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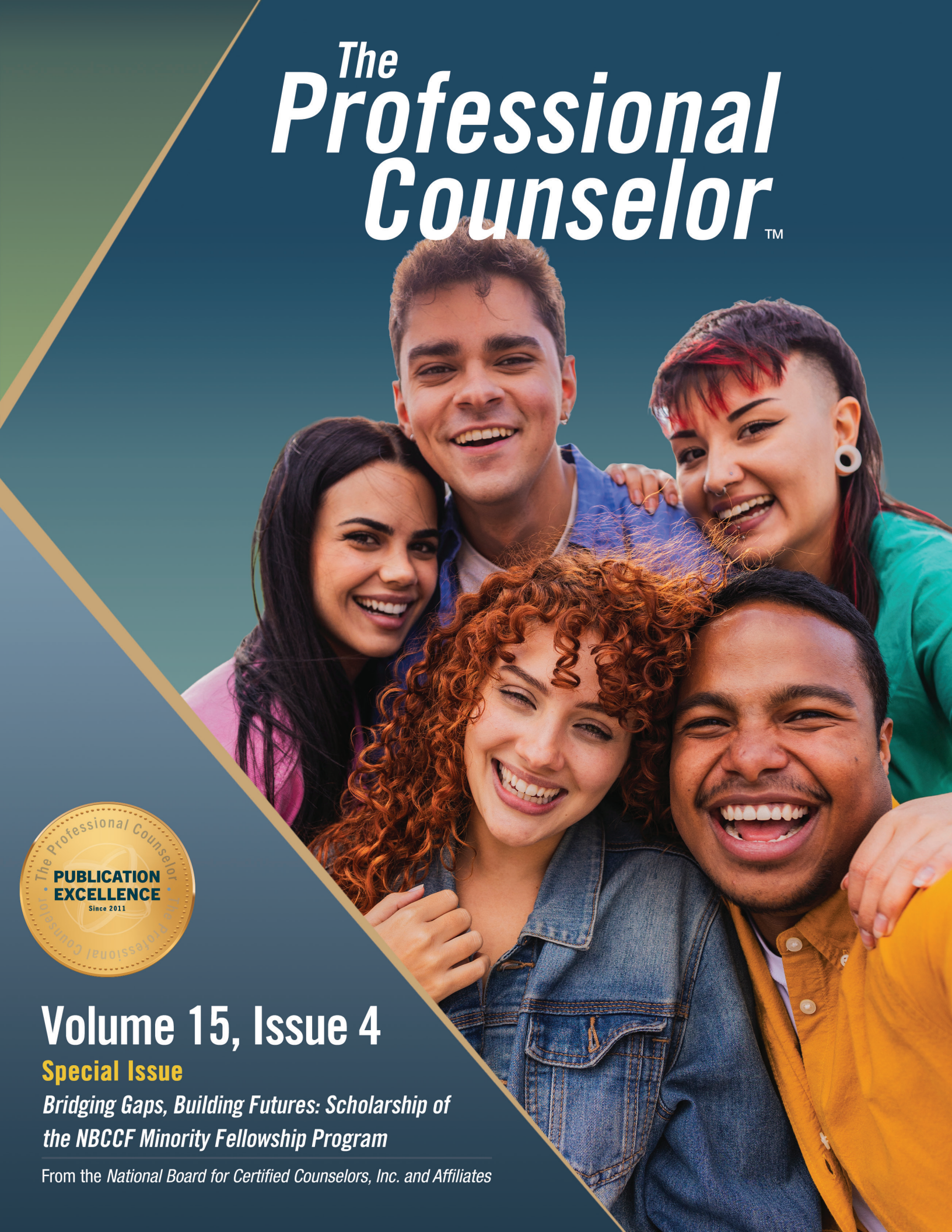

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Bridging Gaps, Building Futures: Scholarship of the NBCCF Minority Fellowship Program

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Bridging Gaps, Building Futures: An Introduction to the Special Issue on Scholarship of the NBCCF Minority Fellowship Program

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Lotes Nelson, Clark D. Ausloos, Kirsis A. Dipre

This special issue of *The Professional Counselor* (*TPC*) celebrates the enduring legacy of the NBCC Foundation's Minority Fellowship Program (MFP) and the remarkable contributions of its Fellows to the counseling profession. Guided by the overarching theme *Bridging Gaps, Building Futures*, this issue reflects how MFP scholars continue to advance equity, belonging, and healing across diverse communities through research, practice, and advocacy. Each article in this collection represents both an individual and collective commitment to closing the gap between awareness and action, transforming knowledge into meaningful and sustainable change. Building upon this collective vision, the selected works in this special issue are organized around two interwoven subthemes: *Threads of Transformation* and *Scholarship as Bridgework*. Together, these sections illuminate the dynamic ways in which counselors, counselor educators, and researchers are bridging identity, belonging, and access while advancing scholarship that heals, connects, and transforms. Collectively, these themes invite readers to consider how transformation and bridgework function as inseparable elements of professional identity—threads woven through practice, teaching, and research. In this spirit, the articles in this issue form a tapestry of insight and inspiration, reminding us that meaningful change emerges through the ongoing continuum of reflection, action, and connection that lies at the heart of the counseling profession.

Threads of Transformation

This first theme, *Threads of Transformation*, captures how MFP Fellows weave identity, belonging, and access into their research, teaching, and clinical practice. Across schools, families, and communities, these scholars actively transform systems of care into more inclusive, culturally responsive, and healing-centered practices. Their work reflects the commitment of MFP Fellows to bridge awareness with action and to ensure that nondominant populations are supported in spaces that have too often excluded them, including within helping professions. The studies that comprise this theme speak to the transformative power of belonging, connection, celebrating cultural identity, and fostering resilience and growth across generations and communities.

In "A Pilot Study Examining Xinachtli: A Gender-Based Culturally Responsive Group Curriculum for Chicana, Latina, and Indigenous Secondary Students," Vanessa Placeres and colleagues explore how culturally grounded interventions can serve as restorative spaces for Chicana, Latina, and Indigenous (CLI) youth. Guided by a healing-informed and gender-responsive framework, *Xinachtli*—meaning "germinating seed" in Nahuatl—nurtures identity development, life skills, and a sense of belonging among middle and high school students. The study's preliminary outcomes underscore the feasibility of implementing culturally responsive group counseling within K–12 schools and affirm the importance of integrating feminist traditions in CLI youth development.

In "Parenting Across Racial Lines: The Lived Experiences of Transracially Adoptive Parents of Black Children," Charmaine Conner and Natalya Lindo explore transformation within the family system itself. Using a transcendental phenomenological approach grounded in the Cultural-Racial Identity Model, the authors explore how White parents raising Black children navigate cultural humility, trauma, and identity development. Participants' reflections reveal both the challenges of transracial parenting and the transformative potential of intentional cultural socialization, advocacy, and learning. Through their process of "becoming," these parents model transformation through love, humility, and accountability.

In "See the Girl: Girls' Perceptions of Listening and Helpfulness in a Relational–Cultural Theory Grounded School-Based Counseling Program," Ne'Shaun Borden and colleagues extend this theme by centering the lived experiences of African American girls in elementary school. Drawing on years of program data from *See the Girl: In Elementary*, findings reveal that authentic presence, empathy, and support were key to the girls' sense of being heard and valued. Through the lens of Relational–Cultural Theory, this study reminds us that relational connection is itself a pathway to belonging and healing.

In "'Deep in the Hollers': LGBTQ+ Narratives of Addiction and Recovery in Appalachia," Jacob Perkins and Harley Locklear amplify voices from rural queer communities navigating addiction and recovery. Through narrative inquiry, Perkins captures stories of resilience, chosen family, and the reimagining of wellness amid systemic and cultural marginalization. Participants' narratives illuminate how isolation, stigma, and restrictive norms around identity and substance use intersect in rural regions. The article also demonstrates that recovery can emerge from solidarity and creative redefinitions of care. By positioning queer Appalachian experiences as central rather than peripheral, this work transforms dominant understandings of addiction recovery and challenges counselors to consider how regional identity, sexuality, and belonging intersect within the healing process.

Scholarship as Bridgework

The second theme, *Scholarship as Bridgework*, highlights how each article contributes to collective equity and healing in our profession, inviting us to center those in the margins and amplify their voices through our privileged positions as counselors, educators, supervisors and scholars.

In "Associations Between Coping and Suicide Risk Among Emerging Adults of Asian Descent," Afroze Shaikh and colleagues use research as a tool to bridge the lack of knowledge and amplify the invisible fight with suicidality among emerging adults of Asian descent. Grounded in the Interpersonal Theory of Suicide, this quantitative study examines the associations between coping orientations (e.g., problem-focused, emotion-focused, and avoidant) and strategies (e.g., gratitude, self-compassion, and search for meaning in life) and suicide risk (e.g., perceived burdensomeness and thwarted belongingness). The findings underscore the importance of culturally responsive coping interventions as bridges toward understanding and addressing suicide risk factors, urging us to center and uplift the voices of those made invisible by dominant societal norms and expectations.

Finally, Shadin Atiyeh examines the challenges and strategies employed by counselor educators in training students to work effectively with refugee populations in "Preparing Counseling Students to Work With Refugees: A Descriptive Analysis." Utilizing a qualitative descriptive analysis, Atiyeh has identified several barriers to effective training in CACREP-accredited master's programs across the United States. These include (a) perceived limited relevance of the topic, (b) time constraints within courses, and (c) the complexity of addressing refugee issues. The findings call us to embrace our

collective responsibility to re-envision the counseling curriculum and implement creative, forward-thinking teaching practices that transcend institutional barriers, ensuring that students are well prepared to address the distinctive mental health needs of refugee populations.

Conclusion

Collectively, MFP Fellows demonstrate that culturally responsive practice is an active reimagining of what it means to belong, to heal, and to thrive. The *Threads of Transformation* woven throughout these studies remind us that when counselors and educators engage with identity and belonging as foundations of wellness, they reshape the systems that define who is seen, valued, and supported in our profession. Through the lens of *Scholarship as Bridgework*, these articles extend that vision by building bridges between knowledge, practice, and purpose. Our shared purpose is to prepare future counselors with the knowledge and skills to support marginalized and underserved communities while integrating equity-focused content across counseling curricula to promote social justice and collective healing. As you explore this special issue, we invite you to reflect on how these perspectives can inspire your own practice, teaching, and advocacy. What bridges can you build to move from awareness to action, and how can your work contribute to the elimination of mental health disparities? Our hope is that this collection not only informs but also inspires continued commitment to equity, belonging, and transformation within the counseling profession. Together, these works remind us that by bridging gaps and building worlds, we collectively transform the future of counseling.

Lotes Nelson (she/her/siya), PhD, NCC, ACS, LCMHC-S, is an associate professor in the counselor education and supervision program at the University of the Cumberlands and was proud to be a 2015 Mental Health Counseling Doctoral Fellow with the NBCCF Minority Fellowship Program. She remains deeply connected to the NBCC Foundation as a mentor, scholarship reviewer, journal guest co-editor, and contributor to Foundation initiatives, and she is honored to continue giving back to the program that shaped her. Dr. Nelson is co-editor of *Multicultural Counseling: Responding with Cultural Humility, Empathy, & Advocacy* and brings a strong commitment to uplifting marginalized and underserved communities through culturally responsive counseling, social justice advocacy, and leadership development. Her work focuses on counselor resilience, identity formation, and preparing future counselors and counselor educators to lead with equity, compassion, and purpose.

Clark D. Ausloos (he/him), PhD, NCC, LPC, LPCC, LSC, is an assistant professor in the counseling department at Oakland University, an NBCCF MFP Alumnus (2019 Mental Health Counseling Doctoral Fellow), and Past-Chairperson of the NBCCF MFP Advisory Council. His research interests center on supporting nondominant populations, particularly queer and trans youth, and enhancing cultural responsivity in counselor education preparation. Dr. Ausloos has authored numerous peer-reviewed manuscripts and delivered extensive conference presentations. He serves in multiple professional leadership roles, including as President-Elect of the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE), in addition to maintaining an active clinical practice serving clients in Ohio and Michigan.

Kirsis A. Dipre (she/her/ella), PhD, NCC, LPC (IL), is an assistant professor in the counselor education department at Northeastern Illinois University and a licensed professional counselor. Dr. Dipre is dedicated to supporting the development and training of culturally responsive counselors while providing mental health services to underserved populations, centering advocacy and social justice throughout the process. Her scholarly, teaching, service, mentoring, and supervisory work is collectively aimed at increasing access to mental health care, challenging structural barriers within and outside the counseling profession, and creating healing spaces that honor the intersections each of us inhabits. Grounded in liberation-focused and culturally affirming practices, Dr. Dipre's work amplifies the voices and experiences of racialized and systemically excluded communities, particularly Latine immigrants and Afro-Latine individuals and families. Dr. Dipre was a 2020 Mental Health Counseling Doctoral Fellow with the NBCCF Minority Fellowship Program and is currently serving a second term as an Advisory Council member for the MFP–CMHC program.

Associations Between Coping and Suicide Risk Among Emerging Adults of Asian Descent

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Afroze N. Shaikh, Man Chen, Jyotsna Dhar, Jackie Yang, Katherine Sadek, Mia Kim Chang, Li-Cih Hsu, Rithika Shilam, Abigail S. Varghese, Catherine Y. Chang

Suicide rates have risen among emerging adults of Asian descent, yet limited research has explored risk and protective factors within this population. Grounded in the Interpersonal Theory of Suicide, this study examined the associations between coping orientations (i.e., problem-focused, emotion-focused, and avoidant) and strategies (i.e., gratitude, self-compassion, and search for meaning in life) and suicide risk (i.e., perceived burdensomeness and thwarted belongingness) among emerging adults of Asian descent (*N* = 429). Multiple linear regression models were used to assess these associations while controlling for relevant demographic variables. Problem-focused coping and gratitude were negatively associated with perceived burdensomeness and thwarted belongingness, whereas emotion-focused and avoidant coping were positively associated with perceived burdensomeness. Avoidant coping was also positively associated with thwarted belongingness, whereas self-compassion was negatively associated with thwarted belongingness. These findings underscore the importance of culturally responsive interventions that promote active coping and emotional resilience in addressing perceived burdensomeness and thwarted belongingness and addressing suicide risk factors.

Keywords: **suicide risk, emerging adults, Asian, coping orientations, Interpersonal Theory of Suicide**

Suicide is the second leading cause of death among emerging adults in the United States (ages 18–29) and emerging adults of Asian descent (Centers for Disease Control and Prevention, 2023). According to the Interpersonal Theory of Suicide (Van Orden et al., 2012), thwarted belongingness and perceived burdensomeness are two proximal predictors of desire for suicide. Thwarted belongingness refers to feelings of loneliness and a lack of reciprocally caring relationships, whereas perceived burdensomeness refers to the perception that one is a liability or a burden to others. Among emerging adults of Asian descent, recent anti-Asian rhetoric as a result of the COVID-19 pandemic underscores the message that individuals of Asian descent do not belong in the United States and are a burden on society (Keum & Wong, 2023; Litam et al., 2021). Given the heightened vulnerability of emerging adults of Asian descent and compounding stressors because of various life transitions at this developmental stage (Matud et al., 2020), this study explores the associations between coping orientations (e.g., problem-focused, emotion-focused, and avoidant coping), strategies (e.g., practicing gratitude, self-compassion, and the search for meaning in life), perceived burdensomeness, and thwarted belongingness.

Afroze N. Shaikh, PhD, NCC, BC-TMH, LPC, is an assistant professor at the University of Texas at Austin and was a 2022 Mental Health Counseling Doctoral Fellow with the NBCCF Minority Fellowship Program. Man Chen, PhD, is an assistant professor at the University of Texas at Austin. Jyotsna Dhar, MA, LPC, is a doctoral student at the University of Wisconsin-Madison and was a 2022 Mental Health Counseling Master's Fellow with the NBCCF Minority Fellowship Program. Jackie Yang, MA, is a doctoral candidate at the University of Texas at Austin. Katherine Sadek, MEd, is a graduate student at the University of Texas at Austin. Mia Kim Chang, PhD, EdM, NCC, is a part-time instructor at Georgia State University. Li-Cih Hsu, MS, is a doctoral intern at Vanderbilt University. Rithika Shilam is an independent researcher. Abigail S. Varghese, BS, is a doctoral student at the University of Texas at Austin. Catherine Y. Chang, PhD, NCC, LPC, CPCS, is a professor at Georgia State University. Correspondence may be addressed to Afroze Shaikh, 1912 Speedway, Stop D5000, Austin, TX 78712-1139, afroze.shaikh@austin.utexas.edu.

Coping Orientations

Coping, the use of resources to manage stressors, is often studied as a response to one's environment (Carver, 2019). Scholars identify three overarching coping orientations: problem-focused coping, emotion-focused coping, and avoidant coping (Carver, 1997). Problem-focused coping refers to active efforts to deal with a stressor by attempting to change or eliminate it (Lazarus & Folkman, 1984), such as addressing a conflict or asking for support. Problem-focused coping has been negatively linked to depression (O. D. Chang et al., 2024; C. E. Li et al., 2006), hopelessness (Elliott & Frude, 2001), and suicidal ideation (Clausen et al., 2025). Emerging adults of Asian descent may be more likely to use problem-focused coping strategies in response to external stressors, such as discrimination (Hwang et al., 2023; W. H. Kuo, 1995), because of cultural norms favoring direct advice and solution-seeking (Wu & Chang, 2019; Yang & Clum, 1994).

Emotion-focused coping strategies, such as journaling or meditation (Baker & Berenbaum, 2007), often focus on managing or processing the emotions that may arise from a situation, as opposed to taking direct action to change the situation (Lazarus & Folkman, 1984). Emotion-focused coping can be both adaptive and maladaptive. For example, emotion-focused coping strategies (e.g., acceptance, social engagement) have been associated with positive mental health outcomes, especially in the face of discrimination (Martinez et al., 2025); however, strategies that involve self-distraction may be less beneficial long term (Perera & Chang, 2015). In addition, collectivism and the concept of the self as part of a larger network provide support for some emotion-focused strategies, such as engagement with community (B. C. H. Kuo, 2013; Yeh et al., 2006).

Lastly, avoidant coping, which involves minimizing, denying, or avoiding dealing with stressors (Roth & Cohen, 1986), is often linked to maladaptive behaviors, such as isolation or substance use (Penley et al., 2002). Among East Asian and South Asian individuals, avoidant coping in response to academic or interpersonal stressors was associated with higher levels of depression (Perera & Chang, 2015). E. C. Chang (2001) found that Asian students were more likely to use avoidant coping and withdraw socially as compared to European American students. Limited research has explored coping orientation and suicide risk among individuals of Asian descent (Y. Li et al., 2024; Zhang et al., 2012). Given the high rates of suicide among this community, more research is needed to understand effective coping strategies as a means of intervention (Fastenau et al., 2024).

Coping Strategies

Coping is a dynamic process influenced by cultural nuances (E. C. Chang et al., 2006). Each coping orientation, defined as a broad framework through which individuals respond to stress, encompasses a range of specific coping strategies. These strategies are specific behaviors or techniques within coping orientations that are used to manage distress and can be adaptive or maladaptive. Coping strategies serve as cognitive or action-based approaches to temper the effects of an unpleasant situation (American Psychological Association, 2018). Gratitude, self-compassion, and the search for meaning in life are well-documented coping strategies that decrease distress and serve as protective factors against suicide risk (Y. Li et al., 2024; Neff, 2023).

Gratitude

Gratitude is defined as thankfulness for positive parts of life (Kaniuka et al., 2021) and has been shown to decrease distress from anxiety, depression, and post-traumatic stress disorder (PTSD) symptoms while enhancing positive cognition, prosocial behaviors, and self-concept (Srirangarajan et al., 2020). Among college students in the Southern United States, gratitude decreased suicide risk

by fostering positive cognitions, decreasing depression symptomology, increasing perceived social supports, and decreasing maladaptive coping strategies (e.g., substance misuse; Kaniuka et al., 2021). Gratitude has also been linked to increased feelings of belonging in sexual and gender minority adults (Fountain et al., 2021) and decreased suicidal ideation in a multiracial college student sample (Kleiman et al., 2013). However, stress due to holding multiple minoritized identities has been associated with greater feelings of burdensomeness in a sample of American LGBTQ+ adults with a history of suicide attempts (Williams, 2022). Despite these findings, research specifically on emerging adults of Asian descent is limited.

Cross-cultural research indicates that although expressions of gratitude differ between Asian and Western communities, gratitude remains culturally valid and socially normative across diverse populations of Asian descent (Chen et al., 2008; Srirangarajan et al., 2020). In many Japanese and Southeast Asian communities, collectivist orientations, the emphasis on interpersonal harmony, and familial interdependence shape the perception and expression of gratitude differently from other cultural groups (Balthip et al., 2022; Srirangarajan et al., 2020). Yet, differences in outcomes related to gratitude-based coping mechanisms have been documented. Two separate gratitude interventions showcased fewer well-being–related outcomes, including expressions of gratitude toward family and life satisfaction, in participants of Asian descent as compared to their White American counterparts (Srirangarajan et al., 2020). Given these mixed findings and noted cultural and contextual differences, we sought to examine the relationship between gratitude, perceived burdensomeness, and thwarted belongingness among individuals of Asian descent.

Self-Compassion

Self-compassion, defined as the ability to provide internal support during times of pain and suffering (Neff, 2023), has its origins in Buddhist tradition. Despite variations in its operationalization across cultures, self-compassion consistently contributes to psychological well-being across cultural contexts (Neff et al., 2008). In a multicultural, multigenerational U.S. sample, self-compassion was negatively correlated with suicidal thoughts, behaviors, and nonsuicidal self-injury (Suh & Jeong, 2021). Furthermore, among college students, self-compassion has been negatively associated with suicidal behavior (Kelliher Rabon et al., 2018), thwarted belongingness, and perceived burdensomeness (Umphrey et al., 2021).

The relationship between self-compassion and suicide has also shown promising results for emerging adults of Asian descent. Among Indonesian university students, self-compassion was found to buffer the effects of perceived burdensomeness and reduce the impact of thwarted belongingness on suicidal ideation (Djajadisastra et al., 2025). Umphrey et al. (2021) found that thwarted belongingness and perceived burdensomeness partially mediated the relationship between self-compassion and suicidal ideation among college students. In a Canadian young adult sample with nearly 40% Asian descent participants, results of a brief, online self-compassion intervention showed a decrease in thwarted belongingness (Bianchini & Bodell, 2024). Yet, a follow-up study did not show significant changes in thwarted belongingness or perceived burdensomeness. This study aims to further explore the relationships among self-compassion, thwarted belongingness, and perceived burdensomeness among emerging adults of Asian descent in the United States.

Meaning in Life

Frankl (1992) argued that finding meaning is central to human existence, achievable through work, love, or care for another being and cultivating courageousness in times of strife (Viktor Frankl Institute for Logotherapy, n.d.). Y. Li et al. (2024) found that for young people ages 10–24,

meaning in life was a significant protective factor against suicidal ideation, especially in high-income, individualistic cultures. Kleiman et al. (2013) found that, particularly in the presence of gratitude and grit, meaning in life can serve as a protective factor against suicidal behavior.

The protective role of meaning in life against suicide has also been evident in some Asian contexts. Lew and colleagues (2020) cited meaning in life as a mediating construct between depression, self-derogation, and suicidal ideation in Chinese student samples. For some low-income Filipino youth, meaning in life was a positive coping strategy against structural challenges (Bernardo et al., 2022). Qualitative analyses in a college-aged Asian American sample also found that both having purpose and finding meaning in life served as protective factors against suicidal thoughts (Tran et al., 2015). Still, there remains a dearth of research regarding the search for meaning in life as a coping strategy for Asians in the United States. Thus, we sought to explore this further in the context of perceived burdensomeness and thwarted belongingness.

Purpose of the Study

Given the heightened vulnerability of emerging adults of Asian descent, we examined how coping orientations (i.e., problem-focused coping, emotion-focused coping, and avoidant coping) and strategies (i.e., gratitude, self-compassion, search for meaning in life) relate to suicide risk (i.e., perceived burdensomeness and thwarted belongingness). Based on previous literature, we hypothesized that problem-focused coping and emotion-focused coping would be negatively associated with perceived burdensomeness and thwarted belongingness, whereas avoidant coping would have a positive association with proximal suicide risk factors. Given the mixed findings related to the relationship between emotion-focused coping and adverse mental health outcomes, we hope to add to the literature by examining this relationship among our population of interest. Regarding coping strategies, we hypothesized that gratitude, self-compassion, and searching for meaning in life would be negatively associated with perceived burdensomeness and thwarted belongingness. The following research questions guided this study: 1) How are coping orientations and strategies associated with perceived burdensomeness among emerging adults of Asian descent? and 2) How are coping orientations and strategies associated with thwarted belongingness among emerging adults of Asian descent?

Methods

Procedures

Data for this study were obtained from a larger research project assessing suicide risk among adults of Asian descent (N = 578; Hsu et al., 2025; Shaikh et al., 2025). Inclusion criteria included self-identifying as 1) 18 years or older, 2) Asian or Asian American, and 3) currently residing in the United States. Recruitment occurred online via university listservs, social media, and an institutional research management system within a Southeastern urban public university in the United States. Participants were provided with basic information about the project, risks and benefits associated with participation, and a list of national crisis resources. Participants provided electronic consent and confirmation of eligibility via Qualtrics, a web-based survey tool. All study procedures were approved by an academic IRB.

Participants

From the larger research project, 429 participants met eligibility criteria for this study as emerging adults. Participant ages ranged from 18 to 29 (M = 21.53, SD = 2.05). Participants identified as 52.4% (n = 225) men and 47.6% (n = 204) women. Participants largely identified as heterosexual (n = 392,

91.4%), followed by bisexual (*n* = 26, 6%). In addition, the majority of participants identified as nonreligious (*n* = 126, 30.0%), followed by Protestant Christian (*n* = 91, 21.7%), Muslim (*n* = 85, 20.2%), and Hindu (*n* = 48, 11.4%). Participants had low (*n* = 142, 33.3%), middle (*n* = 204, 47.9%), and high incomes (*n* = 80, 18.8%). Participants identified as second generation (i.e., born in the United States of immigrant parents; *n* = 205, 47.8%), followed by 1.5 generation (i.e., born outside of the U.S. and immigrated as a child or adolescent; *n* = 95, 22.1%), and first generation (i.e., born outside the United States and immigrated as an adult; *n* = 52, 12.1%). Participants provided their ethnic identities via an open-ended response, with Indian (*n* = 75, 17.5%), Chinese (*n* = 47, 11.0%), Vietnamese (*n* = 46, 10.7%), and Korean (*n* = 40, 9.3%) as the most commonly reported ethnic groups. Overall, most participants reported never having attended counseling for more than 30 minutes (*n* = 311, 73.2%).

Measures

Coping Orientation

The 28-item Brief-Coping Orientation to Problems Experienced Inventory (Brief-COPE; Carver, 1997) was used to measure participants' coping orientations across three subscales: Problem-Focused Coping (8 items), Emotion-Focused Coping (12 items), and Avoidant Coping (8 items). Items are scored on a 4-point Likert-type scale ranging from 1 (*I haven't been doing this at all*) to 4 (*I've been doing this a lot*). Scores are calculated by averaging the sum of items across each subscale, with greater scores indicating greater engagement in the coping style. Sample items include "I've been taking action to try to make the situation better" (Problem-Focused), "I've been getting emotional support from others" (Emotion-Focused), and "I've been giving up trying to deal with it" (Avoidant). The subscales have yielded Cronbach's alphas of .79, .74, and .74 (O. D. Chang et al., 2024) for Problem-Focused, Emotion-Focused, and Avoidant Coping, respectively, among U.S. adults. In this study, the subscales had Cronbach's alphas of .87, .83, and .83 for the Problem-Focused, the Emotion-Focused, and Avoidant Coping subscales, respectively.

Gratitude

The Gratitude Questionnaire (GQ-6; McCullough et al., 2002) was used to assess gratitude across three dimensions: tendency to recognize gratitude, tendency to respond to gratitude, and tendency to experience gratitude. The questionnaire includes 6 items that are scored on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The scale is scored by reverse-scoring appropriate items and calculating a mean score, with higher scores indicating a stronger sense of gratitude. Sample items include "I have so much in life to be thankful for" and "I am grateful to a wide variety of people." The scale has yielded a Cronbach's alpha of .78 among Chinese emerging adults (Lam & Chen, 2021) and Indian young adults (Singh et al., 2014). In this study, the GQ-6 had a Cronbach's alpha of .79.

Self-Compassion

The Self-Compassion Scale Short Form (SCS-SF; Raes et al., 2011) was used to measure total self-compassion scores. The scale includes 12 items that are scored on a 5-point Likert-type scale ranging from 1 (*almost never*) to 5 (*almost always*). Scores are calculated by reverse-scoring appropriate items, calculating a mean across each subscale, and computing a total mean score. Higher scores indicate a greater level of self-compassion. Sample items include, "I try to see my failings as part of the human condition" and "When something upsets me I try to keep my emotions in balance." The scale has yielded a Cronbach's alpha of .84 among Asian American adults (Mateer et al., 2024). In the current study, the SCS-SF had a Cronbach's alpha of .71.

Meaning in Life

The Meaning in Life Questionnaire (MLQ; Steger et al., 2006) was used to assess how participants seek to find meaning and understanding in their lives. The Search for Meaning subscale includes 5 items and is scored on a 7-point Likert-type scale ranging from 1 (*absolutely untrue*) to 7 (*absolutely true*). Scores are calculated by creating a summed score across the items, with higher scores indicating a greater pursuit for meaning in life. Sample items include "I am always looking to find my life's purpose" and "I am searching for meaning in my life." The subscale has previously yielded a Cronbach's alpha of .85 among Chinese university students (Lew et al., 2020). In the current study, the subscale had a Cronbach's alpha of .84.

Perceived Burdensomeness and Thwarted Belongingness

The Interpersonal Needs Questionnaire (INQ-15; Van Orden et al., 2012) was used to measure perceived burdensomeness (six items) and thwarted belongingness (nine items). The subscales are scored on a 7-point Likert-type scale ranging from 1 (*not true at all for me*) to 7 (*very true for me*). Scores are calculated by reverse-scoring appropriate items and summing subscale items, with higher scores indicating greater levels of perceived burdensomeness and thwarted belongingness. Sample items include "These days, the people in my life would be happier without me" (perceived burdensomeness) and "These days, I feel disconnected from other people" (thwarted belongingness). The subscales have yielded Cronbach's alphas of .95 for perceived burdensomeness and .72 for thwarted belongingness among Asian American emerging adults (Keum & Wong, 2023). In the current study, the subscales had a Cronbach's alpha of .97 and .85 for perceived burdensomeness and thwarted belongingness, respectively.

Statistical Analysis

Statistical analyses were conducted in R statistical software (R Core Team, 2024). We ran separate multiple linear regression models to examine the associations between coping orientations and strategies and perceived burdensomeness and thwarted belongingness, controlling for demographic variables including age, gender, religion, income, and psychotherapy. The first model investigated the relationship between coping orientations, perceived burdensomeness, and thwarted belongingness after controlling for demographic covariates. In the second model, we added coping strategies and compared the two models.

We investigated the missing data pattern using the *mice* R package (van Buuren & Groothuis-Oudshoorn, 2011). The proportion of missingness ranged from 0 to 7%, so we implemented multiple imputation by chained equations (mice) in the regression models. Specifically, five imputed datasets were generated, and pooled estimates were calculated using Rubin's rules. We used the *pool.compare* function in the *mice* package for comparing Model 1 and Model 2 for each dependent variable. We checked the regression assumptions with visual inspection and computed heteroscedasticity robust standard errors and confidence intervals using the *lmtest* R package (Zeileis & Hothorn, 2002) to handle potential violations of homoscedasticity and normality assumptions.

Results

Factors Associated with Perceived Burdensomeness

Descriptive statistics are provided in Table 1.

Table 1

Descriptive Statistics for Study Variables

Variable	*M*	*SD*	Min	Max	Skewness	Kurtosis
Perceived burdensomeness	14.54	9.63	6.0	42.0	0.841	−0.437
Thwarted belongingness	28.86	10.45	9.0	55.0	−0.060	−0.746
Problem-focused coping	19.86	5.49	8.0	32.0	−0.127	−0.393
Emotion-focused coping	27.66	7.11	12.0	48.0	−0.167	−0.264
Avoidant coping	15.73	4.99	8.0	32.0	0.568	−0.166
Gratitude	5.26	1.13	1.5	7.0	−0.199	−0.571
Self-compassion	4.07	0.53	2.5	6.0	0.376	1.139
Search for meaning in life	24.93	6.28	5.0	35.0	−0.747	−0.911

In Model 1 (Table 2), after controlling for demographic covariates, a statistically significant negative association was identified between problem-focused coping and perceived burdensomeness ($b = -0.627$, $p < .001$, 95% CI [−0.849, −0.405]), while significant positive relationships were found between emotion-focused coping and perceived burdensomeness ($b = 0.235$, $p < .05$, 95% CI [0.027, 0.443]) and avoidant coping and perceived burdensomeness ($b = 0.984$, $p < .001$, 95% CI [0.763, 1.206]). About 34% of the variance in perceived burdensomeness was explained by the coping orientations and demographic covariates. In Model 2, problem-focused ($b = -0.267$, $p < .05$, 95% CI [−0.482, −0.052]), emotion-focused ($b = 0.210$, $p < .05$, 95% CI [0.011, 0.408]), and avoidant coping ($b = 0.637$, $p < .001$, 95% CI [0.409, 0.866]) remained significant predictors of perceived burdensomeness. In addition, gratitude was significantly negatively related to perceived burdensomeness ($b = -3.013$, $p < .05$, 95% CI [−3.748, −2.278]), while self-compassion ($p = .115$) and the search for meaning in life ($p = .149$) were not statistically significant predictors of perceived burdensomeness. About 45% of the variance in perceived burdensomeness was predicted by the coping strategies, coping orientations, and demographic covariates. A model comparison between Model 1 and Model 2 showed that the addition of coping strategies significantly improved the model fit, $F(3, 3652.099) = 20.914$, $p < .001$.

Table 2

Factors Associated With Perceived Burdensomeness

	Model 1				Model 2			
			95% CI				95% CI	
Variable	Estimate	*SE*	Lower	Upper	Estimate	*SE*	Lower	Upper
Intercept	10.658*	4.717	1.356	19.959	32.043***	5.541	21.131	42.955
Age	−0.206	0.190	−0.579	0.166	−0.217	0.165	−0.541	0.106
Woman	−0.399	0.810	−1.994	1.196	−0.323	0.753	−1.804	1.159
Catholic	1.968	1.787	−1.545	5.482	2.737	1.688	−0.582	6.056
Hindu	−0.676	1.728	−4.074	2.723	0.068	1.641	−3.162	3.299
Muslim	0.676	1.628	−2.527	3.879	2.007	1.461	−0.868	4.882
Nonreligious	0.210	1.458	−2.657	3.077	0.067	1.352	−2.592	2.725
Protestant Christian	−1.920	1.564	−4.999	1.158	−0.707	1.438	−3.537	2.123
Low income	1.242	1.207	−1.130	3.615	1.179	1.125	−1.035	3.394
Middle income	−0.199	1.127	−2.415	2.016	−0.213	1.055	−2.288	1.863
Never attended counseling	−1.722	0.919	−3.529	0.085	−1.311	0.842	−2.969	0.347
Problem-focused coping	−0.627***	0.113	−0.849	−0.405	−0.267*	0.109	−0.482	−0.052
Emotion-focused coping	0.235*	0.106	0.027	0.443	0.210*	0.101	0.011	0.408
Avoidant coping	0.984***	0.113	0.763	1.206	0.637***	0.116	0.409	0.866
Gratitude					−3.013*	0.374	−3.748	−2.278
Self-compassion					−1.225	0.774	−2.748	0.298
Search for meaning in life					−0.091	0.063	−0.214	0.033

Note. SE = Standard Error. CI = Confidence Interval. *$p < .05$; **$p < .01$; ***$p < .001$

Factors Associated With Thwarted Belongingness

In Model 1 (Table 3), after controlling for demographic covariates, a statistically significant negative association was identified between problem-focused coping and thwarted belongingness ($b = -0.855$, $p < .001$, 95% CI [−1.109, −0.601]). In contrast, a significant positive relationship was found between avoidant coping and thwarted belongingness ($b = 0.917$, $p < .001$, 95% CI [0.681, 1.152]). About 28% of the variance in thwarted belongingness was explained by the coping orientations and demographic covariates. In Model 2, problem-focused coping ($b = -0.319$, $p < .05$, 95% CI [−0.582, −0.056]) and avoidant coping ($b = 0.387$, $p < .01$, 95% CI [0.152, 0.621]) remained significant predictors. Moreover, both gratitude ($b = -4.235$, $p < .001$, 95% CI [−5.070, −3.399]) and self-compassion ($b = -3.690$, $p < .001$, 95% CI [−5.258, −2.121]) were significantly negatively associated with thwarted belongingness. About 48% of the variance in thwarted belongingness was predicted by the coping strategies, coping orientations, and demographic covariates. A model comparison between Model 1 and Model 2 showed that the addition of coping strategies significantly improved the model fit, $F(3, 5028.87) = 43.010$, $p < .001$.

Table 3

Factors Associated with Thwarted Belongingness

	Model 1				Model 2			
			95% CI				95% CI	
Variable	Estimate	*SE*	Lower	Upper	Estimate	*SE*	Lower	Upper
Intercept	34.389***	5.577	23.419	45.359	67.698***	5.402	57.068	78.328
Age	−0.064	0.228	−0.513	0.385	−0.108	0.180	−0.464	0.248
Woman	−0.864	0.912	−2.657	0.929	−1.102	0.757	−2.589	0.386
Catholic	−2.608	2.323	−7.180	1.964	−1.138	1.946	−4.968	2.692
Hindu	−0.565	2.295	−5.077	3.947	0.608	1.968	−3.265	4.481
Muslim	−2.242	2.114	−6.399	1.914	0.201	1.725	−3.191	3.593
Nonreligious	0.490	2.100	−3.640	4.620	0.927	1.717	−2.450	4.304
Protestant Christian	0.178	2.215	−4.180	4.536	1.947	1.882	−1.760	5.653
Low income	0.780	1.251	−1.681	3.240	0.425	1.047	−1.633	2.484
Middle income	0.566	1.199	−1.794	2.926	0.461	1.032	−1.568	2.490
Never attended counseling	−1.961	1.068	−4.061	0.139	−0.839	0.914	−2.637	0.958
Problem-focused coping	−0.855***	0.129	−1.109	−0.601	−0.319*	0.133	−0.582	−0.056
Emotion-focused coping	0.016	0.121	−0.222	0.254	−0.075	0.108	−0.288	0.138
Avoidant coping	0.917***	0.119	0.681	1.152	0.387**	0.119	0.152	0.621
Gratitude					−4.235***	0.425	−5.070	−3.399
Self-compassion					−3.69***	0.798	−5.258	−2.121
Search for meaning in life					0.132	0.067	0.000	0.264

Note. SE = Standard Error. CI = Confidence Interval. *$p < .05$; **$p < .01$; ***$p < .001$

Discussion

The purpose of this study was to examine associations between coping orientations and strategies and proximal suicide risk factors, specifically perceived burdensomeness and thwarted belongingness, among emerging adults of Asian descent. Problem-focused coping was negatively associated with both perceived burdensomeness and thwarted belongingness. Specifically, active efforts to seek solutions and address stressors may reduce feelings of burdensomeness and social disconnection. This finding aligns with prior research suggesting that active problem-solving reduces stressors, fosters a sense of control, and enhances interpersonal connections (Y. Li et al., 2024). These results highlight the importance of culturally responsive interventions that strengthen active coping strategies. Problem-focused coping has been identified as a preferred coping strategy for emerging adults of Asian descent (Hwang et al., 2023), and encouraging these active coping strategies serves as a protective factor by mitigating the proximal suicide risk factors such as perceived burdensomeness and thwarted belongingness, ultimately supporting psychological resilience among this population.

Conversely, emotion-focused and avoidant coping were positively associated with perceived burdensomeness. As individuals increased efforts to mitigate the emotional consequences of a stressor, they may have also increasingly perceived themselves as burdensome to others. Congruent with the cultural norms and values of collectivist cultures, this behavior emphasizes the internalization and regulation of personal emotions to foster social and interpersonal harmony. Within such cultural contexts, traditions and values may normalize the suppression of processing emotions in order to maintain a sense of harmony (Litam et al., 2021; Sue et al., 2019), which may result in increased feelings of self-blame and liability to others. Similarly, avoidant coping was positively associated with thwarted belongingness, underscoring the maladaptive role of this coping orientation. These findings are consistent with prior research among college students that highlighted how dependence on maladaptive coping behaviors elevated the intensity of association between various types of stress and suicidal ideation (Hussain & Hill, 2023).

Practicing gratitude was negatively associated with both perceived burdensomeness and thwarted belongingness, underscoring the importance of fostering gratitude among individuals of Asian descent. Gratitude may promote a positive reframing of life circumstances and strengthen social bonds, thereby reducing feelings of burden and enhancing belongingness. A meta-analysis of studies assessing the impacts of mindfulness interventions on well-being (e.g., Kirca et al., 2023) highlighted the positive impact of gratitude interventions on well-being. Despite gratitude's negative association with perceived burdensomeness, it is essential to note that expressions and experiences of gratitude may differ by individual and cultural group. Corona et al. (2020) examined gratitude and its link to well-being across Latinos and East Asians and found that the two collectivist cultures varied in their expressions and experiences of the construct.

Self-compassion was negatively associated with thwarted belongingness but not perceived burdensomeness. These findings suggest that self-compassion may reduce loneliness and enhance a sense of belonging yet may not directly impact feelings of burdensomeness among emerging adults of Asian descent. This underscores the need to support individuals in engaging in self-compassion exercises to strengthen one's sense of connection and well-being (Liu et al., 2020). This pattern is consistent with prior studies showing that self-compassion fosters social connectedness and compassion for others (Neff & Germer, 2013).

Contrary to previous reports (e.g., Y. Li et al., 2024), the search for meaning in life did not significantly predict perceived burdensomeness or thwarted belongingness in our sample. These findings may highlight the complexity of emerging adulthood, which includes challenges such as identity exploration and changes to one's education, career, and relationships (Arnett, 2011). Among emerging adults of Asian descent, these challenges may be further complicated in the process of navigating bicultural expectations, including familial obligations (Cheung & Swank, 2019). Furthermore, the search for meaning in life may constitute a more individualistic exploration that conflicts with collectivistic values emphasizing relational harmony and interdependence (Steger et al., 2008), thus limiting its relationship with proximal suicide risk factors at this stage of life.

Implications for Professional Counselors

The findings of this study have significant implications for professional counselors, particularly in the design and implementation of culturally sensitive interventions to address suicide risk among emerging adults of Asian descent. The positive association between problem-solving coping and lower levels of perceived burdensomeness and thwarted belongingness highlights the importance of encouraging active, action-oriented coping strategies in counseling. Problem-solving approaches,

such as structured planning and solution-seeking behaviors, can empower clients of Asian descent to address stressors effectively and in a culturally congruent manner. Within the counseling session, this may manifest as working with a client to develop a plan to address feelings of thwarted belongingness, such as identifying targeted ways to seek social support. In addition, counselors may consider implementing interventions to support client self-efficacy and use of problem-focused coping. For example, scholars have suggested the use of mindfulness training as a resource to increase problem-focused coping among students (Halland et al., 2015). When supporting clients navigating experiences of racial trauma and oppression, counselors may particularly benefit from situating problem-focused coping strategies within the radical healing framework and engaging in strategies that promote critical consciousness development, resistance, and the cultivation of radical hope (French et al., 2020).

Furthermore, emotion-focused and avoidant coping may exacerbate suicide risk factors for this population. Professional counselors will want to carefully assess clients' reliance on emotion-focused or avoidant coping orientations and provide psychoeducation on the potential risks associated with maladaptive approaches in relation to suicide risk factors. Counseling interventions should allow for clients to identify adaptive coping orientations that align with their cultural values while promoting emotional processing and interpersonal connections. Among clients of Asian descent, this process may include discussing indirect forms of coping, such as saving face, or protecting one's image and honor in interpersonal contexts. Concern for losing face has been linked to experiences of depressive symptoms (Kong et al., 2020) and diminished help-seeking attitudes (Leong et al., 2011), which may further exacerbate levels of suffering, isolation, and feelings of perceived burdensomeness and thwarted belongingness.

As gratitude was negatively associated with both thwarted belongingness and perceived burdensomeness, professional counselors can encourage clients of Asian descent to engage in gratitude exercises, such as meditation, prayer, and journaling. Practicing such exercises during counseling sessions, as well as encouraging these exercises outside of sessions, can support clients in feeling less like a burden and more connected to others (Diniz et al., 2023; Komase et al., 2021). When encouraging gratitude exercises, it is important to consider that emotion-focused coping was positively associated with perceived burdensomeness. Therefore, gratitude practices should be designed to emphasize interpersonal connection and belonging while intentionally de-emphasizing themes that could inadvertently reinforce feelings of being a burden. Tailoring these exercises to focus on relational appreciation and mutual support may be especially beneficial for emerging adults of Asian descent navigating collectivistic values.

Self-compassion was also negatively associated with thwarted belongingness, further emphasizing the importance of interventions that promote self-kindness and shared humanity during challenging times. Self-compassion exercises encourage individuals to view their struggles as a part of a common human experience rather than isolating events, thereby enhancing feelings of connection and reducing loneliness (Neff, 2011). Professional counselors can consider supporting clients of Asian descent to normalize imperfections and magnifying efforts they are taking to navigate adversities rather than providing praise (e.g., "You are doing great!"; "Excellent job of pushing through!"). Unlike praise, which uses evaluative language, encouragement focuses on the individual's efforts and encourages steps they are taking (e.g., "You are working really hard." and "That is challenging, and you are trying."). Such approaches are more likely to support clients' development of a growth mindset, empowering their ability to embrace mistakes as part of learning (Dweck, 2007). Moreover, professional counselors can engage in interventions to promote increased perspective-taking and

compassion toward oneself. Potential interventions include role play exercises, asking them what they might tell a friend going through their situation, maintaining a self-compassion journal, and taking time to process engaging in such exercises (Neff, n.d.). It is important to note that, given the diversity among individuals of Asian origin, the efficacy of self-compassion interventions may vary across Asian cultures. Supporting this notion, Neff and colleagues (2008) conducted a cross-cultural study of college students from three countries and found that Thai students reported the highest levels of self-compassion, Taiwanese students reported the lowest, and American students reported intermediate levels. These findings highlight the need to consider within-group cultural differences when developing and implementing self-compassion interventions.

Interestingly, given that the search for meaning in life was not significantly associated with suicide risk in this population, interventions focusing solely on meaning in life may not be sufficient for emerging adults of Asian descent. Professional counselors should consider integrating meaning in life–related strategies into broader frameworks that address other factors, such as gratitude and self-compassion. For example, professional counselors may incorporate meaning-making activities that align with cultural values, such as the use of personal storytelling (Wang et al., 2015), while also pairing this coping strategy with a problem-focused coping orientation or gratitude exercises.

Beyond the therapeutic space, professional counselors and counselor educators may benefit from leveraging these findings to recognize the unique needs of students of Asian descent in the classroom and within academic spaces. For example, this process may involve the integration of anti-oppressive problem-focused coping strategies in advising and mentoring relationships, reminders to engage in self-compassion within the training sequence, and inclusive encouragement. In turn, these strategies may help to decrease thwarted belongingness and perceived burdensomeness in counseling trainees and students of Asian descent, an already marginalized group within counselor education (Shaikh et al., 2024).

Limitations and Future Directions

Although convenience sampling facilitated the recruitment of our target population, it may introduce bias. Specifically, online recruitment and data collection required internet and technological access, potentially limiting the sample's representation. Additionally, individuals of Asian descent are not a homogenous group, and although our study included an intentionally diverse sample, the sample size was insufficient for subgroup comparisons. Future studies may consider exploring specific sociocultural differences (e.g., ethnicity, race, religious orientation, immigration status, social class) to understand within-group differences. Furthermore, given that our study utilized self-reported measures, future research may include other-report or behavioral measures to help triangulate our findings, such as recruiting participants' family members. Finally, our study was a cross-sectional study, which does not allow us to make causal or directional claims. Future studies may consider using longitudinal or experimental designs to further explore particular mechanisms of suicidality and protective factors in the Asian diaspora.

Conclusion

Asians are the fastest-growing ethnoracial group in America (Vaishnav & Labh, 2023). Although suicide rates for emerging adults of Asian descent have increased (Bui & Lau, 2024), research on culturally specific risk factors and supports protecting against suicide risk is limited. Guided by the Interpersonal Theory of Suicide, we examined the associations between coping orientations and

strategies and perceived burdensomeness and thwarted belongingness. Problem-focused coping and gratitude were negatively associated with perceived burdensomeness, whereas avoidant and emotion-focused coping orientations demonstrated positive associations with perceived burdensomeness. Similarly, problem-focused coping, gratitude, and self-compassion were negatively associated with thwarted belongingness, whereas avoidant coping was positively associated with thwarted belongingness. These findings highlight the need for counseling interventions that integrate these coping orientations and strategies in order to address proximal suicide risk factors among emerging adults of Asian descent.

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A Pilot Study Examining Xinachtli: A Gender-Based Culturally Responsive Group Curriculum for Chicana, Latina, and Indigenous Secondary Students

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Vanessa Placeres, Caroline Lopez-Perry, Hiromi Masunaga, Nicholas Pantoja

This pilot study explores the feasibility, scale reliability, preliminary outcomes, and implementation effects of Xinachtli, a healing-informed, gender-responsive, culturally based group curriculum, on Chicana, Latina, or Indigenous (CLI) youth. Specifically, we examined the perceived impact of culturally responsive group counseling services on middle and high school students' perception of positive identity, development of life skills, and sense of belonging. Additionally, we examined the feasibility of implementation in a K–12 setting and the reliability of the measures used with CLI youth. Findings from this study provide preliminary support for the Xinachtli intervention in a school setting. Implications for future research are also discussed.

Keywords: **group counseling, Chicana, Latina, Indigenous, Xinachtli**

The under-18 Latinx youth population grew by 22% between 2006 and 2016 (Lopez et al., 2018), and the number of Latinx youth in U.S. schools continues to rise. By 2016, Latinx students accounted for 25% of the nation's 54 million kindergarten through 12th grade (K–12) students, up from 16% in 2000 (Pew Research Center, 2018). In New Mexico (61%), California (52%), and Texas (49%), Latinx students account for about half or more of all K–12 students. Latina students represent one in four female students nationwide, and it is projected that by 2060, Latinas will make up nearly a third of the nation's female population (Gándara, 2015). In this study, we use the term Chicana, Latina, or Indigenous youth (CLI) to refer to young people who identify as Chicana, Latina, and/or Indigenous and those with intersecting, overlapping, or fluid identities across these categories. This inclusive term is used to recognize the cultural, historical, and political complexities of youth whose identities are rooted in Latin America and Indigenous nations across the Americas. When appropriate, we chose to use the specific terms (e.g., Latinx, Latina, Hispanic) employed by the authors cited in this article.

Despite their growing presence, Latina students face persistent systemic barriers, reflected in the opportunity gap between Latinx students and their White peers (Jang, 2019). According to Cooper and Sánchez (2016), academic disparities resulting from educational inequities can present themselves as early as kindergarten and persist through age 17. Gándara (2015) found that Latina students experience disproportionately high secondary education dropout rates and comparatively low graduation and college completion rates relative to other groups of girls/women across racial and ethnic categories. Rodríguez and Cervantes-Soon (2019) identified sources of oppression that shape the educational trajectories of Latina youth. The authors shared, "The silencing of Latina knowledge is rooted in a White hetero-patriarchal ideology that underpins how schooling, education,

Vanessa Placeres, PhD, NCC, LPC, RPT, is an associate professor at San Diego State University and was a 2017 Doctoral Fellow in Mental Health Counseling with the NBCCF Minority Fellowship Program. Caroline Lopez-Perry, PhD, is an associate professor at California State University Long Beach. Hiromi Masunaga, PhD, is a professor at California State University Long Beach. Nicholas Pantoja, MS, PSS, is an alumnus of San Diego State University. Correspondence may be addressed to Vanessa Placeres, 5500 Campanile Drive, San Diego, CA 92182, vplaceres@sdsu.edu.

and knowledge have been conceived in our current educational system" (p. 2112). This "silencing" is achieved through subtractive schooling, in which the cultural, linguistic, and social capital of Latina youth are seen as deficits and intentionally removed from educational systems to force assimilation into White heteropatriarchy. Marginalization of Latinas is upheld by the surveillance of bodies, language ideologies, and gendered societal expectations, in which Latina youth are subjected to more family care responsibilities, thus contributing to their academic struggles and disconnection in school (Rodríguez & Cervantes-Soon, 2019).

Understanding protective factors and developing culturally responsive interventions for this population is essential to addressing these inequities. Their experiences are further shaped by the intersections of ethnicity and gender that provide unique opportunities for resilience and empowerment. Therefore, the purpose of this study was to examine the impact of Xinachtli, a gender-responsive, culturally based group intervention, for secondary CLI students. We focused on secondary students because the curriculum is a rite of passage intervention, created to support teens in their journey toward character development. Specifically, we examined the feasibility of implementation of Xinachtli in a secondary setting; the reliability of the measures used with CLI youth; and the program's potential to enhance protective factors such as positive identity, life skills, and sense of belonging.

Literature Review

Group Counseling

CLI youth often face exclusion from school curricula that centers White/Westernized histories and ideologies, leading them to navigate challenges without structured supports (e.g., group counseling, classroom lessons, clubs; Iweuno et al., 2024; Taggart, 2018). Group counseling has been identified as an effective service to improve students' academic, social-emotional, and career development (Steen et al., 2021). Small-group services provide a collectivist platform for culturally responsive practices to increase cultural sensitivity, compassion, and consciousness-raising (Guth, 2019; Shillingford et al., 2018; Steen et al., 2021). However, despite calls for programs that address the unique needs of Latinx youth (Constante et al., 2020), culturally responsive and sustaining small-group interventions for this population are limited. Existing programs that focus on gender identity often narrowly focus on gender exclusively, which overlooks the intersectional experiences of CLI girls and gender-expansive youth (Day et al., 2014). Group counseling centers race and ethnicity while validating and challenging racial conflict and internalized oppression (Steen et al., 2022). This study responds to the urgent need for examining intersectional and culturally sustaining group interventions by centering the experiences of CLI girls and gender-expansive youth.

La Cultura Cura and the Xinachtli Curriculum

Many school counseling supports lack culturally grounded and race-conscious frameworks, often utilizing deficit-based approaches that overlook the strengths of marginalized students (Lopez-Perry, 2023). This is especially concerning, considering the American Counseling Association's adoption of the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016), which highlight the complexity of the counselor and client relationship, emphasis on social justice, and centering of intersectionality in counseling (Sharma et al., 2021). Intersectionality provides a framework to examine how multiple aspects of one's identity (e.g., race, gender, class, sexuality) overlap and interact to shape their experiences of social inequities (Crenshaw, 1989). Applying intersectionality is essential to reflect students' lived experiences, highlight strengths, and recognize oppressive systems (Sharma et al., 2021). Culturally responsive counseling considers intersecting identities and ecological factors that shape their lived experiences (Sharma et al., 2021).

La Cultura Cura, or Cultural-Based Healing, is an example of a culturally responsive intervention defined as a transformative health and healing philosophy that maintains that within an individual's authentic cultural values, traditions, and Indigenous practices lies the path to healthy development, restoration, and well-being (The National Latino Fatherhood and Family Institute, 2012; Smith-Yliniemi et al., 2024). Cultural-Based Healing is rooted in Indigenous perspectives and principles, prioritizing culturally grounded physical, emotional, mental, and spiritual practices. Scholars have noted that CLI youth draw on cultural practices such as *consejos* (advice), *conviviendo* (community engagement), and *chisme* (gossip), which they learn from their families and communities to cope with and respond to challenges in institutions like schools (González Ybarra & Saavedra, 2021; Grosso Richins et al., 2021; Kasun, 2015; Rusoja, 2022). Trujillo (2020) explained that *chisme*, or "spilling the tea," is not just gossip but a practice and a pedagogy of the home, where ideas, issues, and histories are discussed, deconstructed, and challenged. By embedding opportunities for CLI youth to engage in cultural practices such as *consejos*, *conviviendo*, and *chisme* in group work, school counselors can create an authentic space where CLI youth can discuss their educational experiences.

Aligned with these principles, Xinachtli (Nahuatl for "germinating seed") is a healing-informed, gender-responsive, culturally based curriculum that promotes CLI youth's healing, resilience, and leadership capacity. It is an Indigenous, culturally based rites of passage program that provides support for CLI youth to develop a positive identity, life skills, and sense of belonging. The curriculum was developed by the National Compadres Network and is grounded in transformational healing and advocacy rooted in a gender, racial justice, and anti-oppression framework (Haskie-Mendoza et al., 2021). Although the curriculum has been used in various spaces (e.g., probation, mental health county agencies, schools, detention centers, community-based organizations, tribal consortiums), its effects on CLI youth's sense of belonging and ethnic identity development has yet to be explored (Xinachtli, n.d.).

Sense of Belonging

School belonging is defined as students' perception that people in the school community are supportive of them and that their presence matters. This concept is especially salient to Hispanic student success because of the deeply rooted collectivistic orientation in Hispanic culture, which emphasizes the idea of mattering within one's community (Goodenow & Grady, 1993). However, assessing this construct can be difficult because it relies on students' assessment of their school community, particularly relationships with peers and staff (Murphy & Zirkel, 2015). A large body of literature demonstrates positive associations between Latinx students' sense of belonging in school and outcomes such as engagement, motivation, and academic success (Neel & Fuligni, 2013). Conversely, low perceptions of a sense of belonging are associated with higher dropout rates (Cupito et al., 2015), lack of engagement, and lower academic achievement (Murphy & Zirkel, 2015). A few scholars have indicated that familial cultural values (*familismo)* and ethnic identity could serve as protective factors for increasing a sense of belonging at school (Cupito et al., 2015; Harris & Kiyama, 2015). Harris and Kiyama (2015) found that having a caring adult who provided *confianza* (trust) and social support, especially cultural and linguistic freedom, promoted school engagement. However, much of the existing literature on school belonging is focused on systemic factors (e.g., school safety, peer support, engagement with faculty and staff), which makes the examination of ethnic identity especially important (Hernández et al., 2017).

Ethnic Identity

Ethnic identity is defined as an individual's social identity rooted in membership to their ethnic group and the importance of this membership (Phinney, 1992). Examining CLI students' ethnic identity is especially relevant in our study because of the Xinachtli intervention and its focus on cultural

membership and belonging. Additionally, previous literature has demonstrated a positive association between ethnic identity and school belonging among elementary-aged students who identify as immigrants from Mexico (C. S. Brown & Chu, 2012; Santos & Collins, 2016). Ethnic identity has been positively associated with self-worth, psychosocial adjustment, confidence, and academic achievement (Fisher et al., 2020; Hernández et al., 2017). Conversely, less developed ethnic identity has been associated with anxiety, depression, and lower self-esteem (Huq et al., 2016; Umaña-Taylor et al., 2002). Chan (2007) explored the impact that culturally responsive school programming (e.g., curriculum, events, group activities) may have on student ethnic identity. Results from their study found that balancing students' cultural lives at home and school expectations can be difficult. Many studies have highlighted the need for culturally responsive practices in K–12; however, most literature is from the teacher's perspective, providing little of the student's voice. Therefore, this study aims to address these gaps in the literature from a student perspective.

Problem Statement and Purpose of the Study

Culturally responsive curricula that meet the needs of CLI girls and gender-expansive youth at the secondary level remains scarce (Kwak et al., 2025). Further, little is known about how culturally responsive small groups impact CLI youth's ethnic identity and sense of belonging in school. Thus, this pilot study aims to address this critical gap in the literature by examining the feasibility and preliminary effects of Xinachtli. The following research questions guided our study:

RQ1: To what extent is the Xinachtli program feasible to implement in school settings serving CLI youth?

RQ2: How reliable are the Multigroup Ethnic Identity Measure–Revised (MEIM–R) and Psychological Sense of School Membership Scale (PSSM) in measuring identity and belonging among CLI youth?

RQ3: How does participation in Xinachtli affect participants' perceptions of positive identity, life skills, and sense of belonging?

Methodology

Participants

Participants were recruited from two middle schools and one high school in a Southern California school district. Participants consisted of members of various Xinachtli counseling groups during spring 2023. Twenty-two respondents took the pre-survey, ranging from 12 to 17 years of age, and were seventh ($n = 9$), eighth ($n = 5$), ninth ($n = 4$), 10th ($n = 3$), and 11th ($n = 1$) graders. Regarding primary language spoken in the home, two respondents selected English, 11 selected Spanish, and nine indicated that they used both English and Spanish. Namely, 20 of 22 respondents, or 90.9% of pre-survey respondents, regularly used Spanish at home to communicate with their family members. Additionally, 18 pre-survey respondents (81.8%) planned to attend college after finishing high school. Although the study acknowledged cisgender girls and gender-expansive youth in its framing, the final analytic sample did not include representation from gender-expansive youth. One student who identified outside the gender binary participated but was removed due to incomplete data. As such, findings represent the experiences of cisgender girls.

The study experienced an attrition rate of 68.2%, indicating that most participants who completed the pre-survey did not complete the post-survey. Of the seven participants who completed the post-survey, ages varied from 12 to 17 years old, in grade levels seventh (n = 1), eighth (n = 2), ninth (n = 3), and 11th (n = 1). As for the primary language spoken at home, four of the seven participants selected Spanish, and three chose both English and Spanish. This demonstrated that 100% of post-survey respondents regularly used Spanish at home. Additionally, four of seven post-survey respondents (57.1%) disclosed that they plan to attend college after graduating from high school.

Procedures

Second author Caroline Lopez-Perry and four school counseling group facilitators attended a 2-day training on the Xinachtli curriculum facilitated by its developers. Facilitation of the groups varied between one and two counselors depending on staffing constraints and availability. The counselors were responsible for leading the groups as well as administering and collecting all data to ensure continuity between implementation and evaluation. Prior to data collection, researchers gained IRB and district approval to conduct the study. Parental consent and youth assent were also obtained.

Recruitment and Inclusion Criteria

Across the middle and high school, participants were recruited through self-referral and staff/teacher recommendations. The groups were originally designed for CLI youth; however, there was no formal exclusion criteria, and participation was open to any student who expressed interest or was recommended. The school counselor obtained parental consent through direct communication with families. This included phone calls and personal outreach to explain the purpose of the group, session structure, and benefits for student growth. Participation was not mandatory. Students and their families retained the choice to accept or decline.

At the middle school level, the Xinachtli group was open to CLI students recommended to further develop their leadership skills. A flyer describing the group was created and shared via each school's social media platforms and email. Although no standardized instrument was used, staff drew upon observations and professional judgement to identify students who might benefit from additional opportunities to refine their leadership skills. Students were required to attend after-school sessions and obtain parental consent to participate.

At the high school, two groups were implemented. The first cohort, conducted in Spanish, included female English Language Learners identified by teachers as having low self-esteem but a strong work ethic. The second English-speaking group included students referred through the school's Coordination of Services Team for a range of concerns, including unhealthy relationships, low academic performance, and self-esteem challenges. Participation was open to students of any racial background; however, the school population is approximately 90% Latinx. Both cohorts' recruitment targeted female students.

Setting and Duration

Sessions were held on campus for approximately 1 hour a week. Middle school groups met after school for 6 weeks, and the high school groups met during instructional time for 7 weeks. Sessions were conducted in English, other than the one high school cohort held in Spanish. The after-school time presented some attendance challenges because of scheduling conflicts and transportation but allowed for extended and uninterrupted sessions.

Curriculum

Lesson topics engaged students in setting goals, sharing personal life stories, exploring self-image and building self-esteem, recognizing dating violence, identifying and managing triggers, expanding knowledge of college access, and celebrating accomplishments. High school students also explored reproductive health and participated in a community action plan.

Measures

Data collection included a demographic questionnaire and pre-/post-surveys. The CLI student demographic questionnaire collected information regarding race/ethnicity, gender identity, age, grade, and primary language. CLI youth received pre-/post-surveys to measure perceived changes to ethnic identity using the MEIM–R (S. D. Brown et al., 2014) and sense of belonging at school using the PSSM (Gaete et al., 2016). For the high school group conducted in Spanish, the Escala de Identidad Étnica Multigrupo–Revisada (EIEM-R), adapted and validated in Spanish by Lara and Martínez-Molina (2016), was used in its validated form. No additional translation was required. The PSSM was translated into Spanish using forward translation followed by a review by bilingual experts to ensure conceptual and linguistic equivalence with the original English version. The post-survey also included qualitative questions assessing the students' experience in the group. In addition to pre- and post-survey measures, feasibility was assessed through multiple methods. School counselors recorded reflections about what worked and challenges faced, and student post-surveys included questions about the program and perceived usefulness.

Ethnic Identity

The MEIM–R is a revised version of the initial scale developed by Phinney (1992), created to assess ethnic identity based on common elements across ethnic groups. This 6-item scale was developed to compare ethnic identity among youth from different ethnic groups (S. D. Brown et al., 2014). MEIM–R uses a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*). A sample question is "I have attachment toward my own ethnic group" (S. D. Brown et al., 2014). The scale is composed of two subscales: Exploration (items 1, 4, and 5) and Commitment (items 2, 3, and 6; S. D. Brown et al., 2014). Responses are scored by reversing negatively worded items and finding the mean for the subscales and total score. The scale has strong reliability with a Cronbach alpha of .82 for the Exploration subscale, .90 for the Commitment subscale, and .88 for the total score (S. D. Brown et al., 2014).

Sense of Belonging

The PSSM measures sense of school belonging in K–12 youth (Goodenow & Grady, 1993). Originally created as an 18-item scale, the PSSM was revised by Gaete et al. (2016) to address potential methodological issues with the negatively worded items. As a result, a 13-item scale including only positively worded items was used to measure students' overall sense of school membership. Questions include themes of perceived acceptance, inclusion, and encouragement to participate from other students and school staff. Items are scored on a 5-point Likert scale (1 = *not true at all*, 5 = *completely true*). A sample item is "People at this school are friendly to me" (Gaete et al., 2016). The scale has been translated into several languages; reliability ranged from .73 to .95 across samples and countries with a Cronbach alpha of .92 in the revised version of the scale (Gaete et al., 2016).

Results

Data Analyzed

As described in the Methods section, 22 students participated in this pilot program. However, not all students were able to complete the post-surveys as originally planned, and the study experienced an attrition rate of 68.2%, indicating most participants who completed the pre-survey did not complete the post-survey. To ensure the accuracy of the data obtained, we carefully reviewed the recorded data. During the review process, we removed respondents who had missing data and respondents who mistakenly completed a post-survey in place of a pre-survey. Additionally, for the purposes of this study, analyses were conducted only on data from participants who self-identified as CLI. Upon completion of the review, we recorded 22 pre-survey responses and seven post-survey responses that we used in the analysis.

Overview of Analyses

The survey data were analyzed following three steps. In the first step, participants' responses to two of the three open-ended questions (OQs) from the post-survey were analyzed, in addition to facilitator reflections, to assess the feasibility of implementing the Xinachtli program in a K–12 setting. Namely, this step of analysis addressed RQ1: To what extent is the Xinachtli program feasible to implement in school settings serving CLI youth? The two open-ended questions analyzed were: OQ1: What did you like most about participating in Xinachtli? and OQ2: What did you like least about participating in Xinachtli? Feasibility data, including facilitator reflections and open-ended post-survey questions, were reviewed thematically to identify patterns related to program acceptability, implementation challenges, and fit. These data were used to evaluate the practicality, acceptability, and cultural responsiveness of the Xinachtli program in the school-based setting.

The second step of analysis addressed RQ2 in relation to reliability of the two instruments used in this study: How reliable are the MEIM–R and the PSSM in measuring identity and belonging among CLI youth? As the pre-survey included more respondents than the post-survey, reliability coefficients were computed for the two instruments using data from the pre-survey.

The third step tested RQ3 about students' perceptions of the Xinachtli program: How does participation in Xinachtli affect participants' perception of positive identity, life skills, and sense of belonging? Participants' identity and sense of belonging at school were assessed using the MEIM–R and PSSM surveys, while qualitative responses were used to explore life skills. As described earlier, the Xinachtli program was developed to cultivate the three attributes of positive identity, life skills, and sense of belonging among CLI youth, by utilizing an Indigenous, culturally based rites of passage curriculum. It is important to note that only four respondents completed both pre- and post-surveys; as a result, we were unable to conduct any repeated-measure analyses to test if participants' perceptions at the end of the program significantly differed from their perceptions before the program started. Thus, this was an exploratory analysis involving limited numbers of participants, and the interpretation of the results should be viewed from this perspective. During the third step of analysis, item means were reviewed for the two instruments to see if any trends could be observed in participants' perceptions about the three attributes, (i.e., positive identity, life skills, and sense of belonging) in addition to qualitative data from the third open-ended question (OQ3): How did participation in Xinachtli affect your life (think about your relationships, attitudes, and behaviors)?

Results from Analyses

Step 1: Feasibility of Xinachtli in a School Setting

Participant responses from OQ1 and OQ2 strongly demonstrate the feasibility of the program to be offered in a school setting. Student qualitative data highlight participants' appreciation for the group, connection to one another, and desire for the group to be longer and held during a different time of the school day. Examples of participants responses include: "I loved the way they would hear me out and let me express myself" (OQ1), "I liked the bond" (OQ1), "I didn't like that fact that it was so short" (OQ2), "I wanted it to be more longer "(OQ2), and "The thing I least liked was that it was after school" (OQ2). Additionally, facilitators reflected on the question "What was your experience leading a gender-responsive, culturally based group intervention?" Data highlighted the constraints of leading an ethnicity-specific curriculum in a K–12 setting. Despite this challenge, facilitators reported the experience to be rewarding and meaningful for the students. Lastly, the middle school facilitator noted that holding the sessions after school presented challenges for consistent student attendance.

Step 2: Reliability Analyses

The Psychological Sense of School Membership Scale (PSSM). Scores from the pre-survey involving 22 respondents were analyzed using a listwise deletion of missing data. Consequently, 18 pre-survey responses were used to determine the reliability of PSSM. Using the 13-item PSSM, the computed Cronbach's alpha was .91, indicating excellent reliability. This strong alpha coefficient indicated that 13 items on the PSSM measured the same construct of sense of belonging within the sample of our pilot study.

The Multigroup Ethnic Identity Measure–Revised (MEIM–R). After a listwise deletion of missing data, 20 respondents were analyzed to determine the MEIM–R's reliability within the group of CLI students who participated in the Xinachtli pilot program. MEIM–R yielded a Cronbach's alpha of .81, indicating good reliability. The strong alpha coefficient indicated that six items on the MEIM–R were able to measure the same construct related to ethnic identity.

Step 3: Perceptions About Positive Identity, Life Skills, and Sense of Belonging

Item Means of PSSM. All 13 items of the PSSM were scored from the lowest of 1, associated with the response option *not true at all*, to the highest of 5, associated with the response option *completely true*. All available scores were analyzed that were obtained from 20 to 22 respondents. As shown in Table 1, for the pre-test with possible range of 1 to 5 for each of the 13 survey items in this instrument, item means ranged from the lowest of 1.50 for the item "The teachers here respect me" to the highest of 3.05 for the item "I am included in lots of activities at school." The item that had the second highest mean of 2.23 was "Most teachers at school are interested in me." For the post-survey, mean scores had a range between 1.57 for "The teachers here respect me" and 2.57 for the item "I can really be myself at this school." The item that had the second highest mean of 2.29 was "Most teachers at school are interested in me." As noted earlier, no repeated-measure analyses were carried out to test significant differences between pre- and post-scores because of the limited number of participants who completed both the pre- and post-surveys. However, when we reviewed means from two surveys to see if any post-survey scores were higher than pre-survey scores, the mean differences were the widest for "I can really be myself at this school," and "People here know I can do good work."

Table 1

PSSM Survey Item Means and Standard Deviations

	Pre-Survey			Post-Survey		
	n	*M*	*SD*	*n*	*M*	*SD*
1. I feel like a real part of this school.	20	2.10	0.91	7	2.00	1.00
2. People here notice when I'm good at something.	21	2.05	1.02	7	2.00	1.00
3. Other students in this school take my opinions seriously.	21	2.14	0.91	7	2.00	0.82
4. Most teachers at school are interested in me.	22	2.23	0.97	7	2.29	0.49
5. There's at least one teacher or other adult in this school I can talk to if I have a problem.	22	1.77	0.87	7	2.00	0.82
6. People at this school are friendly to me.	21	1.76	0.94	7	1.71	0.76
7. I am included in lots of activities at school.	21	3.05	1.36	7	2.14	0.90
8. I am treated with as much respect as other students.	20	1.80	0.77	7	2.00	0.58
9. I can really be myself at this school.	20	2.10	1.07	7	2.57	0.54
10. The teachers here respect me.	20	1.50	0.61	7	1.57	0.79
11. People here know I can do good work.	21	1.71	0.64	7	2.14	0.69
12. I feel proud of belonging to this school.	20	1.85	0.88	7	2.14	0.69
13. Other students here like me the way I am.	20	1.80	0.70	7	2.00	0.82

All six items of the MEIM–R had the score range from the lowest of 1 for the response option *strongly disagree* to the highest of 5 for the response option *strongly agree*. Table 2 denotes item means and standard deviations of items of the MEIM–R for both pre- and post-surveys. As seen in Table 2, for pre-test, with a range of 1 to 5 for each item, item means ranged from the lowest of 2.10 for the

item "I feel a strong attachment toward my own ethnic group" to the highest of 2.71 for the item "I have often talked to other people in order to learn more about my ethnic group." The item that had the second highest mean of 2.57 was "I have a strong sense of belonging to my own ethnic group." For the post-survey, mean scores had a range between 1.57 for "I understand pretty well what my ethnic group membership means to me" and 2.29 for the item "I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs." The item that had the second highest means of 2.14 was "I have a strong sense of belonging to my own ethnic group." As presented in Table 2, no items in MEIM–R had saliently higher post-survey means as compared to their corresponding pre-survey means.

Table 2

MEIM–R Survey Item Means and Standard Deviations

	Pre-Survey			Post-Survey		
	n	*M*	*SD*	*n*	*M*	*SD*
1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.	21	2.38	0.97	7	2.29	0.95
2. I have a strong sense of belonging to my own ethnic group.	21	2.57	0.93	7	2.14	0.69
3. I understand pretty well what my ethnic group membership means to me.	22	2.18	0.91	7	1.57	0.98
4. I have often done things that will help me understand my ethnic background better.	21	2.43	0.81	7	1.71	0.76
5. I have often talked to other people in order to learn more about my ethnic group.	21	2.71	0.78	7	1.71	0.76
6. I feel a strong attachment toward my own ethnic group.	21	2.10	0.91	7	2.00	1.00

Additional survey questions (i.e., OQ3: How did participation in Xinachtli affect your life [think about your relationships, attitudes, and behaviors]? and OQ1: What did you like most about participating in Xinachtli?) were also used to assess the program's impact on participants' identity, life skills, and sense of belonging. Participants' open-ended responses were coded into three categories (i.e., positive identity, life skills, and sense of belonging). Table 3 highlights participants' responses.

Table 3

Open-Ended Responses Classified Into Categories of Positive Identity

Categories	Open-Ended Responses
Positive Identity	I feel that Xinachtli helped me be confident and proud in who I am. (OQ3) It helped me with being more talkative and having more positive self thoughts. (OQ3) Participating in Xinachtli has taught me how to let things go and accept myself and what I enjoy doing. (OQ3)
Life Skills	I believe that Xinachtli helped me have a better understanding about lots of stuff like behaviors and acting such a way. (OQ3) I believe that Xinachtli really affected my life because now it helps me understand things that I didn't understand before. (OQ3) It helps me talk more to people. (OQ3) It made me bc [sic] more mindful about my relationships with people and my surroundings. (OQ3) I liked how we'd express ourselves and things we did such as the mirror. (OQ1) What I liked most about participating in Xinachtli is that I found myself to be more understanding. (OQ1)
Sense of Belonging	Being able to be listened to. (OQ1) I liked the bond. (OQ1) I loved the way they would hear me out and let me express myself. (OQ1) Maybe the fact that they would feed me and they were there with activities when I was feeling down. (OQ1) Meeting new people and doing relaxing activities. (OQ1) What I liked most about participating in Xinachtli is that I also have a great relationship with the people. (OQ1)

Note. OQ1 = Open-Ended Question 1; OQ2 = Open-Ended Question 2; OQ3 = Open-Ended Question 3.

Discussion

The purpose of this study was to extend the literature on the implementation of Xinachtli with CLI youth in a K–12 setting. In this pilot study, we examined the feasibility, reliability, and impact of the culturally responsive group counseling curriculum from a student perspective as it relates to positive identity of self, life skills, and sense of belonging. The study was guided by the following questions: To what extent is the Xinachtli program feasible to implement in school settings serving CLI youth? How reliable are the Multigroup Ethnic Identity Measure–Revised (MEIM–R) and Psychological Sense of School Membership Scale (PSSM) in measuring identity and belonging among CLI youth? How does participation in the Xinachtli curriculum affect participants' perceptions of their positive identity, life skills, and sense of belonging? Overall, although some of the findings show mixed results, there was still a small increase in students' sense of belonging at school. Additionally, students' qualitative data highlights ways that the group improved their perspective of their identity, life skills, and sense of belonging.

Using both the facilitators' and students' qualitative responses, we found that the feasibility of implementing Xinachtli in a school setting serving CLI youth was both challenging and rewarding. From a facilitator's perspective, the constraints of the gender-based curriculum made it difficult to implement in a K–12 setting because of the inclusion criteria. Additionally, implementing the group meetings after school may have created a barrier to attendance and scheduling. Despite these challenges, facilitators reported the experience being rewarding and meaningful for the students. Student data supports these findings, as participants shared general appreciation for the group and the space but wanted the program to be longer. We also found the PSSM and MEIM–R to have strong reliability and that they were appropriate to use with CLI youth in a K–12 setting. This finding is supported by prior research that found both scales to be reliable in a school setting (Gaete et al., 2016; Hussain et al., 2018; Musso et al., 2018).

The Xinachtli program was developed to address positive self-identity, life skills, and sense of belonging through a culturally responsive lens. Results from the current study preliminarily support that the curriculum did have a positive impact on participants' perceptions of positive identity, life skills, and sense of belonging. More specifically, related to positive identity, student qualitative data highlights an improvement in participants' confidence levels, acceptance of self, and joy in life. Further, although we did not find a significant increase in ethnic identity between the pre- and post-survey data, qualitative data underscores that participants experienced feelings of pride related to their identities. Findings also accentuated an improvement in life skills, related to participants' level of understanding of life and others after completion of the group. Results among participants are consistent with previous research demonstrating that students who participated in Xinachtli reported an increase in self-empowerment skills, identity development, and an overall improvement in self-efficacy (Haskie-Mendoza et al., 2018; Hernandez, 2023).

Descriptive trends also reveal shifts in participants' sense of belonging between the pre- and post-survey data. The preliminary results highlight an increased mean on most items in the PSSM with the largest difference on items 3, 5, and 13: "Other students in this school take my opinions seriously," "There's at least one teacher or other adult in this school I can talk to if I have a problem," and "Other students here like me the way I am." Additionally, participants' qualitative data reinforces these findings, as many shared an appreciation for the relationships formed and support received during the group. Findings from this study are consistent with research demonstrating that participation in Xinachtli increases sense of community, interpersonal skills, and understanding of others (Haskie-Mendoza et al., 2018; Hernandez, 2023).

Although preliminary results are promising, we did not find significant mean differences in participants' ethnic identity scores. A possible explanation for this could be related to the constraints of conducting a group curriculum across three different school settings and the variability in lessons provided, delivery, and scheduling. Additionally, although Xinachtli is a culturally responsive curriculum, little research has been done on the curriculum as it relates to ethnic identity in a K–12 setting. Previous research focused on the implementation with participants in specific disciplines (e.g., science, technology, engineering, mathematics) and youth involved in the juvenile justice system (Haskie-Mendoza et al., 2018; Hernandez, 2023). This is the first known study to implement the intervention in a K–12 setting and assess for ethnic identity and sense of belonging. Although we did not see significant changes from the pre- and post-survey data related to ethnic identity, exploratory findings are promising, especially as they relate to student qualitative data and changes in sense of belonging after completion of the group.

Implications and Limitations

These results highlight the potential for the Xinachtli curriculum to support the development of positive identity, life skills, and a sense of belonging among CLI youth in the school setting. The culturally responsive nature of the Xinachtli suggests that similar identity-affirming programs could serve as valuable tools for school counselors to create inclusive and affirming learning environments for marginalized populations. Olsen et al. (2024) similarly argued that moving away from deficit-based interventions toward culturally sustaining practices allows counselors to center students' strengths and lived experiences, thereby fostering belonging and affirmation. Implementation of Xinachtli on a larger scale could further validate these findings and help inform culturally responsive practices in school counseling.

Although the findings were promising, the current study has limitations. First, the curriculum was designed to be implemented with two facilitators, but the middle school groups were facilitated by a single school counselor who conducted all group sessions because of staffing constraints and scheduling limitations. In the future, it would be best to standardize implementation to ensure fidelity of the study. Second, the sample size was limited to CLI youth from three schools within the same district. Future research should consider expanding the participant pool to include a broader range of schools. While Xinachtli is designed to be inclusive of gender-expansive youth, the pilot sample included only cisgender girls. Future implementation should include more deliberate strategies to ensure participation from gender-expansive youth to allow for a more complete understanding of the program's inclusivity. Additionally, not all lessons from the Xinachtli curriculum were implemented in the pilot study; as such, it is unclear if full implementation would have resulted in stronger outcomes. Future studies might consider measuring the impact of the entire curriculum. Lastly, the short duration of the pilot study limited the ability to measure long-term effects; ongoing research should consider follow-up assessments to evaluate the lasting influence of participation in Xinachtli.

Conclusion

A growing population of CLI youth and their associated educational disparities underscores the need for gender-based culturally responsive counseling services in K–12 settings to meet the educational needs of this student population. Our study is the first to examine the feasibility and effectiveness of Xinachtli, a gender-informed culturally sustaining counseling curriculum, on ethnic identity development and sense of belonging in CLI youth in K–12 schools. Although the quantitative results reveal insignificant differences in participants' ethnic identity scores, the participants reported an increase in self-confidence, feelings of pride in their ethnic identity, and understanding of life and others as indicated by the qualitative data. Hence, these preliminary findings indicate a potential for the Xinachtli program to positively impact CLI youth's identity development, acquisition of life skills, and sense of belonging in schools. As scholars and school counselors continue to challenge multiculturally insensitive educational environments, utilizing programs like Xinachtli may be one way to promote culturally responsive services to meet the changing demographics of the students they serve.

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Parenting Across Racial Lines: The Lived Experiences of Transracially Adoptive Parents of Black Children

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Charmaine L. Conner, Natalya Ann Lindo

This transcendental phenomenological study explored the lived experiences of transracially adoptive parents of Black children. Guided by the Cultural-Racial Identity Model, the study addressed two questions: 1) What are transracially adoptive parents of Black children's perceptions of their child's racial/cultural identity development? and 2) What are their perceptions of the parent–child relationship? Six adoptive parents participated in semi-structured, 60-minute interviews. The data were transcribed and thematically analyzed to uncover shared patterns of meaning. Six key themes emerged: (a) experience of the child–parent relationship; (b) impact of trauma; (c) becoming a transracially adoptive parent; (d) the cultural, racial, and ethnic identity development process; (e) encounters with microaggressions; and (f) cultural socialization practices. The study's findings offer meaningful implications for adoptive families, mental health professionals, counselor educators, and researchers by highlighting culturally responsive approaches to supporting identity development and relational dynamics within the transracial adoption kinship network.

Keywords: **transracial adoption, Black, children, parents, Cultural-Racial Identity Model**

There are over 100,000 adoptions in the United States every year (Administration for Children and Families [ACF], 2023) and approximately 40% of domestic adoptions in the United States are transracial (Vandivere et al., 2009). Transracial adoption has traditionally been defined as "the adoption of a child from one racial or cultural group by a parent or couple from another racial or cultural group" (Malott & Schmidt, 2012, p. 384). The practice of transracial adoption in the United States began in the 1950s with the adoption of Korean and Japanese child survivors of World War II (Barn, 2013). By the 1960s, opposition to transracial adoption emerged from Indigenous communities and the National Association of Black Social Workers, who argued that such placements could compromise a child's racial and cultural identity development (Marr, 2017). This resistance contributed to the passage of the Indian Child Welfare Act (ICWA) of 1978, which was established to preserve the cultural traditions of Indigenous children and communities.

Despite the ICWA of 1978, the U.S. government later enacted the Multi-Ethnic Placement Act of 1994 and the Inter-Ethnic Placement Act of 1996, which mandated race-neutral placement practices. These acts were backed by advocates of transracial adoption who believed that the benefits of securing housing for children outweighed others' concerns about racial matching (Marr, 2017). To this day, the debate on racial matching continues with minimal regard to the mental health needs of transracially adopted children.

According to Godon et al. (2014), transracially adopted children experience racism and discrimination, identity conflicts, psychological issues, physical dissimilarity from their adoptive families, and the potential minimization of racial incidents. Cultural socialization has been cited as a

Charmaine L. Conner, PhD, NCC, LPC-S, CCPT-S, CPRT-S, is the founder and owner of Embrace Counseling and Wellness, PLLC, and was a 2018 Doctoral Fellow in Mental Health Counseling with the NBCCF Minority Fellowship Program. Natalya Ann Lindo, PhD, LPC-S, CCPT-S, CPRT-S, is a professor and Chair of the Department of Counseling and Higher Education at the University of North Texas. Correspondence may be addressed to Charmaine Conner, 5900 Balcones Dr., Ste. 100, Austin, TX 78731, dr.charmainelconner@gmail.com.

solution for addressing racism and discrimination and has been emphasized as a method for promoting a positive cultural-racial identity for transracial adoptees (Docan-Morgan, 2010; Leslie et al., 2013; Vonk et al., 2010). Studies that have focused on cultural socialization typically seek to address the needs of Asian and Latinx transracial adoptees, as they contribute to a large percentage of inter-country adoptions (i.e., a child adopted from outside of the United States; Chang et al., 2017; Hrapczynski & Leslie, 2019), whereas Black transracially adopted children often represent a small percentage of participants or they are not included in the sample.

According to Samuels (2009) and Goss et al. (2017), Black transracially adopted children are more likely to have a negative racial identity, which could lead to them feeling disconnected from their adoptive family, experiencing loneliness and low self-esteem, having a strong desire to belong, and potentially demonstrating withdrawal symptoms. There is a scarcity of literature on Black transracial adoptees, especially in counseling literature. In the last 30 years there have been approximately 40 articles on adoption written in counseling journals (Liu et al., 2018), and most adoption research provides little empirical information related to counseling people within the adoption kinship network (Grotevant, 1997). This gap reflects a critical need for adoption-competent counselors and increased research on transracially adoptive families in the counseling profession.

Literature Review

Adoption has been generally viewed as a positive social practice because adoptive parents are able to provide a permanent home for a child (Esposito & Biafora, 2007). However, Palacios and Brodzinsky (2010) found that adopted children have more significant challenges with adjustment when compared to their non-adopted peers, as adopted children showed some resilience to their early childhood experiences, and child–parent conflict issues were higher with adopted adolescents versus non-adopted adolescents. Keyes et al. (2008) reported that some adopted children showed minimal issues regarding adjustment; however, it was also noted that adopted children may be at risk for externalizing behavioral disorders, especially if they were adopted domestically. Several studies have further suggested that transracial adoptees, in particular, may experience psychological adjustment difficulties (Brodzinsky et al., 1998; Feigelman, 2000; Feigelman & Silverman, 1983; Shireman, 1988; Vroegh, 1997). Weinberg et al. (2004) found that adolescent transracial adoptees were at higher risk for externalizing behaviors, disabilities, academic adjustment challenges, and delinquency compared to both same-race adoptees and non-adopted peers.

Wiley (2017) reported the impact of adoption-related microaggressions on adoptees' psychological adjustment. Same-race adoptees experienced microaggressions specific to adoption status, and transracial adoptees experienced microaggressions related to their adoption status as well as their cultural/racial identity. Weinberg et al. (2004) believed that racial and cultural challenges were reflective of the psychological adjustment issues adoptees face when growing up in a different community. Specifically, it was implied that the cultural and racial identity development as well as the cultural socialization of transracially adoptive families needed to be further explored.

Cultural Socialization

Cultural socialization is the process in which transracially adoptive parents intentionally "instill cultural, ethnic, and racial pride in their children" and may involve revisiting one's country of origin, attending cultural events, and providing a diverse environment for their child (Hrapczynski & Leslie, 2019, p.118). Vonk et al. (2010) and Leslie et al. (2013) believed that cultural socialization practices

such as activities reflecting the child's race/ethnicity, childcare providers with the child's similar race/ethnicity, and the consumption of food reflective of the child's race/ethnicity could facilitate open discussion between transracially adopted children and their parents about race and discrimination. The significance of cultural socialization as a protective factor when transracial adoptees experience racism and discrimination has been emphasized in the literature (Chang et al., 2017; Docan-Morgan, 2010; Hrapczynski & Leslie, 2019; Leslie et al., 2013; Vonk et al., 2010), yet minimal literature has focused on the experiences of Black transracially adopted children and their families.

Smith et al. (2011) examined White parents' process of racial enculturation with their Black transracially adopted children and White parents' ability to teach their children how to cope with racism. Although transracially adoptive parents believed there was a need to respond positively to racial differences and minimize personal experiences of racism and discrimination, they believed Black transracial adoptees were responsible for finding coping skills when faced with negative encounters (Smith et al., 2011). The aforementioned study exposes the limited information available about the experiences of Black transracially adoptive families and reflects a need for more studies that focus on the distinctive experiences of these children and their families.

The purpose of this study was to explore the lived experiences of transracially adoptive parents of Black children. This inquiry was framed using the Cultural-Racial Identity Model (CRIM), developed by Baden and Steward (2007), which outlines 16 cultural/racial identity statuses for transracial adoptees. The CRIM provided a conceptual framework for understanding how parental attitudes and support systems such as extended family and peers shape the experiences within the transracial adoption kinship network.

Given the limited literature centering transracially adoptive parents of Black children and the lack of adoption-focused research in counseling, this transcendental phenomenological study aimed to fill a critical gap. The following research questions guided the study:

1. What are transracially adoptive parents of Black children's perceptions of their child's racial and cultural identity development?
2. What are transracially adoptive parents of Black children's perceptions of the parent–child relationship?

Method

Transcendental phenomenological research involves seeking to understand and describe participants' lived experiences in order to capture the essence of a particular phenomenon (Moustakas, 1994). This approach emphasizes intentionality and consciousness, recognizing that meaning emerges through participants' direct engagement with their experiences rather than through external interpretation (Giorgi, 2009; van Manen, 2016). Epoché is at the center of this methodology and is a process in which researchers set aside personal biases, presuppositions, and prior knowledge to view the phenomenon as objectively as possible (Creswell & Poth, 2018; Moustakas, 1994). Researchers use various methods of trustworthiness to facilitate the bracketing process and sustain a focus on participants' perspectives throughout the study (Vagle, 2014).

Transcendental phenomenology was the most appropriate methodology for this study because the primary aim was to explore how participants subjectively experience and make meaning of their child(ren)'s racial and cultural identity as well as the parent–child relationship. As noted by Moustakas

(1994) and Giorgi (2009), transcendental phenomenology researchers are focused on understanding participant experiences through rich, descriptive accounts. In alignment with Creswell and Poth (2018), the researchers maintained a participant-centered stance across all phases of the study, from the design of interview questions to the thematic analysis and interpretation of findings, to ensure that the voices of participants remained the center. Ultimately, transcendental phenomenology provided a rigorous and systematic framework for examining lived experiences while honoring the subjective depth and complexity of the participants' narratives.

Operational Definitions

For the purpose of this study, a Black transracially adopted child is defined as a child identified by a parent as Black, Black American, African American, or of African descent who resides in the United States and has been legally adopted by a parent(s) of a different race. This definition aligns with previous research that conceptualizes transracial adoption as the legal adoption of a child whose racial or ethnic background differs from that of their adoptive parent(s; Lee, 2003). The emphasis on parental identification of race reflects the sociocultural reality that parents often mediate their child's racial identity through socialization processes and community context (Hollingsworth, 1999; Vonk, 2001). Within the United States, Black adoptees in transracial families frequently navigate complex intersections of racial identity, belonging, and cultural socialization (Baden et al., 2012; Fogg-Davis, 2002). Therefore, this definition centers both the racialized identity of the child and the legal permanence of the adoptive relationship.

Transracially adoptive parents of Black children are defined as adoptive parents who have legally adopted a child identified as Black, Black American, African American, or of African descent and who are of a different racial background than the adopted child. This definition is consistent with the language used in adoption and multicultural family research that highlights racial difference as a factor influencing family dynamics and identity development (McRoy & Zurcher, 1983; Samuels, 2009). The inclusion of legal adoption status reflects the long-term, parental relationship emphasized in adoption scholarship (Miller et al., 2000).

Participants

Eligible participants met the following criteria: (a) at least 18 years of age, (b) transracially adoptive parent, and (c) adoptive parent of a Black transracially adopted child under the age of 18 (see Table 1). This study included video conference interviews with each participant. Each participant and their child referenced throughout the study were assigned a code name to protect confidentiality.

A total of six White participants between the ages of 29 and 55 participated in this study; four identified as cisgender women and two identified as cisgender men. Their experience as adoptive parents ranged from 1.5 to 9 years. Participants' socioeconomic statuses ranged from middle class to upper class. Regarding geographical location, two participants resided in the Pacific Northwest region and four participants resided in the Southwestern region of the United States; all participants lived in predominately White neighborhoods. A total of four children were referenced in this study; two couples independently discussed their child. The children's ages were between 3 and 17 and two of the children were female and two were male. Two children were described as having Latino ethnicity, one child was identified as Black, and one child was of Ethiopian ethnicity. One child was adopted at age 4, another child was adopted at age 8, and the other two children were adopted under age 1. Three of the children were adopted through the foster care system, while one was adopted from another country through inter-country adoption.

Table 1

Demographic Table for Participants and Their Children

Name	Parent Age, Race, and Sex		Child Age, Race, and Sex		SES	Degree Level	Region	Year(s) as Parent
Abby	31	White, F	9	Black/Latino, M	Upper Middle	Master's	SW	5/Foster
BJ	31	White, M			Middle	Master's	SW	5/Foster
Daisy	53	White, F	17	Black/Ethiopian, F	Middle	PhD	NW	9/Inter-country
Fred	55	White, M				Bachelor's	NW	9/Inter-country
Callie	34	White, F	3	Black, F	Upper Class	JD	SW	3/Foster
Ellie	29	White, F	3	Black/Latino, M	Middle	Master's	SW	1.5/Foster

Data Collection

Upon approval from the IRB, a flyer was distributed to adoption agencies, posted on social media, and sent via email to potential participants. Six participants responded and signed an IRB-approved informed consent document. Each participant was contacted via email and by phone to schedule a video conference interview. Participants were asked to answer demographic questions that were incorporated into the interview protocol. The participant interviews were recorded electronically via video-conferencing software and were transcribed by a secure transcription service. Transcripts were stored on an encrypted, password-protected hard drive that remained locked behind two closed doors.

Based on a review of previous studies examining the experiences of transracially adoptive parents, Charmaine Conner, serving as the lead doctoral student investigator, and Natalya Lindo, serving as the supervising investigator, developed a semi-structured interview protocol; Conner facilitated each interview. Additionally, the interview questions were reviewed by Susan Branco and by Lindo to mitigate potential researcher bias. There were a total of nine questions presented in the interview protocol (see Appendix). Participants shared their experiences as parents of Black transracially adopted children in interviews that ranged from 38 minutes to 60 minutes.

For this study, the research team was comprised of the following people: Conner, Lindo, and Branco. Lindo identifies as a Black, Jamaican, non-adoptee and was the department chair of and associate professor in a counseling program. Branco identifies as a Colombian transracial adoptee. The coding team consisted of Conner, Audrey Malacara, and Sunnycho Teeling, doctoral students in a counseling program. Teeling identifies as a Black and Korean transracial adoptee and was a third-year doctoral student.

Malacara identifies as White and was a second-year doctoral student who has transracially adopted family members. Conner identifies as a Black woman who has served as the lead student investigator on multiple phenomenological studies, is a non-adoptee, and has adopted family members. Conner has also provided child-centered play therapy services to several Black transracially adopted clients.

Data Analysis

The interview transcripts were coded following an adapted phenomenological data analysis model (Lindo et al., 2020) based on the classic data analysis strategy by Miles et al. (2014) and Moustakas's (1994) modification of Stevick-Colaizzi-Keen's approach. The coding team began with phenomenological bracketing, or epoché, in which each coding team member described their experience with transracially adoptive parents of Black children and bracketed their biases and areas of expertise related to the population (Moustakas, 1994).

A subset (n = 3) of the participant interviews was selected, and each member of the coding team participated in note taking, which involved writing notes in the margins of the transcripts (Lindo et al., 2020). At the completion of the note-taking process, the coding team began to synthesize the data and develop themes for the preliminary codebook (Lindo et al., 2020; Moustakas, 1994). Similar themes and overlapping categories were defined to synthesize the data, and the preliminary codebook was developed. During the initial coding phase, the coding team established intercoder agreement (Marques & McCall, 2005) by applying the preliminary coding manual to the subset of interviews. Conner manually calculated the initial coding calculations and computed the mean interrater agreement (M = .87), which was consistent with the recommended interrater agreement average approaching 90% (Miles et al., 2014).

In the final stage of the coding process, the coding team applied the final coding manual to each of the six interviews. All coders independently analyzed the same portion of the data for intercoder agreement. Similar to the initial coding phase, during the final coding process, the coding team discussed discrepancies and the mean interrater agreement was manually calculated (M = .91) above the recommended interrater agreement exceeding 90% (Miles et al., 2014).

Trustworthiness was established by using a reflexive journal, triangulation of data, and member checking. Conner documented their experiences, assumptions, biases, beliefs, and knowledge prior to the study and throughout the research process. To facilitate triangulation, each coding team member independently coded their responses and worked toward consensus. Furthermore, member checking was utilized during the interview process by clarifying statements and asking follow-up questions. At the completion of interview transcription, participants were asked to review the transcripts for accuracy. Although each participant was emailed their interview transcript as a part of the member-checking process, none of the participants replied. The absence of responses from participants may have been because of a global pandemic occurring simultaneously with this study. Transferability contributed to the overall trustworthiness of this study by providing a thick description of the methodology.

Results

This study aimed to explore the perspectives of transracially adoptive parents of Black children regarding their children's racial and cultural identity development, as well as their perceptions of the parent–child relationship. Participants contributed their insights through in-depth interviews, and the coding team conducted a thematic analysis of the data to identify patterns across participants. A total of six themes and subthemes emerged from the data: (a) Experience of the Child–Parent Relationship;

(b) Impact of Trauma; (c) Becoming a Transracially Adoptive Parent; (d) the Cultural, Racial, Ethnic, Identity Development (CREID) Process; (e) Encounters With Microaggressions; and (f) Cultural Socialization Practices.

Theme 1: Experience of the Child–Parent Relationship

In the Experience of the Child–Parent Relationship theme, participants described quality time, their perception of their child, and their child's strengths. Four participants reported their child's negative behaviors and that they were often confused about how to resolve behavioral issues. Each participant spoke positively about the child–parent relationship, describing their children as nurturing, intelligent, and strong. However, three participants described their children's challenges with adjusting within the family. Two subthemes emerged from the discussion on the child–parent relationship: Parent Identity and Perception of the Child, and Child Identity. Each of the six participants made comments on at least one of the subthemes.

In the Parent Identity and Perception of the Child subtheme, three participants shared concerns about their child's externalizing behaviors, two participants described having feelings of inadequacy, and one participant shared a desire to meet their child's needs. All six participants provided insight into their child's strengths. Abby, BJ, and Daisy expressed their concerns about their children's behaviors. BJ shared about his son Saint's aggressive behavior, stating:

> I am very laid back, very type B personality. I am not aggressive at all. I hate confrontation. I am very much passive-aggressive, I guess, in the sense that I would prefer to just ignore any direct confrontation or whatever and just hope it goes away rather than confront it. And Saint is super type A, super aggressive, super confrontational.

Regarding feelings of inadequacy, Daisy described being unsure of her ability to care for her daughter Sydney:

> I had done a lot of reading, and I had read the statement from the Black Social Workers of America or something, that they did not feel that a White home was the best place for a Black child. We had a lot of concerns about that.

Abby also explained her feelings of inadequacy as she reported feelings of anger when challenged by a Child Protective Services agent who questioned her ability to care for her son Saint.

When asked about their child's strengths, all six participants shared positive qualities about their child. Ellie focused on Steven's intellectual abilities and creativity:

> He is, well, like I said, intelligent. He has a lot of emotional intelligence, and kind of the traditional intelligence. . . . He is very creative, like with his play . . . and he is very joyful. It is probably the same thing as exciting, like excitable.

Additional participants held predominantly positive perspectives of their child, describing them as caring, intelligent, and joyful.

Within the Child Identity subtheme, participants reflected on their child's role within the family system. Four out of six participants contributed to this theme, with three specifically discussing their child's interactions with their adoptive and biological siblings. One parent noted that their child took on

the emotional labor for maintaining the child–parent relationship. Several participants also described increased sibling conflict and how these dynamics influenced the overall child–parent relationship. Despite these tensions, the participants were intentional in highlighting their child's positive attributes. Interestingly, while all parents acknowledged their children's strengths, no one spoke explicitly about their own strengths as parents.

Theme 2: Impact of Trauma

The Impact of Trauma theme centered on adverse experiences the child may have encountered either before or after adoption. Four participants referenced trauma in their child's history. Two were able to provide detailed accounts of pre-adoption trauma, drawing on information shared by the child's biological family. The other two had limited knowledge of their child's early experiences because of minimal background information. Only one participant spoke about a post-adoption traumatic event within this subtheme. Reported traumatic experiences included the death of a loved one, multiple foster home transitions, and parental substance use. Overall, participants recognized that trauma shaped their child's resilience while also contributing to externalizing behaviors such as hyperactivity and impulsivity, as well as challenges related to attachment.

Theme 3: Becoming a Transracially Adoptive Parent

In Becoming a Transracially Adoptive Parent, participants reflected on navigating the process of legally adopting their child. There were three subthemes that arose from their responses: Assumptions and Feelings, Resources and Support, and Search and Reunion. Each participant described the challenges associated with becoming a transracially adoptive parent. Participants described a range of Assumptions and Feelings, including feelings of anger, irritation, and surprise toward the adoption process. In recounting her initial perceptions of transracial adoption, Callie noted:

> At that time, when we were going through our training, it did not occur to me that there could be any reason other than racism why a parent would not want a child of any race. When I heard other people saying, "Oh, White child only," I thought in my mind, racist. Why else would you say that? Now being a parent to a child of a different race, I completely understand that there are actually a lot of very valid reasons why you might not be open to having a multiracial family.

In contrast, Daisy emphasized the significance of race in her decision to pursue transracial adoption again. She intentionally sought to ensure her current transracially adopted child would feel a sense of connection with her older transracially adopted child. Fred expressed a similar commitment to the adoption process, though he noted that race did not influence his initial decision-making process and reported feeling confident in his choice. Overall, race emerged as a meaningful consideration for a few of the participants. This suggests varied levels of importance placed on racial identity during the adoption process.

The Resources and Support subtheme captured participants' engagement with post-adoption services, as well as the role of community and familial support. This subtheme resonated with all participants, and they offered specific examples of the support they received through both formal services and informal networks. Abby described using post-adoption services for her son Saint and reported being frustrated about her overall experience. She expressed the challenges of securing mental health services for her son:

> We had post-adoptive services coming in and doing skills therapy for a while. But that seemed to do more harm than good, because that also kept changing what people were there. And I need consistent people, and I was just out. And they would try to give me counselors and things to help them for a while when they were really struggling. I think there were five of them that I reached out to, and two of them responded with, "We're full," and the other three just did not respond at all.

In a similar fashion, participants communicated frustrations about the lack of pre-adoption training for transracially adoptive parent; many sought support from family members, friends, and community.

Search and Reunion reflected participants' perspectives on their child's connection to their biological family. Four out of six participants shared that their child maintained some level of contact with biological relatives. Although one participant expressed initial concerns about this connection, all four ultimately emphasized the value of maintaining those ties. For example, Daisy recalled her early fears that her daughter Sydney's biological family might try to disrupt the child–parent relationship. Over time, Daisy was able to process and resolve these fears by seeking guidance and reassurance from her own family and other adoptive parents.

Theme 4: The CREID Process

In the CREID Process, participants shared how their beliefs about culture, race, and ethnicity have evolved over time. Each of the participants reflected on how their multifaceted identities have affected themselves and their children. Two subthemes were identified from the participants' responses: the CREID Process of the Transracially Adopted Child, as described by the participant, and the CREID Process of the Transracially Adoptive Parent.

The CREID Process for the Transracially Adopted Child revealed the participants' understanding of how they have seen their child navigate the CREID process. Four participants contributed to this subtheme. BJ mentioned his son Saint's perception of physical differences:

> He is the only one with curly hair in our house naturally. He would speak up . . . sometimes randomly, we would be sitting there not even talking about hair or anything and he would be like, "Mom, I want straight hair," or whatever.

In addition to the perception of physical differences, three participants described cultural implications of the child's biological family. Abby shared how language was a barrier when she translates for her son Saint's biological mother, who is non–English speaking. Fred discussed his daughter Sydney's struggle with learning English after becoming legally adopted. Daisy was surprised when she realized Sydney had no prior schooling before being adopted; at the time of adoption, girls were not allowed to attend school in her daughter's home country. Although physical differences were heavily referenced, there was little attention to other factors that contribute to the CREID process of the participants' children.

In the CREID Process of the Transracially Adoptive Parent subtheme, participants reflected on how transracial adoption shaped their understanding of race and culture. All participants described experiencing a deepened CREID process since becoming adoptive parents, noting increased awareness, reflection, and personal growth. This subtheme also captured participants' evolving assumptions and emotional responses related to race and culture. Their insights ranged from heightened fears about navigating racial dynamics to a strong desire to cultivate a racially diverse and inclusive family environment. Callie addressed how her White racial identity has impacted her CREID process:

> I guess it has made me more aware of race and race relation issues, where before it was something that I had the luxury of not having to think about. I was raised in a home where you did not talk about race. There was not really a reason to talk about race. Even your own race—like White being in your mind the default race—why even talk about it? There is nothing to discuss. Just having discussions about race is new. I am reading books about race. Just now, it is a day-to-day conversation in our house. That is something that is completely different.

A central theme among all six participants was the recognition of personal growth and self-awareness. Despite identifying as White, each participant acknowledged engaging in a CREID process and emphasized the importance of understanding race and culture within the context of being a transracially adoptive parent.

Theme 5: Encounters With Microaggressions

Encounters With Microaggressions encompassed participants' perceptions of racism or discrimination directed toward their transracially adopted child, as well as their own responses to these incidents. For the purposes of this study, microaggressions were defined by the coding team as any derogatory remark, insult, or subtle slight made toward the child based on their race or ethnicity. Five participants contributed to this theme, sharing experiences that often occurred within extended family interactions, educational environments, and social settings. One parent, for example, recounted an incident in which their child was compared to an orangutan. The outcome of this situation resulted in the individual responsible apologizing, and the parent reported that they remained in contact at the time of the interview. Other participants expressed uncertainty in responding to such incidents, with their reactions ranging from intense anger to avoidance of the person involved. Overall, these accounts highlighted the emotional complexity and ongoing challenges of navigating racial microaggressions as transracially adoptive parents.

Theme 6: Cultural Socialization Practices

Cultural Socialization Practices referred to the participants' attention to their child's racial/cultural identity. This theme covered the intentional efforts of the parents to integrate their child's culture of origin into their daily lives. Participants' responses included an emphasis on attending cultural activities, searching for diverse schools, and allowing the child to travel to a local community representative of the child's ethnicity. Callie noted the courage involved in seeking out ways to integrate culture into her daughter Sarah's life:

> I had to learn how to do my daughter's hair. I went to a stylist in Dallas who holds classes. The first time I went there, nobody in the class made eye contact with me. I think they all thought I was in the wrong place and then they handed me the White mannequin. Then I had to show a picture of my daughter and then I got the Black mannequin. It means putting yourself out there a little bit more, being willing to be in places where people might ask, do you really belong here? It can be uncomfortable. I can understand that not everybody might want to do that.

All six participants discussed their cultural socialization practices and appeared to recognize the significance of intentionally fostering their child's cultural identity. Each person expressed a desire for additional resources and guidance on how to incorporate cultural socialization more effectively into their parenting.

Discussion

There is a significant gap in the literature addressing the experiences of Black transracially adoptive families, particularly within counseling journals (Liu et al., 2018). Although some scholarship exists, further research is necessary to deepen understanding and inform clinical practice. This study aimed to address that gap by contributing insights specific to counseling literature. The findings may be applicable to transracially adoptive parents of Black children, mental health professionals, and counselor educators.

Participants in this study reflected on the parent–child relationship, frequently expressing feelings of inadequacy and a strong desire to meet their child's emotional and developmental needs. These feelings of inadequacy align with Silverstein and Kaplan's (1982) reflections on the impact of identity issues within the adoption kinship network. The desire for participants to meet their child's needs is also consistent with Brodzinsky (2011), who spoke to the importance of attachment within the child–parent relationship for adoptees. Participants also shared concerns about their child's tantrums and expressions of anger and frustration, which are consistent with Palacios and Brodzinsky's (2010) study that delineated adopted children's potential struggles with adjusting to the adoption process. In addition to behavioral concerns, participants shared how physical dissimilarities regarding hair and skin tone impacted the child–parent relationship. These observations supported Goss et al.'s (2017) perspective that transracially adopted children struggle with their sense of belonging within their adoptive family because of physical dissimilarities.

The impact of trauma was a recurring theme in participants' narratives. Parents described traumatic experiences such as drug exposure, the loss of biological or adoptive family members, and repeated foster care transitions. Participants' experience of their child's trauma highlighted the typical challenges faced in the adoption process (Brodzinsky, 2011; Silverstein & Kaplan, 1982), leaving parents unsure about the reason for their child's behavior. Palacios and Brodzinsky (2010) emphasized that trauma exposure can manifest in adoptees through aggression, attachment issues, and academic difficulties, all of which were reflected in participant accounts. These traumatic experiences appeared to impact the emotional and logistical challenges associated with the transracial adoption process.

During the interviews, participants described their overall process of becoming a transracially adoptive parent. Responses included frustrations about the adoption process, confusion about expectations, and concerns about continuity in the foster-to-adoption process. The participants' feelings were reflective of Brodzinsky's (2011) thoughts regarding the complex process of adoption and its impact on members of the adoption kinship network. Most participants shared that they relied more on informal networks such as family and community support rather than formal counseling services, supporting Lancaster et al.'s (2017) findings on the preference for peer-based over professional support. Most participants welcomed the search and reunion process, allowing their children to be in contact with their biological family. This form of contact was recommended by Grotevant (1997), who believed members within the adoption kinship network should work together to determine the process and extent of maintaining relationships. Becoming a transracially adoptive parent provided participants with insight into the influence of race and culture in transracially adoptive families.

Participants recounted the CREID processes of themselves and their children. They described having an increased awareness of how race and culture impacted their parenting and their child's overall sense of self. Some participants noted their child's external representation of their culture and the child's focus on physical differences within the family, which could be connected to the lack of geographic diversity. Each of the participants lived in a predominantly White neighborhood; living

in a geographically diverse area could positively impact the cultural and racial identity development process for transracial adoptees (Kreider & Raleigh, 2016). The child's emphasis on physical differences is consistent with findings by Godon et al. (2014) that transracially adopted children are acutely aware of physical differences. To support their own CREID process, participants often turned to self-directed learning, including reading books and conducting online research. These efforts reflect a commitment to growth and also underscore the need for more structured, professional support. This could be especially helpful in preparing transracially adoptive parents for responding to experiences of racial microaggressions.

Each participant recalled encounters with microaggressions and their responses to incidents of racism and discrimination taking place in both social and educational settings. They believed their child's age protected them from experiencing microaggressions, which is consistent with findings from Morgan and Langrehr (2019), who reported that transracially adoptive parents with younger children ignore or are unaware of their children's experiences with racism and discrimination. Across participants, there was a shared struggle in knowing how to respond effectively to these incidents. In previous studies, transracially adoptive parents addressed microaggressions by attempting to prepare their child for bias (Hrapczynski & Leslie, 2019), encouraging their child to educate their offenders (Smith et al., 2011), and engaging in cultural socialization practices (Vonk et al., 2010).

All participants shared about their cultural socialization practices with their child. Participants in this study engaged in several cultural socialization practices suggested by adoption agencies and professionals, which included attending diverse schools, churches, and culturally focused restaurants. However, they felt unsure whether these efforts adequately prepared their children for racism. The child's age at adoption may have influenced the nature of these practices. Chang et al. (2017) suggested that parents tend to engage in fewer cultural socialization activities with younger adoptees. Overall, participants shared both feeling unsure about how cultural socialization prepared their child to handle racism and discrimination and a desire for support.

Implications and Ethical Considerations

Transracially adoptive parents would benefit from continued access to culturally responsive training and mental health resources (Lancaster et al., 2017). Adoption agencies and mental health professionals can enhance support through structured, evidence-based interventions, such as ongoing workshops on racial socialization, antiracism, and trauma-informed parenting facilitated by adoption-competent clinicians with expertise in racial identity development. Counselors in practice might incorporate reflective supervision, case consultation, and peer discussion groups that focus on the intersection of race, identity, and family systems within adoptive contexts.

At the systemic level, counselor education programs and accrediting bodies such as the Council for the Accreditation of Counseling and Related Educational Programs could strengthen professional standards by requiring adoption-specific competencies within curricula addressing child and adolescent development, family counseling, and multicultural competence. Counselor educators can integrate experiential learning through case-based simulations, visual media that reflects adoptive kinship structures (e.g., *Grey's Anatomy*, *This Is Us*), and cultural immersion projects emphasizing racial identity development and transracial family dynamics.

Several established resources provide frameworks to guide these efforts, including the National Adoption Competency Mental Health Training Initiative (NTI), Adoption Competency Curriculum, and the Center for Adoption Support and Education (C.A.S.E.) training programs. These resources

align closely with the American Counseling Association's *Multicultural and Social Justice Counseling Competencies* (Ratts et al., 2016), *Competencies for Counseling the Multiracial Population* (Kenney et al., 2015), and adoption-related frameworks outlined by Branco (2019).

Finally, counselor educators may apply a program evaluation logic model to systematically assess and revise course content. For example, a child and adolescent counseling course might incorporate scholarly readings on adoption and racial identity, media depictions of diverse adoptive families, and guest speakers with lived or professional expertise in adoption-related issues. These intentional curricular and policy-level changes support future clinicians becoming adequately prepared to provide culturally responsive, adoption-competent services to transracially adoptive families.

Limitations

One limitation of this study was its purposive sampling method, which may have excluded adoptive parents of adult children or children of other racial backgrounds. Additionally, this study focuses on adoptive parent perspectives, which may inadvertently marginalize the voices of Black transracial adoptees, as the children were not interviewed. Although the children's insights were not included for this study, future research is being designed to center their perspectives.

Another limitation stems from Conner's "outsider" status, having not been adopted, despite their aligned racial and cultural identity to the participants' children. To address this, the research team included an expert with lived experience in transracial adoption who reviewed the interview protocol and findings for cultural responsiveness and objectivity. An additional team member with "insider" status contributed to analyzing the data and ensured bias was monitored throughout the coding process.

Finally, the study attempted to address the complex nature of adoption, particularly within Black transracial adoptive families. Given the nuance of the topic, it was not possible to fully capture all of the multifaceted layers within a single study. Conner intends to continue exploring these issues in future research.

Future Research

The experiences of Black transracially adoptive families have been overlooked in the existing literature. This absence may stem from policy shifts discouraging race-conscious adoption practices or from a lack of research interest. Regardless of the cause, the need for attention remains. Black children make up approximately 23% of youth in foster care (ACF, 2023), and 40% of adoptions in the United States are transracial (Vandivere et al., 2009). Yet counseling literature continues to lack well-informed insights on how to serve this population.

This study sought to understand the experiences of transracially adoptive parents of Black children. Themes connected to trauma, microaggressions, identity development, and cultural socialization arose from their discussion. The findings offer critical insight for transracially adoptive parents, counselors, and counselor educators alike. By prioritizing culturally responsive practices and integrating adoption-competent training into counselor education, the counseling profession can attend to the needs of Black transracially adopted children and their families. This study provides a foundation for future scholarship and advocacy with this population.

There is an urgent need for more research on transracial adoption within the counseling profession, as the majority of existing studies can be found in social work literature (Liu et al., 2018). This study is among the few that center transracially adoptive parents of Black children in counseling research. Future directions should include studies that center the voices of Black transracial adoptees themselves. Another potential area for possible exploration could be the use of play therapy with transracially adopted children, which has not been widely studied. Additional research could also investigate the experiences of counselors working with transracially adoptive families, offering valuable insights into best practices and professional development needs.

Studies examining the CREID process for both adoptees and their parents across developmental stages would also contribute meaningfully to the literature. Considering the evolving perspectives gained from understanding the lived experiences of this population, researchers may find that the identity development process for transracial adoptees has shifted in recent years. Furthermore, their investigative efforts may be paused by the current sociopolitical landscape in the United States. Future researchers could utilize qualitative studies to inform the creation of a racial identity development assessment tailored to the transracial adoption experience, potentially grounded in the CRIM model.

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Appendix

Parent/Guardian Interview Questions

These first questions are about your process of adoption and your experience raising a Black child.

- Describe your process of adopting your child.
- Discuss which decisions led to you adopting a child of a different race.
- Since you have adopted, has your child experienced any major life events or changes at home and/or school? If so, how do you believe those changes have affected him or her?
- What, if any, support from your community, family, or mental health services did you seek for you and/or your child?
- Describe your child's relationships with sibling(s), peers, and friends.
- What experiences, if any, has your child had with racism and/or discrimination since adopting your child?
- How did you handle experiences with racism and/or discrimination?
- How has your experience of raising a Black child influenced/affected your view of race and race relations?

These next questions are focused on the relationship between you and your child.

- How would you describe your parent–child relationship?
- Tell me about your experience of their cognitive, emotional, social, and physical developmental processes.
- Being a parent can be time consuming, do you spend one-on-one time with your child? If so, what kinds of things do you do together?
- What, if any, challenges have you faced in the parent–child relationship? Tell me about any positive experiences you have had.
- What do you enjoy about being a parent?
- Tell me about your child's strengths? (School, home, athletic, social, etc.)
- Is there anything else you think I should know about you and/or your child at this time?

See the Girl: Girls' Perceptions of Listening and Helpfulness in a Relational–Cultural Theory Grounded School-Based Counseling Program

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Ne'Shaun J. Borden, Natalie A. Indelicato, Jamie F. Root, Lanni Brown

In this secondary qualitative data analysis, we examined data collected between 2018 and 2023 from See the Girl: In Elementary (formerly Girls Matter: It's Elementary), a program model grounded in Relational–Cultural Theory that intervenes early in elementary school to improve school success and relational connection, decrease suspension and expulsion, and mitigate system involvement. African American girls ages 8 to 9 comprise 79% of the participants in this study. A reflexive thematic analysis focused on two open-ended questions from a larger program assessment tool: how the girls knew that their counselor listened and how the program was helpful to them. The analysis yielded three major themes for each research question. Girls knew counselors were listening to them through active listening, therapeutic support, and authenticity. Girls stated that the program helped them develop coping and relationship-building skills and provided them with a supportive environment. Given these findings, mental health professionals and supervisors are encouraged to prioritize culturally responsive models.

Keywords: **girls, elementary, intervention, relational–cultural theory, culturally responsive**

School disciplinary reforms following the 1994 Gun-Free Schools Act brought about zero tolerance policies, calling for mandatory punitive measures for students who violate codes of school conduct (Kang-Brown et al., 2013). Though evidence for the efficacy of such practices is lacking (American Psychological Association Zero Tolerance Task Force, 2008; Lamont et al., 2013; LiCalsi et al., 2021), these policies have since become widespread; as of the 2021–2022 school year, 62% of schools in the United States had a zero tolerance policy in effect. Of these, 76% allowed for students to be suspended for minor or nonviolent offenses such as talking back to a teacher or being inattentive in class (The Brookings Institution, 2023). Troublingly, these policies are applied disproportionately to students of color, children from low socioeconomic backgrounds, and those with disabilities (Anderson & Ritter, 2017; Anyon et al., 2014; Brobbey, 2017; Ryberg et al., 2021; Welsh & Little, 2018). According to recent Department of Education data, while Black boys are overrepresented among students who are suspended or expelled, Black girls are almost twice as likely as White girls to face expulsion or suspension (U.S. Department of Education, Office for Civil Rights, 2023). Research has shown that students who are suspended or expelled in earlier grades are more likely to face suspension or expulsion in high school, to subsequently leave school, and to enter the juvenile justice system (Anyon et al., 2014; Novak, 2018; Skiba et al., 2014; Vanderhaar et al., 2014).

Ne'Shaun J. Borden, PhD, LMHC (FL), is an assistant professor and program director at Jacksonville University and was a 2019 Doctoral Fellow in Mental Health Counseling with the NBCCF Minority Fellowship Program. Natalie A. Indelicato, PhD, LMHC, is a professor at Jacksonville University. Jamie F. Root, BSc, RMCHI, is a registered mental health counseling intern in Florida. Lanni Brown, BS, is a counseling student at Jacksonville University. **The authors would like to acknowledge the Delores Barr Weaver Policy Center for partnering to conceptualize this project and provide the de-identified program data used for analysis.** **Correspondence may be addressed to Ne'Shaun J. Borden, 2800 University Blvd. N., Jacksonville, FL 32211, nborden@ju.edu.**

In response to these harsh disciplinary measures and in line with current recommendations from the Department of Education (U.S. Department of Education, Office for Civil Rights, 2023), several experimental school-based positive intervention programs have been implemented and studied as alternatives. The Positive Behavioral Interventions and Supports (PBIS) framework evolved in the late 1990s into School-Wide Positive Behavioral Support (SWPBS), a comprehensive system of behavioral support for the entire population of students across the school. This approach emphasizes a multitiered system of support utilizing evidence-based practices, focusing on implementing interventions that have proven effective in other packaged or manualized formats rather than relying on a standardized set of interventions (California Positive Behavioral Interventions and Supports, 2023; Sugai et al., 2000). SWPBS has been found to be a positive alternative to exclusionary discipline practices, as studies have demonstrated that schools that implement SWPBS programs with fidelity show marked decreases in disciplinary referrals and suspensions (Bradshaw et al., 2009; Gage et al., 2018). SWPBS is the most widely used school-based positive intervention program, with over 25,000 schools currently utilizing some form of this approach (Center on Positive Behavioral Interventions & Supports, 2024). Additional school-based positive intervention programs showing positive student outcomes include the Building Bridges program (Hernandez-Melis et al., 2016; Rappaport, 2014) and the Monarch Room, a trauma-informed alternative to suspension, utilized over a span of 3 years in an urban public charter school (Baroni et al., 2016).

Although exclusionary disciplinary practices have been widely adopted in U.S. schools over the past 30 years, their efficacy is not supported by the evidence, and the unequal application of such measures has raised significant concerns about equity and long-term student outcomes. Alternative interventions show promise in reducing disciplinary referrals and suspensions, particularly when implemented with fidelity and cultural sensitivity (Gage et al., 2018; Hernandez-Melis et al., 2016). Continued research and adaptation of such approaches is essential to create more equitable and effective disciplinary practices in schools.

See the Girl: In Elementary Program

Our study examines data from the Delores Barr Weaver Policy Center, conceptualized in 2007 and opened in 2013. The mission of the Policy Center is to "advance the rights of girls and elevate justice reform, gender equity, and system accountability through research-based community solutions, and bold policy—all with a girl-centered approach." (See the Girl, n.d.). The Policy Center focuses on research, advocacy, training, and programming for girls. The See the Girl: In Elementary program (SGIE; formerly Girl Matters®: It's Elementary) is one of the model programs developed by the Policy Center to help mitigate the impact of the school-to-prison pipeline for girls in Florida during the early 2000s. SGIE focuses on school-level interventions, one-on-one skill building, referrals for services in the community, crisis intervention, and home visits (Patino Lydia et al., 2014). Program staff oversee the delivery of these interventions and train graduate and undergraduate counseling interns to provide one-on-one support for girls. The aims of the SGIE programming model are to "1) improve school success, 2) interrupt the suspension and expulsion of girls, and 3) prevent the spiraling effect of girls entering the juvenile justice system" (Patino Lydia et al., 2014, p. 2).

In order to meet these goals, the developers of SGIE created a program underpinned by tenets of Relational–Cultural Theory (RCT; Jordan, 2017). RCT exists within a feminist framework, one that assesses beyond individual factors and recognizes the broader impact that the environment has on girls, girls' behavior, and crimes committed by girls (Patino Lydia & Moore, 2015). At its foundation, RCT is about relationships and growth, espousing the idea that we are born to create and maintain relational connections (Miller, 1976). Noting that individualistic, Western approaches of isolation and

maladaptive independence can stunt developmental growth, RCT emphasizes culture, community, and the innate desire for interconnectedness (Jordan, 2017; Lenz, 2014). Healthy developmental growth is conceptualized through the perspective of RCT as active participation in growth-fostering relationships and genuine connections with others (Lenz, 2014). Relationships defined as growth-fostering are ones that empower both members to dually affect and be affected via the "five good things" (i.e., sense of zest, worth, productivity/creativity, clarity, desire for more connection; Jordan, 2017; Lenz, 2014).

Women and girls internalize numerous identities (e.g., sister, daughter, mother) that hold the power to shape the way they interact with the world around them (Patino Lydia & Moore, 2015). Grounded in RCT, the SGIE programming model seeks to move away from "blame and pathologize" to highlighting the distinct relational features that criminal justice systems, schools, and society have overlooked in understanding girls' development (Patino Lydia & Moore, 2015).

Purpose of the Present Study

A pilot evaluation of the program examined data collected between 2011 and 2014 and showed positive and promising results at the girl, school, and community levels, including an 84% decrease in suspensions during the 2013–2014 school year (Patino Lydia et al., 2014). Similarly, 85% of girls reported that skill building with the assistance of the counseling intern was the most helpful aspect of the program. Although the initial evaluation showed positive results, with girls reporting that they felt more confident after learning skills, research did not indicate which aspects of the girls' interactions with their counselors were most helpful. Thus, we sought to explore what aspects of the SGIE program were most impactful for the participants.

Positive, relationally based interventions show promise in reducing disciplinary referrals and suspensions, particularly when implemented with fidelity and cultural sensitivity (Gage et al., 2018; Hernandez-Melis et al., 2016). Continued research and replication of such approaches are essential to create more equitable and effective disciplinary practices in schools. Additionally, calls for research that include perspectives from the youth utilizing programming have been made to determine efficacious, culturally responsive interventions that improve academic and social outcomes (Goodman-Scott et al., 2024; Wymer et al., 2024). Researchers conducted a secondary analysis of two qualitative, open-ended questions from 2018–2023 assessment data with girls in the SGIE program to better understand which aspects of the program and interactions with their counselors were most helpful. This study focused on two open-ended questions from a broader assessment used by the Policy Center to collect data on the girls' experiences in the program: 1) How do you know your counselor listens to you? and 2) How has SGIE been helpful to you?

Method

Prior to accessing the data, we worked in collaboration with the Delores Barr Weaver Policy Center to learn about the SGIE program, identify the program's assessment process, and develop appropriate research questions, after which we obtained IRB approval. The secondary data used for this study are part of a larger assessment interview of girls participating in the SGIE program. Every aspect of the Policy Center's work is girl-centered with the aim to inform the work based on girls' lived experiences and voices. The girl-centered approach led us to focus on analysis of two open-ended questions from the assessment across a 5-year time frame to better understand how the girls knew when their counselor was listening and how the SGIE program was helpful. Open-ended questions in research can generate responses that are meaningful to the participant, unanticipated by the interviewer, and often descriptive and contextual in nature (Goodman-Scott et al., 2024; Mack et al., 2005).

Participants

From 2018–2023, 407 girls were referred to SGIE. At the time of referral, girls were between the ages of 5 and 13 years old ($M = 8.60$) and ranged from kindergarten to sixth grade ($M = 3.18$). Girls who shared their race at the time of referral ($N = 228$) identified as American Indian/Native American (.88%, $n = 2$), Black (79.39%, $n = 181$), Hispanic (5.7%, $n = 13$), White (7.89%, $n = 18$), and multiracial (6.14%, $n = 14$).

While 407 girls were referred to SGIE, there were fewer qualitative responses included in the data analysis because of variation in assessment administration by the Policy Center, girls' school attendance rates or changing schools, and missing qualitative data at assessment. Once we accessed the de-identified data and deleted missing qualitative data entries for the two questions analyzed, a total of 107 qualitative responses were recorded for the first research question, "How do you know your counselor listens to you?" and 109 qualitative responses were recorded for the second research question, "How has SGIE been helpful to you?"

Research Team

Prior to engaging in the study, the research team discussed our personal beliefs about effective counseling skills; how clients know whether counselors are listening; and what makes a school-based positive intervention program effective, particularly for girls. Ne'Shaun Borden is a cisgender African American woman from the Southeastern United States. She has been a counselor educator for 5 years and licensed mental health counselor for 10 years with prior professional experience as an elementary school teacher and a school-based mental health professional (SBMHP). Natalie Indelicato is a cisgender multiracial counselor educator and licensed mental health counselor from the Southeastern United States. She has been in the mental health field for 20 years; her research and clinical work have focused on women and girls' mental health. She has worked closely with the Delores Barr Weaver Policy Center for the past 10 years as a research collaborator and clinical supervisor for student interns. Jamie Root is a White cisgender female second-year student in a Master's in Clinical Mental Health Counseling program who has a personal and professional interest in adolescent mental health. She has resided in the Southeastern United States for the past 25 years. Lanni Brown is an African American cisgender female second-year student in a Master's in Clinical Mental Health Counseling program with an interest in counseling justice-involved youth. Throughout the research process, we discussed how our sociocultural positions and experiences in counseling informed our understanding of the analysis. These identities and beliefs about counseling skills and effective program components were referenced in peer discussion during data analysis.

Data Analysis

Girls' responses to each open-ended question were transcribed and analyzed following Braun and Clarke's (2006) approach to reflexive thematic analysis. Thematic analysis is a method of analyzing qualitative data that is transtheoretical and flexible and allows researchers to identify and interpret patterns or themes found within the data using minimally structured organization (Braun & Clarke, 2006). We chose thematic analysis because it allowed us to capture themes based on quality, appropriateness of the information to the research question, and frequency of topics across the 5-year span of data collection. This approach was appropriate given the structure of the data sources and its emphasis on the active involvement of the researcher in the analytic process (Braun & Clarke, 2019).

We conducted a detailed review of all de-identified assessment data, including transcribed responses, for the two qualitative questions, using line-by-line coding to identify significant phrases. To facilitate organization and code tracking, we created a coding platform in Microsoft Excel, allowing

researchers to record initial codes, note exemplar quotes, and maintain authentic, developmentally accurate, child-specific language. We interpreted meaning in context, prioritizing the participant's intent while retaining the authenticity of developmental expression. When girls are referred to the SGIE program, parents provide consent to the assessment along with counseling services, and participants provide assent. Assessment items were administered by trained program staff, separate from counselors directly providing services, whenever possible to minimize social desirability or power influences; however, due to limited staff resources, counselors did administer assessments if other SGIE staff were not available. Additional safeguards included emphasizing confidentiality, administering surveys in private settings within the schools, and clarifying that responses would not affect program participation. Although social desirability may have influenced responses, these procedures enhanced authenticity and strengthened the credibility and trustworthiness of findings.

Independent coding further ensured interpretive rigor, centering girls' own descriptions. Within the reflexive paradigm, consensus was conceptualized as achieving a shared understanding of patterns and meanings across the data. We collaboratively reviewed transcripts and initial codes, iteratively discussing and refining interpretations until a coherent set of themes and subthemes emerged for each question. These methods align with key standards for reporting qualitative research (O'Brien et al., 2014), including purpose, approach, description of the research team and their roles, data collection context, coding and theme development processes, strategies to enhance trustworthiness and reflexivity, and limitations.

Trustworthiness

Trustworthiness was established by emphasizing transparency in coding decisions, iterative theme development, and critical reflexivity; potential researcher bias was identified through ongoing self-reflection and addressed by maintaining reflexive individual and group note-taking, engaging in peer debriefing, and explicitly acknowledging the researchers' positionalities in relation to the data. We recognized that our own therapeutic experiences and theoretical orientations could influence our interpretations of participants' narratives. To mitigate this potential bias, we engaged in reflexivity by discussing our assumptions together, as well as with the Policy Center staff, and how these might shape our understanding of the data. This process involved critically examining our roles as both researchers and clinicians, acknowledging the interplay between our professional identities and the research process. By incorporating reflexive practices, such as individual and group note-taking, peer discussions, and frequent interaction with the Policy Center staff, we aimed to enhance the validity of our interpretations and ensure that the participants' voices were authentically represented.

Findings

A total of 107 qualitative responses were recorded for the first research question, "How do you know your counselor listens to you?" Girls described how they knew their counselor listened to them in developmentally typical language indicating that they knew counselors were listening by providing eye contact, responding to what they said, answering their questions, helping them problem-solve, being respectful, and paying attention to them. RCT is the theoretical framework of the SGIE program, and girls' focus on their relationship with their counselor and growth-fostering connections was evident. We identified three major themes: Active Listening, Therapeutic Support, and Authenticity. Major themes, subthemes, and examples from the participants are provided in Table 1.

Table 1

Research Question 1 Themes, Subthemes, and Examples

Research Question: How Do You Know Your Counselor Listens to You?
Theme 1. Active Listening Fully engaging with the girls through verbal and nonverbal cues and thoughtful responses
Subtheme: Nonverbal Encouragers/Body Language
"She had her ears on. . . . She would listen to me when I had problems with other girls." "She would always look in my eyes." "She had her eyes on me, and we had so much fun." "She listened to me, it was fun, and we drew pictures together."
Subtheme: Open-Ended Questions
"She asks me questions and pays attention to me." "She asks what I like about myself." "Because she asks how I am doing."
Subtheme: Minimal Encourager
"By looking in my eyes or shaking her head." "She allows me time to talk." "She would say something like 'okay' or 'I get it' and I knew she was listening to me." "When we talk, she would laugh."
Theme 2. Therapeutic Support A counseling alliance grounded in consistency, reliability, advocacy, and compassionate presence
Subtheme: Reliability and Consistency
"When I ask her something, she always answers." "She is there when I need help."
Subtheme: Advocacy and Problem-Solving
"She helps me solve the problems that I have, like when I have a conflict with someone." "She would talk to my teacher to help me."
Subtheme: Kindness and Caring
"She is friendly and nice." "I can tell them how I feel in school." "When I told her about my problems, she would relate to them." "Because if I'm going through something, they'd ask me how I'm doing and care for me."
Theme 3. Authenticity Building a personal connection to create a counseling experience tailored to each girl's unique needs
"Because they are curious about my life." "When I cry, she tells me to breathe." "Whenever I asked a question, she replied to me." "She responds to things I say." "I listen to her, and she listens to me." "She has activities just for me." "When playing together, she would know stuff about me." "Because they respond back when I am telling my story and get more information about it and they comfort."

Note. Quotes included are as verbatim as possible from the child participants with light edits as appropriate.

Active Listening

Girls emphasized that they knew their counselor was listening to them when they received eye contact; open-ended questions; and encouragement to share what they were going through at school, at home, and with friends. We identified three subthemes of Active Listening, including nonverbal encouragers and body language (e.g., "She had her ears on . . . "; "She would always look in my eyes."); open-ended questions (e.g., "She asks me questions and pays attention to me."); and minimal encouragers (e.g., "She would say something like 'okay' or 'I get it' and I knew she was listening to me."). Girls paid attention to the counselors' active listening skills to determine whether they were listening, which in turn helped the girls determine whether they could trust them and thus increase their engagement in the relationship.

Therapeutic Support

The girls identified counselors' investment in building a therapeutic alliance and providing support as indicators of whether their counselors were listening. Three subthemes included Reliability and Consistency, Advocacy and Problem-Solving, and Kindness and Caring. Girls stated that counselors who listened were reliably available when the girls sought them out and consistent in their ability to provide support (e.g., feeling like the counselor "always answers" or "is there when I need help"). Girls shared that part of the listening process included engaging back and forth in problem-solving or determining how to advocate for themselves when they perceived unfair treatment by a friend or teacher (e.g., assisting "when I have a conflict with someone" or "talk[ing] to my teacher to help me"). Finally, girls shared that they felt supported and listened to because of the kindness and caring they received from counselors as well as when counselors were friendly in their interactions (e.g., "Because if I'm going through something, they'd ask me how I'm doing and care for me."). Girls perceived listening as caring, which deepened trust and relational growth with counselors. They discussed knowing that their counselor was listening because of the caring follow-up questions about how the girl is doing and the counselor's attunement and responsiveness to the girl's emotions.

Authenticity

Girls described knowing their counselor was listening to them by the way they responded with genuine interest and authenticity (e.g., the counselor showing signs of "curiosity"). Additionally, girls indicated that they felt listened to when the counselor came to the counseling space with interventions that were individually tailored to their interests and their counselor's knowledge of them (e.g., "When playing together she would know stuff about me."). This included playful interventions that were fun for the girl. Girls identified play as a way for the counselor to demonstrate authenticity within the relationship. Girls knew that their counselors were listening to them when there was genuine interest within their exchange (e.g., sincere responsivity, mutual respect).

For the second research question, "How has SGIE been helpful to you?", we recorded 109 qualitative responses. Overall, girls indicated that the program was helpful and provided a safe, supportive space for participants to express emotions, talk about problems, build coping skills, and receive support. Girls reported that the program helped improve behavior, confidence, focus, and relationships. We identified three major themes: Coping Skill Development; Relationship Building; and having a Supportive and Safe Environment. Major themes, subthemes, and examples from the participants are provided in Table 2 .

Table 2

Research Question 2 Themes, Subthemes, and Examples

Research Question: What Helps?
Theme 1. Coping Skill Development Building strategies to express emotions, manage academic challenges, and solve problems effectively
Subtheme: Emotional Regulation and Expression Skills
"It would get all my bad thoughts away, and it would make me happy." "Because she taught me a lot of stuff and I use that stuff at home." "I used to be bad and now I communicate with others." "I've learned about saying how I feel." "I know it helps me because my mom used to say I was like a robot, but now I'm not." "It teaches how to have self-control, and you can talk about stuff that I can't say to my parents and help me calm down. They care about my issues." "Whenever I was going through my dad passing away, coming here and doing fun stuff helped." "Helps me keep calm."
Subtheme: Problem-Solving Skills
"We get to work stuff out here." "If something's wrong, I have somebody to talk to." "They taught me not to get into drama, like when girls are about to fight."
Subtheme: Academic Skills
"Made a planner, did more homework, and tried new things." "It helps me concentrate on how to work, and it helps me understand if I'm stuck and what I should be doing." "We had fun and read books."
Theme 2. Relationship Building Creating connections that help girls feel seen, valued, and confident in their own strengths
Subtheme: Trust
"I trust my counselor."
Subtheme: Increased Confidence and Self-Awareness
"Helps me feel good about myself and makes me confident." "Helped me see myself in a positive light." "I have been feeling more confident and comfortable in school." "Made new friends and learned things about myself."
Theme 3. Supportive and Safe Environment Providing a consistent space where girls feel safe to express themselves freely and openly
"Helps you with things and helps you calm down." "I can talk about my emotions and it's a safe place where I can work on things." "It is calming because I can have a bad day at school but when I go there it's more calming and relaxing." "When I'm angry, I have somewhere to go." "I like having girls' conversation and you get to do a lot of fun things. Helpful because I normally don't get to do a lot of things with girls."

Note. Quotes included are as verbatim as possible from the child participants with light edits as appropriate.

Coping Skill Development

Girls emphasized learning coping skills as one of the primary ways that the program was helpful. We identified three subthemes related to coping skill development: Emotional Regulation and Expression Skills, Problem-Solving Skills, and Academic Support. Girls discussed the value of learning how to better understand their emotions, communicate about how they were feeling, increase strategies for calming themselves, and reframe negative thinking (e.g., "I've learned about saying how I feel."; "It teaches how to have self-control . . . "). Girls discussed increased emotional expression at school and at home. They associated increased emotional expression and ability to regulate emotions with an improvement in communicating with peers and family members. Girls also disclosed learning how to navigate problems through utilizing school, peers, and home support (e.g., "If something's wrong, I have somebody to talk to."). Girls identified learning how to access academic support as a coping skill. They acknowledged that problem-solving and implementing academic and organizational skills improved their overall emotional coping (e.g., success strategies such as "[making] a planner, [doing] more homework," and "read[ing] books.").

Relationship Building

Girls described relationship building as a significant benefit of the SGIE program. Subthemes within this theme include Trust and Increased Confidence and Self-Awareness. Girls emphasized cultivating a trusting relationship with their counselor and gaining confidence through the relationship. Girls described the program as helping them feel more positively about themselves, more comfortable at school, and better equipped to handle conflicts. Girls attributed the program to making new friends, discovering more about their interests, and having fun.

Supportive and Safe Environment

The last theme regarding what participants found helpful about the program is the idea that it provides a place that is safe, calm, relaxing, and fun. Overall, the girls felt secure in knowing they had a safe, consistent place to go during the school day to talk about emotions and receive support (e.g., "I can talk about my emotions, and it's a safe place where I can work on things."). The data indicate that the program provides a calming and relaxing environment, particularly during or following stressful experiences within the school environment (e.g., relaxing after a "bad day at school" or "when I'm angry"). Additionally, fun activities were mentioned as contributing to positive experiences and feeling a connection with their counselor.

Discussion

Our study results indicate that the SGIE program was well received by program participants. Overall, girls felt that the program was helpful, that their counselors listened to them, and that they could trust their counselors. These findings support the RCT underpinnings of the program design, which emphasize the importance of connection, authenticity, and growth-fostering relationships (Miller, 1976). Active listening reflects mutuality and attunement—core competencies in culturally responsive practice. By providing consistent eye contact, nonverbal encouragers, open-ended questions, and minimal verbal prompts, counselors communicate genuine attention and respect for girls. These behaviors allow girls to feel heard and foster relational trust. In practical terms, counselors demonstrate mutuality by engaging in reciprocal dialogue, attunement by noticing and responding to both verbal and nonverbal cues, and agency by encouraging girls to guide the conversation and share concerns that matter most to them.

Therapeutic support operationalizes culturally responsive behaviors through reliability, advocacy, and caring responsiveness, which are critical for promoting agency and relational safety. Girls recognized listening when counselors consistently made themselves available; assisted with problem-solving; and advocated for girls in contexts where they experienced unfair treatment, such as conflicts with peers or teachers. These actions reflect culturally responsive competencies by attending to systemic inequities while centering the girls' perspectives. Counselors' kindness, follow-up inquiries, and emotional responsiveness exemplify attunement, which signals to girls that their emotional experiences are acknowledged and respected. Such behaviors strengthen growth-fostering relationships and enable girls to participate more fully in interventions, reinforcing both empowerment and trust.

Authenticity further underscores culturally responsive practice by highlighting genuine curiosity, individualized interventions, and playful engagement. Counselors who demonstrate authentic interest in each girl's unique experiences and tailor activities to her preferences convey respect for individuality and support the development of agency. For example, incorporating play or personalized activities not only fosters engagement but also models culturally responsive competencies by creating a safe space where girls can express themselves freely. Together, these three listening themes reflect an integrated approach, ensuring that relational connections are both growth-fostering and equity-centered in under-resourced school contexts.

Implications

Counselor Education

Counselor educators in clinical mental health counseling programs provide counseling trainees with the knowledge and skills to work with individuals across the lifespan. Utilization of traditional, often monocultural, pedagogy may restrict counselor educators in their ability to train counseling students to tackle complex, culture-bound topics (Lertora et al., 2020). Though there now exists increased accountability for clinical mental health counseling programs to teach cultural competence and relational approaches within multicultural foundation courses, limited research exists regarding the implementation of culturally tailored relational processes within technique and skills courses (Lertora et al., 2020). To address this issue, we recommend that counselor educators revise the traditional transcription and recording assignment, which is a hallmark of many counselor training courses. In courses such as Counseling Children and Adolescents or Skills Training, educators could guide students to identify authenticity and mutuality as microskills, integrating these concepts into their practice and reflection.

Current findings highlight the need for educators to go beyond simple definitions toward increasingly practice-based instruction on how to best apply culturally bound relational skills within the counseling relationship. Future exploration of the continued examination of effective skills for counselors-in-training is warranted. For example, broaching grants the counselor the ability to intentionally address the cultural impact on well-being and demonstrates a holistic relational skill (Day-Vines et al., 2007). Additional efforts to attract and retain counseling students from diverse backgrounds have become a growing interest within clinical mental health counseling programs (Purgason et al., 2016) and may assist in an increasingly culturally responsive counseling profession.

Supervision

Often, novice counselors, especially when working cross-culturally with individuals from diverse backgrounds, may unintentionally overuse interventions at the expense of developing rapport with clients. This can also be seen when working with girls who have been labeled as defiant and

disrespectful. A potential recommendation for overcoming this barrier is to use modeling within the supervisory relationship. Parallel processes (i.e., the replication of client–counselor dynamics brought into the supervisory relationship) can occur during supervision and are often deemed as important aspects of the process (Tracey et al., 2012). Specifically, supervisors can model RCT tenets in individual and group supervision with counselor trainees. In accordance with current findings, we propose that supervisors utilize RCT concepts while engaging in counselor supervision. A practical approach would be to incorporate an active listening self-assessment, enabling counselors-in-training to become more aware of their own listening skills. Following this, an active listening checklist could be integrated into supervision sessions. Because supervisees who struggle to listen and remain engaged in the supervisory relationship are likely to exhibit similar behaviors with clients, this checklist would provide a targeted way to identify, address, and strengthen those essential skills.

Emphasizing a relational approach, the integration of RCT components into the supervisory environment assists in the creation of a creative, open-minded space, allowing for a transformative experience and acknowledgement of the relationship between client, therapist, and supervisor (Lasinsky, 2020; Lenz, 2014). Lenz (2014) offered a relational–cultural supervision (RCS) model dually promoting the professional growth of both supervisor and supervisee as a two-dimensional approach: essential practices (i.e., RCT skill acquisition) and essential processes (i.e., relational development of supervisee). Through consistent development of RCT skills and practices identified by Lenz (2014) alongside recognition of personal and cultural influences of relationships, via the innate parallel process, the modeling interactions promote the development of competence and growth. Limited research exists applying this specific RCS model, but research supports the overall use of relational models within the supervisory relationship. In their exploration of developmental relational counseling (an integrated model founded on RCT), Duffey et al. (2016) noticed clear disparities between growth-fostering and disconnected supervisory relationships. These findings suggest an increased ability by those in healthy supervisory relationships to approach the client–counselor relationship with empathy and mutuality. Though increased research is needed within supervision literature, it is evident that supervision creates a unique opportunity for supervisors to model and incorporate underpinnings of RCT by focusing on the relationship between the supervisor and trainee through modeling mutual empathy, empowerment, and relational authenticity (Duffey et al., 2016; Lasinsky, 2020; Lenz, 2014).

School-Based Mental Health Professionals

SBMHPs such as mental health counselors, social workers, school psychologists, and school counselors are all tasked with supporting aspects of girls' wellness within the school setting through counseling, resource sharing, staffing, testing, classroom lessons, and group counseling (Zabek et al., 2023). With limited resources and the often overwhelming responsibilities that come with these roles, various barriers to effective practice may emerge, including feelings of uncertainty on when to begin implementing programming due to time constraints, staff shortages, lack of multidisciplinary communication, and insufficient budgeting (Frey et al., 2022; Zabek et al., 2023). If SBMHPs are unable to implement a curriculum as outlined in this study, they can instead utilize relational, culturally based interventions that have been shown to positively impact adolescent girls. In a review of RCT interventions, Evans and O'Donnell (2024) identified four key characteristics that effective approaches share: mutual empathy, authenticity, empowerment, and opportunities to strengthen and deepen relational connections. The interventions reviewed included psychoeducation groups, expressive arts groups, individual counseling, and equine-assisted therapy, which could be implemented by SBMHPs as appropriate in their settings.

Further, to increase quality of care and reduce barriers, potential connections between school districts and SBMHPs with girl-serving agencies could open access to curriculum like the SGIE, which requires minimum training to implement and relies mostly on the counseling training that professionals have already received. Furthermore, SBMHPs can evaluate the effectiveness of their programs from the girls' perspectives by utilizing the questions explored in this study as part of their ongoing assessment of services.

Future Directions

Women and girls experience unique, gender-specific realities; therefore, culturally responsive interventions and approaches are needed. Utilizing a qualitative framework allows for a richer understanding of why certain factors (e.g., active listening, therapeutic support, authenticity, coping skill development, relationship building, a supportive and safe environment) elicit a positive, beneficial experience for girls. Our study supplements existing literature by offering insights into effective, culturally responsive program delivery and client outcomes by examining which aspects of counselor interactions were most helpful. Considering the commitment for counselor education programs to continually evolve by adapting to the ever-changing needs of students, clients, and the counseling profession, current findings can be used to inform counselor education training moving forward.

Future research related to counselor training and longitudinal outcome data on girls is warranted. Patino Lydia and colleagues (2014) called for research that examines the effectiveness of the training of graduate- and undergraduate-level counselors. Given that the SGIE program relies heavily on undergraduate and graduate counselor interns to provide program interventions and that these interventions are helpful from the girls' perspectives, future research should focus on their training to identify which aspects were most helpful for their development in order to replicate this model program in other schools. Also, longitudinal outcome data on the girls participating in the SGIE program would help determine the long-term impact of participating in girl-centered programming.

Limitations

Although this study contributes to the literature on girl-centered programs by adding qualitative data on girls' perspectives, several limitations should be noted. The use of secondary data posed challenges, as the researchers did not design the original assessment tools, oversee implementation, or participate in data collection. The data were cleaned, organized, and anonymized prior to analysis, which may have introduced gaps affecting representation of all participant perspectives. For instance, although 407 girls were referred to the program between 2018 and 2023, only 107 and 109 qualitative responses were available for analysis for each research question, respectively. Nonresponse and missing data may have introduced bias, as participants who did not respond could differ systematically from those who provided complete data, potentially resulting in differing thematic patterns in girls' perceptions of counselor listening and program helpfulness. Additionally, opportunities to mitigate nonresponse prospectively (e.g., participant follow-up or additional data collection) were not available. As a result, researchers relied on post hoc approaches, including examining patterns of missing data, utilizing demographics of the number of girls referred to SGIE, and considering the potential limitations when interpreting results. Finally, because the data were collected from a limited number of public schools in one large Southeastern city, the generalizability of findings to other geographic or cultural contexts is limited. Future research should employ strategies to minimize missing data during primary data collection and use analytic techniques such as weighting, multiple imputation, or sensitivity analyses to better account for possible nonresponse bias.

Conclusion

This study directly advances equity and culturally competent care for underserved girls by offering relationally based programs as an effective alternative to exclusionary discipline practices. Additionally, the study offers specific counselor behaviors that foster trust and growth in RCT-informed settings. The authors sought to explore girls' perspectives on two specific aspects of the SGIE program: how the girls knew their counselors listened to them and which aspects of the program the girls found most helpful. Though the average age of the girls in our study was eight years old, from their developmental perspective, girls were able to identify the importance of active listening, therapeutic alliance and support, trust, and authenticity in the counseling relationship. Further, the girls identified that skill building was one of the most helpful aspects of the program, specifying the value of learning relationships and coping skills in a safe and supportive environment.

Assessing and examining girls' perspectives on the efficacy of girl-centered programming is critical for improving program delivery and client outcomes. Gathering feedback directly from girls, almost 80% of whom were Black, provides invaluable insights into their experiences and helps identify which aspects of the counseling services are working well and which areas need improvement. Understanding their perspectives ensures that the services are culturally responsive, leading to more effective and relevant interventions. By analyzing girls' perceptions of progress, outcomes, and overall benefit, researchers can gauge whether the programs are achieving their intended goals. This information is essential for determining the actual efficacy of interventions beyond standardized outcome measures. Girls who feel that their perspectives are valued and acted upon are more likely to remain engaged with the counseling process. By incorporating girls' feedback into program design and implementation, programs foster a girl-centered, collaborative, and supportive environment, which can improve client retention and engagement. Finally, examining girls' perspectives can influence policy decisions and funding allocations. Demonstrating that counseling services are valued by girls and are effective can support arguments for continued or increased funding, helping to sustain and expand beneficial programs. This approach enhances the quality of the services provided and promotes a more ethical and responsive practice in counseling. Including girls' perspectives and prioritizing the development and maintenance of growth-fostering relationships through connection and coping skills is critical to the efficacy of girl-centered programming.

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“Deep in the Hollers”: LGBTQ+ Narratives of Addiction and Recovery in Appalachia

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Jacob Perkins, Harley Locklear

This study employs narrative inquiry to explore the experiences of LGBTQ+ individuals in Appalachia as they navigate addiction and recovery. From in-depth, semi-structured interviews, five central themes emerged: becoming in Appalachia, seeking refuge, reaching a breaking point, recovery in the margins, and visions of wellness. These themes illuminate the complex interplay between LGBTQ+ identity development, structural marginalization, and lack of access to affirming recovery supports in the Appalachian region. Participants’ stories reveal how isolation, stigma, and cultural expectations shape both substance use and recovery trajectories. Themes also highlight resilience, chosen family, and the reimagining of wellness beyond dominant treatment models. This work contributes to the limited scholarship on LGBTQ+ recovery in rural regions and underscores the importance of culturally responsive, community-rooted approaches to care in Appalachia.

Keywords: **LGBTQ+, Appalachia, addiction, recovery, narrative inquiry**

LGBTQ+ individuals stand a significant chance of experiencing social stressors due to their sexual, affectional, and gender-expansive identities (Fernandez et al., 2021; Frey et al., 2021; Krasnova et al., 2021; Lee et al., 2016; Meyer, 2003; Moon et al., 2024; Nieder et al., 2025; Shelton, 2021). The Substance Abuse and Mental Health Services Administration reports that repeated exposure to societal stigma, discrimination, and harassment can cause LGBTQ+ people to face an increased risk of mental health conditions including major depressive episodes, suicidal ideation, and substance use disorders (SUDs; HC DrugFree, 2023). If LGBTQ+ individuals do not receive emotional support from caregivers or mental health providers during moments of distress, maladaptive coping strategies including SUDs can develop as a result (Allan & Johnson, 2017; Paschen-Wolff et al., 2024; Shelton, 2021; Zuccarini & Karos, 2011). Therefore, when working with LGBTQ+ clients navigating recovery from SUDs, counseling practitioners must conceptualize the individual’s symptomatology within the larger sociocultural factors that contribute to each person’s sense of relational disconnection (Allan & Johnson, 2017; Zuccarini & Karos, 2011).

Although the correlation between environmental stressors and substance use within LGBTQ+ communities has been extensively documented (Chaney & Mason, 2024; Fernandez et al., 2021; Lee et al., 2016; Meyer, 2003; Moon et al., 2024; Nieder et al., 2025; Shelton, 2021), there remains a critical need for qualitative inquiry that centers the voices of LGBTQ+ individuals pursuing recovery from SUDs (Chaney, 2019; Paschen-Wolff et al., 2024). Furthermore, most of the existing research on substance use treatment tailored to LGBTQ+ individuals consists of data sourced from highly populated urban areas where LGBTQ+–affirming resources are more readily available (Frey et al, 2021; Lavender-Stott et al., 2018; Nieder et al., 2025; Pachankis et al., 2020; Paschen-Wolff et al., 2024; Senreich, 2010; Ware et al., 2023), highlighting the need for firsthand accounts of recovering LGBTQ+ individuals residing in rural locations. Although the American South contains the highest concentration of substance use

Jacob Perkins is an MAEd candidate at Virginia Tech University and was a 2024 Master’s Fellow in Addictions Counseling with the NBCCF Minority Fellowship Program. Harley Locklear, PhD, NCC, LCMHCA, LSC, is an assistant professor at Virginia Tech University and was a 2022 Doctoral Fellow in Mental Health Counseling with the NBCCF Minority Fellowship Program. Correspondence may be addressed to Jacob Perkins, 1750 Kraft Dr., Blacksburg, VA 24061, jacobperkins988@vt.edu.

disorder treatment facilities nationwide (Ware et al., 2023), programs tailored to LGBTQ+ populations are disproportionately located in the Northeast and West (Qeadan et al., 2022). Given this gap, the present study utilized qualitative interviews and Meyer's (2003) minority stress theory to explore the following research question: What are the lived experiences of Appalachian LGBTQ+ individuals pursuing recovery from substance use disorders? Our primary aims were to examine the complex issues contributing to SUDs in Appalachian LGBTQ+ communities, identify factors that sustain recovery for these individuals, and inform culturally responsive treatment interventions for mental health providers working with this population.

Literature Review

Minority Stress and Substance Use Disorders

Meyer (2003) created the minority stress theory to illustrate the link between LGBTQ+ individuals' experiences of their social context and their sense of well-being in the world. Meyer (2003) views the "social environment as providing people with meaning to their world and organization to their experiences . . . interactions with others are therefore crucial for the development of a sense of self" (p. 675). LGBTQ+ people often encounter adversity ranging from microaggressions to acts of violence, interactions with the dominant heterosexual/cisgender culture that can negatively shape their self-perception. Meyer (2003) defines two types of minority stressors: distal (e.g., discrimination, sexual and physical victimization) and proximal (e.g., internalized homophobia/transphobia). Within the LGBTQ+ population, social stigma has historically led to isolation, lack of integration with one's community, and subsequent issues with identity development (Allan & Johnson, 2017; Meyer, 2003). Additionally, Meyer (2003) reports that "internalized homophobia, or the gay person's direction of negative social attitudes toward the self, can further lead to a devaluation of the self and resultant internal conflicts and poor self-regard" (p. 682). Meyer (2003) takes care to note that it is the process of marginalization that contributes to poorer mental health outcomes, not the holding of an LGBTQ+ identity itself.

One of the ways LGBTQ+ individuals cope with minority stress and negative self-image is through substance use (Chaney & Mason, 2024; HC DrugFree, 2023; Meyer, 2003; Moon et al., 2024; Nieder et al., 2025; Paschen-Wolff et al., 2024; Shelton, 2021). Shelton (2021) notes that LGBTQ+ individuals who report at least one SUD were significantly more likely to have experienced internalized homophobia than those who did not report an SUD. LGBTQ+ individuals may also use substances to soothe anxiety that comes from having to disclose one's sexual, affectional, or gender-expansive identity (Frey et al., 2021; Shelton, 2021); to lessen the burden of concealing one's identity to avoid potential discrimination (Allan & Johnson, 2017; Frey et al., 2021); or to alleviate the deleterious symptoms of post-traumatic stress disorder (Johnson, 2019; Meyer, 2003). In each of these examples, social isolation from the dominant heterosexual/cisgender culture underpins the LGBTQ+ person's need for substances to mitigate the mental health symptoms stemming from minority stress.

LGBTQ+–Affirming Substance Use Treatment

Although LGBTQ+–affirming treatment for SUDs has shown to be effective in reduced reliance on or sustained abstinence from substances (Krasnova et al., 2021; Nieder et al., 2025; Paschen-Wolff et al., 2024), scholars have noted a lack of research, treatment protocols, and facilities catering to the specific needs of this population (Chaney, 2019; Chaney & Mason, 2024; Guy et al., 2023; Ware et al., 2023). When pursuing recovery in residential or outpatient health care facilities, many LGBTQ+ patients have noted stigma, harassment, and alienation from providers or fellow patients that mirrored their experiences of minority stress in the outside world (Gorritz FitzSimons & Byrd, 2025;

Micale et al., 2025; Paschen-Wolff et al., 2024; Senreich, 2010). These unfavorable conditions have been associated with elevated rates of relapse, leaving treatment prematurely, and dismissal of treatment as a viable option altogether (Chaney & Mason, 2024; Paschen-Wolff et al., 2024).

Conversely, when LGBTQ+ individuals have engaged in treatment tailored to their population, patients reported higher rates of sustained abstinence and satisfaction with recovery (Chaney & Mason, 2024; Guy et al., 2023; Nieder et al., 2025; Paschen-Wolff et al., 2024; Senreich, 2010). Paschen-Wolff et al. (2024) emphasize that in settings often marked by stigma, the presence of even one staff member advocating for LGBTQ+ inclusion offered participants a sense of safety and belonging, helping to ease experiences of fear and isolation. In addition to LGBTQ+–affirming staff members, building community with other LGBTQ+ people while pursuing recovery can mitigate the ramifications of minority stress that may contribute to substance use relapse (Kidd et al., 2018; Nieder et al., 2025; Paschen-Wolff et al., 2024). As Gorritz FitzSimons and Byrd (2025) state, companionship, opportunities to discuss trauma related to LGBTQ+ identity, and diversity within substance use counseling are three considerable benefits that arise from LGBTQ+–affirming treatment programs, especially if the program welcomes discussion of intersecting sexual and racial/ethnic identities (e.g., LGBTQ+ Black, Indigenous, or people of color).

LGBTQ+ Recovery in Appalachia

If empirical and qualitative data supports that LGBTQ+–affirming treatment increases the likelihood of LGBTQ+ individuals achieving and sustaining recovery, what are the experiences of this population in rural areas with less access to culturally responsive substance use treatment? Although the American South has the greatest number of substance use disorder treatment facilities when compared to the West, Northeast, and Midwest regions (Ware et al., 2023), LGBTQ+–tailored programs were more likely to be found in the Northeast and West (Qeadan et al., 2022). These findings suggest geographic sociocultural views may contribute to the availability of culturally responsive interventions for this population (Frey et al., 2021; Ware et al., 2023). Frey et al. (2021) found that 100% of their North Carolina–based study participants had experienced stigma because of their sexual identity; many of them inferred that politically conservative and faith-based views contributed to the discrimination they had faced. For example, the implementation of legislation such as House Bill 574 and Senate Bill 49 in North Carolina supports these participants' concerns about their sociopolitical climate impacting their ability to safely express their LGBTQ+ identities (McClellan, 2023). These pieces of legislation force transgender athletes to play on teams associated with their "reproductive biology and genetics at birth" and limit discussions of gender identity in K–4 classrooms, respectively (McClellan, 2023). Additionally, the lack of LGBTQ+–specific treatment in the Southern region has been attributed to fewer LGBTQ+ individuals living in sparsely populated areas (Ware et al., 2023). For these rural LGBTQ+ individuals pursuing affirming recovery options, the closest option may be many hours or states away (Nieder et al., 2025; Senreich, 2010).

When considering Meyer's (2003) minority stress theory, negative societal views toward LGBTQ+ people can produce distal and proximal stressors, which, as stated previously, have been shown to increase the likelihood of SUDs. If geographic barriers further limit access to LGBTQ+–affirming treatment, these SUDs are more likely to remain untreated (Senreich, 2010). To that end, scholars have called for further qualitative research to ascertain LGBTQ+ experiences of stigma and mental health treatment in rural regions (Frey et al., 2021; Nieder et al., 2025; Senreich, 2010; Ware et al., 2023).

Method

Narrative Inquiry

Narrative inquiry, rooted in interpretivist and constructivist paradigms, is centered on the belief that humans make meaning of their lives through stories (Clandinin, 2022). It is particularly well-suited for research involving marginalized populations, as it prioritizes their lived experiences and resists reducing individuals to overly simplified categories or variables (Bruner, 1991; Hendry, 2007). Within this methodology, the researcher's positionality is acknowledged as integral to both the co-construction and interpretation of participants' stories, as meaning emerges relationally between storyteller and listener (Clandinin, 2022). We chose to utilize this particular methodology because it allowed for the centering of the voices contributing their stories (Clandinin, 2022).

This study aimed to explore the recovery stories of LGBTQ+ individuals living in the Appalachian United States. Our inquiry was driven by the following research question: What are the experiences of LGBTQ+ Appalachians who have been able to sustain recovery? This approach focusing on personal narratives allowed for the exploration of how LGBTQ+ participants construct and make sense of their identities in traditionally conservative rural contexts and how those identities intersect with substance use, recovery, and access to care. Stories offered nuanced insight into not only individual recovery trajectories but also the broader sociocultural and geographic landscapes that shape them.

Participants

Participants in this study were individuals who identified as LGBTQ+, had lived experiences with addiction, had been in an active state of recovery for at least 90 days, were currently residing in the Appalachian United States, were 18 years of age or older, and had access to Zoom. We engaged in purposive and snowball sampling strategies, which were particularly appropriate given the close-knit, often private nature of the LGBTQ+ Appalachian community. These methods facilitated access to participants who might otherwise be difficult to reach due to concerns about stigma and confidentiality. A digital research flyer containing an invitation and link to our informed consent document and eligibility screening demographic survey was distributed through LGBTQ+ social media groups and professional networks within the Appalachian addiction recovery community.

Six individuals responded and were admitted to the study. Their demographic information is presented in Table 1. Although our sample was diverse in terms of sexual, affectional, and gender identity, all participants identified racially as White. Additionally, the age distribution of participants ranged from 30–45, not representative of younger and older adults.

Data Collection

Participants who responded to the research call completed a demographic questionnaire via QuestionPro as a prescreening mechanism. Here, they also denoted their preferred pseudonyms, which were used to protect their privacy and confidentiality. For respondents who met the inclusion criteria, we scheduled 60–90-minute interviews that were conducted via Zoom and transcribed verbatim using Otter.ai. We developed a semi-structured interview protocol informed by minority stress theory (Meyer, 2003) and existing literature centered at the intersection of LGBTQ+ identity and substance use (Chaney & Mason, 2024; HC DrugFree, 2023; Meyer, 2003; Moon et al., 2024; Nieder et al., 2025; Paschen-Wolff et al., 2024; Shelton, 2021; see Appendix). Interview questions sought to capture the narratives of our participants, placing emphasis on storytelling. We debriefed after

each interview to discuss emerging themes and to engage in reflexive dialogue about how our own experiences impacted our perception of the participant interviews. Both researchers kept a reflexivity journal for trustworthiness and bias-checking purposes.

Table 1

Participant Demographics

Pseudonym	Gender Identity	Sexual/Affectional Identity	Pronouns	Racial Identity	Age
AvP	Cisgender Female	Lesbian	she/her	White	42
Michael	Nonbinary	Trixic	they/them	White	45
Alan	Cisgender Male	Gay	he/him	White	30
Avery	Cisgender Male	Gay	he/him	White	31
Em	Nonbinary	Queer	they/them	White	32
Beans	Genderqueer	Pansexual	he/they	White	44

Data Analysis

Upon completion of data collection, we reviewed all transcripts for accuracy and to familiarize ourselves with the data, noting points of convergence and divergence across participants' accounts. Transcripts were then uploaded into Atlas.ti, a qualitative coding software, for the purpose of facilitating data analysis. In alignment with paradigmatic narrative analysis (Polkinghorne, 1995), we sought to identify themes across participant stories that revealed shared meaning, recurring challenges, and sites of hope. We began with a round of open and in-vivo coding, allowing the participants' language to inform initial codes. Although we did not use a code book, we did engage in consensus coding to ensure that both researchers were in alignment with primary codes. We met after coding each transcript to discuss divergences in our codes and to provide transcript-based rationale to come to consensus and to minimize researcher bias. In the second round, we generated axial codes to begin organizing patterns across the data. These coding strategies primarily served to group participants' stories for narrative analysis, with particular attention paid to how meaning was constructed within each narrative and how that meaning varied or aligned across participants. Through this iterative process, we identified five overarching themes that illustrate the participants' experiences.

Trustworthiness

To ensure ethical rigor and transparency, several strategies were employed to enhance the study's credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Institutional

Review Board approval was obtained prior to recruitment and data collection. Credibility was strengthened through meaningful engagement with participants, iterative data analysis, and participant member checking. Regarding member checking specifically, participants were provided copies of their transcripts and associated codes and were offered the opportunity to provide feedback, make edits, or provide additional context to their interviews. Transferability was addressed by providing thick, contextualized descriptions of participants' experiences, settings, and sociocultural climate within Appalachia.

To promote dependability, the research team maintained a detailed audit trail that documented methodological decisions and changes made throughout the research process. Research reflexivity was supported through individual and team reflexivity journaling, memoranda, and positionality discussions conducted before, during, and after data collection. This was essential considering the positionality of the researchers to the research topic. Regular research meetings were used to bracket assumptions and collaboratively interrogate emerging interpretations. During the data analysis process, we considered the participant transcripts, research memos, and research positionality statements provided below to engage in triangulation. This enhanced confirmability and ensured that findings were grounded in participants' narratives rather than researcher preconceptions. Finally, participant voices were centered in the findings through rich description and extensive use of direct quotations.

Research Positionality Statements

Jacob Perkins

As a gay cisgender White male in recovery from chemical addiction and a current graduate student in clinical mental health counseling, my personal and professional identities inform this research. I got sober in New York City, where LGBTQ+–centered recovery spaces were more accessible. Since relocating to Appalachia, I've experienced firsthand the scarcity of culturally affirming support systems for LGBTQ+ individuals in recovery, particularly within Appalachian contexts. This gap has influenced my decision to explore LGBTQ+ Appalachian recovery narratives.

My recovery journey has been shaped by the intersection of my sexual identity and substance use, and this lens influences how I approach both the topic and the participants. I occupy a dual position as both insider and outsider: I share lived experience with many of the individuals whose stories I seek to understand, yet I also recognize the diversity within LGBTQ+ communities and the unique cultural dynamics of Appalachia. My aim is to amplify voices that are often marginalized in recovery discourse and to contribute to the development of services that are both culturally competent and personally resonant—services I would have benefited from in my own early recovery.

Harley Locklear

As an Indigiqueer person and counselor educator who has been impacted by the prevalence of substance misuse in my communities—rural, LGBTQ+, and Indigenous—I approach this research with both lived experience and a deep professional and communal commitment to improving substance use treatment and recovery outcomes. My positionality informs how I understand healing, resilience, and systemic inequity, as well as how I interpret participants' narratives of recovery. I recognize that my insider perspectives afford unique insight into the cultural and relational dynamics shaping addiction and recovery in these contexts yet also require continuous reflexivity to ensure that my interpretations do not overshadow participants' distinct experiences.

Findings

Five overarching narrative themes emerged that encapsulate the reconstructed stories of our participants. These themes are presented both chronologically and thematically, tracing a journey from growing up LGBTQ+ in Appalachia, through experiences of addiction and recovery, and culminating in a reimagined vision of LGBTQ+ sober joy in the region.

Becoming in Appalachia: Formative Experiences of LGBTQ+ Identity Development

Each participant detailed experiences of nonaffirming messaging regarding their LGBTQ+ identity during childhood and adolescence. In Appalachia—where each person in our study came of age—religious, familial, and sociocultural ideologies about sexual/gender minorities contributed to a sense of alienation, shame, and identity confusion. Michael (45, nonbinary, they/them, trixic) recalled a sentiment expressed by many of the participants: "I was told by my church when I was 12 that I was going to hell." Beans (44, genderqueer, he/they, pansexual) echoed this statement when they said: "[The church] always told me that I was going to die if I left . . . and that I was going to go to hell."

Alongside these faith-based doctrines, participants' families of origin often impacted identity development. Alan (30, cis male, he/him, gay) stated:

> I come from a very conservative background . . . I didn't really receive a lot of education on acceptance of different people or differences within myself, so I didn't really understand . . . the feelings that I was experiencing, or attractions that I tended towards.

Regarding culture, AvP (42, cis female, she/her, lesbian) expressed that Appalachian norms informed her reservations about disclosing her sexual identity: "Growing up here . . . [an LGBTQ+ identity] just wasn't acknowledged. It was sort of like pushed down. . . . I was afraid to discuss my same-sex attraction."

As a result of these early encounters with discrimination and stigma, all participants noted that identity concealment became a crucial way to lessen the possibility of social rejection and/or violence. Avery (31, cis male, he/him, gay) described masking as a learned ability:

> I'd mastered this skill of duality. I was able to present one image to the public . . . while withholding what was really going on, or how I really felt . . . and that was a skill that I had really honed during my adolescence, when I was hiding who I was as a homosexual.

Others sought to hide their LGBTQ+ identity by entering and sustaining heterosexual partnerships. Michael explained an early "lavender relationship" as an attempt to "make my parents happy by marrying," which turned out to be "a very miserable experience for me and unfortunately for my husband. I had to almost put on a mask and become somebody else."

Although all participants encountered forms of marginalization related to their minoritized sexual/gender identities in Appalachia, many of them also detailed moments of acceptance and affirmation in their communities. AvP discussed coming out to her godmother:

> I was like, "I just kind of have to tell you something. . . . Maybe I'm not going to have a boyfriend." And she was like, "Are you trying to tell me that you're gay?" And I was like, "Probably." And she was like, "You think I didn't already know that?" So, she was much more accepting than I imagined.

Similarly, Avery "never really struggled . . . with [his] parents when it came to coming out as homosexual."

While some participants received support for their LGBTQ+ identities from their families of origin, others found it through chosen family. Em (32, nonbinary, they/them, queer) said, "I was engaged in a lot of environmental justice work in the area. . . . What community I did have, queer community, were generally people from other areas who had come to Appalachia to fight the pipeline." This support from participants' immediate environments—familial or peer-to-peer—proved even more important amidst the anti-LGBTQ+ rhetoric many of them witnessed in the larger cultural atmosphere. Michael said:

> I would go to school auditorium functions, and they would have not necessarily blatantly anti-LGBTQ stuff, but it would be kind of obvious that they were hinting at the fact that good people don't do these things, and that was just the way proper society was. So that's the kind of shorthand that I grew up with. I grew up with the knowledge that certain people were not safe, like Jerry Falwell or Jim Bakker. And [the queer community], we would tell each other who was safe and who was not.

These formative experiences of identity suppression, religious trauma, and social marginalization shaped the conditions under which substance use became a meaningful, if often dangerous, response. For each participant, the initiation into drugs or alcohol was not merely recreational; it reflected a deeper negotiation with an LGBTQ+ identity in environments that denied its legitimacy. Substance use functioned as self-medication, camouflage, relational currency, or even rebellion against the roles they were forced to inhabit.

Seeking Refuge: Precipitating Factors With Substance Use

As identity concealment pervaded participants' formative social interactions, substances provided many of them with momentary bouts of courage to explore salient parts of self that they hid out of necessity. Michael stated, "I was more queer when I was drinking than I was when I was sober. It freed me up to express who I really was, and it was like taking the mask off. It was liberation." Michael also conveyed that substances provided a safeguard if others questioned their sexual identity: "[Substances] gave me an excuse. Because if something were to have happened and my parents caught me, 'Oh no . . . I'm not gay. I was just drunk.'" Alternatively, Avery stated that substances "helped [him] combat some of the feelings and emotions that [he] was having . . . that [he] didn't know how to express" or wasn't comfortable feeling. Drugs and alcohol could either inhibit or inspire a participant's identity expression, depending on their circumstantial need.

Because social alienation often dominated participants' daily lives, substances sometimes offered the comfort of connection. Alan explained: "The group that I started to get to know while using drugs, there was much more acceptance. . . . [There was] no judgment in those circles." Similarly, AvP discussed how her early drug use was entangled with romantic validation in her first same-sex partnership:

> I met this girl. . . . She's the one who introduced me to drugs. . . . I really was in love with this chick, and I was, like, willing to do whatever to do that relationship. I would have done anything to have [my LGBTQ+ identity] be normalized . . . the substances were like an afterthought. I don't know that I would have actually participated in [drug use] if it wasn't for, like, the desire to feel normal and to feel validated in those feelings.

When this connection was not achieved, however, some participants used substances as a coping strategy. Em discussed the escalation of substance use that came with being the only LGBTQ+ person in most spaces: "Whenever I came back [to Appalachia] . . . there was never a place I could go where . . . I wasn't one of the only queer folks, if I wasn't the only one. . . . The environment that I [used substances] in was very lonely."

Lastly, some participants felt empowered by their substance use as a form of rebellion. As a response to the anti-LGBTQ+ messaging they received through their church, Beans said:

> I figured that if I was going to sin and I was going to die, I was going to do it in a fun way. So my ass took off to New Orleans, and I didn't sober up for the month that I was in New Orleans, and then I hitchhiked across the U.S. and spent 18 months on the road. . . . And there was always weed. And then there were people with [cocaine]. And [cocaine] was amazing. . . . It slowed my brain down. Because I went from like all of this confusion and everything in the church and always being told that if I just prayed hard enough, all of the shit in my head would go away, and then suddenly I'm like, "Oh my god. . . . Maybe this is what normal people sort of feel like."

Together, these narratives illustrate how substance use served as a complex mechanism for survival and self-exploration. For many participants, substances were not merely a form of escape—they were a means of negotiating visibility, accessing belonging, and reclaiming autonomy. While this experimentation with drugs and alcohol introduced varying degrees of risk and harm, it also provided an entryway into LGBTQ+ identity exploration.

Reaching a Breaking Point: Pivotal Moments in the Recovery Journey

For all participants, the initiation of substance use arose not only from impulsivity or peer influence, but as a response to chronic marginalization. After developing a reliance on substances, each of the participants described distinct turning points when their relationships with drugs or alcohol shifted from coping mechanisms to sources of harm. These revelations regarding physical dependence, interpersonal strain, and emotional rupture led to participants' initial attempts at recovery.

Physical dependence and withdrawal symptoms were many participants' first hints at their problematic relationship with substances. Michael recalled, "I started shaking really bad in the morning, and I didn't ever know if it was nerves or the alcohol or what, but I did know that if I drank, it would stop." Avery detailed the reckoning with his dependence:

> When you're in jail, you have all these thoughts, "I'm going to change. My life is going to be different." I said everything I needed to say to get out of jail. My boyfriend picked me up . . . and within 30 minutes, I was high . . . using drugs again.

> It took about 2 weeks for me to get re-arrested on felony possession charges. . . . I had come to a realization . . . the second time I was in jail, that, like, I'm not cut out for this. . . . I'm not going to do well in jail, and I had to take . . . some responsibility.

Secondly, each participant remembered how substances impacted their close relationships. Michael stated, "When I was 21, I got drunk and slept with my husband's roommate. . . . I said, 'No, I can't do this anymore, I'm hurting way too many people.'" Em said, "I was living with two friends. My substance use was getting to the point where it was impacting our relationship, and they finally decided that they needed to move out and . . . de-escalate our friendship."

In addition to physiological ramifications and interpersonal strain, all participants noted moments of emotional rupture and clarity related to their substance use. AvP stated:

> I had burnt all my bridges at this point. When I got out of jail . . . I was sitting outside, and I remember looking up at the sky, and I was like, "Wow. The sky is so pretty." That sounds, like, so wild, but I never looked up. And I was sitting there, and I was like, "Okay, maybe you should really . . . do what these people want you to do, and that way, if you try it for a year, when you do go back on the street, you'll know you did everything you could."

Beans recognized that their substance use was impeding their treatment for nonsuicidal self-injury:

> My cutting became really extreme. . . . I ended up contacting a friend of mine when I was kind of in the depths of despair, and I disassociated so much that I woke up, and it was a horrific scene of self-injury, and I was like, I just can't do this anymore. And he picked me up and took me home. . . . And I realized that I had to stop . . . because I knew that I needed to take meds to help with my self-injury and my depression. And if I drank with that, then it could really fuck with the rest of my world.

Em detailed their critical breaking point:

> I had a night where I drove, I think, very much intending to end my life, and at one point something changed. Instead, I drove to my mom's house . . . where she basically said, "I buried my younger brother when I was 12 years old. I had to become . . . the person holding my family together and . . . that's made it hard for me to always hear you and see you. I don't know how to fix [your reliance on substances] . . . but I don't want to bury my child the way I buried my brother." And I think that full vulnerability . . . from my mom . . . that was maybe the biggest moment where I was like, "I've got to make a change."

Each participant's journey toward recovery began not with a singular decision but through cumulative contemplation. These moments catalyzed a recognition that substance use was no longer a refuge but a source of harm. What followed was a complex process of seeking support—not simply entering treatment but infusing their recovery with personal meaning.

Recovery in the Margins: Turning to Chosen Supports

Although many of our participants pursued traditional recovery routes, it was consistently emphasized that there was a devastating lack of LGBTQ+–affirming recovery services within

Appalachian communities. These barriers to care resulted in experiences where participants felt alienated, unsafe, or discontent, forcing them to turn inward and focus on the strength of their personal networks.

Participants' experiences with 12-step programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) were mixed. Some found resonance and stability through structure and sponsor relationships. For example, AvP described a turning point:

> I rode my bike to an AA meeting, and I got a sponsor, and I began the process, and I just dove in. . . . They really reached a nerve in me. . . . I went through the 12 steps, and I really never looked back.

Michael similarly recalled feeling immediate rapport: "Something about the way they talked about drinking clicked with me, and I knew I fit with these people."

However, for others, the culture and rigidity of these programs was discomfiting, particularly when compounded by heteronormative or religious undertones. Alan recounted the judgment he experienced: "I've been told, while clean and sober from somebody who just relapsed, that my recovery is bullshit because I didn't work 12 steps. I got a really bad taste of NA in my mouth." Michael also noted that although they found affirmation in certain spaces, the lack of turnout for LGBTQ+–specific meetings reflected ongoing stigma: "There used to be an LGBTQ AA meeting, and it folded because nobody showed up. . . . People are willing to go to AA meetings and admit they're alcoholics but not show up to an AA meeting specifically for queer people." These accounts were consistent among participants, denoting a lack of LGBTQ+–centric addiction and recovery programs and interventions.

Participants also spoke to the emotional toll of navigating recovery in the absence of visible LGBTQ+ exemplars. Avery said, "I didn't have any role models within my community to look up to that had gotten sober and maintained that sobriety." Alan confirmed that "all [he] saw were the gay drug addicts . . . that were described to [him] by family and friends."

Even after achieving a state of recovery, LGBTQ+–specific resources remained scarce. Avery reflected that since he's "gotten sober and really started the journey of recovery, [he's] not really found anything super productive or helpful locally for the gay recovery community." Michael expressed the need for sober LGBTQ+ spaces: "We've had several discussions where we've talked about starting a coffee club for the gay community . . . because there aren't enough places, queer or not, where you can hang out that aren't bars."

In place of formal support systems, many participants sought emotional safety and trust through chosen family and peer-based strategies. Beans described how their friends intuitively practiced harm reduction:

> I was like, "I haven't had a drink in months, but I'm gonna go out and lose myself in it." And they're like, "Hey, why don't we get a tattoo or a piercing?" And that moved into, oh, that's the same feeling I get when I self-harm or drink. So why don't I body mod [instead]?

Beans emphasized "that mutuality and community support 100% keeps [them] sober and level." Similarly, Alan credited his recovery to interpersonal accountability: "The expectations of somebody else . . . is what keeps me sober." Michael summed it up simply: "To be able to laugh . . . and to have a safe space where everyone can talk freely . . . that's what I would like to find."

These narratives point to the resilience fostered by LGBTQ+ communities without formal supports. When culturally responsive infrastructures were limited, participants carved out recovery on their own terms, often in the margins of systems not built for them. These chapters in the participants' lives were pivotal in their recovery journey and ultimately shaped their present and future perceptions of wellness.

Visions of Wellness: LGBTQ+ Recovery and Reimagined Support in Appalachia

Participants described a present marked by hard-won wholeness: stable recovery; authentic LGBTQ+ visibility; and a sense of belonging woven through family, partners, and chosen community. Yet their narratives did not stop at personal wellness. Each speaker pivoted toward an expansive future vision, imagining recovery supports that are culturally rooted in Appalachia. Their recommendations included staff trained in LGBTQ+ competencies, meeting spaces free from religious persecution, and peer-led groups that feel like home. In their eyes, true recovery captures a movement from personal success to collective advocacy for the next generation of LGBTQ+ Appalachians seeking recovery.

Several participants framed their recovery as an intentional disruption of intergenerational trauma and addiction. For Avery, recovery meant building a new kind of family legacy:

> [My husband and I] want to establish a family unit which breaks the cycle of addiction. We want to have children. We want to be an outlet for those children to feel safe, included, and part of a bigger community, regardless of how they choose to identify.

For some, sobriety created space not only for personal healing but also for service to others. Participants described their recovery as a catalyst for becoming counselors, facilitators, or peer mentors. Beans shared:

> I'm out of that . . . Maslow's hierarchy of needs . . . and I'm now at the place where I want to help bring people to that level. . . . Keeping folks alive if they're not ready to stop—being able to provide harm reduction resources for them to stay alive long enough to get that help. I want to keep them alive long enough that they can hopefully inspire and help other people.

Em described how one trauma recovery center became a turning point—not just for healing, but for becoming a leader within recovery communities:

> [X] Trauma Recovery Center was the space that I came into in recovery. . . . I joined as a participant seeking care, and then a year later was empowered to start facilitating my own groups. They supported me in getting certified as a peer recovery specialist. . . . So absolutely, that was a space that . . . my story could be a force of positivity for other people.

Both Alan and Avery turned lived experience into professional work in peer support and housing services, embodying recovery structures they wished had existed for them.

Across interviews, participants emphasized the importance of meaningful relationships in sustaining wellness. For many, especially those estranged from biological kin, these connections were formed within chosen LGBTQ+ families. Em reflected on the power of intimate, affirming community:

> Now I feel a lot more grounded in my few core relationships. . . . All of them are [with] trans people. That's not necessarily the qualifier in my mind, but it works out that way. They're the ones I can feel present with . . . who are doing the same kind of work.

Others spoke to the power of finding LGBTQ+ recovery networks online, particularly in rural or isolated communities. Beans noted, "Being able to find the Appalachian queer groups . . . queer folks on Facebook . . . having that kind of community and support in staying sober, and in connecting with people, is huge."

Participants called for reimagined recovery spaces that honor both LGBTQ+ identity and Appalachian culture. Avery envisioned "some kind of community center. . . . A place people in recovery can go to and identify as safe." Em suggested programming grounded in local traditions: "Recovery folks going on hikes together, sitting around the fire, playing music, doing art . . . being in our bodies in a way that helps us feel present." Additionally, visibility and early intervention were central to participants' recovery visions. Avery shared:

> I think it would have definitely decreased the negative impacts . . . if you had some kind of programming in schools that was affirming—that included, "It's okay to be gay. . . . It's okay to have these feelings." . . . It just wasn't talked about when I was young.

Digital platforms, social media, and informal events like cookouts were seen as powerful, culturally congruent ways to nurture LGBTQ+ recovery communities. As Alan expressed, "I think if we really want that community, it needs to be in people's homes. Events like cookouts or birthday parties. . . . It's not as loud, which is important to me, but it's effective, creating a family, essentially."

Collectively, these visions point to a future in which recovery is community-led, culturally grounded, and unapologetically LGBTQ+. For participants, recovery was not the end of their stories; it was a springboard for advocacy, care, and collective joy in the face of systemic erasure.

Discussion

The lived experiences of Appalachian LGBTQ+ individuals in this study offer vivid accounts of Meyer's (2003) minority stress theory. Participants' early exposure to religious condemnation, familial rejection, and cultural dismissal created conditions of chronic ostracism. For many, these distal stressors became compounded with proximal stressors like shame and internalized homophobia/transphobia. Avery's "mastery of duality" and Michael's "lavender relationship" reflect how participants developed survival strategies to navigate hostile environments, often at the cost of authenticity and mental health.

Substance use emerged as a complex response to these stressors. Participants described using drugs and alcohol as tools for LGBTQ+ identity exploration and emotional regulation. Michael's assertion that alcohol "freed [them] up to express who [they] really [were]" exemplifies Shelton's (2021) findings that LGBTQ+ individuals often use substances to manage the anxiety of choosing identity disclosure or concealment.

The Appalachian context intensified the effects of minority stress through geographic and cultural isolation. Participants like Em described being "the only queer person in most spaces," underscoring the lack of LGBTQ+–affirming community. As previously noted, LGBTQ+–specific treatment programs are disproportionately located in urban centers, leaving rural individuals with limited access to culturally responsive care (Qeadan et al., 2022; Ware et al., 2023). This geographic barrier heightened the effects of minority stress for many participants, making recovery more difficult and substance use more likely to persist.

Even when participants sought formal recovery services, they encountered heteronormative and religious undertones that mirrored the very stigma they were trying to escape. Alan's experience of having his recovery dismissed for not following the 12-step model and Michael's account of the dissolution of an LGBTQ+ AA meeting due to low turnout suggest ongoing stigma within recovery spaces. These findings echo Gorritz FitzSimons and Byrd (2025), who emphasize the need for LGBTQ+–affirming treatment environments that welcome intersectional identities and trauma narratives.

In the absence of affirming clinical care, participants turned to chosen family and peer-based strategies to sustain recovery. Beans's friends practicing harm reduction by suggesting body modification instead of drinking illustrates the healing power of relational safety. Our participants' narratives align with Paschen-Wolff et al. (2024), who found that even one affirming provider or peer can mitigate feelings of isolation and foster recovery.

Participants also described joy, humor, and emotional openness as key aspects of LGBTQ+ recovery culture. Michael's desire for "a safe space where everyone can talk freely" and not be afraid of judgment reflects a longing for community-based recovery models rooted in mutual aid and authenticity. Em's grounding in trans friendships and Beans's connection to Appalachian LGBTQ+ groups online demonstrate how peer networks can bridge geographic isolation and nurture belonging.

Our findings call for a reimagining of recovery supports in rural Appalachia—ones that are culturally rooted yet explicitly LGBTQ+–affirming. Participants envisioned meeting spaces free from religious judgment, staff trained in LGBTQ+ competencies, telehealth to bridge rural distance, and peer-led recovery groups. Em's vision of recovery through land-based practices—hiking, music, and storytelling—suggests that Appalachian cultural traditions can be powerful tools for healing when integrated with LGBTQ+-affirming care.

Visibility and early intervention were also central to participants' recovery visions. Avery's call for affirming school programming and Alan's emphasis on informal events like cookouts reflect a desire for culturally congruent, grassroots approaches to wellness. These aspirations align with the literature's call for inclusive treatment models that honor regional specificity while addressing the structural conditions that make substance use a survival strategy (Frey et al., 2021; Senreich, 2010).

Importantly, participants did not merely survive their substance use; they used recovery as a pathway to reclaim autonomy and serve others. Em's facilitation of peer recovery groups and Beans's commitment to harm reduction reflect a shift from personal healing to community leadership. Avery's goal of building a family that "breaks the cycle of addiction" exemplifies how recovery can turn individual liberation into greater communal gain.

These narratives of Appalachian LGBTQ+ individuals pursuing recovery from SUDs reflect a journey from survival to flourishing. Their stories underscore the urgent need for culturally

responsive care (Paschen-Wolff et al., 2024), the transformative power of chosen community (Gorritz FitzSimons & Byrd, 2025), and the potential for recovery to become a site of LGBTQ+ possibility, resilience, and advocacy.

Implications

The findings from this study have important implications for both clinical practice and community interventions in Appalachia. Foremost, the noted lack of LGBTQ+–affirming recovery services within the region illuminates the need for more programs that support these individuals in active addiction and recovery. It is imperative that practitioners take necessary steps to improve their capacity for care while also increasing the volume of LGBTQ+ services. Given the reverence shown to chosen family and peer support by the participants, it is essential that practitioners are intentional about integrating these networks into their clients' treatment plans. Additionally, practitioners should place emphasis on ensuring that peer-led models are accessible to community members within formal treatment. We encourage practitioners to familiarize themselves with and have an expansive referral list of peer support specialists within their communities. Many of the participants noted that these models proved paramount to their recovery journey, establishing strong evidence of efficacy.

Beyond clinical settings, we noted that Appalachian community hubs (e.g., schools, faith communities, etc.) can serve as access points for early intervention. Counselors should cultivate relationships with stakeholders within these spaces to promote LGBTQ+ visibility, foster a culture of acceptance, and raise mental health awareness for both youth and adults. These advocacy initiatives are imperative for Appalachian counselors considering the close, tight-knit nature of these communities. Lastly, incorporating Appalachian cultural values and traditions into recovery interventions should be prioritized, as they can serve as powerful tools for healing. Em noted that "Appalachian culture involves getting your hands into things," so "connecting folks to art, or woodworking, or maker spaces" along with music and hiking is culturally responsive.

Limitations

Although this study has yielded rich narratives detailing the nuances of addiction and recovery for Appalachian LGBTQ+ individuals, it must be noted that our participant pool was limited. Participants were primarily recruited through snowball sampling and community-based networks, which may have limited the diversity of narratives that we were able to collect. The sample was relatively homogeneous, consisting entirely of White participants between the ages of 30 and 45. As such, the findings may not fully capture the heterogeneity of racial, ethnic, or age-related experiences within the broader LGBTQ+ Appalachian community.

Additionally, all interviews were conducted via Zoom at a single point in time, which may have constrained the depth of relational engagement and limited our ability to observe changes in participants' perspectives or recovery processes over time. Given the sensitivity of the topic and the close-knit nature of many Appalachian communities, social desirability and recall bias may also have influenced participants' willingness to disclose certain experiences or to recall them in ways that aligned with community or researcher expectations.

Lastly, although our analysis attends to regional context, it is important to recognize that Appalachia itself is not a monolithic space. Cultural, economic, and social conditions vary widely across subregions, and these differences shape how individuals experience their LGBTQ+ identities, addiction, and recovery. Our sample was drawn primarily from Central and Southern Appalachian communities, and thus the findings should be interpreted with that regional specificity in mind.

Recommendations for Future Research

Considering the limited scope of the current literature base, future research should build on this study, with the imperative to investigate the experiences of community members who are in active addiction and early recovery. This would offer a more in-vivo assessment of how traditional and nontraditional treatment options are experienced by LGBTQ+ individuals in Appalachia. Focusing future research on community members with other marginalized identities (e.g. ethnicity, race, disability) could also offer a new richness in terms of understanding recovery in Appalachia. Moving forward, we hope that findings from this study will prove insightful in the development of LGBTQ+–affirming interventions for individuals who are both in active addiction and recovery. A multi-methodological approach to assess the efficacy of these interventions is warranted. Additionally, community-engaged and culturally responsive approaches such as community-based participatory research, participatory action research, and creative methods like photovoice and digital storytelling can meaningfully involve Appalachian LGBTQ+ people as partners in shaping the research process. Finally, future scholarship should further explore the role and utility of recovery supports referenced within the findings of this study: mutual aid, peer support, and Appalachian-based interventions.

Conclusion

This study explored the intersections of identity, geography, trauma, and resilience as they shape the recovery journeys of LGBTQ+ individuals in Appalachia, revealing that recovery is both a process of healing and an act of resistance. Participants' narratives illuminate how affirming relationships, community belonging, and self-determined resilience sustain recovery amid religious condemnation, sociopolitical isolation, and systemic neglect. For practitioners, these findings underscore the importance of peer-led and affirming care models, place-based and community-embedded supports, and accessible telehealth and hybrid services that honor the geographic realities of the region. Collectively, these approaches move toward care that is locally grounded, culturally responsive, and unapologetically affirming of LGBTQ+ Appalachian lives.

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Appendix

Semi-Structured Zoom Interview Protocol

Participant's Pseudonym:
Researcher/Interviewer:
Date:
Scheduled Time:
Start Time: End Time:

Researcher: *Thank you for taking the time to talk with me today. As you know, the purpose of this study is to explore the experiences of LGBTQ+ Appalachian Individuals in recovery from substance use, and to uncover what factors have sustained their sobriety. The researchers' primary aim is that insights generated from the study will inform counselors who serve members of this population and aid in generating more positive outcomes for clients in treatment. It is also hoped that the findings will prove decisive in the curation of interventions/approaches to working with the population. This study will provide participants with the opportunity to share their individual narratives through the use of semi-structured interviews. These narratives will then be reconstructed in an authentic way to share the collective story of all participants involved.*

Throughout this interview, I will ask you questions about your experiences in recovery from substance use/addiction with centrality placed on your identity as an LGBTQ+ person living in Appalachia. Please refrain from sharing names or other identifying information about others. I may ask you to elaborate or clarify responses to questions. Please feel free to ask me for clarification at any point during the interview process if questions are unclear.

Do you have any questions regarding the informed consent form that you previously signed or in general?

Do you still consent to participating in the Zoom interview and having this interview recorded?

Semi-Structured Interview Questions

1. Can you tell me a little bit about your background? Where did you grow up, and what was it like for you being LGBTQ+ in your community?
2. Can you tell me about your first experience(s) with using substances?
    a. How did your identity as an LGBTQ+ individual shape or influence your experiences with substances?
    b. When did you first recognize that your relationship with substances was becoming problematic? What led to that realization?
3. Can you share with me the story of your journey toward sobriety? What were some of the key turning points for you?
4. On your path toward sobriety, what kind of support did you seek out and what did you find to be most helpful?
    a. Were there specific people, communities, or resources that you found particularly affirming of both your LGBTQ+ identity and your recovery journey?
5. Throughout your journey what has aided you in remaining sober?
6. Looking forward, what does a healthy, sober life look like for you?
    a. How does your LGBTQ+ identity influence your vision of recovery and your future?
7. If you could design a support system or intervention specifically for LGBTQ+ Appalachian individuals in recovery, what would it look like?
8. How would that support system or intervention have changed your experience in seeking recovery?
9. Is there anything else you'd like to share about your experiences in recovery that we haven't touched on yet?

Researcher: *Thank you again for taking the time to participate in this interview. During the data analysis process, you will be provided the opportunity to review your transcript and any codes generated from it to ensure accuracy. Please don't hesitate to contact me if you have any questions at any time.*

Preparing Counseling Students to Work With Refugees: A Descriptive Analysis

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Shadin Atiyeh

This study explored the challenges and strategies employed by counselor educators in training students to work effectively with refugee populations. Utilizing a qualitative descriptive analysis, a qualitative open-ended survey was conducted with 11 counselor educators and a focus group meeting with four counselor educators from various CACREP-accredited master's programs across the United States. The analysis revealed several barriers to effective training, including the perceived limited relevance of the topic, time constraints within courses, and the complexity of addressing refugee issues. Participants emphasized the pressing need for comprehensive curricula that integrate refugee concerns and enhance multicultural competence. Findings suggest that diverse teaching strategies, such as case studies and experiential learning, are essential for preparing students to meet the unique mental health needs of refugees. This study underscores the importance of equipping future counselors with the skills and knowledge required to support this underserved population effectively and to advocate for the integration of refugee topics across counseling courses to promote social justice.

Keywords: **refugees, barriers, multicultural competence, curricula, counselor educators**

According to the American Counseling Association (ACA; 2014) *Code of Ethics*, counselors must gain multicultural competence to work with diverse populations and to advocate for equitable access to mental health care among underserved populations. Refugee populations represent a diverse group who face barriers to accessing mental health care in many societies (Satinsky et al., 2019). The UN Refugee Agency (formerly the United Nations High Commissioner for Refugees; 2025) defined a refugee as a person who flees their home country because of persecution based on race, religion, nationality, political opinion, or membership in a social group. The number of forcibly displaced people globally was 123.2 million people at the end of 2024, including 42.7 million refugees (The UN Refugee Agency, 2025). Despite the growing global need for counseling services among refugees, counselor training programs often do not include orientation to refugee issues in their counseling courses. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP; 2023) addresses migration in its standards within the definitions of cultural identity, diversity, and marginalized populations. However, the topic of migration is included explicitly within the standards when relevant to the impact of migration on family functioning for the marriage, couple, and family counseling specialization (CACREP, 2023). Counselors are currently facing a global humanitarian call to support refugee populations (Snow et al., 2021). The goal of this study was to explore approaches to counselor education that teach counseling students about refugee concerns and the barriers counselor educators face in training counseling students to develop this competence. The findings offer diverse strategies to facilitate multicultural competence among counseling students and illuminate the barriers to access, which the profession must address in order to respond to the current mental health crisis among the growing number of refugees globally.

Shadin Atiyeh, PhD, NCC, ACS, LPC, CCC, CRC, is an assistant professor at Wayne State University and was a 2017 Doctoral Fellow in Mental Health Counseling with the NBCCF Minority Fellowship Program. Correspondence may be addressed to Shadin Atiyeh, 5425 Gullen Mall, Detroit, MI 48202, shadin.atiyeh@wayne.edu.

Refugee Resettlement in the United States

The United States has admitted more than 3.1 million refugees since the passage of the Refugee Act in 1980 (U.S. Department of State, 2018). To address the unprecedented global refugee crisis, the United States raised its admissions ceiling to 125,000 for fiscal years 2023 and 2024. In the fiscal year 2023, the United States also launched a private sponsorship pathway for refugee arrivals called Welcome Corps. This allowed groups of citizens to sponsor and resettle refugees in their communities. The United States also established a pathway for migration to those fleeing the Ukrainian and Afghan crises and allowed eligibility for refugee services for those individuals in addition to a streamlined application process for Cubans, Haitians, Nicaraguans, and Venezuelans to seek refuge. These actions yielded more opportunities for migrants to seek refuge and more communities across the country welcoming refugees outside of the traditional refugee resettlement structure. Traditionally, refugees are resettled in 48 states, with Washington, California, Texas, Ohio, and New York being the top resettlement areas (U.S. Department of State, 2018). The top 10 native languages that refugees living in the United States speak include Arabic, Nepali, Somali, Karen, Spanish, Swahili, Chaldean, Burmese, Armenian, and Farsi (U.S. Department of State, 2018). In fiscal year 2024, 100,034 refugees were admitted, with the top five countries of origin being the Democratic Republic of Congo, Afghanistan, Venezuela, Syria, and Burma. Although this was a record number for the traditional refugee resettlement program in the 21st century, it did fall short of the 125,000 ceiling set by the federal administration (Refugee Council USA, 2024). In January 2025, the federal administration closed both the traditional pathway for refugee resettlement and the parole application processes, as well as removing legal status for previously approved groups (Church World Service, 2025).

Mental Health Needs

Refugees are ethnically diverse and have varied experiences and backgrounds; however, they all share an increased risk for trauma-related distress and underuse of services (Bemak & Chung, 2021). One distinction between refugees and other migrants is that while immigrants tend to arrive in the United States healthier than the native-born population and then develop illnesses over time, refugees tend to enter the country less healthy than the native-born population (Pampati et al., 2018). Refugees have higher prevalence rates of post-traumatic stress disorder and depressive disorders (Bartholomew et al., 2021), and compared to other immigrants, refugees have the additional difficulties of pre-migratory traumatic experiences, grief, and loss of self-determination (Rometsch et al., 2020). Immigrants who choose to migrate and prepare for that transition face barriers such as culture shock and acculturation difficulties. However, refugees flee for their safety, without a choice and often without time to prepare, often leaving behind valuables and important documents. This loss of self-determination compounds in migration, as host countries often do not offer refugees the right to work, establish a lawful presence, or study. Much of the current literature related to the resettlement of refugees focuses on traumatic experiences before migration and leaves out the stressors involved after resettlement to a third country (Interiano-Shiverdecker et al., 2020). However, the daily stressors post-migration can be more distressing than war-related trauma and necessitate a social justice perspective to counseling (Kondili et al., 2022). These daily stressors may include acclimating to a new culture, language, and socioeconomic status, as well as navigating new social systems to access public benefits and health care. The focus of refugee services toward self-sufficiency as quickly as possible contrasts the policy of referring the most vulnerable refugees to resettlement, and the refugees' years of experience having to depend on others for survival. Discrimination and prejudice are risks to overall well-being, affecting self-esteem, belonging, and self-determination (Interiano-Shiverdecker et al., 2020). The need for counseling services among refugee populations, particularly in resettlement to the United States, is well established.

Barriers to Counseling for Refugee Populations

Despite the need, refugees face various barriers to access for counseling services. Regardless of cultural background, refugees commonly experience barriers related to transportation, language, loss of social networks, financial difficulties, and limited access to resources (Tribe et al., 2019). Cultural barriers to seeking mental health counseling include shame about sharing personal or family concerns with those outside the family, a need to maintain a positive reputation within the community, and disbelief that talking about an issue could make it better (Hosseini et al., 2023). Refugees, who often have experienced oppression that breeds mistrust of people in power, may have concerns related to privacy and safety in counseling (Duden & Martins-Borges, 2021). With varying educational levels and interrupted education due to conflict, refugees may also lack knowledge about the availability and utility of counseling services (Duden & Martins-Borges, 2021).

Systemic issues also play a role, such as a misalignment between the mental health care system's offerings and the specific needs of refugee communities (Bartholomew et al., 2021). Individualized Western conceptualizations of mental illness and its treatment are limited in being able to address the mental health needs of refugee groups (Bartholomew et al., 2021). Psychosocial distress presents itself with somatic symptoms such as headaches, backaches, and stomach pains among refugee groups, complicating identification and treatment of psychosocial disorders (O'Brien & Charura, 2023). Effective support requires a holistic and culturally sensitive approach that addresses not only specific psychiatric conditions but also the practical, social, and cultural contexts of their lives (Salami et al., 2019). In summary, refugees face a complex web of interconnected barriers to accessing mental health care. These include practical issues like cost and language, cultural factors such as stigma and differing illness beliefs, and systemic problems where the services offered do not match clients' perceived needs. Overcoming these barriers requires a multifaceted approach that includes providing practical support, fostering cultural humility among clinicians, and adapting therapeutic models to be more responsive to the unique circumstances of refugee populations.

Multicultural Competence in Counseling Refugees

Ratts et al. (2016) created a multicultural counseling model that includes attitudes and beliefs, knowledge, skills, and action across the domains of interventions, relationships, client worldviews, and counselor self-awareness. Ratts et al. (2016) approached multicultural competence with an awareness of the need to include a broader concept of diversity, intersectionality of identities, and the role of counselors as social justice advocates. Cultural competence requires flexibility in accepting individual conceptualizations and needs rather than knowledge of a set of generalized facts about a cultural group (Cabell et al., 2024). To work with refugees effectively, counselors must have a range of skills, including navigating boundaries, advocating, responding to trauma, facilitating acculturation, and working with interpreters (Atiyeh & Gray, 2022). Training and preparation of counselors in their master's-level courses are key to laying the foundation for multicultural competence development to work with refugee clients. This training also extends toward multicultural competence with other populations (Atiyeh & Gray, 2022). Although it is understood that counselors need to be culturally competent social justice advocates, knowing how to support trainees in learning and demonstrating those skills in real-world contexts is less understood (Kuo et al.,2020). Professional development training on specific cultures is important to further develop multicultural competence beyond master's-level training (Cabell et al., 2024). Much of the training provided in master's counseling programs relies on a traditional model of counseling utilizing Western-based theories, and promoting refugee mental health requires incorporating a collaborative and social justice approach (Kondili et al., 2022). Counseling programs may be deficient in preparing counselors who are knowledgeable about their clients'

worldviews (Damra & Qa'aymeh, 2024). The intersection of the high need for counseling services, the systemic barriers preventing effective and culturally responsive counseling, and the limited competence among counselors poses a serious health equity issue that the profession must address.

Method

The purpose of the study was to explore the ways that counselor educators address refugee concerns in counseling courses in order to highlight barriers and resources for counselor education. The research question was: What are the experiences of counselor educators who address refugee concerns in master's-level counseling courses? I conducted a qualitative descriptive analysis study utilizing an open-ended qualitative online survey and a focus group session. This approach is appropriate when exploring participants' experiences and perceptions from a naturalistic orientation (Sandelowski, 2010). As the current literature demonstrates a need for competent mental health counseling for refugee populations, further investigation into the barriers that counselor educators experience in training students to work with this population and how they navigate these barriers is important. Qualitative description offers a starting point to explore how counselor educators incorporate refugee concerns in the classroom at the master's level. The survey included questions related to which courses cover refugee concerns, what strategies they use, what barriers they face in doing so, and the training they have had related to refugee concerns. The study design followed a descriptive content analysis with the intent of describing how counselor educators may be teaching students in the classroom how to work with refugee clients, the resources they utilize, and the challenges they face in doing so. This qualitative approach can be useful in identifying and sharing data in a way that is relevant to a specific audience (Sandelowski, 2000).

Study Design

I shared an online survey with open-ended questions utilizing Qualtrics on listservs and social media groups for counselor educators. These outlets for recruitment were appropriate to seek out counselor educators who self-identified as incorporating refugee concerns into their master's-level counseling courses. After an initial analysis of the survey data, I posted a focus group meeting opportunity on the same listservs. In the focus group meeting, initial themes were shared, and participants were asked to react to and expand on the results. The transcript for the focus group meeting was coded using in-vivo coding. Individual codes were grouped into categories and those were grouped under major themes.

Participants

Participant inclusion criteria included counselor educators who teach master's-level counseling courses and address refugee concerns in those courses. I recruited participants online through emails to a listserv of counselor educators and social media groups of counselor educators. These included CESNET and social media groups for the NBCC Foundation Minority Fellowship Program recipients and alumni. An invitation to participate in the focus group meeting was sent to the same groups. Eleven participants completed the open-ended survey and four counselor educators participated in the focus group meeting. Demographic data were not collected as part of the survey or focus group questions in order to preserve anonymity, as the community of counselor educators with experience incorporating refugee topics in their courses may be quite small, and demographic data may reduce their openness to provide in-depth responses.

Procedure

This study received ethical approval from the host institution's IRB. The emailed recruitment message included a research information sheet explaining the research and participation expectations. It also included a link to complete the survey using Qualtrics. There were no planned follow-up procedures after the survey. Eleven participants completed the open-ended survey, which included the following questions:

1. In what classes and during which topic areas do you include refugee concerns in your counseling courses?
2. What activities or resources do you use to teach counseling students about refugee concerns?
3. What barriers or challenges do you face when teaching counseling students about refugee concerns?
4. How have you received training or education regarding refugee concerns, if any?

These questions were developed to respond to the research question of: What are the experiences of counselor educators who address refugee concerns in master's-level counseling courses? The questions were also framed to lead to practical resources and techniques for counselor educators to utilize within their courses. I grouped responses to these questions into descriptive categories. I submitted and obtained approval for an amendment to the initial IRB approval to obtain focus group data to expand on emerging themes from the survey. I emailed a recruitment message with an edited research information sheet detailing focus group procedures and an invitation to a virtual meeting on Microsoft Teams, which four participants attended. Participants had the choice to be off-camera during the meeting. The meeting was recorded for transcription, and the recording was deleted after the transcription was created. I presented these to the focus group participants for elaboration and description of the emerging themes. I shared the initial results from the survey data and asked participants to share what stood out to them about these findings. I also asked the focus group participants the same questions from the survey. The focus group meeting was semi-structured with an in-depth discussion following the participants' responses to allow for a deeper discussion of the research question that the open-ended questionnaire could not offer (Bengtsson, 2016). The transcript of the focus group meeting was analyzed and coded in vivo. Those codes were grouped into categories and then organized into themes.

Data Analysis

I downloaded Qualtrics responses in an Excel spreadsheet and reviewed them several times following a content analysis approach (Sandelowski, 2000). I then read through the data two times before conducting in-vivo coding. A code was written next to the relevant data on the Excel spreadsheet. Similar codes were then grouped together in Microsoft Word. While staying close to the data, it was organized into categories (Prasad, 2019). I organized the data into categories so that the description could lead to meaningful implications to which the focus group participants could react. After the focus group, the meeting was transcribed automatically using Microsoft Teams and analyzed separately from the survey data. This analysis included the same process of reading through the transcript twice initially, then a round of initial in-vivo coding within an Excel spreadsheet, then grouping similar codes into a table on Microsoft Word, and finally grouping those categories into larger themes.

Researcher Positionality and Reflexivity

A key element of rigor in qualitative research is researcher reflexivity (Olmos-Vega et al., 2023). While inherent biases, subjectivities, and power imbalance inevitably inform data analysis and influence the research process, sharing the positionalities of the researcher is an important first step in trustworthiness (Olmos-Vega et al., 2023). Olmos-Vega et al. (2023) defined reflexivity as a dynamic and collaborative process that involves self-critique and context evaluation by first making positionality explicit. I am an assistant professor in the counselor education department at a public urban university offering CACREP-accredited master's-level programs in clinical mental health, school counseling, and clinical rehabilitation counseling. I also have over 10 years of experience providing counseling and employment services with refugee populations and supervising such programming. I approach my clinical and academic work from a constructivist and existential perspective in which knowledge and experiences are co-constructed through meaning-making and perspective-taking. I have not personally experienced migration, forced or otherwise, but have grown up around immigrant communities as the child of an immigrant. I conducted this study to bring attention to the need for counseling services for refugee communities and the struggles faced and strategies employed by educators when training counseling students to do so. This is the perspective with which I approached study design and data interpretation. I also developed reflexivity throughout the process by checking initial interpretations from survey data with the focus group participants and connecting themes with the quotes from the data.

Results

The initial survey results are outlined in Table 1. Focus group participants discussed their reactions to these responses and expanded on them in their own answers to the same questions. The analysis of the transcript yielded 89 codes that were grouped into 11 categories and three themes.

Table 1

Survey Results

Courses	Strategies	Barriers	Training for Educators
Diversity	Guest Speakers	Lack of student interest	Conferences
Ethics	Videos	Not relevant	Articles
Family	Articles	Limited time	Lived experience
Trauma	Poems	Not covered in textbooks	Consultation
Group	Case Studies	Political reasons	Workshops
Career	Student Presentations	Too complex	None
School	Textbook		
Internship			
Advocacy			

Description of Courses

The survey results indicated that refugee concerns may be addressed in courses throughout the master's program, not just in a singular course focused on multicultural diversity. These courses included an introductory course on diversity topics in addition to ethical practice, family counseling, treating trauma, groupwork, career counseling, school counseling, clinical courses, and a course on advocacy strategies. This is in line with guidance within the counseling literature on facilitating multicultural competence across the curriculum. Multicultural competence is too complex and important to be limited to only one class. Doing so may allow students to grasp some of the complexity involved in working with refugees and develop their counseling skills to work with intersectional identities. However, focus group participants were struck by the lack of standardization to how counselor educators address refugee concerns in their courses, highlighting the variability in responses to which courses include the topic. This variability also comes up in the ways that counselor educators approach training students to work with refugee clients.

Description of Strategies

Counselor educators also broach the topic in various ways: allowing students to bring it up, inviting a guest speaker, or having a discussion led by the educator. Participants shared that it comes up in courses because students bring up the topic through their papers, presentations, or case presentations, if they happen to be working with a refugee client. Participants might bring refugee concerns into the classroom as they discuss current news stories or events.

The content presented by counselor educators included peer-reviewed articles, student presentations, case studies, and textbooks. Participants also utilize creative approaches that highlight the lived experiences of refugees, such as poetry or film. Guest speakers share their own clinical experiences working with refugees in the field. Focus group participants shared specific examples, such as incorporating case studies in various classes. One focus group participant described a paper assignment given to students in which they needed to analyze an ethical issue relevant to a population facing racism or oppression; some students selected a concern facing refugees. Another participant led an internship experience at a local shelter for migrants and trained students to work specifically with this population through experiential training and weekly supervision. Although this participant described requiring students to have a traditional counseling experience before participating in this internship and the importance of having balance in skills for both conventional in-office counseling and nontraditional counseling conducted in shelters, they stated, "It can be very, very difficult to get them to understand that counseling does not have to happen in an office in 50 minutes." This participant identified that in practice, "These are not the skills that they are taught in the classes . . . there's a lot of retraining . . . unteaching and untraining can be a barrier and a challenge." This discussion of strategies utilizing experiential learning quickly turned into a discussion of challenges and barriers in attempting to fit work with refugee clients into the current paradigm of training counselors, which often relies on Western theories of counseling. Another participant in the focus group reflected on how difficult it was to adapt to working with refugee clients after graduating from a master's program, even while sharing a language and cultural background with clients. They stated, "When I graduated as a master's student, I went into an agency to work with refugees, and at first, just implementing everything we learned was sometimes damaging." Allowing for supportive opportunities to practice throughout the master's curriculum allows students to have safe opportunities to practice before graduation. One participant offered that they "do a lot of shadowing" throughout their practicum experience. Another participant agreed: "I think that that's where that immersion experience is going to be critical, and immersion doesn't have to be going to a refugee camp. It could be through different means."

Description of Barriers

Participants also identified challenges they may face while trying to educate counseling students in the classroom on how to work with refugee clients. These challenges included a perception of the lack of relevance of refugee concerns, limited opportunities to teach students how to work with refugee clients, and the complexity involved in refugee concerns. Some of the quotes from participants illuminated the challenges in teaching counseling students to work with refugees. The direct quotes that support these themes are listed in Table 2.

Table 2

Challenges to Incorporating Refugee Concerns

Theme	Quotes
Lack of Relevance	"Some students don't seem interested or think that they don't want to work with that population." "Students don't see the need to learn about it." "I think opportunities to work with refugees are limited in our area and so it isn't a 'pressing' concern. Doesn't mean it isn't important, but we focus on the concerns that our students will likely face in their service provision at higher rates."
Limited Opportunity	"Large amount of topics in learning objectives to cover over a semester." "I don't have a lot of time dedicated to the topic." "It doesn't appear in many of the counseling texts as an area to address."
Complexity	"Many students lack knowledge about the refugee experience and [have a] misunderstanding of the difference between refugees and immigrants." "Students think it's too hard." "My state doesn't want educators discussing 'diversity' topics." "Their previous political beliefs can be an obstacle." "Addressing this topic as it relates to intersectional identity, and culturally responsive treatment knowledge and resources."

Focus group participants elaborated on these themes. The second point from the survey results that stood out to them, after noticing the variability with which counselor educators were discussing refugees, was the sense that competence to work with refugee clients was not important or relevant to students. They made sense of this as being from a place of experiencing the privilege of not having to be aware of the level of forced displacement in the world. One focus group participant highlighted that this ignorance has consequences: "The privilege of not needing to be competent is harmful to communities." Participants also explored this lack of interest and/or relevance further, stating: "It takes work to gain the competence, and if it's not something that is of interest, folks are not seeking it out." The underutilization of mental health services for refugees is further exacerbated by the lack of culturally competent counselors. This lack of interest may also be fueled by stereotypes about the population. Focus group participants shared their perceptions that "a lot of people are afraid of getting into it because of whether it's like the competence piece or fear of vicarious traumatization

or . . . I guess just like lack of interest" and "working with refugees, there is this . . . view of this population as broken. So there is a fear that either I'm going to do harm or not be helpful enough." Another potential source for this ambivalence is also economic. Focus group participants discussed that there "isn't a lot of money in it" when referring to working with refugee clients and that it is often grant-funded work in community agencies. They all discussed how counseling students are often entering the profession seeking to work in private practice, providing services reimbursed by medical insurance rather than counseling work in community settings.

Counselor educators are also affected by the limited time, resources, and applicability of current counseling theories to be able to incorporate the complexity needed when addressing refugee concerns in counseling courses. Focus group participants shared that counselor educators themselves "lack the competence to talk about this population" or "don't feel comfortable enough as educators." The textbooks used in counseling courses also do not provide enough information on the topic to help guide the discussion in class. One participant mentioned, and others reiterated it multiple times during the focus group, that "we don't have more than a chapter." Educators then must seek out additional resources or adapt existing approaches, with one participant sharing that "our counseling theories are not really applying to this population, so we have to spend a lot of time either adapting them or unlearning them."

Despite these barriers, focus group participants shared multiple reasons why counselor educators and counselors need to persist in developing competence. They all highlighted the scenarios in which counselors may encounter issues related to forced migration or clients from refugee backgrounds. Participants shared that "every border university should have really solid training and education for this population," and "if you don't work with refugees, you might have a client that has a family member or friend from that background," and "in the school setting, like children have to go to school, and so they're finding themselves being faced with working with refugees." Participants also shared that they learned a tremendous amount from their refugee clients, deepening their own skills and ability to adapt: "Learning experience for me is like you learn from them probably more than they learn from you," and "you have to really be flexible to learn from them as much as they're learning from you to be able to be helpful." Participants also shared how rewarding the work has been and how they have seen students benefit from "the joy and the reward of working with this population." Another participant shared that "once they've experienced this work, they just love it. There is so much joy in it."

Description of Training Opportunities

Participants also shared opportunities they had to learn about refugee concerns as educators. These included conferences, reading journal articles, attending workshops, work experiences, and personal lived experiences. Participants shared specific workshops that were useful, such as the Trauma Systems Therapy for Refugees training, Global Mental Health training from Johns Hopkins University, and consultation with local refugee resettlement agencies. These may be a starting place for counselor educators who want to gain training before integrating refugee concerns into their courses. The study findings included several resources available to counselor educators, such as case studies and experiential learning opportunities.

Incorporating refugee concerns throughout master's-level counseling courses may be useful in facilitating multicultural competence among counselors to work with refugees and other diverse populations. The concern about whether teaching counselors to work with refugees is relevant is striking, given the high need for mental health services among this population and the limited access

to those services. Given this need for mental health services and the ethical mandate for counselors to work toward access to mental health care for underserved groups, counselor educators can and must do more to overcome the challenges and complexity involved in facilitating multicultural competence among counseling students.

Discussion

The purpose of the study was to explore the ways that counselor educators address refugee concerns in counseling courses to highlight barriers and resources for counselor education. The research question was: What are the experiences of counselor educators who address refugee concerns in master's-level counseling courses? Counselor educators who do so incorporate refugee concerns throughout the curriculum using various methods while navigating challenges of complexity, limited time and resources, and potential disinterest. The study results demonstrate the importance of incorporating refugee representation throughout the curriculum at the master's level. The results suggest various approaches, building on current literature that advocates for opportunities to engage in service learning or immersive experiences. In the following sections, I share resources from the extant literature. These experiential opportunities build students' abilities to be flexible in "unlearning" traditional theories and serving diverse populations. The diversity of approaches reflects an opportunity for flexibility and creativity in classrooms as well as a threat to the standardized inclusion of multicultural competence to work with refugees across counseling. Part of the variability in how counselor educators are incorporating refugee concerns in their classes stems from the lack of intentionality with which it is addressed. For example, educators often wait for students to bring it up themselves rather than purposefully incorporating refugee concerns in the classroom. CACREP may more intentionally address forced migration and its effect on mental health to offer a framework for its inclusion in master's-level courses and textbooks. A thorough list of competencies for working with refugee clients and ways of assessing and building these competencies could inform educational approaches. The challenges faced by counselor educators suggest future areas of advocacy needed for our profession to meet the counseling needs of refugee populations.

The Multicultural and Social Justice Counseling Competencies offered a framework advocating for counselors to understand the social context of their clients, intentionally broach concerns related to power and privilege, and advocate for systemic change (Ratts et al., 2016). For counselors to be prepared to utilize this framework with refugee clients, they must have basic knowledge of the sociopolitical context globally, an ability to confront their own biases and attitudes toward refugees, as well as skills to broach topics of power and privilege with refugee clients and to advocate for equitable access to counseling services. This study provides findings and resources counselor educators may utilize in their educational spaces, facilitating this competence for master's-level counseling students.

Resources for Counselor Educators

Participants discussed various methods such as utilizing film and literature, experiential learning, and case studies. They shared the importance of intentionally exposing students to migrant stories and experiences at the master's level. Existing literature provides a few examples of assignments and useful resources. These might be adapted to different courses across the curriculum.

Incorporating literature and film in counseling courses may facilitate self-awareness and empathy. These also allow for experiential learning before the clinical courses. The United Nations (2022) published an article listing recent films on refugee stories that included *Flee*, *Simple as Water*, *Encanto*,

Captains of Za'atari, and *Three Songs for Benazir*. *The Penguin Book of Migration Literature* presents a diverse collection of fiction and poetry from migrant perspectives throughout history. Houseknecht and Swank (2019) recommended asking students to search "interview with a refugee" on YouTube and identify a video that is at least 10 minutes long and write a reaction paper as if the interviewee was their client.

Experiential learning can encourage students to actively experiment and then bring back their learning and reflection into the classroom (Houseknecht & Swank, 2019). Service learning components within courses improved multicultural and social justice knowledge and skills (Midgett & Doumas, 2016). A cultural immersion and social action project may be useful in developing multicultural competence and social justice advocacy competence (Pechak et al., 2020). Service learning early in the program, while students are developing their conceptualizations of the counseling profession, may be more beneficial for students to gain social justice and multicultural competence skills (Midgett & Doumas, 2016). Students need applied experiences within the community to develop these skills (Midgett & Doumas, 2016). Houseknecht and Swank (2019) described a role-play activity to simulate counseling with an interpreter where the students who act as counselors and clients write their responses and the student acting as an interpreter reads them.

Participants shared the use of case studies, suggesting that those who have experience with refugees may build them from their experience. Case studies can provide an opportunity for students to conceptually apply skills such as diagnosis, treatment planning, case management, career counseling, and ethical decision-making. Snow et al. (2021) recommended the website iamanimmigrant.com as a source of immigrant stories. Kondili et al. (2022) presented two case studies that incorporate a community and advocacy approach. Case studies can be presented in various courses that allow for intersectional identities where immigration status is one factor that interacts with other aspects of the client's social identities, the counselor's social identities, and the overall context. Snow et al. (2021) also presented a useful case study and guide for counselor educators on ways to incorporate refugee concerns throughout various counseling courses.

Study Limitations

The current study contributes to a deeper understanding of how counselor educators may attempt to incorporate refugee concerns and the challenges they face. However, it has some limitations. One main limitation was the lack of any demographic data on participants, which limits the information on context, such as the location in which the participants are teaching and their professional experience in the field. An online survey design was chosen because it may allow for more candid responses through anonymity and privacy (Blease et al., 2023). It also allowed participants to complete the study on their own time at their convenience, and it ensured complete anonymity. However, it did not allow further probes to gain further description or meaning behind the survey statements. The focus group partially filled that gap. The number of participants across both data collection methods was low, potentially because of the low number of counselor educators who incorporate refugee concerns into their courses.

Future Research

The leaders of the counseling profession need to make it more likely that refugee clients can find counselors who can understand refugee experiences, promote mental health literacy among refugee communities, demonstrate respect, and assess clients' understanding of mental health (Snow et al., 2021). Counselor educators have a responsibility to train counselors to become advocates with a social justice orientation (Clark et al., 2022). Further research can support counselor educators as they endeavor to train counselors and advocates addressing the refugee crisis. Theories of mental illnesses

and their treatment that are indigenous to the populations served need to be identified and utilized within counseling. The need to continuously adapt Western models poses an accessibility barrier for non-Western groups. Building on the limitations of this study, future qualitative studies may further investigate the rewards and challenges related to incorporating refugee concerns into counseling classrooms. Quantitative studies could identify the effects of training counselors to work with refugees on students' overall competence and the accessibility of counseling services to refugee populations and other underserved groups. The impact of the political environment devaluing and silencing equity approaches in education poses new barriers. This was a point that survey participants made but focus group participants did not discuss. This may be because they were not experiencing that barrier at the time. Research should explore how counselor educators navigate these challenges and their threats to our professional values. As demographic data was not collected for this study, further research could explore the connection between professional identity and context and their approaches to educating counselors on working with refugee clients.

Conclusion

Advocating for social justice and positive social change is an aspect of ethical professional identity for counselors and counselor educators (ACA, 2014). Increasing the competence of counseling professionals would make counseling more accessible to refugees, currently an underserved group. Professional counselors risk losing perspective on the societal and group dynamics of wellness when they provide mental health services in individualized settings. However, a commitment to equity, justice, and beneficence is a part of counselors' professional ethics and identity (ACA, 2014). As health professionals, counselors must advocate for conditions that promote wellness within communities. Therefore, developing advocacy skills and a commitment to social justice is crucial to establishing cultural competence and ethical practice with refugee clients. With the rising numbers of refugees globally, there is a greater need for counselors who are trained and competent to counsel refugee populations; it may become more likely that counselors will encounter refugee clients in their careers. Counselors may need to grow their knowledge base, skills, and awareness related to refugee issues. Counselor preparation programs and supervisors play an important role in facilitating that competence. Further training and research in this area will support the multicultural and social justice competence of counselors to meet the growing need globally and in the United States.

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