

The Professional Counselor™

Spring
2019



NATIONAL BOARD FOR
CERTIFIED COUNSELORS®

Digest

Volume 9, Issue 1

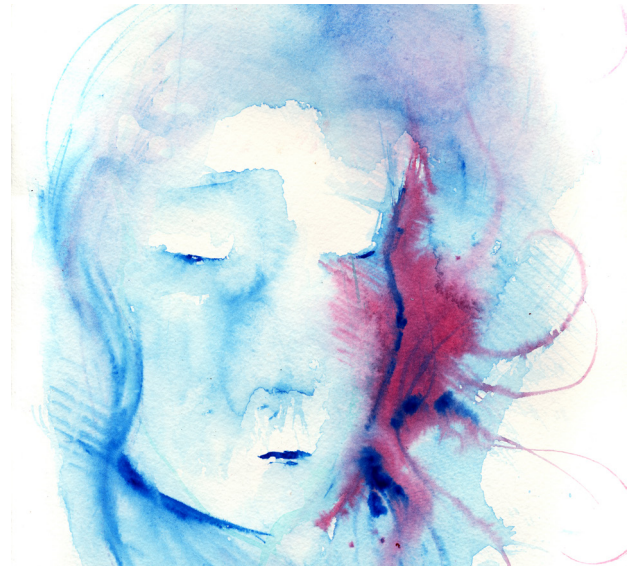
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Dari, T., Laux, J. M., Liu, Y., & Reynolds, J. (2019). Development of community-based participatory research competencies: A Delphi study identifying best practices in the collaborative process. *The Professional Counselor, 9*, 1–19. doi:[10.15241/td.9.1.1](https://doi.org/10.15241/td.9.1.1)

Development of Community-Based Participatory Research Competencies

A Delphi Study Identifying Best Practices in the Collaborative Process

Tahani Dari, John M. Laux, Yanhong Liu, Jennifer Reynolds

Counselors rarely use academic counseling research in their clinical practice. Similarly, academic researchers often fail to communicate their findings to practicing counselors in ways that provide avenues for practical application. This gap between scientists and practitioners presents an opportunity for counseling researchers and practitioners to work collaboratively toward the common goal of improving clients' quality of life. One approach widely employed to close this gap and improve clients' quality of life is community-based participatory research (CBPR). CBPR brings together researchers, institutions, clinicians, and broader communities to foster mutually beneficial partnerships throughout each phase of the research process.

This study aimed to develop competencies that emphasize knowledge, skills, attitudes, and activities that could provide a foundation for a training guideline in CBPR for the counseling profession. Using a Delphi method, this study gathered structured data from 14 experts to establish what competencies are needed in counseling training programs and the overall counseling profession. Sample questions asked of the 14 experts included: what knowledge is required for counseling researchers to effectively carry out community-based participatory research and what skills are considered essential for counseling researchers to develop community-based participatory research?

Our results confirm the value of CBPR for improving the collaborative efforts between counseling researchers and practitioners. All experts agreed that knowledge required for counseling researchers to effectively carry out CBPR includes understanding that the term "CBPR researchers" applies to both academic and community partners, including counseling practitioners. The experts also agreed that practicing CBPR requires effective and reflective group facilitation skills and the ability to create strong partnerships through negotiating, collaborating, networking, and liaising. Another agreed upon point was that cultural humility, flexibility, and persistence are essential CBPR attitudes. Finally, the findings confirm that carrying out CBPR necessitates particular experiences for counseling researchers. For instance, the experts agreed that in order to foster effective partnerships, they need to practice deep listening and undertake participant observation at various stages of their research.

In conclusion, the results of the study provide an outline of evidence-based competencies derived from an empirical Delphi method that combined a thorough literature review and expert feedback. This study comprises the beginning stages of the development and validation of community-based participatory research competencies in counseling that may be used for training, practice, and future research. The findings of the current research provide a new understanding about the initial competencies necessary to effectively carry out CBPR research. Ultimately, these efforts may help to bridge the gap between counseling researchers and practitioners in order to advance the profession and improve the overall well-being of our clients and communities.

Tahani Dari, NCC, is an assistant professor at the University of Toledo. John M. Laux is a professor and associate dean at the University of Toledo. Yanhong Liu is an assistant professor at Syracuse University. Jennifer Reynolds is an associate professor at the University of Toledo. Correspondence can be addressed to Tahani Dari, Mail Stop 119, Toledo, OH 43606, Tahani.Dari@rockets.utoledo.edu.

Integrating Social Justice Advocacy Into Mental Health Counseling in Rural, Impoverished American Communities

Loni Crumb, Natoya Haskins, Shanita Brown

People living in rural poverty consistently face multiple chronic stressors that impact their quality of life and well-being. Food and housing insecurities, educational disadvantages, social isolation, and the inability to access and afford adequate physical and mental health care are among the many perils faced by people living in rural, economically deprived areas throughout the United States. While health care and educational reform are topics addressed in legislation and within academic settings, the mental health needs of individuals residing in rural areas that experience persistent poverty remain under-researched. As a result, researchers and practitioners have called for examinations of mental health services, which also address socioeconomic inequities, to effectively meet the needs of this grossly underserved population. Moreover, counselors practicing in rural, impoverished areas, must be prepared to address systems of oppression and the impact they have on clients' well-being at multiple levels.

The Multicultural and Social Justice Counseling Competencies (MSJCCs) provide mental health counselors a framework to incorporate culturally responsive counseling and advocacy initiatives to support the well-being of historically marginalized clients. The MSJCCs help counselors to examine personal biases and the dynamics of their marginalized and privileged identities in relation to multiculturalism and social justice counseling competence and advocacy. Additionally, the MSJCCs assist counselors in acknowledging clients' intersecting identities, which bestow various aspects of power, privilege, and oppression that may affect their growth and development.

Utilizing the MSJCCs as the conceptual framework, the authors conducted a phenomenological study to examine the experiences of mental health counselors who work in rural, persistently poor communities and identify ways that counselors incorporate social justice advocacy into counseling. The authors interviewed 15 counselors who worked in persistently poor, rural communities in the Southeastern United States. The themes representing the counselors' experiences were: (1) appreciating clients' worldviews and life experiences, (2) counseling relationships influencing service delivery, (3) engaging in individual and systems advocacy, and (4) utilizing professional support. The findings from the study illustrate the need for counselors to consider how contextual factors, such as family structure, support systems, social class status, and having less access to resources, influence clients' utilization of mental health treatment. Furthermore, counselors in the study reinforced the importance of a strong, trusting counseling relationship and discussed how it is often necessary to alter traditional counseling session delivery formats, practices, and roles to acknowledge clients' worldviews and other factors that influence the counseling process. The counselors discussed specific ways they frequently engaged in individual and systems-level advocacy with and on behalf of clients living in rural, impoverished communities. Lastly, ongoing self-examination and seeking professional support from peers and supervisors were vital to prevent burnout, examine biases, and gain additional skills in order to provide culturally competent mental health counseling services in rural, impoverished communities.

Loni Crumb is an assistant professor at East Carolina University. Natoya Haskins is an associate professor at the College of William and Mary. Shanita Brown is an instructor at East Carolina University. Correspondence can be addressed to Loni Crumb, 213B Ragsdale Hall, Mail Stop: 121, Greenville, NC 27858, crumbL15@ecu.edu.

Read full article and references:

Crumb, L., Haskins, N., & Brown, S. (2019). Integrating social justice advocacy into mental health counseling in rural, impoverished American communities. *The Professional Counselor*, 9, 20–34. doi:[10.15241/lc.9.1.20](https://doi.org/10.15241/lc.9.1.20)



Utilizing Trauma-Focused Cognitive Behavioral Therapy as a Framework for Addressing Cultural Trauma in African American Children and Adolescents

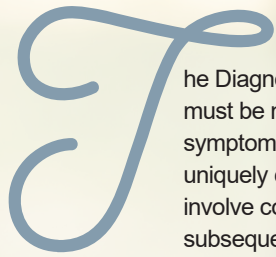
A Proposal

Ricardo Phipps, Stephen Thorne



Read full article and references:

Phipps, R. & Thorne, S. (2019). Utilizing trauma-focused cognitive behavioral therapy as a framework for addressing cultural trauma in African American children and adolescents: A proposal. *The Professional Counselor*, 9, 35–50. doi:[10.15241/rp.9.1.35](https://doi.org/10.15241/rp.9.1.35)



The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) is very specific about the criteria that must be met for a diagnosis of clients with post-traumatic stress disorder. Other presentations of trauma-related symptoms have been noted in the literature and have been observed frequently enough that they have been uniquely classified, such as historical trauma and cultural trauma. These two manifestations of traumatic experience involve collective traumatic experience upon massive groups of people and how the traumatic experience affects subsequent generations. Although historical trauma has commonly been used to refer to the centuries of genocide and oppression endured by indigenous peoples in the Americas, cultural trauma has been used to designate the centuries of oppression and discrimination experienced by enslaved Africans and their descendants in the Americas. Cultural trauma suggests that there is a lasting effect on African American people that can affect their cognitive, affective, and behavioral functioning. Given the specific historical context out of which cultural trauma has arisen, this article proposes specific, culturally relevant interventions that can be utilized in the treatment of cultural trauma.

The effects of cultural trauma can be seen in some African Americans across the lifespan. Just as all persons who have traumatic experiences in their history do not exhibit post-traumatic stress disorder, all African Americans do not display symptoms associated with cultural trauma. This article outlines a proposed program designed to address cultural trauma in African American children and adolescents, particularly in the middle school age range. Cultural trauma is known to affect school performance and to influence interpersonal relationships with parents, family, and friends, as well as mood and self-image.

Trauma-focused cognitive behavioral therapy (TF-CBT) was developed as a treatment approach to childhood and adolescent traumatization, normed for ages 3–18. It has been empirically tested in various research designs and has been designated evidence-based. TF-CBT entails providing participants with psychoeducation, affect regulation, and cognitive reframing skills so that they are equipped to talk about their trauma histories in a healthy, minimally distressing manner. Once counselors see that their clients have information and coping skills to help them process their trauma histories, counselors support their clients in producing a narration of the trauma story—for example, a written account, a song, artwork, or dramatization. With younger children, counselors may write the story that has been narrated to them while older clients take more responsibility for their trauma narration. Lastly, TF-CBT focuses on exposing the trauma survivors to reminders of the traumatic experience so that they can practice their new coping skills and on helping clients think about ways to feel safe in the future. The model utilizes conjoint parent sessions at key points in the therapy so that parents learn to support their children in an appropriate manner and so that these clients have a safe space to begin to talk with their caretakers about their experiences if they have not already done so.

In the context of this proposal, the enslavement of African peoples and subsequent “Jim Crow” racial discrimination and oppression are the traumatic experience. Participants are provided with education about the history of Black people in the United States, along with coping skills that help them channel anger and rage about injustice in constructive directions. The trauma narration supports participants in shifting the meanings they place on the past that may fuel feelings of inferiority, internalized racism and self-doubt, and externalized anger to meanings that support empowerment, resilience, perseverance, and ingenuity. Exposure experiences afford clients the chance to exercise their strength and power by engaging in social justice-oriented service learning. Capitalizing on a very Afro-centric principle, safety planning involves teaching participants how to reach out to the community for support and to utilize the wisdom of trusted persons in their circle of influence.

The program ideally can take place in a school after-hours, in a church, or other community setting. Like TF-CBT, it is a brief model outlined to be composed of roughly 12 weekly sessions. Given that family structures vary, participants are asked to have a “community of three” to join them for specific parts of the program. This community of three might include parents or might include other family members or significant adults.

In this proposal, practitioners are offered a treatment approach that helps children and adolescents who have incorporated a negative sense of self because of a false narrative about the enslavement and oppression of people of African descent in the Americas to reframe the manner in which they see themselves. Through psychoeducation, skill building about feelings and thoughts, and reconstructing historical narratives, this program aims to help its participants develop a sense of cultural empowerment that positively influences academic performance, interpersonal relationships, and overall self-image.

Ricardo Phipps, NCC, is Assistant Director of Student Counseling Services at Marymount University. Stephen Thorne is a chaplain and adjunct professor at Neumann University. Correspondence can be addressed to Ricardo Phipps, 2807 N. Glebe Rd., Arlington, VA 22207, rphipps@marymount.edu.



Read full article and references:

Rogers, J. L., Crockett, J. E., & Suess, E. (2019). Miscarriage: An ecological examination. *The Professional Counselor*, 9, 51–66. doi:[10.15241/jlr.9.1.51](https://doi.org/10.15241/jlr.9.1.51)

Miscarriage

An Ecological Examination

Jennifer L. Rogers, Jamie E. Crockett, Esther Suess



miscarriage is the loss of a pregnancy that occurs so early that the embryo or fetus is not viable outside the womb. Sometimes miscarriage occurs before a woman even knows she is pregnant. It is estimated that 20%–50% of all pregnancies end in miscarriage, usually because of chromosomal abnormalities, making it the most common early pregnancy complication. Risk of miscarriage declines as a pregnancy progresses, with most occurring in the first 13 weeks and 75% occurring in the first 17 weeks of gestation. One out of every four women will experience a first trimester miscarriage during her lifetime. In a recent survey

assessing public perception of miscarriage in the United States, most participants were mistaken in their beliefs about both the prevalence and causes of miscarriage.

Counselors are very likely to work with clients who have experienced miscarriage. There is, however, a notable lack of research focused on this common life span event, which can be viewed as a systemic barrier to the development of clinical competence related to pregnancy loss—an isomorphic reflection of the lack of awareness, customs, conversations, and resources related to the experience of miscarriage in our culture. As such, counselors may inadvertently neglect this area in their psychotherapeutic work. Clinicians who utilize an ecological approach to understanding clients are less likely to ignore or minimize the many complex and nuanced systemic variables influencing clients' biopsychosocial experiences related to miscarriage. It is important for counselors to: (a) be aware of the possibility of serious and persistent distress related to miscarriage, (b) thoroughly assess clients around this topic, despite cultural norms of either not mentioning or minimizing pregnancy loss, and (c) have knowledge of the myriad of risk and protective factors around this issue, as well as recommended strategies for working with such clients.

Women vary in their responses to miscarriage. Some women feel relief upon learning that an unplanned pregnancy will not continue, and others consider miscarriage a minimal obstacle to overcome. Many women experience grief after miscarriage, which is often complicated by non-supportive responses within their microsystems. One study from 2015 reported that women who had personally experienced a miscarriage and men whose partners had one endorsed feelings of guilt (47%), having done something wrong (41%), isolation (41%), and shame (28%), as well as a belief they could have done something to prevent the loss (38%).

Although grief following early pregnancy loss mirrors other grief responses in intensity and duration, it is unique in its focus on the demise of an anticipated future rather than on memories of the past, leaving the griever to create a narrative of this ambiguous loss. Half of women grieving after pregnancy loss report clinically significant psychological distress, including symptoms of anxiety, depression, substance misuse, and post-traumatic stress. Predictors of acute and persistent symptoms after an early pregnancy loss include pre-existing mental health diagnoses, childlessness, and dissatisfaction with health care received. Dissatisfied patients cite providers' attitudes and failure to convey awareness, empathy, compassion, information, and suggestions for follow-up related to the emotional impact of miscarriage.

During clinical encounters with women who have experienced miscarriage, acknowledgment and validation of the experience is of utmost importance. Therapeutic exploration of the meaning of the loss, both to the individual client and within broader developmental, relational, cultural, spiritual, political, and economic contexts can facilitate client understanding and growth. Research is needed to further examine women's experiences of miscarriage and the processes and outcomes of miscarriage-specific counseling interventions. Future scholarly and clinical endeavors on this important topic may ultimately improve awareness, visibility, knowledge, resources, and care for the many women who endure miscarriages during their lifetimes.

Jennifer L. Rogers, NCC, is an assistant professor at Wake Forest University. Jamie E. Crockett, NCC, is an assistant professor at Wake Forest University. Esther Suess, NCC, is a counselor at the Mood Treatment Center in Winston-Salem, NC. Correspondence can be addressed to Jennifer Rogers, P.O. Box 7406, Winston-Salem, NC 27109, rogersjl@wfu.edu.

The Experiences of African American Mothers Raising Sons in the Context of #BlackLivesMatter

J. Richelle Joe, M. Ann Shillingford-Butler, Seungbin Oh

The death of Trayvon Martin in 2012 and the subsequent acquittal of the man who killed him sparked the #BlackLivesMatter movement, a global network of advocates focused on addressing local incidents of state and community violence. This incident of community violence as well as multiple incidents of state violence resulting in the deaths of unarmed African American boys and men by law enforcement appeared in various media outlets. These incidents galvanized members of the African American community and garnered empathy among mothers concerned for their own sons. The public mourning of African American mothers who had lost their sons to community and state violence led us to wonder about the effects such high-profile deaths might have on members of the African American community, especially those who were mothers of boys and young men.

Based on research on racial and parental stress among African Americans, and informed by our anecdotal experiences and conversations with African American mothers, we interviewed 19 women who were raising sons between the ages of 2 and 35. We asked them about their experiences as African American mothers raising boys and young men, and probed about their feelings and reactions to media reports of African American deaths because of community and state violence. We asked them what incidents were most significant for them and how they felt about those incidents. We also asked about their physical and mental health and their self-identified strengths as mothers.

The interviews of these 19 African American mothers were powerful and disheartening. The mothers described living their lives with a baseline fear that affected their physical well-being as well as their approach to parenting. They described themselves as hypervigilant regarding their sons, citing instances in which they hovered closely or restricted their sons' movements in social spheres in an effort to protect them from the community and state violence they feared. These mothers also described hiding the intense emotions they experienced both outside and inside the home. Few endorsed mental health counseling as a helpful support because of cost, accessibility, or the cultural competence of a potential counselor. Instead, to cope with their experiences, they reported relying on their faith, drawing from internal strengths, and engaging in service and activism within their communities.

The candid responses of the participants in this study illuminated a unique experience shaped by gender and race in a social context expressed through the #BlackLivesMatter movement. Their experiences remind us that culturally responsive practice is both ethical and essential. The participants held little confidence that counseling would be beneficial in addressing their unique needs as African American women fearing for the lives of the sons they put great energy into raising. The implications for the counseling profession are clear. More counselors of colors are needed in the profession and those practicing must re-evaluate their existing conceptual frameworks and theoretical practices to ensure that they are both culturally sensitive and responsive. Future research following this study might explore the experiences of African American fathers to compare their perspectives to those of the women in this study. Additionally, future studies exploring the experiences of African American parents raising daughters might deepen our understanding of parental stress and concerns at the intersection of race and gender.

J. Richelle Joe, NCC, is an assistant professor at the University of Central Florida. M. Ann Shillingford-Butler, NCC, is an associate professor at the University of Central Florida. Seungbin Oh is an assistant professor at Merrimack College. Correspondence can be addressed to Richelle Joe, P.O. Box 161250, Orlando, FL 32816-1250, jacqueline.joe@ucf.edu.



Read full article and references:

Joe, J. R., Shillingford-Butler, M. A., & Oh, S. (2019). The experiences of African American mothers raising sons in the context of #BlackLivesMatter. *The Professional Counselor*, 9, 67–79. doi:[10.15241/tj.9.1.67](https://doi.org/10.15241/tj.9.1.67)

The Professional Counselor™

Spring
2019



The Professional Counselor DIGEST is an abbreviated version of the journal, *The Professional Counselor*, intended for the general public. The National Board for Certified Counselors, Inc. and Affiliates publishes *The Professional Counselor* and *The Professional Counselor DIGEST*.

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Volume 9, Issue 1