



# Culturally Competent Conversations for School Counselors, Part 1: The Importance of Counselor Self-Awareness

By: Dr. Shekila Melchior and Dr. Tamara Tribitt

## COUNSELORS FOR SOCIAL JUSTICE

*CSJ works to promote social justice by confronting oppressive systems of power and privilege that affect professional counselors and their clients.*

### INSIDE

- 1 The Importance of Counselor Self-Awareness
- 4 Bringing the Body Back into Therapy
- 6 An Opportune Moment for Advocacy for Latinx Clients
- 7 In Defense of Online Counselor Education
- 9 Student Poems
- 11 Board Member Spotlight: Dr. Lauren Shure
- 12 Announcements

It is vital that school counselors practice as culturally competent individuals in an effort to prevent perpetuating oppression of minoritized populations in our schools. As such, we (the authors; Dr. Melchior and Dr. Tribitt) have created a four-part series for the CSJ newsletter. The series promotes multicultural and social justice competency development in school counselors and provides an opportunity for readers to apply the concepts discussed through an active participation component. Instructions for this component can be found at the end of the article. Our first installment of the series will introduce multicultural and social justice competencies associated with our profession. We will then explore counselor self-awareness as a way to increase multicultural and social justice competency and ask readers to apply their knowledge to a case vignette. So let's get started ...

As stated in the ASCA Ethical Standards for School Counselors (2016), school counselors are expected to be "advocates, leaders, collaborators and consultants who create systemic change by providing equitable educational access" (p. 1). And it is our ethical duty to "monitor and expand personal multicultural



and social justice advocacy awareness, knowledge and skills to be an effective culturally competent school counselor. [We are to understand] how prejudice, privilege and various forms of oppression ... affect students and stakeholders" (ASCA Ethical Standards, 2016, Standard B.3.i). When we abide by these principles, we can deliver culturally responsive services to all students and and support stakeholders.

It can be challenging to meet the ASCA Ethical Standards if we are unfamiliar with how to remain engaged in our development or if we lack the resources needed to expand our multicultural and social justice awareness. Two resources that

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*Join the conversation by answering reflection questions on the case vignette provided at the end of this article—we'll share everyone's thoughts in the next installment of this series!*

could be helpful are the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) and the Social Justice Competencies (SJC; Constantine, Hage, Kindaichi, & Bryant's, 2007) as both discuss the “how to” of becoming a culturally competent counselor.

According to the MSJCC (Ratts et al., 2016), a counselor’s multicultural and social justice competence is the result of one’s development in the following domains: self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions. We will be highlighting each of these domains and supporting them with corresponding elements of the SJC in our four-part series. In this installment, we will be discussing the self-awareness domain.

Self-awareness as it pertains to our discussion is defined as “being cognizant of one’s attitudes, beliefs, and values regarding race, ethnicity, and culture, along with one’s awareness of the sociopolitical relevance of cultural group membership in terms of issues of cultural privilege, discrimination, and oppression” (Constantine et al., 2007, p. 24). Insight into our personal worldview helps us recognize and prevent oppressive practices in our schools. The MSJCC (Ratts et al., 2016) further break counselor self-awareness down into four parts: (1) attitudes and beliefs, (2) knowledge, (3) skills, and (4) action. All of which advocate for counselors to be aware of their social identities and their personal biases as well as acknowledge their status in

society and how their biases developed.

The SJC (Constantine et al., 2007) advocate for similar levels of counselor awareness. The SJC are comprised of nine competency mandates: (1) increase knowledge of how social injustices are experienced at individual, cultural and societal levels; (2) actively self-reflect on issues of race, ethnicity, oppression, power and privilege; (3) remain self-aware of how their power and privilege parallel experiences with oppression and injustice; (4) challenge interventions that hinder and exploit the well-being of individuals and groups; (5) increase knowledge of indigenous models of health and healing; (6) increase awareness of global issues and injustices; (7) develop and implement preventive interventions therapeutically; (8) collaborate with community stakeholders for culturally relevant services; and, (9) refine systemic and advocacy skills to promote social change in institutions and communities (Constantine et al., 2007; Melchior, 2017). The table below identifies how the MSJCC and SJC correspond as they pertain to counselor self-awareness.



MSJCC (Ratts et al., 2016)	SJC (Constantine et al., 2007)
<p><b>1. Attitudes and Beliefs:</b> Privileged and marginalized counselors are aware of their social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs and biases.</p>	<p>2. Actively self-reflect on issues of race, ethnicity, oppression, power and privilege.</p>
<p><b>2. Knowledge:</b> Privileged and marginalized counselors possess an understanding of their social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs and biases.</p>	<p>1. Increase knowledge of how social injustices are experienced at individual, cultural and societal levels.</p>
<p><b>3. Skills:</b> Privileged and marginalized counselors possess skills that enrich their understanding of their social identities, social group statuses, power, privilege, oppression, limitations, assumptions, attitudes, values, beliefs and biases.</p>	<p>3. Remain self-aware of how their power and privilege parallel experiences with oppression and injustice.</p>
<p><b>4. Action:</b> Privileged and marginalized counselors take action to increase self-awareness of their social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs and biases.</p>	<p>2. Actively self-reflect on issues of race, ethnicity, oppression, power and privilege.</p> <p>3. Remain self-aware of how their power and privilege parallel experiences with oppression and injustice.</p>

Now that you have been introduced to the importance of self-awareness in the context of being a multicultural and social justice-competent school counselor, let's apply the knowledge you have gained through active participation. Below is a case vignette illustrating the importance of self-

awareness as a school counselor. You are invited to read the vignette and share your answers to the questions via Google Forms. We will share everyone's thoughts in our next installment of the series when we address best practices that apply to this case.

## Culturally Competent Conversations Active Participation

*Read the case vignette below. We invite you to join our conversation by answering the reflection questions via the provided link. We will share your answers in our next installment of Culturally Competent Conversations for School Counselors.*

### Case Vignette

Viviana is a 15-year-old unaccompanied minor just arriving to the United States. Viviana learned English in her home country and is academically gifted. Her new teachers feel as though she is not capable of completing the work. Following WIDA testing, the results show that Viviana has tested out and is capable of the work being given. Her Honors History and English teacher continue to push back on her capabilities. The student feels discouraged and is willing to switch to the standard English and history class. Viviana currently lives with her Aunt and Uncle who are very supported but speak limited English.

### Reflection Questions

**Attitudes/Beliefs:** How might you explore your attitudes/beliefs as it relates to immigrant youth?

**Knowledge:** In what ways do your identities inform how you'll approach this vignette?

**Skills:** What skills do you believe will assist you in working with this student.

**Action:** How might you work with this student on her academic, social emotional and college/career development?

### [Join the Conversation](#)

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# Bringing the Body Back into Therapy

**By: Faith G. Harper, PhD, LPC-S, ACS, ACN**

*"With my studies of Eastern medicine and my Western medical knowledge, I've learned to look not for a cause but for a process."*

– Dr. Gary Kaplan

The literature is replete with indications that trauma shortens our lifespan. One of the largest longitudinal studies to date, the Adverse Childhood Events (ACEs) study, was conducted by the Center for Disease Control

in partnership with Kaiser Permanente. Trauma affects not just our emotional health but our physical health. For example, if you experienced an ACE, you are twice as likely to suffer from depression and twice as likely to develop cancer. Studies have also shown that

you are far more likely to suffer from heart disease, diabetes, obesity, irritable bowel disease, and migraines. Further, women who had faced three types of childhood adversity showed a sixty percent greater risk of being hospitalized with an autoimmune disease as an adult. Suffering six categories of early life stress shortened one's lifespan by twenty years.

But there is something fundamentally lacking in the attribution for why emotional trauma causes physical illness. The ACE study pyramids in the literature suggest that trauma—especially early trauma—disrupts our neurodevelopment. These neurodevelopmental delays then lead to social, cognitive, and emotional impairment, which in turn affects our ability to make healthy decisions.

Bottom line? Mainstream thought holds that trauma messes us up to the point that we are no longer capable of making healthy choices for ourselves. We therefore fill our bodies with toxins and never move off the sofa, leading to an early death. This is an oversimplification at best and victim shaming at worst. But even more importantly? It's untrue.

I have been interested in the mind-body connection throughout my career as a mental health clinician and academic. Over time, I became increasingly frustrated by

my inability to address these issues in practice. As any good overachiever would do, I drove myself to another city every month for a year and earned a certification in applied clinical nutrition. I was searching for a real, evidence-based connection between physical and emotional wellness.

Because I am first and foremost a trauma therapist, my main interest was in how trauma affects the body from a physical standpoint. In a nutshell? Trauma alters the immune system and metabolic system. These changes persist over time, making trauma survivors prone to many diseases.

## These are some of the changes that occur in the body:

- Chronic stress triggers hypoactivation of the HPA axis, decreasing cortisol production and down-regulating the glucocorticoid receptors.
- Emotional trauma causes an increase in inflammation throughout the body, including neuroinflammation.
- Microglia within the immune system remain upregulated, maintaining chronic inflammation and undermining our protective blood-brain barrier.
- Inflammation allows the development of autoimmune diseases (of which there are 150 and counting; approximately half of people in the US have at least one autoimmune disease.)
- Nrf2s, the protein that operates as the stress thermostat within the cells of the human body, become unresponsive.
- The epithelial lining of the stomach becomes compromised, allowing the passage of toxins, antigens, and bacteria into the bloodstream.

In essence, emotional trauma hurts the body in exactly the same ways that physical trauma does. If we are in a car accident, the resulting pain and inflammation is expected and treated. When emotional trauma occurs, the same pain and inflammation arises, but they usually go untreated. The body doesn't differentiate sources of pain, and neither should we.

Dietary changes, whole food supplements, and quality herbal supplements can provide remarkable support for recovery, and may even help minimize the need for prescription medications for many people. It should be noted, though, that while guiding clients toward a better understanding of the role nutrition plays in their emotional wellness stands well within a therapist's scope of practice, the details of a specific nutritional plan and supplements is better left to someone with more extensive training. It is vitally important that we do not operate beyond the boundaries of what we truly know. Trauma survivors may benefit from working with a functional medicine practitioner who can review their individual symptoms and lab work and create an individualized treatment plan.

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*"There is something fundamentally lacking in the attribution for why emotional trauma causes physical illness."*

## For many people, the following dietary actions can support the body's innate capacity for healing:

- Try a low antigenic diet to reduce inflammation. You may see this referred to as a traditional, paleo, or ancestral diet. This diet also increases gut flora.
- Reduce carbs in general (even rice and potatoes) and eliminate wheat, GMO foods, soy, dairy (at least pasteurized dairy), and sugars (HFCs, dextrose, fructose, white sugar).
- Meats and eggs should be organic, or at least antibiotic and hormone free. Limit the amount of grain-fed meat and eggs. Grass-fed beef and pastured poultry is best. Stick to local, organic whole eggs (especially cooked over easy).
- Increase complex plant fibers from fruits and vegetables, especially brassicas veggies (kale, broccoli, Brussels sprouts, etc.).
- Increase sulfur-rich foods (eggs, grass-fed beef, pastured poultry, brassica veggies, garlic, onions, avocado, coconut).
- Increase lacto-fermented foods for their probiotic properties.
- Add prebiotic foods (undigestible fibers) that give the probiotics something to snack on.
- Increase cytoprotective and anti-inflammatory dietary foods and spices (dark chocolate (YAY!), green tea, garlic, turmeric, rosemary, and vinegar).



A major consideration, of course, is cost. The foods that are federally subsidized and therefore inexpensive are not the ones that are good for us: corn, wheat, and soy. There are no government subsidies for broccoli and green tea. A depressing experiment? Read food labels at a grocery store and notice the frequent appearance of flour, corn syrup, and soy lectins in ingredient lists.

Individuals who have been subjected to multiple traumas are more likely to live in poverty. Yet I have had many low-income clients successfully make dietary changes by removing themselves from the industrialized food system and connecting to local, barter-based economics. Many people keep backyard chickens, maintain a small garden (or

partner with a community garden), learn to forage and wild-harvest, and become involved in programs such as [Food Is Free](#) and [Food Not Bombs](#).

But more so, those of us with power and voice in our communities have an obligation to whole-health advocacy. Fighting for our clients' rights to access health-supporting nutrition is as fundamental to their emotional wellness as other forms of mental health care. Healing begins within systems as much as within individuals.

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# Counselors at Crossroads: An Opportune Moment for Advocacy for Latinx Clients

**By: Angiemil Pérez Peña, MS, NCC, LPCA, and S. Anandavalli**

As of 2016, there are more than 10 million undocumented immigrants in the U.S. (Pew Research Center, 2016). This community faces unique challenges and barriers to accessing quality mental health care. A recent study found that 23% of adult undocumented immigrants living by the border are at an increased risk for mental health disorders (Garcini et al., 2017). Additionally, 14% of the population meets the criteria for clinical depression and 7% for clinical anxiety (Garcini et al., 2017). Between the recent changes to DACA policies and the separation of children from their families at the U.S. border, a generation of traumatized individuals may be in the making. Every day, Latinx living in the U.S. read stories detailing horrific treatment of community members both at the border and within the country. Their undocumented and “illegal” status exacerbates their vulnerability to mental health issues.

There has been significant research conducted on the impact of trauma on the mental and physical health of the Latinx population. Rivera, Forquer, and Rangel (2010) showed that many Latinx participants in their study experienced microaggressive remarks about immigration, including that all Latinxs are unlawful. McClure et al. (2010) studied the impact of trauma and discrimination on the physical health of Latinx immigrants. Findings suggested a linkage between perceptions of discrimination and raised blood pressure, increased body fat, and higher fasting glucose levels. These negative health outcomes compound the stress associated with limited language skills, transitioning to another country, and establishing safety for oneself and family members. Unfortunately, access to mental health is not always easy for this diverse group. Practical considerations (e.g., lack of health insurance, language barriers, limited access to reliable transportation) and cultural considerations (e.g., stigma associated with mental illness, culture of honor) both contribute to the low help-seeking behavior of undocumented Latinxs.

It is worth noting the additional struggles and barriers faced by immigrant students, including language acquisition which typically takes several years to gain. This period of acquisition often results in a deficit in academic

development which further perpetuates low education attainment and the cycle of poverty (O’Byron & Rogers, 2010). It is clear that the challenges of undocumented Latinxs are many and acute. However, the shortage of bilingual therapists and school counselors is severe. While we continue to see and expect an increase in the Latinx population, the counseling profession continues to be mostly represented by White, monolingual professionals. Consistent calls have been made to increase cultural diversity in counseling training programs. However, less than 5% of counseling faculty identify as Latinx (Zalaquett, Foley, Tillotson, Dinsmore, & Hof, 2008).

Given what we have learned through research and practice, the needs of Latinx clients are clear. Moving forward, it is important that more training on this specific population and client base be considered in graduate school programs and clinics across the U.S. (O’Byron & Rogers, 2010). For instance, encouraging discussions about bilingual concerns in the classroom could enhance the proficiency of novice counselors.

Additionally, providing opportunities for practitioner advocacy would allow clients to feel more heard and connected, further validating their experiences (Lerma, Zamarripa, Oliver, & Cavazos Vela, 2015). In this way, a directional shift needs to occur in graduate training programs; to seek opportunities to integrate cultural content into all courses rather than teaching one or two courses exclusively covering multicultural issues (Rogers, 2006).

A key component of meeting the needs of the Latinx population is to encourage and retain Latinx counseling students. As counselor education programs are traditionally comprised of White faculty, it is imperative that faculty members invest in helping Latinx students overcome challenging environments. Similarly, Lerma et al. (2015) identified the importance of a sense of family for students that identify as Latinx. This can be achieved by cultivating the collectivistic cultural value within the classroom as a way of creating a sense of family and fostering resilience among

***“Between the recent changes to DACA policies and the separation of children from their families at the U.S. border, a generation of traumatized individuals may be in the making.”***

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Latinx counseling students. Furthermore, consideration of more culturally competent approaches in teaching theory and counseling skills should be made (Lerma et al., 2015).

Advocacy on behalf of Latinx clients can no longer remain a conceptual idea. The call has been made. The opportune moment is now. How we choose to answer at this crossroad determines the direction of counseling as a profession.



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**S. Anandavalli** is an advanced doctoral student at the University of North Carolina at Greensboro. Her research interests include equity issues in access to counseling, multicultural counseling, and acculturation issues. She has clinical experience working with individuals with chronic mental health challenges in rural settings and individuals from racial and ethnic minoritized identities.

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## In Defense of Online Counselor Education

**By: Christina Chadick**

By the time I decided to go back to school to become a mental health counselor, my husband and I were living in Port Angeles, a rural town (population: 19,000) on the Olympic Peninsula of Washington State. The community doesn't have a four-year college, let alone an educational institution that awards graduate degrees. My husband had recently accepted a job as a middle school teacher in the

next town over and had signed a year-long contract with the school district. In other words, we were in no position financially or logistically to relocate. I was nervous about the prospect of enrolling in a distance program—Would future employers think I had a “second-class” degree? Would I be able to find a local internship on my own? Would I sufficiently absorb the material through an online platform? Would I make connections with my classmates?

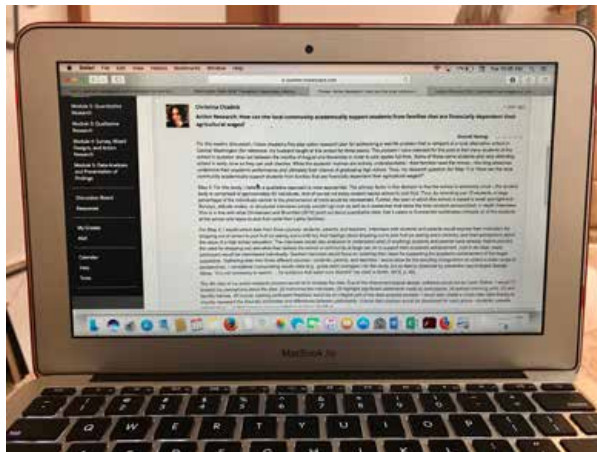
These concerns intensified when I browsed online forums for professional counselors to get a feel for the general consensus of online counselor education. What I read was discouraging: “What you gain in convenience you're almost certainly going to pay for in quality” (JAdlerly,

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2014, para. 1). “Unfortunately, many online programs do not comply with certain state standards and the degree just becomes ornamental” (Liz\_Bloodbathory, 2015, para. 1). “Your future hiring prospects would best be served by an in-person program” (ryanpsych, 2014, para. 1). Many counseling educators, too, are skeptical of distance programs. In one study, 31% of counselor educators reported a need to convince other faculty members that online learning can produce quality outcomes (Snow, Lamar, Hinkle, & Speciale, 2018).

Despite the skeptics, online counselor education is on the rise. Snow et al. (2018) estimates that at least 25% of individuals enrolled in a CACREP program are distance learning students—this translates to more than 12,000 counselors-in-training. Besides geographic constraints, many students opt for distance learning for other reasons that stem from a lack of access to a brick-and-mortar schools. Many of my classmates chose an online program because they worked full-time and did not have the privilege to reduce or rearrange their work schedules to accommodate daytime classes. Others were primary caregivers for children who were too young to attend school. This is why Devoney Looser, who teaches English at Arizona State University, views online education as a feminist issue: “One of my most talented online students was a stay-at-home parent living thousands of miles away from the university. She’s raising nine children under the age of 14. In what previous era would she have been able to continue her education?” (Looser, 2017, para. 12). It has also been noted that some students with chronic illnesses or mobility limitations prefer distance learning because it allows them to attend classes from comfortable study spaces at home.

Perhaps it is not surprising that online learners report statistically higher levels of counseling self-efficacy compared to students enrolled in brick-and-mortar classes (Watson, 2012). Counseling self-efficacy refers to an individual’s belief that he or she is capable of providing effective counseling services to clients. The researchers proposed several explanations for their findings. One possible reason they put forth is less affirming of distance students—that they were simply overconfident in their abilities. However, most of the possible explanations proposed by Watson (2012) speak to the seasoned nature of many online learners. He suggested, for example, that distance students (who tend to be older) can draw on a richer pool of personal and professional experience when it comes to working with clients. He also points out that



greater life experience can translate to counselors-in-training feeling equipped to deal with a wider range of client populations and presenting problems. Watson (2012) further proposed that the online learning environment itself is conducive to gaining a deeper understanding of course material given that students have greater influence over their pace of learning.

I ended up choosing the clinical mental health counseling program at Lamar University for three primary reasons: it was CACREP accredited, it was (relatively) affordable, and the curriculum exceeded my state’s educational requirements for licensure. As I write this article, I am three weeks post-graduation and all of my initial fears were unfounded. I secured a great internship at a tribal health clinic through local networking efforts. I developed meaningful friendships with my classmates complete with mutual support, camaraderie, and inside jokes. If passing the NCE is an indicator of possessing the necessary “knowledge, skills, and abilities ... [to provide] effective counseling services” (National Board for Certified Counselors, n.d., para 1), then my worry about not being able to absorb course content delivered online was unsubstantiated—my score exceeded my wildest expectations. I am pleased to report that I passed the ultimate test as well: employment. Soon after the conclusion of my internship, I received—and eagerly accepted—a job offer from my internship site.

***“To eschew online counselor education is to scoff at the efforts of folks who don’t have the physical, financial, or logistical ability to attend traditional classrooms.”***

The next time you hear of a student taking advantage of online counselor education, I urge you to challenge any automatic judgements that might arise. Not every would-be counselor has reasonable access to brick-and-mortar schools. Social justice-oriented counselors often emphasize the importance of providing accessible counseling services to disadvantaged communities. The same principle should also apply to counselor education and with equal conviction. To eschew online counselor education is to scoff at the efforts of folks who don’t have the physical, financial, or logistical ability to attend traditional classrooms. I’d argue that a group of people who have personally overcome access-related challenges would only enrich the pool of counselors—and its collective clinical work—not detract from it.



**Christina Chadick** graduated from Lamar University's clinical mental health counseling program in December 2018. She is currently waiting for her licensure application to be approved by Washington State—she is accepting good vibes, crossed fingers, and prayers for patience.

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The following two poems were written by two 8th grade students in Iowa as part of a spoken word unit for their English class. Both young women highlighted social justice themes on their own accord—the poems were selected for inclusion here in order to spotlight a few of the social justice voices of the next generation.



**Mari Miles** is an 8th grade student in Iowa who is passionate about social justice, learning, and making change.

## Matter

By: Mari Miles

When I grow up, I want to matter.  
I want to be able to walk down the street and not get shot by an officer.  
No, I want more than that.

I want you to stop looking at me differently.  
I'm human, too.

Stop judging me. Stop looking at me like  
I'm going to hurt you or pull out a gun.

I have emotions, too.  
I cry. I bleed.  
I hurt.

I'm not what you think I am.

Let me matter to someone or something.  
No.  
Hold me close and let me matter.

I don't want to be like all those famous black people  
who didn't matter when they were alive,  
But mattered when they died.

It's so hard being Black.

Maybe it's hard being White or other races.  
No.  
It's not like we pick our race.  
We are who we are.

People; that's who we are.

## What Would It Take For You To Care

*By: Blessing Street*

Society. It is so messed up. Not just for women, but for people of color, men, and LGBTQ.

Let's stop ignoring this problem and start acknowledging it.

One place to start is gender equality!

It's 2018, by now we should all be Feminist.

Being a Feminist isn't just about women, it's about men, too.

It's about gender equality for all!

The world is changing, you're going to have to accept it.

Gender inequality.

An idea that men and women aren't equal.

Men getting paid more than women.

Looking at your male colleagues and seeing they were paid \$100 more than you.

It's like going to a party and the entrance fee was \$2 for girls and \$5 for guys.

And this slut shaming, it needs to stop!

But let me stop talking.

It's up to you guys to make the change.

This generation.

Teens stand up for what they believe in.

This generation.

Women gather around the world and protest for equal rights.

This generation will bring equality.

I believe in this generation that equality is possible and it starts with you.

***Blessing Street** is an 8th grade student in Iowa who is passionate about social justice and gender equality.*

## BOARD MEMBER SPOTLIGHT: Dr. Lauren Shure

**Dr. Lauren Shure** is currently the president-elect of Counselors for Social Justice and an Associate Professor of Counseling at Barry University. Dr. Shure holds a B.S. in psychology, a M.Ed. and Ed.S. in marriage and family counseling, and a Ph.D. in counselor education with a specialization in clinical mental health counseling from the University of Florida. She is a Licensed Mental Health Counselor in Florida with extensive experience in crisis intervention and the treatment of trauma. Her professional interests include multicultural training and supervision, issues of educational equity and anti-bias education, resilience in LGBTQ youth, and family adjustment following a youth's disclosure of a diverse affectual or gender identity.

### **Of all the helping professions, why did you decide to become a professional counselor?**

I wish I could say that it was a very thoughtful and intentional decision, but the truth is that I believe counseling found me. I did not really know the difference between the helping professions when I began my master's program in couples and family counseling when I was 22-years-old. I was drawn to the idea of systems, believing that people did not develop presenting issues solely as a function of their own thoughts, feelings, or behaviors. As many in the helping professions do, I was probably also trying to understand my own family dynamics. Believing that we are social creatures, I liked the idea of working with families and assisting them in creating relationships and communication patterns that were fulfilling for them. I now use an ecosystemic model in my work with clients.

***“The longer I work as a counselor and counselor educator the more I realize how rooted in Western colonialist theories and practices much of what we learn and do is.”***

### **Psychologist Isaac Prilleltensky asserted that “The helping professions have a long history of perpetuating oppression with the most caring of attitudes.” What is your reaction to this comment?**

The longer I work as a counselor and counselor educator the more I realize how rooted in Western colonialist theories and practices much of what we learn and do is—that is, if we do not use multicultural competence and social justice to “decolonialize” these practices. This is demonstrated in the statistics showing that clients of color and those from low-income backgrounds are less likely to seek counseling, less likely to be helped by counseling, and more likely to terminate early. I think an awareness that Western counseling and psychology are not value-neutral and can be experienced as an imposition of values and practices for many clients is important. Of course, this means it is also important to modify our practice to meet the needs

of our clients and devote time and energy to increasing knowledge, developing skills, and taking actions that allow us to integrate non-Western theories and practices of healing when appropriate. I encourage every mental health professional to read Robert Guthrie's *Even the Rat Was White* which provides a historical account of the racist origins of psychology and psychological research in the United States.

Lately, in my personal life, I have been practicing and learning about Native American healing practices, such as the Lakota sweat lodge, and Eastern practices, such as yoga. I actually recently became a hatha/vinyasa yoga instructor. After experiencing how these methods of healing have been beneficial for me, I have begun the process of exploring how to integrate ancient Eastern wisdom and practices (e.g., yoga, meditation, mindfulness) into my counseling practice and teaching. I am also considering how I can do this with indigenous and other ancient wisdoms and practices, while

honoring their sacredness and being mindful about the risks of appropriation.

### **What does it mean to adopt a social justice lens in clinical practice?**

Adopting a social justice lens in my clinical practice means at least two things. First, using a social justice and intersectionality framework in my conceptualization of clients assists me in creating a space where a client can feel safe enough to bring their whole self into the counseling process. I often use the RESPECTFUL Model to conceptualize my clients and to encourage them to explore the various aspects of their identity, when appropriate. Using an ecosystemic lens also allows me to engage my clients in conversation about their identity and factors of their identity that may serve to privilege or marginalize them.

Second, I use a social justice model in my teaching, engaging my students in conversations about the “isms” and how they are connected, as well as the dynamics of privilege and marginalization. A goal I have in my teaching practice is to create an educational environment that facilitates the development of critical consciousness. I believe being a social justice advocate requires us to work, as the ACA Advocacy Competencies present, in the community and public arenas, engaging in prevention and advocacy work. For me, it also involves a continuous process of actively working to develop a “non-racist white identity,” along with advocate and ally identities. I am also sensitive to the perspective that “advocates” and “allies” are not identities—they are behaviors and actions, which are continuous processes.

### What current issues do you think are particularly salient to professional counselors and their clients?

Some would say that there has always been a culture of violence and intolerance to difference in the U.S. I think particularly now there is a culture of intolerance developing that seeks to marginalize and oppress those already marginalized in our society. I could list several groups of people facing current and historic issues we need to address, such as immigrants, Native Americans, Muslims, transgender people, African Americans, etc. From a social justice perspective, I believe all the “isms” and intolerance that fuel marginalization and oppression are connected and are symptoms of a larger societal issue: the perpetuation of racism, sexism, classism, etc. and a grappling with who we are as a nation and who we want to be.

As demographics in this country continue to shift, how can we come together as a nation, bring all voices to the table, and implement policies that truly allow all people to access the fundamental rights of “life, liberty and the pursuit of happiness”? I do not know the answer, but things like the [A Nation at Hope](#) report that was just released by the National Commission on Social, Emotional and Academic Development gives me hope that there is a vision and plan for developing compassionate, emotionally intelligent, civically engaged, and academically prepared youth. Youth education is also an issue that many professional counselors are well-positioned to tackle.

### What social justice advocates or organizations do you think are doing particularly important work in 2019?

Wow, there are so many! I think that many social justice advocates and organizations have been enlivened by the current administration’s threat to civil rights. The ones we are probably all familiar with are [Black Lives Matter](#) and the [#MeToo](#) movement. There are also so many local grassroots agencies doing incredible work, and networks that coordinate and resource these kinds of efforts, such as the [Indigenous Environmental Network](#), the [Fair Immigration Reform Network](#), and the [National Organization for Women](#). The [National Criminal Justice Association](#) continues to be a powerhouse, as well as [CODEPINK: Women for Peace](#), and the [Transgender Law Center](#). The [Southern Poverty Law Center](#) has been doing important and consistent work since 1971. I know I am leaving many agencies off this list that are doing important work. I think 2016 was a HUGE wake up call for many people who are now (or continue to be) organizing and fighting for social justice.

## ANNOUNCEMENTS



### ■ Seeking CSJ Leadership Positions

CSJ is currently looking to fill the following positions:

**Membership Chair:** Promotes CSJ membership, coordinates publicity and public relations, and works closely with the Communications Officer, Marketing and Public Relations Committee, and the ACA Director of Membership Development. Please contact Tamara Tribitt at [Tamara\\_Tribitt@Redlands.edu](mailto:Tamara_Tribitt@Redlands.edu) if interested.

**Newsletter Co-Editor:** Recruits writers, edits articles, and occasionally contributes original pieces for publication. The ideal candidate would be an above-average writer and have a proactive working style. Please contact Christina Chadick at [electivethinking@gmail.com](mailto:electivethinking@gmail.com) if interested.

(Continued on next page.)

**■ CSJ in New Orleans!:**  
**Where to Find us at the 2019 ACA Conference**

<b>Thurs., March 28</b> 1:00–2:30 p.m.	<b>Town Hall:</b> Learn about CSJ’s latest initiatives!
<b>Thurs., March 28</b> 3:30–5:00 p.m.	<b>Awards Event/20th Anniversary Celebration</b>
<b>Sat., March 30</b> 7:30–8:30 a.m.	<b>Presentation:</b> “Applying Advocacy Strategies for Clients and Community Empowerment and Wellness” <i>Presented by Rebecca L. Toporek and Judy Daniels</i>
<b>Sat., March 30</b> 2:00–3:30 p.m.	<b>Interdivisional Summit</b> with CSJ, AMCD, ASERVIC, and ALGBTIC
<b>Sun., March 31</b> 8:45–10:15 a.m.	<b>Presentation:</b> “Indigenous Concerns and Visibility in the Counseling Profession in the U.S.” <i>Presented by Amney J. Harper, Alaina Hanks, Renae Swanson, and Judy Daniels</i>
<b>Sun., March 31</b> 10:00–10:30 a.m.	<b>Poster Presentation:</b> “Social Justice and Leading University Graduate Organizations: CSJ-UA’s Experience” <i>Presented by Frannie Neal and Dr. Vanessa M. Perry</i>

**Conference Volunteers Needed!**

CSJ is looking for volunteers to staff our Expo Booth in New Orleans! Please consider giving two hours of your time at the ACA Conference to operate the booth and share information about CSJ.

To sign-up for one of the time slots to the right, please click [here](#).

**Volunteer Time Slots**

<b>Thurs., March 28:</b>	4:00–6:30 p.m.
<b>Fri., March 29:</b>	10:00 a.m.–12:00 p.m.
<b>Fri., March 29:</b>	12:00–2:00 p.m.
<b>Fri., March 29:</b>	2:00–4:00 p.m.
<b>Fri., March 29:</b>	4:00–6:30 p.m.
<b>Sat., March 30:</b>	10:00 a.m.–12:00 p.m.
<b>Sat., March 30:</b>	12:00–2:00 p.m.



**Questions About Volunteering?**

Please contact Frannie Neal at [fneal@email.arizona.edu](mailto:fneal@email.arizona.edu)

## ■ Seeking Volunteers for New Taskforce!

CSJ is pulling together a taskforce of 10-12 individuals invested in different aspects of social justice in our field who can help operationalize the social justice competencies through a certificate training program. The CSJ Social Justice Advocacy Certificate Training Program Taskforce will create a manualized competency training to benefit counselors in their own social justice action and that counselors can use to train community leaders.

**If you are interested in assisting with this project, please respond directly to**

LoriAnn Stretch at [LStretch@thechicagoschool.edu](mailto:LStretch@thechicagoschool.edu).

Please provide a brief introduction, indicate if you can commit to actively serving on the taskforce for up to two years, and what you hope to gain from this experience.

Please submit emails of interest by **February 28, 2019**. The taskforce will begin meetings in March 2019.



## ■ 2019 Webinar Schedule

**Join CSJ (and other divisions!) on webinars that promote multiculturalism, diversity, and advocacy within the counseling profession!**

<b>Tue., Feb 19</b> 3:00–4:00 p.m. EST	<b>Legalization of Illicit Substances: Exploring the Ecosystemic Impact</b> <i>Presented by Regina Moro, PhD and Lauren Shure, PhD (IAAOC &amp; CSJ collaboration)</i>
<b>Mon., March 11</b> 1:00–2:00 p.m. EST	<b>The Use of Service-Learning to Promote Social Justice Within and Beyond the Classroom</b> <i>Presented by SACES Service Learning Interest Network Chairs and Laura Pignato, M.S. (SACES &amp; CSJ collaboration)</i>
<b>Wed., April 17</b> 1:00–2:30 p.m. EST	<b>Pathways Towards Interdisciplinarity and Systematic Agendas for Social Justice and Advocacy: Implications with the AMCD Summit</b> <i>Presented by Shon Smith, PhD, Adrienne N. Erby, PhD, LPC, NCC, Margarita Martinez and Christian D. Chan, PhD, NCC, (AMCD &amp; CSJ collaboration)</i>
<b>Tue., May 14</b> 1:00–2:00 p.m. EST	<b>Action Research: Documenting Social Justice Interventions</b> <i>Presented by Colette Dollarhide, PhD</i>
<b>Mon., June 17</b> 1:00–2:15 p.m. EST	<b>Strategies for Creating Spaces of Equity and Inclusion in Higher Education (Part Two)</b> <i>Presented by Natoya Haskins, PhD (SACES &amp; CSJ collaboration)</i>



Follow us on [Eventbrite](#) or our new CSJ Professional Development [Facebook page](#) to receive notifications for webinar registration.



## LEADERSHIP

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**Advocacy Committee:** Shekila Melchior

**Professional Development Committee:** Laura Pignato

**Research Committee:** Colette Dollarhide

**Awards Committee:** Candice Norris-Brown

**ACA Conference Committee:** Frannie Neal,  
Michaiah Dominguez-Miller

**Mentoring & Leadership Development Task Force:**  
Ebony White

### Publication Editors

**Journal of Social Action in Counseling & Psychology:**

Lawrence H. Gerstein, Pamela Valera

**Newsletter:** Christina Chadick