

# *Digest*

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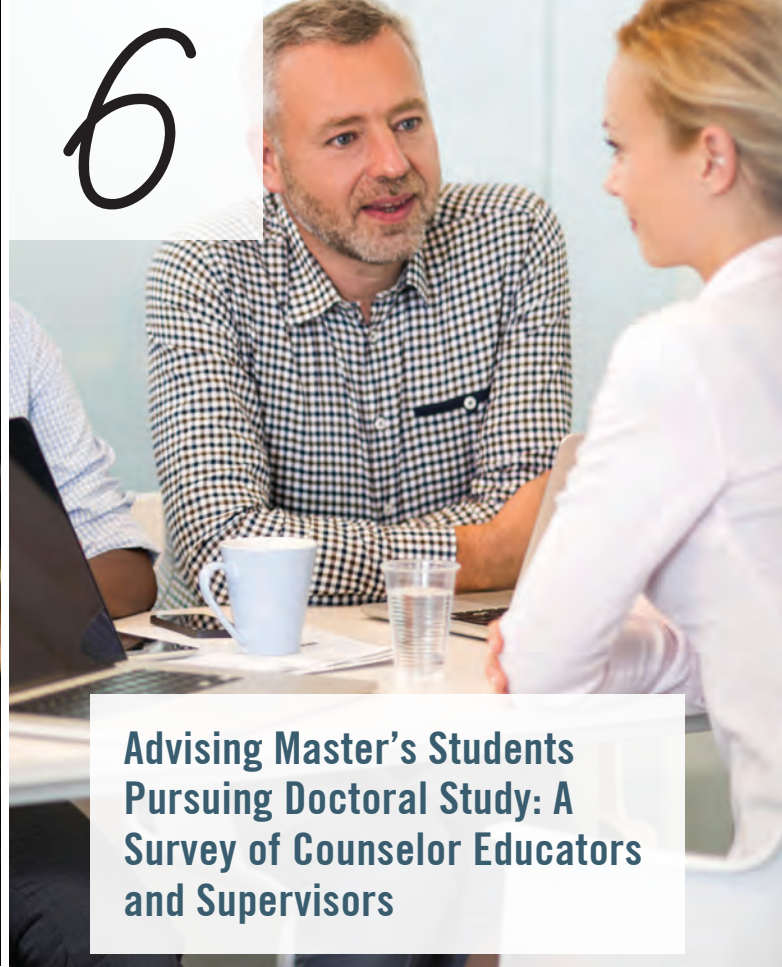
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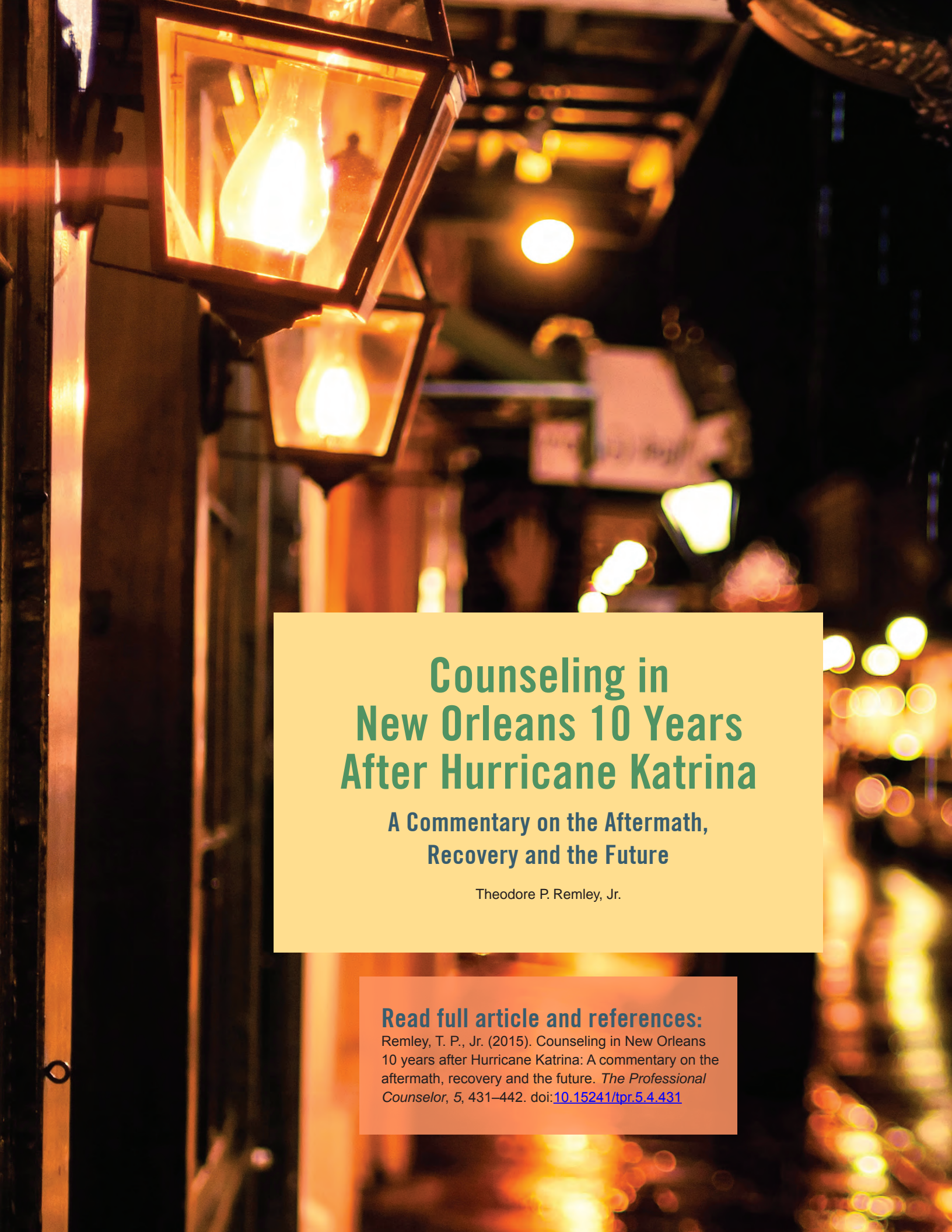


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# Counseling in New Orleans 10 Years After Hurricane Katrina

A Commentary on the Aftermath,  
Recovery and the Future

Theodore P. Remley, Jr.

## Read full article and references:

Remley, T. P., Jr. (2015). Counseling in New Orleans 10 years after Hurricane Katrina: A commentary on the aftermath, recovery and the future. *The Professional Counselor*, 5, 431–442. doi:[10.15241/tpr.5.4.431](https://doi.org/10.15241/tpr.5.4.431)





Ten

years after Hurricane Katrina, the counseling profession in New Orleans has changed. Along with a group of eight counselors and other mental health professionals who had been providing services at the time of the hurricane and were still working in the city 10 years later, I provided our impressions of counseling in New Orleans a decade after the storm. New Orleans after Hurricane Katrina is different from the New Orleans that existed in August 2005. While the French Quarter, Uptown and other affluent neighborhoods appear hardly changed, at a deeper level the city is not the same as it was before the hurricane. The most obvious change, aside from the areas where houses are still boarded up and abandoned, is the population, which has become smaller, older, more educated and a bit poorer. New Orleans is now more Hispanic, more Caucasian and less African American. Before Hurricane Katrina, there were not enough counseling and other mental health services for poor and middle-class families in New Orleans, and the same situation continues to exist 10 years after the storm. However, the counselors and other mental health professionals who have now worked in New Orleans for over 10 years were able to provide valuable insights and suggestions for coping with a disaster.

It appears that mental health agency personnel in other locations who want to learn from the experiences of practitioners who dealt with the aftermath of Hurricane Katrina in New Orleans should consider the advice given by several mental health professionals with whom I communicated—prepare to be flexible in case disaster occurs. Perhaps counselors and administrators who have leadership skills that include creativity and flexibility would be ideal for agencies after disasters have occurred, as opposed to those who have a high need for structure or who have trouble operating without clear procedural guides.

The counselors and other mental health professionals I spoke with also noted that while partnerships and collaborative arrangements have the potential for helping mental health agencies survive and even prosper after a disaster, such arrangements should be evaluated carefully prior to agreement. Leaders in one of the New Orleans agencies attributed their growth and expansion to collaborative relationships and partnerships. However, several other mental health professionals appeared to have had negative experiences with collaborative arrangements and recommended that such offers be viewed with caution. Accepting time-limited financial support also can lead to unforeseen problems.

The most important lesson I learned from interviewing agency administrators in New Orleans who had been at their agencies for the 10 years since Hurricane Katrina was that it would have been impossible to prepare for the aftermath of the storm. As a result, it is important after a disaster for counselors and administrators to assess their unique situation, determine what counseling services are needed, provide in-service training when necessary, avoid relying on short-term funding to plan for the future and pay attention to the self-care of counselors. New Orleans is unique and Hurricane Katrina's flooding of the city was a unique event. Several mental health professionals indicated that assessing the needs of the community after the storm and responding to those needs, as well as caring for the well-being of their employees, were important aspects of their successful survival.

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# Bereavement Experience of Female Military Spousal Suicide Survivors

## Utilizing Lazarus' Cognitive Stress Theory

Lindsey Mitchell

*Grief*

is a natural response to human loss. Each loss is unique and requires various supports in order to recover in a healthy way. It is not possible to generalize the way that grief affects individuals. Frequently, discomfort exists and there is often an avoidance of discussing the pain and heartache that individual survivors experience in the shadow of sudden and traumatic loss.

The death of a loved one is a challenge, whether it comes without warning or after a long struggle with illness. But several circumstances set death by suicide apart from other types of loss (e.g., homicide, accident) and make the process of bereavement unique and complex. The suddenness of suicide, the violent behaviors often associated with suicide and the unexpectedness of suicide complicate the grief as well. The individuals, family members or survivors who experience the loss have diverse needs and varying levels of resilience. The expression of normal grief is evident through emotional, cognitive, physical and behavioral responses.

Normal and abnormal responses to bereavement span a spectrum in which intensity of reactions, presence of random grief behaviors and time course determine the differentiation. There is consistent criticism in the literature that there have been too few studies to provide meaningful support for a coherent theory of the mechanisms of bereavement following suicide.

The purpose of this study was to explore the relationship between bereavement, social support, stigma, primary and secondary appraisals, and coping skills among female survivors of military spousal suicide. The researcher wanted to address the needs of military families facing specific issues associated with experiencing the suicide of a spouse. Association with the military ensures that most families will have to experience some

form of bereavement and many forms of loss during times of war. Stress plays a role in the grief process within the military culture, especially when it relates to suicide.

Military men and women are less equipped than the general population when it comes to being culturally sanctioned to outwardly demonstrate or share their emotional experience of grief. The researcher isolated specific issues surrounding grief that need to be addressed (i.e., stigma, social support, primary and secondary appraisals, and coping). As researchers continue to explore the bereavement process within the military community, there may be more acceptance of the grief process following a suicide, and the stigma surrounding suicide may decrease. This study allowed for the ability to explore the underlying feeling around various issues related to grief and suicide.

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### Read full article and references:

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# Interdisciplinary Training:

## Preparing Counselors for Collaborative Practice

Jane E. Atienko Okech  
Anne M. Geroski

### Counselor

educators have long argued that interdisciplinary collaboration is necessary for addressing complex mental health challenges. This is a sentiment that is echoed throughout the social service and medical practice profession. Yet, little has been written in the counseling literature about interdisciplinary training or competencies. The literature in medical and allied medical health service professions on this topic is replete with comments regarding the challenges of multidisciplinary practice and points to a clear lack of training protocols for preparing professionals to work across disciplines.

This manuscript uses a case study approach to elucidate some of these challenges. The case used is based on an interdisciplinary training project offered to medical residents and counseling, nursing and social work master's-level graduate students. It was designed to teach team-based substance misuse screening, brief intervention and referral services. Consistent with the literature, our participants experienced a number of challenges. First, there seemed to be a tension between participants' professional orientation and identity and their receptivity to others. We witnessed that these newly trained professionals seemed to cling rigidly to their training orientations and practice approaches and appeared unaccepting or critical of the work of their peers in the other disciplines. As the literature suggests, training that has largely occurred in silos can limit one's ability to work multidisciplinary, leading to barriers, mistrust and a lack of collegiality. This is particularly true when professional hierarchies and public perceptions award prestige to some professions over others.

Second, the literature also suggests that few students in mental health and allied health receive training in the skills and practices necessary for collaboration. While they are expected to work together in their practice settings upon graduation, few students have actually been trained or know exactly how to do that. Some of the trainees in our project displayed these challenges. Some seemed to have a good grasp of their discipline-specific content

but limited communication skills. Many lacked basic information about the other professions.

Third, it is critical that interdisciplinary training truly be interdisciplinary. We noticed that our training protocols seemed to favor one practice orientation over others. As a result, some of the participants struggled to demonstrate the required skills—not because they didn't have the skills, but mostly because the training scenarios were irrelevant to their practice orientation. Clearly, in order for training to be truly interdisciplinary, training protocols must offer points of entry and meaningful engagement for all of the trainees present.

When training faculty are firmly grounded in the professional identity of their practice, have a full commitment to interprofessional collaboration, and have the skills for participating in collaboration practice, they will be able to structure and scaffold this learning for their trainees. Finally, we also found that it was critical for the trainers to carefully monitor the interdisciplinary practice sessions and establish clear protocols for intervening in response to non-conforming or challenging participant behaviors.

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doi:[10.15241/jec.5.4.458](https://doi.org/10.15241/jec.5.4.458)



# Advising Master's Students Pursuing Doctoral Study

## A Survey of Counselor Educators and Supervisors



Corrine R. Sackett  
Nadine Hartig  
Nancy Bodenhorn  
Laura B. Farmer  
Michelle R. Ghoston  
Jasmine Graham  
Jesse Lile



*Researchers* of this study explored what faculty members are recommending to counselor education master's students regarding post-master's experience (PME) when considering doctoral studies and what the current faculty hiring preferences are in reference to amount of PME needed. Though conventional wisdom may tell us that the more experience, the better, we do not have empirical data in the counselor education and supervision (CES) field on how counselor educators are advising master's students on this issue, or of what faculty search committees prefer in terms of clinical experience level of candidates. Thus, this study broadly examines the questions: What are faculty members recommending to counselor education master's students regarding post-master's experience when considering doctoral studies? What are current faculty hiring preferences in reference to levels of experience needed? Faculty members, supervisors and advisors frequently encounter these questions from master's students, and the researchers believe students, faculty and ultimately the counseling field will benefit from information clarifying the current industry standard for counselor education.

The research in CES and related fields in the area of experience preferred for doctoral programs and faculty positions is dated. Further, the CES field is lacking data on how counselor educators are advising master's students in terms of what amount, if any, of post-master's experience would be beneficial to obtain prior to entering a doctoral program. The field also is lacking clear data on preferences of CES search committees on clinical experience gained outside of program practicum and internships. An exploration of these two questions equips counselor educators in more effectively advising master's students who are interested in doctoral programs and faculty careers in CES.

The authors used a survey with both closed and open-ended questions to gain quantitative and qualitative data about the research questions. Surveys were developed by the research team and piloted among CES colleagues with questions about serving on search committees and what priority considerations are given during a search for CES clinical and tenure-track faculty. Hypothetical situations

involving a master's student asking for advice about pursuing a doctoral degree and a search committee situation were also posed in the survey, with space to provide a rationale for the responses, which garnered qualitative data.

The findings of this study help fill a gap in the literature about the amount of counseling experience needed prior to entering doctoral programs. Specifically, these findings shed light on what faculty members are recommending to master's students regarding post-master's experience prior to entering a doctoral program and faculty members' preferences in hiring colleagues with regard to post-master's experience. Findings indicate faculty members believe PME informs supervision, teaching, research and professional identity during the doctoral program and in faculty roles. Findings also indicate faculty members consider the characteristics and circumstances of each individual in determining how important PME is prior to entering a doctoral program. Finally, for many respondents, the amount of experience obtained during the master's and doctoral programs is enough, especially in cases where students work in clinical positions while completing their doctoral degrees.

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**Read full article and references:**

Sackett, C. R., Hartig, N., Bodenhorn, N., Farmer, L. B., Ghoston, M. R., Graham, J., & Lile, J. (2015). Advising master's students pursuing doctoral study: A survey of counselor educators and supervisors. *The Professional Counselor*, 5, 473–485. doi:[10.15241/crs.5.4.473](https://doi.org/10.15241/crs.5.4.473)



A photograph of four young women of diverse backgrounds gathered around a tablet. One woman is pointing at the screen while the others look on with interest. The background is a soft, out-of-focus blue and white.

*Bullying* is a prevalent problem youth face nationwide. Approximately one in three students are bullied at school, while 70% observe bullying at some point in time during their educational experience. Moreover, bullying escalates during middle school when aggressive behaviors become normalized and students are attempting to establish themselves within the social hierarchy. Therefore, it is important for middle school counselors to have access to effective intervention programs and take on a leadership role in program implementation.

Comprehensive, school-wide interventions are considered the standard for practice; however, they can be difficult to implement. Additionally, there is evidence that programs that do not place a high demand for time and resources on schools may be effective. Stand-alone bystander programs that train students to be peer advocates provide a promising approach to bullying intervention. Therefore, the purpose of this study was to serve as a first step in extending the literature by evaluating a brief, stand-alone bystander psychoeducation program in a middle school setting. We also were interested in developing a counselor-based program developed to teach students who are bystanders (i.e., who observe bullying at school) to learn to identify bullying behaviors and intervene as “defenders.”

# A Bystander Bullying Psychoeducation Program With Middle School Students

## A Preliminary Report

Aida Midgett  
Diana Dumas  
Dara Sears  
Amanda Lundquist  
Robin Hausheer



To accomplish this goal, we created a new program, STAC (“stealing the show,” “turning it over,” “accompanying others,” and “coaching compassion”). STAC is a modification of the CARES bystander component of Bully-Proofing, which is a comprehensive, school-wide intervention program. The STAC training is comprised of a didactic and experiential component

and does not rely on teachers to deliver instruction. The authors evaluated whether the STAC program (a) increased student ability to identify what different types of bullying looked like, (b) increased student knowledge of specific strategies that can be used to intervene appropriately, and (c) increased student confidence in their ability to intervene.

Overall, results supported the STAC program as a promising method for equipping bystanders to be advocates in addressing bullying at school. More specifically, after completing the training, students reported a significant increase in their ability to identify what different types of bullying look like, knowledge of the STAC strategies, and general confidence intervening in bullying situations. This was true for identification of different types of bullying (i.e., verbal, social/emotional, and cyberbullying), knowledge of the STAC strategies (i.e., stealing the show, turning it over, accompanying others, coaching compassion), and confidence in intervening (i.e., confidence in doing something helpful, comfort in being an advocate, and belief in ability to reduce bullying). There was, however, no significant increase for identification of physical bullying, which 98% of students indicated they could identify at baseline.

In addition to equipping bystanders to intervene, unlike comprehensive, school-wide programs, the STAC training can be brief and cost effective, allowing schools to have access to program implementation on a broader scale. Also, the STAC program establishes school counselors as leaders in implementation. This study is a first step in assessing the effectiveness of the STAC program, providing a foundation for future research examining the impact of STAC training on reducing bullying behaviors in the school setting.

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### **Read full article and references:**

Midgett, A., Doumas, D., Sears, D., Lundquist, A., & Hausheer, R. (2015). A bystander bullying psychoeducation program with middle school students: A preliminary report. *The Professional Counselor*, 5, 486–500. doi:[10.15241/am.5.4.486](https://doi.org/10.15241/am.5.4.486)



# Considering the Cycle of Coming Out

## Sexual Minority Identity Development

Shainna Ali  
Sejal Barden



### Read full article and references:

Ali, S., & Barden, S. (2015). Considering the cycle of coming out: Sexual minority identity development. *The Professional Counselor*, 5, 501–515.  
doi:[10.15241/sa.5.4.501](https://doi.org/10.15241/sa.5.4.501)





## Coming

out is a decision-making process regarding disclosure of identity for sexual minorities. Existing literature on the coming-out process highlights a singular, linear emphasis, failing to highlight the recurring task of disclosure that sexual minorities endure. The purpose of this manuscript is to highlight the cyclical nature of the coming-out process and the importance of recognizing this cycle when counseling sexual minority clients. A case application is provided to illustrate the proposed cycle of coming out. Implications for counselors and suggestions for future research are discussed.

Coming-out is a pivotal process in the lives of sexual minority (e.g., lesbian, gay, and bisexual) individuals. Beyond the internal process of development, coming out is an interpersonal, diverse process of disclosure. Sexual minorities face considerable personal dilemmas regarding coming out. Coming out may be a threatening process as stigmatization and marginalization are byproducts of sexual prejudice. Stressors include, but are not limited to, fears pertaining to acceptance, bullying, harassment, safety and oppression. Internal discord may prompt feelings of loneliness, disconnection, confusion, grief, shame, anger, fear, vulnerability and depression that lead to potential suicidal ideations. Although stressors exist, the decision to disclose one's sexual minority identity may be enticing and empowering. From enduring the process, individuals may experience coming-out growth.

During their lifetime, individuals may face various opportunities to disclose identity; each scenario may have unique implications that are essential to consider in regard to client safety. Individuals may react in a multitude of ways that include shock, hostility, confusion and disappointment. Regardless of a sexual minority's internal awareness, acceptance and congruence, it is important to

acknowledge the risk involved every time one chooses to disclose their identity, thus highlighting the cyclical, recurring decision-making process every time one discloses their identity.

When counseling clients through the coming-out process, it is essential to recognize the social context encompassing each unique occurrence in the lifelong cycle of coming out. Counselor competence in working with sexual minority clients requires counselors to be affirmative, open and supportive, and to utilize holistic approaches in assisting clients through the coming-out process. In an effort to increase counselor awareness, knowledge, skills and overall effectiveness in assisting sexual minority clients, we propose that particular attention should be given to understanding the factors of coming out. The proposed cycle of coming out may assist in better preparing counselors to help sexual minority clients and may thus contribute to an increase in sexual minority competence overall. Therefore, this manuscript highlights the recurring process of disclosure as we (a) address the stressors and benefits of coming out, (b) outline the social layers of coming out, (c) examine strengths and limitations of current models pertaining to coming out, (d) emphasize the importance of addressing coming out in counseling, and (e) introduce the application of a cyclical framework of the coming-out process through a case illustration.

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# Development and Factor Analysis of the Protective Factors Index

## A Report Card Section Related to the Work of School Counselors

Gwen Bass  
Jihee Lee  
Craig Wells  
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Sangmin Lee

*This* article describes the development and initial exploratory and confirmatory factor analyses of the Protective Factors Index (PFI), a 13-item social-emotional report card. The PFI was developed using the Construct-Based Approach (CBA) to school counseling (Squire et al., 2014), and is based on the premise that prevention efforts should be focused on factors that are demonstrated by research to be malleable and associated with academic achievement and well-being. The CBA clusters constructs into four areas reflecting *motivation*, *self-direction*, *self-knowledge* and *relationship competence*. The PFI component of the report card consists of 13 questions, organized into four segments, based on the construct-based standards: *motivation*, *self-direction*, *self-knowledge*, and *relationships*. The purpose of this study was to establish the factor structure of the instrument as the first step in establishing its validity.

By incorporating the PFI into the student report card, pertinent student-level achievement-related data was collected from teachers for use by counselors. The format for teachers to evaluate their students includes dichotomous response options: “on target” and “struggling.” All classroom teachers receive the assessment and the scoring rubric that corresponds to their grade level. The sample for this study was highly diverse in terms of race and included students across kindergarten through fifth-grade levels. All classroom teachers in the district’s four elementary schools completed the PFI for each student in their class at three intervals during the 2013–2014 school year. The data collected in the fall and winter terms were divided into two sections for analysis.

The factor analyses in this study were used to explore how teachers’ ratings of students’ behavior on the 13-item PFI scale clustered around specific constructs that are connected to achievement and underlie many school counseling interventions. Considering parsimony and interpretability, the EFA and two CFAs all resulted in the selection of a three-factor model as the best fit for the data. In this model, the fundamental constructs associated with students’ academic behavior identified are “academic temperament,” “self-knowledge” and “motivation.”

“Self-knowledge” and “motivation” correspond to two of the four construct clusters identified by Squire et al. (2014) as critical socio-emotional dimensions related to achievement. The “academic temperament” items reflected either self-regulation skills or the ability to engage in productive relationships in school. Squire et al. (2014) differentiated between self-direction (including emotional self-regulation constructs) and relationship skills clusters.

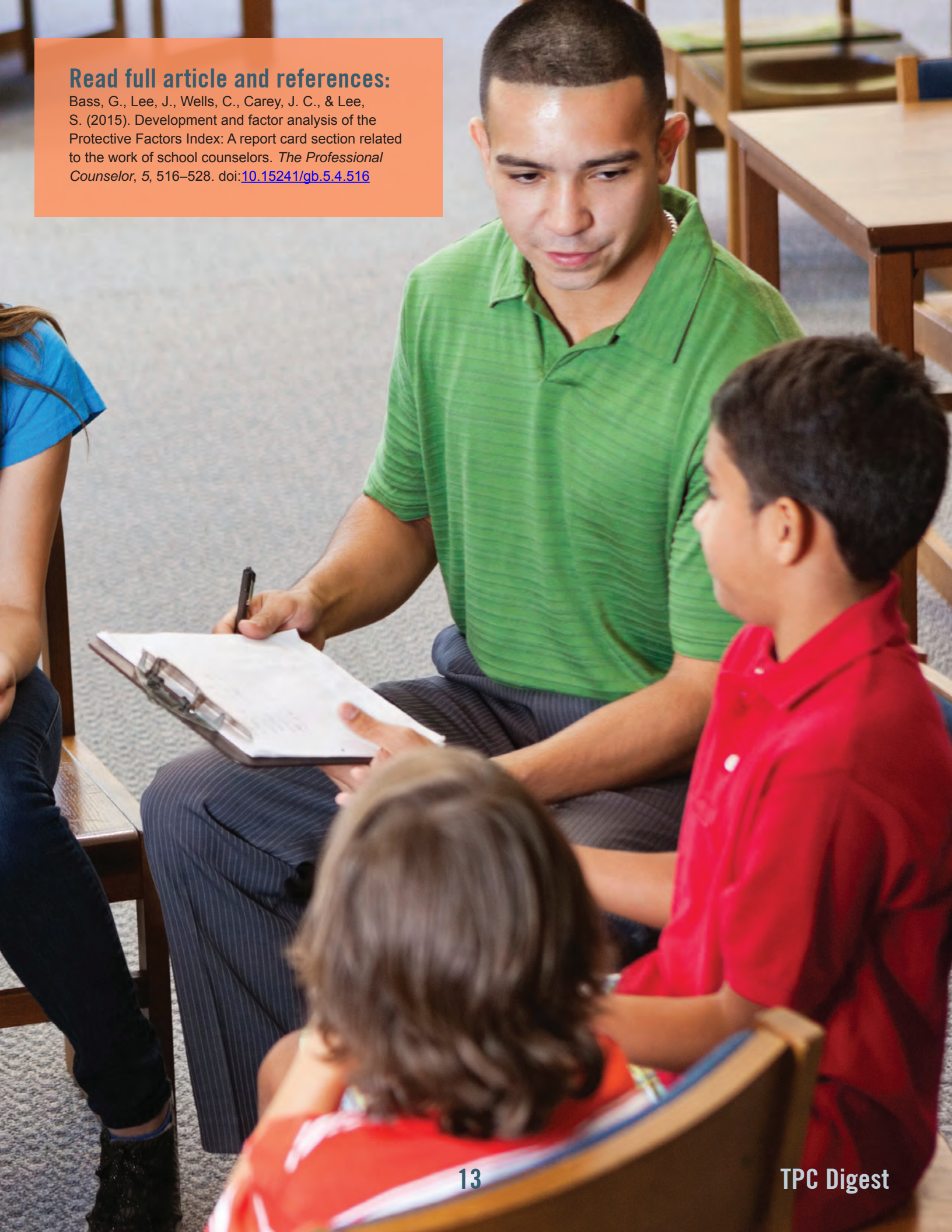
Although not perfectly aligned, this factor structure of the PFI is consistent with the CBA model for clustering student competencies and corresponds to previous research on the links between construct-based skills and academic achievement. Teacher ratings on the PFI seemed to reflect perceptions that self-regulation abilities and good relationship skills are closely related constructs. These results indicate that the PFI may be a useful instrument for identifying elementary students’ strengths and needs in terms of exhibiting developmentally-appropriate skills that are known to influence academic achievement and personal well-being. The PFI has the potential to become an efficient and accurate way for school counselors to collect data from teachers about student performance than can be used to target intervention.

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## Read full article and references:

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# Shelter From the Storm

## Addressing Vicarious Traumatization Through Clinical Supervision

Seth C. W. Hayden  
Derick J. Williams  
Angela I. Canto  
Tyler Finklea

*Given* the potential for significant exposure to traumatic material when working with clients, counselors are at risk of developing vicarious traumatization (VT). In the process of joining with a client in the developing of a therapeutic alliance, the experience of bearing witness to challenges experienced by clients with traumatic experiences can have a profound impact on the worldview of a counselor. Though sharing similar characteristics of other concepts such as secondary stress, compassion fatigue, and burnout, VT is unique in its depth of impact. There also appears to be a cumulative effect when counselors are continually exposed to clients with trauma-related issues. There has been much discussion within our profession regarding VT and its impact on counselors with previous attention primarily related to contributing factors and methods of mitigating the effects of VT. The aim of this article is to provide a specific discussion of the impact of VT and a framework in which to address this concern within the context of clinical supervision.

The nature of engagement within clinical supervision leads to strategies for both preventing and remediating VT when needed. The development of the supervisory alliance allows for ongoing assessment of the well-being of supervisees. Given the intensive nature of addressing trauma-related concerns, clinical supervisors are ideally positioned to support counselors in this work. An empirically supported counseling theory that offers a framework in which to address VT is the Indivisible Self Model of Wellness (IS-Wel).

This model's interconnected concepts and associated assessment offer a useful structure for addressing VT within clinical supervision. Assessing for the level of functioning of supervisees can provide insight as to their level of functioning within different domains of life. When threats to wellness are present, such as disruptions in perspective that may be resulting from VT, a clinical supervisor can identify and intervene to the benefit of a supervisee. Using the IS-Wel can enable a clinical supervisor to effectively assess and address VT when needed.

This article contains information on the characteristics of VT, a description of the IS-Wel, and the connection between VT, the IS-Wel, and clinical supervision. A case example outlining specific strategies for implementing the proposed strategies is also provided. The primary hope on the part of the authors is that this article will provide practical information that can be utilized by clinical supervisors who suspect that VT may be an ongoing threat to the well-being of their supervisees.

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### Read full article and references:

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