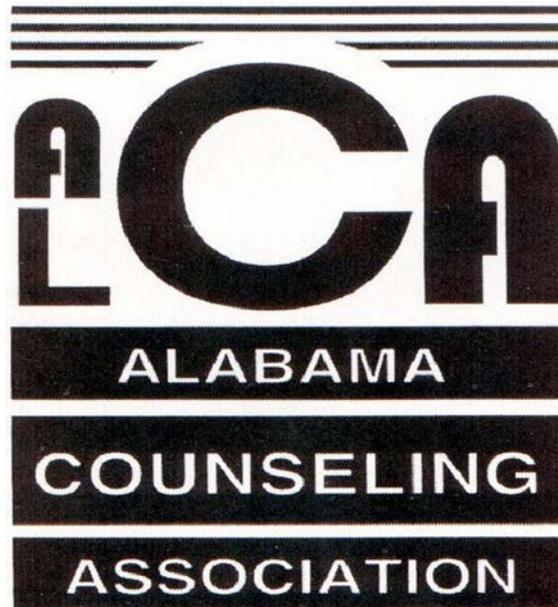# The Alabama Counseling Association Journal

- Enhancing human development through the lifespan
- Promoting public confidence and trust in the counseling profession
- Caring for self and others
- Acquiring and using knowledge
- Respecting diversity
- Empowering leadership
- Encouraging positive change

Letter from the Editor

Welcome to the Spring 2018 edition of The Alabama Counseling Association Journal. This Journal presents a variety of issues and potential solutions effective to counselors in helping consumers.

There are so many current issues impacting the counseling profession including Using Hip-Hop Culture and Rap Music in Counseling Black Men.

Black men continue to be highly stereotyped and stigmatized in American society. Hip-Hop culture and rap music uniquely reflect the aspirations and frustrations of Black men who must confront microagressions, sociopolitical disadvantage, and marginalization in their daily lives. In the January 2018 issue of the *Journal of Counseling & Development*, author Ahmad Rashad Washington proposes that counselors can effectively use rap music with Black male clients who identify with Hip-Hop culture to facilitate discussion about the social injustices they face. In the article "Integrating Hip-Hop Culture and Rap Music Into Social Justice Counseling With Black Males" Washington presents a brief history of Hip-Hop culture, examples of how rap music has been used therapeutically, and a vignette illustrating how counselors might effectively use rap music with Black male clients.

Dr. Eddie Clark

Editor

TABLE OF CONTENTS

Claudia K. Calder, Evelyn A. Hunter, Melanie M. Iarussi, Ashely B. Brown Donielle M. Curry, & Shanel B. Robinson

Auburn University

Rodney J. Maiden & Lynn Boyd

Troy University

Amanda M. Evans, Courtney East, Brandee Appling, Steven Wright, & Jason Branch

Auburn University

Denise Carr-DeRamus

Alabama Department of Corrections

Charlotte Daughhetee, Laura Bloom, & Maegan Vick

University of Montevallo

Sarah McCausland Flint

Auburn University

Knowledge, Awareness, and Skills:
The Missing Component in Multicultural Competency Training

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Abstract

Given the necessity of the development of multicultural skills, this study sought to assess the perceived multicultural skills competence of counselors in training and early career counselors (i.e. less than 10 years of experience). The aim of the research was to assess specific multicultural competencies (knowledge, awareness, and skills) among counseling trainees and early career professionals (n=125). Additionally, we explored whether openness to diversity and diversity experience predicted multicultural competency development. Results indicated a significant difference in multicultural awareness among early career professionals as compared with trainees, but no differences in skills and knowledge domains. Additionally, diversity experience was found to predict multicultural knowledge and skills, while openness to diversity predicted multicultural awareness. Significant differences were also found in multicultural awareness and multicultural knowledge based on ethnicity. Implications for these findings include increased attention to the development of specific multicultural skill domains in counseling trainees, as well as the benefit of including diversity experiences as a component of multicultural courses for counseling trainees.

The population continues to diversify, increasing the likelihood of counselors working with clients from differing multicultural backgrounds. Cultural competence will be as critical in the current landscape of mental health treatment as theoretical competence. Understanding the worldviews of clients and working with clients from their cultural perspective are prominent factors when providing adequate and essential treatment. Beyond providing appropriate services, Sinacore et al. (2011) noted that ignoring the cultural identity and life circumstances of a client can be harmful, further emphasizing the importance of culturally competent work. Recognizing how imperative attention to cultural factors are to the counseling process, counselor trainee programs are evolving to instruct students in critical thought about personal culture, biases and privileges, as well as teaching general awareness of the cultural dimensions that influence clients (Collins, Arthur, & Brown., 2015).

The study of multicultural competence and the development of multicultural counseling competence, has been given much attention over the years (e.g. Vereen, Hill & McNeal, 2008), leading to content on culture and diversity being including in the code of ethics and accreditation standards across counseling training programs. The 2014 American Counseling Association (ACA) Code of Ethics (2014) refers to multicultural training under Section F: Supervision, Training, and Teaching. The subsection "F.7.c Multicultural Issues/Diversity in Supervision" states that counselor educators should "infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors." (p. 14). In addition, Section 2: Subsection F.2 "Social and Cultural Diversity" of Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) standards requires counselor educators to document where they are covering content on "theories and models of multicultural counseling, cultural identity development, and social justice and advocacy" (II. F.2.b) and

"multicultural counseling competencies" (II. F.2.c). Furthermore, the American Psychological Association (APA) has repeatedly mandated that psychologists strive to increase their competence to work with culturally diverse populations (e.g., APA, 2003) and most professional organizations related to human services and helping professions emphasize diversity or multicultural competence as fundamental element of their ethical codes (e.g., American Association for Marriage and Family Therapy (2015), National Association of Social Workers, (2017).

The inclusion of diversity content has likely been due to growing awareness of multicultural characteristics beyond race and ethnicity (e.g., ability/disability status, sexual orientation, gender identity, and more), the need for improved therapeutic outcomes for diverse clients, recognition of disparities in mental health and the underutilization of mental service by marginalized populations, and increased interest in welfare of society (Fouad & Arredondo, 2007). As a result of these highlighted needs, there has been a growing need for counselors to demonstrate multicultural skills competence specifically. Therefore, as the shift towards the acceptance of cultural variables as an essential consideration in counseling training occurs, counselor educators must focus on closing the gap between instructing students to have inclusive cultural attitudes and knowledge and training them to apply this information in their roles as counselors (Collins et al., 2015).

Dimensions of Multicultural Competence

The characteristics essential to the development of multicultural competence counselors are divided into three dimensions: (a) beliefs and attitude (often regarded as awareness), (b) knowledge, and (c) skills (Sue, Arredondo, & McDavis, 1992). The first addresses counselors' beliefs about and attitudes toward people of varying diverse backgrounds. The second recognizes

that a culturally competent counselor is knowledgeable about the cultural group they work with, factors affecting the therapeutic relationship, and their own worldview (especially biases that may impact the work). The last dimension deals with specific skills and strategies needed to effectively work with groups of varying diverse backgrounds. Overall, these dimensions represent the components counselors in training need to develop to form effective counseling relationships with clients.

Multiple studies have demonstrated the importance of multicultural knowledge, awareness, and skill in the counseling relationships. For instance, studies indicate that clients prefer counselors who are aware of their personal racial/culture heritage, knowledgeable of barriers affecting utilization of counseling services, and skilled in intervening on behalf of clients (Fraga, Atkinson, & Wampold, 2004). Therefore, for counselors in training to by effectively prepared for the multicultural work environment, these three dimensions must be directly addressed in training received in counselor training programs.

Multicultural Training

Objectives of multicultural training models are typically rooted in the development of awareness, knowledge and skills (McRea & Johnson, 1991). Researchers have found a positive relationship between diversity related training and reduced prejudice and increase empathy (Gurin, Nagda, & Lopez, 2004) and increased cultural awareness and appreciation (Keen & Hall, 2008). Result from a study conducted by Bowman (2011) indicated that diversity experience such as racial awareness workshops increases cultural awareness provide. Other research on diversity experience highlights that interaction with diverse peers can facilitate growth in cultural awareness (Antonio, 2001) and an encouraged greater racial and cultural engagement (Denson & Chang, 2009).

Studies suggest that the exposure to multicultural awareness in terms of educational and clinical experiences can impact counselors level of multicultural competence (Collins et al., 2015; Cates, Schaefle, Smaby, Maddux & LeBeauf, 2007). Therefore, in keeping with training standards graduate counseling programs implemented different ways to address multicultural training to include: (a) separate course approach (Pieterse, Eans, Risner-Butner, Collins, & Mason, 2009) or (b) infusing multicultural training into other courses (D'Andrea & Daniel, 1991). It appears, however that the single-course approach is the tool primarily used for multicultural training across programs (Pieterse et al., 2009). In this approach, the graduate program implements at least one course in which the course content and curriculum experience is centered around cultural foundations and multicultural issues (Vereen, Hill & McNeal, 2008).

Many scholars have explored the effect of a single multicultural course approach to developing multicultural counseling competence (e.g. Kagnici, 2014; Pieterse et al., 2008; Castillio et al., 2007) and results indicate that counselors in training may gain multicultural competence upon completing these courses. Malott (2010) conducted a review of empirical literature, examining outcomes related to the single course approach and concluded that researchers demonstrated that a single multicultural course positively affects the awareness and knowledge variables related to multicultural competence. Other studies on the single multicultural course model found similar results with regard to the contribution to multicultural awareness (Kagnici, 2014), and that these gains in multicultural competencies were sustained following graduation.

Although the single multicultural cultural course approach is utilized in many graduate programs as a mean to multicultural competence training, and has proved to contribute to the awareness and knowledge dimension of multicultural counseling competence, the skills

dimension has been neglected. Several studies indicate significant increase in multicultural awareness and knowledge from the single course model, but not significant changes in multicultural counseling skills (Collins et. al., 2015). Furthermore, Pieterse et al. (2009) conducted a content analysis of 64 multicultural course syllabi to understand the content of contemporary multicultural courses. Results showed that over 84% of the syllabi emphasized knowledge, 41% emphasized self-awareness and 12% emphasized skill development. This further highlights the infrequency in attention given to skills training in course content.

It seems that though accredited programs Council on Accreditation for Marriage and Family Therapy Education CACREP, APA, (COAMFTE), place emphasis on the development of general counselor skills, these programs may not adequately translate to counselors being skilled in multicultural counseling (Bradley & Fiorini, 1999). In fact, studies have found that counselors, upon completing a counselor training at a CACREP-accredited program, had multicultural skills ratings lower than general skills ratings, even with having the requirement for a single multicultural course, along with the infusion of multicultural content in other courses (Cates et al., 2007). This gap (i.e. the development of multicultural self-awareness and knowledge at the expense of skill development) has also been continuously identified as problematic in the literature (Collin et al., 2015). Although knowledge and self-awareness are critical components in practicing cultural competence, it is imperative to teach counselor trainees skills that will aid them in therapeutically connecting with their clients (West, 2005). The absence of multicultural skills training has an important effect on individuals that consume counseling services. For instance, minorities rated both the general and multicultural skills of neutral counselors lower than the skills of culturally sensitive counselors (Coleman, 1998). In

other words, deficient training in multicultural skills result in less effective counseling with diverse populations.

Openness to Diversity and Diversity Experience

It has also been important to consider the qualities or traits of students that more readily gain multicultural competencies in training. Studies have indicated that openness to diversity and diversity experiences may play a vital role. For instance, openness to diversity is a key aspect in promoting beneficial diversity contacts (Han & Pistole, 2017). According to Chang (2001) openness to diversity, among various components of cultural competence, may assist with anticipated outcomes regarding diversity interventions. The absence of openness to diversity when presented with the opportunity to engage with diversity contacts or the use of diversity interventions may reinforce negative stereotypes (Hemphill & Haines, 1997), which is counterproductive to counselors in training multicultural development.

Diversity experience, or the degree to which students have interacted with individuals who have differing culture, ethnicity, religious beliefs, race or nationality, also seems a promising construct as it related to increased multicultural competencies. Result from a study conducted by Bowman (2011) indicated that diversity experience (such as racial awareness workshops) increases cultural awareness. Other research on diversity experience highlights that interaction with diverse peers can facilitate growth in cultural awareness (Antonio, 2001) and an encouraged greater racial and cultural engagement (Denson & Chang, 2009). This suggests that counselors in training who are open to engaging diverse population and diversity experiences will be more likely to acquire multicultural competencies during their training.

Purpose

The development of multicultural counseling competencies are key aspects of counseling training program's efforts to better address the needs of a culturally diverse society. However, the question of whether trainees are equally prepared across multicultural dimensions (knowledge, awareness, and skills) remains unanswered. The present study assessed the perceived multicultural competence of counselors in training and early career counselors (i.e. less than 10 years of experience), including exploration of the role diversity experiences and openness to diversity may play in multicultural competency development. We expected that professionals will endorse higher levels of multicultural competency development (across awareness, knowledge, and skills) and that openness to diversity and diversity experience would predict levels of multicultural competencies endorsed by trainees and early career professionals.

Method

This study utilized a survey method distributed to training directors of counselor education, counseling psychology and marriage and family therapy programs. Additionally, social media sites and listservs frequented by trainees and early career professionals were utilized. The protocol was approved by the university's institutional review board.

Participants

Participants in this study included 125 counseling trainees ($n = 70$; 56%) and early career professionals ($n = 55$; 44%). Participants were 12% males and 86% females (estimates consistent with the current demographics of counseling-related fields, as 76% of counselors are reported to be female according to the U.S. Census Bureau, (2016). For the purposes of this study, we elected to examine data related to ethnicity in two groups: White Students (58%), and Students

of Color (42%). However, specific ethnicity data along with participant orientation data is available in Table 1.

With regarded to accrediting bodies, 41% of participants in our study existed in CACREP-accredited programs, 38% in APA-accredited, 5% in COAMFTE-accredited, 8% in other accrediting entities. Specific specialization data (e.g. community counseling/clinical mental health) is reported in Table 1.

In relation to counseling experience and multicultural training factors, the majority of respondents reported having experience through practicum or internship (54%) and the majority of the sample participants completed one multicultural course (49%), with 15% reporting no multicultural courses completed.

We were also interested in estimates of clinical experiences in which clients were culturally different from our respondents. We framed this question by asking participants to report the "number of clinical experiences or settings in which at least fifteen percent of clients with whom participants had engaged in counseling were culturally different". We also allowed participants to report if they had not had a clinical experience with a culturally different client. It is important to note that twenty percent of participants (20%) had no clinical experience with clients that were culturally different in our sample. We found this to be an alarmingly high estimate. We report additional demographics regarding experiences with culturally different clients in Table 1.

Measures

The survey instrument included questions about demographic information (e.g. race/ethnicity, age, educational level, profession, etc.), a survey that measured openness to diversity, a survey that measured diversity experience, and the Multicultural Awareness,

Knowledge, and Skills Survey – Counselor Edition – Revised (MAKSS-CE-R) survey that measured dimensions of multicultural awareness, knowledge, and skills.

Openness to Diversity and Diversity Experience Questions

The measures of openness to diversity (8 items) and diversity experience (7 items) were taken from the College Student Experience Questionnaire (CSEQ; Gonyea, Kish, Kuh, Muthiah, & Thomas, 2003). The measures aim to quantify students' exposure persons other than themselves, and their openness to such exposures (Hu & Kuh, 2003). The CSEQ has been recognized as a reliable measure of practice (Gonyea, et al., 2003) with Cronbach alphas for the all the scales and falling within acceptable ranges: .70 to .87.

MAKSS-CE-R.

MAKSS-CE-R is a measure of multicultural competence based on Sue et al (1992) multicultural competence model. This is a 33-item measure that directly measures the three dimensions of multicultural competence: Awareness (10 items), Knowledge (13 items) and Skills (10 items). Research indicates that this measure is a valid and reliable measure of multicultural competence, including reliability estimates of .80, .87, and .85 across two separate samples on the Awareness, Knowledge, and Skills subscales, respectively, and .81 for the entire 33-item scale (Kim Cartwright, Asay, & D'Andrea., 2003).

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Results

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A series of ANOVAs was conducted to determine if there were significant differences in perceived multicultural awareness/knowledge/skills between students and early career professionals, differences by ethnicity, and difference based on clinical experiences with culturally different clients (Table 2). Additionally, a series of multiple regression analyses were

conducted to examine if openness to diversity and diversity experiences predicted perceived multicultural awareness/knowledge/skills.

Multicultural Awareness

There was a significant difference in self-reported multicultural awareness between students and early career professionals ($F_{1,92} = 5.113$, $p = .026$; $\eta^2 = .05$). Early career professionals reported having more multicultural awareness than students. There was also a significant difference in perceived multicultural awareness between Students of Color and White students ($F_{1,92} = 9.180$, $p = .003$; $\eta^2 = .09$), with White students reporting having more multicultural knowledge than students of color. Additionally, there was a significant different in perceived multicultural awareness based on participants experience with at least fifteen percent of client that are culturally different ($F_{1,92} = 2.470$, $p = .018$; $\eta^2 = .18$). Post hoc (LSD) results indicated that there was a significant difference among participants reporting one practicum experience in which fifteen percent of clients were culturally different (M=27.48) and participants with five or more years of experience (M=25.91, $p = .03$) in which fifteen percent of clients that are culturally different, which was an interesting finding as participants with one practicum experience perceived themselves as more culturally aware.

Regression analysis showed that openness to diversity and diversity experiences significantly predicted multicultural awareness ($R^2 = .068$, $F_{2,124} = 4.45$, p<.05; Table 3). Openness to diversity predicted multicultural awareness ($\beta = .24$, p<.05), however diversity experience did not ($\beta = .06$, p = .553).

Multicultural Knowledge

There was a significant difference in perceived multicultural knowledge between Students of Color and White students ($F_{1,92} = 4.245$, $p = .042$; $\eta^2 = .04$) in that Students of Color

(M= 39.17) reported having more multicultural knowledge than their White counterparts (M= 42.15). There was no significant difference in self-reported multicultural knowledge between students and early career professionals and no significant or based on participants clinical experiences with culturally different clients.

Regression analysis showed openness to diversity and diversity experiences significantly predicted multicultural knowledge (R^2=.138, $F_{2,124}$=9.77, p<.001; Table 3). Diversity experience predicted multicultural knowledge (β = .37, p<.001), however openness to diversity did not (β = .01, p = .920).

Multicultural Skills

There was no significant difference in self-reported multicultural skills between students and early career professionals, Students of Color and White students, or based on clinical experiences with culturally different clients.

Regression analysis indicated the two predictors explained 7% of the variance in multicultural skills (R^2=.063, $F_{2,124}$=4.08, p<.05). Diversity experience predicted multicultural skills (β = .26, p<.05), however openness to diversity did not (β = -.07, p = .426). Openness to diversity and diversity experiences were then explored separately for early career professionals and students. It was however found that diversity experience predicted multicultural skills for student participants (R^2=.087, p < .05; β = .30), and openness to diversity did not (β = -.08, p = .426). However, openness to diversity and diversity experience was not found to predict multicultural skills for early career professionals (R^2=.015, p = .678).

Discussion

Knowledge, Awareness, and Skills: The Missing Component in Training

As diversity and cultural differences increase in prevalence within our society, counseling training programs are challenged to train competencies that enable professionals to serve the client population that is reflective of the societal makeup. At the outset of our study, we expected that early career professionals would endorse higher levels of multicultural competencies than trainees. This expectation is in line with previous research, suggesting that completion of multicultural courses and greater contact with culturally different clients result in increased multicultural awareness (Kim et. al, 2003). Likewise, our study confirmed this result, in that individuals reporting more experience with culturally-different clients were more likely to report greater levels of multicultural competencies. As such, it would seem intuitive that early career professionals (who have completed programs and are actively practicing) have more experience and thus should report higher levels of competencies. This expectation was confirmed with regard to multicultural awareness, but did not hold for multicultural knowledge or skill levels. In other words, early professionals report being no more knowledgeable, and having no more skills than current trainees. There are significant implications to this finding. First, trainers in accredited programs carefully develop courses and related assessment to ensure trainees meet a basic skill level upon matriculation. However, it may be that the training assessment on an overall multicultural competency development, ignores critical components that are not as adequately trained. Additionally, research notes that increased experience with culturally different clients leads to increases in cultural competencies. However, if early career professionals report feeling no more knowledgeable or skilled than trainees, why might we expect them to seek out more experiences with culturally different clients? In fact, most

counseling ethics caution professionals from working beyond their competencies. As such, it is critical that trainees, upon completing their professional degrees, feel competent in utilizing multicultural skill such that they are both able and willing to engage clients that are culturally different from themselves.

The results also demonstrated a difference existed based on ethnicity for this sample. White student counselor trainees scored significantly higher in self-reported multicultural awareness. This finding is in line with previous research, suggesting that White counselors with strong ethnic identity awareness might report high levels of multicultural competence (Chao, 2013). On the other hand, students of color scored significantly higher in self-reported multicultural knowledge. The results are consistent with prior studies that indicated that identifying as a member of an ethic minority group influences level of perceived competence (Hill, Vereen, McNeal, & Stotesbury, 2013). One possible explanation of the difference in reported multicultural awareness and knowledge competence based on ethnicity might be the difference in experiences ethnic minority counseling trainees face compared to their White counterparts. Further exploration of factors that might cause such as difference in perceived multicultural knowledge and awareness is necessary.

Diversity Experience and Openness to Diversity

Another important finding in this study is the importance of diversity experience as a salient variable in predicting multicultural counseling skills and knowledge competence. This provides evidence of support for the importance of providing opportunities for interaction with diverse clients in practicum and internship components of training for counseling trainees. However, we argue that diversity experiences, when integrated into multicultural course content, can provide key priming for the learning of knowledge and skill. Often, access to "culturally

different" clients in practicum and internship are outside of the control of trainers (based on site location, trainee competency levels and appropriateness for client, etc.) However, the intentional inclusion of diversity experiences in multicultural courses may be one method to ensure trainees reach minimal levels of competencies prior to becoming professionals. We also note that openness to diversity is predictive of multicultural awareness competency. As openness to diversity is relatively easy to measure, we note that including an assessment early in courses as a possible indicator of where to focus multicultural competency training might be advised. More controversially, assessing openness to diversity of potential trainees (i.e. program applicants) might provide some insight into program applicants that may struggle to obtain the multicultural awareness competency at all. As these competencies are considered a critical requirement of counseling professionals, individuals lacking openness to diversity may be ill fit for the profession.

Limitations

Though this study is critical in beginning the discussion on the importance of skills-specific training in multicultural competency development, there are relevant limitations to consider. First, the small sample size of this study is noted, and further larger studies are suggested to confirm these results. Another limitation that could be addressed in future research is the reliance on self-report data for all aspect of multicultural competencies. Though the measure used is considered the best available to date, these measures may not accurately represent participants knowledge, skills or awareness, due to being prone to bias and limited evidence supporting the utility (Smith, Constantine, Dunn, Dinehart & Montoya, 2006). We suggest multicultural skills demonstration as one possible step in addressing this limitation in future research. Finally, our study looked across counseling specialties as a means to assess

awareness, knowledge, and skill levels. Though this was appropriate for a novel study, this also assumes that specializations treat and train multicultural competencies in similar ways. Though all specializations in this study express value in training multicultural competencies, future research may benefit from evaluating specific specialties (as there may be differences in the focus of knowledge, awareness, and skills across counseling fields).

Recommendations and Future Research

Diversity immersion experiences. Given our findings related to the importance of diversity experiences, we note that the inclusion of immersion activities (e.g. community service) in required coursework may foster the development of multicultural competencies in trainees. For instance, students might spend a percentage of their supervised clinical hours providing outreach for clients from underserved populations (Sevig, 2001). Sue, Arredondo, and McDavis (1992) in their development of multicultural competencies and standards identified that "culturally skilled counselors become actively involved with minority individuals outside of the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise" (p. 482). Our findings provide evidence for the necessity of this recommendation.

Integration of Multicultural Skills Training in Clinical Supervision & Competency Evaluation. Supervision is imperative to the development of counseling skills in counselors-in - training. According to Bernard and Goodyear (1998), special attention should be given to multicultural counseling within the supervision process, as this process is explored both clinically and didactically. It is important the educational strategies and life experiences with multicultural issues be connected (Morales, 2000) to enhance the development of experiences

that lead to multicultural skill development. Additionally, ongoing evaluation using standardized measures and rater evaluations, in addition to self-report assessment, is needed as counseling training programs infuse more accountability for multicultural counseling competence training (Cates et. al, 2007). Though experience with diverse client group is beneficial, we note that counselor education programs may be limited in available sites, which might not offer opportunities of diversity, due to population served, location and other factors.

Future research. Ongoing research is needed to explore the complexity of multicultural competencies and training for counselors in training, beyond the current use of self-report measures. There is also the continuous need to find new way to implement the development of multicultural counseling skills development in counselors in training within the training process (i.e. skills-based courses, practicum, supervision and internship). Future research can explore components of specific training courses that contribute to multicultural skills development, as compare to awareness and knowledge. Future research might also explore levels of competencies that are minimally acceptable (for instance, how much is enough awareness?).

In conclusion, this study adds to current empirical literature on multicultural competence of counselor trainees and identifies relevant variables that predict development of multicultural competence specifically, diversity experiences. Likewise, this study shines a light on potential gaps in training relevant to knowledge and skill domains, and provides relevant recommendations and implications for counseling training programs. There is a need for ongoing research that continues to explore the complexity of multicultural competencies, training, and supervision to ensure we adequately prepare trainees to become competent professionals in counseling fields.

Table 1

Demographic Characteristics of Study Population

Characteristic	*Number*	*Percent*
Gender		
Female	15	12.1
Male	108	86.4
Transgender Man	1	.8
Other	1	.8
Ethnicity		
White Students	73	58.4
Students of Color	52	41.6
Sexual Orientation		
Heterosexual	102	81.6
Bisexual	12	9.6
Gay	3	2.4
Asexual	3	2.4
Other	5	4.0
Student Specialty Area		
Community Counseling	10	14.3
Counselor Education	7	10
Counseling Psychology	35	50
Rehabilitation Counseling	2	2.9
School Counseling	12	17.1
Marriage and Family Counseling	3	4.3
Social Work	1	1.4
Early Professionals Specialty Area		
Community Counseling	11	22
Counselor Education	10	20

Counseling Psychology	15	30
Rehabilitation Counseling	5	10
School Counseling	6	12
Marriage and Family Counseling	3	6
Other Specialty Area	5	

Years of Experience

Practicum/Internship	68	54.4
1-3 years	22	17.6
4-6 years	13	10.4
7-9 years	5	4.0
10+ years	13	10.4
Missing	4	3.2

15% CCD

No experiences	25	20
At least one practicum experience	19	15.2
More than one practicum experience	10	8.0
At least one practicum and internship experience	10	8.0
More than one practicum and internship experience	12	9.6
Less than 1 year professional experience	6	4.8
1-2 years	12	9.6
3-4 years	10	8.0
5 or more years	20	16.0
Missing	1	.8

Note. 15% CCD = Experience in which at least 15% of client served was culturally different

Table 2

Analysis of Variance of multicultural competencies by ECP, Ethnicity and % of culturally difference clients

	df	F	η	p
ECP				
Awareness	*1*	*5/113*	.053	*.026**
Knowledge	*1*	*1.878*	.020	*.174*
Skills	*1*	*3.737*	.039	*.056*
Ethnicity				
Awareness	*1*	*9.180*	.091	*.003**
Knowledge	*1*	*4.245*	.044	*.042**
Skills	*1*	*1.758*	.019	.188
15% CDC				
Awareness	8	2.470	.177	.018*
Knowledge	8	.604	.050	.772
Skills	8	1.413	.109	.202

Note. ECP = early career professions vs. students.; Ethnicity = White student vs. Students of color; 15% CDC = experiences in which at least 15% of clients are culturally different.
*p<.05Table 3

Summary of Regression Analyses for Variables Predicting Multicultural competencies

	Awareness			Knowledge			Skills		
Variables	B	SE B	β	B	SE B	β	B	SE B	β
Openness to diversity	2.058	.795	.238*	.109	1.082	.009	-.70	.88	-.07
Diversity experience	.381	.640	.055	3.628	.871	.369***	2.02	.70	.26*
R²	.068			.138			.063		
F	4.45*			9.77***			4.08*		

*p<.05, ***p<.001

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Career Theories Usage in the Vocational Rehabilitation Counseling of
Clients with a Criminal Record: A Literature Review

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Abstract

Vocational guidance and career counseling is the primary service provided to all clients seeking employment assistance through vocational rehabilitation. Vocational rehabilitation (VR) counselors specialize in helping people with a disability acquire employment. Yet, when the client has a criminal record, selecting and securing successful employment is extremely difficult. For vocational rehabilitation counselors are required to apply theoretically-based career counseling practices in the provision of vocational guidance and career counseling. The purpose of this literature review is to explore the career theories informing vocational guidance and career counseling of clients with a criminal record. The researchers of the Institute of Rehabilitation Issues in 2010 suggested career theories that lay the theoretical framework for this literature review. Within this review, the vocational rehabilitation process, counselor skills training, employment industries, barriers to employment, are discussed in reference to the clients with a criminal record. Eventually, the suggested career theories are explored in relation to clients with a criminal record. The findings suggest that none of the career theories actually work with this population. In the end, recommendations are made suggesting additional research.

Keywords: career theories, criminal record, disability, vocational rehabilitation

For a person with a disability along with a criminal record in need of employment, the vocational rehabilitation program plays a vital role in the acquisition of employment. Vocational Rehabilitation is a program of employment services designed to empower persons with disabilities to attain the skills, resources, attitudes, and expectations needed to get a job, keep a job, and develop a lifetime career (Rehabilitation Research and Training Center on Disability Statistics and Demographics, 2017). To be eligible for vocational rehabilitation services, the disability must be "(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment" (Americans with Disabilities Act, 1990). Vocational rehabilitation services are delivered to people by vocational rehabilitation counselors. Vocational rehabilitation counselors are counselors "with the specialized knowledge, skills, and attitudes required to work in partnership with people who have disabilities to reach their personal, social, psychological, and vocational goals" (Barros-Bailey, 2012, pp. 413-414). In order to assist people interested in reaching their vocational goals, a primary service provided at no cost to all vocational rehabilitation clients is vocational guidance and career counseling (Easter & Gaertner, 2009; Louisiana Rehabilitation Services, 2007).

Vocational guidance and career counseling is counseling with an emphasis on helping a client plan vocational goals and adjust to the working world (Texas Department of Rehabilitative Services, n.d.). It entails the counselor and client working together to select appropriate career interests and employment goals for the client. In providing this service, the vocational rehabilitation counselor utilizes skills, aptitude tests, or interest inventories based upon career theories studied in their graduate training. Career theories in which counselors utilize to help them understand a client's vocational behavior (Swanson, 2009). The familiarity with the career

theories provides the framework for vocational guidance and career counseling to all clients. Although the vocational guidance and career counseling needs of job seeking individuals are similar in many ways, one dilemma is a client with a criminal record has different needs than those in the general population (Ettinger, 2007).

Within this review, a criminal record is an unlawful act that a client has been found guilty of and placed in their criminal background record. The client has been convicted of a felony. This client would have been sentenced to probation, a fine, or incarcerated. Although disability and criminal record are mutually exclusive, they become inclusive when a client has a criminal record. For example, one type of difficult case is a client with an interest in selecting an employment goal of a registered nurse and the client also has a felony for possession of drugs plus a diagnosis of alcoholism then how do the career theories aid the counselor in helping this client. This type of case presents a challenge to the counselor in secure employment for the client.

Based on anecdotal information, these challenging cases have been pervasive throughout the Federal and State vocational systems. Given the magnitude of the problem, the Institute on Rehabilitation Issues (IRI) completed research on vocational rehabilitation and corrections achieving successful employment outcomes for people with a disability and a criminal history. The Rehabilitation Services Administration, the Council of State Administrators of Vocational Rehabilitation, and George Washington University Technical Assistance and Continuing Education collaborated to complete the 35th Institute on Rehabilitation Issues in 2010. The research was comprehensive in the inclusion of people incarcerated, recently released, youth offenders, those in drug and rehabilitation treatment, and ex-offenders (Keller & Graham, 2009). In addition to research, there is a scant amount of research specifically devoted to vocational

counselors working with people with a criminal record. Therefore, the general findings of this IRI will lay the theoretical foundation for this literature review. Moreover, the purpose of this literature review is to explore career theories vocational rehabilitation counselors' utilize when working with clients with a criminal record. It is hoped this research will inform vocational rehabilitation counselors in their practice, and heighten educators' awareness of the efficacy of the theories with this population.

Counseling Clients with a Criminal Background

A vocational rehabilitation counselor's professional responsibility is to provide vocational guidance and career counseling in a systematic manner which helps persons with disabilities to "achieve their personal, career, and independent living goals" (Commission on Rehabilitation Counselor Certification, 2016, p. 4). The preferred outcome of vocational guidance and career counseling is a mutually selected employment goal which in return leads to successful employment. The complexity of vocational guidance and career counseling leading to job placement is heightened when the individual has a history of criminal activity. The vocational rehabilitation counselor becomes concerned with the double stigma placed upon the client by potential employers (Keller & Graham, 2009). In addition, judicial restrictions (for example, a sex offender cannot live and/or work within a certain proximity of a school) may impede the ability of the individual to select a suitable goal for employment. Ultimately, vocational rehabilitation counselors may be left at an impasse when working with clients a criminal record.

Vocational guidance and career counseling can also be challenging for clients with no criminal record as well. According to a U.S. Bureau of Labor Statistics report (2017), the 2016

unemployment rate of people with disabilities was 10.5% compared with 4.6% for people without a disability. Additionally, 2016 employment data indicates that the employment ratio for people with disabilities was 17.9% compared with 65.3% for people with no disability. Comparatively speaking given these statistics for a person without a disability, vocational guidance and career counseling may become even more difficult for a client with a criminal record pursuing employment. Nevertheless, these discouraging statistics do not negate the idea of societal interest in helping the individual in the acquisition of employment to become a law-abiding, tax-paying citizen (Rosen, 2003). Vocational rehabilitation counselors must utilize their expertise in career counseling through skills acquired in their academic training to help people with the criminal record enter the workforce.

Vocational rehabilitation counselors are trained in the classroom and/or on the job to provide vocational guidance and career counseling to clients in need of employment (Leahy, Chan, & Saunders, 2002). In their professional educational training, vocational rehabilitation counselors learn to apply career theories in counseling settings. Vocational rehabilitation counselors use career theories and/or instruments developed based on a particular theory to strengthen their abilities to collaborate with a client with a criminal record in selecting an employment goal. In spite of the training and skills, however, vocational rehabilitation counselors could face barriers in helping clients with a criminal record select a suitable employment goal. These barriers could be state laws or choosing a suitable employment goal. A suitable employment goal that complements the client's interest would be based on the clients' aptitude level, personal interest, and transferable skills. Unfortunately, the personal career interests of clients with a criminal record may not be achievable utilizing current career theories (Easter & Gaertner, 2009).

In addition to the personal career interests not being achieved, clients with a criminal record face the ever-changing world of work. Each day, technology is changing, replacing many tasks considered manual labor in the world of work. This (lack of knowledge in the use of technology) coupled with employment barriers faced by clients with criminal records—including the stigma of a criminal record and employers' prejudice; unstable work histories; poor planning skills; low education levels; low skill level; lack of social skills and low self-esteem; limited knowledge of workplace culture; physical and mental disabilities, including addictions; unrealistic employment options; and lack of appropriate role models—may be insurmountable obstacles without professional assistance (Keller & Graham, 2009).

Moreover, checking online for job notices when searching for a job opening in many locations is to be expected. With this change, people with a criminal record and a disability entering the labor market can become confused and sometimes overwhelmed by the job search experience. Many of the current jobs require the searching for opening or completion of employment applications online and some individuals do not have the technological savvy needed to complete these processes. In such instances, clients with a criminal record benefit from the assistance of vocational rehabilitation counselors.

Currently, there are no statistics available on the type of employment on clients with a criminal record that were never incarcerated in a penal institution. But the only statistical research findings are limited to ex-inmates with a disability transitioning from prison to work that can be applied to this population given the similarities in the effects of a criminal record in career counseling. Again, the Whitfield (2009) findings showed that after release, the ex-offender with a disability acquired most opportunities for employment in industries in the following rank order: (a) service-based industries, (b) structural work, and (c) miscellaneous

industries. Specifically, most ex-inmates with disabilities held construction worker positions or were hired as kitchen helpers (Whitfield, 2009). Still, what if the clients with a criminal record possess a degree from a post-secondary institution, have a higher than average intellectual level of functioning, and/or specialty training? Are clients with a criminal record to accept these employment goals? Will job retention become problematic?

Under the circumstances, vocational rehabilitation counselors must utilize techniques from theorists, such as Holland (Careers New Zealand, n.d.a), Donald Super (Careers New Zealand, n.d.b), Krumboltz (Careers New Zealand, n.d.c), and Schlossberg (Anderson, Goodman, & Schlossberg, 2011) in developing a mutually agreed upon employment goal when working with the client. As experts, vocational rehabilitation counselors must prepare to ask appropriate questions when acquiring information related to the criminal record. "One challenging step is getting clients to disclose/reveal legal histories that might affect vocational placement training or employment outcomes" (Keller & Graham, 2009, p. 18). Certainly, this affects the selection of an appropriate employment goal. Moreover, understanding the legal consequences such as appointments with parole/probation officers, court-ordered treatments, or court appointments, will aid in circumventing problems with employment (Keller & Graham, 2009).

The vocational rehabilitation counselor must prepare the client for the possibility of an employer asking about the criminal record. Twenty states allow employers to ask applicants about their criminal record (Avery & Hernandez, 2018). Counselors address this problem during the vocational guidance and career counseling stage of the case. If a client is not equipped with the necessary strategies and skills to answer the question, then the criminal offense might be a barrier to employment. Clients with a criminal record can be counseled on the suitable ways of

answering the question on job applications and during job interviews. Next, a counselor must make sure that any duties surrounding the vocational rehabilitation process do not overlap with legal consequences the client has, for it could place the client at risk of violating their probation (Wallace & Wyckoff, 2008). Finally, if a client with a criminal record changes employment goals, acquire employment in another area, or fail to cooperate, the efficacy of the counselors' vocational guidance and career counseling skills may then become questionable. For in the end, if the client fails to acquire and maintain employment then the counselor may be held responsible.

Since vocational guidance and career counseling is one of the most critical services vocational rehabilitation counselors provide their clients, this review is critical in identifying the effectiveness of current theories. For given the rise in unemployment and an increased number of clients with a criminal record, this review could help vocational rehabilitation counselors in the application of these theories with the selected population, and increase their ability to help clients in the selection of an appropriate vocational choice. In return, this will also increase the likelihood of a case being closed successfully. Ideally, effective vocational guidance and career counseling delivered during the beginning stages of client contact may circumvent a case being closed unsuccessfully.

Literature Review

This review will provide in-depth gathering of information regarding the literature review in the field of vocational rehabilitation specific to career theory usage by vocational rehabilitation counselors working with clients with a criminal record. Included is a discussion of the vocational rehabilitation program, counselor skills training, and the vocational guidance and

career counseling process. An investigation into criminal records and their effect on employment follows. This continues with a look at the industries employing people with a criminal record and how it affects clients. Next, the barriers to employment for clients with a criminal record will also be examined, to illustrate the challenges vocational rehabilitation counselors encounter. Lastly, the theoretical framework surrounding the research is presented along with the vocational theories counselors use when providing vocational guidance and career counseling.

Vocational Rehabilitation

One of the vocational rehabilitation's missions is to assist people with disabilities in the acquisition or retention of employment (Rusbridge, Walmsley, Griffiths, Wilford, & Rees, (2013). A disability is considered a physical, intellectual or emotional impairment which can be a substantial barrier to employment (Remley, 2012; Ross, 2007). The vocational rehabilitation process includes eight stages. The stages for the provision of services are in the following order: 1) referral and application; (2) initial interview; (3) evaluation or assessment; (4) eligibility; (5) planning; (6) services; (7) employment; and (8) successful rehabilitation (McClanahan & Sligar, 2015). Vocational guidance and career counseling are most important during the planning stage. For a mutually agreed upon employment goal is selected during this phase of service. This employment goal selected is essential to the client and the vocational rehabilitation counselor hopes of maximizing employability, independence, integration, and participation of the client in the workplace and community (Remley, 2012).

Counselor Skills Training

The basic education requirements for vocational rehabilitation counselors employed by the Department of Veterans Affairs require a master's degree in rehabilitation counseling from an accredited college or university including an internship. The education requirements also list alternative options for employment (USA JOBS n.d.). Rehabilitation counselors at the Department of Veterans Affairs are required to assist the client in finding employment that matches their goal. This review will consider academic training only for those counselors with a graduate degree.

The Council on Rehabilitation Education (CORE) is the accrediting body for graduate degree programs in rehabilitation counseling. Their purpose is to enhance the delivery of services to individuals with disabilities by continuously reviewing and working to improve graduate-level programs it accredits (McClanahan & Sligar, 2015). CORE has established knowledge domains to which all accredited programs must adhere. Moreover, vocational guidance and career counseling, assessment, and consultative services are major knowledge domains. The expected outcome is that training is utilized in vocational guidance and career counseling. For vocational guidance and career counseling is an important job dimension for vocational rehabilitation counselors (Leahy et al., 2002). Counselors working for the vocational rehabilitation services use their knowledge of career theories through methods such as interpretation of vocational evaluations, interest inventories, or other career-based assessments. The assessments are administered to all clients equally. However, there are clients with a criminal record. What is considered a criminal record and how does it affect the vocational rehabilitation process?

Criminal Records and Employment

Prior to the examination of the effects of criminal records on the vocational process, the researcher will discuss criminal records and employment. For this study people with a felony criminal record include only those convicted of an offense and never incarcerated or released from incarceration over two years ago. These individuals are subjected to criminal background history checks when applying for employment in some states. These reports contain information about an arrest and conviction. Recent surveys suggest that 92% of employers check applicants' criminal records prior to hiring (Nolo, 2013). However, there are federal laws with guidelines that restrict employers' use of reports in making decisions regarding employment. The Fair Credit Reporting Act (FCRA) and Title: VII: Discrimination Based on Criminal Record provides some type of federal protection for job applicants with a criminal record (U.S. Equal Employment Opportunity Commission, 2010; U.S. Federal Trade Commission, 2004).

FCRA speaks specifically to the accuracy of the report. Yet, Title VII focuses on discrimination and provides guidance in "screening out those applicants whose criminal records pose an unreasonable risk without discriminating" (Nolo, 2013, para. 7). However, despite federal guidelines, twenty states including Alabama, Florida, Mississippi, and Texas have no law on the usage of criminal records (Avery & Hernandez, 2018). In other words, employers are allowed to do whatever they desire with the criminal record with federal laws being the only recourse applicants have left (Nolo, 2013). In spite of these federal laws, there are some state laws that prohibit people with a criminal record from working in certain jobs; one example is sex offenders who cannot work in jobs around children. During the vocational guidance and career counseling phase, vocational rehabilitation counselors must take the criminal record into consideration.

Employment Industries

There is a scant amount of research available regarding statistics about people with a disability and criminal record in general; however, Whitfield (2009) researched the occupations of vocational rehabilitation applicants who were living in an adult correctional facility at the time they applied for services. This research article is vital in that it shows the type of employment people with a criminal record with or without a disability secure. These jobs are often low-paying and unskilled positions (Lichtenberger, 2006; Whitfield, 2009). This statement proves to be true in Lichtenberger (2006) article, "*Where do Ex-offenders Find Jobs*?". This article provides insight into the particular types of industry people with a criminal record acquired employment at in the state of Virginia. Those industries in rank order are as follows: "(a) administrative and support services, (b) construction, (c) accommodation and food services, (d) manufacturing, and (e) retail trade" (Lichtenberger, 2006, p. 307). However, Lichtenberger was quick to indicate that the two leading industries employing people with a criminal record required only low levels of education, such as positions available to those without a high school diploma. On the other hand, people with a criminal record and high levels of education were less likely to find work that is professional or jobs with strict licensing requirements. In addition, this study only tracked data on recently released offenders and did not specify whether the people had a disability or not.

Whitfield's (2009) study proved to be somewhat promising for it specifically addressed vocational rehabilitation applicants (people with a disability) living in a correctional facility and transitioning to the world of work upon release. The findings showed that upon release, the ex-offender acquired most employment in industries in the following rank order: (a) service-based industry, (b) structural work, and (c) miscellaneous industries. Moreover, most ex-inmates with

a disability held construction worker positions or were hired as kitchen helpers (Whitfield, 2009). These statistics also imply that people holding professional degrees with both a disability and a criminal record are limited to low-paying, unskilled positions. However, this study only takes those individuals recently released from a penal institution into consideration and does not take into account people with a criminal record and a disability who were never incarcerated or those whose release date was less than a year ago.

There are no statistics available on the type of industry that employs people with a criminal record. Raphael (2014) also emphasizes the lack of data — specifically, that there is no household survey which captures criminal background of respondents, the way the BLS Current Population Survey captures current employment status. The Workforce Innovation and Opportunity Act (WIOA) authorizes federal employment and training programs to include adult education program to serve ex-offenders and assist entry back into the workforce. This is paramount, given that nationwide there are between 70 million and 100 million Americans have a criminal record or one in three Americans have a criminal record (Vallas and Dietrich, 2014). Each year, approximately 650,000 offenders are released from prison (Wagner & Rabuy, 2017). Yet again, these numbers do not separate people with a disability and criminal record who are neither on probation nor recently released from a penal institution; in those cases, they still have a criminal record that impedes their ability to find gainful employment. Therefore, when a counselor has to take criminal records and the status of the employment industries into consideration when providing vocational guidance and career counseling, what career theories from their graduate training can be considered?

Barriers to Employment

The employment barriers faced by clients with a criminal record include the following: stigma of a criminal record, employer prejudice, poor work histories, improper planning skills, low level of intellectual functioning, lack of skills, undeveloped social skills, low self-esteem, physical and mental impairments, unrealistic employment goals, and lack of appropriate role models (Keller & Graham, 2009). In addition, people with both a disability and a criminal record are faced with the ever-changing world of work. Today's job searches are often conducted on a computer. With this change, clients with a criminal record entering the labor market can be confused and sometimes overwhelmed by the experience if they have no previous computer experience. Vocational rehabilitation counselors may have to assist them with the application process by completing the application for them or contracting the services to others. Therefore, it is advantageous for them to seek vocational guidance and career counseling from a vocational rehabilitation counselor (Keller & Graham, 2009).

Some vocational rehabilitation clients are already employed and would like to move up the career ladder. In this case, vocational rehabilitation counselors have to address criminal history barriers for retention and advancement purposes for example, if an employer does not run a criminal record check for an entry-level job and the client wishes to advance to a higher position. The advanced positions may have different requirements and more stringent screening. In jobs that allow an employee to advance quickly, there may not be enough time to have records expunged or sealed. This could result in termination of employment (Wallace & Wyckoff, 2008).

Vocational rehabilitation counselors must address all aspects of the offense with the client for some states allow employers to ask about arrest at application and/or during the interview process. If an individual is not equipped with the necessary skills to answer the question or is unwilling to answer, the offense (criminal record) may remain a barrier to employment (Wallace & Wyckoff, 2008). Moreover, 20 states have no restrictions on the questioning an employer can ask a potential applicant about a criminal record (Avery & Hernandez, 2018). Therefore, vocational rehabilitation counselors must inform the client of this matter and address any special accommodations the employer has to provide them. These accommodations could be flexible scheduling or restricted hours due to client court appearances, probation officer meetings, or court-mandated events (i.e., drug testing, community service, etc.). These accommodations could potentially jeopardize the employment of the applicant and create a barrier.

Theoretical Framework

To reiterate, the Institute on Rehabilitation Issues (IRI) completed research on vocational rehabilitation and corrections achieving successful employment outcomes for people with a disability and a criminal history. The Rehabilitation Services Administration, the Council of State Administrators of Vocational Rehabilitation, and George Washington University Technical Assistance and Continuing Education collaborated to complete the 35th Institute on Rehabilitation Issues in 2010. Regarding career theories used during the vocational guidance and career counseling process, Easter and Gaerter (2009) specified that the following career theories were useful when providing vocational guidance and career counseling to people with a disability and criminal records: Holland's Vocational Choice Theory, Super's Career Development Theory, Schlossberg's Transition Theory, and the Krumboltz Happenstance

Learning Theory. Therefore, this assertion lays the theoretical framework for this review because the researchers in the IRI stated these theories were useful to vocational rehabilitation counselors working with this population.

The researchers did not indicate the reason for the selection of these theories. However, these researchers' intent is to explore the literature when using career theories with clients with and a criminal record. It is worthy to note that vocational rehabilitation counselors are exposed to more than the just aforementioned theories in their training (Linkowski & Szymanski, 1993). Nevertheless, it is not necessary to explore all the popular theories related to assisting people with a disability being taught to vocational rehabilitation counselors with a master's degree. For this study, the researcher will discuss only those theories related to people with a disability and a criminal record.

Vocational Theories

Holland's Theory of Vocational Choice concludes that one's representation of personality correlates with their choice of occupation. Basically, people prefer to work with people with personalities like their own. People tend to seek these environments to ensure that they can use their skills and abilities as they take on the tasks of the job. Holland's theory rests on the belief that most people fit into six personality types. These personality types are as follows:

- Realistic - Concrete, conforming, persistent, practical, unsociable; prefers activities requiring mechanical or athletic skill

- Investigative - Analytical, curious, independent, intellectual, introverted; prefers activities requiring scientific or mathematical skill

- Artistic - Imaginative, impulsive, independent, introspective, nonconforming; prefers activities requiring creative or aesthetic skill

- Social - Cooperative, helpful, sociable, tactful, understanding; prefers activities requiring interpersonal or educational skill

- Enterprising - Acquisitive, ambitious, dependent, domineering, sociable; prefers activities requiring leadership or persuasive skill

- Conventional - Conforming, conscientious, inflexible, orderly, unimaginative; prefers activities requiring clerical or business system skill (Winchell, 1984).

From Holland's theory, several assessment tools utilized by vocational rehabilitation counselors during the vocational guidance and career counseling stage were developed. Those tools are (1) Self-Directed Search (SDS), (2) Vocational Preference Inventory, and (3) Strong Interest Inventory (Careers New Zealand, n.d.a). Consequently, when vocational rehabilitation counselors use those assessment tools they are utilizing Holland's theory. Unfortunately, personality traits are only secondary social factors, a disability or a criminal record can create impediments to gainful employment. Moreover, the laws prohibiting people with a criminal record from certain employment need also to be taken into account. Therefore, vocational rehabilitation counselors cannot rely on this single perspective when counseling clients with a criminal record.

Super's Developmental Self-Concept Theory was suggested as one that could help vocational rehabilitation counselors in counseling this population. The theoretical belief is that what people think of themselves is reflective of their career choice. It describes the process of vocational development as it relates to one's concept of self. "Self-concept changes over time, and develops as a result of experience. As such, career development is [a] lifelong" process

(Careers New Zealand, n.d.b, para. 1). The stages (that may or may not correspond to chronological age) are as follows:

- Exploration (15-24) - "Trying out" through classes, work hobbies. Tentative choice and skill development

- Establishment (25-44) - Entry-level skill building and stabilization through work experience

- Maintenance (45-64) - Continual adjustment process to improve position

- Decline (65+) - Reduced output, prepare for retirement (Careers New Zealand, n.d.b, para. 3)

This theoretical concept may be plausible; however, critics of the theory feel that it cannot accurately represent society as a whole because of its limited selected sample. In addition, a major weakness of the theory is its failure to include social and environmental factors (Hackett, Kent, & Greenhaus, 1991), specifically, those social and environmental factors that include people with a disability and/or criminal record.

Another theory suggested in the IRI, namely Schlossberg's Transition Theory, refers to transitions in life as an event or non-event with the end result being a change in roles, routines, and assumptions. Schlossberg's theory is based on the perception of the individual experiencing the transition. These transitions are classified as (1) anticipated transitions – events that are predictable, (2) unanticipated events – events that are not scheduled or predictable, and (3) non-events – transitions that are expected but do not occur (Anderson et al., 2011). According to Schlossberg's theory, there are four sets of factors (the four S's) affecting the individual's ability to cope while in transition. They are as follows:

1. The Situation variable— What is happening? Does the transition come at a time of multiple stressors? For example, the transition to a new job is different from the transition to a new job while coping with a dying parent.

2. The Self-variable— To whom is it happening? Each individual is different in terms of life issues and personality.

3. The Support variable— What help is available? Support and available options vary for each individual.

4. The Strategies variable— How does the person cope? People navigate transitions in different ways (Anderson et al., 2011, p. 61).

This theory is beneficial in helping people with a disability plus a criminal record cope as they transition into their new roles, which could include work, school, training, etc. It appears to be beneficial in teaching coping skills to alleviate any negative feelings and instilling positive feelings surrounding the event whether anticipated or unanticipated.

The final theory suggested in the IRI is Krumboltz's Happenstance Learning Theory for career decision-making. The theory is called planned happenstance (Careers New Zealand, n.d.c). It encourages individuals to expect the unexpected events in life, capitalize on chance events in addition to promoting a sense of optimism and risk-taking. The theory aids vocational rehabilitation counselors in increasing the clients: "(1) curiosity to explore learning opportunities; (2) persistence to deal with obstacles; (3) flexibility to address a variety of circumstances and events; and (4) optimism to maximize benefits from unplanned events (Careers New Zealand, n.d.c, para. 3) Surprisingly, it applies mostly to career changes resulting from unplanned opportunities. This defies the basis of vocational guidance and career counseling

as a premier service for state vocational rehabilitation programs which is planning (Krumboltz & Levin, 2010).

A review of other current vocational theories was completed to assess their ability to aid vocational rehabilitation counselors in counseling clients with a criminal record. This researcher discovered a theory by Hershenson called the Model of Vocational Behavior/Relevance to People with Disabilities. The theory's construct takes an individual's 1) physical and psychological record, 2) work personality, 3) work competencies, and 4) work choice (Commission on Rehabilitation Counselor Certification, 2013; Weed & Hill, 2008) into consideration. Equally important, disabilities most directly affect work competencies, and adjustment to disability relates most directly to work personality. The extent of vocational adjustment to disability depends on the prior nature of these constructs and their interrelationships, how far into the individual's career development the onset of disability occurs, and its specific impact on each of the elements of this model (Commission on Rehabilitation Counselor Certification, 2013; Weed & Hill, 2008).

The theory specifically addresses disabilities and offers insight for vocational rehabilitation counselors in career planning for the people with a disability. However, it focuses only on the disability and not the criminal record. Therefore, a vocational rehabilitation counselor may not find it to be as effective a tool to utilize when counseling clients with a criminal record.

As the vocational theories were further explored, the researcher found Hoppock's Vocational Theory - Composite View. This theory views occupation decision-making as follows:

1. Occupations meet needs.

2. Information about oneself influences occupational choice.

3. Information about occupations affects choice.

4. Job satisfaction depends upon the extent to which the job meets the needs one believes it should meet.

5. It is always appropriate to change occupational choice when one believes that a change will meet needs better. (Weed & Hill, 2008, pp. 58-59)

However, with regard to people with a disability and criminal record, Hoppock's theory could possibly suggest that any job would be sufficient to meet the vocational rehabilitation counselor's client's needs. Given that perception, it implies that all people with a disability and criminal record are equal, but they are not.

Hoppock's theory also suggests that information about one's self contributes to occupational choices. Therefore, the information that an individual has a criminal record may factor in why one's criminal record can potentially be a problem and limit one's occupational choice. Still, this is only an assumption or generalization that clients with a criminal record are willing to accept or agree with those restrictions surrounding the employment. Given that clients with a criminal record have different educational records, work experiences, and interests, this theory may or may not help counselors. It gives the illusion that it will partially address the criminal aspects, not the disability.

Vocational rehabilitation counselors are taught these career theories in their graduate training; however, they may not identify the theory by name when providing vocational guidance and career counseling to clients with a criminal record. They will use the name of the

assessment or test. Moreover, the client and counselor understand that selecting the appropriate employment goal can be hindered by certain barriers specific to employment.

Conclusion

Based upon the review of the suggested theories from the IRI, it was concluded that in all actuality none of the career theories would support vocational rehabilitation counselors in finding employment for their consumers with a criminal background. Notable as the career theories are in assisting vocational rehabilitation counselors with clients without a criminal background, they all tend to fall short given to the environmental constructs in place i.e. laws, penalties, stigma, etc. It is questionable if the career theories or assessments based on those selected will generate a successful employment outcome for the client. Therefore, additional research is needed to substantial those claims from the IRI. To obtain a more accurate depiction, it is suggested that engagement of vocational rehabilitation counselors be considered in the future studies. Thereby, the vocational theories the IRI stated would work for counselors when they are working the selected population can be addressed.

After the review, it was evident that additional research of career counseling of people with a criminal background in the general population. The only literature discovered dealt with career counseling of incarcerated inmates in correctional facilities (Vernick & Reardon, 2001). For there are many individuals with a criminal record who have never served time in a correctional facility. Yet, they will experience some of the same barriers as people with a disability and criminal record. As noted previously, there was no literature discussing the vocational rehabilitation counselors' vocational guidance and career counseling of clients with a criminal record in the community.

Lastly, the barriers to employment for people with a criminal record seeking employment can create challenges for vocational rehabilitation counselors' during the vocational guidance and career counseling phase of the provision of services. Understandably, vocational rehabilitation counselors mustn't rely solely on career theories but were trained to integrate them into their career counseling of clients. To make the assertion that the career theories are ineffective based on this literature review would be merely a presumption of facts. The aforementioned only giving rise to the argument that additional research needs to be completed. The intersectionality of vocational rehabilitation counseling, criminal records, and career theories is complex, challenging, and mystifying for most vocational rehabilitation counselors. Therefore, the voices of the vocational rehabilitation counselors working each day with clients with a criminal background need to be heard.

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Responding to Instances of Perceived Racism and Discrimination:

An Ethnographic Content Analysis

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Abstract

Despite the prevalence of racism and discrimination in the United States, how individuals cope with or attempt to understand these acts are largely understudied. This Ethnographic Content Analysis (ECA) sought to examine, through lived experiences, how Individuals of Color (IOC) conceptualize perceived acts of racism and discrimination. Themes included advocating/educating, rising above the negativity, seeking support, increasing awareness and acceptance. These themes are very important to continue discussions on multicultural counseling competencies and culturally sensitive counseling services. Recommendations for researchers and counselors are included.

Keywords: racism, discrimination, Individuals of Color, ethnographic content analysis

Researchers continue to report that experiences with racism and discrimination are pervasive and traumatic (Masked, 2016; Masked, 2017; Bryant-Davis, 2007; Carter, 2012; Forsyth & Carter, 2014; Pieterse, Todd, Neville & Carter, 2012). The term race-based trauma (RBT) is included into the professional literature to describe personal and/or community reactions to racial discrimination that has the potential to evoke emotional pain, inability to cope, physiological reactions and/or a sense of helplessness (Masked, 2016; Carter, 2012). Although the counseling profession recommends that clinicians provide multiculturally sensitive counseling services; information regarding how counselors assesses and treat RBT is less available. A study conducted by Masked (in press), found that counselors acknowledge working with clients who have experienced RBT; however, they are not trained or prepared to provide culturally competent services to address the pervasive impact of RBT. The purpose of this study was to extend a discussion in the counseling profession on how Individuals of Color (IOC) conceptualize perceived experiences of racism and discrimination and the innate skills utilized to try to overcome acts of racism in the United States. Individuals of Color (IOC) were selected for this study as there is a dearth of research on this population in the counseling literature (Anderson, 2013; Bryant-Davis, 2007; Bryant-Davis & Ocampo, 2005; Bryant-Davis & Ocampo, 2006; Carter & Forsythe, 2009). By extending the current study to include multiple subpopulations within the U.S. we are able to provide a more generalized explanation to the lived experiences of minority populations in the U.S. as the profession works to implement evidence-based and effective approaches to dismantle issues of power and oppression (Sue & Sue, 2013).

Data collected in this study was obtained from Individuals of Color through targeted recruitment on social media networks using a snowball method. This form of data collection was

selected based on the specific population, nature of the subject matter and intention to examine cultural responses and prominent domains (Ng & James, 2013). The primary research question for this study was "How do Individuals of Color attempt to overcome perceived experiences with racism and discrimination?" Recommendations for counselors and researchers are provided.

Race Based Trauma and Counseling

Research consistently notes that racial and gender disparities exist in the utilization and continuation of behavioral health services (Vogel, Wester, Hammer, & Downing-Matibag, 2013). Individuals in the U.S. who live in poverty, represent diverse populations, and reside in rural and/or medically underserved communities are at greater risk for severe mental illness, severe emotional disturbance, substance use disorders, and early mortality (Holden, et al, 2012; Mental Health in America, 2017; Vogel, et al, 2013).

African Americans and Hispanic Americans, two growing demographics in the U.S., remain two of the most underserved populations in counseling services (Holden, McGregor, Blanks, & Mahaffey, 2012). Health impairments associated with RBT might include hypertension, heart diseases, psychological impairments, depression, anxiety, self-harm, relationship dissatisfaction, and decreased self-esteem issues (Brondolo, Kelly, & Gerrin 2003; Nadal, , Griffin, Wong, Hamit, & Rasums, 2014; Schneider, Hitlan, & Radhakrishnan; Trail, Goff, Brandbury, & Karney 2012). While individuals representing diverse populations (racial minorities, individuals representing lower socio-economic statuses, etc) are more likely to work with a primary care facility for the treatment of their mental health issues these may not be the optimum settings for this type of care (Chapa, 2004: Hooper, 2014; U.S. Department of Health

and Human Services [USDHHS], 1999; 2014). It is imperative that the counseling profession enhance and expand the delivery of services to individuals who have experienced RBT.

As counseling professionals work to provide multiculturally competent services, the profession must consider the impact of RBT on clients and clinicians (ACA, 2014; Carter, 2007). As a method to treat RBT effectively or consistently is not available, the purpose of this study is to explore the individual lived experiences of perceived racism and discrimination and to learn about the coping strategies used to counteract this trauma. It is the researchers' intentions that the data collected from this study will initiate a dialogue on methods to treat RBT and insulating factors.

Method

Ethnographic Content Analysis

Ethnographic content analysis (ECA) is one of the oldest documented methods of qualitative research (McLeod, 2011). ECA researchers immerse themselves into the culture of their subjects (Altheide, 1987). In ECA, researchers can utilize the Constant Comparative Method while examining participant responses through inductive searches (Altheide, 1987; Galser & Strauss, 1967; Porter & Ispa, 2012). In Constant Comparison Method, researchers develop a broad open-ended research question and examine subject responses using open coding analysis to develop action-oriented themes and categories

(McLeod, 2011). Once the analysis step is completed, the researchers apply an "axial coding" method to reexamine the data in an effort to ensure triangulation (McLeod, 2011). The current study utilized the Constant Comparative Method using the steps described above. To reduce bias,

an external auditor, who was not involved in the collection of data, reexamined data collection procedures, coding methods and analysis.

This study was approved by the Institutional Review Board. The dates of data collection were June 11, 2015 through June 28, 2015. The unit of analysis was participant typed responses to process questions. Responses were compared across themes to avoid repetition.

Reliability

The data was independently coded across researchers and agreement was obtained. Disagreements were resolved through further discussion and a revision of codes/themes. An external auditor (a Multiracial male in his forties) reviewed the data to ensure agreement. All subjects manually entered their individual responses into the data collection system which the research team regarded as member checking. The researchers agreed that the themes were representative of the participants and their responses.

Sample

The specific stimulus question derives from a larger race-based ECA study that examined the lived experiences of IOC with racism and discrimination. A Qualtrics link with the Informed Consent and stimulus question (how have you tried to overcome your experiences with racism) were posted on two social media platforms. The primary investigator recruited two volunteers, due to their interest of issues of race and diversity. No compensation was provided for the volunteers participating in the study. One volunteer was a Black female in her mid-30's. The other volunteer was a Multiracial female in her mid-20's. The volunteers removed the hyperlink to the Qualtrics study from their personal social media sites after one week and a total of 49 people initiated the study. Below, the participant demographics are described.

Forty-nine participants agreed to participate in this study. Of the 49, 10 respondents did not complete the study in its entirety and were excluded from the study. Inclusionary criteria included individuals who are 19 years of age or older, self-identified as an Individual of Color and resided in the United States. Additionally, 10 participants were excluded from the study because they did not fit the inclusionary criteria (e.g., identified as White, resided outside of the U.S. and/or under the age of 19).

For this study, 28 subjects were included. This included 24 (86%) females and 4 (14%) males. Participants reported their race as African American/Black (60%), Asian American (21%), Latino/Hispanic American (11%), Other (4%), and Multiracial (4%). Ages ranged from 20's (39%), 30's (29%), 40's (21%), and 50's (11%). Regarding highest level of education, 11% of participants reported a high school diploma, 7% an Associate's Degree, 46% had a Bachelor's Degree, 21% a Master's Degree, and 14% a Doctoral Degree. Participants reported an annual income ranging from $14,000 to $180,000 with a mean of $55,000. Geographically, 54% of participants resided in the Southeast, 18% in the Pacific Northwest, 14% in the Midwest, and 14% in the Northeastern United Stated.

Results

The data used in this study were coded and categorized into five major thematic categories using an axial coding approach. These thematic categories represent the most common ways in which the participants reported coping with, or overcoming, racism. The five categories are as follows: *Advocate/Educate Others; Rise Above the Negativity; Seek Support; Increase Awareness,* and*; It Is What It Is.*

Table 1, offers the five thematic categories and their descriptions, along with the supporting codes obtained from the data. Some of the codes are open codes of which the researchers used their own words to create. Other codes are in-vivo codes, meaning they were created from the data verbatim.

Advocate/Educate Others

The thematic category of *advocate/educate others* indicates the communication with others in a non-threatening, educational or informational manner when faced with racism. This thematic category was created from grouping the codes of: *help others like me; activism/advocacy; bring awareness to others; call it out/speak up,* and*; communicate with/educate those not like me.* Examples referencing codes that support this thematic category include:

"…when I'm directly affected, I ensure I communicate emphasis on equal opportunity."

and

"I am also heavily involved in activism for racial justice. Speaking up is the most empowering way to overcome these experiences."

Rise Above the Negativity

Some of the social media postings reflected that participants sought to *rise above the negativity* signified by codes such as*: be loving/kind; be polite; remain positive; be the best I can be; be smarter than; just as good as; create safety for self,* and*; give benefit of the doubt.* This

category reflects actions or beliefs that describe participant's rising above negativity or perceived racism. Examples include:

"Trying to politely correct people when faced with a racist remark."

and

"I make it a practice to expect the best and give people the benefit of the doubt."

Seek Support

Seek support is a thematic category that references the forms of outside support that participants sought out to help overcome racism. This category was created based on the following codes: *church/faith; family; therapy/counseling; community; friends,* and*; blog/social media.* The following postings are examples that reference codes used to support this category:

"I am now going to counseling to help overcome a lot of what I have tried to repress."

and

"Finding community with people who experience similar things and who are working towards dismantling these systems of oppression has helped too."

and

"My faith has helped me gain a new perspective."

Increase Awareness

The thematic category of *increase awareness* denotes actions or experiences that indicate an increase of awareness regarding self, others, racial issues, and/or racial history to overcome racism. The codes used to support this category are as follows: *know my rights; learn racial history; self-exploration; self-awareness; self-acceptance/racial identity acceptance; recognize ignorance; right to feel; feel anger,* and*; internalize/self-blame.* The following postings are examples that reference codes used to support this category:

"Self-education [sic]. Learning about Asian American history has been extremely helpful…".

and

"Looked within and accepted my beautiful culture…Black and proud…".

and

"I overcome daily by not letting the ignorance of others stop me from pursuing my goals".

and

"I think it is very important for people of color to know their history and love their identity."

It Is What It Is

The thematic category of *it is what it is* signifies actions or beliefs that indicate a recognition of perceived racism, without intentionally acting towards it. An example that references codes used to support this category include:

"I have accepted the harsh reality of white privilege and supremacy. I can only handle smart remarks with grace and keep moving forward…".

The following codes were used to support this category: *ignore it; accept the reality,* and*; move forward.*

Discussion

The ways in which an individual might attempt to overcome acts of racism and discrimination is important to consider in the current era. The recognition of race-based trauma and the negative health outcomes associated with it, necessitate that counseling professionals recognize the importance of treatment methods to better serve Individuals of Color who have experienced racism and discrimination. The current study included narratives and expressions that implied a wide range of responses to perceived racism and discrimination by Individuals of Color. This included advocating/educating others, rising above the negativity, seeking support, increasing awareness and statements associated with – it is what it is. It is important to reflect upon the personal responses of Individuals of Color when developing professionally recognized standards.

Previous researchers found that experiences with racial trauma can negatively impact physical, cognitive, and emotional development (Masked, 2016; Pickover & Brown, 2016).

Trauma informed care is an organizational approach that includes recognizing and responding to the impact trauma may have on individuals. This may include ensuring physical, sexual and emotional safety, avoiding approaches that could re-traumatize individuals, building on participant strengths, and implementing approaches that empower individuals (Substance Abuse and Mental Health Services Administration, 2014). Trauma-informed care within the behavioral healthcare and counseling systems can be defined as a system where all professionals are responsible for the adequate training and ongoing support on the impact of traumatic stress and its role in facilitating recovery (Sullivan, 2016). In addition, trauma-informed care is an evidence based service delivery model that has received international recognition in its effectiveness. One recommendation from the researchers of the current study is to build upon the work of Mallot and Schaefle (2015) who developed the term *racism-focused counseling* to reference the provision of counseling services that acknowledge racial disparities. Although this is an emerging concept, the counseling profession could integrate trauma informed and racism-focused counseling to provide counselors with a stronger foundation in treating race-based trauma. Counselors and other behavioral healthcare professionals should be knowledgeable about theory-based treatments with demonstrated efficacy with specific populations.

Counselors may also want to consider Post-Traumatic Growth (PTG) methods to treat race-based counseling in therapy (Masked, 2015). A strengths-oriented approach, PTG shares many similarities with the themes presented in this study. It can be deduced that the participants were utilizing cognitive restructuring and resilience oriented approaches, often associated with PTG, to cope with perceived acts of racism and discrimination (Masked). As social justice advocates, it is imperative that counseling professionals provide culturally competent and trauma informed services in a counseling session. Additionally, counseling professionals should also

advocate for IOC who may experience race-based trauma through community advocacy efforts and policy reform.

Limitations and Future Research Recommendations

It is important to acknowledge the limitations to this study. The recruitment methods selected, although recommended for the ECA approach, may have endorsed self-selection bias and may not be generalizable to the wider population. As noted, the sample reported a median income of $50,000 and included primarily females. These constructs may also impact generalizability for a larger IOC population. Finally, IOC's who have not experienced racism and discrimination may have chosen not to participate in this study, thereby, further limiting the sample.

The current study contributes to the research literature on race-based trauma and possible methods to overcome racism and discrimination. Based on the findings from this study, it is recommended that researchers further examine the lived experiences of individuals from specific racial and ethnic backgrounds. In addition, researchers should begin to build off of the existing race-based literature to develop methods to better serve IOC in counseling who report symptoms associated with race-based trauma. As previously noted, counseling professionals lack the training to treat race-based trauma, although a majority of professionals are reporting the persistence of racial trauma in session.

Conclusion

Racism and discrimination are complex and pervasive issues in the U.S. Consistent with the literature exposure to trauma has a lasting effect and this includes race based trauma (Carter & Forsyth, 2010). It is necessary that counseling professionals be trained in methods to identify and treat race based trauma and recognize its impact in our current era. Recommendations include trauma formed approaches and post-traumatic growth interventions. Hopefully in the near future, the counseling profession will provide a method to treat race-based trauma that adheres to the ethical, legal and multicultural guidelines of our profession.

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Post-Traumatic Stress Disorder

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Abstract

Post-Traumatic Stress Disorder (PTSD) is a biological/psychological disorder that is based on a physiological response to a psychological trauma. The traumatic event changes one's neurological physiology so dramatically that those changes can be passed on to succeeding generations. In the United States, PTSD impacts minorities and women disproportionately, especially Hispanics.

Post-Traumatic Stress Disorder (PTSD) is defined by the Diagnostic and Statistical Manual (American Psychiatric Association, 2013) as applied to people age six and older as being exposed to actual or threatened death, serious injury, or sexual violence when one experiences the event, witnesses the event, learns that the event happened to close family or friends, or if the event involved a death, the death must be accidental or violent. Intrusive memories are a major criterion for a diagnosis of PTSD through dreams, distressing memories, flashbacks, avoiding things that remind one of the trauma, and physical/biological reactions to reminders of the event. Another criterion for a PTSD diagnosis is change in thought and mood after the trauma such as being unable to remember an important part of the event, negative beliefs about oneself, self-blame, decreased interest in activities, negative emotions, feeling disconnected from others, and inability to have positive emotions. Some survivors experience increased irritability, self-destructive behavior, paranoia, are easily frightened, have poor concentration, and sleep problems. Some people may feel disconnected from their surroundings or their own body. These symptoms are like Major Depression.

Post-Traumatic Stress Disorder can be diagnosed from age one. (American Psychiatric Association, 2013) indicates that trauma can be the "result of war, threatened or actual physical assault, violent crime, childhood abuse, sexual abuse, being kidnapped, taken hostage, terrorist attack, torture, being a Prisoner of War (POW), natural or human made disasters, or severe accidents, traumatizing medical events, suicide, or serious injury." PTSD symptoms are highest among veterans, people that have jobs that consistently expose them to trauma, rape, political prisoners, and genocide. In the United States Latinos, African-Americans, and Native Americans have a higher prevalence of

PTSD than dominant culture Whites. Symptoms often occur within the first three months of the trauma but sometimes the ability to make a full diagnosis of PTSD may take years.

Factors predisposing one to PTSD include" emotional problems before age six, poverty, poor education, prior trauma, especially childhood trauma, family dysfunction, parental separation or death, cultures holding fatalistic views, low IQ, minority status, history of mental illness in the family, females and being young when trauma occurs" (American Psychiatric Association, 2013). PTSD may present differently based on culture. (American Psychiatric Association, 2013) indicates Latinos and Cambodians may be more prone to panic attacks. Women are more prone to PTSD than men due to their likelihood of being exposed to inter-personal violence. Childhood trauma may precipitate later suicidality.

 PTSD is associated with disability, poor social and occupational functioning, problematic relationships, absenteeism, lower income, and educational or vocational problems. Additional diagnoses that are associated with PTSD include mood disorders, substance abuse, conduct disorders, Traumatic Brain Injury (TBI), and neurological disorders (American Psychiatric Association, 2013). Factors predisposing one to develop PTSD include prior trauma, the severity of the trauma, and living in an unsafe environment, whether that is a family or community environment (Pape & Binder, 2016). Early traumatic experience is a precursor for developing PTSD later in life.

Biological Aspects of PTSD

Both children and adults diagnosed with PTSD have difficulty regulating emotions because the areas of the brain that regulate emotions are affected by the impact of the

trauma. Toxic childhood environments inhibit the development of the pre-frontal lobe executive functioning area of the brain leading to poor impulse control, poor short-term memory, and inattention (Jack, et al. 2011d). Prenatal alcoholism and frequent changes in care-giver can also impact executive functioning in children. Early abuse, being raised in an orphanage, and prenatal and birth complications have an impact on an individual's executive functioning.

Toxic stress combines with genetics to impact sociological, educational, psychological and physiological systems which impact lifelong learning, earning, as well as mental and physical health (Shonkoff, et al.2011c). Extreme poverty and repeated or severe abuse can cause toxic stress in children that disrupts brain development. Pape and Binder (2016) purport that the development of PTSD is due to a combination of a genetic predisposition combined with a toxic environmental event. Parents having PTSD can transmit the genes making his or her offspring also vulnerable to PTSD.

Family Trauma

The International Association of Trauma Professionals (2016) indicates that family dysfunction occurs when there is a central nervous system dysfunction in one or more family members. DNA impacts protein that becomes part of the brain which affects the dopamine/serotonin levels of future generations. Protein is reduced when there is developmental trauma. When the parent is the cause of the threat the child distances to keep safe. The parent then reacts negatively causing difficulty in the bonding process (IATP, 2016).   Significant early stress can lead to lifelong problems, including health problems.

Children need to be protected from toxic environments because if the toxic environment is at home then the child's brain circuitry becomes disrupted, particularly in the frontal lobe and the child will be impulsive (National Scientific Council on the Developing Child,, 2012). The International Association of Trauma Professionals (2016) indicates that abandonment, abuse, shame, isolation, and emotional deprivation result in incompetence, anxiety, learned helplessness, and dysfunctional relationships. Herzog, Ferdik, Fleming, & Durkin (2016) purport that most adults experience trauma in his or her life. Accidents and crime are the most prevalent. The trauma women most experience are child abuse and sexual assault and the trauma men most experience are automobile accidents and combat.

The term secondary trauma was initially used to explain traumatic injury to professionals working with trauma survivors. The term has now extended to family and friends of trauma victims that are affected by the family member's traumatic experience (Herzog, Ferdik, Fleming & Durkin, 2016). Symptoms of secondary trauma are the same as symptoms of Post-Traumatic Stress Disorder and affect children and spouses of trauma survivors. Secondary trauma symptoms occurring in childhood can continue through adulthood. Symptoms of secondary trauma include depression, psychological issues, conduct disorder, sleep disorders,

Military

Military personnel that have been deployed have a high rate of PTSD, along with other mental illnesses including substance abuse and major depression (Ursano, Wang,

Ramsawh, Russell, Benfer, 2016). The most frequent reported childhood experience in the military of childhood adversity was parental divorce and separation due to domestic violence which the child witnessed. Additionally, being raised in a home in which there is substance abuse, physical and psychological abuse of children, and having parents incarcerated impact the need for counseling and vulnerability of soldiers to PTSD (Applewhite, Arincoryan, & Adams, 2016). Co-morbid disorders are depression, anxiety, Traumatic Brain Injury (TBI), and adjustment disorders. Military deployment has been linked to aggression, sleep and appetite disorders, and risk-taking behavior including suicidality. A study by the military indicated that half of all soldiers that attempted suicide had attempted suicide at least once before enlisting indicating that there may be a link between childhood adversity and poor adjustment to military service.

Gender and Racial/Historical Trauma

Females have a higher rate of PTSD based on physical and sexual assault, along with witnessing such assault (Cisler, Sigel, Steele, Smitherman, & Vanderzee, 2016). Women are twice as likely than men to develop PTSD (Pape & Binder, 2016). Ohare, Shen, & Sherrer (2016) indicate that Hispanic-Americans are more prone to trauma and trauma-induced suicidality. "Trauma is four to five times higher in people with serious mental illness than the general population…Trauma is associated with severe psychiatric symptoms, additional trauma, suicide, self-harm, substance abuse and poorer treatment outcome." The most common trauma experiences cited by mentally ill clients are childhood sexual abuse, physical abuse, domestic violence, and sudden loss of a significant person is his or her life. Increased potential for suicidality in Hispanic - Americans may be due to trauma symptoms, or cultural aspects associated with shame or

stigma based on mental illness, suicidal actions, or the original trauma, immigration status or level of acculturation.

Gfellner (2016) indicates that ethnic and cultural identity serves as a protective factor for minority adolescents. Native Americans are at risk for physical and psychological problems due to historical trauma of dominant culture assimilation including the creation of reservations, separating children from their parents to attend residential school, and racism. These practices devalued "culture, values, ceremony, language, and tradition." Ego is strongly associated with identity resolution. Native Americans that identified more strongly as Native American rather than bicultural had higher ego strength indicating better social and individual adjustment indicating strong feelings of belonging and group identity.

Resilience, Intervention, and Treatment

Due to the biological impact of PTSD on the brain, hormonal, and genetic system the first treatment should be medication that would stabilize the serotonin and dopamine system. Depending on the symptoms, appropriate medication would be anti-depressants, anti-anxiolytics, or anti-psychotics. Once the psychiatric symptoms have been stabilized, therapy should begin as soon as the client is able to tolerate psychological intervention.

A supportive person in the survivor's life can help the survivor normalize his or her life (American Psychiatric Association, 2013; IATP, 2016). Gfellner (2016) indicates that having a strong ethnic identity for minorities is a factor associated with resiliency for those that understand his or her culture and have a sense of historical trauma experienced by that group. Programs that address improving executive functioning and reducing

traumatic stress in children will be helpful to these children as juveniles and as adults (Shonkoff, et al., 2011b). The preferred treatment for children having PTSD, depression, and behavioral problems is Trauma Focused cognitive behavioral therapy (Cisler, Steele, Smitherman, & Vanderzee, 2016). Trauma focused cognitive behavioral therapy consists of 12 – 16 weekly sessions that teaches about trauma and PTSD, parenting, regulating moods, coping skills, developing a narrative of the trauma and processing thoughts and feelings. Training survivors to manage emotions and reprocess the traumatic memory may change the neurological components of the brain that regulate emotion to reduced negative emotions, allowing the survivor to regulate emotions more effectively and reduce PTSD symptoms. Early intervention may reduce the impact of toxic stress in childhood (Shonkoff, et al., 2011b).

Clients need to be provided with relaxation skills to assist them in managing emotions (Shonkoff, et al., 2011b). IATP (2016) recommends building a new trauma narrative to assist in normalizing trauma symptoms and increase self-confidence and gain a more positive self-perception and healthier relationships. Parents need to be involved in the child's treatment.   Gfellner (2016) indicates that providing support in childhood, along with racial identity will enhance growth, resiliency, and well-being among minority youth. Herzog, Fleming, Ferdik, and Durkin (2016) purport that we need to provide services for juveniles affected by trauma in the community and explore the possibility of secondary trauma when children present to mental health professionals for services.

Legal/Ethical Concerns

Legal and ethical concerns when working with clients that have Post-Traumatic Stress Disorder include assessing if the client has his or her psychiatric symptoms treated. Prior to this

the client should be assessed for harm to self or others. The client should be assessed for the need of hospitalization. The client should be assessed for needs such as family therapy, housing, substance abuse treatment, and any other social or psychological needs that the client needs to have addressed. Treatment should be comprehensive and not piece meal for this population.

Discussion

Trauma affects one neurologically in the area of the brain that impacts the serotonin/dopamine system, as well as the frontal lobe causing the person experiencing trauma to have difficulty regulating emotions. Parental trauma can affect children through the child being traumatized by the parent's mental illness, as well as genes being passed down through the generations causing the children to be more prone to developing PTSD. Children need to have stable adults to model emotion management to gain the ability to be resilient. Treatment for children exposed to primary or secondary trauma should begin as early as possible because the effects of early trauma can have lifelong implications that affect physical and mental health, learning, earning ability, and social relationships.

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Serving Prekindergarten (Pre-K) Children in Alabama Elementary

Schools: Age Appropriate Support

of Social and Emotional Development

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Abstract

Children who have participated in Prekindergarten (Pre-K) programs have a significant advantage in school readiness when they enter Kindergarten. There is evidence that this advantage is sustained into adulthood. The positive impact of Pre-K participation has sparked an expansion of state and federal grant-funded initiatives to provide start-up and continued operating funds for Pre-K classrooms. The increase of such classrooms has been significant in the state of Alabama. While Pre-K classrooms can be housed in a variety of settings, including universities, military bases, faith-based institutions or private establishments, most of these classrooms are housed in public schools; chiefly elementary schools. Consequently, elementary school counselors may be asked to provide classroom guidance services to the Pre-K classrooms located in their buildings. The alignment between the American School Counselor Association (ASCA) model standards and competencies, and the curriculum standards required by Office of School Readiness is discussed as a resource for school counselor planning.

The Impact of Pre-K programs on School Readiness

The positive benefits associated with participation in quality Pre-K programs have contributed to an expansive growth of funding and grants designed to increase access to such programs for all children (Weiland & Yoshikawa, 2013). The primary function of Pre-K education is to give children the foundational skills that will enhance their success in subsequent educational ventures, as well as prepare them for a successful life in general. Research on Pre-K program effectiveness has primarily focused on school readiness, and the findings indicate that early learning programs significantly benefit children for their entry into Kindergarten (Brookings Institute, 2017; Bouffard, 2018; Cavedel & Frye, 2017; Nelson, 2014). School readiness is a multifaceted concept that includes language, academic, motor, behavioral, and social/emotional skills. The importance of the social/emotional aspect of school readiness, particularly in regard to the ability to regulate behavior and emotional response, is critically significant for success in learning, and in social functioning (Nesbitt, Farran & Fuhs, 2015; Robinson & Diamond, 2013). Villares, Brigman, and Peluso (2008) also stress the value of both academic and prosocial skills in preparation for effective advancement in school and life. The Alabama Office of School Readiness (2012) defines school readiness as being comprised of the following:

(a) an enthusiasm for learning,

(b) an ability to function in a social setting,

(c) age-appropriate communication and problem-solving skills,

(d) age-appropriate physical and emotional skills, and

(e) optimal health.

Research regarding the long-term effects of Pre-K participation, while not as prevalent as kindergarten/school readiness studies, has shown evidence of lasting beneficial effects, particularly with children from low socio-economic households (Muennig, Schweinhart, Montie & Neidell, 2009). Notably, the positive effects of preschool education for children from low socio-economic households can continue across the elementary, middle and high school years, and can even have lasting effects into adulthood (Campbell, Ramey, Pungello, Sparling & Miller-Johnson, 2002; Swaminathan, Byrd, Humphrey, Heinsch & Mitchell, 2014). Additionally, Weiland (2016) found strong positive results, in academic and social-emotional skills, for special needs children, who participated in an inclusion Pre-K classroom. The case for quality Pre-K education is strong, particularly when considering the mitigation of the effects of poverty, and the beneficial outcomes for special needs children. A child who is ready to learn when entering school will be able to obtain optimal benefits from the learning experiences offered by the school and will encounter fewer obstacles to learning. School readiness is essential in the attainment of educational achievement, reduction of retention and remediation, a higher individual economic status later in life and a positive sense of social responsibility; thus creating a stronger healthier society. Therefore, a compelling argument is to be made for providing Pre-K classes for all children based on evidence of consequential outcomes for participating children (Weiland & Yoshikawa, 2013). However, for such positive impacts to take place, it is essential that Pre-K programs are of high quality and are grounded in best practice (Goldstein, Warde and Peluso, 2013).

The *First Class Pre-K* program is a grant-funded voluntary Pre-K program offered through the Office of School Readiness (OSR), which is housed within the Alabama Department of Early Childhood Education. Through the use of mandatory, evidence-based high standards,

this program established sound criteria for classroom composition, teacher qualifications, physical space requirements, training and professional development, continual monitoring of classrooms, and coaching for personnel. The OSR grant requirements foster consistency and excellence in Pre-K education. This commitment to quality is evidenced by its recognition by an external professional research organization. Since 2006, Alabama's *First Class Pre-K* program "has met all of the quality benchmarks the National Institute for Early Education Research (NIEER) measures to determine a program's quality" (Alabama Department of Early Childhood Education, 2017,p.3). Additionally, Alabama was one of only six states to reach the NIEER standard in 2017 and one of two states to have already accomplished compliance with the new 2018 standards.

In research specific to the OSR Alabama program, there have been promising results regarding the immediate and the long-term positive effects for participating children (OSR, 2012). The department reports that children who took part in *First Class Pre-K* programs were ready for Kindergarten in math, literacy, cognitive, language, physical, and social-emotional domains. These children also scored higher in reading and math across their elementary years than children who did not attend a *First Class Pre-K* program. Additionally, the children were less likely to be retained and were more likely to attend school on a regular basis. These results are encouraging for the future of Alabama children, especially in light of the fact that there is a rapid expansion of these classrooms across the state. The OSR grant application requirements ensure quality and consistency in the provision of early childhood education for Alabama children. Moreover, the monitoring and support provided by OSR foster ongoing consistency and best practice in delivery.

The program has grown each year since its inception. In the 2005-2006 budget year, there were 57 classrooms that serviced 1026 students, or 1.7% of the eligible children in Alabama (Alabama Department of Early Childhood Education, 2017). In the 2017-2018 budget year, there were 941 *First Class Pre-K* program classrooms serving 16,938 children; about 29% of the eligible children in the state. In recent years, the increase in the number of classrooms has markedly escalated. Alabama classrooms increased from 9% of eligible children served by 311 classrooms in 2013-2014, to 29% of eligible children being served in 941 classrooms in 2017-2018. Hence, there has been a three-fold increase in the number of eligible children served within this five-year time span. Due to the success of these *First Class Pre-K* classrooms, it is projected that the precipitous growth of these classrooms will continue, serving increasing numbers of eligible children across the state.

Most of the *First Class Pre-K* classrooms are housed in public elementary schools. Of the 941 classrooms. In the 2017-2018 budget year, 688 classrooms, approximately 73%, were located in public schools (Alabama Department of Early Childhood Education, 2017). An ever-increasing number of classrooms is highly probable in forthcoming years; therefore, public schools will need to evaluate their provision of school-wide services to the children and families participating in these Pre-K programs. Bouffard (2018) notes that public schools are often unprepared for working with preschool aged children and recommends training for school personnel in early childhood education in order to best meet the needs of Pre-K children. The developmental and educational needs of preschool children are unique and differ greatly from even the Kindergarten children in a school. School staff training regarding early childhood education models will be vitally important as Pre-K classrooms increase in Alabama.

Developmental School Counseling Core Curriculum

The American School Counselor Association (ASCA) defines the school counseling core curriculum as follows:

> *School counseling core curriculum: This curriculum consists of structured lessons designed to help students attain the desired competencies and to provide all students with the knowledge, attitudes and skills appropriate for their developmental level. The school counseling core curriculum is delivered throughout the school's overall curriculum and is systematically presented by school counselors in collaboration with other professional educators in K-12 classroom and group activities.* (ASCA, 2018)

Typically, the core curriculum is presented in lesson format by the school counselor in what is commonly known as classroom guidance. Some school systems may request that elementary school counselors include Pre-K classrooms in their scheduled delivery of the developmental school counseling core curriculum. Conversely, other school systems may discourage elementary school counselors from offering services to Pre-K classrooms. This is certainly an issue that will need to be sorted out, but for now, those counselors who are including preschool children in the delivery of the core curriculum are in need of recommendations on how to proceed. Assistance can be found by looking to the professional standards and models that inform best practice in both school counseling and early childhood education.

The ASCA National Model provides a systematic framework for the creation of a comprehensive school counseling program (ASCA, 2018; Erford, 2019). Moreover, the school counseling guidance model for Alabama, based on the ASCA National Model (Alabama State Department of Education, 2003), spells out the standards for school counseling program development, implementation and curriculum domains. For the purpose of this article, we will

focus on the three primary domains of the school counseling core curriculum that must be addressed across the K-12 continuum in an age-appropriate developmental fashion. The three domains address academic, career and social/emotional development (Erford, 2019). Through classroom guidance lessons, grounded in the ASCA competencies and indicators that represent the three domains, school counselors can provide information to large groups of students. In this manner, the counselor can efficiently cover the school counseling core curriculum across the school population. ASCA provides school counselors with a developmental crosswalk tool for curriculum planning. Likewise, the Alabama school counseling guidance model includes a scope and sequence chart, based on the ASCA domains, competencies and indicators, that specifies the developmentally appropriate grade level in which each competency and indicator should first be addressed (Alabama State Department of Education, 2003). The grade cluster levels on both the crosswalk tool and the scope and sequence chart are K-2, 3-6, 6-8 and 9-12.The designing of lessons for Pre-K students can be initiated by focusing only on those competencies and indicators designated for K-2. In this grade cluster, school counselors can seek information on lesson plans that might be appropriate for the Pre-K child; however, there is a sizable developmental difference between preschool children and Kindergarten through second-grade students. Therefore, school counselors must consult with other resources to best meet the needs of the Pre-K student. The primary source of early childhood information for school counselors can be found with the Pre-K teachers who have specialized training in the unique instructional needs of young children. It is vital that school counselors consult with the teachers in the Pre-K classrooms while planning lessons. Collaboration between school counselors and teachers is already an essential aspect of the implementation of the school counseling core curriculum.

Perusse, Parzych, and Erford (2019) stress the importance of partnership with teachers, especially when core curriculum lessons occur in the teacher's classroom. School counselors should seek to understand the climate of the classroom, as well as the rules, daily routine and methods by which the teacher manages instruction and behavioral correction. Bouffard (2018) notes that in early childhood, the behavioral management focus should be on facilitating children's self-regulation skills rather than relying on disciplinary techniques that may be effective with older children since such techniques are often ineffective with younger children. A common teacher/counselor collaborative practice in school counseling is the coordination of ASCA standards with the academic curriculum being presented by the teacher. This could be achieved in Pre-K classroom by working with the teachers to understand their curriculum and finding opportunities to align ASCA and Pre-K standards. In whatever manner a school counseling core curriculum is implemented in Pre-K classrooms, the necessity of collaboration with the teachers is evident. The Pre-K teachers are early childhood experts who will provide indispensable consultation on engagement with and education of the young child.

Developmental Standards for Preschool Children

The Alabama Department of Children's Affairs-Office of School Readiness (2012) has produced a manual of Pre-K standards entitled *Alabama Developmental Standards for Preschool Children*. These standards are based on best practice and current research regarding the development of behavioral, social/emotional and cognitive skills in young children. Accordingly, these standards are the mainstay of *First Class Pre-K* program classrooms in Alabama. The standards are designed to "serve as a natural progression to the kindergarten standards contained in the Alabama Courses of Study "(v). A major driving force behind the development of the standards was the aspiration to address readiness concerns with at-risk children. Furthermore, the

standards emphasize the need for learning through active exploration by means of developmentally appropriate enriching experiential learning. The standards are categorized into nine areas of development: 1. Approaches to Learning, 2. Language and Literacy, 3. Mathematics, 4. Science, 5. Creative Arts, 6. Technology, 7. Social and Emotional Development, 8. Physical Development and 9. Health and Daily Living. The standards provide direction for planning and foster attainment of developmental benchmarks needed for school readiness at age five. Of particular help for lesson planning is the list of examples and supportive practices that can be found at the end of each standard section. It should be noted that both The *Alabama Developmental Standards for Preschool Children* and the ASCA School Counseling Core Curriculum emphasize social and emotional competence for young children as a crucial foundation for later development. The relationships that children form with peers and adults, their understanding of the social world and constructive images of themselves are critically important for success in school and in life. This similar theoretical emphasis eases the cooperation between Pre-K teachers and school counselors.

For school counselors providing lessons to preschool children, a comparison of the OSR standards with the ASCA K-2 competencies and indicators may prove to be helpful. By examining where the two sets of standards correspond, school counselors can more effectively meet the needs of the Pre-K students. The following table illustrates a potential alignment between the *Alabama Developmental Standards for Preschool Children* (Alabama Department of Children's Affairs Office of School Readiness, 2012), referenced as OSR in the table, and the ASCA school counseling core curriculum domains, standards and suitable K-2 indicators found in the scope and sequence chart of the *Comprehensive Counseling and Guidance State Model for Alabama Public Schools* (ALSDE, 2003). Since the K-2 indicators cover a three-year

developmental span, many of the competencies and indicators are not appropriate for preschool children. Therefore, only those ASCA K-2 indicators that have age appropriate compatibility with the developmental OSR goals and standards are aligned.

These points of agreement between the Alabama Developmental Standards for Preschool Children and the ASCA core curriculum standards can provide a starting point for school counselor preschool lesson planning. By noting the connections between standards, and by consulting with Pre-K teachers, school counselors will be able to meet the guidance needs of preschool children in a developmentally appropriate manner.

Conclusion

As stated previously in this article, the proliferation of OSR funded Pre-K classrooms in public schools is expected to increase, so the question of school counselor involvement with Pre-K students will eventually need to be addressed. Currently, school districts are approaching counseling service provision differently. Some school counselors have been asked to provide school counseling core curriculum lessons to Pre-K classrooms. In other districts, school counselors have been told not to provide classroom guidance. A major sticking point seems to be the fact that the Pre-K classrooms are funded differently; therefore, these students are not counted toward the service load of the counselors in the school. Going forward, it would be helpful to gather data on how Alabama school districts are addressing school counselor service to the Pre-K classrooms. A survey of schools across the state would be an excellent place to start and would provide data for decision making. However, until such data is collected, and discussions begin, there are school counselors who are currently providing classroom guidance lessons to Pre-K children. In schools where these services are provided, collaboration with the Pre-K teachers is vital in order to plan relevant guidance lessons that address pertinent topics in

an age-appropriate manner. In addition, school counseling workshops on early childhood education and development would be incredibly beneficial to school counselors who are providing services. An essential core value of school counseling is our charge to act as advocates for the academic, career and personal social growth of all students. With the evidence that Pre-K education has long-term enhancing effects for the participating children in their school, work and personal lives, supporting services to preschool children is in keeping with principle tenets of the school counseling profession.

Standards Alignment Table

OSR Goal	OSR Standard	ASCA Domain, Standard	ASCA Competency	ASCA Indicators for the competency that are indicated for K-2
Approaches to Learning Goal 1: Children will develop curiosity, initiative, self-direction and persistence.	AL.P.1.2: choose and complete challenging tasks AL.P.1.3: Understand and follow rules and routines AL.P.1.5: Demonstrate increasing ability to complete task and maintain concentration over time.	Academic Development Domain Standard A: Students will acquire the attitudes, knowledge, and skills that contribute to effective learning in school and across the lifespan.	Competency A1: Improve Academic Self-Concept	A:A1.2: display a positive interest in learning A:A1.3: take pride in work and achievement
Approaches to Learning Goal 2: Children will develop positive attitudes, habits and learning styles.	AL.P.2.1: Demonstrate an eagerness and interest in learning. AL.P.2.2 Develop an increasing ability to find more than one solution to a question or problem	Academic Development Domain Standard A: Students will acquire the attitudes, knowledge, and skills that contribute to effective learning in school and across the lifespan.	Competency A2: Acquire skills for improving learning.	A:A2.3: use communication skills to know when and how to ask for help when needed

Literacy and Language: Goal 4: Children will develop speaking skills for the purpose of communication (expressive language).	LL.P.4.1: Express wants and needs. LL.P.4.3: Engage in conversations with peers and adults.	Academic Development Domain Standard A: Students will acquire the attitudes, knowledge, and skills that contribute to effective learning in school and across the lifespan.	Competency A2: Acquire skills for improving learning.	A:A2.3: use communication skills to know when and how to ask for help when needed
Literacy and Language Goal 6: Children will develop knowledge about the various uses of print and characteristics of written language (concepts about print)	LL.P.6.3: Understand that writing is used as a form of communication for a variety of purposes	Academic Development Domain Standard C: Students will understand the relation of academics to the world of work and to life at and in the community	Competency C1 Relate School to Life Experience	A:C1.3: understand the relationship between learning and work.
Social-Emotional Development Goal 1: Children will develop confidence and positive self-awareness	SE.P.1.1: Display a healthy self-image SE.P.1.2: Demonstrate Awareness of attributes self (abilities, characteristics and preferences) SE.P.1.4: Demonstrate growth in capacity for independence.	Personal Social Domain Standard A: Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.	Competency A1: Acquire self-knowledge	PS:A1.1: Develop positive attitudes toward self as a unique and worthy person. PS:A1.2: Identify values, attitudes and beliefs
Social-Emotional Development Goal 2: Children will increase the capacity for self-control.	SE.P.2.1 Initiate play with other children SE.P.2.2: Recognize and manage feelings and impulses in developmentally appropriate ways. SE.P.2.3: Demonstrate the	Personal Social Domain Standard A: Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.	Competency A1: Acquire self-knowledge	PS:A1.5: Identify and express feelings. PS:A1.6: Distinguish between appropriate and inappropriate behavior PS:A1.7:

	ability to control behavior when changing activities with class or group.			Recognize personal boundaries, rights and privacy needs. PS:A1.8: Understand the need for self-control and how to practice it
Social-Emotional Development Goal 3: Children will develop interpersonal and social skills for relating with other people	SE.P.3.1: Sustain interaction with peers by cooperating, playing and interacting SE.P.3.2: Understand how actions affect others and begin to accept consequences SE.P.3.3: Show increasing ability to use compromise and discussion to resolve conflict with peers	Personal Social Domain Standard A: Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others. And Standard B: Students will make decisions, set goals and take necessary action to achieve those goals.	Competency A2: Acquire Interpersonal Skills And Competency B1: Self-knowledge application	PS:A2.1: Recognize that everyone has rights and responsibilities PS:A2.6: Use effective communication skills PS:A2.7: Know that communication involves speaking, listening and non-verbal behavior PS:A2.8: Learn how to make and keep friends PS:B1.5: Demonstrate when, where and how to seek help for solving problems and making decisions PS:B1.6: Know how to apply conflict resolution skills.
Social-Emotional Development Goal 4: Children will develop a respect for	SE.P.4.1: Show progress in understanding similarities and respecting differences in	Personal Social Domain Standard A: Students will acquire the knowledge,	Competency A2: Acquire Interpersonal Skills And	PS:A2.1: Recognize that everyone has rights and responsibilities

differences in people and an appreciation of their role as being a member of the family, classroom and the community.	people. SE.P.4.2: Show understanding and respect for the property of others SE.P.4.3: Develop awareness of how activities positively affect the classroom environment	attitudes and interpersonal skills to help them understand and respect self and others. And Standard B: Students will make decisions, set goals and take necessary action to achieve those goals.	Competency B1: Self-knowledge application	PS:A2.Recognize, accept, respect and appreciate individual differences PS:A2.4: Recognize, accept and appreciate ethnic and cultural diversity. PS:A2.5: Recognize and respect differences in various family configurations PS:B.1.7: Demonstrate a respect and appreciation for individual and cultural differences.
Health and Daily Living Goal 3: Children will acquire knowledge of safety practices	HDL.P.3.1: Demonstrate knowledge of personal safety HDL.P.3.2: Recognize and know to avoid potentially harmful situations HDL.P.3.3: Recognize and know to avoid potentially harmful substances	Personal Social Domain Standard C: Students will understand safety and survival skills	Competency C1: Acquire personal safety skills	PS:C1.1: Demonstrate knowledge of personal information (i.e. telephone number, home address, emergency contact) PS:C1.3: Learn about the differences between appropriate and inappropriate touch PS:C1.6: Identify resource people in the school and community and know how to seek their help.

				PS:C1.7: Apply effective problem solving and decision making skills to make safe and healthy choices

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Preventing Vicarious Trauma in Counselors Through the Implementation of Self-Care Practices

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Abstract

Counselors are regularly exposed to a wide range of client's trauma experiences, and the construct *vicarious trauma* describes the negative secondary symptoms as a result of trauma exposure. Common symptoms include isolation, nightmares, hopelessness, cynicism, lethargy, despair, etc. The detrimental effects of vicarious trauma are well documented, and research has aimed to identify preventative factors and interventions to protect counselors from the negative effects of vicarious trauma. Numerous intervention strategies are documented, and engaging in self-care and taking care of oneself has been shown to be effective in reducing vicarious trauma symptoms. Studies present a wide range of considerations related to self-care, and this manuscript aims to examine effective self-care strategies to help prevent vicarious trauma in counselors. The components of self-care include physical, emotional, social, and professional strategies. Effective self-care plans should include each of these components and should be individualized and monitored regularly. Counselor education programs should train and education counselors-in-training on how to implement, follow, and modify a self-care plan to prevent vicarious trauma symptoms.

Keywords: vicarious trauma, burnout, self-care strategies, counselor education

Counselors in all clinical settings work with clients who have experienced trauma to some extent in their lifetime. According to the U.S. Department of Veteran Affairs National Center of PTSD (2015), trauma is prevalent in today's society, with about six out of ten men and about five out of ten women experiencing at least one trauma during their lives. Traumatic events also occur at an alarmingly high rate in children and adolescents as well. The National Child Traumatic Stress Network (2011) states that at least ten million children experience a traumatic event per year. Trauma can be defined generally as any exposure to an event or situation in which an individual is confronted with an incident that involves perceived, actual, or threatened death or serious injury to self or others' well-being (American Psychiatric Association, 2013). Traumatic events are broad in scope and have a wide range of intensity. Exposure to traumatic events, whether direct exposure or indirect exposure, ranges from 40% to 81% of the United States' population (Bride, 2007). Frequent traumas that clients experience include domestic violence, school or work related violence, sexual assault, physical assault, grief, community based trauma, natural and manmade disasters and childhood sexual abuse (National Child Traumatic Stress Network, 2011).

Clients' responses to these various traumas may be psychological, emotional, and/or physiological and typically include symptoms such as hyper-arousal, severe anxiety and fear, and a sense of helplessness that was not present prior to experiencing the trauma (American Psychiatric Association, 2013). When individuals who have experienced trauma seek counseling services, counselors are exposed to and empathically listen to their clients' traumatic experiences. This increased exposure in turn increases the counselors' vulnerability of taking on their clients' traumatic events (Finklestein, Stein, Green, Bronstein, & Solomon, 2015) and increases the likelihood that counselors will experience their clients' traumatic experiences

indirectly. In fact, studies indicate that as many as 50% of counselors are at risk of developing vicarious trauma (National Child Traumatic Stress Network, 2011).

Interventions

The term vicarious trauma has been used to describe counselors' reactions to directly working with clients who have experienced trauma (McCann & Pearlman, 1990). This definition of vicarious trauma includes secondary symptoms that are the result of exposure to clients' traumatic experiences (McCann & Pearlman, 1990). Pearlman and Saakvitne (1995b) described the construct of vicarious trauma as the negative inner transformation that occurs within therapists who engage and empathize with clients' traumatic narratives. This transformation can cause profound changes in the core traits of how the therapist views themselves, others, and the world (Pearlman & Saavkvitne, 1995).

Such changes can manifest in the counselor's feelings, relationships, and quality of life. It is imperative that counselors be knowledgeable about the signs and symptoms of vicarious trauma. Saakvitne and Pearlman (1996) noted several symptoms that may have a significant impact on a counselor. For example, the memories of practitioners affected by vicarious trauma often become fragmented such that they can recall clients' trauma narratives without also recalling the client's emotional responses to the trauma. Counselors may also experience images (e.g. flashbacks) of their clients' trauma as if they themselves experienced the trauma firsthand (Pearlman & Saavkvitne, 1995; Saakvitne and Pearlman, 1996). They may also have increasing feelings of cynicism and despair and have recurring and ongoing nightmares (Elwood, Mott, Lohr, & Galovshi, 2011; Saakvitne and Pearlman, 1996). Counselors affected by vicarious trauma may also experience negative changes in identity, worldview, spiritual beliefs, self-

esteem, resources, and cognitive schemas (Elwood et al., 2011; Pearlman & Saavkvitne, 1995; Saakvitne and Pearlman, 1996). Vicarious trauma also can cause negative mental health effects such as problems with trauma-related memory, perception, dissociation, intrusive imagery, and depersonalization (Elwood et al., 2011; Pearlman, 1999).

This negative shift will compromise the counselor's personal well-being and effectiveness in professional practice, as these symptoms can negatively influence the therapist's capacity for empathy and the ability to appropriately respond to the client (Trippany, White Kress, & Wilcoxon, 2004). Counselors who are exposed to several client trauma experiences may experience negative changes in their beliefs about safety, power, independent, and intimacy, which may influence their ability to help clients (Elwood et al., 2011). Should these symptoms of vicarious trauma remain untreated, they could negatively affect counselors' ability to provide the client effective treatment (Vrklevski & Franklin, 2008).

When individuals trained to work in the helping profession abandon the field due to an insufficient ability to manage the responsibilities of the job and experience vicarious trauma and are unable to balance work with other aspects of their life, this constitutes a significant and concerning loss of resources and potential (Harrison & Westwood, 2009). When counselors suffering from the effects of vicarious trauma continue working, this constitutes not only a tremendous disservice to the client and to the therapist, but it is also an ethical issue (ACA, 2014; Harrison & Westwood, 2009). Counselors have a responsibility to address symptoms of trauma that could cause clinical impairment to avoid any potential harm to the client or the therapeutic relationship (ACA, 2014). It is imperative to address these concerns before continuing to work clinically.

Another detrimental effect of untreated vicarious trauma is burnout, resulting in the clinician leaving his or her job or even the counseling field as a whole. Burnout as a result of untreated stress and vicarious trauma over time is well documented (Whealin, et al, 2007; Brattberg, 2006; Deighton, Gurris, & Traue, 2007; Vettor & Kosinski, 2000). When clinicians experience burnout, they begin to alienate themselves, sometimes intentionally and sometimes unintentionally, from their colleagues and experience a lack of accomplishment and fulfillment when working with clients (Deighton et al., 2007). Burnout has been shown to significantly impact employee turnover and mental health concerns such as depression and anxiety (Vettor & Kosinski, 2000). Brattberg (2006) recently found that 52% of individuals sampled in their study who were on long-term sick leave due to burnout had a higher probability of Post-Traumatic Stress Disorder symptoms.

Caring for the mental health needs of others can often times be an emotionally, psychologically, and physically taxing endeavor. This role and responsibility can be even more exhausting when paired with high productivity demands, challenging client populations, restrictions from funding sources, mandates for short-term interventions and other personal life stressors (Lawson, 2007; Lawson & Myers, 2011). Despite efforts to educate, promote, and monitor counseling students and professionals about the risks of not prioritizing personal wellness, there is evidence that indicates that the majority of mental health professionals will be challenged at some point in their professional career to maintain an optimal level of functioning (Shapiro, Brown, & Biegel, 2007), indicating a need to educate counseling students about the implementation and importance of self-care in more effective ways. All individuals possess a certain level of stamina for enduring and adapting to changes; however, when one's personal

threshold for being compassionate and empathic and a sense of fulfillment is surpassed, the effectiveness as a counseling professional becomes compromised (Shapiro et al., 2007).

Developing a Plan for Self-Care

In addition to understanding the detrimental effects of vicarious trauma, it is equally as important to understand factors that protect counselors in their clinical work when working with traumatized populations. The importance of self-care and taking care of oneself is well documented (Gamble, 2002; Lawson, 2007; Lawson & Myers, 2011; Shapiro et al., 2007; Yassen, 1995). As noted by Lawson (2007), one of the greatest contributions counselors can make to their clients is to prioritize taking care of themselves in order to ensure that they are prepared to work collaboratively and are not in a state of burnout or experiencing any symptoms of vicarious trauma. Through intentional efforts, counselors can work towards preventing burnout, compassion fatigue, and vicarious trauma by recognizing the symptoms and making a conscious decision to develop and maintain a self-care plan.

The purpose of a self-care plan is identifying what coping strategies to utilize before, during, and after clinical work with clients (Dass-Brailsford, 2010; Merriman, 2015). This plan is thoughtfully considered and planned. Dass-Brailsford (2010) proposed several critical components that a clinician should consider when creating a self-care plan. Self-awareness is crucial in understanding one's strengths and limitations, and counselors should also have accurate insight, empathy, and the ability to differentiate between one's own needs and the needs of others. Maintaining a routine and setting boundaries are also valuable skills to consider when creating a self-care plan considering the nature of counseling can be chaotic, unpredictable and demanding. Dass-Brailsford (2010) discussed the importance of collaboration, support among

coworkers, debriefing, and perceived organizational support. These components provide validation, normalization and understanding from individuals who comprehend the responsibilities and stressors that counselors encounter. Finally, Dass-Brailsford (2010) emphasized the importance of regularly engaging in mindful activities that are healing, rejuvenating, and restorative.

While Dass-Brailsford (2010) proposed numerous components to consider related to self-care, Gamble (2002) and Yassen (1995) proposed a more specific conceptualization of self-care as the self-care triangle. They suggested counselors should target three major realms of their lives- personal, professional, and organizational- and self-care strategies should target all three of these areas (Gamble, 2002; Yassen, 1995). Pearlman (1999) described possible negative physiological, psychological, emotional, social, and behavioral consequences, so these areas should be considered within the three realms to ideally alleviate these symptoms. Personal self-care refers to self-awareness and strategies in the physical, psychological, emotional, spiritual, and social domains. Yassen (1995) identified professional self-care strategies that include setting and maintaining boundaries, limit setting, seeking assistance from colleagues and supervisors, current self-care plans, and regular attendance in professional development and continuing education. Finally, organizational self-care refers to agency related responsibilities that affect counselors. This includes job descriptions, trauma caseloads, adequacy of supervision, realistic expectations, and perceived organizational support (Yassen, 1995).

Understanding the Importance of Self-Care

The self-care triangle includes awareness, balance, and connection, the ABC's of self-care (Saakvitne & Pearlman, 1996). Awareness is the first leg of the self-care triangle and is

described as being in touch with one's own needs, emotions, resources and limits (Saakvitne & Pearlman, 1996). In other words, if a counselor can identify the problem by being able to be in tune with one's thoughts, feelings, and behaviors, he or she can thoughtfully prepare the solution related to self-care. The second leg of the self-care triangle is balance, which refers to both inner and outer activities related to balance (Saakvitne & Pearlman, 1996). They suggest that practitioners who live balanced lives are able to successfully balance work, play, and rest-related activities. Inner activities refer to being in touch with one's inner strengths and resources and are able to self-reflect. Finally, connection comprises the third leg of the self-care triangle. Saakvitne & Pearlman (1996) found that counselors who engage in connection with themselves, others, and a higher power are practicing preventative self-care. Maintaining connections internally and externally helps to sustain hope and avoid falling into a pattern of isolation (Pearlman, 1999).

It is important to understand that self-care is not frivolous or selfish, but that it is ethically required and mandated for counselors when working with clients (ACA, 2014; Green Cross Academy of Traumatology, 2005). Developing an effective self-care plan and following it ensures high quality interactions with clients and the best client care. Counselor self-care is two-fold in that it benefits not only the counselor, but also the client since the counselor is best prepared to help the client. The Green Cross Academy of Traumatology (2005) included specific standards related to physical, psychological, spiritual, social, and professional self-care. A self-care plan should thoroughly address each component.

Components of Self-Care

The first component described by the Green Cross Academy of Traumatology (2005) is physical self-care. Physical self-care should include bodywork, effective sleep induction and

maintenance, and effective methods for assuring proper nutrition (Green Cross Academy of Traumatology, 2005). Bodywork encompasses utilizing techniques to reduce or eliminate tension or stress. Examples of bodywork include exercise, yoga, and breathing techniques. It is also crucial to consider how one plans to get the most effective, uninterrupted sleep as possible. Examples include maintaining a routine bedtime/wake-time, removing all distractions from the bedroom, and setting a nighttime routine that excludes technology immediately before one goes to sleep (National Sleep Foundation, 2016). Finally, effectively monitoring food and drink intake as well as the lack of intake needed for optimal functioning. Examples include eating healthy food, drinking ample amounts of water, and monitoring alcohol consumption. Eating regular, balanced meals and viewing food as fuel that will be a lasting source of energy is an important consideration as well.

The second component included is psychological self-care. Psychological self-care strategies refer to effective behaviors and practices implemented to sustain a healthy balance between work and leisure (Green Cross Academy of Traumatology, 2005). This component should contain a plan for relaxation time and frequent contact with calming stimuli is encouraged. Spiritual self-care often intertwines with psychological self-care, as meditation, spiritual or religious activities, and/or the recognition of a higher power is calming and rejuvenating for many (Green Cross Academy of Traumatology, 2005). Psychological self-care includes stress reduction, time management, and cognitive restructuring. Setting realistic expectations, engaging in activities that promote cognitive flexibility such as hobbies or reading for leisure, and journaling are all examples of psychological self-care (Bober, Regehr, & Zhou, 2005). Examples of spiritual self-care include praying, attending religious ceremonies, and meditation (Green Cross Academy of Traumatology, 2005) as well as embracing mindfulness

activities and reflection. Pursuing personal counseling is commonly included in psychological self-care as well.

The third component includes social and interpersonal self-care, which refers to interaction with other individuals to promote wellness. Social self-care includes social support, social activism, and quality time with individuals. The Green Cross Academy of Traumatology (2005) standards state that counselors should strive for a social support system that is comprised of a variety of friends, family, significant others, colleagues, and supervisors. A diverse social group provides highly supportive feedback from different perspectives when necessary. Social activism relates to social self-care because being involved in advocating, volunteering, or addressing social justice results in a sense of satisfaction and purpose (Green Cross Academy of Traumatology, 2005). Examples of social self-care include accepting social invitations with friends and family, engaging in encouraging exchanges with meaningful people, and doing new things with important individuals in your life.

The final component to consider when creating a self-care plan is professional self-care. Professional self-care refers to work-related strategies that can be implemented while at work (Green Cross Academy of Traumatology, 2005). One important consideration is determining a realistic balance between work and home and devoting sufficient time and attention to each separately without compromising one or the other (Green Cross Academy of Traumatology, 2005). Boundaries and limits should be clear, and a clinician should make a commitment to following strategies regarding time boundaries (overworking), professional boundaries (both with clients and coworkers), and avoiding dual relationships (Green Cross Academy of Traumatology, 2005). Support is another critical component of professional self-care, including peer support, supervision, perceived organizational support, and quality agency leadership

(Bober et al., 2005). Finally, generating strategies to increase and maintain work satisfaction is an important component to consider related to professional self-care.

Discussion

Counselor self-care plans are individualized and address unique strengths and limitations, so there is not one format that is superior to another. Counselors should consider all aspects related to self-care in order to determine what model works best for their personality, preferences, and strengths. When developing a self-care plan, counselors must first review their current state of functioning, vicarious trauma, and self-care. Self-awareness is crucial for effective self-care. Counselors should then consider each category individually and analyze the resources for each as well as the potential resistances that might occur. Once each category is formulated, the plan should be activated and evaluated weekly, monthly, and yearly with an accountability partner and should be modified as necessary (Green Cross Academy of Traumatology, 2005).

It is crucial that counselor education programs address these issues with students through class discussions regarding vicariously experienced trauma while counseling individuals. It is also imperative that signs and symptoms of vicarious trauma be discussed in detail throughout the program, to best prepare beginning counselors when they start in the profession. Rather than only responding when these symptoms occur, programs should be proactive in addressing ways that counselors can prevent vicarious trauma symptoms and burnout. Implementation of counselor self-care can be addressed throughout counseling courses and intertwined in various content, in practicum and internship, and via supervision. These areas should prepare students on how to implement, follow, and evaluate the effectiveness of self-care plans. Efforts should also

be made to normalize the occurrence of vicarious trauma and to help students identify coping

strategies and individual strengths to rely on.

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