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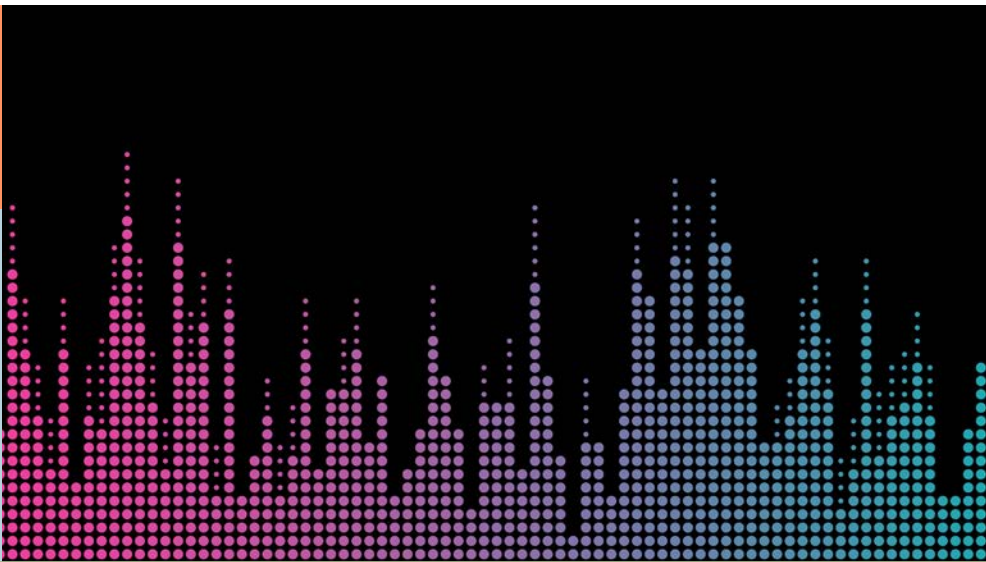
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“Take Your Kung-Flu Back to Wuhan”

Counseling Asians, Asian Americans, and Pacific Islanders With Race-Based Trauma Related to COVID-19

Stacey Diane A. Litam

Following the outbreak of COVID-19, reports of discrimination and violence against Asians and Asian Americans and Pacific Islanders (AAPIs) have significantly increased across the globe and in the United States. AAPIs face COVID-19–related discrimination in media, on the internet, and from elected leaders. Specifically, AAPIs are enduring higher rates of physical attacks, verbal abuse, and other forms of harassment that may have deleterious effects on mental health and physical well-being. These experiences of *sinophobia*, or fear or hatred of China and Chinese people, may contribute to the presence of race-based trauma in AAPIs. Counselors must be prepared to use culturally sensitive strategies with AAPIs who present with race-based trauma related to COVID-19.

Counselors must consider how intersectional identities—such as ethnicity, country of origin, affectional identity, gender identity, age, socioeconomic status, and other statuses—influence the social positioning, experiences, and worldview of their AAPI clients. When working with AAPIs, counselors must be prepared to address additional barriers related to language, undocumented status, and challenges related to health care access. As with all clients, counselors are called to reflect on how their own internalized biases and attitudes may compromise treatment effectiveness to avoid imposing their values onto clients. AAPIs may be less likely to seek mental health treatment in traditional settings, so counselors must consider providing treatment in non-traditional settings.

A paucity of culturally sensitive trauma-based interventions exists. Counselors must therefore decolonize trauma-based interventions and consider whether trauma treatments are culturally sensitive and appropriate for AAPIs who present with COVID-19–related trauma symptoms or race-based trauma. Counselors can decolonize trauma-based interventions by employing interventions that promote mindfulness and self-compassion, teaching clients how to use microinterventions, and incorporating cultural proverbs and analogies to provide psychoeducation that resonates with AAPIs. When AAPIs present with race-based trauma, counselors can help cultivate self-compassion by encouraging them to focus on their immediate needs, without judgement, in the present. Additionally, clients can learn how to engage in microinterventions that make the “invisible” visible, disarm microaggressions, educate the offender, and seek external reinforcement. Counselors should discourage AAPIs from addressing microaggressions when doing so may threaten their physical safety or when a strong power differential exists.

Although the present article outlines culturally relevant strategies for healing race-based trauma among AAPIs, other marginalized groups face unique challenges related to the unprecedented effects of COVID-19. Future areas of research may identify the ways in which AAPIs respond to instances of racial discrimination and examine the national and global effects of COVID-19 on the mental health of diverse groups.

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Attachment, Ego Resilience, Emerging Adulthood, Social Resources, and Well-Being Among Traditional-Aged College Students

Joel A. Lane

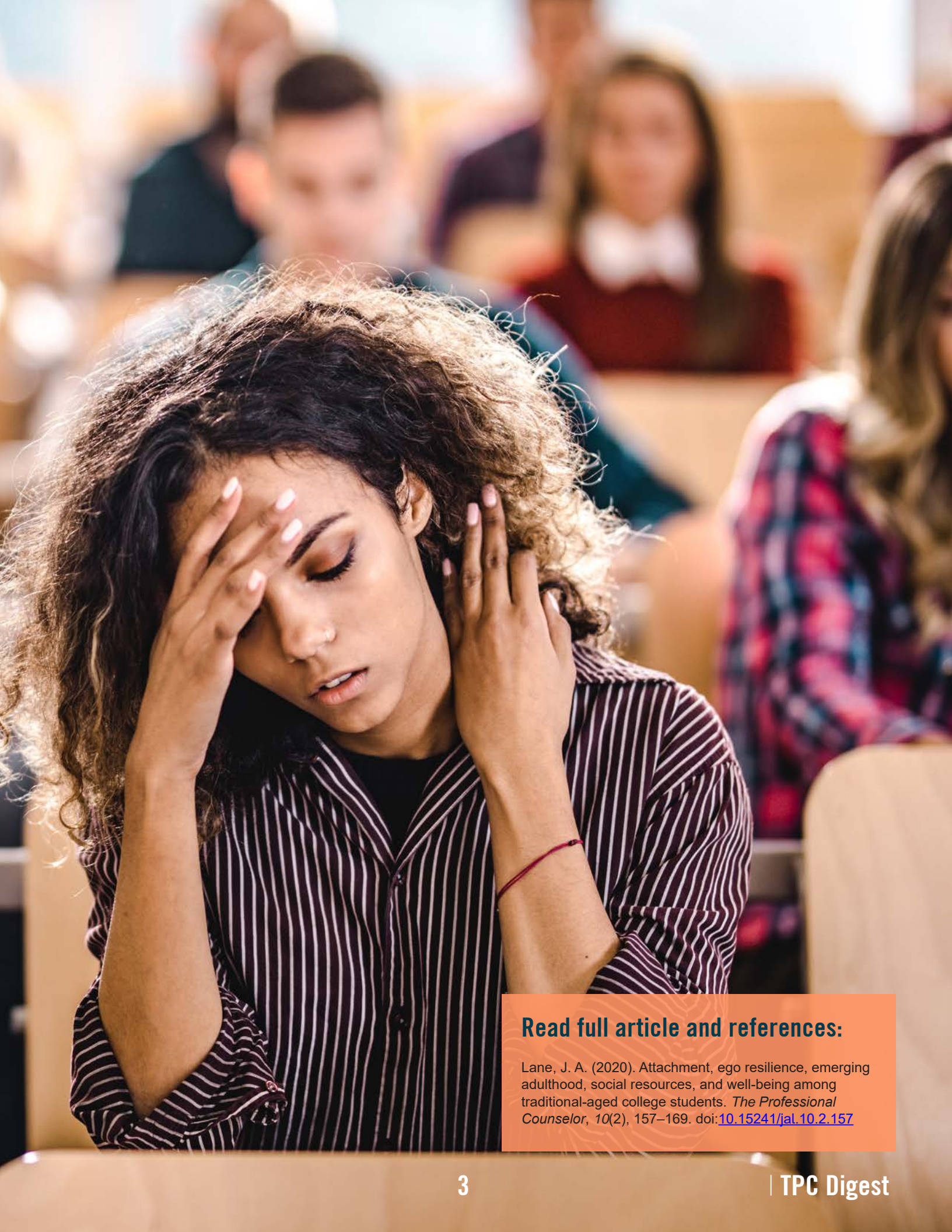
In recent years, higher education personnel have noticed declines in college student emotional health and increases in stress, depression, and anxiety. These trends correspond to the millennial generation and Generation Z entering college. The counseling profession has wrestled with how best to respond to these trends, and in many cases has relied on conceptual frameworks and theories of psychosocial development created long before the emergence of the millennial generation. In the present study, the contributions to college student well-being of attachment security, ego resilience, and social support are integrated with and compared to the theory of emerging adulthood, a conceptualization of psychosocial development occurring from the late teens through the 20s for contemporary generations. A primary hypothesis of the study was that each predictor variable set would explain unique and additive variance for two characteristics of college student mental health (i.e., psychological well-being [PWB] and life satisfaction). A secondary hypothesis was that emerging adulthood identification and social media usage would predict unique variance in each outcome variable.

Participants were traditional-aged undergraduate students recruited via a recruitment email sent to a sample meeting the inclusion criteria. The study sample consisted of 538 participants, with a mean age of 21.72 years ($SD = 2.05$), and was predominantly female ($n = 378, 70.3\%$). Participation consisted of completing an online survey with several demographic questions and self-report instruments measuring the study variables. All scales demonstrated adequate reliability and validity.

To test Hypothesis One, hierarchical regression analyses were conducted. Each predictor variable set predicted significant additive variance in each outcome variable after accounting for the preceding predictor variable sets in the model. The model accounted for 36% of the variance in PWB and 41% of the variance in life satisfaction. To test Hypothesis Two, semipartial correlations were examined for all variables at the last step of the hierarchical regression. Significant semipartial correlations predicting PWB included two of the four emerging adulthood variables and Facebook usage. Of the predictors of life satisfaction, significant correlations included three of the four emerging adulthood variables and Facebook usage. The emerging adulthood and Facebook variables accounted for 7.4% of unique variance in PWB and 7.1% of unique variance in life satisfaction.

Counselors are encouraged to utilize emerging adulthood theory with their clients. It is also important to continue exploring the potential therapeutic applications of social media and other forms of technology. Such programs might be especially useful in today's higher education climate in which symptom severity seems to be increasing while budgetary resources for college counseling centers are often stagnant or decreasing.

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Read full article and references:

Lane, J. A. (2020). Attachment, ego resilience, emerging adulthood, social resources, and well-being among traditional-aged college students. *The Professional Counselor*, 10(2), 157–169. doi:[10.15241/jal.10.2.157](https://doi.org/10.15241/jal.10.2.157)



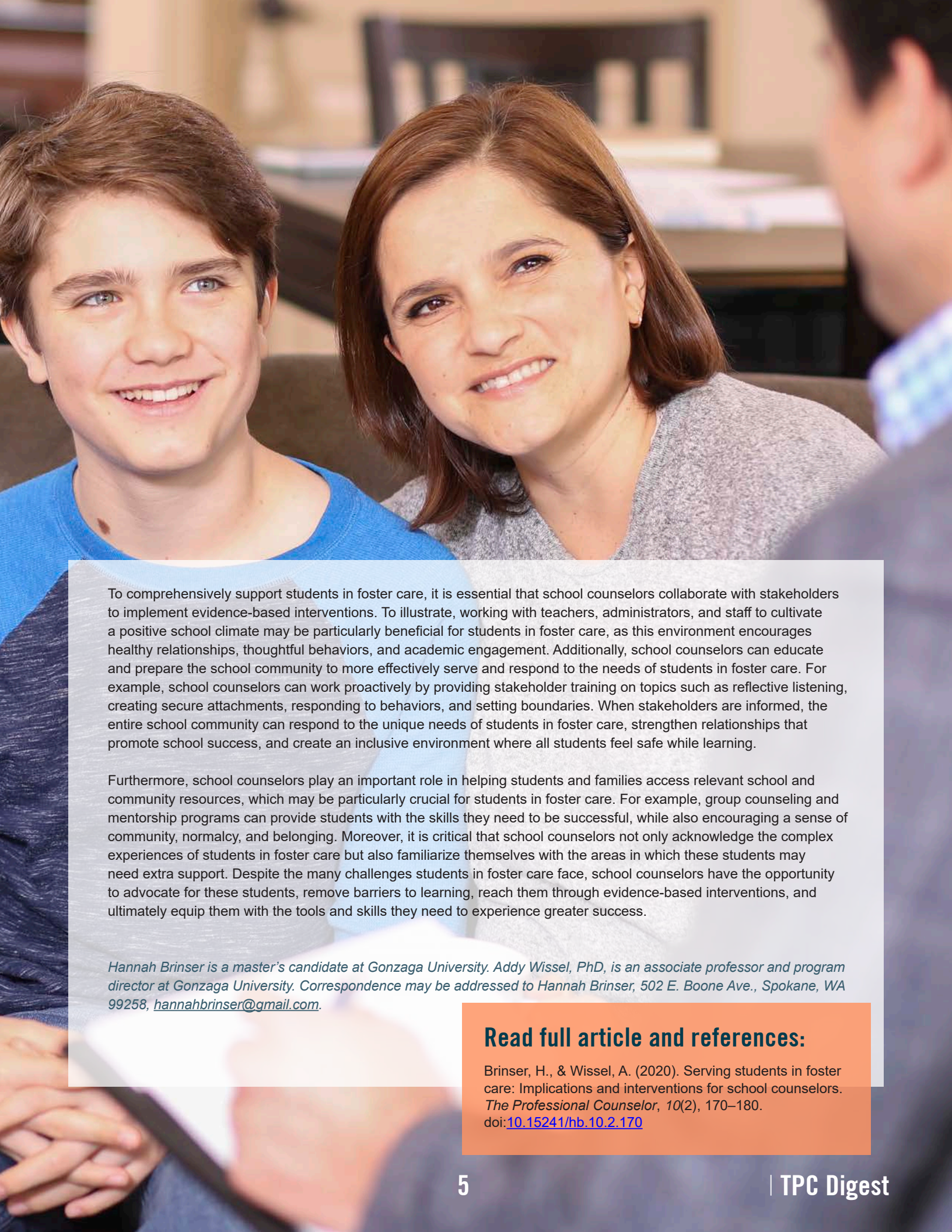
Serving Students in Foster Care

Implications and Interventions for School Counselors

Hannah Brinser, Addy Wissel

School counselors are called to ensure equity and access for all students. Unfortunately, students in foster care often experience challenges and barriers that influence their personal/social, academic, and college/career success. In addition, these students lack the same access to support, resources, and opportunities as their peers. For example, students in foster care may experience trauma, abuse, neglect, and loss—all of which influence a student's ability to learn. These students also are more likely to be absent from school, change schools, repeat a grade, receive out-of-school suspensions, and be referred to special education. Despite an aspiration to attend and complete college, students in foster care also are less likely to graduate from high school and attain a 4-year degree.

To ensure equity and access, school counselors must be aware of the challenges that exist for students in foster care and take steps to remove any potential barriers. With this purpose in mind, this article explores how school counselors can utilize their unique position within schools and communities to identify, respond to, and advocate for the needs of students in foster care. Additionally, current research, presenting problems, implications, and evidence-based interventions are explored, with the hope that school counselors can more effectively serve this population.



To comprehensively support students in foster care, it is essential that school counselors collaborate with stakeholders to implement evidence-based interventions. To illustrate, working with teachers, administrators, and staff to cultivate a positive school climate may be particularly beneficial for students in foster care, as this environment encourages healthy relationships, thoughtful behaviors, and academic engagement. Additionally, school counselors can educate and prepare the school community to more effectively serve and respond to the needs of students in foster care. For example, school counselors can work proactively by providing stakeholder training on topics such as reflective listening, creating secure attachments, responding to behaviors, and setting boundaries. When stakeholders are informed, the entire school community can respond to the unique needs of students in foster care, strengthen relationships that promote school success, and create an inclusive environment where all students feel safe while learning.

Furthermore, school counselors play an important role in helping students and families access relevant school and community resources, which may be particularly crucial for students in foster care. For example, group counseling and mentorship programs can provide students with the skills they need to be successful, while also encouraging a sense of community, normalcy, and belonging. Moreover, it is critical that school counselors not only acknowledge the complex experiences of students in foster care but also familiarize themselves with the areas in which these students may need extra support. Despite the many challenges students in foster care face, school counselors have the opportunity to advocate for these students, remove barriers to learning, reach them through evidence-based interventions, and ultimately equip them with the tools and skills they need to experience greater success.

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Read full article and references:

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Clinical Work With Clients Who Self-Injure

A Descriptive Study

Amanda Giordano, Lindsay A. Lundeen, Chelsea M. Scoffone,
Erin P. Kilpatrick, Frank B. Gorritz

In light of current prevalence rates, it is very likely that clinicians will work with nonsuicidal self-injury (NSSI) in their clinical work. NSSI is distinct from suicidal behavior, given that NSSI is the intentional infliction of harm to the body without the intent to die. Indeed, primary motives for NSSI are emotion regulation, anti-dissociation, self-punishment, and a means of addressing interpersonal conflict. Rather than an attempt to end one's life, NSSI often is used as a coping strategy to overcome emotional difficulty.

NSSI can be influenced by social contagion, a form of social learning in which two or more members of a group or community engage in a similar behavior within a 24-hour timespan. NSSI contagion has been found to exist among adolescents in residential treatment centers as researchers have determined clustering of self-injurious acts. In addition to contagion in proximal groups, social networking sites could be a new vehicle for social contagion among online groups. Indeed, researchers have found that individuals use social media sites to share NSSI photos, stories, and videos, thus increasing the potential for social contagion.

Given the prevalence of NSSI and current online considerations, we designed our study to learn from licensed clinicians about their clinical experiences with NSSI. Specifically, we wanted to know about frequency of addressing NSSI, characteristics of clients who self-injure, NSSI assessment practices, the role of the internet in NSSI behavior, clinicians' beliefs pertaining to NSSI, and clinical training and competence. Our findings clearly revealed the prevalence of NSSI in counseling settings. The large majority of our participants reported working with at least one client with NSSI in the previous year and almost 10% of our sample reported working with 15 such clients or more. Although it appears that the majority of clients who engaged in NSSI were female, clinicians reported addressing NSSI with both male and transgender clients as well. Clinicians disclosed clients' methods of NSSI, in which cutting was most prevalent, yet they also reported incidences of burning, hitting, scratching, and punching.

Almost half of our sample disclosed that their intake form had an item inquiring about NSSI separate from suicidal behavior, indicating growing recognition that NSSI is distinct from a suicide attempt. The large majority of our sample confirmed that they conceptualize NSSI as an addictive behavior for some clients, and about a third of clinicians supported the inclusion of NSSI Disorder in the DSM proper (currently, it is listed as a condition in need of further study). Interestingly, almost half of our sample reported being unaware of whether or not their clients who self-injured utilized the internet to share and/or view NSSI content. It appears that many counselors do not currently inquire about the ways in which online behavior may contribute to NSSI. These results indicate an opportunity for increased training related to NSSI and online social contagion. Finally, our participants identified continuing education workshops as the most common modality for NSSI training followed by on-the-job training. Therefore, graduate school training programs could potentially benefit students by including more content and practice related to NSSI.

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Read full article and references:

Langellier, K. A., Astramovich, R. L., & Horn, E. A. D. (2020). Infusing service learning into the counselor education curriculum. *The Professional Counselor, 10*(2), 194–203. doi:[10.15241/kal.10.2.194](https://doi.org/10.15241/kal.10.2.194)



Friendship
Tree

Infusing Service Learning Into the Counselor Education Curriculum

Kristen Arla Langellier, Randall L. Astramovich, Elizabeth A. Doughty Horn

Counselors are frequently called upon to be advocates for their clients and, more broadly, to advocate for the counseling profession. However, many new counselors struggle with integrating advocacy work in their counseling practice. One way to help emerging counselors get involved in their communities is through service learning. Service learning combines educational goals with advocacy to not only enhance students' knowledge but provide opportunities to fulfill needs within the community. Service learning in and of itself is a form of social justice advocacy.

This article provides an overview of service learning and identifies ways counselor educators may foster this form of advocacy within their curriculum. Suggestions for best practice are given, including the use of clear learning objectives, consistent monitoring of projects, and creating ongoing relationships with community partners. The authors also provide specific examples of service learning activities for use within Council for Accreditation of Counseling and Related Educational Programs (CACREP) core curricular areas, including professional orientation and ethical practice, social and cultural diversity, career development, helping relationships, and group work. Suggested projects include involvement with licensure boards and professional organizations at the state level, cultural immersion assignments, working with local employment agencies to remove barriers to employment, offering counseling skills on a suicide hotline, and various other volunteering opportunities to make change where it is needed.

Although not previously emphasized within counselor training, service learning projects may be developed and implemented within a variety of core counseling content areas as suggested by CACREP. From an advocacy and social justice perspective, these projects may also provide students with multiple opportunities to experience the needs of clients and barriers to providing counseling services with diverse client populations. Ultimately, by utilizing service learning projects, counselor educators can help foster students' advocacy and social justice identities, preparing them for work as responsible citizens and effective counselors.

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Read full article and references:

Luke, C., Beeson, E. T., Miller, R., Field, T. A., & Jones, L. K. (2020). Counselors' perceptions of ethical considerations for integrating neuroscience with counseling. *The Professional Counselor, 10*(2), 204–219. doi:[10.15241/cl.10.2.204](https://doi.org/10.15241/cl.10.2.204)

Counselors' Perceptions of Ethical Considerations for Integrating Neuroscience With Counseling

Chad Luke, Eric T. Beeson, Raissa Miller, Thomas A. Field, Laura K. Jones

The integration of neuroscience with the mental health professions continues, and with this expansion comes the risks associated with any nascent area of innovation. Counselors and the counseling profession, under code C.2.b of the *ACA Code of Ethics*, are charged with scrutinizing innovations and specialty areas prior to and throughout their use in clinical practice; this is a safeguard to protect clients from risky or poorly evidenced theory or practices. For example, some of these risks, as they pertain to neuroscience (i.e., the study of the brain and central nervous system) and neurobiology (i.e., literally, the biology of the neurons and the nervous system) include accuracy, embellishment, misapplication, and hype.

The current study is the first to empirically address this topic by eliciting the counseling community's perceptions of ethical concerns related to the integration of neuroscience and counseling. The research question guiding this study explored if counselors perceive ethical concerns pertaining to integrating neuroscience with their counseling practice, and if so, the nature of these concerns. The study utilized a survey-based qualitative methodology to explore counselors' perceived ethical concerns regarding the integration of neuroscience with their counseling practice. A single open-ended survey question was selected for qualitative data analysis in this study.

Counselors, counselor educators, and counselors-in-training reported a wide range of ethical concerns regarding the integration of neuroscience with clinical practice. These concerns largely reflected existing ethical guidelines and existing literature related to neuroscience and counseling. We developed four primary themes through the data analysis process. In reviewing these themes, we identified questions that participants seemed to be asking through their expressed concerns. Each of the themes shared a meaningful connection, through implication and association, with major sections of the *ACA Code of Ethics*. They were: (a) *neuroscience does not align with our counselor identity*, (b) *neuroscience is outside the scope of counseling practice*, (c) *challenges with neuroscience and the nature of neuroscience research*, and (d) *potential for harm to clients*.

The results of this study highlight the need for more training in accessing, interpreting, and being current in neuroscience research. This focus includes the need to increase resources to support high-quality neuroscience-based studies in counseling. As scholars have asserted, neuroscience provides a unique strategy to evaluate the outcomes of counseling services. The challenge, as we demonstrate in this article, is how the profession moves forward in view of these ethical standards. It is one thing to assert that counselors operate only within their scope of competence. It is another thing to articulate and circumscribe the limits of competence in an emergent area like neuroscience.

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Stigma, Help Seeking, and Substance Use

Daniel Gutierrez, Allison Crowe, Patrick R. Mullen, Laura Pignato, Shuhui Fan



Millions of people living in the United States struggle with alcohol or substance use disorders. However, only 1 in 5 of those that need addiction treatment actually receive any treatment. The reasons for the disparity between the need for treatment and the rate at which treatment is accessed are multifaceted and complex. Many people experience barriers to treatment, including lack of finances, availability of treatment, family impact, and fear. One barrier that is arguably the most complex and the least understood is stigma.

Individuals with alcohol and other drug (AOD) use concerns experience a high level of stigma. Research on stigma indicates two forms: public stigma and self-stigma. Public stigma is stigma that emits from society. Self-stigma occurs when an individual internalizes that stigma. Self-stigma often leads to low self-esteem, maladaptive coping, and avoidance behaviors. Stigma often is associated with negative labeling, discrimination, and experiencing prejudice from others. There is stigma around most mental health concerns but with regards to substance use, stigma is highly prevalent and oftentimes related to a public belief that individuals are just weak-willed and need to take greater responsibility. Those with substance use concerns experience judgement, mockery, inappropriate comments, overprotection, and hostility from the public.

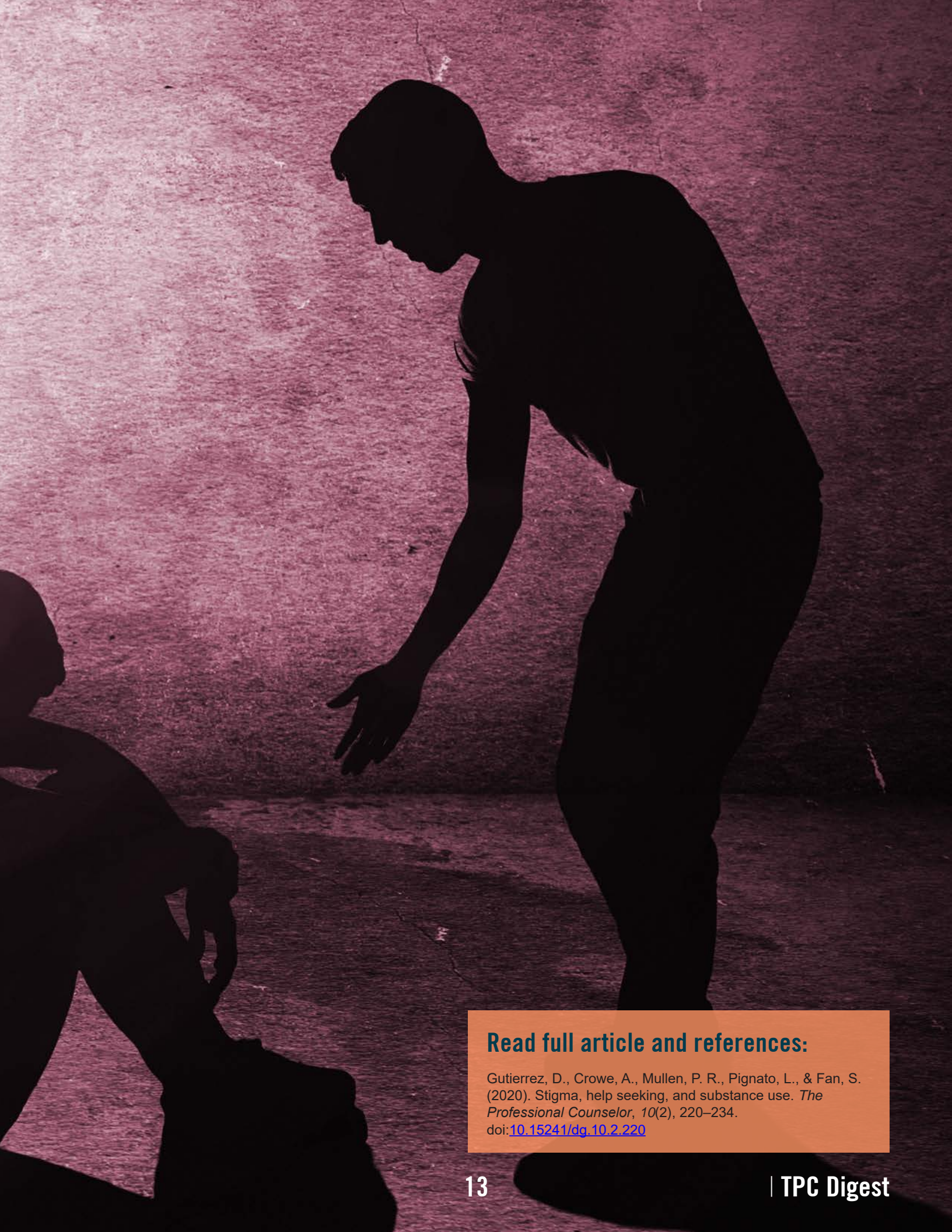
We proposed that the experience of stigma, both self-stigma and public stigma, would influence an individual's attitude toward help seeking and their drug and alcohol use. Specifically, we tested three hypotheses:

1. Self-stigma toward mental health concerns will have a negative direct effect on attitudes toward help seeking and a positive indirect effect on drug and alcohol use as mediated by attitudes toward help seeking.
2. Self-stigma of help seeking will have a negative direct effect on attitudes toward help seeking and a positive indirect effect on drug and alcohol use as mediated by attitudes toward help seeking.
3. Attitudes toward help seeking will have a negative direct effect on drug and alcohol use.

To test our hypotheses, we conducted a cross-sectional study with a community sample of 406 individuals who reported using alcohol and other substances. The sample was gathered using Amazon's MTurk crowdsourcing platform. These individuals completed a battery of assessments, which included measures of drug use, alcohol use, self-stigma, help seeking, and a demographic profile form. We then utilized path analysis to examine the relationships between the variables and test our mediation model.

Findings indicated that self-stigma of help seeking contributed to AOD use and was mediated by help-seeking attitudes. We also found a strong relationship between self-stigma of help seeking and self-stigma of mental illness. These data demonstrate the negative impact that self-stigma has on one's attitude toward help seeking and demonstrates how that attitude has a subsequent impact on AOD use. We propose that counselors working with individuals who struggle with AOD use disorders consider using interventions that specifically target stigma and especially consider countering the public messages that those who seek help are weak, that addiction is a moral failing, and that those that are addicted simply have a character flaw. Furthermore, we encourage greater professional advocacy around the topic of addiction stigma.

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Read full article and references:

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Examining Individual and Organizational Factors of School Counselor Burnout

Heather J. Fye, Ryan M. Cook, Eric R. Baltrinic, Andrea Baylin

School counselors are called to meet the academic, career, and social-emotional needs of all students. In addition to providing counseling-related services in the school setting, school counselors often perform various non-counseling duties. Researchers have concluded that these significant and competing demands may place school counselors at risk for experiencing stress and burnout. In general, burnout is a workplace-specific construct characterized by feelings of exhaustion, cynicism, and lack of personal accomplishment. School counselor burnout is conceptualized as a multidimensional construct in which individual and organizational factors are correlates. Several researchers have studied various individual and organizational factors with school counselor burnout but not holistically within the context of multidimensional burnout.

In the present study, we examined the relationship between individual and organizational factors, after controlling for the demographic variables of years of experience and school district, with multiple dimensions of school counselor burnout. Individual factors included perceived job stress, problem-focused coping, avoidant-emotional coping, and active-emotional coping. Organizational factors included perceived job satisfaction, role incongruity, role conflict, and role ambiguity. The multiple dimensions of burnout included Exhaustion, Incompetence, Negative Work Environment, Devaluing Clients, and Deterioration in Personal Life. School counselors ($N = 227$) who were members of the American School Counselor Association completed the study. We used three-step hierarchical regression models to analyze the data.

Our results suggest that individual and organizational factors uniquely relate to the multidimensions of school counselor burnout. Perceived stress was a statistically significant factor for Exhaustion and Deterioration In Personal Life. Avoidant-emotional coping was a statistically significant factor for Incompetence. Problem-focused coping was a statistically significant factor for Devaluing Clients. Perceived job satisfaction and role incongruity were statistically significant factors for Negative Work Environment. Role ambiguity was a statistically significant factor for Incompetence. Years of experience was not a statistically significant factor in the final hierarchical regression models but was negatively related with Incompetence and Devaluing Clients. It appears school counselors who are earlier in their careers may experience increased burnout in the areas of Incompetence and Devaluing Clients when compared to those working for significantly longer amounts of time. Implications for the school counseling profession to alleviate burnout include the importance of identifying the multidimensions of burnout and its correlates, addressing self-care and professional vitality goals, communicating defined school counselor roles, providing mentoring opportunities, and increasing advocacy skills.

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Agency Responses to Counselor Survivors of Client Suicide

Nathaniel J. Wagner, Colleen M. L. Grunhaus, Victor E. Tuazon

Suicide is the 10th leading cause of death in the United States, and a 2014 study found that nearly one-third of a sample of individuals who completed suicide in the United States were enrolled in mental health services within the year prior to their death. Because of this, approximately 25% of counselors are counselor survivors, meaning they have had at least one client die by suicide. Client suicide tends to impact counselor survivors in a number of different ways. Many counselor survivors have reported feeling ashamed, overwhelmed, and unprepared. Counselor survivors also have reported that after client death by suicide, they have experienced substantial emotional distress related to shame, reduced self-efficacy in their work with suicidal clients, and efforts to reduce work with clients at risk for client suicide.

Counselor survivors often receive support from their institutions of employment as well as from other professionals (e.g., colleagues, counselors, and supervisors). Counselor survivors' complex emotions and perception of failing as a professional can leave them grasping for assistance to make sense of the event. Institutional responses to client suicide vary and often include aspects like chart audits, debriefings, or avoidance. This study was intended to examine how the responses of agencies and other professionals impact counselor survivors' experiences of client suicide.



Read full article and references:

Wagner, N. J., Grunhaus, C. M. L., & Tuazon, V. E. (2020). Agency responses to counselor survivors of client suicide. *The Professional Counselor, 10*(2), 251–265. doi:[10.15241/njw.10.2.251](https://doi.org/10.15241/njw.10.2.251)

Our study was a survey of counselors who had experienced a client suicide ($N = 228$). We strove to understand how institutional responses as well as supervision experiences impacted the severity of counselor survivors' experiences of client suicide. We also examined which policies and procedures agencies tend to use in response to client suicide, which responses counselor survivors found to be most helpful, and what counselor survivors believed that agencies should change.

Our findings supported the supervisory relationship as an important factor in the impact of client suicide on a counselor survivor. Specifically, counselor survivors with strong relationships with their supervisors described less severe responses to client suicide. This desire for strong relationships continued in participants' desires for agency responses. Participants described strong desires for agency responses that demonstrated support for the counselor survivor as a person (e.g., additional counseling, increased empathy, debriefings related to the counselor's experience). Conversely, participants interpreted some agency responses (e.g., chart audits, action-oriented debriefings) as the agency trying to manage liability and perceived these responses as unhelpful or even harmful, as the agency seemed to be "pointing the finger" or assigning blame to the clinician.

Our participants often described themselves as being unprepared for client suicide. They described receiving relatively few trainings through their education and employment related to prevention of suicide and responses to client suicide. However, those that had received these trainings found them quite helpful. As such, in our article we explored training issues (building knowledge and self-efficacy) that agencies should consider with regard to preparing counselors to work with suicidal clients and to respond to client suicide.

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Toward Culturally Competent School Counseling Environments

Hip-Hop Studio Construction

Ian P. Levy, Edmund S. Adjapong

Literature on the physical design of counseling spaces suggests that calm and comfortable school counseling offices support students' emotional disclosure. However, many counselors fail to consider the perspectives of clients when designing counseling environments. Scholars have called for school counselors to invite youth to co-create interventions as a means to promote cultural responsiveness and honor students' cultural knowledge. In short, research indicates that an understanding of clients' cultural differences is imperative when making environment design choices. In pursuit of using multicultural practice in schools, recent researchers have demonstrated that urban inner-city youth identify as part of hip-hop culture and that hip-hop recording studios have functioned as a community-defined outlet for catharsis. Therefore, when aiming to design culturally responsive counseling environments, it is important to note that the hip-hop recording studio has also held an important place in hip-hop culture and is largely unexplored in counseling literature.



The purpose of this exploratory action research was to illuminate the experiences of urban youth of color who were part of a classroom-based school counseling intervention in which they co-created a space for social and emotional reflection in an inner-city urban high school. Specifically, a teacher at an inner-city urban high school consulted with the principal investigator (PI) of this study, given that he is a school counselor educator and a former school counselor with noted experience in the use of hip-hop–based school counseling interventions and the studio creation process. The teacher was interested in integrating interventions into a hip-hop lyric writing elective class that could support students’ social and emotional development, amidst the lack of school counselors at their school. A total of 15 high school students ranging between 14–18 years of age participated in the hip-hop lyric writing class and therefore in this study. During the class, they worked with their course instructor on the co-creation of a school studio. Focus groups on the value of the co-creation of a hip-hop studio for urban youth were employed.

Results suggested that students experienced the studio as a shared space for inclusivity, comfort, and belonging; a place to make their own design choices; and a practice space to garner peer support, engage in personal self-development, and support others. Broadly, these results support the co-construction of school studios as culturally relevant environments that promote social and emotional development, addressing a need in the literature for research exploring multicultural counseling office design. Further, the current study illuminates the role of collaboration in the school counselors’ work and the activation of the teacher as a key stakeholder (under the guidance of a counselor educator) in facilitating a classroom-based counseling intervention in which youth co-created a school space to support social and emotional services. In conclusion, this article highlights the value in using hip-hop studio construction as an innovative approach to a culturally sensitive, indirect, classroom-based school counseling intervention in which students themselves engaged in the construction of an ancillary space to support their social and emotional development.

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Experiences of Black Adolescents With Depression in Rural Communities

TeShaunda Hannor-Walker, Lynn Bohecker, Lacey Ricks, Sarah Kitchens

Black youth are frequently overlooked and undertreated when it comes to depression. Most of the studies in the extant literature took place in urban areas; little is known about rural experiences, and even less is known about experiences in the southeastern United States. Although 90% of rural Black people live in the southeastern part of the United States, there are only two studies in the literature that specifically examined depression among rural Black people using national data. This gap in the literature indicates insufficient knowledge regarding the personal experiences of Black adolescents with depression.

A review of the literature captured symptoms and coping strategies unique to Black adolescents and the disparities that exist in mental health care for adolescents, specifically for minorities. This qualitative study posed an overarching research question to Black adolescents living in the rural southeastern United States: “What is your experience with depression?” The research design for the study was a basic interpretive qualitative method. The purpose of this method was to understand the perspectives of 10 participants by uncovering and interpreting their meanings. Each participant (a) self-identified as Black, (b) was between the ages of 13 and 17, (c) was willing to participate, (d) had secured a signed informed consent form from their parents, (e) had signed a participant assent form, and (f) was currently under the care of a counselor either in or out of school for depression. Interviews were recorded and transcribed verbatim by both the first author and a professional transcriber, then coded and analyzed for themes.

Participants reported that their most prevalent symptoms were isolation, loneliness, and social withdrawal and sadness. Contributing factors were negative emotional influence from peers, verbal abuse, differences from others, and family problems. The most prevalent negative consequences were illegal drug use, self-inflicted harm, sexual intercourse, and suicidal attempts. Barriers to treatment included uncomfortable issues, lack of trust, and trouble with self-expression. Participants described how friends and family members were causes of their depression as well as sources of support. In conclusion, contextual factors are often involved in the onset of depression in Black adolescents, and there is not enough active therapeutic and medical treatment for Black adolescents living with depression. Counselors also need to recognize the stigma and the reluctance to seek treatment for mental illness within the Black community. Awareness of these barriers can help counselors become more educated on the needs of Black adolescents who live in rural communities. More studies need to be completed to fully understand the mental health needs and experiences of Black adolescents who are experiencing depression.

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