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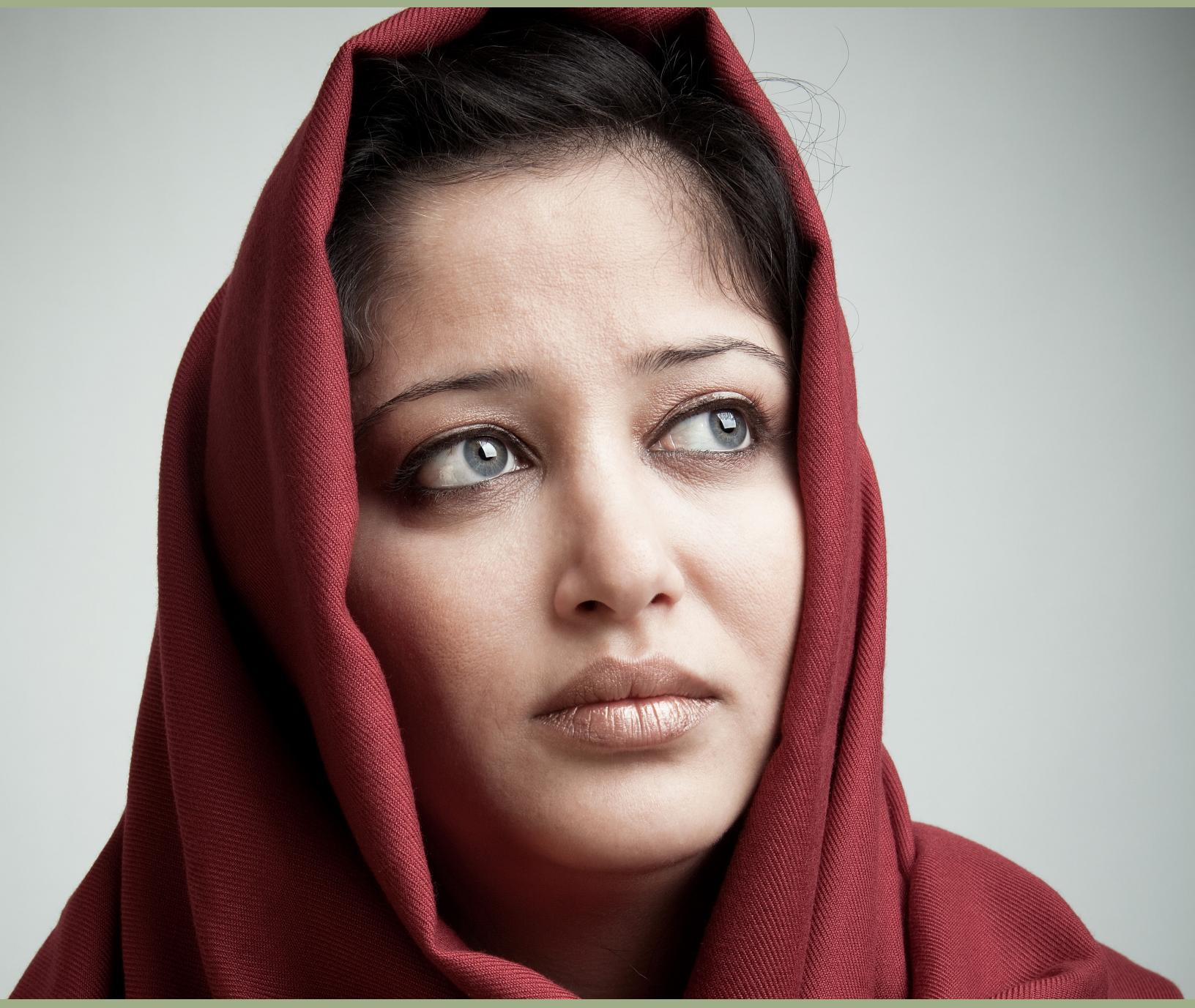

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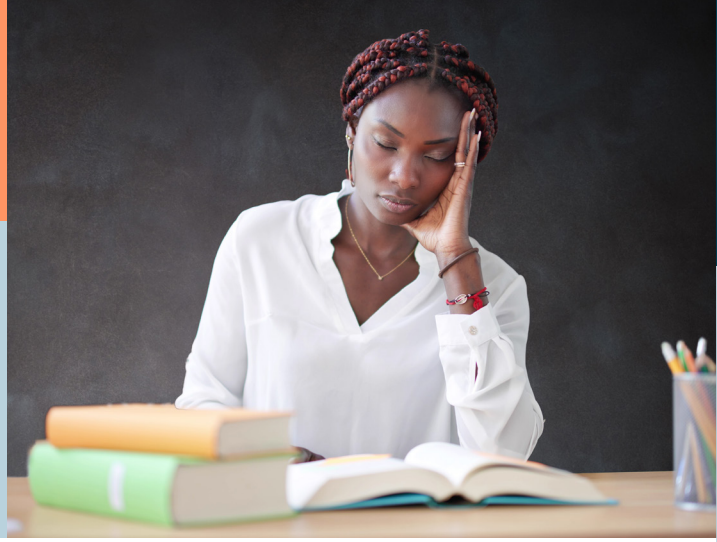

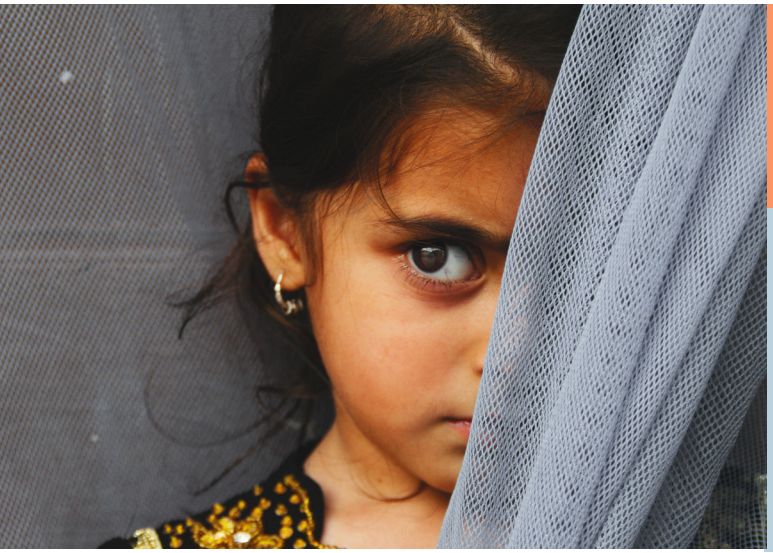

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The Professional Counselor Digest

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Racial Trauma in Academia

Experiences of Black Women Counselor Educators

April D. Brown, LaShauna M. Dean, Matthew Lyons

Racial trauma describes the harm people experience from racism, specifically for communities of color. Previous research documents the negative impact of racism on mental health and overall well-being. For instance, Black women experience more mental health challenges than any other racial group. Their intersection of race and gender makes them highly susceptible to racism and sexism, especially in professional settings. Several factors contribute to Black women's negative workplace experiences, including ongoing workplace discrimination, lack of diversity in academia, and systemic barriers. There is a need to address the negative effects of racism in all settings. Therefore, understanding how Black women experience and perceive racial trauma within counselor education programs helps validate their experiences, raise awareness, identify gaps within the profession, and inform more culturally responsive conversations and supports related to racial trauma in the workplasce.

In this article, we explore how Black women faculty experience racial trauma in counselor education, what it means for them, and how it affects them. We conducted in-depth interviews, asked participants to confirm that their experiences were described accurately, and worked with a peer reviewer throughout the study. Participant accounts varied based on their own personal experiences and work environments. They viewed racial trauma at work as a larger, systemic issue that was beyond their control. Despite these challenges, participants navigated racial trauma in personal ways, using different coping strategies and showing resilience. Results show participants relied on both internal and external strategies to cope with racial trauma. Notably, most participants sought counseling to deal with racial trauma, despite research showing that many people do not seek support for stress or racism.

Lastly, we explore implications for counseling and counselor education, addressing the critical role of mental health professionals, educators, and administrators in reducing the impact of racial trauma in the workplace. Mental health professionals working with communities of color should identify signs of racial trauma, use culturally relevant interventions, and help clients find ways to cope. Counselor educators experiencing racial trauma should consider how systemic issues affect their work and overall well-being and seek support when needed. Counselor education program administrators must recognize how racial trauma and recent anti-DEI mandates affect faculty and their programs. Focusing on workplace culture, following anti-discrimination laws, protecting civil rights, and providing support may help reduce the impact of racial trauma. We conclude by emphasizing the need for structural and institutional changes to ensure safe, equitable, and culturally responsive workplaces that support the careers and well-being of Black women faculty. Future research might explore how improving psychological safety for counselor educators can create safer workplaces and reduce the impact of racial trauma.

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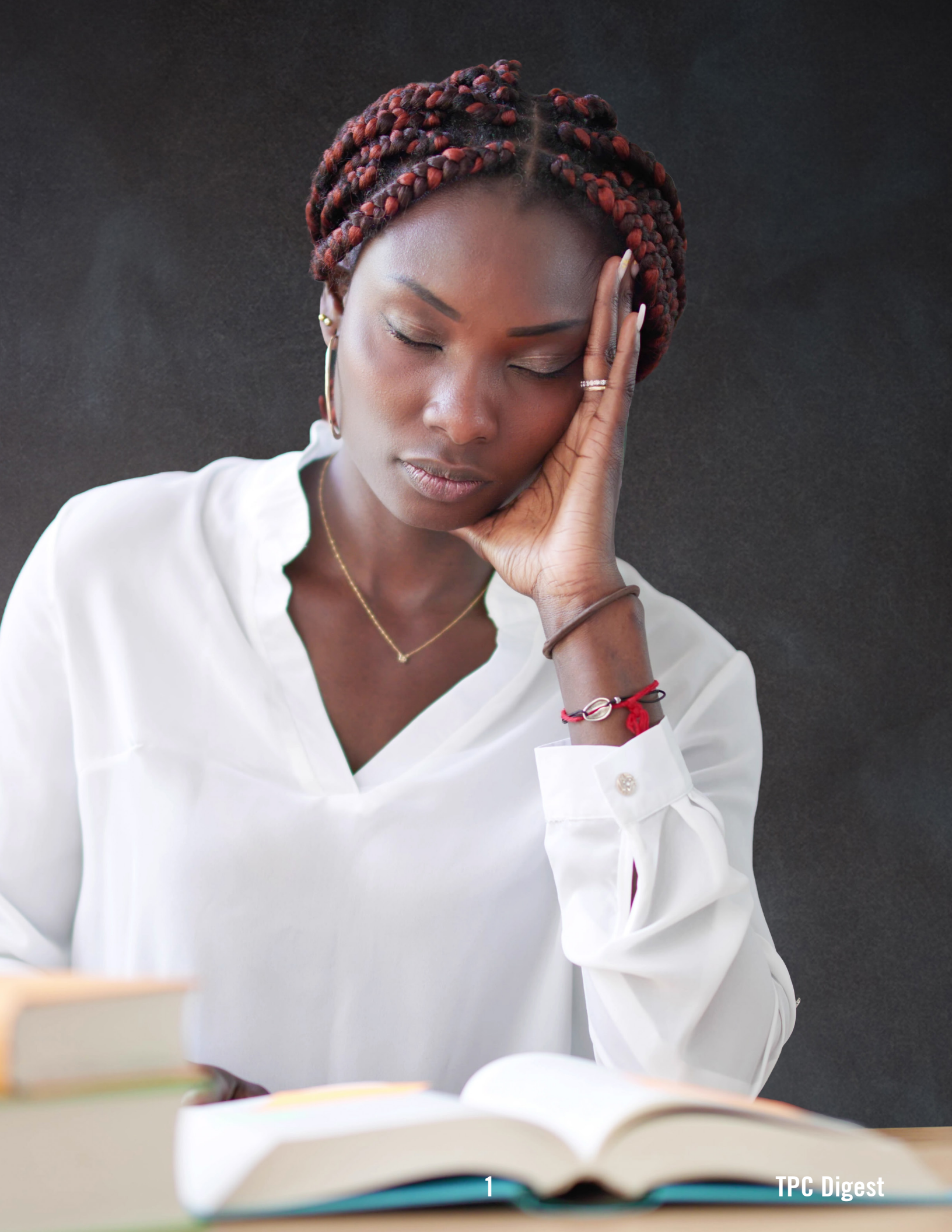
Read full article and references:

Brown, A. D., Dean, L. M., & Lyons, M. (2026). Racial trauma in academia: Experiences of Black women counselor educators. *The Professional Counselor*, *16*(2), 79–95. doi: 10.15241/adb.16.2.79



Counseling With a Child Holding Afghan Parolee Status in the United States

Shadin Atiyeh, Tahani Dari

The authors explore the unique challenges faced by Afghan children who arrived in the United States under humanitarian parole following the 2021 U.S. withdrawal from Afghanistan. Over 76,000 Afghans entered the country during this period, many of whom experienced conflict, trauma, and sudden displacement. Afghan parolees differ from traditional refugees because, although parolees can legally remain in the country for a limited time and receive certain benefits, they must independently apply for asylum or other immigration pathways to stay permanently. This legal uncertainty, combined with the abruptness of evacuation, creates significant stress for families. The authors highlight the wide cultural, linguistic, and ethnic diversity within Afghanistan. They caution counselors not to assume uniform experiences or beliefs among Afghan clients. Many Afghan children have faced violence, restricted schooling, family separation, and poverty—but these experiences vary, and counselors must avoid stereotypes. Additionally, trauma symptoms can appear or worsen in the United States due to ongoing stressors such as unstable housing, financial hardship, or discrimination.

The authors use the hypothetical case of Aaisha, a 10-year-old Afghan girl, to illustrate how schools and counselors can support young parolees as they adapt to a new country, culture, and education system. Aaisha's story illustrates how these challenges affect daily life. After leaving Afghanistan under dangerous conditions and staying in temporary housing in the United States, Aaisha is now adjusting to a new school, a new language, and the absence of extended family. She struggles with fear, sleep problems, grief, difficulty concentrating, and social isolation. Her teacher notices withdrawal and distraction, while Aaisha silently worries about her relatives back home and feels overwhelmed by school expectations.

To understand and respond to cases like Aaisha's, the authors recommend using an ecological approach, which considers every layer of a child's environment—family, school, community, past experiences, and cultural background. They utilize the EMPOWER framework, which helps counselors assess factors such as prior education, migration experiences, family strengths, trauma history, language needs, and available resources. Several evidence-based interventions can be adapted for Afghan youth. These include cognitive behavioral therapy (CBT) and trauma-focused CBT, which help children process traumatic memories and develop coping skills; art therapy, which allows children to express emotions nonverbally, especially helpful when language barriers exist; and peer support groups, which reduce isolation, build friendships, and support acculturation. Schools play a critical role because many refugee and immigrant children prefer receiving mental health support in the school setting. School-based clinics, counselors, teachers, interpreters, and families can collaborate to create safe, welcoming environments where students like Aaisha feel seen and supported.

Read full article and references:

Atiyeh, S., & Dari, T. (2026). Counseling with a child holding Afghan parolee status in the United States. *The Professional Counselor*, *16*(2), 96–105. doi: 10.15241/sa.16.2.96

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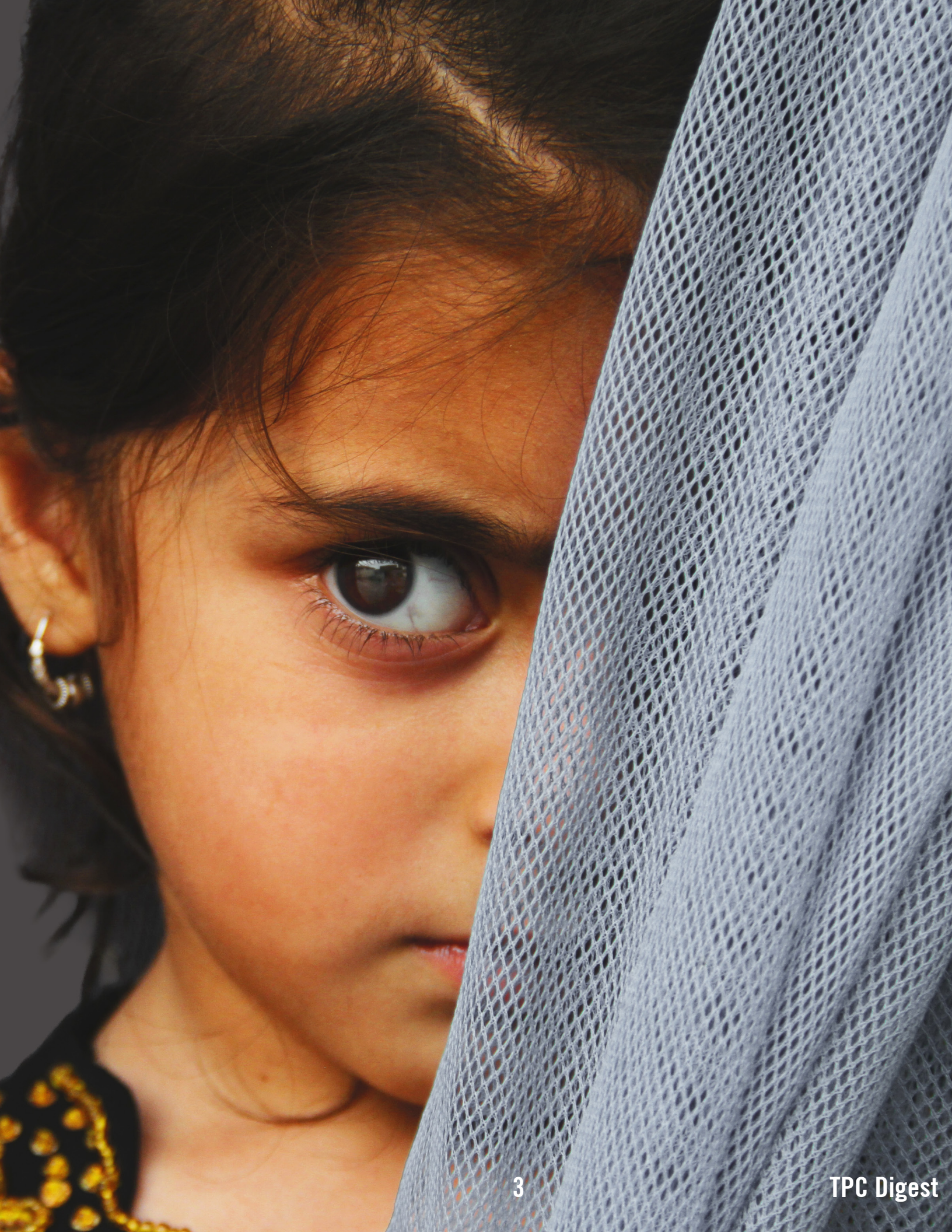

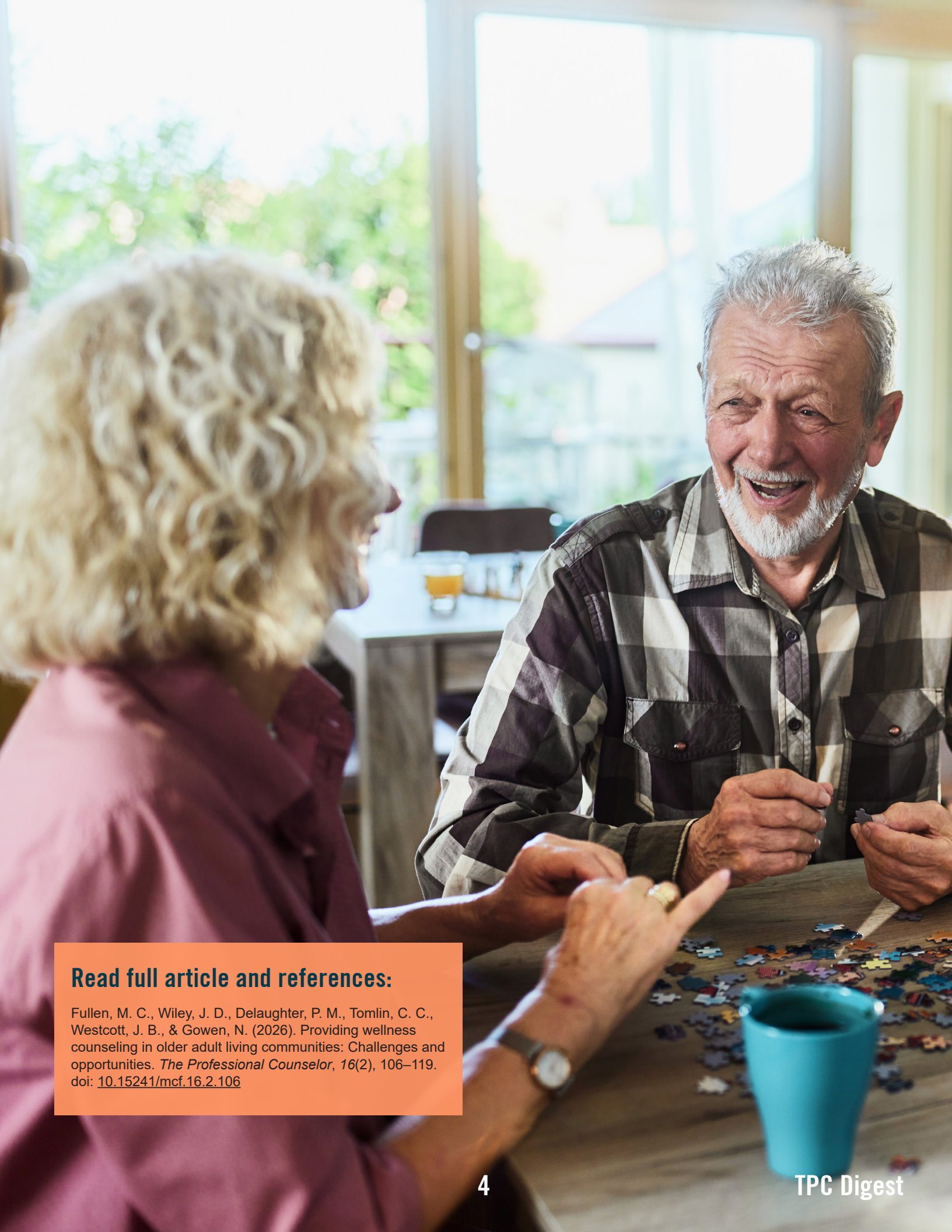

Read full article and references:

Fullen, M. C., Wiley, J. D., Delaughter, P. M., Tomlin, C. C., Westcott, J. B., & Gowen, N. (2026). Providing wellness counseling in older adult living communities: Challenges and opportunities. *The Professional Counselor*, *16*(2), 106–119. doi: 10.15241/mcf.16.2.106

Providing Wellness Counseling in Older Adult Living Communities

Challenges and Opportunities

Matthew C. Fullen, Jonathan D. Wiley, Paul M. Delaughter, Connie C. Tomlin, Jordan B. Westcott, Nick Gowen

Older Adult Living Communities (OALCs)—continuing care retirement communities, assisted living facilities, and long-term care settings—are increasing in number across the country. We describe the unique counseling needs of residents of OALCs and the specific strategies counselors can use to provide wellness-oriented mental health counseling services in these settings. We also discuss these strategies through the framework of the eight dimensions of wellness in older adulthood, which include physical, relational, emotional, developmental, spiritual, cognitive, contextual, and vocational domains.

Counselors who follow a wellness approach emphasize clients' strengths in overcoming vulnerabilities. Wellness counseling within an OALC starts with a comprehensive evaluation of a client's overall well-being. This process involves assessing their strengths and discussing how these strengths can help them achieve specific wellness goals while also addressing the challenges they may face. Counselors must actively support older adults as they navigate issues like grief and loss, adjust to new situations, maintain relationships, manage cognitive changes, address substance misuse, and confront ageism. By using a wellness framework, counselors can help clients talk about how these common challenges affect their well-being. In response, counselors can also identify clients' strengths and create strategies to prepare them to respond to specific difficulties.

Counselors in OALCs also need to be ready to work with clients from diverse backgrounds and to consider how factors such as gender, income, and religion can influence client wellness. In addition, counselors should be mindful of ageism and how it can overlap with other marginalized identities that affect older adults' aging experiences. Rather than expecting clients to explain their cultures, counselors should take the initiative to learn about clients' backgrounds, as well as adult development and aging. This way, clients can share their personal stories and experiences. Furthermore, counselors should advocate for fair access to resources within their workplaces and communities, assist clients in overcoming systemic obstacles, and create programs that address the specific needs of older adults.

We conclude by providing a case example that illustrates how a counselor within an OALC can apply a wellness counseling approach that considers a client's social and cultural contexts. A licensed counselor begins her role at a local continuing care retirement community, offering talk therapy services to residents, many of whom are seeking mental health support for the first time. She employs strategies to promote engagement and integrates the eight dimensions of wellness in a collaborative, strengths-focused manner while considering cultural and intersectional factors. Reflecting on her career, she recognizes that her previous focus on physical wellness often medicalized aging. By adopting a holistic approach to older adult mental health, she challenges her own ageist beliefs, emphasizing that wellness can exist at any age.

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Invisible Community

The Counseling Considerations of Working With MENA Individuals

Shane M. Faulk, Dania Fakhro

The counseling profession has long championed social justice, advocacy, and culturally responsive care, yet one community continues to be overlooked in both scholarship and clinical training: Middle Eastern and North African (MENA) Americans. In this article, we urge the counseling profession to develop a more informed, culturally grounded approach to working with MENA individuals—one that honors the complexity of their identities, histories, and lived experiences rather than subsuming them under broader multicultural frameworks that fail to capture their unique realities.

We emphasize that MENA Americans represent a highly diverse population with roots across more than 22 countries, encompassing a wide range of national origins, religious traditions, languages, and migration histories. Despite this richness, the community has been rendered largely invisible—excluded from U.S. census categories, underrepresented in psychological research, and rarely addressed in counselor preparation programs. This invisibility carries real clinical consequences, as counselors are increasingly likely to encounter MENA clients presenting with identity-related stress, discrimination, and trauma without having received meaningful preparation to address these concerns.

Drawing on sociopolitical history, acculturation theory, and culturally informed clinical literature, the article situates MENA mental health within the context of systemic marginalization, racialization, and ongoing global conflict. MENA individuals occupy a paradoxical position in U.S. society—legally classified as White yet persistently targeted in ways that diverge sharply from White experience. Discrimination intensifies around political events, and its cumulative impact has been associated with elevated rates of depression, anxiety, and identity confusion within this population. We argue that counselors who fail to account for these dynamics risk reproducing, within the therapeutic relationship, the very invisibility their clients experience in daily life.

The article also addresses the cultural values and psychosocial factors that shape how MENA individuals understand and communicate distress. Many come from collectivist, family-centric communities where mental health stigma, concepts of family honor, and the conflation of religion with psychological distress can serve as significant barriers to help-seeking. Somatic expressions of distress, indirect communication styles, and culturally specific idioms are common clinical presentations that require culturally informed interpretation rather than misattribution.

To close these gaps, we offer a framework for culturally responsive counseling practice across several domains: clinical intervention, counselor preparation, ethical practice, and future research. We recommend structured, directive approaches adapted to somatic presentation, psychoeducation to reduce stigma, trauma-informed care that accounts for intergenerational and displacement-related trauma, and family-sensitive practices that respect cultural hierarchy without compromising client welfare. We further call on counselor education programs to integrate MENA-specific content into multicultural coursework and on professional organizations to recognize this population as a distinct cultural group warranting dedicated attention.

Ultimately, we affirm that attending to the needs of MENA Americans aligns with the counseling profession's foundational commitments to equity, advocacy, and human dignity. Expanding the profession's cultural lens to include this long-overlooked community is not only an ethical imperative—it is an opportunity to more fully live out the values the profession has always claimed to hold.

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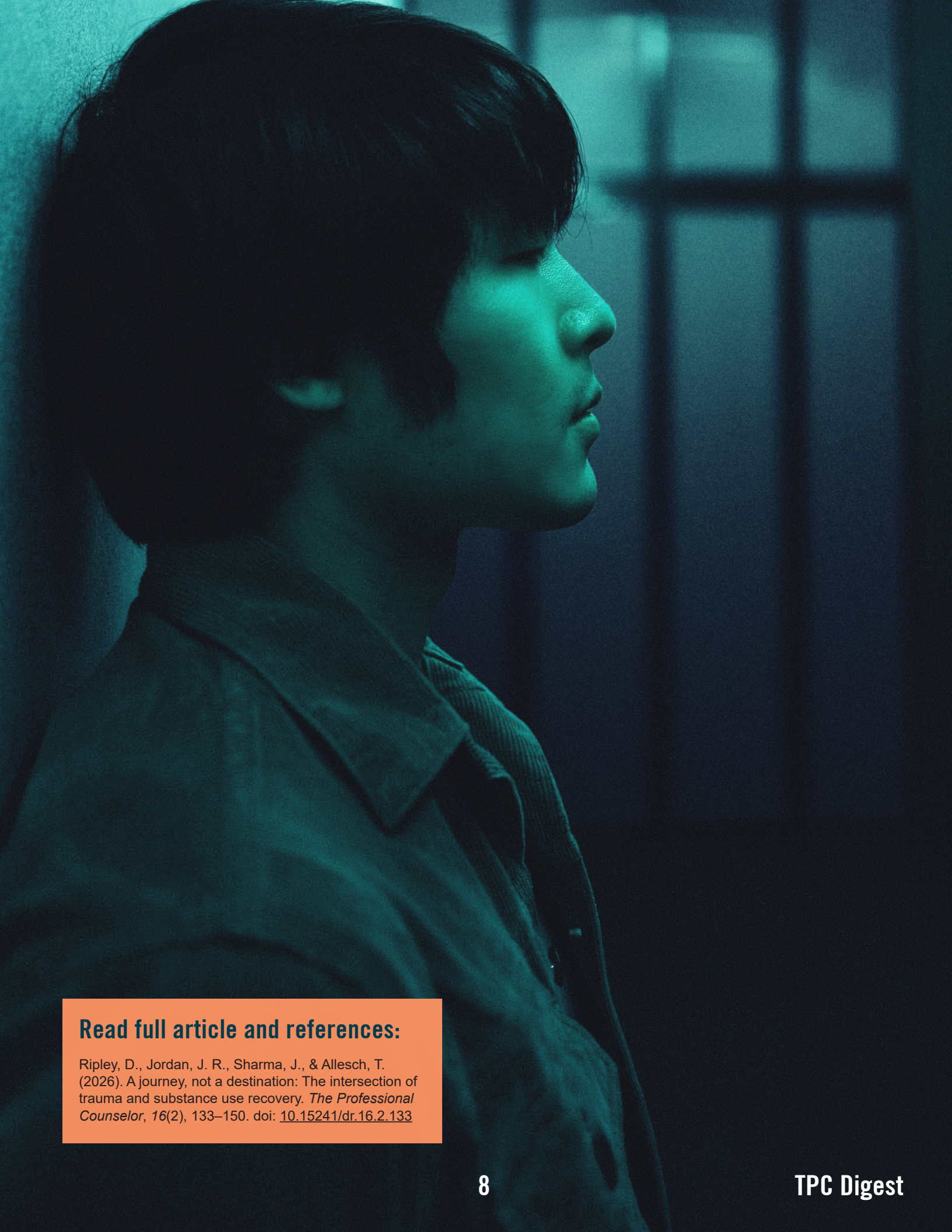
Read full article and references:

Faulk, S. M., & Fakhro, D. (2026). Invisible community: The counseling considerations of working with MENA individuals. *The Professional Counselor*, *16*(2), 120–132. doi: 10.15241/smf.16.2.120



Read full article and references:

Ripley, D., Jordan, J. R., Sharma, J., & Allesch, T. (2026). A journey, not a destination: The intersection of trauma and substance use recovery. *The Professional Counselor*, *16*(2), 133–150. doi: 10.15241/dr.16.2.133

A Journey, Not a Destination

The Intersection of Trauma and Substance Use Recovery

Dana Ripley, Justin R. Jordan, Jyotsana Sharma, Taylor Allesch

Counselors have long known that there is a connection between traumatic experiences and substance use addictions. This connection has been confirmed by research in recent decades. Counselors have often prioritized treating substance use issues first because of an assumption that clients are self-medicating mental health symptoms, including traumas. Historically, addiction treatment has been confrontational and often rigid, and has not emphasized a trauma-informed mentality. More recently, addressing both trauma and substance use struggles simultaneously has become more common and supported by research. Despite the known correlation between these co-occurring issues, little research has focused on the long-term recovery journey for people who have experienced both traumas and addiction.

Our study sought to address this gap in research by asking, "What is the experience of people who are in recovery from substance use and trauma?" We recruited and interviewed 10 individuals from peer recovery networks in Ohio, Kentucky, and Virginia about their dual recovery experiences. These individuals provided great insights about their recovery journeys, including discussing how they define recovery, the key relationships and services that supported their recovery, and how these two recovery processes overlapped. These interviews were rich with ideas about what facilitates dual recovery and their own unique pathways to healing.

We worked to capture the essence of these lived experiences in dual recovery by reviewing transcripts of each interview and distilling six themes that showed up in all 10 interviews. These themes were: *recovery from trauma and substance use is hard, recovery from trauma and substance use is an ongoing process, recovery includes structured support services, recovery is relational, recovery is self-discovery,* and *substance use and trauma recovery are interconnected. Recovery is hard* captured the shared experience that people face barriers to treatment and stability in moving forward from these struggles. *Recovery is an ongoing process* revealed that healing is a lifelong journey, not a place where people arrive in dual recovery. *Recovery includes structured support services* acknowledged the essential role treatment programs, mutual self-help groups, and other services played in helping people move from struggle to stability. Perhaps the most consistent and important theme from our interviews, *recovery is relational*, highlighted that no one finds recovery from substance use and trauma without the help of other people. Similarly, interviewees talked about becoming a new version of themselves in dual recovery, encapsulated in the theme of *recovery is self-discovery*. Finally, *substance use and trauma recovery are interconnected* highlighted the multidimensional approach necessary to treat both substance use and trauma. Treatment of one may be incomplete without the other; vigilance and effort is required for both.

Our participants are the true warriors of the journey we present through the themes of this research. They are living and have lived through these experiences, and we are honored that they trusted us with their stories. We hope that the components of dual trauma and substance use recovery identified in our study will help counselors understand, empathize, and plan more effectively for clients pursuing dual recovery.

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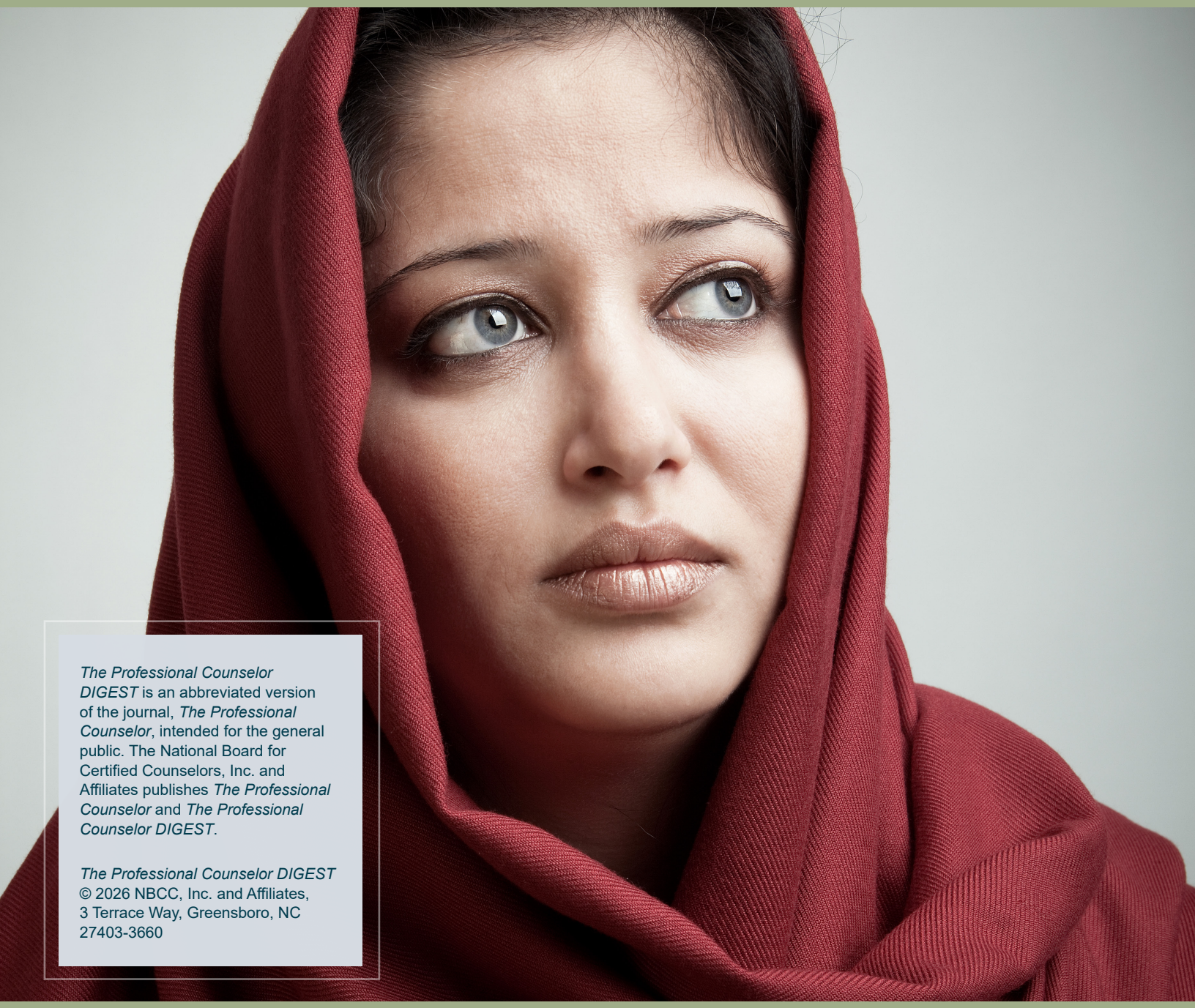

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