strategies	Effective		Somewhat Effective		Not Effective		Did Not Use	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Zoom/TEAM meetings for staff*	11	73.33	2	13.33	1	6.67	1	6.67
Telehealth or TeleCounseling (Zoom, Doxy.me)	10	66.67	5	33.33	0	0.00	0	0.00
Online/paperless forms	7	46.67	4	26.67	0	0.00	4	26.67
Telephone contact	6	40.00	5	33.33	2	13.33	2	13.33
Online education/info for clients	6	40.00	6	40.00	0	0.00	3	20.00
Personal Protective Equipment (masks, gloves, gowns, etc.)	6	40.00	6	40.00	1	6.67	2	13.33
Texts to clients	5	33.33	5	33.33	1	6.67	4	26.67
Partnerships & Collaboration	5	33.33	2	13.33	0	0.00	8	53.33
Communication software (CareSignal, CareMessage, etc.)	4	26.67	2	13.33	0	0.00	9	60.00
Artificial Intelligence or talk to text for medical records	3	20.00	0	0.00	0	0.00	12	80.00
Plexiglass or plastic dividers	3	20.00	3	20.00	2	13.33	7	46.67
Deliver supplies or medications to clients	3	20.00	2	13.33	1	6.67	9	60.00
Reduced frequency of services	3	20.00	3	20.00	2	13.33	7	46.67
Reduced fees	3	20.00	3	20.00	1	6.67	8	53.33
Drive through or in car services	1	6.67	2	13.33	0	0.00	12	80.00
Pop Up Clinics or Distribution Centers	1	6.67	2	13.33	0	0.00	12	80.00
Community canvassing/door-to-door	1	6.67	0	0.00	1	6.67	13	86.67
Reduced duplicate efforts by staff or restructured	1	6.67	3	20.00	1	6.67	10	66.67
Hired temporary or "floating staff"***	0	0.0	2	13.33	1	6.67	12	80.00

Note. Percentages across rows equal 100%

\*Most effective strategy; \*\*Least effective strategy

# Voices of Resilience: An Interpretive Phenomenological Analysis of BIPOC Counseling Student Researchers' Journey

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## Abstract

Research identity is a critical component of counselor education, yet little is known about the experiences of Black, Indigenous, and People of Color (BIPOC) graduate counseling students engaged in academic research. This interpretive phenomenological analysis study explored how BIPOC counseling students navigate research training, and examined systemic barriers, motivations, and factors that influenced their development as researchers. Using Interpretive Phenomenological Analysis (IPA) and semi-structured interviews, data were collected from 11 participants in CACREP-accredited programs. The analysis revealed four central themes and stages of researcher identity development: (a) Roots of inspiration, (b) Pathway to readiness, (c) Research in motion and (d) Grounded in growth. The results also suggested the need for more inclusive, equity centered research training in counselor education and offered recommendations for supporting novice counseling student researchers.

*Keywords: research identity, BIPOC graduate students, counselor education, interpretive phenomenological analysis*

## **Voices of Resilience: An Interpretive Phenomenological Analysis of BIPOC Counseling Student Researchers' Journey**

Prominent counseling scholars have called for more multicultural and social justice-oriented scholarship and noted the importance of all counseling scholars, regardless of their racial and cultural identities, being more intentional about engaging in multicultural research (Hays, 2020; O'Hara et al., 2021; White et al., 2024). However, due to systemic barriers in academic research, scholars of color have faced enduring challenges with engaging in and publishing their research (Bellin et al., 2022; Buchanan et al., 2021). Presently, there is a dearth of literature that centralizes the experiences of Black, Indigenous, and People of Color (BIPOC) counseling scholars' research training experiences. BIPOC counseling students have had disparate experiences in their programs, as compared to their White counterparts, due to their encounters with racism, microaggressions, and tokenism (Basma et al., 2019; Cisneros et al., 2021; Ferguson et al., 2023). In related fields, such inequitable experiences have included BIPOC students' challenges to access and engage in research (Park & Bahia, 2022). BIPOC counseling scholars are vital stakeholders who can advance the profession through their research; thus, it is imperative for their experiences engaging in research to be understood and documented in the counseling literature.

### **Literature Review**

As part of the 20/20 initiative, all divisions that were linked with the American Counseling Association (ACA) agreed to a shared vision for the future of the profession and a notable focus was, "expanding and promoting the research base of professional counseling" (Kaplan et al., 2014, p. 371). Research was central to advancing the counseling profession and supporting community stakeholders to understand how counselors were distinct from related fields such as psychology, social work, and psychiatry. Therefore, it was essential that counselors developed evidence-based research and best practices to serve their diverse clients and communities (Kaplan et al., 2014). Furthermore, research was a vital tenet of professional identity for counselors at both the master's and doctoral levels (Jorgensen & Duncan, 2015a; Jorgensen & Duncan, 2015b; Limberg et al., 2020; Stevens & Bhat, 2024). Thus, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) included training standards to encourage both master's and doctoral counseling students to apply, conduct, and disseminate research (CACREP, 2023, 3.H).

BIPOC graduate students and faculty continue to face underrepresentation, discrimination, and exclusion in the counseling field (Basma, et al., 2021; Hannon et al., 2024), making their navigation of counselor education programs challenging. The counseling profession is historically rooted in White Eurocentric values, practices, and theories (Counselors for Social Justice [CSJ], 2020), and a history of ambivalence with respect to addressing racial injustice within the field (Hannon et al., 2024). For example, Eurocentric counseling models such as person-centered or cognitive behavioral therapy have historically emphasized individualism and neutrality, which may conflict with the collectivist or communal values held by many BIPOC students and clients (Haskins & Singh, 2015). Additionally, counselor training texts and case studies often default to White cultural norms, limiting BIPOC students' ability to see their identities reflected or affirmed in the curriculum (Pieterse et al., 2023a). In addition to the experiences of a cultural mismatch, researchers found that BIPOC counseling students often encountered disparities in their support during training. These included less access to mentorship, fewer opportunities for research involvement, and the reduced availability of practicum placements compared to their White peers (Ferguson et al., 2023; Haskins & Singh, 2015). Such inequities significantly influenced the evolution of both their clinical and research identity (RI) development. Thus, counseling scholars must seek to understand the experiences of BIPOC students and professionals to ensure their inclusivity and equity in counselor training, with special attention to their experiences as budding researchers.

## BIPOC Counseling Students

Over the last 15 years, there has been a marked increase of BIPOC graduate students enrolling in CACREP-accredited programs (CACREP, 2023, 2024). While there is a growing amount of research emerging in counseling and psychology on BIPOC graduate counseling students (Basma et al., 2021; Brunσμα et al., 2017; Hannon et al., 2024; Haskins & Singh, 2015; Kim et al., 2025; Pieterse et al., 2023 a, b) there continues to be a limited understanding of their experiences as researchers. Current research has emphasized the unique challenges BIPOC counseling students faced in the classroom due to a notable lack of efforts to increase diversity in counseling programs (Clark et al., 2025; Lopez-Perry et al., 2021). These challenges included navigating racial microaggressions from peers or faculty, being the only student of color in classroom spaces, and receiving lower-quality mentorship due to implicit biases (Basma et al., 2021; Brunσμα et al., 2017). Such experiences often led to feelings of isolation and reduced academic confidence. While it is important to stress the challenges and resiliency of this population, to date, researchers in counselor education have not sufficiently explored the contributing factors related to the RI development of BIPOC counseling students.

Counselor educators and practitioners find direction from an array of scholarship in the academy as it informs academic training, clinical care, and community care in counseling (Gerig, 2018; Shure et al., 2020). However, research in the counseling field has traditionally lacked parity between Eurocentric frameworks and those from racially marginalized students, scholars, and clients (Gerig, 2018; Lopez-Perry et al., 2021). Racially marginalized counseling students and scholars have often encountered discrimination and limited faculty and institutional support, which directly undermined their counselor self-efficacy throughout their academic journey (Wade-Ball et al., 2024). In counselor education, BIPOC students have described being excluded from research teams or receiving fewer opportunities to publish compared to their White peers (Cisneros et al., 2021). Similarly, in a study of racialized and Indigenous graduate students in sociology, Park and Bahia (2022) found that participants were discouraged from pursuing culturally relevant research topics, with some faculty labeling their work as “too niche” or unsuitable for academic inquiry. Although their study was not situated in counselor education, the results reflected broader patterns of exclusion that BIPOC students face across disciplines. Accordingly, supporting BIPOC counseling students can bring more racial representation to scholarship and practice within the field (Hannon et al., 2024; Lopez-Perry et al., 2021).

There have long been challenges for students in adopting a RI in counselor education, as it differs significantly from the developmental focus of cultivating a clinical identity during master’s level training (Jorgensen & Duncan, 2015a; Jorgensen & Duncan, 2015b; Stevens & Bhat, 2024). RI is guided by one’s sociocultural identities, where one comes from, and how these factors impact one’s research interests (Pontretto & Grieger, 1999) yet, there is a dearth of research that examines the lived experiences, the research interests, and the RI development of BIPOC counseling student researchers.

RI research scholars have noted the importance of attending to RI development when counseling students were in their master’s programs, particularly given the negative perceptions students reported regarding research (Jorgensen & Duncan, 2015a; Jorgensen & Duncan, 2015b; Limberg et al., 2020; Stevens & Bhat, 2024). Jorgensen and Duncan (2015b) proposed a developmental model for master’s students’ RI which included three stages: (a) stagnation, (b) negotiation, and (c) stabilization. Students move through the stages (a) rejecting the idea of engaging in research to (b) transitioning to learning to appreciate and integrate research into their clinical roles, and finally (c) feeling more dedicated and recognizing the broader conceptualization of research (Jorgensen & Duncan, 2015b). These stages demonstrate that RI development occurs on a continuum and the goal is to integrate RI into professional counselor identity. However, this model was based primarily on White student samples, with little attention to how training disparities affect BIPOC students’ RI development.

Additional studies (Jorgensen & Duncan, 2015a; Stevens & Bhat, 2024) supported the observation that achieving a stable RI remained a challenge for counseling students at both master’s and doctoral levels. In their quantitative study, Stevens and Bhat (2024) surveyed 189 master’s level counseling students and published results

that confirmed Jorgensen and Duncan (2015a, b) findings, which showed lower rates of counseling student preparedness and perceived competency to conduct research. Similarly, in several studies about counseling doctoral students' RI, scholars found that doctoral students identified more strongly as practitioners than researchers, and they struggled to find their researcher voice and develop research self-efficacy (Borders et al., 2020; Lamar & Helm, 2017; Lamar et al., 2019; Limberg et al., 2020). While these studies show the importance of cultivating RI and the authors recommended strategies like research mentorship and tailoring counseling curriculum to infuse more research (Jorgensen & Duncan, 2015a; Jorgensen & Duncan, 2015b; Lamar & Helm, 2017; Limberg et al., 2020; Stevens & Bhat, 2024), they did not reveal how this process of RI development may look for BIPOC counseling students.

Counseling RI studies have been predominantly conducted with samples of White, female doctoral and master's students (Jorgensen & Duncan, 2015a; Jorgensen & Duncan, 2015b; Limberg et al., 2020; Stevens & Bhat, 2024). These samples are not representative of the experiences of BIPOC students who may hold other layered minoritized and intersecting identities and who navigate the counseling profession differently than their White counterparts. Similar to counselor education, the research enterprise operates in a system shaped by complex power dynamics. These dynamics influence the composition of research teams, the types of questions pursued, the content deemed worthy of publication, and the journals that determine what gets disseminated (O'Hara et al., 2021). To foster meaningful transformation and greater inclusivity for diverse scholars, counselor educators and scholars must approach research training as a systemic process, that is, one that requires critical reflection, intentional restructuring, and equity-centered practices. Therefore, this study aimed to address a gap in counselor education and supervision by investigating and better understanding the experiences of BIPOC students who engage in research. Our central research question was, *what are the lived experiences of BIPOC counseling students involved in academic research?*

## Methodology

We interpreted the lived experiences of BIPOC counseling student researchers by utilizing Critical Race Theory (CRT) and Interpretive Phenomenology Analysis (IPA). By integrating CRT and IPA, we examined the nuanced realities of BIPOC counseling student researchers and the broader socio-political contexts that impacted their experiences. CRT provided a lens through which to examine and challenge the systemic structures of power, privilege, and racism that shape the academic and professional landscapes for these students (Delgado & Stefancic, 2017; Hiraldo, 2010). Meanwhile, IPA allowed for an in-depth exploration of their subjective experiences, highlighting the essence of participants lived experiences as they reconcile their racial and ethnic identity while they cultivated their counseling RI. Together, this dual methodological approach provided a robust framework for understanding the intersectionality of race, identity, and systemic barriers ultimately centering and amplifying the voices of BIPOC counseling student researchers.

### Critical Race Theory

CRT centralizes the perspectives and experiences of BIPOC individuals through counter-storytelling (Delgado, 1995). CRT originated in the mid-1970s and expanded as an intellectual theoretical framework that examines how race and racism intersect with politics, law and culture (Delgado & Stefancic, 2017). The key tenets of CRT include acknowledging intersectionality, elevating counter-narratives of marginalized communities, showcasing race as a social construct and recognizing intersectionality as a layer of oppression. The application of CRT contextualizes the research experience of BIPOC graduate students within the larger historical, cultural, and social frameworks of higher education institutions in the United States. Moreover, integrating CRT into this study helped to illuminate systemic barriers that limited BIPOC graduate students' access to opportunities to conduct research and resources in CACREP-accredited counseling programs.

## **Interpretive Phenomenological Analysis**

We employed IPA as the methodologic approach in this study, which is grounded in phenomenology, hermeneutics, and ideography (Moustakas, 1994). IPA emphasizes a deep examination of personal lived experiences (Smith et al., 2022). The core aim for IPA is to explore how individuals make sense of their experience. Moreover, IPA engages both the researcher and participant in an active process of meaning-making (Smith et al., 2022). Finally, the idiographic nature of IPA is to thoroughly analyze each participant's experience individually before considering broader patterns across cases (Smith et al., 2022).

## **Researcher Positionality**

All authors of this article were members of the Counselors for Social Justice (CSJ) Research Committee. The research team was composed of an interethnic and multiracial group of doctoral students and counseling professionals, all of whom identified as BIPOC counselor educators and practitioners. Each author brought unique research interests centered on serving marginalized communities and challenging systems of oppression. The shared cultural and professional identities between the researchers and participants contributed to the process of double hermeneutics, a foundational element of IPA, wherein the researchers interpret how participants make meaning of their experiences (Smith et al., 2022).

The first author is an Afro-Caribbean Black male immigrant and full-time counselor educator who leads several research teams focused on BIPOC counseling issues. The second author is an African American female and counselor educator whose work amplifies the voices of marginalized populations across the counseling profession. The third author is a second-generation Asian American female and doctoral student with a strong commitment to research that supports communities affected by ableism and other forms of marginalization. The fourth author is a Latinx female and doctoral candidate whose research centers the experiences of gender and sexual orientation minorities. The fifth author is an Afro-Caribbean female, counselor educator, and practicing counselor whose scholarship spans spirituality, gender and sexual orientation, and the well-being of historically marginalized communities. The sixth author is a Black male counselor, doctoral candidate, and adjunct professor serving in various counseling programs. The final author is an Asian American female and doctoral candidate with research interests that include adoption-related microaggressions, clinical supervision, and the advancement of BIPOC counselor education.

## **Recruitment and Data Collection**

We conducted recruitment through the distribution of an Institutional Review Board (IRB)-approved flyer shared across counseling networks, including the National Board for Certified Counselors (NBCC), CSJ, and the Counselor Education and Supervision Network Listserv (CESNET-L). The authors also disseminated recruitment materials through their professional networks, social media platforms, and in their respective communities. Individuals who expressed interest in the study received an IRB-approved informed consent form outlining the study's purpose, objectives, and procedures. Respondents were informed that the study aimed to explore the lived experiences of BIPOC graduate researchers enrolled in CACREP-accredited counseling programs. They also were made aware of potential risks, including possible breaches of confidentiality and emotional or psychological discomfort when responding to questions. Participants were provided with mental health resources to support them in the event they experienced emotional distress during or after the interview process. They were informed that, although no monetary incentives would be provided, the benefits of participation included contributing to the existing literature, sharing about their lived experiences, and gaining insight into the research process from a participant perspective. Criterion and snowball sampling methods were used to recruit participants (Denzin & Lincoln, 2017).

Prospective respondents completed a demographic questionnaire through SurveyMonkey to confirm their eligibility for the study. Eligible participants who agreed to take part in the study completed a signed informed consent form prior to participating in a semi-structured 60-to-90-minute recorded interview focused on their

experiences as counseling student researchers of color. All interviews were conducted virtually on a secure passcode protected and HIPAA-compliant video conferencing platform. After each interview was completed, the recording was transcribed by Temi, a HIPAA-compliant third-party transcription service. The transcripts were then reviewed for accuracy and uploaded to Dedoose, a secure, password-protected online database.

**Researcher Interview Training.** All the researchers completed a 1-hour interview training led by the first author. The training covered the interview protocol developed by the first three authors, techniques for facilitating semi-structured interviews, how to ask open ended questions, and how to foster a safe environment. The training also included guidance on safety assessment, ensuring confidentiality, and crisis intervention if participants became emotionally distressed. All interviews were reviewed and confirmed by the first author to determine that they were conducted as intended. Following the initial analysis and review of the transcripts, each participant was invited to engage in member checking via email (McKim, 2023).

## Participants

We interviewed and collected data from a total of 11 participants. This number of respondents closely aligns with the recommended sample sizes of traditional IPA studies (Smith et al., 2022) before saturation was reached (Lincoln & Guba, 1985). The inclusion criteria for this study were master's and/or doctoral students enrolled in CACREP-accredited programs, with a research experience of a minimum of six months. Participants had to be proficient in the English language and identify as adults (18 years or older). The respondents also needed to self-identify as a BIPOC. Confidentiality was prioritized throughout the study. Participants selected pseudonyms, and all transcripts and associated materials were de-identified and securely stored. Respondents represented a range of educational levels, with 81.8% identifying as doctoral students and 18.2% as master's students. The sample was racially and ethnically diverse: 45.5% identified as African American, 18.2% as Asian Indian, and the remaining participants identified as African-Nigerian (9.1%), Middle Eastern–Arab (9.1%), Asian (9.1%), and Biracial (9.1%). In addition, participants' gender expression included 27.3% males and 72.7% females. Participants also reported varying levels of research experience, ranging from six months to six years. See Table 1 for additional participant details.

## Data Analysis

As stated earlier, we employed IPA guided by CRT to explore the lived experience of BIPOC graduate counseling student researchers. The use of IPA allowed for an in-depth exploration of individuals' experiences, while CRT provided a framework to critically examine how systems of race, power, and oppression shaped participants' experiences. To start, the first author who was trained and had extensive experience in qualitative research, facilitated a research team orientation and training on IPA and data analysis software. The qualitative data analysis software Dedoose was used to manage, organize, and analyze the data. All team members engaged in a 1-hour training led by the first author and was provided additional dedoose instructional videos to ensure consistency and alignment when engaged in the data analysis. The first, second, and third author reviewed all coded interviews to ensure consistency.

Following the completion of data collection, the research team adhered to the IPA data analysis protocol (Smith et al., 2022). Before engaging in the analysis process selected research team members were assigned to dyadic teams and specific interviews. Each dyad was responsible for reviewing and coding at least 2 interviews. Team members began by independently reviewing initial interviews and compiling exploratory notes. The exploratory notes focused on three key domains, that is descriptive (what the participant said), linguistic (how it was said), and conceptual observations, that is, the underlying meaning and assumptions (Smith et al., 2022). This inductive process allowed the team to remain grounded in participants' narrative while identifying nuanced expressions of their experience.

Following the exploratory notes phases, research team members collectively worked to identify emergent themes which were then clustered to capture the essence of participants lived experience (Smith et al., 2022).

These themes were interpreted with a critical attention to the sociopolitical context and racialized realities of graduate counseling student researchers.

After creating exploratory notes and establishing initial codes, the dyad partners met to compare their coding decisions and refine emergent themes. This process supported reflexivity and fostered collaboration. Throughout the data analysis process the full research team met regularly to synthesize results, identify superordinate or experiential themes across all participants (Smith et al., 2022). To ensure rigor, bracketing was practiced individually and collectively (Moustakas, 1994). Team members engaged in reflective journaling, dyadic processing, and full-group discussions to identify and manage personal biases, fostering openness to participants' perspectives. When disagreements emerged, they were brought to the full team for discussion, allowing for collective processing and the development of shared understanding. The final phase of analysis involved merging themes across all the interviews to construct a comprehensive and critically informed understanding of the phenomenon. Through sustained dialogue, iterative coding, and the application of a CRT framework, the team produced a rich, layered interpretation of the research experiences of BIPOC graduate counseling students.

### **Trustworthiness**

To ensure trustworthiness, the team engaged in bracketing throughout the process (Moustakas, 1994), intentionally setting aside preconceived assumptions to enhance openness and minimize bias. The researchers practiced both individual and group bracketing, which included journaling and processing thoughts and feelings during dyadic meetings as well as in larger team discussions. The team's diversity provided varied perspectives, strengthening the validity of the study's results. Therein, throughout each phase of the research process, the team openly discussed potential biases. As a research team, we consistently shared our feelings, thoughts, and concerns related to the data. This ongoing dialogue fostered a collective learning experience and a transformative process, as we continuously prioritized the safety and well-being of participants while remaining focused on addressing the guiding research question. Triangulation through multiple researchers and sources ensured transparency and accuracy in analyzing and reporting the data (Creswell & Creswell, 2018).

We also incorporated member checking with the participants as a strategy to enhance trustworthiness (McKim, 2023). This process took place through virtual interactions, during which participants received executive summaries via email. These summaries included a description of the data analysis process and the preliminary emerging key themes. Participants were invited to offer critiques, feedback, note any incongruences, or provide additional insights via email or by scheduling a follow-up interview. Several participants responded acknowledging their gratitude for seeing the preliminary findings, while others did not respond to our outreach. No respondent elected to participate in a second interview.

## **Results**

Our results illuminate the themes that participants identified as central to their development as emerging researchers. Through comprehensive analysis of the lived experiences of the BIPOC counseling students, four core themes emerged in response to the research question: (a) Roots of inspiration, (b) Pathway to readiness, (c) Research in motion and (d) Grounded in growth. Together, these results offer a nuanced understanding of how BIPOC students navigate the complexities of academic research engagement.

### **Roots of Inspiration**

The first theme was roots of inspiration. This theme is described as the lived experiences, individuals, places or things that served as motivating factors for participants' engagement in research. The roots of this theme are central to participants cultivating their RI as BIPOC counseling students. Participants drew attention to early academic experiences as foundational to their research aspirations. Interviewees discussed their interest in research emerged from a blend of curiosity, personal development, and a commitment to enacting meaningful change. For many participants, their research inspiration was deeply rooted in their identities as BIPOC counseling

students. Many respondents expressed a strong interest to address gaps and limitations of representation in the counseling research, contribute to their communities, and challenge systemic inequities that exist. For instance, Kayla (African American, Master's Student), reflected on representation in the counseling research field served as a source of inspiration. Kayla stated:

Being able to connect with Black professionals and seeing others who look like me succeed helps me believe that I can get there too...When I interviewed people who were minorities or looked like me, I felt an even deeper motivation—'Oh my gosh, yes, I want to do it!

Kayla's reflections were one of many that underscored how roots inspiration can be both personal and socially driven, motivating participants to explore research as a means of shaping the future. Similarly, Shawn, (Nigerian, Doctoral Student) shared, "I wasn't planning to be a researcher... I always wanted to be a counselor. I think I realized that studying research was in my path. It helped me build my spoken English skills, written skills... I discovered myself." Similarly, Jasmine, (African American, Doctoral Student), echoed this sentiment in her statement "Trying to find the unknown answers to questions... If I can help one person at a time, that will help with the community in the larger population." Similarly, Dakota (African American, Doctoral Student) also reflected on how her research was motivated by a commitment to increase representation and safety in the mental health field:

I mean, Black women make up what, definitely less than 10% of education. So when we're talking about counseling in the mental health field, it's not many Black people anyway. So understanding how that's important for our community, and what am I gonna do to give back... [I am] just making sure we are creating more people that look like us in the field so we can have better, safer mental health experiences.

Participants' reflections illustrated that roots of inspiration can be connected to intellectual curiosity, self-discovery, identity affirmation, and the pursuit of knowledge as a form of advocacy. For these BIPOC counseling students, research becomes a pathway for personal empowerment and social change, strengthening their commitment to academic scholarship.

### **Pathways to Readiness**

All participants reflected on their transition from inspiration to preparing to engage in research. They described pathways to readiness as acquiring knowledge, developing practical skills, and cultivating the mindset necessary for scholarly engagement. For many of them, pathways to readiness included both intellectual and psychological preparations, which supported them in approaching research with confidence and resilience. Heer, (Asian Indian, Master's Student) for example, discussed how her readiness involved not only developing research knowledge and skills, but also learning how to care for herself in the process:

Definitely academically comes up as doing review of literature on the topic and knowing what kind of research or design I want to use. If I don't know it well, first trying to fill that gap. And then I would say physically, I started to understand that initially I was so inspired to do research, and I was like, this is something I have to do. That it became this process where I was doing too much without noticing my health. And then through the help of a therapist, an expressive therapist, who told me how to come back to my body and notice the signs of exhaustion. I used to work on these remote research projects two to three at a time. Sitting on my laptop, just like she told me how to notice the dryness of my eyes or how there is a pain in my shoulder. I feel like I had to then prepare how to set boundaries and how to take care of myself. So I think physically and mentally, that was the whole process.

Heer's reflection, like those of many participants, illustrated how pathways to readiness often required attending simultaneously to academic preparedness and to one's mental and physical well-being, pointing out the dual demands of research socialization.

### ***Intellectual Preparation***

The next sub-theme, intellectual preparation, was viewed as the process of recognizing gaps in the literature and identifying the areas participants would like to contribute to academic research. While many students embraced intellectual preparation with enthusiasm, others experienced tension between the expectations of research and their personal academic trajectories. This dissonance shed light on the varied ways participants navigated intellectual growth. Shawn described how the process of intellectual preparation sometimes created tension, as engaging deeply with research changed the way he interpreted information. Shawn shared,

One thing that always helped me is to read... It informs you about challenges, about people's experiences in the articles or posts, and what is really going on. I've always studied widely. Not just counseling. I studied science and other fields to understand everything that is going on before embarking on any research. Before I identify a problem, I'm able to defend that problem.

While this broad knowledge base strengthened his research confidence, it also created moments of tension when navigating interdisciplinary perspectives and defending research positions.

Conversely, some participants found that intellectual preparation created a sense of pressure, as they sought to balance research expectations with other academic and professional responsibilities. Giselle (African American, Doctoral Student), however, emphasized how intellectual preparation extended beyond general research skills, allowing her to engage meaningfully with issues relevant to African American mental health: "I'm always reading... Anything dealing with how our mental health is impacted by racism, I'm glued to it." For Giselle, reading served as both an academic tool and a deeply personal bridge to broader issues of systemic oppression and resilience in research. Her experience shows that intellectual preparation extends beyond mastering techniques and into intentionally anchoring one's scholarship in lived experiences and the realities of systemic injustice.

Another student, Vedmak (African American, Doctoral Student), highlighted his excitement drove his intellectual preparation, he stated,

I think it's the enthusiasm for it.. I always tease— you know a researcher when they see an article and immediately start highlighting things on the reference page because they go, 'Oh, I wanna follow up on that, that's a good point.'"

This proactive approach to intellectual engagement solidified participants' identities as emerging scholars, equipping them with the tools to contribute meaningfully to academic discourse.

### ***Psychological Preparation***

Another sub-theme of pathway to readiness was psychological preparation. Psychological preparation was seen as the incorporation of mental and emotional practices to help initiate the research experience. Participants experienced psychological preparation differently, while some struggled with motivation and belonging, others saw it as an opportunity to build endurance in academia. Research, particularly for BIPOC students, often involved navigating uncertainty, systemic barriers, and the mental and emotional demands of academic inquiry.

For instance, Mariam (Arab, Doctoral Student) described the necessity of setting realistic expectations. She reported: "I know research isn't my absolute top, but I value it. Setting realistic expectations helps, this is a marathon, not a sprint." This participant's experience brought to the forefront that research preparation involves acquiring technical skills, managing expectations, and maintaining long-term engagement in academia, especially for students navigating intersecting academic and cultural pressures. For some, psychological preparation was empowering, providing the mental fortitude to persist. Others, however, described moments of uncertainty, where

the demands of research made them question their place in academia. For example, Dallas (Biracial, Doctoral Student) stated:

“When it comes to research, it was really intimidating for me and awkward. And so, I did reach out to the people that I trusted first... then was like, okay, this is, this is good... I'm validated. I am good enough, I can do this. moving through my minor stuff about myself, first helped me to seek mentorship”

Dallas' reflection showcased the emotional labor of navigating underrepresented identities in research spaces. This process of adaptation is crucial in developing a sense of belonging in research spaces. For participants in this study, developing mental fortitude allowed them to persist despite challenges, reinforcing their commitment to research.

The combination of intellectual and psychological preparation, rooted in the initial stages of research inspiration laid the groundwork for participants' ability to fully engage in research. This process solidified their understanding of research and empowered them to transition into the next phase of the researcher identity development.

### **Research in Motion**

All participants described the uniqueness of being a BIPOC person actively engaging in research. In this stage, they advanced their initial inspiration to practical application, confronting the challenges of conducting research in real-world settings and deepening their rooted identities as researchers. This stage moves beyond theoretical learning and skill acquisition, requiring students to actively design, conduct, and analyze research in structured academic settings. The shift from inspiration to practice marked a defining moment in their researcher identity and reinforced the significance of initiative, adaptability, and perseverance in the research process.

For example, Jessica (Asian, Doctoral Student) reflected on this transition, stating, "I take charge of my own learning by researching existing literature and seeking guidance from my advisor, even when I feel limited in knowledge or tools." Her experience affirmed the necessity of self-advocacy in gaining research opportunities and securing mentorship. Similarly, Mariam (Middle Eastern, Doctoral Student) emphasized intentionality in selecting research projects, noting, "Some people take any opportunity just to gain experience, even if the topic doesn't interest them, but I wanted to be intentional. I sought research projects that aligned with my interests and allowed me to learn from mentors I admired."

Respondents also encountered challenges in asserting themselves in research spaces. Navigating power dynamics, particularly when taking on leadership roles, required both confidence and persistence. Sam (Asian Indian, Doctoral Student), who served as a principal investigator, described these complexities: "As the only person of color on my research team, I had to assert my leadership while navigating power struggles with my supervisor, whose dominant approach led to difficult but constructive discussions." This experience illustrated how research in motion often demanded more than intellectual readiness, it required participants to advocate for their contributions and establish their legitimacy in academic settings.

However, the transition into active research had its challenges. Respondents engaged in an ongoing process of refining their technical skills, revisiting their research approaches, and contributing to scholarly knowledge. Shawn reflected on the process of refining research skills and contributing to the field, stating,

I want to revalidate it, present it, and publish it. Right now, I'm analyzing data to improve the study's relevance. Engaging with peers helps identify skill gaps, refine work, and contribute to knowledge. Publishing allows others to build on it, research is bittersweet because there's always room for improvement, but that's how growth happens.

His reflection demonstrated how the research process is iterative, requiring ongoing reassessment, skill development, and an awareness of one's contribution to the academic community.

Participants also emphasized the importance of adaptability and persistence when confronting the unpredictable nature of research. Mariam explained, "Research isn't always neat; it's messy. You have to be flexible, learn how to adapt when things don't go as planned, and keep pushing forward. That's when you really grow as a researcher." This insight exemplified that research in motion is all encompassing, that is, executing a study, setbacks, refining approaches, and learning through experience.

Ultimately, engaging in research deepened participants' sense of their researcher identity, reinforcing their confidence and commitment to scholarly inquiry. This phase marked the moment when research ceased to be an abstract concept and became a lived reality, requiring both intellectual and psychological resilience. As students progressed, the lessons learned in this phase enhanced their growth as budding researchers, signaling a shift toward increased confidence and independence in their scholarly work.

### **Grounded in Growth**

Many of the respondents described reaching a level of research self-efficacy in their development. This final theme of grounded in growth reflected participants' growth mindset in the research experience, highlighting their belief in their abilities as scholars, and their abilities to navigate obstacles and overcome both personal and systemic challenges. As students advanced in their research journey, many began to see themselves as active agents in their research capable of asserting their knowledge within the academic community. Shawn's reflection, "At first, I wasn't sure if I belonged in research. But with each study, my confidence grew," encapsulated the trajectory of moving from self-doubt to a growing sense of competence and research identity. Similarly, Kayla's perspective further emphasized this evolving growth:

"I think with research, I love being able to kind of dive right in and being able to see those numbers come to life... I think that's something that I'm really passionate about. I love being able to connect with other people or like being able to see it from each perspective of this is how research was in the past and how we are presently and what are the things that we can change? What are the things that we can influence?"

Kayla's reflection showcased the enthusiasm and passion that informed her research journey. Feelings of empowerment supported respondents to continue to assert their belonging in research spaces, overcome obstacles, and solidify their identities as researchers. Their experiences growing in their RI was a dynamic, fluctuating process that intertwined with their earlier stages of roots of inspiration and research in motion. The non-linear experience of RI development reveals the complexity of their identities as BIPOC counseling student researchers was shaped by ongoing learning, mentorship, and personal reflection.

## **Discussion**

This study explored how the racial and ethnic identities of counseling student researchers influenced their RI development, expanding on existing literature and calling attention to the disparities in counselor education for students of color (Basma et al., 2021; Park & Bahia, 2022; Pieterse et al., 2023b). Results revealed the importance of BIPOC graduate researchers' lived experiences and emphasized that counselor education honor the pluralistic and diverse perspectives these researchers bring to counseling education and supervision. Moreover, this study highlighted a transformative process that affirms identity, cultivates voices, and fosters a sense of purpose.

### **Cultivating BIPOC Counseling Student Researcher Identity**

Like prior research, our participants described a non-linear journey, where their progression as researchers oscillated between stages of inspiration, preparation, and application (Jorgensen & Duncan, 2015a; Jorgensen & Duncan, 2015b; Stevens & Bhat, 2024). This process reflected the dynamic nature of developing RI, shaped by both personal and academic experiences (Pontretto & Grieger, 1999). Participants shared that their research aspirations were often ignited by a desire to address gaps in representation and contribute to their communities.

This motivation underscored the powerful intersection of racial identity and scholarly engagement, and aligned with Pontretto and Grieger (1999) assertion that RI is deeply shaped by sociocultural backgrounds. Our results suggested that RI development was not just a professional shift but also a personal evolution, deeply intertwined with a sense of purpose and commitment to social justice.

Pathway to readiness emerged as a central theme in participants' narratives, illuminating the psychological and intellectual preparation necessary for BIPOC counseling students to meaningfully engage in research. Participants frequently spoke to the mental and emotional toll of navigating the research process, noting that the challenges they encountered extended beyond individual effort. For instance, a few participants described psychological and emotional distress as a barrier to them engaging in academic research and choosing to distance themselves despite the consequential impact on their career development. These difficulties were often rooted in broader systemic inequities in academia that have historically marginalized BIPOC voices and contributions (Buchanan et al., 2021). While earlier research noted the growing population of racial and ethnic minority counseling students (Basma et al., 2021; Brunσμα et al., 2017; Hannon et al., 2024; Haskins & Singh, 2015; Kim et al., 2025; Pieterse et al., 2023 a, b) and the unique challenges BIPOC students may experience in the classroom (Clark et al., 2025; Lopez-Perry et al., 2021), many researchers have yet to explore the emotional toll experienced by BIPOC counseling student researchers as they engage in the research process. Respondents described the emotional burden of navigating layered inequities in academia and emphasized strategies like boundary-setting, pacing, and self-care to protect their well-being. These practices were crucial for managing pressures in a system not designed to support them. Consistent with Wade-Ball et al's., (2024) findings, over time, many participants gradually developed greater stability and self-efficacy as they became more comfortable and engaged in their roles as researchers.

Similar to Shure et al., 2020, our results reinforced the importance of addressing the systemic barriers that disproportionately impact BIPOC students in academia. To advance structural change in the counseling profession, Bayne et al. (2024) emphasized the critical role of White counselor educators in demonstrating allyship towards BIPOC students and faculty. One way that White allies can display their solidarity is to leverage their racial privilege and collaborate and empower budding BIPOC scholars to lead research inquiries, as opposed to taking the lead themselves (Bayne et al., 2024). Allyship is particularly important given the scarcity of scholarship examining racially minoritized communities across academic disciplines, and this lack of representation in the literature affects the pipeline of BIPOC scholars who produce and publish research (Buchanan et al., 2021). Thus, it is imperative that counselor educators and research supervisors ensure they are using equitable practices in their research training (O'Hara et al., 2021) to bolster the RI for BIPOC students.

Participants reflections about their emotional and systemic challenges reflected the compounding effects of multiple marginalized identities, not just racial identity alone. Although our study did not explicitly examine intersectionality during data collection and analysis, respondents' descriptions of their emotional burden, systemic exclusion, and self-preservation revealed the broader impact of layered marginalization. While Crenshaw's (1989) concept of intersectionality functions as a standalone framework, it also aligns closely with a broader emphasis on the interconnectedness of social identities and systems of oppression (Delgado & Stefancic, 2017). Future research should actively explore how gendered and class-based dynamics further complicate BIPOC students' access to and engagement with research opportunities in counselor education.

### **Implications For Counselor Education and Research**

Several key implications emerged from this study to guide counselor educators in their efforts to empower and uplift novice researchers during the early stages of their academic journey. It is imperative for counselor educators to develop a research culture that recognizes and addresses the specific needs of BIPOC researchers as they cultivate a RI. This includes curating intentional spaces for BIPOC counseling students' access to research opportunities, tending to the multifaceted need of students with intersectional marginalized identities,

encouraging emotional expression, and fostering a sense of community. In alignment with existing research, many participants in this study emphasized the critical role of mentorship in their development (Jorgensen & Duncan, 2015a; Jorgensen & Duncan, 2015b; Limberg et al., 2020; Stevens & Bhat, 2024).

Counselor education programs should consider implementing an interphase peer mentorship program, pairing advanced student researchers with novices to support both skill development and community building. Such programs can offer BIPOC counseling student researchers' meaningful opportunities for fostering fellowship and connection. Additionally, cultivating an environment that encourages self-directed learning is essential. By actively seeking out resources and growth opportunities, novice researchers can strengthen their researcher identities and confidence.

In addition to program-level efforts, professional organizations such as ACA, ACES, and CSJ can deepen their support for BIPOC student researchers through intentional pipeline investments, including early-stage research funding, travel scholarships, and professional development grants tailored. Our results revealed the need for identity-affirming communities and structural support. Sustaining and expanding these efforts, alongside a commitment to institutional accountability, may help reduce BIPOC students' inequities in research access, visibility, and authorship. This aligns with broader critiques in counselor education that challenge the profession's complicity in upholding systemic barriers such as Whiteness in research mentorship, gatekeeping in publishing, and a lack of structural responses to racialized exclusion (Counselors for Social Justice, 2020; Wilcox et al., 2022). Addressing these barriers requires moving beyond individual-level interventions toward systemic transformation in research training, authorship practices, and leadership structures across the profession.

Future research examining how systemic challenges shape RI development for BIPOC counseling students could benefit the profession, by ensuring a more diverse array of research topics that are multicultural in nature (O'Hara et al., 2021) and that focus on BIPOC researchers themselves. It is vital that future studies explore strategies of counselor educators to support, mentor, and enhance the RI development of BIPOC counseling student researchers. Future research also should examine how intersecting systems of oppression, such as racism, sexism, homophobia, and classism, shape this developmental process. Understanding how these layered identities influence access, mentorship, and belonging can further inform equitable practices in counselor education. Additionally, there is limited research focused on BIPOC international student researchers in CACREP-accredited counseling programs. Expanding this area of research could illuminate their distinct needs and assist counseling programs to identify more effective ways to support these students.

### **Limitations**

As is common in qualitative research, the use of a small, purposefully selected participant pool and despite the rigor applied throughout the research process, may limit the generalizability of our results (Creswell & Creswell, 2018; Denzin & Lincoln, 2017). Furthermore, participants represented specific racial and ethnic identities, which may not encompass the full spectrum of experiences among BIPOC counseling student researchers. In addition, the majority of participants were located in the South, Southwest, and Midwest regions of the United States, potentially limiting the applicability of the findings to those in other geographic areas.


### **Conclusion**


In conclusion, our study amplifies the voices and experience of BIPOC counseling student researchers, contributing to the ongoing discourse on social action-oriented scholarship in counselor education. Our study also affirmed the need for more intentional, equity-focused approaches to research training that validate and uplift the contributions of BIPOC scholars. Addressing these disparities is necessary for supporting the success of BIPOC counseling students and advancing the counseling profession to truly reflect the diverse society we serve.

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**Declaration of Interest Statement**

We have no conflicts of interest to disclose at this time.

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**Table 1***Participant Demographics*

Alias	Cultural Identity	Gender Identity	Student	Carnegie Classification	Research Methodology	Years of Experience
Heer	Asian - Indian	Female	Master's	R2	Qual, Quant	6 years
Giselle	African- American	Female	Doctoral	R2	Qual	3 years
Shawn	African - Nigerian	Male	Doctoral	R2	Qual, Quant	6 years
Jessica	Asian	Female	Doctoral	R2	Qual, Mixed Methods	7 months
Vedmak	African- American	Male	Doctoral	R1	Qual	6 months
Mariam	Middle Eastern	Female	Doctoral	R1	Qual, Quant	14 years
Dakota	African- American	Female	Doctoral	Unclassified	Qual, Quant, Mixed Methods	4 years
Kayla	African- American	Female	Master's	Unclassified	Mixed Methods	4 years
Sam	Asian-Indian	Male	Doctoral	R1	Qual, Quant, & Mixed Methods	4 years
Dallas	Biracial	Female	Doctoral	R1	Not Reported	2 years
Jasmine	African- American	Female	Doctoral	Unclassified	Qual, Quant	6 years

*Note.* Qual = Qualitative; Quant = Quantitative