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Attachment, Self-Esteem, and Psychological Distress: A Multiple-Mediator Model



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The present study examined the relationships between childhood attachment, adult attachment, self-esteem, and psychological distress; specifically, it investigated the multiple mediating roles of self-esteem and adult attachment on the association between childhood attachment and psychological distress. Using 1,708 adult participants, a multiple-mediator model analysis following bootstrapping procedures was conducted in order to investigate the mechanisms among childhood and adult attachment, self-esteem, and psychological distress. As hypothesized, childhood attachment was significantly associated with self-esteem, adult attachment, and psychological distress. Self-esteem was found to be a significant mediator for the relationship between childhood attachment and adult attachment. In addition, adult attachment significantly mediated the relationship between self-esteem and psychological distress. The results provide insight on counseling interventions to increase adults' self-esteem and attachment security, with efforts to decrease the negative impact of insecure childhood attachment on later psychological distress.

Keywords: childhood attachment, adult attachment, self-esteem, psychological distress, mediator

Attachment has been widely documented across disciplines, following Bowlby's (1973) foundational work known as *attachment theory*. *Attachment*, in the context of child–parent interactions, is defined as a child's behavioral tendency to use the primary caregiver as the secure base when exploring their surroundings (Bowlby, 1969; Sroufe & Waters, 1977). Research has shed light on the significance of childhood attachment in predicting individuals' intrapersonal qualities such as self-esteem and emotion regulation during adulthood (Brennan & Morris, 1997), interpersonal orientations examined through attachment variation and adaptation across different developmental stages (Sroufe, 2005), and overall psychological well-being (Cassidy & Shaver, 2010; Wright et al., 2014).

Given its clinical significance, attachment has gained increased interest across disciplines. For example, childhood attachment was found to significantly predict coping and life satisfaction in young adulthood (Wright et al., 2017). Relatedly, a 30-year longitudinal study reinforces the vital role of childhood attachment in predicting individuals' development of "the self and personality" (Sroufe, 2005, p. 352). Sroufe's (2005) study reinforced the vital role of attachment across the life span. As an outcome variable, attachment is asserted to be associated with empathy (Ruckstaetter et al., 2017) and parenting practice in the adoptive population (Liu & Hazler, 2017). Considering the interplay between individuals' relationship involvement and their living contexts (Bowlby, 1973; Sroufe, 2005), attachment is examined at different stages generally labelled as *childhood attachment* and *adult attachment*, with the former focusing on the infant/child–parent relationship and the latter on adults' generalized relationships with intimate others (e.g., romantic partners, close friends). Because of the abstract nature of attachment, it is commonly measured in the form of childhood attachment styles (Ainsworth et al., 1978) or adult attachment orientations (Turan et al., 2016).

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Conceptual Framework

The present study is grounded in *attachment theory*, which is centered around a child's ability to utilize their primary caregiver as the secure base when exploring surroundings, involving an appropriate balance between physical proximity, curiosity, and wariness (Bowlby, 1973; Sroufe & Waters, 1977). A core theoretical underpinning of attachment theory is the *internal working model* capturing a child's self-concept and expectations of others (Bretherton, 1996). Internal working models of *self* and *other* are complementary. Namely, a child with strong internal working models is characterized with a perception of self as being worthy and deserving of love and a perception of others as being responsive, reliable, and nurturing (Bowlby, 1973; Sroufe, 2005).

In the context of attachment theory, childhood attachment is considered an outcome of consistent child-caregiver interactions and serves as the foundation for individuals' later personality development (Bowlby, 1973; Sroufe, 2005). In line with child-caregiver interactions, Ainsworth et al. (1978) came up with three attachment styles based upon Bowlby's seminal work, including *secure*, *anxious-ambivalent*, and *anxious-avoidant* attachment, following sequential phases of laboratory observations. Attachment theory was subsequently extended beyond the child-parent relationship to include later relationships in adulthood, given the parallels between these relationships (Cassidy & Shaver, 2010). Likewise, four distinct adult attachment styles (i.e., *secure*, *dismissing*, *preoccupied*, and *fearful*) are referred to based on the two-dimensional models of self and other (Konrath et al., 2014). Adult attachment styles are commonly examined under two orientations: *attachment avoidance* and *attachment anxiety* (Turan et al., 2016). Individuals showing low avoidance and low anxiety are considered securely attached, whereas those with high levels of anxiety and avoidance tend to be insecurely attached. Although childhood attachment and adult attachment are broadly considered distinct concepts in the literature, they share a spectrum of behaviors spanning from secure to insecure attachment. The levels of avoidance and anxiety involved in these behaviors are used as parameters to differentiate securely attached individuals from those who are insecurely attached.

Childhood Attachment, Self-Esteem, and Adult Attachment

Despite the conceptual overlaps, childhood attachment to caregivers and adult attachment to intimate others are commonly investigated as two distinct variables associated with individuals' needs and features of different relationships. Childhood attachment captures a child's distinct relationship with the primary caregiver (e.g., the mother figure) as well as their ability to differentiate the primary caregiver from other adults (Bowlby, 1969, 1973), whereas adult attachment may involve an individual's multiple relationships (with parents, a romantic partner, or close friends). Noting the general stability of attachment from childhood to adulthood (Fraley, 2002), previous conceptual work stresses the importance of contexts in individuals' attachment involvement, highlighting that "patterns of adaptation" and "new experiences" reinforce each other in a reciprocal way (Sroufe, 2005, p. 349). For instance, an individual may develop secure attachment in adulthood because of healthy interpersonal experiences likely facilitated by trust, support, and nurturing received from significant others or their relationships, despite showing insecure attachment patterns in early childhood. A dynamic view of attachment development is thus warranted.

From a dynamic lens, researchers have generated evidence for the association between childhood attachment and adult attachment (Pascuzzo et al., 2013; Styron & Janoff-Bulman, 1997). For example, in a study of 879 college students (Styron & Janoff-Bulman, 1997), participants' perception of their childhood attachment to both mother and father significantly predicted 7.9% of the variance in their adult attachment scores. Similarly, Pascuzzo et al. (2013) followed 56 adolescents at age 14 through age

22 and found that attachment insecurity to both parents and peers during adolescence was significantly associated with anxious romantic attachment in adulthood as measured by the Experience in Close Relationships Scale (ECR; Brennan et al., 1998). Studies that rely on retrospective data to assess childhood attachment (e.g., Styron & Janoff-Bulman, 1997) may be limited in validity because of time elapsed and potential compounding variables.

Childhood attachment is well recognized as the foundation for the growth of self-reliance and emotional regulation (Bowlby, 1973). Aligning with self-reliance, self-esteem appears to be frequently studied primarily through *self-liking* and *self-competence* (Brennan & Morris, 1997). Brennan and Morris (1997) defined self-liking as general self-evaluation based on perceived positive regard from others, and self-competence as concrete self-evaluation based on personal abilities and attributes. Previous research has suggested that secure attachment (to parents and peers) is significantly associated with higher levels of self-esteem (e.g., Wilkinson, 2004). In contrast, individuals who reported insecure attachment tended to endorse low self-esteem (Gamble & Roberts, 2005).

These results provide theoretical and empirical evidence for links between childhood attachment and adult attachment, but these links are likely to be indirect and mediated by other relevant variables from developmental perspectives. To our knowledge, no study has investigated the effect of self-esteem on the relationship between childhood attachment and adult attachment. The theoretical framework of attachment theory indicates that childhood attachment can have not only direct effects on adult attachment, but also indirect effects on adult attachment via self-esteem. In order to develop effective interventions tackling issues with adult attachment, it is important to examine potential mediators (e.g., self-esteem) between childhood attachment and adult attachment. To address this gap, the present study tests this hypothesized mediation function of self-esteem with a nonclinical sample of adults.

Self-Esteem, Attachment, and Psychological Distress

The extant literature comprises prolific information on the relationship between attachment and psychological well-being (Gnilka et al., 2013; Karreman & Vingerhoets, 2012; M. E. Kenny & Sirin, 2006; Turan et al., 2016; Wright et al., 2014). Existing evidence focuses on the relationship between adult attachment orientations and individuals' psychological well-being (e.g., Karreman & Vingerhoets, 2012; Lynch, 2013; Roberts et al., 1996; Sowislo & Orth, 2013). Nevertheless, previous research has shed some light on the role of early childhood attachment in predicting psychological distresses in adulthood, including depression and anxiety (Bureau et al., 2009; Lecompte et al., 2014; Styron & Janoff-Bulman, 1997). Lecompte and colleagues (2014) conducted a longitudinal study of a sample of preschoolers ($N = 68$) with data collected at 4 years and again at 11–12 years; results of the study suggested that children with disorganized attachment at the baseline scored higher in both anxiety and depressive symptoms compared to those classified as securely attached.

Likewise, the effect of self-esteem on psychological distress is well established. A meta-analysis on 80 longitudinal studies published between 1994 and 2010 yielded consistent evidence supporting the relationship between low self-esteem and depressive symptoms (Sowislo & Orth, 2013). More recently, Masselink et al. (2018) examined data collected at four different points of participants' development from early adolescence to young adulthood, which demonstrated that low self-esteem constitutes a persistent risk factor for participants' depressive symptoms across developmental stages. Moreover, self-esteem scores in early adolescence significantly predicted the participants' depressive symptoms at later stages, specifically during late adolescence and young adulthood.

Research has also supported the association between self-esteem, adult attachment, and psychological distress. Lopez and Gormley (2002) followed 207 college students from the beginning to the end of their freshman year and identified adjustment outcomes in association with the participants' attachment styles and changes of their attachment styles measured by the ECR (e.g., secure-to-insecure attachment, insecure-to-secure attachment). The authors found that participants who remained securely attached scored higher in self-confidence and lower in both psychological distress and reactive coping compared to those who reported consistent insecure attachment. Moreover, participants who maintained secure attachment presented better outcomes in self-confidence and psychological well-being than the comparative group with secure-to-insecure or insecure-to-secure attachment changes (Lopez & Gormley, 2002). Adult attachment (measured by the ECR) was also found to be a mediator for the effects of traumatic events on post-traumatic symptomatology among a sample of female college students (Sandberg et al., 2010). In addition, Roberts et al. (1996) suggested attachment insecurity contributed to negative beliefs about oneself, which in turn activated cognitive structures of psychological distress, such as depression and anxiety, with a sample of 152 undergraduate students.

Taken together, the literature provides consistent support for the significant relationships between childhood attachment and various outcome variables in later adulthood, including adult attachment, self-esteem, and psychological distress. It further reveals a two-fold gap: (a) the variables tended to be investigated separately in previous studies, yet the mechanisms among these variables remained underexplored; and (b) little is known about the role of self-esteem and adult attachment in the association between childhood attachment and psychological distress. Disentangling the mechanisms, including potential mediating roles, involved in the variables will enrich the current knowledge based on attachment and can facilitate counseling interventions surrounding the effects of childhood attachment. In tackling the gap, three hypotheses were posed:

1. Childhood attachment is significantly associated with adult attachment, self-esteem, and psychological distress.
2. Self-esteem mediates the relationship between perceived childhood attachment and adult attachment.
3. Adult attachment mediates the relationship between self-esteem and psychological distress.

Method

Participants

Of the 2,373 voluntary adult participants who took the survey, 1,708 (72%) completed 95% of all the questions and were retained for final analysis. Among the participants, 76.2% ($n = 1,302$) were female, 22.3% ($n = 381$) were male, and 1.3% ($n = 25$) chose not to specify their gender. The mean age of the participants was 29.89, ranging from 18 to 89 years old ($SD = 12.44$). A total of 66.3% ($n = 1,133$) of participants described themselves as White/European American, 8.7% ($n = 148$) as African American, 10.2% ($n = 175$) as Asian/Pacific Islander, 2.6% ($n = 44$) as American Indian/Native American, 7.3% ($n = 124$) as biracial or multiracial, 3.6% ($n = 61$) as other race, and 1.3% ($n = 23$) did not specify.

Sampling Procedures

The study was approved by the university's IRB. We posted the recruitment information on various websites (e.g., Facebook, discussion board, university announcement board, Craigslist) in order to recruit a diverse pool of participants. Individuals who were 18 years old or above and were able to

fill out the questionnaire in English were eligible for participating in this project. Participants were directed to an online Qualtrics survey consisting of the measures discussed in the following section. An informed consent form was included at the beginning of the survey outlining the confidentiality, voluntary participation, and anonymity of the study. Participants were prompted to enter their email addresses to win one of ten \$15 e-gift cards. Participants' email addresses were not included in the survey questions and data analysis.

Measures

Psychological Distress

Psychological distress was measured using the 10-item Kessler Psychological Distress Scale (K10; Kessler et al., 2003). Participants were asked about their emotional states in the past four weeks (e.g., "How often did you feel nervous?"). Responses were rated on a 5-point scale ranging from 0 (*None of the time*) to 4 (*All of the time*). Scores were averaged, with a higher score indicating a higher level of psychological distress. Previous studies using K10 have provided evidence of validity (Andrews & Slade, 2001). The internal consistency for K10 has been well established with a Cronbach's alpha coefficient ranging from .88 (Easton et al., 2017) to .94 (Donker et al., 2010). In this study, the Cronbach's alpha coefficient was .94.

Childhood Attachment

Childhood attachment was measured using the Parental Attachment subscale of the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987). Previous research has demonstrated evidence that this measure has great convergent and concurrent validity (M. E. Kenny & Sirin, 2006). The IPPA has been used to recall childhood attachment in adult populations (Aspelmeier et al., 2007; Cummings-Robbeau et al., 2009). This 25-item subscale directs participants to recall their attachment to the parent(s) or caregiver(s) who had the most influence on them during childhood. The subscale consists of three dimensions, including 10 items on *trust*, nine items on *communication*, and six items on *alienation*. Some sample items are: "My parent(s)/primary caregiver(s) accepts me as I am" for *trust*, "I tell my parent(s)/primary caregiver(s) about my problems and troubles" for *communication*, and "I do not get much attention from my parent(s)/primary caregiver(s)" for *alienation*. Participants rated the items using a 5-point Likert scale ranging from 1 (*Almost never or never true*) to 5 (*Almost always or always true*). Items were averaged to form the subscale, with a higher score reflecting more secure childhood attachment. The subscale has demonstrated high internal consistency with a Cronbach's alpha of .93 (Armsden & Greenberg, 1987). In the present study, Cronbach's alpha for the subscale was .96.

Adult Attachment

Adult attachment was measured using the ECR (Brennan et al., 1998). The ECR consists of 36 items with 18 items assessing each of the two orientations: *attachment anxiety* and *attachment avoidance*. In order to avoid confounding factors, we only assessed adult attachment with close friends or romantic partners, as relationships with parents can confound the childhood attachment outcomes. Responses were rated on a 7-point Likert scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Two scores were averaged, with a higher score reflecting a higher level of attachment anxiety or avoidance. In terms of validity, the ECR subscales have been found to be positively associated with psychological distress and intention to seek counseling, and negatively associated with social support (Vogel & Wei, 2005). The ECR has a high internal consistency for both the *anxiety* ($\alpha = .91$) and *avoidance* ($\alpha = .94$) dimensions (Brennan et al., 1998). For this study, Cronbach's alphas for *attachment anxiety* and *attachment avoidance* were .93 and .92, respectively.

Self-Esteem

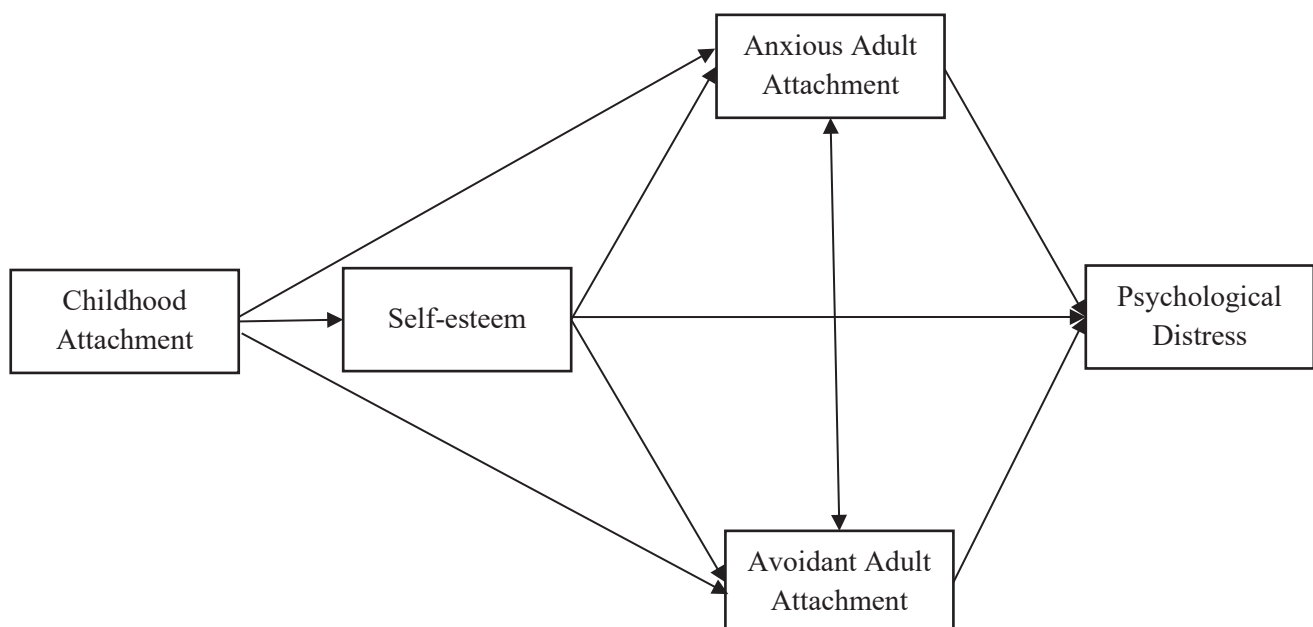
Rosenberg's Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10-item scale designed to assess an adult's self-esteem. The scale assesses both self-competency (e.g., "I feel that I have a number of good qualities") and self-liking (e.g., "I certainly feel useless at times"). Responses were coded using a 4-point Likert scale ranging from 1 (*Strongly disagree*) to 4 (*Strongly agree*). Negatively worded statements were reverse-coded. Scores were averaged, with a higher score reflecting a higher level of self-esteem. RSES has been frequently used in various studies with high reliability and validity (Brennan & Morris, 1997; Chen et al., 2017). In this study, the Cronbach's alpha coefficient was .89.

Data Analysis

Descriptive statistics were computed using SPSS version 23 followed by a multiple-mediator model analysis using *Mplus* version 7.4 (Muthén & Muthén, 2012). Missing data were treated with the full information maximum likelihood estimation in *Mplus*, which was one of the most pragmatic approaches in producing unbiased parameter estimates (Acocck, 2005). The multiple-mediator model includes childhood attachment as the predictor, self-esteem and adult attachment anxiety and avoidance as mediators, and psychological distress as the outcome variable (see Figure 1). The mediation analysis was conducted using bootstrapping procedures ($J = 2,000$), which was a resampling method to construct a confidence interval for the indirect effect (Preacher & Hayes, 2008). Several model fit indices based on Kline's (2010) guidelines were employed, including the ratio of chi-square to degree of freedom (χ^2/df), root-mean-square error of approximation (RMSEA), Tucker-Lewis index (TLI), comparative fit index (CFI), and standardized root-mean-square residual (SRMR). Indicators of good model fit are a nonsignificant chi-square value, a CFI and TLI of .90 or greater, RMSEA of .08 or less, and an SRMR of .05 or less (Hooper et al., 2008).

Figure 1

Multiple-Mediator Model: Self-Esteem, Anxious Adult Attachment, and Avoidant Adult Attachment as Multiple Mediators Between Childhood Attachment and Psychological Distress.



Results

Descriptive Statistics and Correlations

The descriptive statistics of each variable are reported in Table 1.

Table 1

Descriptive Statistics for Variables (N = 1,708)

Variables	A	Range	M(SD)
Childhood Attachment	0.96	1–5	3.41 (0.92)
Self-Esteem	0.89	1–4	2.88 (0.60)
Anxious Adult Attachment	0.93	1–7	4.17 (1.26)
Avoidant Adult Attachment	0.92	1–7	3.78 (1.56)
Psychological Distress	0.94	0–4	1.30 (1.00)

Pearson's correlations between variables were computed. All bivariate statistics are presented in Table 2 and provided full support for our Hypothesis 1. For instance, childhood attachment was positively associated with self-esteem ($r = .38, p < .001$) and negatively correlated with adult attachment anxiety ($r = -.26, p < .001$) and avoidance ($r = -.45, p < .001$), as well as with psychological distress ($r = -.35, p < .001$). Significant negative correlations were found between self-esteem and adult attachment anxiety ($r = -.49, p < .001$) and avoidance ($r = -.46, p < .001$), and between self-esteem and psychological distress ($r = -.63, p < .001$). Both adult attachment anxiety ($r = .57, p < .001$) and avoidance ($r = .42, p < .001$) were positively associated with psychological distress. Significant correlation was found between adult attachment anxiety and avoidance ($r = .31, p < .001$).

Table 2

Correlation Matrix of Variables (N = 1,708)

	1	2	3	4	5
1. Psychological Distress	--				
2. Anxious Adult Attachment	.57***	--			
3. Avoidant Adult Attachment	.42***	.31***	--		
4. Self-Esteem	-.63***	-.49***	-.46***	--	
5. Childhood Attachment	-.35***	-.26***	-.45***	.38***	--

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed).

The Multiple-Mediator Model

The multiple-mediator model involving self-esteem and adult attachment as mediators, with bootstrapping procedures, yielded satisfactory fit indices: $\chi^2(1) = 12.24, p < .001$, CFI = 1.00, TLI = 0.96, SRMR = .01. However, the index of RMSEA = .08, 90% CI [0.05, 0.12] indicated a mediocre fit, with the upper value of 90% CI larger than the suggested cutoff score of 0.08. D. A. Kenny et al. (2015) suggested that the models with small degrees of freedom had the average width of the 90% CI above 0.10, unless the sample size was extremely large. The nonsignificant χ^2 value was interpreted as a good fit index.

The present study further revealed that secure childhood attachment was associated with high self-esteem ($\beta = .25, p < .001$) and low levels of anxiety ($\beta = -.12, p < .001$) and avoidance ($\beta = -.41, p < .001$) of adult attachment. Meanwhile, high self-esteem was associated with low anxiety ($\beta = -.95, p < .001$) and low avoidance ($\beta = -.64, p < .001$) of adult attachment. In addition, high self-esteem ($\beta = -.68, p < .001$) and low adult attachment anxiety ($\beta = .26, p < .001$) and avoidance ($\beta = .11, p < .001$) were significantly associated with low psychological distress. The results supported both Hypotheses 2 and 3 in that self-esteem mediated the relationship between childhood attachment and adult attachment, and adult attachment mediated the relationship between self-esteem and psychological distress.

The mediating role of self-esteem was examined using bootstrapping procedures. Results demonstrated that self-esteem significantly mediated the association between childhood attachment and adult attachment anxiety ($b = -.24, 95\% \text{ CI } [-0.27, -0.21]$) and avoidance ($b = -.16, 95\% \text{ CI } [-0.19, -0.14]$).

The present study further supported the mediating role of adult attachment (i.e., anxiety and avoidance). The association between self-esteem and psychological distress was significantly mediated by both adult attachment anxiety ($b = -.24, 95\% \text{ CI } [-0.29, -0.21]$) and avoidance ($b = -.07, 95\% \text{ CI } [-0.10, -0.05]$). Mediation effects are denoted in Table 3.

Table 3

Mediation Analysis With Bootstrapping: Unstandardized and Standardized Estimates and Confidence Intervals for Mediation Effects

Path			Direct Effect (Standardized and Unstandardized path coefficients)						Indirect Effect		95% CI
IV	Mediators	DV									
			Unstandardized <i>b</i> (SE)			Standardized <i>B</i> (SE)			Unstandardized <i>b</i> (SE)	Standardized <i>B</i> (SE)	Unstandardized
CA→	SE→	AnA	0.25(0.02) ***	-0.95(0.05) ***	-0.12(0.03) ***	0.38(0.02) ***	-0.45(0.02) ***	-0.09(0.02) ***	-0.24(0.02) ***	-0.17(0.01) ***	[-0.27, -0.21]
CA→	SE→	AvA	0.25(0.02) ***	-0.64(0.05) ***	-0.41(0.03) ***	0.38(0.02) ***	-0.33(0.02) ***	-0.32(0.03) ***	-0.16(0.02) ***	-0.13(0.01) ***	[-0.19, -0.14]
SE→	AnA→	PD	-0.95(0.05) ***	0.26(0.02) ***	-0.68(0.04) ***	-0.45(0.02) ***	0.33(0.02) ***	-0.41(0.02) ***	-0.24(0.02) ***	-0.15(0.01) ***	[-0.29, -0.21]
SE→	AvA→	PD	-0.64(0.05) ***	0.11(0.02) ***	-0.68(0.04) ***	-0.33(0.02) ***	0.13(0.02) ***	-0.41(0.02) ***	-0.07(0.01) ***	-0.04(0.01) ***	[-0.10, -0.05]

Note. Bootstrap $J = 2,000$, CI = confidence interval; IV = independent variable; DV = dependent variable; CA = Childhood Attachment; SE = Self-Esteem; AnA = Anxious Adult Attachment; AvA = Avoidant Adult Attachment; PD = Psychological Distress. Direct effect of path direction, IV→ Mediator, Mediator→ DV, IV→ DV. Statistical significance was evaluated based on whether 95% bias corrected bootstrap CIs include zero or not. If zero was included in the CI, then it was not a significant indirect effect. Model fit: $\chi^2(1) = 12.24, p < .001$, CFI = 1.00, TLI = 0.96, SRMR = .01, RMSEA = .08 (90% CI [0.05, 0.12]).

* $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed).

Discussion

The present study highlights the significance of childhood attachment and its associations with self-esteem and psychological distress in adulthood. Participants who reported secure childhood attachment scored higher on self-esteem and lower on psychological distress. Secure childhood attachment was also found to be associated with low adult attachment anxiety and avoidance. Our study builds upon previous research (e.g., Sroufe, 2005) to capture the complexity of key variables related to attachment and its evolution from childhood to adulthood. The results shed further light on the mechanisms among childhood attachment, self-esteem, adult attachment, and psychological distress. Self-esteem was found to be a significant mediator between childhood attachment and adult attachment; meanwhile, adult attachment was found to be a mediator between self-esteem and psychological distress.

The findings support Hypothesis 1 in that individuals with more secure childhood attachment reported higher levels of self-esteem, lower levels of adult attachment anxiety and avoidance, and less psychological distress. The results echo attachment theory (Bowlby, 1973), positing childhood attachment as a predictor of later adjustment as well as self-esteem, indicating that the quality of attachment appears to be intimately related to how to cope with stress and how to perceive oneself (Wilkinson, 2004). The results are also consistent with previous research that highlighted secure childhood attachment as a protective factor against anxiety, depression, and later emotional and relational distress (e.g., Karreman & Vingerhoets, 2012).

Results also lend support to Hypothesis 2 in that self-esteem mediated the relationship between childhood attachment and adult attachment. Self-esteem as a mediator echoed previous research that indicated the influence of childhood attachment on one's self-esteem may be mitigated by expanded social networks in adulthood (Steiger et al., 2014). For instance, it is likely that improving self-esteem through peer connections (e.g., friendship; romantic relationships) may contribute to individuals' adaptation to close relationships and enhance attachment security in adulthood, despite their insecure attachment with primary caregivers in childhood (Fraley, 2002; Sroufe, 2005).

Congruent with Hypothesis 3, adult attachment was a mediator for the relationship between self-esteem and psychological distress. Previous research provided evidence that low self-esteem increases the risk of developing psychological distress such as depressive and anxious symptoms (Li et al., 2014); nevertheless, individuals may experience less psychological impact with secure attachment manifested through their close relationships. Little is known about the relationship between insecure adult attachment (i.e., anxious and avoidant attachment) and psychological distress, and the mediating role of adult attachment has rarely been addressed. In a sample of 154 women in a community context, Bifulco et al. (2006) found that fearful and angry-dismissive attachment partially mediated the relationship between childhood adversity and depression or anxiety. The present study extends the Bifulco et al. study to include a larger, gender-inclusive, and racially diverse population that captures a wider age range. Further, using continuous measurements, the present study counteracts the limitations of dichotomous measures used in Bifulco et al.'s study, thus reflecting the spectrum and complexity of attachment.

Implications for Counseling Practice

The present study sheds light on interventions for clients' psychological distress. The results corroborated positive associations between psychological distress and insecure childhood attachment and attachment anxiety and avoidance during adulthood. Although adults can no longer change their childhood experiences, including their attachment-related adversities, interventions that target improving adult attachment may still mitigate the negative effect of childhood attachment on psychological

distress later during adulthood. Considering the reciprocal influence noted between self-esteem and adult attachment (Foster et al., 2007), counseling strategies encompassing both self-esteem and adult attachment are thus desirable.

Specifically, counselors could conceptualize self-esteem in a relational context in which they may incorporate clients' support systems (e.g., partner, close friends, parents) into the treatment. A key treatment goal may be utilizing close relationships to boost self-esteem. On the contrary, counselors may engage clients with low self-esteem in communicating their attachment needs while involving significant others (e.g., partners) to enact positive responses, such as attentive listening and validation of mutual needs. Counselors are encouraged to assess how childhood attachment experiences may have influenced the client's adult attachment, as insecure attachment may lead to challenges with perceived trustworthiness of self and others, which could hinder growth in the interpersonal relationships. Clients may further benefit from reflecting over specific attachment behaviors and interactional patterns within close relationships (e.g., how they manage proximity to an attachment figure when they experience distress) in order to restructure and enhance their attachment security internally and externally (Cassidy et al., 2013).

The finding of self-esteem as a significant mediator supports the proposition that self-esteem is responsive to life events and that these can influence one's perception and evaluation of self. Previous research indicated that individuals with low self-esteem may be easily triggered by stressful life events and consequently respond irrationally and negatively (Taylor & Montgomery, 2007). Counselors may consider adapting Fennell's (1997) Cognitive Behavioral Therapy model comprising *early experience*, *bottom line*, and *rules for living* to help clients enhance self-esteem. Fennell's model suggests that clients' early experiences (e.g., childhood attachment, traumatic experience, cultural context) may have an influence on the development of a fundamental bottom line about themselves (e.g., "I am not good enough," "I am worthless"). Counselors may further assist clients with mapping out the rules for living (e.g., dysfunctional assumptions) related to distorted thoughts on what they should do in order to cultivate their core beliefs (as being loved or accepted or vice versa). For example, if clients have formed insecure attachment during childhood (early experience), they may develop a bottom line that "I am not good enough." In making efforts to feel accepted in the family, they may have the rules for living that "I have to receive all As in all my classes." If clients fail to achieve the rules for living, they likely would develop anxious and depressive symptoms, which may activate the confirmation of the bottom line. To counteract the negative patterns, counselors may work with clients to process the impact of early experience (e.g., early insecure attachment) on their bottom line and revise the rules of living to develop healthier coping strategies. When clients develop alternative rules of living, counselors may further help them to re-evaluate the bottom line and enhance self-acceptance.

Limitations and Future Research Directions

Although the results supported all three hypotheses, the present study was subject to a few limitations. First, the self-report measures may have been subject to biases, especially for the memory of childhood attachment. Another limitation pertains to a retrospective assessment of perceptions of childhood attachment that may be changed over time because of life experiences (e.g., death, parental divorce). Relatedly, the cross-sectional study could not capture the changes over a period of time. Not knowing the types of childhood attachment (i.e., anxious attachment, avoidant attachment) presented as another limitation for researchers' understanding of the variations of attachment and how each type might impact long-term outcomes. In the future, researchers may consider longitudinal studies to explore the variations and changes in attachment over the life span and examine what other

mechanisms contribute to the changes to protect against the negative impact. Future research may also incorporate other-report data filled out by significant others (e.g., parents, romantic partners) to minimize social desirability and provide multiple perspectives.

Conclusion

Attachment theory provides a strong theoretical framework in understanding individuals' psychological well-being over the life span (DeKlyen & Greenberg, 2008). Informed by attachment theory, the present study investigated the mediating roles of self-esteem and adult attachment (measured through the levels of anxiety and avoidance) on the relations between childhood attachment and psychological distress, and between self-esteem and psychological distress, respectively. The multiple-mediator analysis with bootstrapping supports both self-esteem and adult attachment as significant mediators. Our results also support the associations between childhood attachment with self-esteem, adult attachment, and psychological distress. The study contributes to the gap pertaining to adult attachment and provides practical implications for counselors working in various settings in their work with clients surrounding attachment security, self-esteem, and psychological well-being.

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References

- Acock, A. C. (2005). Working with missing values. *Journal of Marriage and Family Therapy*, 67(4), 1012–1028. <https://doi.org/10.1111/j.1741-3737.2005.00191.x>
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Lawrence Erlbaum.
- Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health*, 25(6), 494–497. <https://doi.org/10.1111/j.1467-842x.2001.tb00310.x>
- Armsden, G. C., & Greenberg, M. T. (1987). The Inventory of Parent and Peer Attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*, 16(5), 427–454. <https://doi.org/10.1007/BF02202939>
- Aspelmeier, J. E., Elliott, A. N., & Smith, C. H. (2007). Childhood sexual abuse, attachment, and trauma symptoms in college females: The moderating role of attachment. *Child Abuse & Neglect*, 31(5), 549–566. <https://doi.org/10.1016/j.chiabu.2006.12.002>
- Bifulco, A., Kwon, J., Jacobs, C., Moran, P. M., Bunn, A., & Beer, N. (2006). Adult attachment style as mediator between childhood neglect/abuse and adult depression and anxiety. *Social Psychiatry and Psychiatric Epidemiology*, 41, 796–805. <https://doi.org/10.1007/s00127-006-0101-z>
- Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. Basic Books.
- Bowlby, J. (1973). *Attachment and loss, Vol. 2: Separation: Anxiety and anger*. Basic Books.
- Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). Guilford.
- Brennan, K. A., & Morris, K. A. (1997). Attachment styles, self-esteem, and patterns of seeking feedback from romantic partners. *Personality and Social Psychology Bulletin*, 23(1), 23–31. <https://doi.org/10.1177/0146167297231003>

- Bretherton, I. (1996). Internal working models of attachment relationships as related to resilient coping. In G. G. Noam & K. W. Fischer (Eds.), *Development and vulnerability in close relationships* (pp. 3–27). Lawrence Erlbaum.
- Bureau, J. F., Easlerbrooks, M. A., & Lyons-Ruth, K. (2009). Attachment disorganization and controlling behavior in middle childhood: Maternal and child precursors and correlates. *Attachment & Human Development*, 11(3), 265–284. <https://doi.org/10.1080/14616730902814788>
- Cassidy, J., Jones, J. D., & Shaver, P. R. (2013). Contributions of attachment theory and research: A framework for future research, translation, and policy. *Development and Psychopathology*, 25(4), 1415–1434. <https://doi.org/10.1017/S0954579413000692>
- Cassidy, J., & Shaver, P. R. (Eds.). (2010). *Handbook of attachment: Theory, research, and clinical applications* (2nd ed.). Guilford.
- Chen, W., Zhang, D., Pan, Y., Hu, T., Liu, G., & Luo, S. (2017). Perceived social support and self-esteem as mediators of the relationship between parental attachment and life satisfaction among Chinese adolescents. *Personality and Individual Differences*, 108, 98–102. <https://doi.org/10.1016/j.paid.2016.12.009>
- Cummings-Robbeau, T. L., Lopez, F. G., & Rice, K. G. (2009). Attachment-related predictors of college students' problems with interpersonal sensitivity and aggression. *Journal of Social and Clinical Psychology*, 28(3), 364–391. <https://doi.org/10.1521/jscp.2009.28.3.364>
- DeKlyen, M., & Greenberg, M. T. (2008). Attachment and psychopathology in childhood. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 637–665). Guilford.
- Donker, T., Comijs, H., Cuijpers, P., Terluin, B., Nolen, W., Zitman, F., & Penninx, B. (2010). The validity of the Dutch K10 and extended K10 screening scales for depressive and anxiety disorders. *Psychiatry Research*, 176(1), 45–50. <https://doi.org/10.1016/j.psychres.2009.01.012>
- Easton, S. D., Safadi, N. S., Wang, Y., & Hasson, R. G., III. (2017). The Kessler Psychological Distress Scale: Translation and validation of an Arabic version. *Health and Quality of Life Outcomes*, 15(1), 215. <https://doi.org/10.1186/s12955-017-0783-9>
- Fennell, M. J. V. (1997). Low self-esteem: A cognitive perspective. *Behavioural and Cognitive Psychotherapy*, 25(1), 1–26. <https://doi.org/10.1017/S1352465800015368>
- Foster, J. D., Kernis, M. H., & Goldman, B. M. (2007). Linking adult attachment to self-esteem stability. *Self and Identity*, 6(1), 64–73. <https://doi.org/10.1080/15298860600832139>
- Fraley, R. C. (2002). Attachment stability from infancy to adulthood: Meta-analysis and dynamic modeling of developmental mechanisms. *Personality and Social Psychology Review*, 6(2), 123–151. https://doi.org/10.1207/S15327957PSPR0602_03
- Gamble, S. A., & Roberts, J. E. (2005). Adolescents' perceptions of primary caregivers and cognitive style: The roles of attachment security and gender. *Cognitive Therapy and Research*, 29, 123–141. <https://doi.org/10.1007/s10608-005-3160-7>
- Gnilka, P. B., Ashby, J. S., & Noble, C. M. (2013). Adaptive and maladaptive perfectionism as mediators of adult attachment styles and depression, hopelessness, and life satisfaction. *Journal of Counseling & Development*, 91(1), 78–86. <https://doi.org/10.1002/j.1556-6676.2013.00074.x>
- Hooper, D., Coughlan, J., & Mullen, M. R. (2008). Structural equation modeling: Guidelines for determining model fit. *Electronic Journal on Business Research Methods*, 6(1), 53–60.
- Karreman, A., & Vingerhoets, A. J. J. M. (2012). Attachment and well-being: The mediating role of emotion regulation and resilience. *Personality and Individual Differences*, 53(7), 821–826. <https://doi.org/10.1016/j.paid.2012.06.014>
- Kenny, D. A., Kaniskan, B., & McCoach, D. B. (2015). The performance of RMSEA in models with small degrees of freedom. *Sociological Methods & Research*, 44(3), 486–507. <https://doi.org/10.1177/0049124114543236>
- Kenny, M. E., & Sirin, S. R. (2006). Parental attachment, self-worth, and depressive symptoms among emerging adults. *Journal of Counseling & Development*, 84(1), 61–71. <https://doi.org/10.1002/j.1556-6678.2006.tb00380.x>
- Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S.-L. T., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60(2), 184–189. <https://doi.org/10.1001/archpsyc.60.2.184>

- Kline, R. B. (2010). *Principles and practice of structural equation modeling* (3rd ed.). Guilford.
- Konrath, S. H., Chiopik, W. J., Hsing, C. K., & O'Brien, E. (2014). Changes in adult attachment styles in American college students over time: A meta-analysis. *Personality and Social Psychology Review, 18*(4), 326–348. <https://doi.org/10.1177/1088868314530516>
- Lecompte, V., Moss, E., Cyr, C., & Pascuzzo, K. (2014). Preschool attachment, self-esteem and the development of preadolescent anxiety and depressive symptoms. *Attachment & Human Development, 16*(3), 242–260. <https://doi.org/10.1080/14616734.2013.873816>
- Li, S. T., Albert, A. B., & Dwelle, D. G. (2014). Parental and peer support as predictors of depression and self-esteem among college students. *Journal of College Student Development, 55*(2), 120–138. <https://doi.org/10.1353/csd.2014.0015>
- Liu, Y., & Hazler, R. J. (2017). Predictors of attachment security in children adopted from China by US families: Implication for professional counsellors. *Asia Pacific Journal of Counselling and Psychotherapy, 8*(2), 115–130. <https://doi.org/10.1080/21507686.2017.1342675>
- Lopez, F. G., & Gormley, B. (2002). Stability and change in adult attachment style over the first-year college transition: Relations to self-confidence, coping, and distress patterns. *Journal of Counseling Psychology, 49*(3), 355–364. <https://doi.org/10.1037/0022-0167.49.3.355>
- Lynch, M. F. (2013). Attachment, autonomy, and emotional reliance: A multilevel model. *Journal of Counseling & Development, 91*(3), 301–312. <https://doi.org/10.1002/j.1556-6676.2013.00098.x>
- Masselink, M., Van Roekel, E., & Oldehinkel, A. J. (2018). Self-esteem in early adolescence as predictor of depressive symptoms in late adolescence and early adulthood: The mediating role of motivational and social factors. *Journal of Youth and Adolescence, 47*, 932–946. <https://doi.org/10.1007/s10964-017-0727-z>
- Muthén, L. K., & Muthén, B. O. (2012). *Mplus user's guide* (7th ed.). http://www.statmodel.com/download/users_guide/Mplus%20user%20guide%20Ver_7_r3_web.pdf
- Pascuzzo, K., Cyr, C., & Moss, E. (2013). Longitudinal association between adolescent attachment, adult romantic attachment, and emotion regulation strategies. *Attachment & Human Development, 15*(1), 83–103. <https://doi.org/10.1080/14616734.2013.745713>
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*(3), 879–891. <https://doi.org/10.3758/BRM.40.3.879>
- Roberts, J. E., Gotlib, I. H., & Kassel, J. D. (1996). Adult attachment security and symptoms of depression: The mediating roles of dysfunctional attitudes and low self-esteem. *Journal of Personality and Social Psychology, 70*(2), 310–320. <https://doi.org/10.1037/0022-3514.70.2.310>
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.
- Ruckstaetter, J., Sells, J., Newmeyer, M. D., & Zink, D. (2017). Parental apologies, empathy, shame, guilt, and attachment: A path analysis. *Journal of Counseling & Development, 95*(4), 389–400. <https://doi.org/10.1002/jcad.12154>
- Sandberg, D. A., Suess, E. A., & Heaton, J. L. (2010). Attachment anxiety as a mediator of the relationship between interpersonal trauma and posttraumatic symptomatology among college women. *Journal of Interpersonal Violence, 25*(1), 33–49. <https://doi.org/10.1177/0886260508329126>
- Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin, 139*(1), 213–240. <https://doi.org/10.1037/a0028931>
- Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development, 7*(4), 349–367. <https://doi.org/10.1080/14616730500365928>
- Sroufe, L. A., & Waters, E. (1977). Attachment as an organizational construct. *Child Development, 48*(4), 1184–1199. <https://doi.org/10.2307/1128475>
- Steiger, A. E., Allemand, M., Robins, R. W., & Fend, H. A. (2014). Low and decreasing self-esteem in adolescence predict adult depression two decades later. *Journal of Personality and Social Psychology, 106*(2), 325–338. <https://doi.org/10.1037/a0035133>
- Styron, T., & Janoff-Bulman, R. (1997). Childhood attachment and abuse: Long-term effects on adult attachment, depression, and conflict resolution. *Child Abuse & Neglect, 21*(10), 1015–1023. [https://doi.org/10.1016/S0145-2134\(97\)00062-8](https://doi.org/10.1016/S0145-2134(97)00062-8)

- Taylor, T. L., & Montgomery, P. (2007). Can cognitive-behavioral therapy increase self-esteem among depressed adolescents? A systematic review. *Children and Youth Services Review*, 29(7), 823–839. <https://doi.org/10.1016/j.childyouth.2007.01.010>
- Turan, N., Kocalevent, R.-D., Quintana, S. M., Erdur-Baker, Ö., & Diestelmann, J. (2016). Attachment orientations: Predicting psychological distress in German and Turkish samples. *Journal of Counseling & Development*, 94(1), 91–102. <https://doi.org/10.1002/jcad.12065>
- Vogel, D. L., & Wei, M. (2005). Adult attachment and help-seeking intent: The mediating roles of psychological distress and perceived social support. *Journal of Counseling Psychology*, 52(3), 347–357. <https://doi.org/10.1037/0022-0167.52.3.347>
- Wilkinson, R. B. (2004). The role of parental and peer attachment in the psychological health and self-esteem of adolescents. *Journal of Youth and Adolescence*, 33, 479–493. <https://doi.org/10.1023/B:JOYO.0000048063.59425.20>
- Wright, S. L., Firsick, D. M., Kacmarski, J. A., & Jenkins-Guarnieri, M. A. (2017). Effects of attachment on coping efficacy, career decision self-efficacy, and life satisfaction. *Journal of Counseling & Development*, 95(4), 445–456. <https://doi.org/10.1002/jcad.12159>
- Wright, S. L., Perrone-McGovern, K. M., Boo, J. N., & White, A.V. (2014). Influential factors in academic and career self-efficacy: Attachment, supports, and career barriers. *Journal of Counseling & Development*, 92(1), 36–46. <https://doi.org/10.1002/j.1556-6676.2014.00128.x>

"It's Never Too Late": High School Counselors' Support of Underrepresented Students' Interest in STEM



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The purpose of this study was to contribute to the literature surrounding school counselors and their support of underrepresented high school students who are interested in science, technology, engineering, and math (STEM). The influence of context on school counseling was also explored, in particular practicing during the COVID-19 pandemic. Through this phenomenological study, nine high school counselors were individually interviewed, and four themes emerged. These themes were: (a) professional knowledge surrounding issues of diversity in STEM, (b) training related to the needs of underrepresented students in STEM, (c) active engagement in supporting underrepresented students' STEM career interests, and (d) barriers related to supporting underrepresented students' STEM interests. This article includes implications for (a) how school counselors can support underrepresented students' STEM interests, particularly during the COVID-19 pandemic; (b) how counselor educators can contribute to STEM-related research and training; and (c) how school administrators can support school counselors' STEM initiatives.

Keywords: STEM, school counseling, underrepresented students, high school, COVID-19

The science, technology, engineering, and math (STEM) fields in the United States comprise a large and growing sector of the economy (National Science and Technology Council [NSTC], 2018). Currently, there are more than 9 million people employed in STEM careers (U.S. Bureau of Labor Statistics [BLS], 2020). This is approximately 6% of the United States workforce (BLS, 2020). According to the BLS (2020), computer science, engineering, and physical science occupations; managerial and postsecondary teaching occupations related to those areas; and sales occupations requiring scientific knowledge at the postsecondary level are considered STEM occupations. STEM occupations require the knowledge and skills to solve problems, make sense of information, and gather and evaluate evidence to make decisions (U.S. Department of Education [U.S. ED], n.d.). In order to meet the demands of the evolving workforce and society, the United States needs students who are fluent in STEM fields and are pursuing careers in STEM (U.S. ED, n.d.).

The demand for professionals and employees with STEM skill sets is a national priority (NSTC, 2018). Estimates indicate that there will be a shortage of over 1 million STEM workers (Xue & Larson, 2015), and the need for workers will grow by 8% before 2030 (BLS, 2020). In contrast, non-STEM occupations are only projected to grow by 3% before 2030 (BLS, 2020). Because of the need for professionals with STEM skill sets, choosing to pursue a career in the STEM sector leads to the potential for positive job marketability. In addition, students who major in STEM programs during college may earn a higher salary upon graduation than other students (Cataldi et al., 2014; Vilorio, 2014). However, not all students have equitable opportunities to pursue careers in STEM.

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The Need for Diversity in STEM

Diversity in STEM continues to be a concern in the United States (National Science Foundation, 2019). Beginning in high school, fewer women and minorities expect to have a career in STEM at age 30 (Mau & Li, 2018). Then, in college, significantly more men than women declare STEM majors and significantly more Asian and White students declare STEM majors (Mau, 2016). Although women now make up over half of the overall workforce, they are underrepresented in certain STEM sectors, such as computer jobs and engineering (Funk & Parker, 2018). Relatedly, in 2015–2016, more bachelor's degrees were awarded to females (58%) than males (42%), yet females only made up 36% of bachelor's degrees in STEM fields (National Center for Education Statistics [NCES], 2019). Additionally, the gender wage gap is wider in the STEM fields than in non-STEM jobs (Funk & Parker, 2018).

Further, Black, Latinx, and Native American workers are underrepresented in STEM occupations when compared to White and Asian workers (Funk & Parker, 2018; Mau, 2016). Though racial minorities are gradually becoming more represented in STEM fields, there is still more work to be done. For example, in 2015–2016, White students were awarded approximately 90% of the bachelor's degrees in STEM fields (NCES, 2019). The percentages of Latinx (15%), Black (12%), and Native American (14%) students who received degrees in STEM was disproportionately lower than that of White students.

These gender and racial disparities in STEM begin even before students enter college. High school is a critical timepoint to address gender and racial disparities in STEM. High school provides students with an opportunity to engage in higher-level STEM coursework and gain self-efficacy in their STEM skills and abilities. Chen (2013) suggested that when students do not have the opportunity to engage with higher-level coursework in STEM, they are less likely to complete college degrees in STEM. Further, Grossman and Porche (2014) explained that during the high school years, encouragement to pursue STEM coursework is critical to developing students' STEM self-efficacy. Mau and Li (2018) found that ninth grade students with higher math and science self-efficacy were more likely to have STEM career expectations and aspirations.

However, girls and underrepresented minorities in K–12 are more likely to experience *stereotype threat* (i.e., anxiety about their performance or ability based on negative stereotypes) and less likely to be enrolled in advanced STEM coursework during high school (Curry & Shillingford, 2015; Hamilton et al., 2015). This results in gaps in advanced STEM skills and a lack of further interest in STEM careers. Thus, professional school counselors must address the inequities in opportunity for their students through targeted STEM career interventions. Often, high school is a student's last opportunity to develop their interest in STEM careers (Falco & Summers, 2019; Schmidt et al., 2012; Shillingford et al., 2017).

School Counselors and STEM

Under their role as defined by the American School Counselor Association (ASCA) National Model (2012), professional school counselors play an integral part in utilizing career counseling to support and encourage students to pursue STEM education and careers (Schmidt et al., 2012). Falco (2017) provided a conceptual model for school counselors to guide their STEM academic and career support with their students, including: (a) encouraging students to take advanced math and science courses, (b) providing classroom instruction on the benefits of pursuing STEM education, and (c) improving self-efficacy through providing mentoring and small group counseling opportunities. Other suggested roles for professional school counselors in STEM counseling involve ensuring equitable gender and racial ethnic ratios in STEM classes, integrating STEM knowledge into goal setting, and involving parents and guardians in academic and career planning (Schmidt et al., 2012). Although the topic of STEM counseling within the school counseling profession is still emerging, school counselors

and researchers have highlighted the importance of working with girls and underrepresented racial minorities regarding STEM pursuits (Falco & Summers, 2019; Shillingford et al., 2017).

School Counselors and STEM for Girls and Underrepresented Racial Minorities

In order to provide equitable and anti-racist school counseling services, professional school counselors must be knowledgeable and aware of the factors perpetuating the opportunity gaps in STEM for girls and underrepresented minorities. Potential reasons for the opportunity gaps in STEM higher education include: (a) young people not being engaged in higher-level STEM coursework in high school, (b) inability to meet the financial or time commitment required by STEM programs, and (c) motivation and confidence concerns (Chen, 2013). Additionally, starting in adolescence, underrepresented students in the STEM fields also face a lack of support and encouragement and, oftentimes, direct discouragement from educators regarding enrollment in rigorous STEM coursework (Grossman & Porche, 2014).

Unfortunately, underrepresented students are less likely to expect their school counselors to share postsecondary information with them, and school counselors often miss opportunities to improve underrepresented students' STEM outcomes (Dockery & McKelvey, 2013; Shillingford et al., 2017). Yet, emerging evidence shows that school counselors can impact STEM aspirations in students. For instance, one school counseling intervention that showed promising results in promoting STEM self-efficacy was a career group intervention with adolescent girls, half of whom identified as Latina (Falco & Summers, 2019). The school counseling intervention focused on targeting STEM self-efficacy and career decision self-efficacy. The results indicated that participants in the treatment group improved significantly on both outcomes and even increased those gains 3 months post-intervention when compared to the control group (Falco & Summers, 2019).

In another study, researchers aimed to investigate the influence that school counselors' leadership had on STEM engagement, their collaboration between parents and students of color, and barriers that inhibited them from giving students more tools and resources to contribute to their success (Shillingford et al., 2017). The school counselors in the study aligned with a leadership style that integrated collaborative and motivational techniques and suggested other school counselors can utilize their leadership style to communicate more effectively with parents and support racially underrepresented students' STEM aspirations (Shillingford et al., 2017). However, there are barriers surrounding these efforts, including inadequacy of education around STEM for school counselors; challenges with supporting parents, especially parents from marginalized racial identities; and having insufficient resources to benefit students (Shillingford et al., 2017). These studies show that school counselors can target STEM self-efficacy and emphasize school counselors' roles in promoting STEM career aspirations with racially underrepresented students. However, the current context of the COVID-19 pandemic should be taken into consideration when surveying the current climate of STEM counseling with students.

COVID-19 and School Counselors

The COVID-19 pandemic has highlighted the inequities within our education system (Aguilar, 2020). For example, there is a digital equity gap, which includes a lack of access to adequate technology or internet, which must be taken into consideration and addressed in the virtual and hybrid learning settings many school divisions have adopted (Aguilar, 2020). During the pandemic, students often come to their virtual learning environments disengaged and having experienced various traumas (Savitz-Romer et al., 2020). These considerations call for flexibility, empathy, and perseverance from educators, including school counselors.

School counselors are trained in promoting students' social-emotional, academic, and postsecondary development and hence are key to supporting students' readjustment, learning, and continued college and career readiness progress during this time (Savitz-Romer et al., 2020). The work of the school counselor has not halted, especially with the challenges inherent in transitioning to a new way of school counseling. These challenges during the pandemic have led to less time spent in their usual counseling about social-emotional issues, career development, or postsecondary plans; notably, 50% of school counselors reported they spent less time than usual on career planning, and 25% reported less time spent on college planning (Savitz-Romer et al., 2020). Still, school counselors are pushing forward and adapting their practices to continue their work, including STEM counseling (ASCA, 2021).

Purpose of the Current Study

As reviewed, professional school counselors play a vital role in the development and motivation of students interested in STEM. Shillingford and colleagues (2017) called attention to the necessity of educating school counselors on how to support students of color interested in the STEM fields, as well as the influence of having a collaborative relationship between parents, students, and school counselors to assist with students' STEM career development and exploration. Although Shillingford et al. emphasized the leadership role school counselors take in impacting the pipeline of students of color in STEM, their work (a) does not address the intersectionality of the race and gender disparities in STEM and (b) does not specifically address the critical, and perhaps last, opportunity for counseling intervention that can take place at the high school level.

Given the need for gender and racial diversity in STEM and the limited literature that emphasizes the role of school counselors in STEM counseling and education, the purpose of this transcendental phenomenological study was to increase understanding of the lived experiences of high school counselors who support girls' and underrepresented minority students' interests in STEM. As students begin to prepare for their next step in life, high school is the last chance school counselors have to intervene and influence students who have shown interest in STEM-related careers and minimize potential barriers that may come their way. Thus, the following research questions guided this inquiry: 1) What are the experiences of high school counselors who support girls' and underrepresented minority students' STEM interests and career aspirations? and 2) What contexts (including the COVID-19 pandemic) influence high school counselors' support of girls' and underrepresented minority students' STEM interests and career aspirations?

Method

A transcendental phenomenological approach was used to develop understanding of the experiences of high school counselors who support underrepresented students' STEM career interests and the contexts that influence their support. Transcendental phenomenology is a suitable design when the aim is to discover the *essence*, or the nature, of a phenomenon, experience, or concept (Moustakas, 1994). Our research team included four members. Our first author, Cabell, is a Black, cisgender female counselor educator. As the primary researcher, her role was to recruit and interview participants and to assist with coding. The research team also included two Black, cisgender female counselor education and supervision doctoral students, Livingston and Cartwright, and one White, cisgender female counselor education doctoral candidate, Brookover. Cabell, Brookover, and Cartwright hold master's degrees in school counseling. Cabell and Brookover previously worked as high school counselors and Cartwright worked as an elementary school counselor at the time of the study. In addition, Cabell has professional experience providing career counseling to undergraduate engineering students. Livingston earned a master's degree in college counseling and has professional experience working with diverse populations of college students.

Sample

The recommended sample size for phenomenological qualitative research is 5–25; thus, participants were recruited with this range in mind (Creswell & Poth, 2017), using purposeful sampling. Criteria for inclusion were school counselors or school counselor interns who worked in a high school within the past 2 years. A total of nine school counselors participated in this study.

Participants were seven school counselors who worked in a high school at the time of the study, one school counselor who worked in a high school within the past 2 years, and one college counselor who worked in a high school at the time of the study. Participants were racially diverse with six identifying as Black, two identifying as White, and one identifying as Mexican American/Chicano. Regarding gender, seven identified as cisgender women and two identified as cisgender men. Participants' ages ranged from 26 to 46. In addition, the sample included participants who worked in various states, including two each in California and Virginia; one each in Indiana, Maryland, Michigan, and Washington, D.C.; and one who worked in both Kansas and Missouri. Three participants stated that they worked at a Catholic private high school. As part of their role, all participants stated that they provided career counseling services to students on a weekly basis. Most participants ($n = 5$) explained that the high school where they worked was diverse with regard to students' race and gender. Lastly, participants had 4–18 years of experience working as high school counselors. See Table 1 for participant pseudonyms and demographics.

Table 1

Participant Pseudonyms and Demographics

Pseudonym	Gender	Age	Race	State	Years of Experience	Role and Work Experience
Jane	Female	38	Black	MD	7	Counselor at a Catholic high school
Kate	Female	40	Black	CA	5	College counselor at a Catholic high school
Christy	Female	26	Black	D.C.	4	Counselor at a Catholic high school
Lauren	Female	37	White	KS/MO	7	Counselor who just switched from high school to elementary school
Dawn	Female	30	Black	VA	4	Counselor at a public high school
Kelly	Female	37	Black	MI	13	Counselor at a public high school
Jo	Male	46	Mexican American/Chicano	CA	18	Counselor at a public high school
Tina	Female	35	Black	IN	4	Counselor at a public high school
Mark	Male	38	White	VA	6	Counselor at a public high school

Data Collection

First, the study was approved by the university's IRB. After approval, our first author, Cabell, sent recruitment flyers and emails to high school counselors using social media platforms (e.g., Twitter, Facebook, and LinkedIn) and state and national school counseling listservs (e.g., ASCA SCENE). Volunteers who met the eligibility criteria were encouraged to email Cabell in order to schedule a virtual interview through Zoom. Volunteers confirmed via email that they were a school counselor or school counseling intern at a high school within the past 2 years. Then, volunteers were sent the informed consent form and information on how to schedule their interview. Once scheduled, participants were emailed a Zoom link and directions on how to start their interview. Each interview lasted approximately 30–45 minutes and was audio-recorded.

At the beginning of each semi-structured interview, participants were asked demographic questions. Cabell developed interview questions based on the literature regarding (a) school counselors' involvement in STEM education, (b) the underrepresentation of girls and racial minorities (e.g., Black, Latinx, and Native American) in STEM, and (c) the impact of COVID-19 on school counseling and K–12 education. The interview included 11 questions (see Appendix for the full list). Example interview questions included: What is your understanding of the issues of diversity in STEM? What has been your experience in promoting STEM careers to underrepresented students? What barriers do you face in promoting STEM careers to underrepresented students? and How has the COVID-19 pandemic impacted your role in supporting underrepresented students' STEM career aspirations and interests? Following each interview, the audio recordings were transcribed using a website ([Rev.com](https://www.rev.com)) and checked for accuracy by both Cabell and the participants. Cabell reviewed the transcripts for accuracy and made any changes due to typographical errors. She then emailed the transcripts to participants to review and make any changes. Two participants identified typographical errors in their transcript and emailed Cabell with edits.

Data Analysis

Data from the interview transcripts were analyzed. First, the raw data from the transcripts were examined to note significant quotes (i.e., horizontalization). Each transcript was reviewed individually by Cabell and Cartwright for exemplary quotes related to the research questions. Then, clusters of meaning were developed from these quotes and compiled into themes. These themes were used to develop descriptions of the participants' experiences and explain how contextual factors influenced their support of underrepresented students' STEM career interests and aspirations.

Trustworthiness

Trustworthiness is critical to establishing the validity of qualitative research; thus, several measures were implemented (Maxwell, 2005). First, in order to set aside personal biases, experiences, and feelings regarding the purpose of the research, all members of our research team engaged in bracketing our own experiences (i.e., *epoché*) before beginning this research (Creswell & Poth, 2017; Moustakas, 1994). Bracketing was completed in the form of concept maps and journaling. We individually bracketed our potential biases and then discussed our process with the team. Potential biases that were discussed included: (a) the impact of our first author's experience providing career counseling to engineering undergraduate students, (b) our race and gender, and (c) our prior school counseling experience with underrepresented minorities.

In addition, throughout each semi-structured interview, Cabell completed check-ins to ensure understanding of the participant's experience and perspective. Also, after each interview was transcribed, participants were sent their transcripts for member checking. Any inaccuracies in the transcript were

changed based on the participant's responses. Only transcripts that were reviewed by the participant were analyzed. Next, Cabell and Cartwright independently coded each transcript. Then, we established group consensus for all themes and exemplary quotes. Lastly, after the codebook was developed with themes and participant quotes, we sent the codebook to two counseling graduate students, who served as external auditors after being trained by Cabell on qualitative research and auditing. They reviewed the codebook to identify any discrepancies and ensure the significant quotes, themes, and codes aligned.

Results

We sought to (a) highlight the experiences of high school counselors who support the STEM interests of girls and underrepresented minority students and (b) identify the contexts that impact their ability to support these students, particularly taking into account the COVID-19 pandemic. Specifically, participants reflected on supporting girls; Black, Latinx, and Native American students; and those students at the intersections of both identities (e.g., Black girls, Latinx girls). We identified four themes in the analysis of the high school counselors' experiences: 1) professional knowledge of issues of diversity in STEM; 2) training related to the needs of underrepresented students in STEM; 3) active engagement or taking an active role in supporting underrepresented students' STEM career interests; and 4) barriers related to supporting underrepresented students' STEM interests, including COVID-19, school, administration, students' self-efficacy, and language.

Theme 1: Professional Knowledge

The first theme of professional knowledge of issues of diversity in STEM encompassed participants' knowledge of the issues of gender and racial disparities in STEM fields nationally (i.e., representation in STEM occupations) and issues of diversity in STEM at their school (i.e., STEM courses). All participants were aware of the lack of racial and gender diversity in STEM nationally. Jane explained:

People of color, especially Black students, people who identify as female or women are vastly underrepresented in many of the STEM fields. . . . I know that there are many initiatives in K–12 [and] higher education to bring in or recruit or encourage students of color in particular and female students of color to explore STEM.

Similarly, Kate discussed that the STEM fields overall are "moving in a more diverse direction" yet are still dominated by men. She noticed that the majority of the students at her high school who are interested in STEM "are not Black or Brown students, they're usually everything else." According to Christy, "there's a huge gap with our minorities. They don't have the access to the education of the different jobs in STEM, and how to even reach those positions. . . . It ends up being a cyclical effect."

Further, Dawn reflected on the lack of representation in STEM fields and the initiatives that she knows aim to diversify the images of STEM professionals. For example, Dawn discussed a social media campaign and stated:

There's been a cool campaign, like what a scientist looks like. And it's all of these cool Black women in lab coats. . . . So I'm pretty sure it's just fighting against stereotypes of who should be in STEM, and what kind of person.

Kelly also spoke to the lack of diversity in STEM, not only as a national issue but also in her high school. Kelly mentioned the STEM opportunity gap: "If students are in STEM programs and they are of color, they don't really see a lot of support, and they definitely don't see teachers and staff that look like

them.” Likewise, Jo explained that girls in particular “sometimes doubt their ability even though they’re within our top 5% of our school.” Tina acknowledged that there is a need for more girls in STEM and girls of color in STEM nationally, so she explained, “I’ve definitely been pushing my girls, especially my girls of color, my Latinx and my Black girls to definitely go out” and “I often tell them ‘paint engineering with your red lipstick,’ because I think that’s what we need to see is more women out there.”

Theme 2: Training

The second theme of training related to the needs of underrepresented students in STEM was identified through participants’ reflections on formal and informal training opportunities they completed to effectively meet their students’ needs. Some of the participants received informal training with regard to STEM counseling and education. For example, Jane explained that when she first became a school counselor, she “became friends with a few school counselors who were also women of color. And they were . . . fierce advocates for girls of color in the computer science field specifically.” The informal professional development that this group of school counseling peers provided her then led to more formal training on “some of the various tools that are out there, programs that are available, ways in which you can target girls of color and just some of the roadblocks that we as school counselors might run into.” Though Jane received both formal and informal training, she explained, “I’m still learning . . . ways in which we can do better in terms of exposing students, building it into our program, collecting data around it.” Similar to Jane, Mark also had the opportunity to attend both formal and informal training. Mark stated, “I’ve attended the occasional webinar here and there that focuses specifically on that particular demographic.” He also added that he had conversations with “some of the professors and the advisors [at neighboring colleges] within those STEM programs that really helped develop a broader understanding.”

In contrast, many participants ($n = 7$) could not discuss informal or formal training opportunities with regard to STEM and supporting underrepresented students. Kate explained that she received “nothing in the formal sense” with regard to STEM counseling or education training. Similarly, Christy stated, “I would say formally none, nothing professional regarding development, or seminars, workshops, or anything like that.” However, she did have some informal training because supporting underrepresented students’ STEM interests has been “a conversation that we have had with our counseling department of how to bring different types of professionals into the school and bringing them into the career days.” Dawn expressed that “STEM is such a big field. I still need help learning and understanding everything that STEM offers.” Sharing a similar sentiment in needing to know more, Tina explained, “I wish I knew more. . . . It’s just, I want to know more. I want to be able to support them. My goodness.”

Theme 3: Active Engagement

The third theme of active engagement in supporting underrepresented students’ STEM career interests emphasized the roles the high school counselors took to support students with STEM career interests. Many participants recognized their role as high school counselors in providing students with exposure to STEM career fields and supporting students’ prior knowledge of STEM. Embedded into the interviews with participants was the role of the school counselor and STEM. Christy stated, “It’s really our role to bridge that gap and make the connections that may not have been made previously, or the students might not have had access to before.” Mark shared his role in optimizing students’ strengths: “Every student is going to present his or her own set of talents and abilities. . . . it’s my job to make sure that I can help them recognize what those talents and abilities are and help them cultivate a passion.”

Participants also took pride in building relationships with students early in their high school experience to assist them in discovering STEM careers. Kelly stated, “We definitely talk about it when

students come to our offices. When we meet with our eighth graders coming into high school, we definitely let them know, here are your options.”

A method of bridging the gap for underrepresented students is by providing access to academic and postsecondary STEM opportunities. Christy spoke to her experience of supporting underrepresented students by providing that access:

We introduced that summer bridge class for the students. So, this will be the first year that we will potentially see the benefit of that. And hopefully seeing stronger grades in those students, especially students coming from public schools, minority students who are just now having access to the private school resources.

Similarly, Jane found value in encouraging her underrepresented students with passions in STEM to take advantage of all opportunities. Jane spoke of an encounter with a previous student. She recalled, “Last year I had a Black female student who said that she had started coding classes in middle school. . . . She really liked it, so I was like, ‘Great. We’re going to do all of them.’” In increasing access for students, the participants were intentional to ensure underrepresented students have opportunities. Kate stated, “I keep a lookout for virtual fly-in opportunities, especially when I know I have a student that’s interested in STEM and they are of a minority group, I always nominate them for those fly-ins.”

Jane summarized her role in supporting underrepresented students’ interests in STEM by saying: “The school counselor has a huge role in not only exposing students to the possibilities of STEM careers but really targeting and explicitly encouraging Black students, Latino students to participate in and learn more about the STEM field.”

Further, regarding taking an active role in encouraging underrepresented students to pursue STEM, one participant, Kate, reflected on how her own racial identity motivates her to encourage students of color:

Me being a woman of color, I can’t help but feel like I’m rooting for everybody Black. . . . That’s not to say that I don’t encourage my non-students of color to also pursue STEM. . . . I feel like I have to really look out for my students of color, in my counseling department, I’m the only Black counselor. So, I do feel more pressure to really look out for them because I know, prior to me getting there, they weren’t inviting Historical Black Colleges and Universities [HBCUs] to come out. There was no HBCU session at our college fairs and so forth. No one was sending out information about the multicultural fly-ins. . . . Now I’m doing it and I forward it to my coworkers.

Lauren discussed how she actively identifies underrepresented students for STEM-related opportunities. Communication is key, she said: “Good communication with my teachers, so of course, math and science teachers, if they’re in tune with their students, that’s really helpful, identify the students and let me know.” In addition to communication with teachers, Lauren found value in using college and career cluster surveys with students. Lauren said the most impact her role has with students with regard to STEM is during career assessments “when they’re identifying that their talents or their personality matches up with any of the STEM fields.” She noted, “I think that’s brought in the most numbers of kids.” Other participants also used more formal career development tools. Christy stated, “We use Naviance at our school for college planning,” and Jo stated, “Our school uses Xello. It does a lot of interest surveys and gets students to see where they’re at, their personality, their interests and then matches it to careers.”

Theme 4: Barriers

Barriers related to supporting underrepresented students' STEM interests emerged as the fourth theme, with participants reflecting on hindrances to their ability to support underrepresented students' STEM careers and opportunities. These barriers included: COVID-19, school, administration, students' self-efficacy, and language.

COVID-19

COVID-19 is a barrier that was presented in most of the participants' interviews ($n = 8$). It was primarily identified as a context impacting students negatively and also one that resulted in changes to school counselors' roles and day-to-day practice. When reflecting on the beginning of the pandemic, Lauren expressed, "All I did from March through May was call, email, and bother parents and seniors about graduation and making sure they were alive. That completely impacted my role for minority students pursuing STEM. . . . We were down to basic needs." Christy also reflected on COVID-19 and said, "It's really been bad. I would say that minorities in general, that's probably the hardest group to get to virtually" with regard to communicating with students as a result of virtual schooling. Jo echoed Christy's sentiments and stated, "I think the biggest challenge has been the distance, like not being able to meet them one-on-one." Jo further explained, "Some of our students do not have all the technology they need, so they can't jump on a Zoom, or maybe they do and the Wi-Fi is really bad."

School

Participants also highlighted requirements at the school level that hinder students from accessing STEM careers and opportunities. Jo stated, "A student could do everything they need to graduate high school but not necessarily be ready for the university." Jo was referring to the lack of college readiness and opportunity his school provides. Moreover, Kelly stated, "So they're interested in that... the medical or the engineering. But when they find out, 'I can get more credit in an AP,' it kind of turns them off a little bit." AP courses can help students with a weighted GPA, bring students closer to meeting graduation requirements, and give them college credits. In Kelly's experience, her students are interested in STEM fields; however, it is hard to combat the course credit hours linked to an AP course versus a STEM course. Furthermore, in relation to school barriers, Kate mentioned the importance of anti-racist school practices:

I would probably even go as far as to say, knowing that all of our STEM teachers and faculty are anti-racist and I don't know that all of them are. And the reason why I think that that's important is because it's possible that they receive opportunities for students, and are they aggressively sending or communicating those opportunities out to students of color?

Administration

In addition to COVID-19 and school barriers, participants also highlighted the lack of time and some administrative issues as barriers to supporting underrepresented students who are interested in STEM. For example, Jane discussed that high school is late in a student's educational experience to only just begin discussing STEM:

I think the primary barrier is getting them so late. I mean, high school is late. It's not too late, of course. It's never too late. Students can always find their interest and their passion. But it's not like the super early stages.

Jane further emphasized that by the time students of color are in high school, they may already lack the necessary exposure to STEM coursework:

I don't know if any of my Black students are coming into ninth grade with that previous exposure. . . . I know that some of them are not. And so, I think that is a huge barrier. Not having them already exposed to a lot of what the STEM fields can offer.

Another challenge that participants highlighted was not having enough time to meet with students individually because of their caseload or administrative tasks. For example, Christy mentioned, "Another barrier is just time. Even with my caseload this year, I have 350 students." Similarly, Lauren discussed "the lack of time, and the bulk of so many other responsibilities being given to counselors by administrators" as an impediment.

She further explained that the wide list of administrative duties at the high school level not only impeded her ability to meet students' needs but also prompted her to leave high school and work at the elementary school level. Likewise, Kelly also explained how administrative tasks hinder her ability to have "meaningful conversations in a smaller school setting" because instead of meeting with students individually, she highlighted that she has "19 other things to do . . . because of the makeup of my job."

Students' Self-Efficacy

Participants also identified barriers regarding underrepresented students' beliefs about STEM and their STEM abilities. Mark explained that one of the biggest issues he faces in supporting students from diverse backgrounds who are interested in STEM "is that they struggle with some of the challenging courses." Similarly, Jane expressed that students may have struggled in STEM coursework during elementary and middle school, resulting in negative self-efficacy beliefs like "I'm not a math person or I'm not good at math." In a similar vein, Jo explained that some of his underrepresented students do have the academic foundation; however, they "sometimes don't feel as confident" about their STEM abilities. He stated, "I think a lot of my students, when they're looking at these careers, sometimes they don't see themselves in those careers and so that steers them away. . . . They just don't feel it's a possibility."

Language

Lastly, some participants recognized the prevalence of barriers specific to the Latinx community. Tina mentioned the role of a counselor when helping students make the connections to various career options:

Working with Latinx and some undocumented or DACA students, the students of color, and even first-generation students . . . our role is very influential. In certain situations, especially for my kiddos whose parents don't speak English, we are the adult, we are the person that's helping them make those important decisions.

Some families Jo worked with did not always understand the materials about a STEM opportunity because of language barriers. He emphasized the importance of having materials in languages all families can understand:

We can sometimes talk about opportunities, but if it's not getting into the hands of the families and if they're not understanding what the opportunity is, they may not be as willing to allow their kid to attend maybe a 6-week program or a college program.

Discussion

STEM fields are growing in demand and are in need of talented and diverse individuals from varying gender identities and racial backgrounds (BLS, 2020; NCES, 2019). High school is the last

opportunity in the K–12 system to promote and increase the pipeline of underrepresented students pursuing STEM careers. This study sought to support and extend the literature on the role of school counselors in supporting underrepresented students' STEM career interests while also exploring the impact of context, including the COVID-19 pandemic, on STEM counseling. The findings emphasize the importance of high school counselors in promoting, encouraging, and supporting girls, racial minorities, and students at the intersections of both identities who are interested in STEM careers.

The results of this study aligned with the findings of Shillingford and colleagues (2017) that knowledge and training related to STEM professions was lacking for school counselors. Similarly, in the present study, some participants were able to identify concrete formal and informal training that they received in regard to STEM careers and diversity issues, but many of the participants in this study stated that they either received no training or were in need of more information and training related to STEM careers and diversity concerns. Further, time was similarly identified as a barrier. In both studies, school counselors explained that there is not enough time in the day to dedicate to discussing STEM career pathways with students individually.

Our findings have added a more nuanced understanding of time as a barrier for students and school counselors given its emphasis on high school. School counselors ($n = 3$) discussed how lack of prior STEM academic experiences can have negative consequences for high school students' interest in STEM. For example, if a student is missing the foundational academic understanding of STEM before they get to high school, then they can fall further behind in the academic work even though they may express an interest in STEM careers. In addition, although high school is not too late to intervene and support students' STEM interests, it is late in the academic journey to both (a) supplement academic understanding and (b) combat the internalized beliefs that students may have because of their prior educational experiences with STEM.

Similar to the work of Falco and Summers (2019), the importance of self-efficacy was explained by the participants in this study. For example, both Jo and Jane explained how Black and Latinx girls may lack confidence in themselves and not see themselves as being capable of pursuing and excelling in STEM careers. In interviews, they both observed how students either struggling in STEM coursework previously or not seeing themselves represented in STEM careers experienced diminished self-confidence regarding STEM. Although none of the participants explicitly discussed the term *self-efficacy*, they explained that Black and Brown students and girls may have low STEM-related self-efficacy and school counselors can play a role in increasing students' exposure to STEM. The role high school counselors play in exposing students to diversity in STEM and diverse STEM careers is integral to challenging students' distorted STEM self-efficacy beliefs. Moreover, Christy discussed her role in supporting students with STEM bridge courses—school counselors' participation in these programs can help students develop STEM skills and self-efficacy.

Furthermore, in alignment with ASCA's (2021) emphasis on school counselors' role in supporting the social-emotional learning and career development of students, the findings in this study also revealed the importance of career development assessments in high school counselors' ability to support students. Career assessment tools and platforms such as Naviance, Xello, CollegeBoard, etc., provided participants in this study with the tools to 1) identify students who may be interested in STEM careers and 2) help students connect their interests and abilities to STEM careers. Though school counselors might be pressed for time, utilizing career assessments can help structure individual meetings with students and open the door to follow-up conversations and programming surrounding careers in STEM.

In addition, the findings also revealed the importance of making community connections and utilizing social media to further support underrepresented students as they pursue STEM careers. Participants mentioned the importance of connecting students with HBCUs or other colleges in the area in order to help underrepresented students explore postsecondary options in STEM. Moreover, to increase students' access to representation, as Dawn mentioned, high school counselors can expose students to social media campaigns that emphasize the representation of Black women in STEM, Latinx women in STEM, Native American men in STEM, and more. Increasing students' access to more diverse images and professionals in STEM can help students to think about what being in STEM can look like after high school and, therefore, begin to see themselves in those STEM positions.

With the current emphasis on anti-racist educational processes in mind, the findings revealed the importance of communication. Participants explained that specifically, communication with math and science teachers is critical to identifying and supporting underrepresented students who are exhibiting strong potential in STEM. Additionally, Kate pointed out the importance of knowing that everyone in the school, including teachers and school counselors, are engaging in anti-racist practices in order to communicate with underrepresented students surrounding opportunities that increase access to STEM. Schmidt and colleagues (2012) also emphasized the importance of school counselors encouraging teachers to remove systemic barriers to students' educational success. Moreover, Jo and Tina highlighted the importance of having materials for students and parents in various languages in order to communicate STEM possibilities. In engaging in anti-racist practices, it is important for school counselors to collaborate with school administrators to reduce barriers in communication, particularly surrounding the languages used to share STEM opportunities targeted to underrepresented students.

Overall, the findings of this study revealed that COVID-19 has resulted in additional barriers to supporting underrepresented high school students' STEM career interests. In alignment with the emerging literature surrounding COVID-19 and its impact on the educational system, participants explained the technology gap is even wider for their Black and Brown students (Aguilar, 2020). Students' inadequate access to technology has made it difficult for school counselors even to check in with students, much less discuss students' STEM career aspirations. As Lauren mentioned, many school counselors have been addressing students' basic needs during the pandemic. Although many STEM companies are still hiring during the pandemic and STEM careers are still projected to grow even after the pandemic, school counselors' conversations with underrepresented students regarding STEM may be stalled at this time.

Implications

The present study has implications for school counseling practice, counselor education, and school administration. As expressed in the participants' interviews, high school counselors care deeply about supporting underrepresented students' STEM interests, despite the barriers. At the same time, high school counselors may be limited in their own training and their knowledge of STEM opportunities. Furthermore, COVID-19 has resulted in additional barriers for school counselors who may already be confronted with limited time and resources.

School Counseling

Students may benefit from school counselors sharing more STEM postsecondary options. For example, when discussing postsecondary options related to STEM, none of the participants discussed students participating in apprenticeships. Most participants reflected on connecting students to universities, including HBCUs. However, apprenticeships are paid industry-driven experiences in which students

can receive specialized training with a company (U.S. Department of Labor, n.d.). Many apprenticeship programs are related to STEM. For example, there are apprenticeships for information technology specialists, medical laboratory specialists, and pharmacy technicians. In addition, a main benefit of completing an apprenticeship program in a STEM industry after high school is that after the completion of their apprenticeship, over 90% of employers retain their apprentices for full-time employment.

Moreover, although COVID-19 has shifted many schools to virtual formats, there are still opportunities for school counselors to help underrepresented students. For example, many STEM companies, such as Boeing, AT&T, Abbott, and more, are offering students virtual internship experiences. Websites such as [Vault.com](https://www.vault.com) have offered virtual internship job search tools during the pandemic. In addition, online tools such as LinkedIn Learning can provide students ages 16 and above with access to training opportunities related to coding, math, and science concepts. School counselors increasing their knowledge about practical virtual STEM resources can help increase underrepresented students' access to STEM careers during the pandemic. Through connecting with local university and community college career services departments, school counselors can learn more about STEM resources to share with students. In addition, there are several STEM-focused social media groups that school counselors can join in order to learn more about STEM. School counselors with an interest in STEM can develop more state or regional interest networks within their school counseling organizations in order to share resources and information with each other.

Counselor Education

This study also has several implications for counselor educators who will train the next generation of school counselors. Several participants highlighted that they had limited or no training on STEM career opportunities. In order to help increase school counselors' knowledge regarding the need for STEM professionals and the ways that they can support underrepresented students, counselor educators can incorporate this learning into career counseling coursework. For instance, as an assignment, counselor educators can help school counseling graduate students utilize career counseling theory to develop a program aimed at promoting STEM to underrepresented high school students. Utilizing career counseling coursework to encourage students to find creative solutions to career-related issues can help make this course more meaningful and practically significant for future school counselors.

In addition, counselor educators can engage in research endeavors to build the literature connecting school counseling and STEM education. In doing so, counselor educators can host webinars, present at conferences, and disseminate information in both school counseling newsletters and professional journals in order to help increase school counselors' knowledge on the needs of underrepresented students who may be interested in STEM. Additionally, counselor educators can collaborate with ASCA to conduct professional development opportunities for school counselors that explain relevant literature on STEM and how school counselors help develop students' STEM career aspirations.

School Administration

Similarly, school administrators can support and encourage school counselors to attend professional development opportunities regarding STEM. This support can entail sharing STEM-related professional development opportunities with school counselors and giving school counselors the time to attend these professional development opportunities. Additionally, school administrators could benefit from listening to school counselors' recommendations for how schools can better support underrepresented students and ensure equitable access to STEM coursework. Further, school administrators can review policies to incorporate anti-racist practices that promote STEM to diverse populations of students. These practices can include: (a) reviewing the racial and gender makeup of STEM courses to ensure equitable

representation of students in STEM courses; (b) building connections with community organizations and stakeholders that provide resources to underrepresented students who are interested in STEM; and (c) ensuring that school counselors have access to documents regarding STEM opportunities to share with students and their parents in multiple languages, including both English and Spanish. Moreover, school administrators can work to ensure that the duties assigned to school counselors align with the ASCA National Model (2012) and allow school counselors to focus on STEM-related career development interventions for students.

Limitations and Future Research

There are several limitations to this study that warrant discussion. First, many of the participants in this study were counselors of color. Thus, there may be an element of self-selection bias wherein participants (school counselors of color) were more inclined to value the purpose of the study and be more connected to the experiences of underrepresented students. Hence, future research can emphasize the importance of all school counselors, regardless of race, addressing the needs of underrepresented students in STEM. Similarly, all the counselors in this study were several years removed from their graduate school experience. School counselors who have graduated recently may have more training and awareness of the disparities in STEM; thus, future studies can explore beginning counselors' knowledge of STEM issues and support of underrepresented students.

In addition, all interviews were conducted virtually, which can increase the likelihood of response inhibition, wherein participants were uncomfortable with confidentiality and privacy when speaking across the internet (Janghorban et al., 2014). Future studies that are not limited by a pandemic or geography may benefit from doing in-person interviews in participants' schools or an environment where the participants feel more comfortable. Although validity practices such as journaling, external auditing, and check-ins were utilized by our lead researcher, her closeness to the topic as both a professional and a Black woman may have impacted the objectivity of the study. The sample size was in accordance with phenomenological research; however, an increased sample size that is even more representative of school counselors from high schools across the nation could help increase this study's generalizability.

Future research studies can explore the educational experiences of underrepresented professionals (e.g., Black women) in STEM in order to better understand what makes students pursue and stay in STEM fields as well as the role of the school counselor in their future success in STEM. In addition, future studies can explore how school counselors can collaborate with career advisors at local colleges in order to increase diversity in the STEM pipeline. In a similar vein, future studies can explore the experiences of underrepresented high school students who received STEM-related support from their school counselors and transitioned to college to pursue a major in STEM. Also, very few of the participants in this study explicitly spoke to their experience supporting Native American and Indigenous students. Given the lack of Indigenous and Native American professionals in STEM, future studies can specifically focus on their needs with regard to STEM education.

Conclusion

In sum, school counselors play a vital role in supporting the academic and career success of all students. For students who may find themselves underrepresented in STEM, high school counselors can make the difference by exposing them to possibilities and opportunities in STEM. High school might be some students' last opportunity to (a) explore and discover varying career paths, (b) complete the

preparation needed for a smooth transition to college, and/or (c) access resources to support diversity in STEM. In spite of barriers and limitations, school counselors ensure that students, regardless of gender or race, do not fall through the cracks and are encouraged to pursue any profession they desire, including a career in STEM.

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References

- Aguilar, S. J. (2020). Guidelines and tools for promoting digital equity. *Information and Learning Sciences*, 121(5/6), 285–299. <https://doi.org/10.1108/ILS-04-2020-0084>
- American School Counselor Association. (2012). *ASCA national model: A framework for school counseling programs* (3rd ed.).
- American School Counselor Association. (2021). *School counseling and school reentry during COVID-19*. <https://schoolcounselor.org/Publications-Research/Publications/Free-ASCA-Resources/COVID-19-Resources>
- Cataldi, E. F., Siegel, P., Shepherd, B., & Cooney, J. (2014). *Baccalaureate and beyond: A first look at the employment experiences and lives of college graduates, 4 Years On* (B&B:08/12) (NCES 2014-141). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. <https://nces.ed.gov/pubs2014/2014141.pdf>
- Chen, X. (2013). *STEM attrition: College students' paths into and out of STEM fields* (NCES 2014-001). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. <https://nces.ed.gov/pubs2014/2014001rev.pdf>
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). SAGE.
- Curry, J. R., & Shillingford, M. A. (2015). *African American students' career college readiness: The journey unraveled*. Lexington Books.
- Dockery, D. J., & McKelvey, S. (2013). Underrepresented college students' experiences with school counselors. *Journal of School Counseling*, 11(3), n3. <https://files.eric.ed.gov/fulltext/EJ1012298.pdf>
- Falco, L. D. (2017). The school counselor and STEM career development. *Journal of Career Development*, 44(4), 359–374. <https://doi.org/10.1177/0894845316656445>
- Falco, L. D., & Summers, J. J. (2019). Improving career decision self-efficacy and STEM self-efficacy in high school girls: Evaluation of an intervention. *Journal of Career Development*, 46(1), 62–76. <https://doi.org/10.1177/0894845317721651>
- Funk, C., & Parker, K. (2018). *Diversity in the STEM workforce varies widely across jobs*. Pew Research Center. <https://www.pewsocialtrends.org/2018/01/09/diversity-in-the-stem-workforce-varies-widely-across-jobs>
- Grossman, J. M., & Porche, M. V. (2014). Perceived gender and racial/ethnic barriers to STEM success. *Urban Education*, 49(6), 698–727. <https://doi.org/10.1177/0042085913481364>
- Hamilton, A. F., Malin, J., & Hackmann, D. (2015). Racial/ethnic and gender equity patterns in Illinois high school career and technical education coursework. *Journal of Career and Technical Education*, 30(1), 29–52. <https://doi.org/10.21061/jcte.v30i1.712>
- Janghorban, R., Latifnejad Roudsari, R., & Taghipour, A. (2014). Skype interviewing: The new generation of online synchronous interview in qualitative research. *International Journal of Qualitative Studies on Health and Well-Being*, 9(1), 24152. <https://doi.org/10.3402/qhw.v9.24152>
- Mau, W.-C. J. (2016). Characteristics of US students that pursued a STEM major and factors that predicted their persistence in degree completion. *Universal Journal of Educational Research*, 4(6), 1495–1500.

- <https://doi.org/10.13189/ujer.2016.040630>
- Mau, W.-C. J., & Li, J. (2018). Factors influencing STEM career aspirations of underrepresented high school students. *The Career Development Quarterly*, 66(3), 246–258. <https://doi.org/10.1002/cdq.12146>
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). SAGE.
- Moustakas, C. (1994). *Phenomenological research methods*. SAGE.
- National Center for Education Statistics. (2019). *Status and trends in the education of racial and ethnic groups*. https://nces.ed.gov/programs/raceindicators/indicator_reg.asp
- National Center for Education Statistics. (2020). *High School Longitudinal Study of 2009 (HSL:09)*. https://nces.ed.gov/surveys/hsls09/hsls09_data.asp
- National Science Foundation. (2019). *Women, minorities, and persons with disabilities in science and engineering: 2019*. National Center for Science and Engineering Statistics Special Report NSF 19–304. <https://www.nsf.gov/statistics/wmpd>
- National Science and Technology Council. (2018). *Charting a course for success: America’s strategy for STEM education*. Office of Science and Technology Policy. <https://www.energy.gov/sites/prod/files/2019/05/f62/STEM-Education-Strategic-Plan-2018.pdf>
- Savitz-Romer, M., Rowan-Kenyon, H. T., Nicola, T. P., Carroll, S., & Hecht, L. (2020). *Expanding support beyond the virtual classroom: Lessons and recommendations from school counselors during the COVID-19 crisis*. Harvard Graduate School of Education & Boston College Lynch School of Education and Human Development. <https://www.gse.harvard.edu/sites/default/files/documents/School-Counseling-Covid-19-Report.pdf>
- Schmidt, C. D., Hardinge, G. B., & Rokutani, L. (2012). Expanding the school counselor repertoire through STEM-focused career development. *The Career Development Quarterly*, 60(1), 25–35. <https://doi.org/10.1002/j.2161-0045.2012.00003.x>
- Shillingford, M. A., Oh, S., & Finnell, L. R. (2017). Promoting STEM career development among students and parents of color. *Professional School Counseling*, 21(1b), 1–11. <https://doi.org/10.1177/2156759X18773599>
- U.S. Bureau of Labor Statistics. (2020). *Employment projections: Employment in STEM occupations*. <https://www.bls.gov/emp/tables/stem-employment.htm>
- U.S. Department of Education. (n.d.). *Science, technology, engineering, and math, including computer science*. <https://www.ed.gov/stem>
- U.S. Department of Labor. (n.d.). *Discover apprenticeship: Earn while you learn today*. https://www.apprenticeship.gov/sites/default/files/Career_Seeker_Fact_Sheet.pdf
- Vilorio, D. (2014). *STEM 101: Intro to tomorrow’s jobs*. <https://www.bls.gov/careeroutlook/2014/spring/art01.pdf>
- Xue, Y., & Larson, R. C. (2015). *STEM crisis or STEM surplus? Yes and yes*. <https://www.bls.gov/opub/mlr/2015/article/stem-crisis-or-stem-surplus-yes-and-yes.htm>

Appendix

Interview Questions

1. What is your understanding of the issues of diversity in STEM?
2. What training did you receive regarding the needs of underrepresented students who are interested in STEM?
3. What do you believe is the role of a school counselor in supporting underrepresented students' interest in STEM careers?
4. What is your role in supporting STEM academic and career opportunities for underrepresented students?
5. What has been your experience in promoting STEM careers to underrepresented students?
6. How do you identify underrepresented students who may have potential or interest in STEM careers?
7. What barriers do you face in promoting STEM careers to underrepresented students?
8. What school and community factors influence your ability to support underrepresented students' STEM career aspirations and interests?
9. How do you prepare underrepresented students for postsecondary opportunities in STEM?
10. What do you wish was different about how you support underrepresented students' STEM career interests and aspirations?
11. How has the COVID-19 pandemic impacted your role in supporting underrepresented students' STEM career aspirations and interests?

Vicarious Grief in Supervision: Considerations for Doctoral Students Supervising Counselors-in-Training



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The COVID-19 pandemic has brought about collective experiences of grief; thus, counselors-in-training (CITs) and their doctoral student supervisors may encounter increases in grief-oriented clinical work. In considering how to support CITs' work with grieving clients, doctoral supervisors should be prepared to help CITs manage experiences of vicarious grief (VG). Given the ubiquity of loss and the limited amount of grief-specific coursework in counselor training, CITs could benefit from exploring their experiences of VG with their doctoral supervisors in clinical supervision—a core area of training for doctoral students enrolled in counselor education programs accredited by the Council for Accreditation of Counseling and Related Educational Programs. In this manuscript, we (a) provide an overview of the literature on VG, (b) discuss the potential impact of VG on CITs, (c) present a case study illustrating attention to VG in supervision, and (d) provide practical strategies doctoral supervisors can employ when addressing VG in supervision, drawing on Bernard and Goodyear's discrimination model.

Keywords: vicarious grief, counselors-in-training, doctoral supervisors, clinical supervision, discrimination model

Loss, and the resulting grief response, is a universal human experience that individuals are likely to encounter at multiple points across the life span (Chan & Tin, 2012). As such, grief presents in counseling as a common client concern (Hill et al., 2018) and can stem from the loss of a loved one through death, non-death loss (e.g., relationship loss, loss of lifestyle), or normal life transitions (e.g., retirement, relocating; Sullender, 2010). Given the ubiquity of these experiences, counselors should anticipate working with clients who are facing loss and grief throughout their years of practice (Doughty Horn et al., 2013).

Current events may also elicit collective and global grief responses as we have seen with the COVID-19 pandemic and the unexpected death of professional basketball player Kobe Bryant early in 2020 (Milstein, 2017; Weir, 2020). These bring the pervasiveness of grief to the forefront of our awareness. Counselors, not immune to these events at the macro or micro level, must cope with their own grief responses and be prepared to experience grief through exposure to their clients' presenting concerns, recognized as a *vicarious grief* (VG) response (Chan & Tin, 2012; Kirchberg et al., 1998; Rando, 1997). This reality, highlighted by the growing awareness and impact of collective grief in 2020, supports the need for increased loss and grief competencies within the profession of counseling.

Although calls have been made to more purposefully integrate loss and grief competencies into counselor education (Doughty Horn et al., 2013), we aim to highlight the importance of supporting doctoral students in growing loss and grief competencies related to their roles as future counselor educators and supervisors. As the most recent Council for Accreditation of Counseling and Related

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Educational Programs (CACREP) standards identify supervision as one of the five core areas of doctoral-level student training (CACREP, 2015), we propose that doctoral students should be trained to identify VG observed within counselors-in-training (CITs) and themselves. Further, they should be prepared to facilitate supervisory discussion to explore VG and help CITs learn strategies for effectively managing VG they might experience in response to their clinical work. Drawing on the existing literature on vicarious trauma, loss, and grief in counseling and supervision, as well as Bernard and Goodyear's (1992, 2019) discrimination model, with this article we (a) provide an overview of the literature on VG, (b) discuss the potential impact of VG on CITs, (c) present a case study illustrating VG in supervision, and (d) provide practical strategies doctoral supervisors can employ when addressing VG in supervision.

Grief in Counseling

In order to more thoroughly understand counselors' and supervisors' experiences of VG, it is necessary to first explore how loss and grief may present within the therapeutic context. Contrary to traditional stage models of bereavement, contemporary research indicates that grief is a more nuanced, nonlinear psychological response to loss that can vary significantly between individuals with respect to duration of grief and the presentation and intensity of symptoms (Crunk et al., 2017; Doughty Horn et al., 2013). For example, although the majority of individuals experience more normative grief responses, about 10% of bereaved individuals experience a protracted, debilitating, and sometimes life-threatening grief response known as *complicated grief* (Shear, 2012), also referred to as *prolonged grief disorder* (Prigerson et al., 1995) or *persistent complex bereavement disorder* (American Psychiatric Association, 2013). As doctoral student supervisors and CITs inevitably encounter clinical presentations of loss and grief, the ability to identify and discuss both common and complicated grief reactions not only serves to support determination of treatment interventions, but also promotes the introspection necessary to identify, explore, and cope with their own VG responses (Ober et al., 2012), which is the focus of this present article.

Vicarious Grief

Prior literature within the counseling profession has largely focused on *vicarious trauma*—the negative emotional or psychological changes and altered view of self, others, or the world experienced by counselors resulting from repeated engagement with clients' trauma-related stories, memories, pain, and fear (American Counseling Association [ACA], n.d.; Trippany et al., 2004). It is widely recognized by practitioners and counselor educators that vicarious trauma can be personally and professionally disruptive, with counselors experiencing behavior changes, interpersonal issues, shifts in personal values and beliefs, and diminished job performance as a result (ACA, n.d.). However, less attention has been directed toward VG (i.e., bereavement), a phenomenon originally documented by Kastenbaum (1987) that describes "the experience of loss and consequent grief and mourning that occurs following the deaths of others not personally known by the mourner" (Rando, 1997, p. 259). The two types of VG include (a) *Type 1*, exclusively VG (i.e., the griever feels what it is like to be in the initial griever's position) and (b) *Type 2*, the experience of VG for a griever along with feeling reminded of one's own losses and unfinished grieving (Rando, 1997; Sullender, 2010). Although there is overlap between grief and trauma, there are also important differences for counselors to be aware of and attend to in counselor training, practice, and supervision, particularly given the pervasiveness of loss and grief.

In light of prior literature suggesting that counselors can experience negative outcomes following vicarious traumatization, we propose that issues of loss and grief, too, can elicit unexpected and unwanted grief responses that might impact counselors' well-being or even their ability to provide client care. CITs and doctoral supervisors would benefit from greater awareness of the potential impacts of VG on themselves and their ability to deliver ethical and effective services to clients. Research

has indicated training and experience in grief counseling are among the strongest predictors of grief counseling competence (Ober et al., 2012); thus, counselors who have little or no training in grief and loss may be at risk for being unable to manage clients' grief presentations. With counselor wellness essential to providing adequate clinical services, and counselors holding an ethical obligation to be prepared to work with a variety of client presentations, including loss and grief, it is suggested that increased attention to VG serves to promote counselor wellness, clinical preparedness, and positive client outcomes (Hill et al., 2018).

Although the long-term effects of our current experiences of collective, widespread grief have yet to be fully identified and understood, the immediate impact brings to the forefront the professional necessity of recognizing reactions to grief within clinical work and supervision. Sufficient evidence exists that counselors who work with clients facing issues of loss and grief are vulnerable to compassion fatigue, burnout, and secondary traumatization. Best practices reflect the necessity for practitioners to attend to their emotional responses to clients presenting with these issues (Chan & Tin, 2012; Gentry, 2002; Kirchberg et al., 1998), but little empirical evidence has been established surrounding how counselors respond to discussion of loss and grief in supervision. Therefore, to promote recognition and understanding of VG, it is beneficial for counselors and counselor educators to consider the separate and distinct impacts of VG on a counselor's work. This includes how VG can permeate into supervisory relationships—space that has traditionally been used for counselors to process and attend to their emotional reaction to clients' presenting concerns (Bernard & Goodyear, 2019).

Vicarious Grief in Supervision

Although supervision is evaluative and hierarchical by nature, it can serve a “simultaneous purpose of enhancing the professional functioning” (Bernard & Goodyear, 2019, p. 9) of the CIT. When applied to loss- and grief-oriented clinical work, it may be understood to include assisting CITs in exploring how their own reactions contribute to their ability to deliver clinical services. For doctoral students in the role of supervisor, this task requires that they not only support the connection of classroom learning to clinical practice, but also promote personal reflection and growth in the service of clients. As such, in cases of clients presenting with issues of loss and grief, doctoral students can utilize supervision and the supervisory working alliance to facilitate identification and understanding of a VG response, ultimately supporting more effective clinical work.

The supervision literature suggests that VG may affect counselors differently depending on their level of clinical experience. For example, more advanced clinicians have been found to experience less distress when faced with death-related client concerns (Terry et al., 1996), whereas beginning counselors, particularly those in a practicum course, rate death and loss as highly uncomfortable clinical topics to handle (Kirchberg & Neimeyer, 1991). In addition, the interplay of personal and contextual factors may exacerbate the distress that students experience when faced with these clinical topics, emphasizing the necessity of not only acquiring appropriate knowledge and skills related to grief work, but also personal awareness and competencies to manage their emotional responses (Chan & Tin, 2012; Kirchberg et al., 1998). Doctoral students must be prepared through their own education and introspective abilities to support this process for their CITs.

As it presents for CITs, sufficient evidence can be derived from the loss and grief and vicarious trauma literature to suggest that client outcomes may be affected when CITs cannot adequately identify or cope with vicarious responses (ACA, n.d.; Hill et al., 2018). When experiencing VG, it may be more difficult for CITs to attend to client presentations during session and engage in pre-session planning or post-session reflection (Lonn & Haiyasoso, 2016). Without standards for grief training or practice in the

professional counseling field (Doughty Horn et al., 2013; Ober et al., 2012), much of the responsibility to promote CIT wellness and attention to VG responses falls on doctoral student supervisors engaging with CITs in their practicum experiences. As such, doctoral student supervisors, also ethically charged with promoting client welfare and proficiency of practitioners across presenting concerns, should be prepared to attend to VG and its likelihood to impact CIT ability to lead client sessions effectively.

Given that the vicarious trauma literature suggests that supervisors monitor their own responses to trauma-focused clinical information presented by their CITs, doctoral student supervisors and their supervisors (i.e., counselor educators and supervisors) supporting grief work must also be aware of their own risk for VG (Lonn & Haiyasoso, 2016). Supervisors may also experience emotional reactions to CITs' disclosures of their own VG reactions in supervision (Bernard & Goodyear, 2019). Through utilizing introspective practices, doctoral student supervisors and their supervising counselor educators and supervisors can attend to this heightened possibility of VG by examining their physical, emotional, and cognitive reactions to their CITs, their workload, and any personal issues pertaining to unresolved grief that may be shaping how they in turn conduct supervision around topics of loss and grief (Ladany et al., 2000; Walker & Gray, 2002, as cited in Bernard & Goodyear, 2019). The following sections outline recommendations for addressing VG in supervision with doctoral-level supervisors and CITs.

Supervision and Vicarious Grief: Leveraging Roles and Relationships

Clinical supervision is essential to basic counselor training and has become a major emphasis of counseling doctoral training programs (Bernard & Goodyear, 2019; CACREP, 2015). Supervision as a practice has been found to increase counselor objectivity, empathy, and compassion (Trippany et al., 2004), providing an ideal environment for doctoral student supervisors to intervene and address the ripple effects of client grief presentations. Although grief is a common client concern, literature addressing VG in supervision is scarce. Generally recognized standards for addressing VG in supervision do not yet exist. Thus, in the absence of best practices, in this article, we extrapolate from existing supervision literature strategies for effectively fostering CIT growth and adapting our understanding of how these factors may also serve to support CITs and their supervisors as they navigate grief-related content and possible VG experiences in supervision.

Just as it has been studied in psychotherapy research, common factors of supervision can be examined to better conceptualize the supervisor's role and ability to shift a CIT's experience of VG. In considering common and specific factors of supervisory models, it has been suggested that the supervisory relationship is paramount to positive clinical outcomes (Crunk & Barden, 2017). Doctoral student supervisors, in being asked to address the intense emotional reactions of VG with their CITs, may benefit from focusing on the quality of the supervisory relationship to encourage openness, honesty, and increased willingness to process feelings of grief that arise in relation to work with their clients.

Per Bernard and Goodyear's (1992, 2019) discrimination model, it can also be helpful to consider how the supervisory roles of counselor, consultant, and teacher may inform a doctoral student supervisor's approach to VG with trainees. Often as a new supervisor, it can be difficult to navigate these roles and best determine which to utilize within supervision (Bernard & Goodyear, 2019; Nelson et al., 2006). The counselor role may be most familiar, given previous clinical experience, but the consultant and teacher role hold value in striking an "optimal balance between support and challenge" (Bernard & Goodyear, 2019, p. 106) for the CIT. Purposefully integrating the roles of counselor, consultant, and teacher can support doctoral student supervisors in addressing CIT factors, such as resistance, anxiety, and

transference, which inherently contribute to a trainee's experience of VG (Bernard & Goodyear, 2019; Chan & Tin, 2012; Gentry, 2002; Kirchberg et al., 1998).

To facilitate this integration of roles within the context of supervision, it is also crucial to recognize that doctoral student supervisors, early in their own training as clinical supervisors, may struggle with this task (Bernard & Goodyear, 2019; Nelson et al., 2006). In response to COVID-19 impacts to clinical services, doctoral student supervisors may be asked to provide consultation to CITs regarding navigating a client crisis via teletherapy. Overlapping with the role of consultant is also the necessity for doctoral student supervisors to teach CITs about ethical usage of teletherapy platforms for the delivery of clinical services. Further, doctoral student supervisors may recognize the need to provide counseling support to CITs around anxiety that manifests from the plethora of changes in a short period of time. These examples highlight the complex tasks facing doctoral student supervisors in the context of the current COVID-19 pandemic and draw attention to the support doctoral student supervisors may benefit from in order to remain best equipped to meet their CITs' needs. Group or individual supervision with faculty members or senior clinic staff members may prove useful to provide an opportunity for doctoral student supervisors to examine their perspectives, emotional reactions, and the challenges of their new professional identity, coupled with the potential parallel process of experiencing their own VG through their work with CITs (Trippany et al., 2004).

As supervision provides opportunities for professional and personal growth critical to the learning experience of CITs, doctoral student supervisors must consider how best to support CITs in both of these domains. The bereavement literature suggests that a larger focus is often placed on the development of professional competencies, knowledge, and skills, as compared to an emphasis on the personal nature, or the role of self, in loss and grief (Balk et al., 2007; Stroebe et al., 2008). Thus, it is common for CITs and supervisors alike, particularly those who have not received formal academic instruction on topics of loss and grief, to be less open to topics of death and loss with clients, have less insight into their own beliefs regarding death, and have a greater fear of death (Doughty Horn et al., 2013).

This suggests that for supervisors to effectively address VG within supervision, they should engage in their own self-study of loss and grief to support their acquisition of knowledge and increased personal understanding of responses to death and loss. Because coursework that focuses specifically on loss and grief is not required by CACREP standards (Doughty Horn et al., 2013), it is unlikely that doctoral students coming from master's programs in counseling or marriage and family therapy have had substantive training specific to loss and grief (Ober et al., 2012). Seeking out learning opportunities will further prepare doctoral student supervisors to embody the roles of counselor, consultant, and teacher to both educate and process their CITs' reactions related to loss, grief, and death. Much like vicarious trauma has been approached within supervision, doctoral student supervisors who have engaged in the study and self-reflection of loss and grief can serve in the important role of helping CITs "stay in their own chairs" (Rothschild, 2006, p. 201). They can more effectively support identification of CITs' gaps in knowledge or reactions to the material presented by the client and utilize supervision as a space for both education and emotional processing.

Doctoral student supervisors working with CITs must recognize the inherent challenges CITs may have in sharing clinical and personal information within supervision (Lonn & Haiyasoso, 2016). New counselors may be less aware of their emotional reactions in session (Dowden et al., 2014), further necessitating attention to VG by supervisors. Doctoral student supervisors, in guiding CITs to gain insight into their own reactions, may find benefit in incorporating discussion of countertransference and

VG in an effort to differentiate the experiences for CITs. *Countertransference*—a counselor’s emotional, cognitive, or behavioral reactions that occur in response to the client or clinical content and are rooted in the counselor’s own life and relational experiences (Bernard & Goodyear, 2019; Hayes et al., 2011)—can be understood as distinct from VG, which, adapted from the vicarious trauma literature, is the response to the loss-oriented client material unrelated to personal experiences (Trippany et al., 2004). Although countertransference may also occur for a CIT as it relates to loss and grief, the literature supports the likelihood that as clients experience existential crises of meaning around loss, professional helpers are likely to share in the existential challenges, including the experience of VG (Chan & Tin, 2012). It is beneficial for doctoral student supervisors to support CITs in making this distinction, as each may require different attention within the supervision process.

The COVID-19 pandemic has elicited a surge of global loss, grief, and trauma, increasing the likelihood of supervisors and CITs encountering VG in supervision. Generally speaking, it is important and necessary for doctoral students to attend to the previously mentioned tasks of supporting CITs who may encounter VG, while recognizing the likelihood of a parallel process between supervision and the trainee’s clinical work (Bernard & Goodyear, 2019). Just as it can be hard for a CIT to manage responses to grief, so too may it be challenging for a new supervisor to cope without thorough discussion of loss and grief topics in supervision. Given the current widespread and collective grief specific to COVID-19, and the ubiquity of loss and grief in general, we recommend that counselor education programs help doctoral student supervisors to become more aware of the potential for VG to emerge in supervision. Strategies may include introducing case studies of VG in supervision to support doctoral students in applying strategies and exploring the impacts for themselves and their CITs.

Implications for Training: Doctoral Student Curricular Preparation

A review of the existing literature revealed that there is both minimal research and limited curricular focus on loss and grief education in the profession of counseling (Doughty Horn et al., 2013). Although this conversation has largely focused on master’s-level curricula, it is important to consider the impact of this lack of focus within doctoral education as well. Counselor education doctoral students, lacking education on clinical competencies in loss and grief from within their master’s programs, are preparing themselves to become educators of the next generation of counselors. Therefore, it is imperative that we rectify this lack of competency around loss and grief in order to best meet the moral and ethical obligation of counselors and counselor educators to promote and facilitate client growth both in their own clinical work and through the instruction and supervision of students’ work (Cicchetti et al., 2016).

Doctoral programs, although held by CACREP (2015) standards to include training in counseling, supervision, teaching, research, and advocacy, currently have no requirement to address topics of loss and grief, including VG within these domains. In order to most effectively implement the strategies discussed above, doctoral student supervisors would benefit from more focused training, both to enhance their supervisory competencies and fill gaps within introductory counselor education. Despite the existence of master’s CACREP standards that address life span development issues, there exist no CACREP standards to date that address topics of loss and grief, including VG. Hence, in this article, we examine how VG can perhaps be incorporated into doctoral supervisory curriculum.

Within counselor education doctoral programs, supervision is a core area of counselor educator education and training (CACREP, 2015). Given the ubiquity and salience of grief (Doughty Horn et al., 2013), VG is an arguably crucial phenomenon to be acknowledged and addressed by both CITs and doctoral supervisors. Hence, it is worthwhile to examine the content of courses that meet this standard.

Whether a didactic course prior to direct supervisory experience or an experiential course, CACREP (2015) calls for course material to include a variety of components (e.g., purposes of clinical supervision, skills and modalities, ethical responsibilities, culturally relevant strategies). Despite the likelihood of issues of loss and grief to be present in clinical scenarios, CACREP supervision standards remain broad, meaning important topics, like loss and grief, may be neglected in course development and discussion. Just as students build on their prior knowledge of theory, interventions, cultural competence, and trauma-informed practice, so too can loss and grief be discussed as it relates to growing supervision knowledge, skills, and competencies.

The incorporation of these topics into doctoral courses may need to include foundational instruction related to loss and grief to facilitate basic competencies in addition to more complex applications of loss and grief clinical content to supervision frameworks, ethical issues, and modalities of supervision. Counselor educators and doctoral program coordinators may consider integrating VG both to draw attention to the possibility of one's own encounter with VG as a counselor and counselor educator, and to provide opportunities for processing and self-reflection. Through purposeful instruction and modeling of strategies for supervision, doctoral student supervisors are better equipped not only to manage their own reactions, but also to recognize and facilitate understanding of their CITs' reactions, ultimately supporting client well-being (Cicchetti et al., 2016). As such, we suggest that faculty of doctoral programs critically examine clinical topics discussed within courses meeting the CACREP supervision standards and purposefully integrate loss, grief, and VG into course content. Further, the use of case studies as a means of illustrating practical strategies that counselors and supervisors can use is a well-documented practice within the counseling scholarship (Kelly, 2016). Hence, in order to support doctoral students in their preparedness to apply the practical strategies discussed in this article, we present a case study as an example that can be used with doctoral students to support their training around VG in supervision.

Case Study

The following fictional case study illustrates features of VG (i.e., Type 1 and Type 2; Kastenbaum, 1987; Rando, 1997; Sullender, 2010) evident with Cynthia, a CIT, during clinical supervision with a doctoral supervisor. Doctoral supervisors working with CITs experiencing VG are advised to use the information previously outlined to pay attention to the grief reactions presented in the case. Drawing on Bernard and Goodyear's (1992, 2019) discrimination model, we discuss interventions that supervisors can use to attend to VG in supervision. Supervisor collaboration with practicum instructors to facilitate the management and potential amelioration of VG is also discussed. The case study highlights the important role supervision plays in facilitating the CIT's awareness about the process of both leaving and returning to one's "chair" (Rothschild, 2006, p. 201).

The Case of Cynthia

Cynthia is a master's-level CIT who is approaching the end of her practicum experience in the midst of COVID-19. During supervision, Cynthia discusses her clients' experiences with multiple forms of loss and associated grief resulting from the pandemic, ranging from the deaths of loved ones to COVID-19, to job loss, loss of financial security, loss of special plans, loss of social connection, and an overall loss of "normal life" as they knew it. When Cynthia's supervisor asks her how it has felt for her to help clients process their feelings of grief, Cynthia shares that when her clients share their grief with her, she becomes simultaneously reminded of her own losses (e.g., loss of social connection, daily routine, and normalcy) resulting from the pandemic, as well as her own associated grief response that she finds becomes activated in and outside of session. Cynthia shares that her own grief has been triggered by hearing her clients' experiences and that her satisfaction with and sense of personal accomplishment surrounding her clinical work is starting to diminish.

Cynthia shares that she has also begun avoiding talking or thinking about their grief-related experiences in session. In supervision, she shares that since the pandemic, she worries that she is not doing enough for her clients and reports feeling a general sense of hopelessness associated with her work with them. Although she feels as though she is hearing her clients share stories about their loss and grief “constantly,” she also indicates that she is trying to stay motivated to continue to work with her clients and believes in her ability to help them. She also reports, however, that bearing continuous witness to their grief, fear, and overall uncertainty associated with the losses they are enduring because of the pandemic is becoming emotionally difficult to manage.

A Brief Analysis: Type 1 and Type 2 VG. As illustrated above, the case of Cynthia depicts manifestations of Type 1 and Type 2 VG during supervision. First, Type 2 VG is evidenced by Cynthia’s report of being reminded of her own losses following those of her clients and her resulting grief response. Within this instance of Type 2 VG, in response to the reported grief of her clients, Cynthia is reminded of her own losses as well as her own unfinished grieving. Second, Type 1 VG is evidenced by Cynthia’s report that her own grief response has been triggered after hearing her clients’ experiences of grief. Unlike Cynthia’s experience of Type 2 VG, in which her own unfinished grief was elicited, in this instance, Cynthia exclusively feels what it is like to be in the griever’s (i.e., client’s) position. When using a case study such as this with doctoral students, it may be beneficial to have them identify and discuss the types of VG present and begin to process how they might attend to both within supervision.

Attending to VG in Supervision. According to Bernard and Goodyear (1992, 2019), the three primary roles that are associated with clinical supervision are: counselor, teacher, and consultant. Given that these roles all fall within the domain of supervision, CITs can be afforded a broad variety of developmentally appropriate interventions throughout supervision. In considering common and specific factors of supervisory models, it has been suggested that the supervisory relationship is paramount to positive clinical outcomes (Crunk & Barden, 2017). Doctoral student supervisors, when addressing the intense emotional reactions of VG with their CITs, may benefit from focusing on the quality of the supervisory relationship to encourage openness, honesty, and increased willingness to process feelings of grief related to client work. When using a case study for experiential purposes, doctoral students can be asked to consider how, along with the use of common factors, the trifecta of roles presented by the discrimination model can be called on by supervisors to offer CITs guidance surrounding the challenging terrain of VG, regardless of the supervisor’s theoretical supervisory orientation.

Counselor. Although the intent is not to provide therapy, doctoral students can consider how the role of counselor remains constant throughout the supervisory relationship and can facilitate CITs’ understanding of and ability to manage their personal feelings and reactions as they emerge throughout their work with clients (Bernard & Goodyear, 2019). Initially, after the origination of the COVID-19 pandemic and its loss-related effects on Cynthia’s clients, Cynthia exhibited VG as well as hopelessness surrounding her clinical work during supervision. By facilitating Cynthia’s processing through reflecting her feelings of hopelessness and asking her to reflect on how her feelings may be affecting her work with clients, the doctoral student supervisor might guide Cynthia in expressing her underlying emotions that are associated with her VG response and impacting her clinical work. Given the potential for CITs to feel challenged in sharing clinical and personal information within supervision (Lonn & Haiyasoso, 2016), doctoral students examining this case study can consider how as a supervisor they might also use a check-in with Cynthia at the beginning of supervision (Doyle, 2017), in order to normalize her personal grief reactions and encourage her to be proactive about self-care surrounding her VG. Furthermore, in the case of COVID-19, this case study can highlight for doctoral students how a supervisor might attend to their own feelings of grief and demonstrate their willingness to model

transparency and vulnerability to Cynthia in order to assist her in acknowledging and managing countertransference and VG. Ultimately, in more closely examining the role of counselor, doctoral students can more clearly imagine how they might be able to help Cynthia examine her feelings and emotions associated with her VG to her clients and her clinical work to reduce the potential for disturbance in her therapeutic relationship.

Teacher. In the role of teacher, the supervisor assumes the primary responsibility for the CIT's learning (Bernard & Goodyear, 2019). In the case of Cynthia, as teacher, doctoral students can contemplate and discuss how as a supervisor they might work to help her understand her reactions to her clinical work as VG. In addition to providing education about how counselors are called to attend to their clients' needs during a crisis, the supervisor might also provide Cynthia with psychoeducation about VG, as well as examples of symptoms and information pertaining to distinguishing it from countertransference, compassion fatigue, or burnout. This knowledge would be provided to Cynthia to help normalize and validate manifestations of indirect grief which makes these reactions easier to manage, with the case study providing opportunity for doctoral students to evaluate their own knowledge of these areas and seek support from peers or faculty to grow their knowledge.

Furthermore, doctoral students examining this case study may also be prompted to examine how they could bolster Cynthia's learning and enhance her preparedness to work with her grieving clients by bringing Cynthia's experiences to the attention of her practicum instructor. This provides opportunity for doctoral students to consider how to collaborate with faculty so that instructors might provide additional educational support surrounding the concept of VG during group supervision. Through discussion around how to effectively integrate didactic components into the supervisory process and attend to Cynthia's learning, doctoral students are able to practice how a supervisor can work toward ameliorating a CIT's VG.

Consultant. In the role of consultant, the supervisor might work with Cynthia to identify strategies that minimize the impact of VG and allow her to engage in self-care practices. By examining this case study, doctoral students can consider how to balance the teaching role, in which they adopt the role of the expert, with the consultant role, in which the supervisor works to foster Cynthia's independence, autonomy, and empowerment (Bernard & Goodyear, 2019). Given that Cynthia demonstrated motivation to engage in supervision and learn more about her VG, as consultant, the supervisor might provide her with structured guidance surrounding how to approach her work with clients. Doctoral students may benefit from discussion around how to promote amelioration of Cynthia's VG through providing her with resources regarding self-regulation and offering to help her brainstorm ways to be more present with her clients in session during discussions of grief. By examining a case study, doctoral students are provided the opportunity to further consider how, as consultant, they might communicate to Cynthia that she handled this situation ethically and professionally by sharing her feelings of VG with the supervisor.

Limitations

Given the dearth of research on grief literacy in counselor education and without sufficient standards around loss and grief training for counselors (Doughty Horn et al., 2013; Ober et al., 2012), our conceptualizations, discussion, and recommendations for doctoral student supervisors and CITs encountering VG in supervision are inherently limited. Thus, we cannot be certain these recommendations would significantly influence the supervisory experience and its effect on client and counselor well-being. We believe there is sufficient evidence within the current literature

suggesting that attention to VG within supervision is warranted, but further research is necessary to more completely understand the role of supervision in identifying and managing VG responses.

Further, our exploration of VG is limited to an academic setting as we believe specific attention to these competencies lies in the inclusion of loss and grief training within counselor education (Doughty Horn et al., 2013). However, given the ubiquity of grief in life and within counseling (Chan & Tin, 2012; Doughty Horn et al., 2013; Hill et al., 2018), it would be remiss for us to not acknowledge that this discussion about doctoral student supervisors is just one of many situations in which a counselor or clinical supervisor may find themselves faced with experiences of VG. Our conceptualization of VG and many of our suggestions may even ring true for clinical supervisors at various stages of their career within that role. Further research must consider how supervision occurs in contexts outside of academia and the impact of VG for counselors and supervisors at more advanced stages of their career.

Future Directions

Given the continued pervasiveness of the COVID-19 pandemic, it is impossible to understand its long-term effects, but the immediate impacts to the profession of counseling speak to the necessity of recognizing reactions to grief within clinical work and supervision. Although the supervision literature abounds with approaches for supervising counselors, as highlighted by this article, the counseling literature lacks empirical studies on VG in supervision, despite its occurrence and impact on clinicians and supervisors alike. In the absence of such research, we call for VG in supervision to be an emerging area of focus for the profession of counseling, particularly within doctoral counselor education.

However, although the scope of this article is aimed at recognizing and managing VG by doctoral student supervisors, it is our hope that drawing attention to the complexities of this experience brings further conversation to experiences of VG in all types of clinical supervision. It is of benefit to all supervisors, doctoral students, and clinicians both new to the role and with seasoned experience that increased attention is directed toward validating specific supervisory techniques developed to attend to counselors' experience of VG in supervision. It is our goal that this discussion acknowledges the impact of VG on clinicians and promotes further research and development of best practices for managing VG in supervision, both within counselor education and beyond.

Conclusion

CITs and counselor educators face the possibility of experiencing VG in their respective work with clients and CITs who have experienced loss. Counselor educators in supervisory roles can help CITs mitigate VG through facilitating awareness of the impacts of grief-related clinical content into the supervision process and attending to CITs' unique needs in the roles of teacher, counselor, and consultant. In light of the COVID-19 pandemic and its resulting landscape of increased loss and related mental health needs, it is especially critical for counselor educators and supervisors to be equipped to attend to the needs of CITs who are experiencing VG. In this article, we aimed to address this need by defining VG, discussing its potential impact on CITs and doctoral supervisors, and presenting a case study illustrating interventions that counselor educators can use when addressing VG in supervision.

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References

- American Counseling Association. (n.d.). *Fact sheet #9: Vicarious trauma*. https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=f0f03a27_2
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- Balk, D., Wogrin, C., Thornton, G., & Meagher, D. (Eds.). (2007). *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement* (1st ed.). Routledge/Taylor & Francis Group.
- Bernard, J. M., & Goodyear, R. K. (1992). *Fundamentals of clinical supervision* (1st ed.). Allyn & Bacon.
- Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.). Pearson.
- Chan, W. C. H., & Tin, A. F. (2012). Beyond knowledge and skills: Self-competence in working with death, dying, and bereavement. *Death Studies*, 36(10), 899–913. <https://doi.org/10.1080/07481187.2011.604465>
- Cicchetti, R. J., McArthur, L., Szirony, G. M., & Blum, C. R. (2016). Perceived competency in grief counseling: Implications for counselor education. *Journal of Social, Behavioral, and Health Sciences*, 10(1), 3–17. <https://doi.org/10.5590/JSBHS.2016.10.1.02>
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards*. <http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf>
- Crunk, A. E., & Barden, S. M. (2017). The Common Factors Discrimination Model: An integrated approach to counselor supervision. *The Professional Counselor*, 7(1), 62–75. <https://doi.org/10.15241/aec.7.1.62>
- Crunk, A. E., Burke, L. A., & Robinson, E. H. M., III. (2017). Complicated grief: An evolving theoretical landscape. *Journal of Counseling & Development*, 95(2), 226–233. <https://doi.org/10.1002/jcad.12134>
- Doughty Horn, E. A., Crews, J. A., & Harrawood, L. K. (2013). Grief and loss education: Recommendations for curricular inclusion. *Counselor Education and Supervision*, 52(1), 70–80. <https://doi.org/10.1002/j.1556-6978.2013.00029.x>
- Dowden, A. R., Warren, J. M., Kambui, H. A. (2014). Three tiered model toward improved self-awareness and self-care. In G. R. Walz & J. C. Bleuer (Eds.), *Ideas and research you can use: VISTAS 2014*. http://www.counseling.org/docs/default-source/vistas/article_30.pdf
- Doyle, K. A. (2017). *Modeled wellness: Using perceived supervisor wellness and the supervisory relationship to predict supervisee personal wellness* [Doctoral dissertation, Virginia Tech].
- Gentry, J. E. (2002). Compassion fatigue: A crucible of transformation. *Journal of Trauma Practice*, 1(3–4), 37–61. https://doi.org/10.1300/J189v01n03_03
- Hayes, J. A., Gelso, C. J., & Hummel, A. M. (2011). Managing countertransference. *Psychotherapy*, 48(1), 88–97. <https://doi.org/10.1037/a0022182>
- Hill, J. E., Cicchetti, R. J., Jackson, S. A., & Szirony, G. M. (2018). Perceptions of grief education in accredited counseling programs: Recommendations for counselor education. *Journal of Social, Behavioral, and Health Sciences*, 12(1), 74–83. <https://doi.org/10.5590/JSBHS.2018.12.1.05>
- Kastenbaum, R. (1987). Vicarious grief: An intergenerational phenomenon? *Death Studies*, 11(6), 447–453. <https://doi.org/10.1080/07481188708252209>
- Kelly, V. A. (2016). *Addiction in the family: What every counselor needs to know*. American Counseling Association.
- Kirchberg, T. M., & Neimeyer, R. A. (1991). Reactions of beginning counselors to situations involving death and dying. *Death Studies*, 15(6), 603–610. <https://doi.org/10.1080/07481189108252548>
- Kirchberg, T. M., Neimeyer, R. A., & James, R. K. (1998). Beginning counselors' death concerns and empathic responses to client situations involving death and grief. *Death Studies*, 22(2), 99–120. <https://doi.org/10.1080/074811898201623>
- Ladany, N., Constantine, M. G., Miller, K., Erickson, C. D., & Muse-Burke, J. L. (2000). Supervisor countertransference: A qualitative investigation into its identification and description. *Journal of Counseling Psychology*, 47(1), 102–115. <https://doi.org/10.1037/0022-0167.47.1.102>
- Lonn, M. R., & Haiyasoso, M. (2016). Helping counselors “stay in their chair”: Addressing vicarious trauma in supervision. In G. R. Walz & J. C. Bleuer (Eds.), *Ideas and research you can use: VISTAS 2016*. https://www.counseling.org/docs/default-source/vistas/article_90_2016.pdf?sfvrsn=cbe2482c_4
- Milstein, C. (Ed.). (2017). *Rebellious mourning: The collective work of grief*. AK Press.
- Nelson, K. W., Oliver, M., & Capps, F. (2006). Becoming a supervisor: Doctoral student perceptions of the training experience. *Counselor Education and Supervision*, 46(1), 17–31. <https://doi.org/10.1002/j.1556-6978.2006.tb00009.x>

- Ober, A. M., Granello, D. H., & Wheaton, J. E. (2012). Grief counseling: An investigation of counselors' training, experience, and competencies. *Journal of Counseling & Development*, 90(2), 150–159.
<https://doi.org/10.1111/j.1556-6676.2012.00020.x>
- Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F., III, Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). Inventory of Complicated Grief: A scale to measure maladaptive symptoms of loss. *Psychiatry Research*, 59(1–2), 65–79. [https://doi.org/10.1016/0165-1781\(95\)02757-2](https://doi.org/10.1016/0165-1781(95)02757-2)
- Rando, T. A. (1997). Vicarious bereavement. In S. Strack (Ed.), *Death and the quest for meaning: Essays in honor of Herman Feifel* (pp. 257–274). Jason Aronson.
- Rothschild, B. (2006). *Help for the helpers: Self-care strategies for managing burnout and stress*. W. W. Norton.
- Shear, M. K. (2012). Getting straight about grief. *Depression and Anxiety*, 29(6), 461–464.
<https://doi.org/10.1002/da.21963>
- Stroebe, M. S., Hansson, R. O., Schut, H., & Stroebe, W. (Eds.). (2008). *Handbook of bereavement research and practice: Advances in theory and intervention*. American Psychological Association.
- Sullender, R. S. (2010). Vicarious grieving and the media. *Pastoral Psychology*, 59, 191–200.
<https://doi.org/10.1007/s11089-009-0227-5>
- Terry, M. L., Bivens, A. J., & Neimeyer, R. A. (1996). Comfort and empathy of experienced counselors in client situations involving death and loss. *Omega – Journal of Death and Dying*, 32(4), 269–285.
<https://doi.org/10.2190/WJ89-KCTY-DBWG-8QTX>
- Trippany, R. L., White Kress, V. E., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development*, 82(1), 31–37.
<https://doi.org/10.1002/j.1556-6678.2004.tb00283.x>
- Weir, K. (2020). *Grief and COVID-19: Mourning our bygone lives*. American Psychological Association News.
<https://www.apa.org/news/apa/2020/04/grief-covid-19>

“I Am Strong. Mentally Strong!”: Psychosocial Strengths of International Graduate Students of Color



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Positioned at a unique intersection of managing academic pressures and embodying racial and ethnic minority identity status, international graduate students of color (IGSCs) are frequent targets of multiple stressors. Unfortunately, extant counseling literature offers counselors little information on the psychosocial strengths IGSCs employ (e.g., strong familial bond, friendships) to cope with such stressors. To address this gap, interviews with eight IGSC participants were conducted and analyzed using interpretive phenomenological analysis and the lens of the intersectionality framework. Five psychosocial strengths were identified—familial support, social connections, academic aspirations and persistence, personal growth and resourcefulness, and resistance and critical consciousness. Recommendations for employing an asset-based approach in counseling and counselor education are offered.

Keywords: international graduate students of color, psychosocial strengths, racial and ethnic minority, intersectionality, interpretive phenomenological analysis

Over 1 million international students were enrolled in higher education programs in the United States in 2020 (National Association of Foreign Student Advisers [NAFSA], 2020). Thousands of them are confronted with varied stressors, including linguistic barriers (Mori, 2000), isolation (Sato & Hodge, 2015), and xenophobia (Pottie-Sherman, 2018). The recent COVID-19 pandemic has added to their mounting stress, pushing them toward symptoms of severe mental illness, including chronic fear and anxiety (Chirikov & Soria, 2020). Extant literature offers strong evidence that international graduate students of color (IGSCs) are particularly vulnerable to stressors because of their academic responsibilities and experiences in the racialized society of the United States (George Mwangi et al., 2019; Lee & Rice, 2007; Lemieux et al., 2020).

To support IGSCs as they confront multiple challenges, scholars have been called to examine this population's psychosocial strengths (Pendse & Inman, 2017; Straker, 2016), as strengths-based counseling empowers and builds resilience among members of marginalized communities (Craig, 2013; Day-Vines & Terriquez, 2008; Toporek & Cohen, 2017). Regrettably, a thorough literature review yielded no peer-reviewed counseling articles that specifically addressed the strengths of IGSCs. The only related counseling study was by Yakunina and colleagues (2013), who offered insight into the strengths of international students. However, they failed to examine the specific strengths of IGSCs and gathered data only on the overall international student experience.

Thus, to explore the psychosocial strengths of IGSCs, we used interpretive phenomenological analysis (IPA; Smith, 1996) and adopted the lens of the intersectionality framework (Crenshaw, 1989). We review the literature addressing IGSCs' psychosocial strengths and offer results professional counselors can use in an asset-based approach with this community.

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Literature Review

Intersectionality

Using the intersectionality framework, Crenshaw (1989) noted that racial, linguistic, class, and other identities intersect to inform an individual's position of privilege and marginalization. These intersecting identities result in a heterogeneity of experiences within the international student community. The concept of intersectionality highlights the differing and inequitable influences of systemic oppression on diverse groups. In other words, the experiences of international students are dictated by their identities of race, ethnicity, level of education, language, and gender.

International students of color, because of their racialized ethnic identities, often bear the brunt of discrimination and toxic hate crimes (Chirikov & Soria, 2020; Dovchin, 2020; George Mwangi et al., 2019; Lee & Rice, 2007). Lee and Rice (2007) noted that international students of color in their study were often targets of racial slurs, violence, verbal insults, and discrimination. The internalized effects of colonialism and colorism were evident in how teachers and domestic students responded to African international students, including questioning their intelligence and legitimacy to be in graduate-level classrooms (George Mwangi et al., 2019). Students disclosed that they frequently felt "crazy" because of microaggressions by unrelenting domestic students in their classrooms (George Mwangi et al., 2019). Recently, Yao (2018) found that Chinese international students experienced both overt and implicit discrimination as a result of their nationality, language, and cultural background, having significant mental health impact. Thus, it is evident that the experiences of international students of color are significantly different from that of their White counterparts (Yao et al., 2020).

Additionally, with their demanding academic and research expectations, international graduate students (IGSs) constitute a particularly unique community (Girmay, 2019; Lin & Scherz, 2014). Lemieux and colleagues (2020) noted that the recent directive by U.S. Immigration and Customs Enforcement (ICE), which ordered international students to leave the United States if their fall 2020 courses were entirely online, had a profoundly deleterious impact on IGSs (ICE, 2020). IGSs usually serve as teaching assistants and research assistants, and they are often part of large-scale research and development projects. Lemieux and colleagues argued that despite bringing significant technological, cultural, and economic advantages to the United States, the order devalued the contributions of IGSs amidst the global health pandemic of COVID-19. Furthermore, the excessive pressure to engage in research and publications often had a detrimental impact on international students. Participants in a recent study by Click (2017) discussed that navigating a new academic system and responding to professional expectations were challenging and moved at least one participant in the study to tears. Thus, IGSs are confronted with multiple challenges that require urgent attention.

Psychosocial Strengths

Scholars have noted that practitioners' knowledge and utilization of marginalized clients' (e.g., Latinos, African Americans, LGBT individuals) psychosocial strengths often results in increased resilience, leadership, hardiness, and self-efficacy (Craig, 2013; Day-Vines & Terriquez, 2008). However, despite the efficacy of strengths-based counseling with minorities, the strengths of marginalized groups are often unknown to or underutilized by many professional counselors (Anandavalli, 2021; Craig & Furman, 2018; Harry et al., 2005; Tomlinson-Clarke & Georges, 2014). Given the extensive challenges the IGSC community faces, a strengths-based approach to counseling might prove to be especially beneficial. Regrettably, a thorough literature review on Google Scholar, PsycINFO, and SocINDEX using over nine search terms, including *international student mental health*, *international students*, *strengths-based*, and *international students assets*, indicated that no strengths-based counseling articles were available that addressed the experiences of IGSCs.

Given the paucity of counseling research on IGSCs' psychosocial strengths, this section includes inquiries from non-counseling studies and also those that address the larger international student community. A review of the literature suggested there are two broad themes of psychological strengths—*interpersonal strengths* and *intrapersonal strengths*.

Interpersonal Strengths

In the context of academic advising, He and Hutson (2018) found that Chinese international students in their study relied on their families' support to overcome adversities and persist in their academic programs. Families' significant efforts (e.g., financial and emotional support) to send their children abroad fueled the participants to make the most of their education in the United States (He & Hutson, 2018). Similarly, within the field of psychology, Moores and Popadiuk (2011) observed that as international students in the study navigated through stress in the host country, their families' support was a reminder of their cultural identity.

In addition to families, international students' friendships are potentially another asset. Given that they experience multiple sociopolitical stressors (Anandavalli et al., 2020), these students rely on each other for support (e.g., Wang & Hannes, 2014). Adopting an international relations perspective, Wang and Hannes (2014) noted their participants made plans to cook meals together and invited one another to cultural events to avoid the effects of isolation in a foreign country. The findings were used to inform faculty and policy makers in the Flemish community.

Intrapersonal Strengths

Scholars have also identified international students' intrapersonal strengths, including hardiness, personal growth initiative (Yakunina et al., 2013), and a deep desire to succeed (Wick et al., 2019). Yakunina et al. (2013) gathered data from over 300 international students in the United States to test if personal growth initiative (drive to improve oneself), hardiness (resilience), and universal-diverse orientation (ability to appreciate cultural similarities and differences) predicted the students' acculturative stress and adjustment in the United States. Their sample included international students from diverse ethnic, educational, and linguistic backgrounds. The researchers found that participants' personal growth initiative predicted their adjustment in the United States. Relatedly, Yakunina and colleagues also found that hardiness had a positive effect on adjustment and an underlying impact on participants' levels of acculturative stress. Furthermore, international students' universal-diverse orientation determined the extent of their adjustment. Thus, participants who reported greater universal-diverse orientation tended to experience reduced acculturative stress, which in turn predicted better adjustment.

Adopting an interdisciplinary and critical perspective to studying abroad, Wick and colleagues (2019) found that undergraduate Latinx students from the United States leveraged multiple strengths during their study abroad experience. In this study, Wick and colleagues employed Yosso's (2005) community cultural wealth theory to identify participants' potential strengths. Wick and colleagues noted that the participants effectively used their familiarity with Latinx cultures, Spanish language, and a deep desire to succeed in helping them make the most of their study abroad experiences. Wick and colleagues also noted that the international students experienced personal growth and reported additional strengths such as a heightened sense of social responsibility and *critical consciousness*, or a deeper understanding of how oppression and marginalization impact lived experiences.

Purpose of the Present Study

Although knowledge of international students' psychosocial strengths has been documented in related fields, data on the same in counseling is limited. Consequently, counselors are ill-equipped to utilize

these in the clinical setting, and clients may not be able to reap the benefits of strengths-based counseling (e.g., increased resilience, self-efficacy). Given the evidence in favor of strengths-based counseling for minoritized communities, the purpose of this study was to offer a strengths-based perspective of the coping strategies used by IGSCs. Our goal was to capture the psychosocial strengths IGSCs employ to support their well-being. Thus, our research question was, “What are the psychosocial strengths that IGSCs employ to support their well-being during their study abroad experience in the United States?”

Method

The present inquiry was the first part of a larger study. In this first part of the study, we focused on the strengths of IGSCs. We applied IPA (Smith, 1996) to explore IGSCs’ use of psychosocial strengths to support their well-being. IPA is an approach that allows researchers to maintain the uniqueness of each participant’s subjective lived experiences while laying emphasis on the contextual nature of interpretation (Smith, 1996). In other words, people’s interpretation of their lived experiences is grounded in the specific social and cultural context of their narratives. The primary focus of IPA is to examine how individuals make sense of their experiences and minimize any chance of researchers imposing their personal beliefs and expectations on the participants’ experiences (Smith, 1996). All research activities were in compliance with the National Board for Certified Counselors (NBCC) *Code of Ethics* (NBCC, 2016).

Researcher Roles and Trustworthiness

There are four aspects of effective qualitative research (Guba, 1981), and each aspect was pursued by the team through varied ways: credibility (e.g., member checking, two coders), transferability (e.g., multiple data points for each subtheme), dependability (e.g., utilizing external auditor’s feedback), and confirmability (e.g., field notes). The research team for this study was composed of three cisgender women. At the time of the study, the first author, Anandavalli, identified as an IGSC from India. The second author and auditor for the study, Borders, is a White American counselor educator and has worked with IGSCs from multiple countries. The third author, Kniffin, also a White American, has experiences working with international students in her previous professional roles. Each researcher’s ongoing reflexivity journal, an integral part of IPA, served to identify potential blind spots specifically centering around stereotypes and perceptions surrounding the IGSC community, and the role of institutions and structures in impacting IGSCs’ mental health.

To establish meaningful trustworthiness, Anandavalli immersed herself in the IGSC community at a medium-sized university in the United States for about 2 years before beginning the study. The cultural immersion and community-building opportunity allowed for the research question(s) for the larger study to emerge from collective reflections with the participating community. Individuals with prior relationships with the research team were not selected as participants to ensure an ethical inquiry and avoid undue influence of coercion and/or social desirability.

Participants

Based on Smith and Osborn’s (2007) recommendation, a sample size of seven to eight participants was deemed sufficient for the current study. In this IRB-approved study, the inclusion criteria were that participants needed to: (a) be at least 18 years of age, (b) be proficient in English (interview language), (c) hold a valid F1 or J1 visa (higher education visas in the United States), and (d) be enrolled in any graduate program in the United States. They were also required to self-identify as a person of color and should have lived in the United States for not longer than 2 years, given the rapid effects of acculturation to dominant culture and resulting changes in their mental health experiences (Erichsen & Bolliger, 2011).

Recruitment flyers included details on the purpose of the study and contact information for the first author. The flyers were shared via social media and through communication with various international students' offices at regional universities and colleges. Using convenience and snowball sampling, a total of 23 participants responded to the recruitment announcement. However, 12 did not meet inclusion criteria and three did not respond until months after the completion of data analysis (because of time constraints on the interviewees' part). Eight were eligible and reviewed the IRB-approved consent form before completing the individual, semi-structured interview. Participants were invited to choose a name they preferred for the study. Participants were from India (Cheryl, Jay, and Bansal), China (K. S. and T. L), the United Kingdom (M. F.), Brazil (A. Z.), and Indonesia (Fani). On completion of the interview, each participant received a \$10 gift card. All participants in the present study identified as female, although no explicit screening for gender identity was imposed by the researchers.

Data Collection

Before the audio-recorded interview, each potential participant completed a consent form and an online demographic questionnaire to determine their eligibility. Using the interview schedule, Anandavalli interviewed eligible participants. The open-ended, semi-structured interview had five primary questions: 1) Who and what supported you in adjusting to American culture, especially with your education and social life [e.g., ethnic groups]? 2) What has been your experience supporting other international students during their transition period? 3) How have you changed because of the study abroad experience? 4) What were some resources [within campus and community], if any, that you used to maintain your academic success? and 5) What were some resources [within campus and community] that you used to take care of your mental health? Appropriate follow-up questions were employed based on individual participants' responses (e.g., "Tell me more about what you mean when you say your faith held you together during the challenging times"). Three interviews were conducted via Zoom and five were completed face-to-face at a location of the participant's choice, ranging from 60–120 minutes in length ($M = 72$ minutes). Anandavalli maintained field notes on participants' presentation during the interview (e.g., body language, tears) to gain deeper understanding of their narratives.

Data Analysis

Anandavalli also transcribed all interview recordings. The analysis team was composed of two coders, Anandavalli and Kniffin, and an auditor, Borders. All have had training in IPA methodology and/or coding through graduate-level coursework and prior experience in conducting similar inquiries. Adhering to Smith and Osborn's (2007) recommendations, we followed an open-coding protocol. Each interview transcript was a unit of analysis. Anandavalli and Kniffin read the first transcript multiple times to become familiar with the material. Next, similarities and differences within a participant's narrative of psychosocial strengths were noted, and similar experiences were merged under a common emergent theme. Similar themes within one participant's narrative were then clustered together to construct superordinate themes. The goal was to reduce the volume of the detail in a participant's narrative while also maintaining the uniqueness of their experience. Then, through consensus, Anandavalli and Kniffin developed a shared list of superordinate themes for the first participant's transcript. The same procedure was followed for the remaining seven participants. Borders' feedback was incorporated at various stages. After coding all the individual interviews, Anandavalli and Kniffin created a broad theme list based on each participant's superordinate themes. The broad theme list reflected the overarching experiences of the eight IGSCs. Corresponding individual and broad themes were shared with each participant to receive relevant feedback (member checking) with all participants responding that the themes were accurately reflective of their experiences. No changes were requested by the participants.

Results

Five broad themes, with related subthemes, emerged from the eight interviews with IGSC participants. The five themes of *familial support*, *social connection*, *academic aspirations and persistence*, *personal growth and resourcefulness*, and *resistance and critical consciousness* are presented below, supported by participants' quotes that elucidate their relevant experiences. The themes are presented in descending order of frequency in the participants' narratives.

Familial Support

In this broad theme, all eight participants described the crucial role their family played in helping them remain motivated and succeed as international students in the United States. Their narratives indicated that family support was nuanced and was expressed in varying ways, including offering emotional and financial support. Furthermore, participants also disclosed that their idea of "family" included relatives and community members. Three subthemes were identified under this theme: *familial ambition*, *emotional support from parents*, and *support from extended family*.

Familial ambition, or family members' commitment to help IGSCs succeed during their study abroad experience, despite challenges, was evident in participants' narratives. Parents, cousins, and community members were deeply involved in helping the participant succeed and achieve something "great," as Jay described. She claimed, "My family's very supportive . . . they want me to do some great thing . . . and for that they support all the time."

Cheryl noted that her parents were dedicated to her professional development and worked hard to ensure she made informed decisions regarding her higher education. She recollected a pivotal moment in her education when she had to decide if she wanted to accept a college admission offer from a university in the United Kingdom:

They always said, "No matter what you study, do your best in it." So, when I had to decide about studying abroad . . . my mom, she literally found people in her circle who studied abroad . . . for me to connect with. And make the right decision.

Relatedly, a second subtheme of *emotional support from parents* emerged. Through phone calls and texts, IGSCs in the study sought their family's support when they felt challenged and stressed. For instance, Bansal, an IGSC from India, recognized that her parents' support was crucial to her. Their reassurance and communication of support played an important role in her well-being: "You require so much support from your parents when you are studying abroad. . . . And they say, 'No matter whatever happens, we're there for you.'" Similarly, K. S., a doctoral student, sought her mother's support, especially during moments of acute stress. With intense pressure in her STEM research lab and communication challenges as a non-native English speaker, she admitted that her mother's support was important in the initial months: "I always told my mom, 'I am now under pressure again, please say something to comfort me,' and sometimes that works. She is amazing."

Four participants also referred to how family members, including extended relatives, were invested in their education and offered support in diverse ways. *Support from extended family* was the third subtheme. They also said that in their native cultures, the separation between immediate and extended family was unusual. For instance, Jay recalled that she wished to join a lab that had sufficient funding and scientific equipment to support her innovative research: "My uncle is an education consultant in

India . . . so he searched the best universities in the U.S. with good scholarships for me . . . that was so helpful!" Bansal, a first-generation study abroad student, recounted that she sought support from her cousin who had recently completed his higher education as an international student in the United States. According to her, his perspective and experiences helped her prepare for the cultural and academic transitions involved with studying abroad:

My cousin is also an international student here in the U.S. He gave me a lot of advice, so I was pretty prepared for the ups and downs. He advised, "Be flexible and open." So, his experiences prepared me for the best and worst.

Social Connections

All participants discussed narratives of supportive and challenging moments as they built social connections in the United States. Their social connections were classified into two subthemes: *support from Americans* and an *international student network*.

Within the subtheme of *support from Americans*, we noted that all participants experienced both positive and challenging interactions with local Americans. Jay, for instance, applied for a local host-family program through her campus initiative and sought their help in the early months. Although it has been over a year since she moved to the United States, her host family has continued to help her in multiple ways. "They showed me several shops and vegetarian restaurants . . . they're still helpful to me and they are still treating me as their niece." According to her, she made efforts to maintain her connection with her host family, as they taught her about social and cultural norms in the American South.

Three participants received guidance from their American peers. For example, K. S. articulated that she found a strategy to overcome her limited English proficiency: "I built friendships with my American classmates. They're really nice and helpful. They know . . . I can't always understand what the professor is saying. After class, I asked them to send me their notes and they did." However, A. Z. struggled to build a deeper relationship with her American counterparts, who she perceived to be less relational than people in her culture. She found them disinterested in getting to know her and her Brazilian heritage: "I want to make friends with American students . . . but Americans like to study on their own . . . maybe competition on grades. But Americans in my class usually don't like to talk to me or other immigrants."

Building an *international student network* was another subtheme. All participants disclosed that they sought and offered extensive help to fellow international students. Fani, a student from Indonesia, shared that, "As an international student, we don't really have family here. So, when I meet other international students, we kind of help each other." Participants also offered practical aid to one another. M. F. employed her past experiences of navigating through a foreign country and offered guidance to younger international students: "This girl, from Jamaica, I invited her home for a home cooked meal. I help her with her big shopping once a month and let her use my car and Costco card. Just yeah . . . wanted to be helpful."

T. L. disclosed that she countered feelings of loneliness by developing strong bonds with her Chinese friends, who gave her a familial experience:

We traveled a lot and, like to release your stress, you can hang out with a group of friends. And have some fun because they can get what you mean. . . . A sense like you have family here. Then they can give you that feeling.

Academic Aspirations and Persistence

Although IGSCs experience multiple stressors, all participants shared they were ambitious and keen on excelling in their education. As they persevered in their education, they experienced a deep sense of pride in their achievement. Experiences under this theme were categorized into three subthemes: *academic persistence*, *pride in achievement*, and *ambition*.

The first subtheme was *academic persistence*. Participants disclosed that despite adversities, they were determined to excel in their education. M. F., a mother of two adolescent girls, was dedicated to completing her doctoral education: "I came here with two daughters . . . and being a doc student, it's hard. But I have learned a lot in my program and grown a lot. I plan to successfully . . . complete the program in one to two years." Similarly, for T. L., adjusting to U.S. classrooms meant getting used to the English-dominated, participatory culture in American classrooms: "The language barrier makes you feel like an intelligence barrier. The Americans speak so fast . . . it's not easy. But I didn't give up."

Three individuals also shared a sense of pride in their achievements. Thus, the second subtheme was *pride in achievement*. A. Z., for instance, shared her feeling of happiness and confidence as she performed well in her dissertation proposal defense: "When I finished my proposal . . . it felt so good that I did [it] on my own." Participants also talked about how they viewed their educational journey as being composed of multiple milestones, and with each passing milestone, they experienced a renewed sense of achievement. Bansal explained, "It is a sort of an accomplishment, a feeling that 'Yes, you did this,' and you reach the end of the line finally, this is what you gain."

The third subtheme was *ambition*. Five participants reported that they were ambitious and sought out the strongest chances of succeeding in their respective careers. Cheryl admitted, "I want to get trained by the best . . . I want that stamp of approval . . . that I am getting the best training."

Personal Growth and Resourcefulness

All participants' study abroad experiences were dotted with several moments of growth and personal development. Participants' experiences of overcoming obstacles were grouped into three subthemes, which were *self-reliance*, *self-discovery*, and *use of campus resources*.

Three participants shared that they had come to rely on themselves and gained a deeper sense of confidence and *self-reliance* as a result of studying abroad. Bansal said that she gained a sense of efficacy and faith in her ability to cope with adverse situations: "Back in India . . . I would be afraid." However, she said, "It [being an IGSC] shapes you in a way that now you don't fear that I cannot conquer this. . . . if something comes up, I can deal with it. Now, I am strong. Mentally strong!"

Participants recognized that even in the face of adversity, they believed they were capable of overcoming challenges as a result of the study abroad journey. Fani said that she had come to embrace her self-confidence and agency: "If I don't have friends who help me, I can just figure it out by myself."

Four participants also discovered aspects of themselves as a result of studying abroad (*self-discovery*). Jay shared that her identity was "revealed" as a result of studying in the United States and being away from her family: "When I came to a new place, I needed to start explaining about myself. And I got to understand myself and my culture, and all the strengths I have."

Under the subtheme of *use of campus resources*, participants, including Cheryl and M. F., noted that they took on the responsibility to ensure they built supportive networks in the community and strong

relationships with library and department staff. Relatedly, A. Z. reported that she regularly attended Graduate Student Association events and went to the campus gym to ensure she did not feel isolated. She shared, “I realized I had to do something about this. I will go crazy otherwise.”

Fani recognized that as a Fulbright scholar she would lose her scholarship if did not meet the strict grade criteria for each term. Although she could not excel in her first midterms as an international student, she overcame that challenge:

All of my midterm exam . . . pretty bad score really. I was so stressed. But I met them [professors] during the office hours, and it’s really helped me. . . . I asked him so many questions and went to every single office hour meeting.

Resistance and Critical Consciousness

Despite being surrounded by dominant American culture and norms, four participants found several ways to resist the mindless adoption of the U.S. way of life. They retained their home cultural practices and shared observations of injustices and biases embedded in the American society. The two subthemes were *retaining home culture* and *critical consciousness*.

Under the subtheme of *retaining home culture*, K. S. shared that despite being away from her home in China, she continued to find ways to celebrate her cultural events: “The other Chinese students and I meet for Chinese New Year . . . even though we are away from home . . . we will celebrate to bring happiness.” Similarly, A. Z. talked about listening to Brazilian podcasts and music as a way to retain her link with her home culture. Participants also fostered resistance through retaining their faith and religious beliefs, which often stemmed from their home cultures. M. F., a Catholic, shared that “faith is always there for me. I do believe God is looking out for me. There is . . . someone looking out for me.”

When asked what potential injustices they had observed in the host country and how they addressed them, four IGSCs shared that they gained deeper awareness of embedded biases and injustices within the American society. Their narratives were indicative of heightened *critical consciousness*. Cheryl shared:

I think getting educated about what a microaggression is . . . helped me label the subtle discrimination I was exposed to. . . . In my first semester, I realized my professors weren’t as harsh on me as they were for White students . . . almost patronizing. Like I am not good enough to meet their White standards.

Participants also questioned and challenged the status quo as opposed to accepting it. A. Z. recognized that she did not want to subscribe to the larger “workaholic” culture in her research lab. She wanted to maintain her cultural practices of work–life balance with time allocated for self-care. T. L. said, “I did not notice anything wrong here. Not yet.” However, she acknowledged that having grown up under a relatively more restrictive government and culture, “everything here [in the United States] felt more free.”

Discussion

For ease in discussion and in alignment with our literature review, we grouped participants’ descriptions of various psychosocial strengths as *interpersonal strengths* (familial support, social connections) or *intrapersonal strengths* (academic aspirations and persistence, personal growth and resourcefulness, and resistance and critical consciousness).

Interpersonal Psychosocial Strengths

IGSCs in the study relied on an intricate network of relationships to support their well-being. These networks included family, relatives, and other international students. Participants' narratives indicated that their families played a significant role in actively guiding and supporting them to further their professional development. Furthermore, the pervasive role of "extended family" in their academic development was significant. Participants shared experiences of how relatives played a proactive role in ensuring that they were emotionally and academically supported. Additionally, family members' aspirations for the participants were also shared; parents maintained high hope and ambition for their children. Although scholars (Sato & Hodge, 2015) have considered the role of familial support for international students, family as an active and aspiring system committed to the students' professional development is an underexplored area in counseling research. Additionally, participants also indicated that peer mentorship played an important role in strengthening the international student support system. As participants experienced difficulties adjusting in a foreign country, their peer mentors offered support in the form of advice or transportation to other international students on campus. The presence of a supportive network of peer mentors is potentially indicative of leadership within the IGSC community.

Through participants' narratives, it was also clear that they expected efforts to facilitate cross-cultural transitions to be bidirectional. For instance, IGSCs wanted their education programs to understand their unique cultural practices that dictate work-life balance and values concerning workaholicism. Thus, participants viewed cultural adjustment as a relational and interactive perspective as opposed to a cocooned process governed by individual international students' actions and inactions.

Intrapersonal Psychosocial Strengths

Participants in the study applied their intrapersonal psychosocial strengths such as self-reliance, strategic use of campus resources, academic persistence, and heightened critical consciousness to navigate through their study abroad experiences. These findings align with those by Yakunina et al. (2013) and other scholars (He & Hutson, 2018; Jones et al., 2018) who noted that international students possessed various strengths, such as personal growth initiative, that had a positive effect on their acculturative stress and level of adjustment in the host culture.

Through our data analyses, it was evident that each participant developed a distinctive set of assets to support their well-being and academic pursuits. Their unique combination of strengths appeared to depend on their past experiences of living abroad, age, and particular needs. Furthermore, these strengths were not stagnant. Instead, they evolved and were responsive to the participants' changing circumstances. For instance, Fani and T. L. used office hours to improve their grades, whereas A. Z. relied on campus events to distract herself from academic pressure. Their stories of perseverance are comparable to the findings by He and Hutson (2018), who noted that all their participants in their study on international students were driven to meet the program requirements. As they experienced intense academic pressure in the form of a workaholic advisor or challenging coursework, they adopted combinations of these strengths to keep themselves psychologically healthy and academically competent. Despite the critical role played by values such as perseverance and resourcefulness, counseling researchers have not explored the psychological benefits of the same for IGSCs.

Participants' awareness of their strengths evolved as they stayed in the United States. They came to recognize that although they were insulated from worldly challenges as they lived in their home countries, successfully relocating and surviving in a foreign country instilled confidence within them. According to them, another change they observed was heightened awareness of social injustices in the host country. Participants' deeper awareness of critical issues of power and privilege are comparable

to findings by Wick and colleagues (2019), who observed that study abroad experience allowed their participants to gain a deeper understanding of embedded social injustices within the host and home country. These deeper insights resulted in participants' commitment to engage in social justice work to remove the biases. Participants in the present study learned about the nuances of social hierarchies (e.g., racism, religionism) and how they impact their everyday experiences as IGSCs.

Although the IGSCs in the present study applied a variety of strengths, we wish to iterate that the responsibility for their well-being cannot be placed solely on these participants. Far away from their families and home cultures, international students experience multiple stressors, such as visa restrictions and xenophobia (Anandavalli et al., 2020). Anandavalli and colleagues (2020) recommended multiple strategies for counselors and larger institutions to offer meaningful support to international students during uncertain sociopolitical times, such as the ongoing COVID-19 pandemic. Adopting a bioecological approach, Anandavalli and colleagues indicated that professional counselors must be equipped to support international students at various levels of the systems (e.g., culturally responsive counseling within the microsystem, political advocacy within the macrosystem). Thus, although participants in the present study exercised multiple psychosocial strengths to support their well-being, structural support and advocacy are necessary to offer them a safe and welcoming study abroad experience.

Implications

In qualitative inquiries, given a relatively smaller and more homogenous sample, transferability of findings to different settings should be based on counselors' and researchers' deep and contextualized knowledge.

Counseling and Counselor Education Implications

Firstly, participants indicated that they employed multiple strengths to meet diverse needs (e.g., cultural celebrations, academic excellence). Accordingly, counselors are advised to explore IGSCs' strengths. To achieve this, counselors can use strengths-based intake interviews and experiential activities that leverage their strengths (e.g., creative visualization of familial support). Anandavalli (2021) discussed using strengths-based counseling with international students of color, infusing an asset-based approach by using community cultural wealth theory and identifying six potential psychosocial strengths. Secondly, counselors can also collaborate with other relevant communities to offer culturally sensitive mental health support. For instance, given their reliance on religious beliefs, some IGSCs may benefit from counseling interventions that incorporate their spiritual traditions. Additionally, mental health counselors may collaborate with local religious leaders to offer culturally responsive psychoeducation on mental well-being. Thirdly, given counselors' role as advocates of change (Ratts et al., 2015), they can offer anti-implicit bias training and related anti-racism workshops for faculty and staff working with IGSCs. Furthermore, many IGSC participants in the study reported experiencing growth and heightened critical consciousness as a result of studying abroad. Safe support groups run by culturally responsive counselors can offer IGSCs a platform to process their unique journey. Given the presence of stigma against counseling among some international cultures (Pendse & Inman, 2017), these support groups could be offered in destigmatizing spaces such as student lounges.

Within the counseling profession, the proportion of international students enrolled in master's-level and doctoral programs is increasing. Although the exact number of IGSCs within counselor education is unknown, existing literature indicates that over 4% of doctoral students in accredited counselor education programs identify as international students (Council for Accreditation of Counseling and

Related Educational Programs, 2015). Counselor educators may model an intersectional and strengths-based approach by appropriately identifying the strengths of IGSCs and actively incorporating them in advising and mentoring relationships.

Research Implications

The present study offers several directions for future inquiries. Firstly, within the international community, there is extensive diversity, and deeper knowledge of various intersectional groups is needed. For instance, little is known in the counseling field about the challenges that LGBTQ+ international students face and their unique strengths and support systems. Exploring the unique psychosocial assets they employ could offer much-needed perspective on the heterogeneity of international students' experiences. Secondly, at present there is no instrument to measure IGSCs' psychosocial strengths. Instrument development may aid counselors in assessing international students' strengths, applying them appropriately in the counseling setting, and measuring any changes, especially as a longitudinal study. Lastly, research on training strategies to enhance counselors' competence in working with international students is urgently needed, especially in the area of asset-based training. As international students are exposed to the effects of increasingly fragile sociopolitical periods, such as COVID-19–prompted Sinophobia, counselors are increasingly likely to be called to respond to this community's needs (Anandavalli et al., 2020). Counselor educators are invited to develop training modules to adequately prepare student counselors to work with IGSCs in a strengths-based approach.

Limitations

Although valuable data were gained through this inquiry, the study is not without its limitations. Interviews for the current study were completed in English. Given that for many international students English is not their preferred language, data and the narratives offered could have been different if alternative languages for interviewing had been offered. Also, all the participants in the study were located in the American South. Potentially, narratives could have differed if participants were from states with larger international student populations (e.g., New York, California). Furthermore, although unintentional, both the researchers and participants in this study identified as cisgender female. Inquiries involving all genders' experiences as IGSCs could offer varied and salient details on their narratives.

Conclusion

Counselors must have knowledge of IGSCs' psychosocial strengths to leverage them effectively in counseling. Researchers have repeatedly indicated that incorporating minoritized clients' strengths in counseling results in improved resilience, confidence, and self-efficacy. However, despite persistent calls by scholars, extant literature offers limited information on IGSCs' strengths. Our IPA investigation with eight IGSC participants provides a rich description of unique psychosocial strengths they employ to support their mental health. Professional counselors can expand their cultural competence to work with this community by examining and implementing these findings.

Conflict of Interest and Funding Disclosure

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References

- Anandavalli, S. (2021). Strengths-based counseling with international students of color: A community cultural wealth approach. *Journal of Asia Pacific Counseling*, 11(1), 111–124. <https://doi.org/10.18401/2021.11.1.7>
- Anandavalli, S., Harrichand, J. J. S., & Litam, S. D. A. (2020). Counseling international students in times of uncertainty: A critical feminist and bioecological approach. *The Professional Counselor*, 10(3), 365–375. <https://doi.org/10.15241/sa.10.3.365>
- Chirikov, I., & Soria, K. M. (2020). *International students' experiences and concerns during the pandemic*. SERU Consortium, University of California - Berkeley and University of Minnesota. https://docs.google.com/document/d/1lZdc4dWiX9C_8o1vH-4H7XokIH0j4yjjVNRv0vS3tBE/edit#heading=h.ivkygr983tef
- Click, A. B. (2017). Stress, adaptation, growth: International students' approaches to scholarly research and academic integrity. *Proceedings of the Association for Information Science and Technology*, 54(1), 642–644. <https://doi.org/10.1002/pr2.2017.14505401099>
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *CACREP vital statistics 2015: Results from a national survey of accredited programs*. <http://www.cacrep.org/wp-content/uploads/2019/05/2015-CACREP-Vital-Statistics-Report.pdf>
- Craig, S. L. (2013). Affirmative Supportive Safe and Empowering Talk (ASSET): Leveraging the strengths and resiliencies of sexual minority youth in school-based groups. *Journal of LGBTQ Issues in Counseling*, 7(4), 372–386. <https://doi.org/10.1080/15538605.2013.839342>
- Craig, S. L., & Furman, E. (2018). Do marginalized youth experience strengths in strengths-based interventions? Unpacking program acceptability through two interventions for sexual and gender minority youth. *Journal of Social Service Research*, 44(2), 168–179. <https://doi.org/10.1080/01488376.2018.1436631>
- Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167. <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=ucf>
- Day-Vines, N. L., & Terriquez, V. (2008). A strengths-based approach to promoting prosocial behavior among African American and Latino students. *Professional School Counseling*, 12(2), 170–175. <https://doi.org/10.1177/2156759X0801200204>
- Dovchin, S. (2020). The psychological damages of linguistic racism and international students in Australia. *International Journal of Bilingual Education and Bilingualism*, 23(7), 804–818. <https://doi.org/10.1080/13670050.2020.1759504>
- Erichsen, E. A., & Bolliger, D. U. (2011). Towards understanding international graduate student isolation in traditional and online environments. *Educational Technology Research and Development*, 59(3), 309–326. <https://doi.org/10.1007/s11423-010-9161-6>
- George Mwangi, C. A., Changamire, N., & Mosselson, J. (2019). An intersectional understanding of African international graduate students' experiences in U.S. higher education. *Journal of Diversity in Higher Education*, 12(1), 52–64. <https://doi.org/10.1037/dhe0000076>
- Girmay, M. (2019). Understanding the mental and physical health needs and acculturation processes of international graduate students in the United States. *Journal of Comparative & International Higher Education*, 11(Fall), 10–17. <https://doi.org/10.32674/jcihe.v11iFall.1071>
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology*, 29(2), 75–91. <http://www.jstor.org/stable/30219811>
- Harry, B., Klingner, J. K., & Hart, J. (2005). African American families under fire: Ethnographic views of family strengths. *Remedial and Special Education*, 26(2), 101–112. <https://doi.org/10.1177/07419325050260020501>
- He, Y., & Hutson, B. (2018). Exploring and leveraging Chinese international students' strengths for success. *Journal of International Students*, 8(1), 87–108. <https://doi.org/10.5281/zenodo.1101037>
- Jones, L., O'Connor, E., & Boag-Hodgson, C. (2018). International psychology students use multiple strengths to enhance their learning and performance on work placements. *Australian Psychologist*, 53(6), 505–516. <https://doi.org/10.1111/ap.12351>
- Lee, J. J., & Rice, C. (2007). Welcome to America? International student perceptions of discrimination. *Higher Education*, 53(3), 381–409. <https://doi.org/10.1007/s10734-005-4508-3>

- Lemieux, M., Colazo, J. M., Kienka, T., & Zhakyp, A. (2020). A basis to be here: Stories from international graduate students in the United States. *Cell Reports Medicine*, 1(6), 1–4. <https://doi.org/10.1016/j.xcrm.2020.100100>
- Lin, S.-Y., & Scherz, S. D. (2014). Challenges facing Asian international graduate students in the US: Pedagogical considerations in higher education. *Journal of International Students*, 4(1), 16–33. <https://doi.org/10.32674/jis.v4i1.494>
- Moore, L., & Popadiuk, N. (2011). Positive aspects of international student transitions: A qualitative inquiry. *Journal of College Student Development*, 52(3), 291–306. <https://doi.org/10.1353/csd.2011.0040>
- Mori, S. C. (2000). Addressing the mental health concerns of international students. *Journal of Counseling & Development*, 78(2), 137–144. <https://doi.org/10.1002/j.1556-6676.2000.tb02571.x>
- National Association of Foreign Student Advisers. (2020). *Losing talent 2020: An economic and foreign policy risk America can't ignore*. <https://www.nafsa.org/sites/default/files/media/document/nafsa-losing-talent.pdf>
- National Board for Certified Counselors. (2016). *National Board for Certified Counselors (NBCC) code of ethics*. <https://www.nbcc.org/Assets/Ethics/NBCCCodeofEthics.pdf>
- Pendse, A., & Inman, A. G. (2017). International student-focused counseling research: A 34-year content analysis. *Counselling Psychology Quarterly*, 30(1), 20–47. <https://doi.org/10.1080/09515070.2015.1128395>
- Pottie-Sherman, Y. (2018). Retaining international students in northeast Ohio: Opportunities and challenges in the 'age of Trump.' *Geoforum*, 96, 32–40. <https://doi.org/10.1016/j.geoforum.2018.07.015>
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice counseling competencies*. <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>
- Sato, T., & Hodge, S. R. (2015). Japanese exchange students' academic and social struggles at an American University. *Journal of International Students*, 5(3), 208–227. <https://doi.org/10.32674/jis.v5i3.417>
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, 11(2), 261–271. <https://doi.org/10.1080/08870449608400256>
- Smith, J. A., & Osborn, M. (2007). Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 53–80). SAGE.
- Straker, J. (2016). International student participation in higher education: Changing the focus from “international students” to “participation.” *Journal of Studies in International Education*, 20(4), 299–318. <https://doi.org/10.1177/1028315316628992>
- Tomlinson-Clarke, S. M., & Georges, C. M. (2014). DSM-5: A commentary on integrating multicultural and strength-based considerations into counseling training and practice. *The Professional Counselor*, 4(3), 272–281. <https://doi.org/10.15241/stc.4.3.272>
- Toporek, R. L., & Cohen, R. F. (2017). Strength-based narrative résumé counseling: Constructing positive career identities from difficult employment histories. *The Career Development Quarterly*, 65(3), 222–236. <https://doi.org/10.1002/cdq.12094>
- U.S. Immigration and Customs Enforcement. (2020, July 6). *SEVP modifies temporary exemptions for nonimmigrant students taking online courses during fall 2020 semester*. <https://www.ice.gov/news/releases/sevp-modifies-temporary-exemptions-nonimmigrant-students-taking-online-courses-during>
- Wang, Q., & Hannes, K. (2014). Academic and socio-cultural adjustment among Asian international students in the Flemish community of Belgium: A photovoice project. *International Journal of Intercultural Relations*, 39, 66–81. <https://doi.org/10.1016/j.ijintrel.2013.09.013>
- Wick, D., Willis, T. Y., Rivera, J., Lueker, E., & Hernandez, M. (2019). Assets-based learning abroad: First-generation Latinx college students leveraging and increasing community cultural wealth in Costa Rica. *Frontiers: The Interdisciplinary Journal of Study Abroad*, 31(2), 63–85. <https://doi.org/10.36366/frontiers.v31i2.455>
- Yakunina, E. S., Weigold, I. K., Weigold, A., Hercegovac, S., & Elsayed, N. (2013). International students' personal and multicultural strengths: Reducing acculturative stress and promoting adjustment. *Journal of Counseling & Development*, 91(2), 216–223. <https://doi.org/10.1002/j.1556-6676.2013.00088.x>
- Yao, C. W. (2018). “They don't care about you”: First-year Chinese international students' experiences with neo-racism and othering on a U.S. campus. *Journal of the First-Year Experience & Students in Transition*, 30(1), 87–101.

- Yao, C. W., Briscoe, K. L., & Rutt, J. N. (2020). In the aftermath of a racialized incident: Exploring international students of color's perceptions of campus racial climate. *Journal of Diversity in Higher Education*. Advance online publication. <https://doi.org/10.1037/dhe0000179>
- Yosso, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education*, 8(1), 69–91. <https://doi.org/10.1080/1361332052000341006>



A Review of Adverse Childhood Experiences as Factors Influential to Biopsychosocial Development for Young Males of Color



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Despite the *Brown v. Board of Education* Supreme Court decision ending school segregation in 1954, African American children and other children of color still experience severe and adverse challenges while receiving an education. Specifically, Black and Latino male students are at higher risk of being placed in special education classes, receiving lower grades, and being suspended or expelled from school. Although adverse childhood experiences (ACEs), and the negative outcomes associated with experiencing them, are not specific to one racial or ethnic group, the impact of childhood adversity exacerbates the challenges experienced by male students of color at a biological, psychological, and sociological level. This article reviews the literature on how ACEs impact the biopsychosocial development and educational outcomes of young males of color (YMOC). A strengths-based perspective, underscoring resilience among YMOC, will be highlighted in presenting strategies to promote culturally responsive intervention with YMOC, focused professional development, and advocacy in the school counseling profession.

Keywords: adverse childhood experiences, development, school counseling, young males of color, strengths-based

Racial and ethnic disproportionality in academic success, exclusionary school discipline practices, and dropout rates contribute to the disproportionate representation of racial minority and disadvantaged youth in the prison system, also known as the school-to-prison pipeline phenomenon (Belser et al., 2016). Higher expulsion and out-of-school suspension rates occur for Black and Latino students. In addition, African American students are almost four times as likely as European American students to experience a disciplinary referral (Bottiani et al., 2017; Skiba et al., 2011). Black and Latinx men are overrepresented within the U.S. prison system, with theoretical explanations for the school-to-prison pipeline including the influence of family poverty and socioeconomic status (SES) or racial disparities in school and social policy (Scott et al., 2017). Yet, resilience among young males of color (YMOC), a term that includes those from diverse backgrounds, provides a healing counternarrative for the well-documented deficit lenses often applied to YMOC (Harper, 2015). Therefore, we propose a contextualized understanding of biopsychosocial development that accounts for the influence of early exposure to adversity, as well as sources of resilience. In so doing, we highlight implications for school counselors who work with YMOC to foster equity in opportunity, achievement, persistence, and support.

School Experiences of YMOC

School climate refers to students' sense of belonging and experience of the academic environment. Further, school climate influences student engagement and peer relationships, as well as academic and social development (Konold et al., 2017). Aspects of school climate, such as safety and school liking, contribute to positive outcomes, including greater enrollment in higher education among Black and

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Latino adolescents (Garcia-Reid et al., 2005; Minor & Benner, 2017). However, Black students typically report lower levels of perceived care and equity in school than their White counterparts (Bottiani et al., 2016). Further, discrimination experiences based on race degrade perceived school climate, and as a result, students also experience lower GPAs and more absences from school (Benner & Graham, 2011). In addition to the effects on attendance and grades, perceived discrimination also negatively relates to psychological well-being and physical health (Hicken et al., 2014; Hood et al., 2017). Thus, YMOC's differential experiences of school climate and discrimination result in social, academic, and physical correlates with lifelong consequences.

Bryant et al. (2016) identified risk and protective factors experienced by YMOC that inform their recommendations for practice and policy. Risk factors included a lack of mentors and counselors to advocate for education and employment training, disproportionate exposure to community violence, and inadequate access to health care and career opportunities. Further, racially diverse and economically disadvantaged individuals reported a higher likelihood of exposure to violence, abuse, and other forms of adversity as children (Child and Adolescent Health Measurement Initiative, 2013). Thus, Bryant et al.'s (2016) recommendations underscored the necessity for health and education professionals to seek cultural competence and make proactive efforts to mitigate the effects of exposure to violence and trauma. School counselors play an important role in the promotion of diversity and positive school climate for all students, as well as student academic success and social/emotional development (American School Counselor Association [ASCA], 2019).

Academically successful students from low-income families identified the importance of school counselors' efforts to build caring, non-judgmental relationships that emphasize student strengths, goals, and a holistic view of student success (Williams et al., 2015). Similarly, L. C. Smith et al. (2017) theorized the utility of restorative practices as a way for school counselors to build caring and connected relationships, especially for students of color facing social inequities. Yet, school counselors' unshared expectations and unclear roles with students of color can hinder the development of a trusting relationship (Holland, 2015). Some school counselors primarily address academic and college planning, yet schools with higher percentages of students of color indicate that school counselors primarily focus on behavioral concerns. Conversely, students in those schools experience greater acceptance of efforts to address issues of diversity and equity across stakeholder groups (Dye, 2014; Nassar-McMillan et al., 2009; Shi & Goings, 2017). As states work to decrease the student-to-counselor ratio, opportunities exist for school counselors to engage in meaningful ways and advocate for their students and YMOC with a holistic view of the related strengths, needs, and contextual stressors students experience.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are events experienced early in life that initiate a lifelong trajectory associated with negative consequences for development and health. Longitudinal examination of the correlates of exposure to ACEs includes deficits in physical, mental, and emotional health; educational attainment; financial stability; and social functioning, with increased risk for justice system involvement (Copeland et al., 2018). A higher prevalence of ACEs is reported by individuals who identify as having a multiracial ethnic background (Merrick et al., 2018). Similarly, racially and economically diverse samples report more ACEs and may therefore be more susceptible to the risk for poor physical and mental health outcomes (Cronholm et al., 2015; Wheeler et al., 2018).

The original ACEs screening tool includes 10 forms of adversity that respondents may have encountered prior to age 18 (e.g., abuse, neglect, household dysfunction); however, as new knowledge has emerged about additional types of adversity also associated with poor health, such as the complex

and chronic stress posed by racially hostile or unwelcoming environments, ACEs screening tool development has continued to evolve (e.g., the ACE-IQ; Cronholm et al., 2015). Additionally, the need for improved understanding of protective factors that may interact with or even counteract ACEs has been identified. For example, researchers developed measures like the Health-Resiliency-Stress Questionnaire (Wiet & Trauma-Resiliency Collaborative, 2019) and Benevolent Childhood Experiences (Narayan et al., 2018) and Positive Childhood Experiences (Bethell et al., 2019) scales to identify positive childhood experiences that may also influence health and resilience amidst adversity. Such measures include factors associated with the individual student, such as self-acceptance, as well as systemic factors, including the community (e.g., culture, community traditions, fair treatment, opportunities for fun, resources for skill development and assistance), school (e.g., caring adults, sense of belonging), peers and supportive others (e.g., role models and non-parent adults), and family (e.g., home routine, safety, family cohesion, emotional expression), all of which may contribute to risk and resilience.

It must also be noted that the interaction of risk and protective factors experienced by an individual is also an important consideration in research and practice. For example, Layne et al. (2014) proposed the Double Checks Heuristic, which involves considering protective factors, vulnerability factors, and negative outcomes when conceptualizing clients. The Double Checks Heuristic helps clinicians and researchers consider risk factors as well as strengths and protective factors to find the best ways in which to intervene and support clients (Landolt et al., 2017).

Biological Development

As is clear in the ACEs literature, childhood experiences have strong and significant relationships with biological development and physical health outcomes later in life (Copeland et al., 2018; Edwards, 2018). Specifically, childhood experiences are integral to brain development and gene expression (Anda et al., 2006). During this period, the brain is highly sensitive to the experiences a child has, adapts to these new experiences, and learns from them by adapting through growth and development. Chronic stressors, adverse experiences, and traumas disrupt equilibrium in the developing brain, especially during sensitive periods of development (Glaser, 2000). Consistent disruptions to the developing brain's homeostasis create new, less flexible patterns of operation within the brain (Perry & Pollard, 1998).

Researchers have linked ACEs to impairment in brain development and neurological functions. Both structural and functional impairments occur in the brain as a result of traumatic experiences in childhood (Edwards, 2018). Specifically, sexual abuse, neglect, and other ACEs are believed to impede brain development because of insecure attachment and continued stress response in the body. Attachment in infants is linked to heart rate variability and the exposure to neurotransmitters like oxytocin and dopamine in the brain (Glaser, 2000). Chronic stress is also linked to the death of hippocampal cells that contribute to memory, learning, and emotion. Further, Roth et al. (2018) examined the impact of severe neglect on brain development in the amygdala—the location in the brain responsible for emotion regulation. The authors found a relationship between right hemisphere amygdala volume, anxiety, and neglect in adolescents aged 9–15. Boys who experienced severe neglect showed increased amygdala volume, which contributed to higher instances of anxiety and fear response within the brain (Roth et al., 2018).

Psychological Development

Childhood emotional and psychological development is paramount to success in children. Children who are not at economic risk and who exhibit higher levels of self-regulation are more likely to experience success in school (Denham et al., 2012). Parenting style also appears to be a major contributing factor to positive psychological development (Le et al., 2008).

Researchers have linked authoritative parenting styles to positive mental health and psychological development in children (Steinberg et al., 1989). However, much of the literature approaches parenting style from a perspective that pathologizes parenting in families of color, not considering contextual and cultural factors that impact parenting (Le et al., 2008). Specifically, parents from lower SES families may demonstrate more permissive or authoritarian parenting styles (Hoff et al., 2002). Yet, parents in low SES families in South Africa showed high knowledge of child development norms and milestones, which is linked to more confidence in parenting and to successful outcomes in children (Bornstein & Putnick, 2007; September et al., 2016). Therefore, researchers must consider contextual and cultural factors when examining YMOC's psychological development.

Mental health outcomes for individuals with higher numbers of ACEs include greater instances of depression, anxiety, and post-traumatic stress disorder (PTSD) symptoms. Exposure to ACEs increases the odds of experiencing depressive symptoms by approximately three times (Von Cheong et al., 2017). Moreover, children who have experienced exposure to violence, poor parental mental/behavioral health, or racial/ethnic discrimination are at increased risk of depression and anxiety (Zare et al., 2018). Specifically, YMOC disproportionately experience community violence, which increases the likelihood of also experiencing depressive symptoms (Graham et al., 2017). Moreover, African American men have substantially reported PTSD symptoms, including hyperawareness, irritability, and avoidance, at an alarming rate (91%; Bowleg et al., 2014).

Social Development

As psychological distress, including depression, anxiety, and PTSD, is prevalent among YMOC who have experienced adversity, ACEs lead to differences in social development as well. Social development is highly dependent upon attachment to caregivers (Gross et al., 2017). That is, children who experience secure attachment with caregivers are more likely to exhibit prosocial behaviors. As children who experience neglect are more likely to have disorganized attachment styles, children with more ACEs may be less likely to fully develop prosocial and executive functioning skills (Matte-Gagné et al., 2018).

Relatedly, childhood adversity is correlated with lower levels of relationship support and higher levels of relationship strain in adulthood. This association was particularly pronounced among Black men, who reported the strongest influence of childhood adversity as a contributor to increased relationship strain and decreased relationship support over time (Umberson et al., 2016). Further, ACEs that include family violence contribute to higher risk of dating aggression and intimate partner violence in future relationships (Laporte et al., 2011; Whitfield et al., 2003).

Educational Outcomes

YMOC are at higher risk for the negative outcomes associated with ACEs at a biological, psychological, and social level. The impact of adverse experiences in YMOC specifically affects their abilities to engage in school. ACEs have been shown to adversely impact school success, learning and behavior, school engagement, and cognitive performance (Denham et al., 2012). Specifically, children who experience three or more ACEs have been shown to have adversely impacted language, literacy, and math skills, as well as increased attention problems (Jimenez et al., 2016).

YMOC are also disproportionately represented in the population of students being referred for out-of-school suspension or expulsion because of behavioral problems (Anyon et al., 2018). In a sample of predominantly ethnic minority children, children who experienced more ACEs were at higher risk of exhibiting behavioral problems (Burke et al., 2011). Moreover, children of color may experience behavioral problems that are exacerbated by peer rejection (Dodge et al., 2003). Education-specific

outcomes of ACEs include academic, social, and emotional factors—direct areas of importance for school counselors. Thus, educational outcomes may play an important role in supporting success among YMOC.

Implications for School Counselors

School counselors are uniquely positioned to address this issue specifically because they work at the intersection of mental health and education. That is, school counselors are trained to provide preventive and responsive services in formats ranging from individual interventions to whole-school programming, making them well suited to address the issues of YMOC in various capacities (ASCA, 2019). The following sections highlight interventions and strategies that school counselors can utilize to both directly and indirectly help YMOC and increase equity. Whereas the literature review was structured to highlight prior research on biological, psychological, and social development and educational outcomes separately, these areas are inextricably linked. As such, the following sections will additionally highlight strategies and opportunities that school counselors can embrace and the biopsychosocial and educational implications of each area.

Fostering Nurturing Environments

Fostering nurturing environments can hold promise for the biopsychosocial development of all students, with particular benefits to YMOC. Graham et al. (2017) reviewed literature on existing initiatives and programs and recommended trauma-informed school practices, school-based clubs and sports teams, and mentoring programs involving adult men of color as strategies that schools can utilize to promote connectedness and positive experiences in schools. Additionally, Graham et al. noted the importance of linking students to out-of-school sports, community activities, and mentoring programs, which could be a great opportunity for school counselors to bridge gaps between school activities and community programming, thus improving social and psychological development. Importantly, Shi and Goings (2017) found that African American students from low socioeconomic backgrounds were more likely to talk to their school counselor about personal problems if they felt a stronger sense of belonging within the school. Similarly, Carney et al. (2017) demonstrated that increased levels of school connectedness elevated the impact that improving social skills could have on relieving students' emotional concerns. These studies suggest that school counselors should ensure that school counseling programming includes efforts targeted at YMOC, with the goals of interrupting or mediating the potential biopsychosocial effects of exposure to adversity and trauma, increasing help-seeking behaviors, and increasing social support networks.

Williams et al. (2015) interviewed a sample of academically successful low-income students, who reported that school counselors can foster resilience through tapping into students' aspirational and social capital. The students further noted that school counselors can make an impact by showing they care and by challenging their personal biases about marginalized students. In schools dealing with the effects of gentrification, Bell and Van Velsor (2017) encouraged school counselors to engage the school community in conversations and interventions geared toward bridging the gaps between cultural groups. Similarly, Pica-Smith and Poynton (2014) suggested that school counselors can be instrumental in promoting interethnic friendships in students as a strategy to combat prejudice and racism.

Culturally Relevant Assessment and Screening

Because of the complex nature of issues that can stem from exposure to trauma and adversity, school counselors should also use related screenings and assessments with caution and intention. Eklund and Rossen (2016) provided guidance for schools that wish to screen for trauma, noting specifically that

schools should only proceed with trauma screening when they are adequately prepared to address the student concerns revealed in the data. They further posited that screening students with trauma exposure can further stigmatize these students and can, in some cases, re-traumatize the students (Eklund & Rossen, 2016). Moreover, Anda et al. (2020), some of the original ACEs researchers, caution practitioners from misapplication of global ACEs research for individual screening and decision-making for services or intervention. One person's experience with ACEs may differ from another's, even if they have the same score on an ACEs assessment. Therefore, the unique experience of ACEs, resilience, and the context of the individual are important considerations. ACEs may not always equate to trauma for the individual. Accordingly, rather than using the ACEs questionnaire to determine the presence and magnitude of students' exposure to specific adversities, schools may be better off screening for specific psychosocial stress and trauma concerns, such as internalizing and/or externalizing behaviors, the presence of specific trauma symptoms, and help-seeking or coping behaviors. Schools that are equipped with school nurses or additional medical professionals may be better equipped to factor in more biological and medical screenings to provide a more holistic screening and intervention process. Whether using a simple or complex approach, school counselors are in a position to take a leadership role in these efforts, drawing from their training with developing a multi-tiered system of supports, utilizing data, and universal screening.

Reinbergs and Fefer (2018) discussed the importance of universal screening in recognizing trauma in schools, but they did not include specific implications related to students of color. Because universal screening relies more on objective measures rather than observation alone, it may reduce the influence of bias and oversight when assessing students of color (Belser et al., 2016). Another key consideration when developing a universal screening plan is to try to involve information provided by students, which can help ensure that their voices are heard and catch students who would otherwise have fallen through the cracks if teachers were unaware of circumstances happening in the students' homes and communities (Eklund & Rossen, 2016). For YMOC whose voices are often marginalized or minimized, this step can be important in gaining buy-in and increasing their sense of belonging (Ngo et al., 2008). When selecting a screening tool, school counselors and school leaders must ensure that the tool has been adequately researched with minority populations and in varied settings (i.e., urban, suburban, and rural). Eklund et al. (2018) conducted a systematic review of screening measures focused on trauma in children and adolescents, as well as implications for their use in schools. Proper screening for traumatic experiences, as well as support systems and sources of strength, is a valuable step in the process of developing interventions.

Interventions for School Counselors

Neuroscience and psychology research has linked chronic stress, often associated with trauma exposure and a higher number of ACEs, to negative impacts on self-regulation and emotional coping responses (Denham et al., 2012; Roth et al., 2018). Existing literature suggests programming that promotes adaptive coping and self-expression may show promise for YMOC, although many existing interventions have not been adequately researched with this population (Graham et al., 2017). The Cognitive Behavioral Intervention for Trauma in Schools program, a systematic approach involving students, teachers, and parents, was developed to help with a variety of types of trauma and has shown efficacy with African American students and other students of color (Jaycox et al., 2010; Ngo et al., 2008). Play therapy may provide a solution for younger students, as individual and group child-centered play therapy interventions yielded decreases in worrying, reductions in intrusive negative thoughts, and decreases in problematic behaviors that had been leading to classroom exclusion (Patterson et al., 2018).

Interventions that focus on fostering new and safe interethnic social bonds and repairing fractured bonds can promote interpersonal and intrapersonal growth, perspective taking, and self-concept (Baskin et al., 2015; Pica-Smith & Poynton, 2014). School counselors can model for students how to openly discuss issues of race, which can lead to greater bidirectional understanding of issues faced by students of color. Open, healthy communication about issues involving race/ethnicity can decrease the potential for students of color to suffer from perceived racism or discrimination in school; this can lead to fewer school absences, improved GPA, and improved psychological and physical well-being (Hicken et al., 2014; Hood et al., 2017). Pica-Smith and Poynton (2014) argued that modeling such conversations, as well as providing opportunities for intergroup dialogue in formal and informal school counseling interventions, can lead to increased personal and other-focused awareness, knowledge of privilege and racism, and empathy and perspective taking. Forgiveness interventions may have promise for African American students who have experienced emotional injury (Baskin et al., 2015). The model described by Baskin et al. (2015) involves getting in touch with feelings of anger and resentment, exploring how holding on to these feelings has been working in the past, examining how role models and others in the student's life have navigated victimization, and finally "discovering the freedom of forgiveness" (p. 9). The focus of this intervention on reducing internal and external manifestations of anger has implications for benefitting students' physical, emotional, and social health.

Interventions that focus on self-expression and storytelling provide YMOC with opportunities to verbalize thoughts, feelings, and experiences, as well as learn from the stories of others. Students of color can find socially relevant and empowering messages in hip-hop lyrics, and school counselors can utilize hip-hop and spoken-word interventions to promote positive outcomes for students of color (Levy et al., 2018; Washington, 2018). Integrating hip-hop and spoken-word interventions into counseling has the potential to bolster the counselor–client relationship (Elligan, 2004; Kobin & Tyson, 2006; Levy & Adjapong, 2020), reveal students' existing coping and defense mechanisms (Levy, 2012), and identify ways to verbalize emotions that are socially and culturally relevant to students of color (Levy & Keum, 2014). Culturally affirming bibliotherapy is another trauma-related intervention that has shown efficacy with elementary-aged African American students (Stewart & Ames, 2014). Organizations like We Need Diverse Books have helped promote books written for children and teens that highlight the experiences, stressors, and traumas of YMOC. Incorporating these books into counseling interventions can provide a conduit for social and vicarious learning and developing a feeling of universality with characters who have experienced similar traumatic experiences, thereby opening doors for emotional release and expression, identifying adaptive and maladaptive coping mechanisms, and learning from the growth of others.

Building Knowledge of Unique Stressors and Traumas

School counselors should also expand their knowledge of unique stressors and traumas facing YMOC and the potential associated outcomes. Henfield (2011) found that Black male middle school students felt that their primarily White environments stereotyped them, exposed them to microaggressions, and viewed them with an "assumption of deviance" (p. 147). Jernigan and Daniel (2011) noted that schools operate as microcosms of the larger society, implying that this setting may be a key place to help young Black males develop a positive racial/ethnic identity and agency to recognize and navigate discriminatory experiences. This same research should serve as an impetus for school leaders, especially counselors, to recognize and intervene in cases of microaggressions, microassaults, microinsults, and microinvalidations, which can lead to a harmful school climate for people of color (Sue et al., 2019).

J. R. Smith and Patton (2016) interviewed young Black males who had been exposed to community violence and found that diagnostic criteria for PTSD emerged from their narratives. Such findings

provide context on the magnitude of the impact that exposure to community traumas can have on YMOC. Diagnosis and treatment of PTSD would be outside the ethical scope of practice for school counselors, which increases the necessity for school counselors to aid students and families in accessing mental and behavioral health services, as well as other community resources, outside of the school. Whereas therapeutic treatment of trauma symptoms and PTSD may go beyond the role of school counselors, school counseling programs should include efforts to bolster nurturing school environments that augment students' adaptive coping skills.

Changing Demographics in the School Counseling Profession

Whereas the ASCA *Ethical Standards for School Counselors* (2016a) do not specifically address ACEs or trauma-informed care as an ethical imperative, several standards do apply for school counselors working with male students of color who have experienced childhood adversity or trauma. The code's Preamble notes that school counselors are called to support the optimal development of underserved groups and provide equitable service delivery, a charge that is bolstered by ASCA's position statements on cultural diversity (ASCA, 2015). Other ethical standards highlight the need for school counselors to stay abreast of best practices and research in providing services and programming for students. In 2016, ASCA adopted a position statement on trauma-informed practice delineating the roles of school counselors in providing trauma-sensitive initiatives and services in schools; these roles include delivering direct student services, ensuring that teachers and staff are trained and aware, and building relationships with community partners who can also help serve students who have experienced trauma and adversity (ASCA, 2016b).

Despite these calls for school counselors to provide equitable and culturally responsive interventions for students coping with traumatic experiences, the school counseling literature has not adequately addressed school counselors' roles in working with the unique stressors and experiences faced by YMOC. Moreover, ASCA most recently reported their membership as being 85% female and 76% White (ASCA, 2021). With these demographic statistics in mind, it is vitally important for practicing school counselors to critically examine knowledge gaps and blind spots with regard to providing adequate services for male students of color. School counselors must maintain an up-to-date working knowledge of the impacts of chronic stress and trauma on the developing brain in order to advocate for students. Additionally, school counselors must incorporate trauma-sensitive interventions in their work with male students of color. The section that follows, as well as the Appendix, provides an overview of professional development, intervention, and assessment strategies for school counselors.

Developing Multicultural Competence in School Counselors

School counselors have an ethical imperative to examine their own multicultural competence and practice if they are to adequately conceptualize and meet the needs of YMOC. This process is critical and must be approached from multiple avenues of activity as outlined in the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016), including counselor self-awareness; understanding for the client's worldview; approaches utilized to form counseling relationships; and more broadly, the delivery of counseling and advocacy interventions. To begin, counselor self-awareness may be developed informally through reading, self-reflection, or journaling for racial understanding and healing and can be part of supervision or consultation practices (Singh, 2019). School counselors can also use more formalized instruments to assess their multicultural competence and practice. Such instruments include the School Counseling Multicultural Self-Efficacy Scale (SCMES; Holcomb-McCoy et al., 2008), the Multicultural School Counseling Behavior Scale (MSCBS; Greene, 2018), and the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition (MAKSS-CE; Kim et al., 2003). By tying self-evaluative practices to one's own multicultural professional development, school counselors can evaluate and reevaluate their growth. Such practices can be helpful as school counselors adopt new techniques or participate in structured training experiences.

Ratts and Greenleaf (2017) developed the Multicultural and Social Justice Leadership Form (MSJLF) as a tool to help school counselors evaluate specific issues that arise in a school, examine counselor- and client-level information pertaining to the issue, and develop both counseling and advocacy interventions. This model can serve as a way for school counselors to better understand and act on issues pertaining to YMOC in their schools. Moreover, the MSJLF may be particularly helpful in recognizing biases and blind spots in light of the demographic makeup of the school counseling profession discussed above.

Swan et al. (2015) evaluated outcomes of a multicultural skills-based curriculum for counselors working with children and adolescents. The participants saw increases in their ability to empathize, demonstrate genuineness, and impart unconditional positive regard to their young clients. Moreover, the clients' perceptions of the counselors' cultural competence increased. This study supports the need for school counselors, particularly White school counselors working with marginalized and minoritized populations, to participate in professional development opportunities centered on fostering multicultural competence.

Conclusion

ACEs and trauma are undeniably taking a toll on children and adolescents in the United States, and YMOC are particularly at risk. The negative impacts can be seen in academic, social, biological, and psychological development. School counselors are uniquely positioned in educational environments to recognize and intervene with trauma-related issues through assessment of both risk and resiliency, direct programming, mental health referrals, community engagement, and school culture building. As such, it is imperative for school counselors to advocate for adequate training for themselves and school staff in the areas of cultural competence and trauma-informed practices, as well as advocate for best practices in directly treating the impacts of trauma, including that caused by structural and systematic racism. Additionally, as a profession that is primarily White and female, school counselors and school counselor educators must take steps to diversify the profession in ways that match the demographics of students and society and must continue to explore the efficacy of culturally informed trauma interventions in schools.

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References

- Accomazzo, S., Israel, N., & Romney, S. (2015). Resources, exposure to trauma, and the behavioral health of youth receiving public system services. *Journal of Child and Family Studies*, 24(11), 3180–3191. <https://doi.org/10.1007/s10826-015-0121-y>
- American School Counselor Association. (2015). *The school counselor and cultural diversity*. <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Cultural-Diversity>
- American School Counselor Association. (2016a). *Ethical standards for school counselors*. <https://www.schoolcounselor.org/getmedia/f041cbd0-7004-47a5-ba01-3a5d657c6743/Ethical-Standards.pdf>

- American School Counselor Association. (2016b). *The school counselor and trauma-informed practice*. <https://schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Trauma-Informed-Practice>
- American School Counselor Association. (2019). *ASCA national model: A framework for school counseling programs* (4th ed.).
- American School Counselor Association. (2021). *ASCA research report: State of the profession 2020*. <https://www.schoolcounselor.org/getmedia/bb23299b678d-4bce-8863-cfcb55f7df87/2020-State-of-theProfession.pdf>
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology to epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–186. <https://doi.org/10.1007/s00406-005-0624-4>
- Anda, R. F., Porter, L. E., & Brown, D. W. (2020). Inside the adverse childhood experience score: Strengths, limitations, and misapplications. *American Journal of Preventive Medicine*, 59(2), 293–295. <https://doi.org/10.1016/j.amepre.2020.01.009>
- Anyon, Y., Lechuga, C., Ortega, D., Downing, B., Greer, E., & Simmons, J. (2018). An exploration of the relationships between student racial background and the school sub-contexts of office discipline referrals: A critical race theory analysis. *Race, Ethnicity, and Education*, 21(3), 390–406. <https://doi.org/10.1080/13613324.2017.1328594>
- Baskin, T. W., Russell, J. L., Sorenson, C. L., & Ward, E. C. (2015). A model for school counselors supporting African American youth with forgiveness. *Journal of School Counseling*, 13(7). <https://eric.ed.gov/?id=EJ1062931>
- Bell, L. E., & Van Velsor, P. (2017). Counseling in the gentrified neighborhood: What school counselors should know. *Professional School Counseling*, 21(1), 161–168. <https://doi.org/10.5330/1096-2409-21.1.161>
- Belser, C. T., Shillingford, M. A., & Joe, J. R. (2016). The ASCA model and a multi-tiered system of supports: A framework to support students of color with problem behavior. *The Professional Counselor*, 6(3), 251–262. <https://doi.org/10.15241/cb.6.3.251>
- Benner, A. D., & Graham, S. (2011). Latino adolescents' experiences of discrimination across the first 2 years of high school: Correlates and influences on educational outcomes. *Child Development*, 82(2), 508–519. <https://doi.org/10.1111/j.1467-8624.2010.01524.x>
- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, 173(11). <https://doi.org/10.1001/jamapediatrics.2019.3007>
- Bornstein, M. H., & Putnick, D. L. (2007). Chronological age, cognitions, and practices in European American mothers: A multivariate study of parenting. *Developmental Psychology*, 43(4), 850–864. <https://doi.org/10.1037/0012-1649.43.4.850>
- Bottiani, J. H., Bradshaw, C. P., & Mendelson, T. (2016). Inequality in Black and White high school students' perceptions of school support: An examination of race in context. *Journal of Youth and Adolescence*, 45(6), 1176–1191. <https://doi.org/10.1007/s10964-015-0411-0>
- Bottiani, J. H., Bradshaw, C. P., & Mendelson, T. (2017). A multilevel examination of racial disparities in high school discipline: Black and White adolescents' perceived equity, school belonging, and adjustment problems. *Journal of Educational Psychology*, 109(4), 532–545. <https://doi.org/10.1037/edu0000155>
- Bowleg, L., Fitz, C. C., Burkholder, G. J., Massie, J. S., Wahome, R., Teti, M., Malebranche, D. J., & Tschann, J. M. (2014). Racial discrimination and posttraumatic stress symptoms as pathways to sexual HIV risk behaviors among urban Black heterosexual men. *AIDS Care*, 26(8), 1050–1057. <https://doi.org/10.1080/09540121.2014.906548>
- Bryant, R., Harris, L., & Bird, K. (2016). Investing in boys and young men of color. *National Civic Review*, 105(1), 12–20. <https://doi.org/10.1002/ncr.21257>
- Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, 35(6), 408–413. <https://doi.org/10.1016/j.chiabu.2011.02.006>
- Carney, J. V., Kim, H., Hazler, R. J., & Guo, X. (2017). Protective factors for mental health concerns in urban middle school students: The moderating effect of school connectedness. *Professional School Counseling*, 21(1), 1–9. <https://doi.org/10.1177/2156759X18780952>

- Child and Adolescent Health Measurement Initiative. (2013). *Overview of adverse child and family experiences among US children*. Data Resource Center for Child & Adolescent Health. https://www.childhealthdata.org/docs/drc/aces-data-brief_version-1-0.pdf?Status=Master
- Copeland, W. E., Shanahan, L., Hinesley, J., Chan, R. F., Aberg, K. A., Fairbank, J. A., van den Oord, E. J. C. G., & Costello, E. J. (2018). Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes. *JAMA Network*, 1(7). <https://doi.org/10.1001/jamanetworkopen.2018.4493>
- Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine*, 49(3), 354–361. <https://doi.org/10.1016/j.amepre.2015.02.001>
- Denham, S. A., Bassett, H. H., Way, E., Mincic, M., Zinsser, K., & Graling, K. (2012). Preschoolers' emotion knowledge: Self-regulatory foundations, and predictions of early school success. *Cognition and Emotion*, 26(4), 667–679. <https://doi.org/10.1080/02699931.2011.602049>
- Dodge, K. A., Lansford, J. E., Burks, V. S., Bates, J. E., Pettit, G. S., Fontaine, R., & Price, J. M. (2003). Peer rejection and social information-processing factors in the development of aggressive behavior problems in children. *Child Development*, 74(2), 374–393. <https://doi.org/10.1111/1467-8624.7402004>
- Dyce, C. M., Albold, C., & Long, D. (2013). Moving from college aspiration to attainment: Learning from one college access program. *The High School Journal*, 96(2), 152–165.
- Dye, L. (2014). School counselors' activities in predominantly African American urban schools: An exploratory study. *Michigan Journal of Counseling*, 41(1), 18–37. <https://doi.org/10.22237/mijoc/1393632120>
- Edwards, D. (2018). Childhood sexual abuse and brain development: A discussion of associated structural changes and negative psychological outcomes. *Child Abuse Review*, 27(3), 198–208. <https://doi.org/10.1002/car.2514>
- Eklund, K., & Rossen, E. (2016). *Guidance for trauma screening in schools*. ACES Connection. <https://bit.ly/3xZsoaO>
- Eklund, K., Rossen, E., Koriakin, T., Chafouleas, S. M., & Resnick, C. (2018). A systematic review of trauma screening measures for children and adolescents. *School Psychology Quarterly*, 33(1), 30–43. <https://doi.org/10.1037/spq0000244>
- Elligan, D. (2004). *Rap therapy: A practical guide for communicating with youth and young adults through rap music*. Kensington Books.
- Garcia-Reid, P., Reid, R. J., & Peterson, N. A. (2005). School engagement among Latino youth in an urban middle school context: Valuing the role of social support. *Education and Urban Society*, 37(3), 257–275. <https://doi.org/10.1177/0013124505275534>
- Glaser, D. (2000). Child abuse and neglect and the brain—A review. *Journal of Child Psychology and Psychiatry*, 41(1), 97–116. <https://doi.org/10.1111/1469-7610.00551>
- Graham, P. W., Yaros, A., Lowe, A., & McDaniel, M. S. (2017). Nurturing environments for boys and men of color with trauma exposure. *Clinical Child and Family Psychology Review*, 20(2), 105–116. <https://doi.org/10.1007/s10567-017-0241-6>
- Greene, J. H. (2018). The Multicultural School Counseling Behavior Scale: Development, psychometrics, and use. *Professional School Counseling*, 22(1), 1–10. <https://doi.org/10.1177/2156759X18816687>
- Gross, J. T., Stern, J. A., Brett, B. E., & Cassidy, J. (2017). The multifaceted nature of prosocial behavior in children: Links with attachment theory and research. *Social Development*, 26(4), 661–678. <https://doi.org/10.1111/sode.12242>
- Harper, S. R. (2015). Success in these schools? Visual counternarratives of young men of color and urban high schools they attend. *Urban Education*, 50(2), 139–169. <https://doi.org/10.1177/0042085915569738>
- Henfield, M. S. (2011). Black male adolescents navigating microaggressions in a traditionally White middle school: A qualitative study. *Journal of Multicultural Counseling and Development*, 39(3), 141–155. <https://doi.org/10.1002/j.2161-1912.2011.tb00147.x>
- Hicken, M. T., Lee, H., Morenoff, J., House, J. S., & Williams, D. R. (2014). Racial/ethnic disparities in hypertension prevalence: Reconsidering the role of chronic stress. *American Journal of Public Health*, 104(1), 117–123. <https://doi.org/10.2105/AJPH.2013.301395>
- Hoff, E., Laursen, B., & Tardif, T. (2002). Socioeconomic status and parenting. In M. H. Bornstein (Ed.), *Handbook of parenting: Biology and ecology of parenting* (2nd ed., pp. 231–252). Lawrence Erlbaum.
- Holcomb-McCoy, C., Harris, P., Hines, E. M., & Johnston, G. (2008). School counselors' multicultural self-efficacy: A preliminary investigation. *Professional School Counseling*, 11(3), 166–178. <https://doi.org/10.1177/2156759X0801100303>

- Holland, M. M. (2015). Trusting each other: Student-counselor relationships in diverse high schools. *Sociology of Education*, 88(3), 244–262. <https://doi.org/10.1177/0038040715591347>
- Hood, W., Bradley, G. L., & Ferguson, S. (2017). Mediated effects of perceived discrimination on adolescent academic achievement: A test of four models. *Journal of Adolescence*, 54, 82–93. <https://doi.org/10.1016/j.adolescence.2016.11.011>
- Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer, K. L., Scott, M., & Schonlau, M. (2010). Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress*, 23(2), 223–231. <https://doi.org/10.1002/jts.20518>
- Jernigan, M. M., & Daniel, J. H. (2011). Racial trauma in the lives of Black children and adolescents: Challenges and clinical implications. *Journal of Child & Adolescent Trauma*, 4(2), 123–141. <https://doi.org/10.1080/19361521.2011.574678>
- Jimenez, M. E., Wade, R., Jr., Lin, Y., Morrow, L. M., & Reichman, N. E. (2016). Adverse experiences in early childhood and kindergarten outcomes. *Pediatrics*, 137(2), 1–9. <https://doi.org/10.1542/peds.2015-1839>
- Kim, B. S. K., Cartwright, B. Y., Asay, P. A., & D'Andrea, M. J. (2003). A revision of the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition. *Measurement and Evaluation in Counseling and Development*, 36(3), 161–180. <https://doi.org/10.1080/07481756.2003.11909740>
- Kobin, C., & Tyson, E. (2006). Thematic analysis of hip-hop music: Can hip-hop in therapy facilitate empathic connections when working with clients in urban settings? *The Arts in Psychotherapy*, 33(4), 343–356. <https://doi.org/10.1016/j.aip.2006.05.001>
- Konold, T., Cornell, D., Shukla, K., & Huang, F. (2017). Racial/ethnic differences in perceptions of school climate and its association with student engagement and peer aggression. *Journal of Youth and Adolescence*, 46(6), 1289–1303. <https://doi.org/10.1007/s10964-016-0576-1>
- Landolt, M. A., Cloitre, M., & Schnyder, U. (2017). *Evidence-based treatments for trauma related disorders in children and adolescents*. Springer.
- Laporte, L., Jiang, D., Pepler, D. J., & Chamberland, C. (2011). The relationship between adolescents' experience of family violence and dating violence. *Youth & Society*, 43(1), 3–27. <https://doi.org/10.1177/0044118X09336631>
- Layne, C. M., Steinberg, J. R., & Steinberg, A. M. (2014). Causal reasoning skills training for mental health practitioners: Promoting sound clinical judgment in evidence-based practice. *Training and Education in Professional Psychology*, 8(4), 292–302. <https://doi.org/10.1037/tep0000037>
- Le, H.-N., Ceballos, R., Chao, R., Hill, N. E., Murry, V. M., & Pinderhughes, E. E. (2008). Excavating culture: Disentangling ethnic differences from contextual influences in parenting. *Applied Developmental Science*, 29(4), 163–175. <https://doi.org/10.1080/10888690802387880>
- Levy, I. (2012). Hip hop and spoken word therapy with urban youth. *Journal of Poetry Therapy*, 25(4), 219–224. <https://doi.org/10.1080/08893675.2012.736182>
- Levy, I. P., & Adjapong, E. S. (2020). Toward culturally competent school counseling environments: Hip-hop studio construction. *The Professional Counselor*, 10(2), 266–284. <https://doi.org/10.15241/ip1.10.2.266>
- Levy, I. P., Cook, A. L., & Emdin, C. (2018). Remixing the school counselor's tool kit: Hip-hop spoken word therapy and YPAR. *Professional School Counseling*, 22(1), 1–11. <https://doi.org/10.1177/2156759X18800285>
- Levy, I., & Keum, B. T. (2014). Hip-hop emotional exploration in men. *Journal of Poetry Therapy*, 27(4), 217–223. <https://doi.org/10.1080/08893675.2014.949528>
- Matte-Gagné, C., Bernier, A., Sirois, M.-S., Lalonde, G., & Hertz, S. (2018). Attachment security and developmental patterns of growth in executive functioning during early elementary school. *Child Development*, 89(3), e167–e182. <https://doi.org/10.1111/cdev.12807>
- Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 states. *JAMA Pediatrics*, 172(11), 1038–1044. <https://doi.org/10.1001/jamapediatrics.2018.2537>
- Minor, K. A., & Benner, A. D. (2017). School climate and college attendance for Black adolescents: Moving beyond college-going culture. *Journal of Research on Adolescence*, 28(1), 160–168. <https://doi.org/10.1111/jora.12361>
- Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the Benevolent Childhood Experiences (BCEs) scale. *Child Abuse & Neglect*, 78, 19–30. <https://doi.org/10.1016/j.chiabu.2017.09.022>

- Nassar-McMillan, S. C., Karvonen, M., Perez, T. R., & Abrams, L. P. (2009). Identity development and school climate: The role of the school counselor. *The Journal of Humanistic Counseling, Education, and Development*, 48(2), 195–214. <https://doi.org/10.1002/j.2161-1939.2009.tb00078.x>
- Ngo, V., Langley, A., Kataoka, S. H., Nadeem, E., Escudero, P., & Stein, B. D. (2008). Providing evidence-based practice to ethnically diverse youths: Examples from the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(8), 858–862. <https://doi.org/10.1097/CHI.0b013e3181799f19>
- Patterson, L., Stutey, D. M., & Dorsey, B. (2018). Play therapy with African American children exposed to adverse childhood experiences. *International Journal of Play Therapy*, 27(4), 215–226. <https://doi.org/10.1037/pla0000080>
- Perry, B. D., & Pollard, R. (1998). Homeostasis, stress, trauma, and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America*, 7(1), 33–51. [https://doi.org/10.1016/S1056-4993\(18\)30258-X](https://doi.org/10.1016/S1056-4993(18)30258-X)
- Pica-Smith, C., & Poynton, T. A. (2014). Supporting interethnic and interracial friendships among youth to reduce prejudice and racism in schools: The role of the school counselor. *Professional School Counseling*, 18(1), 82–89. <https://doi.org/10.1177/2156759X0001800115>
- Ratts, M. J., & Greenleaf, A. T. (2017). Multicultural and social justice counseling competencies: A leadership framework for professional school counselors. *Professional School Counseling*, 21(1), 1–9. <https://doi.org/10.1177/2156759X18773582>
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and Social Justice Counseling Competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, 44(1), 28–48. <https://doi.org/10.1002/jmcd.12035>
- Reinbergs, E. J., & Fefer, S. A. (2018). Addressing trauma in schools: Multitiered service delivery options for practitioners. *Psychology in the Schools*, 55(3), 250–263. <https://doi.org/10.1002/pits.22105>
- Roth, M. C., Humphreys, K. L., King, L. S., & Gotlib, I. H. (2018). Self-reported neglect, amygdala volume, and symptoms of anxiety in adolescent boys. *Child Abuse & Neglect*, 80, 80–89. <https://doi.org/10.1016/j.chiabu.2018.03.016>
- Scott, J., Moses, M. S., Finnigan, K. S., Trujillo, T., & Jackson, D. D. (2017). *Law and order in school and society: How discipline and policing policies harm students of color, and what we can do about it*. National Education Policy Center. <http://nepc.colorado.edu/publication/law-and-order>
- September, S. J., Rich, E. G., & Roman, N. V. (2016). The role of parenting styles and socio-economic status in parents' knowledge of child development. *Early Child Development and Care*, 186(7), 1060–1078. <https://doi.org/10.1080/03004430.2015.1076399>
- Shi, Q., & Goings, R. (2017). What do African American ninth graders discuss during individual school counseling sessions? A national study. *Professional School Counseling*, 21(1), 1–9. <https://doi.org/10.1177/2156759X18778803>
- Singh, A. A. (2019). *The racial healing handbook: Practical activities to help you challenge privilege, confront systemic racism, and engage in collective healing*. New Harbinger.
- Skiba, R. J., Horner, R. H., Chung, C.-G., Rausch, M. K., May, S. L., & Tobin, T. (2011). Race is not neutral: A national investigation of African American and Latino disproportionality in school discipline. *School Psychology Review*, 40(1), 85–107. <https://doi.org/10.1080/02796015.2011.12087730>
- Smith, J. R., & Patton, D. U. (2016). Posttraumatic stress symptoms in context: Examining trauma responses to violent exposures and homicide death among Black males in urban neighborhoods. *American Journal of Orthopsychiatry*, 86(2), 212–223. <https://doi.org/10.1037/ort0000101>
- Smith, L. C., Garnett, B. R., Herbert, A., Grudev, N., Vogel, J., Keefner, W., Barnett, A., & Baker, T. (2017). The hand of professional school counseling meets the glove of restorative practices: A call to the profession. *Professional School Counseling*, 21(1), 1–10. <https://doi.org/10.1177/2156759X18761899>
- Steinberg, L., Elmen, J. D., & Mounts, N. S. (1989). Authoritative parenting, psychosocial maturity, and academic success among adolescents. *Child Development*, 60(6), 1424–1436. <https://doi.org/10.2307/1130932>
- Stewart, P. E., & Ames, G. P. (2014). Using culturally affirming, thematically appropriate bibliotherapy to cope with trauma. *Journal of Child & Adolescent Trauma*, 7(4), 227–236. <https://doi.org/10.1007/s40653-014-0028-6>

- Sue, D. W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z., & Mendez, N. (2019). Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders. *American Psychologist*, 74(1), 128–142. <https://doi.org/10.1037/amp0000296>
- Swan, K. L., Schottelkorb, A. A., & Lancaster, S. (2015). Relationship conditions and multicultural competence for counselors of children and adolescents. *Journal of Counseling & Development*, 93(4), 481–490. <https://doi.org/10.1002/jcad.12046>
- Umberson, D., Thomeer, M. B., Williams, K., Thomas, P. A., & Liu, H. (2016). Childhood adversity and men's relationships in adulthood: Life course processes and racial disadvantage. *The Journals of Gerontology: Series B*, 71(5), 902–913. <https://doi.org/10.1093/geronb/gbv091>
- Von Cheong, E., Sinnott, C., Dahly, D., & Kearney, P. M. (2017). Adverse childhood experiences (ACEs) and later-life depression: Perceived social support as a potential protective factor. *BMJ Open*, 7(9). <https://doi.org/10.1136/bmjopen-2016-013228>
- Washington, A. R. (2018). Integrating hip-hop culture and rap music into social justice counseling with Black males. *Journal of Counseling & Development*, 96(1), 97–105. <https://doi.org/10.1002/jcad.12181>
- Wheeler, N. J., Daire, A. P., Barden, S. M., & Carlson, R. G. (2018). Relationship distress as a mediator of adverse childhood experiences and health: Implications for clinical practice with economically vulnerable racial and ethnic minorities. *Family Process*, 58(4), 1003–1021. <https://doi.org/10.1111/famp.12392>
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*, 18(2), 166–185. <https://doi.org/10.1177/0886260502238733>
- Wiet, S., & Trauma-Resiliency Collaborative. (2019). *Health-Resiliency-Stress Questionnaire*. <https://trcutah.org/hrsq>
- Williams, J., Steen, S., Albert, T., Dely, B., Jacobs, B., Nagel, C., & Irick, A. (2015). Academically resilient, low-income students' perspectives of how school counselors can meet their academic needs. *Professional School Counseling*, 19(1), 155–165. <https://doi.org/10.5330/1096-2409-19.1.155>
- Zare, M., Narayan, M., Lasway, A., Kitsantas, P., Wojtusiak, J., & Oetjen, C. A. (2018). Influence of adverse childhood experiences on anxiety and depression in children aged 6 to 11 years. *Pediatric Nursing*, 44(6), 267–274, 287.

Appendix

Resources and Ideas for School Counselors Developing Multicultural Awareness

Self-examination and self-assessment

- Self-reflection, journaling (Singh, 2019), seeking supervision, or consultation with peers
- Formal assessment tools
 - School Counseling Multicultural Self-Efficacy Scale (SCMES; Holcomb-McCoy et al., 2008)
 - Multicultural School Counseling Behavior Scale (MSCBS; Greene, 2018)
 - Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition (MAKSS-CE; Kim et al., 2003)

Building knowledge of traumatic stressors and their impact

- Impact of primarily White environments on Black youth, such as stereotypes, microaggressions, and assumptions of deviance aimed at Black boys (Henfield, 2011)
- Importance of helping young Black males to develop a positive racial identity and agency to recognize and navigate discriminatory experiences (Jernigan & Daniel, 2011)
- Impact of exposure to community violence on reported PTSD symptoms (J. R. Smith & Patton, 2016)
- Access to resources (e.g., community, school, and intrapersonal resources) leading to decreases in behavioral health needs (Accomazzo et al., 2015)

Fostering a nurturing school environment

- Link students to out-of-school sports, community, and mentoring programs (Graham et al., 2017)
- Increase sense of belonging within the school (Shi & Goings, 2017)
- Increase levels of school connectedness (Carney et al., 2017)
- Foster resilience through tapping into students' aspirational and social capital (Williams et al., 2015)
- Bridge gaps between cultural groups through interventions with all stakeholders (Bell & Van Velsor, 2017)
- Promote interethnic friendships in students to combat prejudice and racism (Pica-Smith & Poynton, 2014)

Assessment and intervention tools for use with students

- Universal screening of trauma and behavioral health in schools (Belser et al., 2016; Reinbergs & Fefer, 2018)
- Programming that promotes adaptive coping and self-expression (Graham et al., 2017)
- Forgiveness interventions (Baskin et al., 2015)
- Socially relevant and empowering messages in hip-hop lyrics (Levy et al., 2018; Washington, 2018)
- Culturally affirming bibliotherapy (Stewart & Ames, 2014)
- Play therapy (Patterson et al., 2018)

Military Spouses' Perceptions of Suicide in the Military Spouse Community

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Newly released data from the U.S. Department of Defense shows military spouse suicide to be an imminent concern for the U.S. military. Currently, there is an absence of research in the counseling profession related to suicide prevention and intervention for this population. Therefore, this qualitative phenomenological study explored the perceptions of military spouses regarding suicide within their community. Ten military spouses were interviewed twice and were asked to provide written responses to follow-up questions. Six main themes emerged: (a) loss of control, (b) loss of identity, (c) fear of seeking mental health services, (d) difficulty accessing mental health services, (e) the military spouse community as a protective factor, and (f) desire for better communication about available mental health resources. Implications for practicing counselors and military leadership in helping to prevent military spouse suicide as well as recommendations for future research regarding ways to support military spouse mental health and prevent suicide in this community are included.

Keywords: military spouse, suicide, prevention, intervention, phenomenological

In 2018, there were 624,000 active-duty military spouses in the United States, 92% of whom were female (U.S. Department of Defense [DOD], 2018). Recent data also noted that the average age of a military spouse was 31.5 years and 88% of spouses had postsecondary education (U.S. Chamber of Commerce, 2017). Twenty-four percent of spouses were unemployed (DOD, 2018) and 35%–40% were underemployed (U.S. Chamber of Commerce, 2017). Further, 74% of military spouses had children under the age of 18 and often acted as single parents because of the responsibilities of the service member (Institute for Veterans and Military Families, 2016). And of particular note, the Substance Abuse and Mental Health Services Administration (SAMHSA; 2015) reported that 29.1% of military spouses have had a mental illness, with 11.8% having had at least one major depressive episode, and 6.5% having had a major depressive episode with severe impairment.

Military Lifestyle and Spousal Mental Health

Military spouses do not serve in combat as service members do, but they are subject to many stressors brought on by the military lifestyle that may affect their mental health (Cole, 2014). One of the primary stressors of the military lifestyle is frequent moving (Tong et al., 2018). Military families move every 2–3 years to a new location (Burke & Miller, 2016), which they may not have adequate time to prepare for, adding to the stress of the relocation process (Tong et al., 2018). Military spouses may feel isolated after moving, as 70% of military families live in civilian communities rather than in military housing (Blue Star Families, 2019). Although social support has been found to be key in ameliorating mental health issues in military spouses (Ross et al., 2020), this support is lost and must be rebuilt when the family moves to a new duty station.

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Because of these frequent moves, military spouses are often unable to build consistent careers or finish their education (Institute for Veterans and Military Families, 2016). Relocating spouses may experience difficulty finding a new job or utilizing their professional license or certification in their new home state or country (DOD, 2020b). As a result of these lifestyle challenges, 24% of military spouses are unemployed (DOD, 2018) and 77% of employed spouses have been underemployed at least once (Blue Star Families, 2019). These employment challenges often result in anxiety and depression among military spouses (Linn et al., 1985). In addition, the inability to find work may result in financial stress for the family and often affects spousal mental and behavioral health (Blue Star Families, 2019; Center for the Study of Traumatic Stress, 2020).

In addition to stressful relocations and career disruption, spouses also face frequent deployments of their partners (Allen et al., 2011). These deployments result in increased depression and anxiety in spouses (Baer, 2019; Eaton et al., 2008; O'Keefe, 2016), with 92% of spouses reporting increased stress during a deployment, and 85% reporting that they feel anxious or depressed during a deployment (Romo, 2019). This deployment stress may be amplified when the spouse lives overseas and is away from their friends and family in an unfamiliar culture (McNulty, 2003). When their service member is deployed, military spouses have to take on new roles and responsibilities in the home, which may contribute to these high stress levels (Eaton et al., 2008). In addition, they may live in constant fear for their service member's physical safety, as they are unable to contact their spouse regularly, or communication may be limited to social media with inherent limits to tone or context that prove to be anxiety-inducing (Allen et al., 2011; O'Keefe, 2016).

Military Spouses and Mental Health Treatment

Although military spouses are under constant stress in their everyday lives (Cole, 2012; Eaton et al., 2008; Mailey et al., 2018), they often resist seeking mental health treatment (Lewy et al., 2014). Past studies have revealed that spouses often do not seek therapy because they cannot locate a counselor they trust or who understands their culture, they are concerned that someone will find out they are seeking counseling, or they do not know where to find counseling services (Lewy et al., 2014). The stigma that military spouses fear regarding mental health treatment affecting their service member's career progression mirrors that of the active-duty service member population (Britt et al., 2015). In addition, the pressure that spouses feel to take care of their families without their service member's support and the sense that they must prioritize their families before themselves has led them to resist receiving mental health help for themselves (Mailey et al., 2018). When they do seek mental health services, spouses are likely to visit their primary care doctor at a military care facility; however, these facilities are not equipped to meet spouses' mental health needs because of lack of personnel and resources for specialized mental health services (Eaton et al., 2008; Lewy et al., 2014).

Military Spouses and Suicide

Although many of these studies have focused on risk factors and barriers for military spouse mental health treatment, no research has focused on the consequences of these barriers, including suicide in this population. Although much focus has been placed on researching service member and veteran suicide (Blosnich et al., 2010), statistics regarding military spouse suicide were recently tracked for the first time and released to the public in September 2019 (DOD, 2019). In 2018, 128 military spouses died by suicide, with a suicide rate of 12.1 deaths per 100,000 individuals (DOD, 2020a). Of those who committed suicide, 57.8% were female and 85.1% were under the age of 40. Given the alarming numbers of spousal suicide outlined in the DOD report, it is essential that pioneering research be done to investigate suicidality in the military spouse population. This study, therefore, explored the perceptions of military spouses related to suicide in this population by interviewing military spouses

themselves, who are the experts on the military spouse lifestyle and experience (Sargeant, 2012). The purpose of this study was not to focus on the experiences of spouses who have themselves attempted suicide, but rather how members of the military spouse population made meaning of suicide within their community. Thus, a qualitative phenomenological design was appropriate for exploring this meaning making (Christensen et al., 2017; Creswell & Poth, 2017). As experts on their own community and experiences, the participants provided perceptions that proved valuable in understanding the causes and risk factors associated with suicide in this population.

Purpose Statement and Research Questions

The purpose of this qualitative phenomenological study was to explore the perceptions of military spouses related to military spouse suicide and how these spouses made meaning of suicide within the military spouse community. Based on the perceptions and recommendations of the participants, this study makes suggestions to the civilian and military communities regarding best practices for preventing suicide in and providing mental health services for this population. This study was guided by the following research questions:

1. What are the perceptions of military spouses of suicide in the military spouse community?
2. What are the perceptions of military spouses regarding resources to prevent military spouse suicide?

Method

Our research team utilized the descriptive phenomenological tradition in qualitative inquiry, in which the researcher explores the participants' meaning-making experience and how they translate this experience into their consciousness (Christensen et al., 2017; Creswell & Poth, 2017). In order to gather information and perspective regarding suicide within the military spouse community, Rebekah F. Cole, our team's principal investigator, interviewed 10 spouses of active-duty service members, using a semi-structured interview, to explore their experiences in-depth and to understand how they make meaning of suicide within the military spouse community. A qualitative researcher does not aim to generalize but to draw out depth of insight from participants; hence, a small sample size was appropriate and justified with the aim of collecting a wealth of information from each participant (Creswell & Poth, 2017). Cole interviewed each spouse two times for approximately 30 minutes over the course of 4 weeks and then sent each participant an email with follow-up reflection questions (e.g., "What was it like for you to participate in this study?") and demographic questions regarding the participants' age group, gender, race/ethnicity, military branch, years as a spouse, and spouse's rank.

Participants

We selected the participants based on their status as active-duty spouses as well as their willingness and availability to participate in two interviews and complete the follow-up questions. We identified and recruited participants via purposeful sampling following approval by the IRB at our university (Creswell & Poth, 2017). Cole made a posting on a military spouse Facebook page explaining the nature and purpose of the study and asking for volunteers who were married to an active-duty service member. We offered each participant a \$250 Target gift card to participate in the study, given to them upon completion of the two interviews and return of the emailed follow-up questions. We selected the first 10 volunteers who responded to the Facebook post as the 10 participants in this study. Once they showed interest in participating in the study, Cole contacted each participant via email to explain the nature and goals of the study and provide the participants with the informed consent document to sign and return.

The participants in this study were all spouses of active-duty service members (see Appendix A for a demographic chart). Three of the participants were Army spouses, three were Air Force spouses, three were Navy spouses, and one was a Coast Guard spouse. Two of the spouses were in the 18–29 age range, five were in the 30–39 age range, and three were in the 40–49 age range. The time spent as a spouse ranged from 1–20 years with a mean of 9.5 years. Eight of the spouses identified as White or having a European heritage and two of the spouses identified as having Asian or Pacific Islander heritage. All of the spouses identified as female. The participants were assigned numbers (Participant 1, Participant 2, etc.) to protect their confidentiality throughout the study.

Research Team

The research team in this study consisted of Cole and two school counseling graduate students, Hayley Dunn and Taryn Lincoln. These students had been trained in research methodology and were familiar with the qualitative data analysis process. Lincoln is a 35-year-old White female whose husband is a retired service member. Dunn is a 33-year-old White female with no military connections. Cole worked closely with Dunn and Lincoln to review the transcriptions of the interviews, develop a comprehensive codebook, and discuss the themes and patterns that emerged from the data.

Data Collection

Cole conducted and recorded the interviews via phone. She transcribed the interviews using an automated transcription service and reviewed each transcription word-by-word to verify the accuracy and reliability of the transcription (Creswell & Creswell, 2018; Creswell & Poth, 2017). In each interview, Cole asked questions related to suicide in the spouse population (see Appendix B). She also utilized probing follow-up questions (e.g., “Can you tell me more about that?” or “Why do you think that is?”) to gather additional information throughout the interviews (Creswell & Creswell, 2018). Finally, Cole sent a follow-up email consisting of process questions related to the interview experience (see Appendix B) as well as demographic questions.

Data Analysis

We analyzed the data in a step-by-step process: 1) organizing the data, 2) looking over all of the data, 3) coding the data, 4) generating a description of themes, and 5) presenting the description of themes (Creswell & Creswell, 2018). Cole first organized the data, sorting each participant’s file and memoing ideas that began to emerge from the data (Creswell & Creswell, 2018; Creswell & Poth, 2017). We then each reviewed the transcripts and email responses in detail. After reviewing the data, we coded the interviews and follow-up questions. Cole compiled the codes that we generated into a codebook. We then identified and defined themes and patterns that emerged from the study. This collaboration continued until we decided that no additional themes and patterns were emerging from the data. Cole then sent the codebook, as well as the themes and patterns, to the external auditor of the study, Rebecca G. Cowan, who confirmed the findings of the research team. Cole then wrote a detailed narrative of the themes, which are presented in the Findings section of this article.

Strategies to Increase Trustworthiness

In order to increase trustworthiness of the study, Cole, the key data collector in this study, engaged in reflexivity and self-analysis throughout the study (Creswell & Creswell, 2018; Darawsheh, 2014; Meyer & Willis, 2019). As a military spouse and professional counselor, Cole inherently has her own thoughts and feelings related to spousal mental health. Thus, it was important to bracket these thoughts and feelings to prevent them from interfering with the data collection and analysis process. Cole used reflective journaling throughout the study to engage in self-reflection and to increase her self-awareness of her reactions to the participants’ perspectives (Malacrida, 2007; Meyer & Willis, 2019). She also

discussed these thoughts and feelings with the research team to explore her position as the researcher in the context of this study (Barrett et al., 2020).

In addition to this reflexivity, Cole kept an audit trail throughout the study, which included the transcriptions of the interviews, the participants' emailed responses, the codebook, reflexive journal entries, and the notes from the research team (Creswell & Creswell, 2018; Creswell & Poth, 2017). Cowan, an auditor with a PhD in counselor education who has been a counselor and counselor educator for the past 10 years, reviewed the study in full to verify the data collection and analysis process (Creswell & Creswell, 2018) as well as the rigor of the study (Patton, 2002).

To triangulate the study's data and increase the validity of the study's results, data were collected through two individual interviews as well as through an email questionnaire, both open-ended forms of data collection (Creswell & Creswell, 2018). Prolonged engagement assisted with the development of trust and rapport (Korstjens & Moser, 2018). Additionally, through the collection of both verbal and written data, the study's themes gained more credibility, as they emerged from both data sources (Creswell & Creswell, 2018).

Finally, we used member checking (Creswell & Creswell, 2018) to request the participants' feedback on the credibility of the data (Creswell & Poth, 2017). Member checking allows the study's participants to become actively involved in and make additions to the data review process (Birt et al., 2016). Cole emailed the participants transcriptions of their interviews and asked them to review and make any additions or changes they would like to the transcriptions, allowing them ownership of their thoughts and words and increasing the trustworthiness of the data (Birt et al., 2016). In addition, Cole discussed the findings of the study with the participants as the themes and patterns emerged (Shenton, 2004).

Results

The study's data yielded six main themes: (a) loss of control, (b) loss of identity, (c) fear of seeking mental health services, (d) difficulty accessing mental health services, (e) the military spouse community as a protective factor, and (f) desire for better communication about available mental health resources.

Theme 1: Loss of Control

Each of the 10 participants perceived their circumstances as a military spouse to be out of their control. For example, all of the participants mentioned deployments, especially those on short notice, to be a risk factor for suicide. One spouse described how her active-duty husband "might be home on Thursday and then he's gone the next day. He finds out on such short notice, that's really tricky, and a lot of my friends are constantly, you're just so constantly anxious all the time."

Four of the participants described how they fear for their spouse's safety during these deployments, which impacts their mental health. One spouse, for example, described how she lives "just constantly not knowing what's happening, but then being fearful for the significant other as well." Another spouse explained how spouses live with a "constant fear of whether or not your spouse will return." One participant discussed how military spouses are thus more prone to mental health issues:

[T]he stress of your life and the stress you have over your spouse's military career, whether they're in danger or not, worrying about their mental health . . . probably aggravates all of the mental disorders that anyone could experience, but just magnifies them if you're a military spouse.

Participants also felt like they lacked control because of frequently relocating. All 10 participants described the stress involved with moving unpredictably. One spouse described how “you’re always worried about what’s coming next and what you can plan for and what you can’t plan for.” Another participant mirrored this same sentiment: “It’s that ‘Where are we going to be next? We just moved here, but I know in two years we’re going to move again’ type deal . . . always just kind of being on your toes and not knowing what to expect.” Another spouse expressed similar thoughts: “I hope for the best but expect the worst, which is kind of sad, but that is the kind of mentality I’ve had to live by because of how unpredictable this lifestyle is.”

As a result of these constant relocations, spouses are separated and isolated from family and friends, or their “network of support” in the words of one participant. All of the participants recognized the risk of losing this support with regard to their mental health. One spouse, for example, explained the danger of not having “long-standing relationships where you could say like, ‘Wow that person really seems like they’re going through something.’”

Theme 2: Loss of Identity

All 10 participants struggled with a loss of their identity, especially regarding their careers. Many participants described how career struggles and finding purpose are related to spousal mental health. One spouse explained how “not having that career is part of the anxiety and depression. And not having a purpose in life.” Another spouse described the struggle to maintain a career: “Eventually, it kind of weighs on you and eventually your mind can play tricks on you and you feel like you’re not worthy.” One participant summed up these career struggles in these words: “Part of being a military spouse is sacrificing your own life . . . there’s a lot of hurt and loneliness and sacrifice.”

In addition to this struggle for career identity and purpose, five of the participants described how the military fails to recognize their value. One spouse described how spousal suicide “is definitely brushed under the rug because people are kind of like, ‘You’re not going to war, you’re not doing any of these things.’” Another participant described her own experiences: “We’ve had situations where wives were struggling, but . . . he couldn’t get off that day, he had to report in because she’s not at the hospital . . . it’s not serious.” Another explained how “the military in general, they’re so focused on their job that they kind of forget that we’re all humans and that we are people.” One participant said that “spouses get beat down and they just kind of feel like there’s the whole ‘If the military wanted you to have a family, they would have issued you one.’”

The participants also described the military spouse’s tendency to prioritize family and the military over oneself and the impact of this inclination on spouses’ mental health. “So much of the burden of the family falls onto the military spouse, I think it’s easy for the spouse to not consider their own mental health a priority, and therefore the risk factors may go undetected or untreated.” Another described how spouses “go through this constant cycle that’s always churning. You move to a new place, you try to get settled . . . then we hit the point of going, ‘Ok, now what about me?’ If we ever get to that point.” One spouse described that after each of the moves and deployments, “I feel like we lose a sense of ourselves too . . . it’s like having a new baby all of the time. . . . You kind of reach a point where you’re like, ‘Where am I? What the heck am I doing?’”

As a result of prioritizing family and the military over themselves, spouses feel unworthy of receiving mental health services and feel guilty for suffering, as described by eight of the participants. One spouse explained that “spouses can feel weak or feel like they’re not holding up their end of the bargain if they get help.” Another participant noted that spouses “consider themselves less worthy of

getting treatment or that their problems [are] not as important." Finally, a spouse explained that there is a "weird mentality, I think, in the military spouse community, where you don't complain because someone else has it worse. . . . If you're an Air Force spouse, maybe the Army deployments are longer, so you just don't want to complain."

Theme 3: Fear of Seeking Mental Health Services

Despite these challenges that military spouses face, eight of the participants described a fear of seeking out mental health services. Five of the participants, for example, said that spouses fear appearing to be unstable or, as one spouse described, a "fear of being ostracized, or the fear of having people talk behind your back, or embarrassment." One spouse explained how mental health issues are viewed as, "Oh, she was a crazy spouse. Oh, she got everything that she needed . . . so she was just kind of crazy." Another participant described how a spouse was viewed after verbalizing her mental health struggles: "I've been told by other spouses not to go hang out with her in group settings because she's batshit crazy." One spouse noted that "there's still that stigma of reaching out and being known to have the mental health issue." Finally, spouses may fear being honest with their medical providers for this same reason. One participant described her own perception of this fear of being transparent with the doctor regarding a suicidal assessment: "If you answer it honestly, sometimes you're like 'They're going to put me in a padded room if I really tell you what my last 2 weeks has been like.'"

In addition to appearing unstable, seven of the participants described how military spouses fear that seeking mental health services would negatively impact or bring "backlash" on their service member's career. One participant noted: "People keep it quiet because they don't want their spouse, their military member, to not get promoted or not get more responsibility and stuff like that because they're not keeping it together." Another participant stated that often "you run into people who are kind of skittish about going just because of the stigma." She further explained that "you don't want to hurt your husband's career, and that's what you've heard for a long time. He looks like he can't handle the situations at home."

Theme 4: Difficulty Accessing Mental Health Services

Spouses who do decide to seek help for their mental health may experience difficulties in securing an appointment, as described by six of the participants in this study. Each of these spouses expressed difficulties with finding a mental health provider in the community or accessing mental health treatment at a military facility. One participant explained that "the reality is they can't guarantee that the local community and local providers will be able to provide everything we need when we need it." Another spouse expressed frustration that "TRICARE can sometimes be a pain when you're trying to schedule something, and it will make you schedule at 6 weeks out because that's the first available." One participant described her experience with trying to find a counselor covered by TRICARE. She stated, "You hope that you get an appointment and hope you can jive with whoever you called because you may have to wait another month or two to try to find someone else." Three spouses in the study also expressed concern about the consistency of care due to frequent relocations. One participant explained the need to streamline mental health services at each duty station "so that if [spouses] are seeing a psychiatrist in one place and they go to the next place, they're not waiting for 2 or 3 months before they can get in to see a new psychiatrist."

Five of the study's participants also expressed concern over not having access to a mental health specialist. For example, one spouse shared that "the person I did see, who was a social worker, I just don't feel was very equipped to talk to me about the things I wanted to talk about." Another spouse described her perception of military family life consultants' work with spouses on military bases:

They just kind of give them the same spiel, like you should exercise, make sure you're eating well, getting enough sleep, instead of saying, "You know what? This is outside of the realm of what I can handle, let's get you in to the type of professional that you need."

Theme 5: The Military Spouse Community as a Protective Factor

In the midst of these mental health challenges and difficulty seeking and accessing mental health services, seven of the participants described the military spouse community as a protective factor against suicidal ideation. As one participant explained, "Anyone can try to take their own life, but if they have people around them who are looking out for them, who are with them physically and emotionally, it's harder to do." In addition, one participant pointed out that the spouse community can offer a sense of shared understanding: "Someone else probably very close by has gone through the same thing that you have . . . and you're not the first person to go through this and someone might be able to help lighten your load." The participants emphasized the need to create "a friendly, inclusive environment where spouses can network and establish relationships" as well as establish a "connection and feeling of belonging." One participant noted that within this environment and community, it is important to normalize conversations about mental health in order to decrease the stigma attached to it. "Letting people see that while we might post pretty pictures on Facebook and someone looks all together when they're at that unit function, we've all had to reach out for help, and looking at that as being strong."

To increase this protective factor as a community, six spouses described the importance of training for spouses geared toward suicide prevention so they could recognize the signs of suicide in others. One spouse said that training in "prevention measures of how to spot suicide, signs of suicide, or who to talk to, where to go, what to say" would be helpful "because spouses are probably already witnessing all of these signs in their homes or in their neighbors or in their friend groups of depression and suicidality." Another participant described how "spouses could be looking out for friends, if they know some warning signs or give friends resources to go to so their friend could find it if they need help."

Theme 6: Desire for Better Communication About Available Mental Health Resources

Each of the 10 participants expressed the need for the military to communicate more with them about mental health resources. One spouse, for example, pointed out that such "information needs to be put out there clearly at military hospitals, on military bases. . . . So I think the military could make it more clear, destigmatize it, and just make the programs more widely available and advertised." In this proposed advertisement, the spouses would want to know "what kind of help we can get, what it costs, where we can get help, and will it matter to our spouse's career?"

In addition to this suggested advertising, six of the participants said they would like the military leadership to communicate with them directly regarding available mental health resources specifically designed for spouses. One participant described how "it's harder for the spouse to get that information . . . if they had information sent directly to them, I think they would be more willing to seek it out and use those resources." Another spouse noted that "military spouses need to be presented with the resources available for their mental health directly instead of solely relying on the service member to relay the information." As a result of receiving this information on resources available specifically for them, one participant explained that "the military spouse wouldn't have to consider themselves less worthy of getting treatment or that their problems [were] not as important."

Finally, six of the spouses suggested that the check-in process for each duty station could be a key opportunity to provide spouses with resources and preventative services. One spouse noted: "I think

that when you move somewhere new there should be someone checking to make sure you're okay and you're not alone all the time. I think it's the military's responsibility to make sure there's a process in place." Another spouse proposed this check-in process as being "part of the standard procedure to make sure the spouse maybe is brought in and made aware of all of the programs that are available to them."

Discussion

In this study, all of the military spouse participants described how spouses' loss of control and loss of identity may contribute to their increased risk for suicide. These feelings resulted from continually moving to new duty stations (often unexpectedly), being isolated and separated from their support systems, fearing for their spouse's safety during deployments, and struggling to maintain a sense of self and a career while making their families and the military their priority. Although they were committed to prioritizing the military lifestyle and their spouses' career, these spouses did not feel that their needs were prioritized by the military in turn.

Each of these challenges for military spouses has been previously addressed in the professional literature (Eaton et al., 2008; Lewy et al., 2014; Mailey et al., 2018), although their direct correlation to suicidality has not yet been explored. Because increased levels of suicidality have been found in other populations when social isolation increases (Calati et al., 2019; Heuser & Howe, 2019; Pompili et al., 2007) or stressful life transitions or events occur (Oquendo et al., 2014; Paul, 2018), it is important to continue to consider how these risk factors impact military spouses' suicidality.

Most of the participants likewise described the tendency of spouses to feel guilty for suffering, as they are not the ones on the battlefield, a new phenomenon not yet explored in the professional literature. One participant concluded that these feelings of guilt may lead to spouses feeling they are unworthy of using mental health resources intended for active-duty service members. To address these feelings of guilt, one spouse described the need to normalize the conversation about mental health among spouses, which would ameliorate these feelings of unworthiness and increase spouses' use of resources. Finally, all of the participants felt that provision and advertisement of mental health and suicide prevention programs and services specifically for spouses would help them feel more confident in utilizing these services.

When speaking about risk factors associated with suicide, most spouses described their fears of the stigma associated with accessing mental health services and the struggles associated with finding mental health providers qualified to help them when they did decide to seek help. These fears and struggles directly correspond to results in past quantitative and mixed-methods research regarding barriers to treating military spouse mental health (Eaton et al., 2008; Lewy et al., 2014). The participants in this study likewise described their frustration with not being able to get an appointment with military or community providers. These struggles echo the results of previous research describing the challenges of spouses to access mental health services (Lewy et al., 2014), highlighting the consistency of this issue.

Although the participants' struggles with mental health and mental health providers confirm the findings of existing studies, their suggestions for preventing suicide within the military spouse community are new ideas generated from this study. Primarily, the participants focused on the community itself as a protective factor against suicide. They described how building a strong spousal community prevents feelings of isolation, as spouses can care for each other because they share common experiences of the military lifestyle. This sense of connection is especially important, as spouses are separated from their support systems when relocating from one duty station to the

next (Ross et al., 2020). In order to strengthen the protective factor of their community, the spouses discussed how they wanted more training from military leadership in the areas of suicide prevention and intervention so that they can help others around them. Interestingly, contradictory themes arose in this study's findings regarding the spouse community shunning those who were struggling with mental health issues and the spouse community serving as a much-needed protective factor. Perhaps the participants' suggestions of focusing on normalizing mental health support within their community would help to reduce the current tendency to shun and would increase the tendency to support.

In addition to focusing on increasing the protective factor of the spouse community itself, all of the participants stated that they desired increased communication from the military regarding mental health services and programs available specifically to them. Some of the spouses suggested that a direct line of communication from military leadership to spouses would be helpful for finding out about mental health resources available to them, as well as to their spouses. This communication would involve more strategic and widely spread advertising about suicide prevention resources and mental health services in places that spouses often frequent, such as military hospitals or on-base/on-post facilities.

Finally, several spouses suggested an innovative, structured check-in process at each duty station that would promote spousal awareness and understanding of the resources available to them. They explained that this check-in would provide an immediate sense of connection and community for the spouse and a way to formally network with other spouses in the area. This formalized check-in process carried out by the administration at the new duty station may be especially helpful for newer spouses who may not be familiar with the military's mental health resources or health care system or who may be hesitant to reach out on their own to make connections with others, a pattern noticed by three of the most senior spouses in this study.

Implications for Future Training and Practice

Both the military community and the mental health counseling profession are called to recognize the mental health struggles that military spouses face in order to help prevent suicide in this population. Military leadership should strategize ways to provide easier access to mental health services for spouses, including suicide prevention programs designed specifically for this population. In addition, suicide education programs for spouses may help them identify warning signs in others, ultimately strengthening the protective factor of the military spouse community. Military leadership should also work to reduce the stigma of receiving mental health services, not only for active-duty service members, but for their family members as well. Military leaders may likewise consider the participants' suggestions regarding direct communication between military leadership and spouses, including a formalized check-in process for each duty station. Each of these suggestions offers a solution to the challenges outlined by both the professional literature and the spouse participants in this study regarding the mental health challenges faced by spouses and the risk factors of military spouse suicide.

Next, mental health counselors are called to be aware of and screen for the risk factors for suicide in the military spouse population that may be correlated to the inherent challenges that the military lifestyle brings. As prevention is a primary focus within the counseling profession (Sale et al., 2018), counselors might create preventative, psychoeducational groups for spouses to enhance their sense of connectedness and wellness. These groups would serve to identify spouses who may need additional supportive services to mitigate risk of depression and anxiety as well as other mental health issues. Additionally, when relocations occur, counselors should consider connecting their military spouse clients with mental health services in their new location and, with the permission of the client, reach out to those providers to ensure continuity of care. Finally, mental health counselors should actively

seek out and build partnerships with military leadership in order to develop evidence-based resources specific to preventing suicide in the spouse population and to reduce the mental health stigma present in both active-duty service members and spouse communities.

Limitations

Several limitations to this study exist related to the nature of qualitative methodology. First, in qualitative research, the researcher is the primary source of data collection and analysis. Thus, inherent biases exist throughout this data collection and analysis process (Anderson, 2010). However, bracketing and reflexivity reduced the potential impact of this limitation. Additionally, because mental health stigma exists within the military community, it is possible that participants were guarded during their interviews. Prolonged engagement assisted with mitigating this limitation. Finally, because of the nature of qualitative research, the sample size of the study is small (Atieno, 2009). For instance, the sample in this study did not include the perspectives of any male spouses or spouses who are African American or Hispanic. Additionally, although the sample includes Army, Navy, Air Force, and Coast Guard spouses, no Space Force or Marine Corps spouses are represented. Because of these limitations in gender, ethnicity, and branches, the sample is not representative of the military spouse community as a whole.

Implications for Future Research

Given these limitations of qualitative research, future quantitative research might focus on specific causes of suicide among military spouses. For example, studies might look at the characteristics of spouses who have committed suicide to detect any patterns or correlations that may exist. There should be particular focus on exploring any ethnic, racial, sexual minority, or gender identity disparities. Future researchers could pilot training programs in the military aimed at preventing military spouse suicide to develop best practices in this area. Finally, future qualitative studies should focus on the experiences of male military spouses. This is critical as the male military spouse suicide rate was recently found to be statistically higher than the overall male suicide rate in the U.S. population (40.9 per 100,000 and 28.4 per 100,000, respectively; DOD, 2020a).

Conclusion

Overall, the military spouses' perceptions of risk factors for suicide in this study align with previous studies regarding military spouse mental health that have been conducted throughout the past 12 years. With a new knowledge of the number of spouses that are committing suicide, it is imperative that both the counseling profession and military leadership continue to work toward solutions for spousal mental health. These stakeholders are called to recognize the inherent risk factors of the military lifestyle and provide military spouses with the resources, training, and services that they need (and want) to address and prevent suicide within their community.

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References

- Allen, E. S., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2011). On the home front: Stress for recently deployed Army couples. *Family Process, 50*(2), 235–247. <https://doi.org/10.1111/j.1545-5300.2011.01357.x>
- Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education, 74*(8), 141. <https://doi.org/10.5688/aj7408141>
- Atieno, O. P. (2009). An analysis of the strength and limitation of qualitative and quantitative research paradigms. *Problems of Education in the 21st Century, 13*, 13–18. http://www.scientiasocialis.lt/pec/files/pdf/Atieno_Vol.13.pdf
- Baer, M. D. (2019). *The experiences of spouses/partners of military RPA pilots and sensor operators: A generic qualitative study* (Order No. 27666760). Available from ProQuest Dissertations & Theses Global. (2331474736).
- Barrett, A., Kajamaa, A., & Johnston, J. (2020). How to . . . be reflexive when conducting qualitative research. *The Clinical Teacher, 17*(1), 9–12. <https://doi.org/10.1111/tct.13133>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802–1811. <https://doi.org/10.1177/1049732316654870>
- Blosnich, J. R., Montgomery, A. E., Dichter, M. E., Gordon, A. J., Kavalieratos, D., Taylor, L., Ketterer, B., & Bossarte, R. M. (2010). Social determinants and military veterans' suicide ideation and attempt: A cross-sectional analysis of electronic health record data. *Journal of General Internal Medicine, 35*(6), 1759–1767. <https://doi.org/10.1007/s11606-019-05447-z>
- Blue Star Families. (2019). *2019 Military Family Lifestyle Survey executive summary*. <https://bluestarfam.org/wp-content/uploads/2020/03/BSF-2019-Survey-Exec-Summary-Digital-rev200305v2.pdf>
- Britt, T. W., Jennings, K. S., Cheung, J. H., Pury, C. L. S., & Zinzow, H. M. (2015). The role of different stigma perceptions in treatment seeking and dropout among active duty military personnel. *Psychiatric Rehabilitation Journal, 38*(2), 142–149. <https://doi.org/10.1037/prj0000120>
- Burke, J., & Miller, A. (2016). *The effect of military change-of-station moves on spousal earnings*. https://www.rand.org/pubs/research_briefs/RB9920.html
- Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders, 245*, 653–667. <https://doi.org/10.1016/j.jad.2018.11.022>
- Center for the Study of Traumatic Stress. (2020). *Financial stress and behavioral health in military servicemembers report*. <https://www.cstsonline.org/resources/resource-master-list/financial-stress-form-report>
- Christensen, M., Welch, A., & Barr, J. (2017). Husserlian descriptive phenomenology: A review of intentionality, reduction and the natural attitude. *Journal of Nursing Education and Practice, 7*(8), 113–118. <https://doi.org/10.5430/jnep.v7n8p113>
- Cole, R. F. (2012). Professional school counselors' role in partnering with military families during the stages of deployment. *Journal of School Counseling, 10*(7). http://www.jsc.montana.edu/jsc_2011-2015.html#2012
- Cole, R. F. (2014). Understanding military culture: A guide for professional school counselors. *The Professional Counselor, 4*(5), 497–504. <https://doi.org/10.15241/rfc.4.5.497>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods*. (5th ed.). SAGE.
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE.
- Darawsheh, W. (2014). Reflexivity in research: Promoting rigour, reliability and validity in qualitative research. *International Journal of Therapy and Rehabilitation, 21*(12), 560–568. <https://doi.org/10.12968/ijtr.2014.21.12.560>
- Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., Cox, A., & Castro, C. A. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine, 173*(11), 1051. <https://doi.org/10.7205/milmed.173.11.1051>
- Heuser, C., & Howe, J. (2019). The relation between social isolation and increasing suicide rates in the elderly. *Quality in Ageing and Older Adults, 20*(1), 2–9. <https://doi.org/10.1108/qaqa-06-2018-0026>
- Institute for Veterans and Military Families. (2016). *The force behind the force*. <https://ivmf.syracuse.edu/wp-content/uploads/2016/07/The-Force-Behind-the-Force-Infographic.pdf>

- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120–124. <https://doi.org/10.1080/13814788.2017.1375092>
- Lewy, C. S., Oliver, C. M., & McFarland, B. H. (2014). Brief report: Barriers to mental health treatment for military wives. *Psychiatric Services*, 65(9), 1170–1173. <https://doi.org/10.1176/appi.ps.201300325>
- Linn, M. W., Sandifer, R., & Stein, S. (1985). Effects of unemployment on mental and physical health. *American Journal of Public Health*, 75(5), 502–506. <https://doi.org/10.2105/ajph.75.5.502>
- Mailey, E. L., Mershon, C., Joyce, J., & Irwin, B. C. (2018). “Everything else comes first”: A mixed-methods analysis of barriers to health behaviors among military spouses. *BMC Public Health*, 18, 1013. <https://doi.org/10.1186/s12889-018-5938-z>
- Malacrida, C. (2007). Reflexive journaling on emotional research topics: Ethical issues for team researchers. *Qualitative Health Research*, 17(10), 1329–1339. <https://doi.org/10.1177/1049732307308948>
- McNulty, P. A. F. (2003). Does deployment impact the health care use of military families stationed in Okinawa, Japan? *Military Medicine*, 168(6), 465–70. <https://doi.org/10.1093/milmed/168.6.465>
- Meyer, K., & Willis, R. (2019). Looking back to move forward: The value of reflexive journaling for novice researchers. *Journal of Gerontological Social Work*, 62(5), 578–585. <https://doi.org/10.1080/01634372.2018.1559906>
- O’Keefe, P. H. (2016). *Using Facebook to communicate with husbands while deployed: A qualitative study of Army wives’ experiences* (Order No. 10196383). Available from ProQuest Central; ProQuest Dissertations & Theses Global. (1853893200).
- Oquendo, M. A., Perez-Rodriguez, M. M., Poh, E., Sullivan, G., Burke, A. K., Sublette, M. E., Mann, J. J., & Galfalvy, H. (2014). Life events: A complex role in the timing of suicidal behavior among depressed patients. *Molecular Psychiatry*, 19(8), 902–909. <https://doi.org/10.1038/mp.2013.128>
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). SAGE.
- Paul, E. (2018). Proximally-occurring life events and the first transition from suicidal ideation to suicide attempt in adolescents. *Journal of Affective Disorders*, 241, 499–504. <https://doi.org/10.1016/j.jad.2018.08.059>
- Pompili, M., Amador, X. F., Girardi, P., Harkavy-Friedman, J., Harrow, M., Kaplan, K., Krausz, M., Lester, D., Meltzer, H. Y., Modestin, J., Montross, L. P., Mortensen, P. B., Munk-Jørgensen, P., Nielsen, J., Nordentoft, M., Saarinen, P. I., Zisook, S., Wilson, S. T., & Tatarelli, R. (2007). Suicide risk in schizophrenia: Learning from the past to change the future. *Annals of General Psychiatry*, 6, 10. <https://doi.org/10.1186/1744-859X-6-10>
- Romo, V. (2019). *Military families experience high stress, anxiety and unemployment, report says*. <https://www.npr.org/2019/02/21/696848723/military-families-experience-high-stress-anxiety-and-unemployment-report-says>
- Ross, A. M., DeVoe, E. R., Steketee, G., Emmert-Aronson, B. O., Brown, T., & Muroff, J. (2020). Outcomes of a reflective parenting program among military spouses: The moderating role of social support. *Journal of Family Psychology*, 34(4), 402–413. <https://doi.org/10.1037/fam0000637>
- Sale, E., Hendricks, M., Weil, V., Miller, C., Perkins, S., & McCudden, S. (2018). Counseling on Access to Lethal Means (CALM): An evaluation of a suicide prevention means restriction training program for mental health providers. *Community Mental Health Journal*, 54(3), 293–301. <https://doi.org/10.1007/s10597-017-0190-z>
- Sargeant, J. (2012). Qualitative research part II: Participants, analysis, and quality assurance. *Journal of Graduate Medical Education*, 4(1), 1–3. <https://doi.org/10.4300/JGME-D-11-00307.1>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <https://doi.org/10.3233/EFI-2004-22201>
- Substance Abuse and Mental Health Services Administration. (2015). *Spouses and children of U.S. military personnel: Substance use and mental health profile from the 2015 National Survey on Drug Use and Health*. <https://www.samhsa.gov/data/sites/default/files/NSDUH-MilitaryFamily-2015/NSDUH-MilitaryFamily-2015.pdf>
- Tong, P. K., Payne, L. A., Bond, C. A., Meadows, S. O., Lewis, J. L., Friedman, E. M., & Maksabedian Hernandez, E. J. (2018). *Enhancing family stability during a permanent change of station: A review of disruptions and policies*. https://www.rand.org/pubs/research_reports/RR2304.html
- U.S. Chamber of Commerce. (2017). *Military spouses in the workplace: Understanding the impacts of spouse unemployment on military recruitment, retention, and readiness*. <https://bit.ly/3gfd96N>
- U.S. Department of Defense. (2018). *Military spouse demographics and employment information*. <https://bit.ly/3gmfQ5i>
- U.S. Department of Defense. (2019). *Annual suicide report*. <https://bit.ly/2TVxxkx>
- U.S. Department of Defense. (2020a). *Annual suicide report*. <https://bit.ly/3czBXEn>
- U.S. Department of Defense. (2020b). *DOD releases military spouse licensure report*. <https://bit.ly/3gn85Mq>

Appendix A Demographics

Participant	Age Group	Gender	Race	Military Branch	Spouse's Rank	Years as Spouse
Participant 1	30–39	Female	White	Army	Officer	10
Participant 2	18–29	Female	White	Army	Officer	1
Participant 3	30–39	Female	White	Coast Guard	Enlisted	11
Participant 4	18–29	Female	White	Navy	Officer	3
Participant 5	30–39	Female	Asian	Air Force	Officer	2
Participant 6	40–49	Female	White	Army	Officer	20
Participant 7	40–49	Female	Asian	Air Force	Officer	20
Participant 8	40–49	Female	White	Air Force	Officer	18
Participant 9	30–39	Female	White	Navy	Enlisted	8
Participant 10	30–39	Female	White	Navy	Officer	2

Appendix B

Interview Protocol

First Interview

1. What are your perceptions of suicide in the military spouse community?
2. What are the risk factors for suicide in the military spouse population?
3. What mental health challenges do military spouses face?
4. What resources currently exist to help prevent military spouse suicide?
5. What would you like to let the civilian world know about your life as a military spouse that they might not be aware of?
6. Is there anything else you would like to add?

Second Interview

1. Do you have anything else to add from our first interview?
2. What do you think causes military spouses to commit suicide?
3. What needs to be done to prevent suicide in the military spouse community?
4. What might be the consequences of not addressing suicide in the military spouse community?
5. What type of mental health support is most needed for the military spouse community?
6. How would your mental health differ, if at all, if you weren't a military spouse?
7. Is there anything else you would like to add?

Follow-Up Email Questions

1. Is there anything else you would like to add to your interview responses?
2. What was it like for you to participate in this study?
3. What is the most important resource that military spouses need to prevent future suicides?

Psychosocial Prediction of Self-Injurious Behavior: A Comparison of Two Populations

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A psychosocial approach to predicting self-injurious behavior (SIB) may allow for more accurate predictions and enhance intervention for individuals who engage in SIB. We examined psychosocial predictors of SIB within and between two populations: individuals with traits of borderline personality disorder (BPD; $N = 60$) and college students ($N = 116$). All participants met the inclusion criteria of engaging in SIB at least once in the past year. All participants completed measures of psychological distress, social functioning, and SIB. Methods of SIB did not vary across samples, but SIB rates did. Psychological distress and population type (BPD or student) predicted SIB, whereas social factors did not. Additionally, we found a significant interaction wherein psychological distress was more related to SIB in individuals with traits of BPD. Accordingly, we recommend that counselors consider population and psychological distress when assessing SIB risk in clients.

Keywords: self-injurious behavior, borderline personality disorder, college students, psychological distress, social functioning

Self-injurious behavior (SIB), the deliberate act of self-inflicted bodily harm, is of growing concern to counselors and clinicians. According to Nock (2010), SIB is a broad concept encompassing self-injury completed with suicidal intent (i.e., suicide attempts), without suicidal intent (i.e., nonsuicidal self-injury), or with ambivalence toward life (i.e., ambivalent, meaning neither strictly suicidal nor nonsuicidal). In other words, an individual can engage in SIB with differing goals that vary in intent from harming themselves to dying. The American Psychiatric Association (2013) considers suicide behavior disorder and nonsuicidal self-injury to be “conditions for further study” (p. 801). Individuals who engage in SIB over time are likely to do so with greater frequency, more methods, and increasing lethality (Andrews et al., 2013). Therefore, there is a great need for counselors and clinicians to assess their clients for SIB.

Although there are differing theories of the development and maintenance of SIB based on intent, particularly regarding the development of suicidal and nonsuicidal SIB, there are similar intrapersonal and interpersonal themes across theories. For instance, in their four-function model of nonsuicidal SIB, Nock and Prinstein (2004, 2005) proposed that intrapersonal (e.g., affective) and interpersonal (e.g., help-seeking) factors act as positive and negative reinforcers of nonsuicidal SIB. Similarly, in their renowned interpersonal–psychological theory of suicide, Joiner and colleagues (Joiner, 2005; Van Orden et al., 2010) proposed that individuals who attempt suicide are characterized both by a desire to die (i.e., interpersonal factors of perceived burdensomeness and thwarted belongingness) and the acquired capability to attempt (i.e., intrapersonal factors such as past SIB).

Notably, there is no specific theory to date regarding ambivalent SIB. Researchers and clinicians often differentiate SIB into two categories (Nock, 2010). In the first category, there is no explicit intent to die, and therefore it is considered nonsuicidal SIB. In the second category, there is no clear *lack* of suicidal intent, and therefore it is considered suicidal SIB. Thus, ambivalent SIB is often categorized as suicidal SIB, rather than as a unique experience. Regardless of how ambivalent SIB is classified, it is likely that

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both intrapersonal and interpersonal factors relate to ambivalent SIB given that both are relevant to suicidal and nonsuicidal SIB. Furthermore, individuals who engage in SIB often report multiple intents behind their past SIB (Andover et al., 2012; Klonsky & Olino, 2008). Because of these similarities and the clinical significance of each, we examined intrapersonal (i.e., psychological distress) and interpersonal (i.e., social functioning) predictors of SIB in the current study.

Predicting SIB With Psychosocial Functioning

The relations between psychological distress and SIB are well established in the literature. Researchers have found positive associations between SIB and depression (Andover et al., 2005; Kirkcaldy et al., 2007), anxiety (Andover et al., 2005; Klonsky & Olino, 2008), obsessive-compulsion (Kirkcaldy et al., 2007), and interpersonal sensitivity (Kim et al., 2015; Kirkcaldy et al., 2007). These studies and others examined specific experiences of psychological distress as it relates to SIB in adults and adolescents and in community and inpatient samples.

Previous studies have also demonstrated relations between social functioning and SIB. For instance, SIB is associated with less social support from family and friends (Rotolone & Martin, 2012; Tuisku et al., 2014). Similarly, SIB is related to more negative interactions or negative relational dynamics with family (Halstead et al., 2014; Van Orden et al., 2010) and friends (Adrian et al., 2011).

Predicting SIB in Different Populations

Some individuals may be at greater risk for developing SIB. In particular, SIB is especially prevalent in individuals with borderline personality disorder (BPD). According to the American Psychiatric Association (2013), BPD is characterized by “marked impulsivity” along with “a pervasive pattern of instability of interpersonal relationships, self-image, and affects” (p. 663). Notably, one diagnostic criterion of BPD is “recurrent suicidal behavior, gestures, threats, or self-mutilating behavior” (p. 663). Additionally, some risk factors for developing BPD (e.g., high emotion dysregulation, trauma exposure, etc.; Crowell et al., 2009) are also risk factors for engaging in SIB (Nock, 2009, 2010). Although lifetime rates of SIB in individuals with BPD vary, one study found that 92.2% of individuals who sought outpatient treatment for symptoms of BPD had engaged in nonsuicidal SIB within the past 2 months (Andión et al., 2012). Additionally, up to 75% of individuals with BPD reported at least one instance of suicidal SIB (Black et al., 2004). Furthermore, there appear to be differences in SIB engagement when comparing individuals with BPD to a community sample. For example, adults with BPD reported engaging in nonsuicidal SIB more recently and frequently, using more varied methods, and causing more physically severe injuries that require medical attention, compared to individuals without BPD who engaged in nonsuicidal SIB (Turner et al., 2015).

Although the rates and severity of SIB are higher in individuals with BPD than in the general population (Bentley et al., 2015), SIB is considered relatively common in other populations, including nonsuicidal SIB among college students (e.g., Whitlock et al., 2006, 2013). College students are thought to engage in SIB more than the general population (as suggested by Wilcox et al., 2012) with approximately 17%–41% of college students participating in nonsuicidal SIB (Whitlock et al., 2006) compared to 5.9% of adults in the general population (Klonsky, 2011). Most college students are also in the highest risk age group for nonsuicidal SIB (Rodham & Hawton, 2009), and suicide is the second leading cause of death during this period (18–25 years old; Centers for Disease Control and Prevention, 2017). Notably, college students and non-college students of the same age (i.e., 16–24 years old) do not appear to differ in rates of SIB (McManus & Gunnell, 2020).

Current Study

A wealth of research has identified important psychological and social factors that may be associated with the occurrence of SIB. However, it remains unclear how these factors intersect to predict SIB. Additionally, as Turner et al. (2015) suggested, most research on SIB has considered either individuals with BPD or nonclinical samples (e.g., college students) without considering potential differences in predictors between these populations.

The current study used a comprehensive psychosocial approach to examine psychological distress and social functioning in two samples: a high-risk, treatment-seeking sample of individuals with traits of BPD and a sample of college students. This allowed us to characterize how key factors may intersect in predicting SIB. Our objectives were to (a) examine SIB within and between the two populations, (b) evaluate which psychosocial factors predicted total lifetime SIB for both populations, and (c) determine whether the predictors of total lifetime SIB varied by population (i.e., test for an interaction between psychosocial predictors and sample).

Method

Participants and Procedure

This study included a sample of individuals with BPD traits and a college student sample. For both samples, our inclusion criteria required that participants have a history of SIB with at least one self-reported episode of SIB (i.e., SIB of any intent) in the past year. We required recent SIB so that the measures of current psychological and social functioning would be appropriate predictors, rather than examining current functioning with a retrospective report of SIB after several years.

Sample 1: Individuals With Traits of BPD

The first sample consisted of data from a larger study on dialectical behavior therapy (DBT) in teens and adults (Sitton et al., 2020). Participants sought treatment for BPD symptoms from community-based counselors, although not all participants had formal diagnoses of BPD. The counselors obtained informed consent from participants and collaborated with a local university for this larger IRB-approved study. Of the 62 participants in this larger study, 96.8% ($n = 60$) reported engaging in SIB in the past year and constituted the BPD-Tx sample.

BPD-Tx participants ($n = 60$) were mostly young adults ($M = 23.53$ years, $SD = 6.85$ years, range = 18–48 years old). Based on self-reports, there were 49 females (81.7%), eight males (13.3%), and three participants who identified as non-binary or androgynous (5%). This sample was mostly White/European American (83.1%), followed by multiracial (10.2%), Asian American (1.7%), and Hispanic/Latinx (1.7%), with an additional 3.4% identifying as “other” or not reporting. Most (80%) reported no counseling experience prior to receiving DBT from the community counselors (i.e., at the time of recruitment). Data on sexual orientation was not available for this sample.

Sample 2: Undergraduate College Students

The second sample consisted of undergraduate students in introductory psychology courses at a university in the Pacific Northwest. We recruited students to participate in a study called “Emotional and Behavioral Responses to Stress” and informed all participants that they might experience distress as part of the study. After giving their informed consent, participants completed the measures online in a campus computer lab so any questions or concerns could be immediately addressed by a research assistant trained in suicide prevention. Debriefing included an extensive form that included on- and off-campus mental health resources.

Of the 536 students who completed the survey, 43.8% reported engaging in SIB during their lifetime, and 116 students (21.6%) met the inclusion criteria of engaging in SIB in the past year. This proportion of students is high compared to some student samples (e.g., Whitlock et al., 2006; Wilcox et al., 2012), but it is comparable to the lifetime rate from at least one other university sample (Gratz et al., 2002).

Student participants included in this study ($n = 116$) were mostly young adults ($M = 19.62$ years, $SD = 1.58$ years, range = 18–27 years old). Based on self-reports, there were 89 females (78.4%), 23 males (19.8%), and four participants who identified as non-binary or androgynous (4%). This sample was mostly White/European American (69%), followed by multiracial (19.8%), Asian American (6%), and Hispanic/Latinx (4.3%). Participants' sexual orientations were as follows: 60.3% heterosexual, 18.1% bisexual, 7.8% pansexual, 6.9% homosexual, 1.7% asexual, and 1.8% who identified as "other." Most (77.6%) reported previous counseling experiences, with about one-fifth currently seeing a counselor (22.4%). Other studies have found rates of prior experience with counseling services to be closer to 55% in college students (e.g., Niegocki & Ægisdóttir, 2019). Most student participants reported seeking counseling services for stress- and mood-related symptoms, and none reported seeking treatment specifically for BPD.

Measures

Self-Injurious Behavior (SIB)

We used the Lifetime Suicide Attempt Self-Injury Interview (LSASI; Linehan & Comtois, 1996) to assess participants' history of SIB, including frequency, method, and intent. This 20-item measure asks about the dates of the most recent and most severe SIB act (e.g., "When was the most recent time that you intentionally injured yourself?") and assesses the total lifetime frequency for 11 methods of SIB, as well as the separate intent(s) of each SIB act (suicidal, nonsuicidal, or ambivalent). Higher scores indicate more SIB acts.

Internal consistency was adequate for both samples (BPD-Tx sample, Cronbach's $\alpha = .75$; student sample, Cronbach's $\alpha = .73$). Notably, the LSASI was created for clinical use rather than research use; therefore, there are no known studies of its reliability or validity. However, the LSASI was already in use by the counselors in the larger study of DBT described, and they chose to use it to assess SIB in the BPD-Tx sample. We used it for the student sample to be consistent with the existing sample data. Following Linehan and Comtois's (1996) scoring instructions, we calculated a total lifetime frequency for each participant by summing all SIB of any intent.

Psychological Distress

The Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1975) is a broad-spectrum psychiatric symptom checklist. Participants rate their distress level in the past week on a Likert-type scale from 0 (*not at all*) to 4 (*extremely*) for each of 90 items (e.g., "How much were you distressed by feeling critical of others?"). This measure assesses nine factors of psychological distress. For this study, we were interested in the factors of Depression, Anxiety, Obsessive-Compulsion, and Interpersonal Sensitivity. The internal consistency of this measure was very high in the BPD-Tx sample ($\alpha = .97$).

To reduce participant burden, we used the Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982), a 53-item version of the SCL-90-R, for student participants. The internal consistency was very high in the student sample ($\alpha = .96$).

To assess the comparability of the SCL-90-R and the BSI for subsequent analysis, we separately averaged all items for the factors of Anxiety, Depression, Obsessive-Compulsion, and Interpersonal

Sensitivity to determine BPD-Tx participants' scores of psychological distress using these two measures. We found strong correlations between the SCL-90-R factors and the BSI factors (Depression: $r = .92$, $p < .001$; Anxiety: $r = .97$, $p < .001$; Obsessive-Compulsion: $r = .95$, $p < .001$; Interpersonal Sensitivity: $r = .90$, $p < .001$; and Average Psychological Distress: $r = .98$, $p < .001$). Following Derogatis (1993), who found no significant difference in validity between the SCL-90-R and the BSI, we used only the BSI items to create symptom factors for both samples. The internal consistency of the BSI items for the BPD-Tx sample was very high ($\alpha = .95$).

Social Functioning

The Network of Relationships Inventory-Behavioral Systems Version (NRI; Furman & Buhrmester, 2009) is a 33-item self-report measure of social support and negative interactions in various relationships (i.e., one's mother, father, friends, and romantic partner). Participants rate the frequency of positive support or negative interactions on a Likert-scale from 1 (*little or none*) to 5 (*the most*). The Positive Support scale includes five subscales: Seeks Secure Base, Provides Secure Base, Seeks Safe Haven, Provides Safe Haven, and Companionship. The Negative Interactions scale includes three subscales: Conflict, Antagonism, and Criticism. Higher scores indicate more of each factor. The internal consistency was high for both samples (BPD-Tx, $\alpha = .93$; student sample, $\alpha = .94$).

We calculated the mean score of the Positive Support subscales, including Seeks Secure Base, Seeks Safe Haven, and Companionship. We did not include Provides Secure Base or Provides Safe Haven because Furman and Buhrmester (2009) described these as "caretaking" factors rather than "attachment" or "affiliation" factors. We also calculated the mean score of all three Negative Interactions subscales.

Data Analysis Plan

To begin, we tested for the assumptions of analysis, following guidelines proposed by Tabachnick and Fidell (2019). We defined outliers as data points beyond three standard deviations from the mean. We evaluated outliers within each group and replaced them with the value that was three standard deviations above the group mean. We chose this more liberal approach to outliers to maximize variability in the data. It was especially important to maintain variability in the outcome variable of total SIB given that higher levels of SIB have great clinical significance. For skewness and kurtosis of the composite variables, we used ± 2 as our acceptable range of values. We transformed variables that did not meet our criteria for normality. We also utilized the missing completely at random test and found no systematic patterns to missing data, and thus used the group means to replace missing values for analysis.

To assess SIB in the two samples, we examined the intent of SIB acts separately for each sample and analyzed if SIB rates differed based on demographic information. To examine psychosocial predictors of SIB, we conducted a multiple linear regression. We used total SIB (including suicidal, nonsuicidal, and ambivalent SIB) as the outcome variable. We also examined differences in predictors of total SIB between the BPD-Tx and student samples by including interaction terms (e.g., psychological distress \times sample). Statistically significant interactions were graphed to aid interpretation (Howell, 2013).

For the multiple linear regression analysis, we used effect coding for sample type (Daly et al., 2016), which allows comparison of a sample mean to the overall mean instead of using one sample as a reference group. Additionally, we centered the predictor variables around the grand mean for the whole sample to reduce the risk of multicollinearity. We inspected the tolerance and variance inflation factors, and used multiple sources (e.g., correlations between variables, p -values, and the standard error of the regression coefficients) to determine if multicollinearity was an issue.

Results

We used SPSS 24.0 to analyze the data. Using one-way analysis of variance (ANOVA), we found no differences between the samples based on gender or ethnicity (all p values $> .05$). However, using an independent samples t -test, we found that the BPD-Tx sample ($M = 23.53$, $SD = 6.85$) was older on average than the student sample: $M = 19.62$, $SD = 1.58$, $t(173) = 5.85$, $p < .001$. Additionally, the BPD-Tx sample (13.3%) reported prior experience with counseling (dichotomous variable) less often than the student sample (77.6%) on average: $\chi^2(1) = 59.39$, $p < .001$.

Sample Differences in SIB

We conducted descriptive analyses for all SIB variables. See Table 1 for descriptive statistics of the different intents of SIB (nonsuicidal, ambivalent, and suicidal), total SIB (including the untransformed total score), and the reported number of SIB methods. Table 1 also includes difference scores of SIB acts based on independent sample t -tests in consideration of the two samples. Individuals in the BPD-Tx sample engaged in more nonsuicidal, ambivalent, and total SIB in their lifetime compared to the student sample. Although there appeared to be no difference between samples in suicidal SIB, it is worth noting that this variable did not meet our criteria for normality in either sample even after transformation.

Table 1

Means (With Standard Deviations) and Difference Scores for Self-Injurious Behavior (SIB) by Sample

Variable	BPD-Tx ($N = 60$)	Student ($N = 116$)	$t(df)$	p
Nonsuicidal SIB	3.13 (1.81)	2.34 (1.55)	$t(174) = 3.01$.003
Ambivalent SIB	1.92 (2.02)	1.07 (1.33)	$t(86.25) = 2.94$.004
Suicidal SIB	0.66 (0.90)	0.45 (0.81)	$t(174) = 1.61$.110
Total SIB	3.87 (1.84)	2.86 (1.43)	$t(96.56) = 3.73$	< .001
Total SIB (untransformed)	166.31 (268.69)	44.10 (75.60)	$t(63.88) = 3.45$.001
Number of SIB methods	3.28 (1.53)	3.28 (2.11)	$t(174) = -0.004$.997

Note. BPD-Tx = participants with traits of borderline personality disorder; Total SIB (untransformed) = untransformed values after adjusting the outliers in the raw reported values. Significant p values are in bold. Although the normality of suicidal SIB was improved using a transformation, we were unable to meet our acceptable range of ± 2 for kurtosis (BPD-Tx kurtosis = 4.22; student kurtosis = 2.71).

In the BPD-Tx sample, we found no differences in SIB frequency based on gender, age, ethnicity, or counseling experience using one-way ANOVA. In the student sample, we found no differences in SIB frequency based on age, ethnicity, living situation, or counseling experience using one-way ANOVA. However, SIB frequency differed by gender such that those who identified as non-binary ($M = 4.64$, $SD = 1.35$) reported significantly higher rates of SIB than both males ($M = 2.80$, $SD = 1.31$) and females ($M = 2.95$, $SD = 1.20$). There were no differences in SIB frequency or severity based on sexual orientation in the student sample.

Psychosocial Predictors of SIB

We compared the two samples on the predictor variables first by using independent sample *t*-tests. We found that BPD-Tx participants reported less psychological distress ($M = 2.21$, $SD = 0.78$) than student participants: $M = 2.78$, $SD = 0.89$, $t(174) = -4.16$, $p < .001$. The BPD-Tx participants ($M = 3.25$, $SD = 0.49$) also reported less positive social support than student participants: $M = 3.44$, $SD = 0.54$, $t(174) = -2.26$, $p = .025$. Lastly, BPD-Tx participants ($M = 1.22$, $SD = 0.43$) reported more negative interactions than student participants: $M = 1.07$, $SD = 0.43$, $t(174) = 2.15$, $p = .033$.

We conducted bivariate correlations between all predictor variables and the outcome variable for each sample. In the BPD-Tx sample, total SIB was positively correlated with average psychological distress ($r = .37$, $p = .004$). In the student sample, total SIB was negatively correlated with positive social support ($r = -.18$, $p = .049$). In both samples, average psychological distress was positively associated with negative interactions (BPD-Tx: $r = .36$, $p = .005$; student: $r = .24$, $p = .008$). No other variables were significantly correlated in either sample.

Next, we conducted a multiple linear regression using total SIB as the outcome variable for both samples together. We entered seven predictors simultaneously: psychological distress, positive social support, negative interactions, sample type, and the interactions between sample type and the three other predictors. Together, these seven variables significantly predicted total SIB: $F(7,168) = 5.01$, $p < .001$, $MSE = 2.33$, $r^2 = .17$. As shown in Table 2, psychological distress ($sr^2 = .06$), sample type ($sr^2 = .12$), and the interaction between psychological distress and sample type ($sr^2 = .03$) were each significant unique predictors of total SIB. Specifically, based on the positive β weights, more psychological distress and being in the BPD-Tx sample were both associated with higher lifetime rates of SIB. Notably, multicollinearity did not appear to be an issue in this regression given the moderate to low correlations between factors, sufficiently high tolerance values, acceptable variance inflation factor values (ranging from 1.25–1.55), and the low standard error of regression coefficients relative to their scale.

Table 2

Multiple Regression Analysis Predicting Total Self-Injurious Behavior for the Whole Sample (N = 176)

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	sr^2	<i>CI</i>	
							Lower	Upper
Psych. distress	0.57	0.16	.31	3.55	.001	.06	0.25	0.89
Pos. social support	−0.48	0.25	−.16	−1.96	.052	.02	−0.97	0.00
Neg. interactions	−0.26	0.30	−.07	−0.85	.399	.003	−0.85	0.34
Sample type	0.68	0.14	.39	4.87	< .001	.12	0.40	0.95
Psych. distress x sample	0.40	0.16	.21	2.46	.015	.03	0.08	0.71
Pos. social support x sample	0.00	0.25	.00	0.00	.997	.001	−0.49	0.49
Neg. interactions x sample	−0.08	0.30	−.02	−0.25	.801	.001	−0.67	0.52

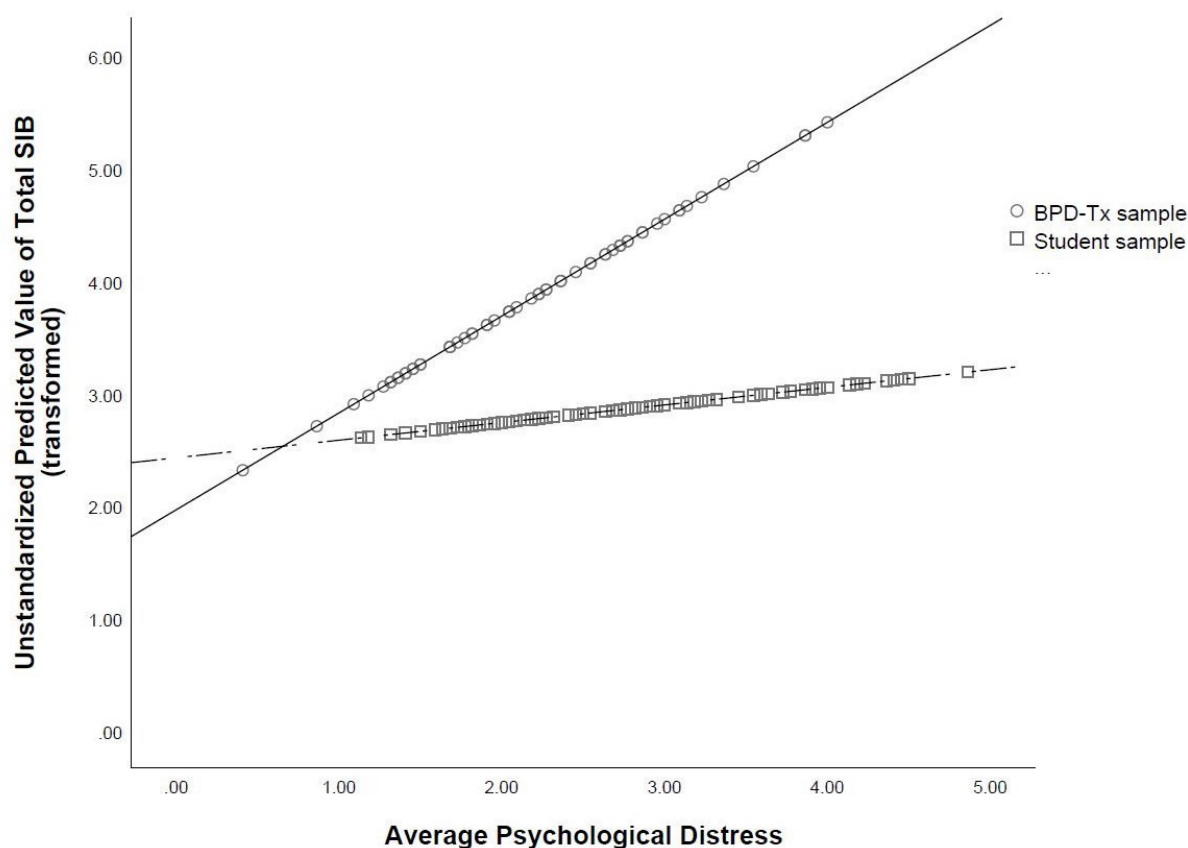
Note: Psych. = psychological; Pos. = positive; Neg. = negative; sr^2 = squared semipartial correlation. Sample type was coded so that BPD-Tx sample = 1, student sample = −1. Significant *p* values are in bold.

Sample Differences in SIB Predictors

To further probe the statistically significant interaction, we plotted the regression paths for psychological distress predicting total SIB by sample type. As shown in Figure 1, more psychological distress was related to higher lifetime rates of total SIB in both samples, which supports the main effect of psychological distress found in the multiple regression analysis. However, the relation between psychological distress and total SIB was stronger in the BPD-Tx sample than in the student sample (as evidenced by the steeper slope of the regression line representing the BPD-Tx sample compared to that of the student sample).

Figure 1

Regression Lines of Average Psychological Distress Predicting Total Self-Injurious Behavior (SIB) by Sample Type



Discussion

The primary goals of the current study were to establish a more comprehensive set of predictors of SIB and to better understand how the experience of SIB varied by population (BPD-Tx vs. college students). This study was unique in its psychosocial approach to predictors. Additionally, we tested for interactions between sample type and the psychosocial predictors of SIB. This singular examination of interacting predictors has seldom been conducted in the literature, and thus is an important strength of this study.

SIB Engagement and Psychosocial Functioning

The results demonstrate a very high lifetime frequency of SIB in both samples. Although most studies do not report the lifetime frequency rates of SIB of their participants, the frequency of SIB in our student sample was comparable to that found in another study of students using the same SIB methods with nonsuicidal intent (Croyle & Waltz, 2007). The frequency rate of SIB in the BPD-Tx sample appeared to be lower than found in some other studies with individuals with BPD (e.g., Turner et al., 2015).

Additionally, we found that the lifetime frequency rates of SIB were higher in the BPD-Tx sample than in the student sample, which aligns with previous studies (e.g., Klonsky & Olino, 2008; Turner et al., 2015). This makes sense given the maladaptive behaviors often seen in individuals with BPD. Additionally, given that the BPD-Tx sample was older than student participants on average, it is also possible that their increased lifetime rates of SIB reflected a greater number of years to engage in it. Alternatively, the higher SIB frequency reported by the BPD-Tx participants may serve an interpersonal function. According to Linehan (1993), nonsuicidal SIB is commonly used by individuals with BPD to communicate with and gain attention from others.

Interestingly, despite higher rates of total SIB, BPD-Tx participants reported less psychological distress than did student participants. This was contrary to many other studies showing a strong association between psychological distress and engagement in nonsuicidal SIB for individuals with BPD (e.g., Sadeh et al., 2014; Turner et al., 2015). One possible explanation for the lower rates of psychological distress reported by BPD-Tx participants is that their baseline level of psychological distress was higher, leading these negative emotions to be considered normal and therefore not “distressing.” Additionally, given that fewer BPD-Tx participants reported prior experience with counseling than student participants, it could be that BPD-Tx participants reported less psychological distress because of a lack of emotional self-awareness. This aligns with Turner et al.’s (2015) finding that participants with BPD who engage in nonsuicidal SIB reported less awareness of their emotional states. Another explanation is that the BPD-Tx participants were recruited from a community-based clinic wherein they were preparing to start DBT. Although the data used in the current study represents pretest data gathered prior to treatment, it is possible that the BPD-Tx participants were experiencing lowered distress at the time of data collection because of the hope and positive expectations that are often associated with starting a new treatment (Dew & Bickman, 2005).

Socially, the BPD-Tx participants reported less positive support than student participants. This finding aligns with the biosocial theory of BPD (Linehan, 1993), which suggests that individuals with BPD may experience or perceive an invalidating environment. Alternatively, BPD-Tx participants may be more likely to interpret interactions with others as negative, which aligns with Peters et al.’s (2015) finding that individuals with traits of BPD often demonstrated maladaptive responses to emotional experiences, leading them to interact negatively with others.

Psychosocial Predictors of SIB

An important finding of the current study is that psychological distress predicted total SIB with a small to moderate effect size. This suggests that psychological distress (including experiences of anxiety, depression, obsessive-compulsion, and interpersonal sensitivity) is an important component of SIB of various intents. Specifically, psychological distress may act as a catalyst for SIB, wherein individuals engage in SIB to decrease their psychological distress. This explanation aligns with Nock and Prinstein’s (2004, 2005) theory of the intrapersonal negative reinforcement function of nonsuicidal SIB. Namely, that one might engage in SIB in order to reduce tension or psychological distress, particularly anxiety.

Contrary to the majority of extant literature (e.g., Wilcox et al., 2012), neither positive social support nor negative interactions predicted total SIB in the current study. We also did not find an interaction between either social variable and sample type, suggesting that social functioning might not be a direct, distinct predictor of total SIB for either population. However, it is possible that social functioning is indirectly related to total SIB. For example, we found a significant positive correlation between negative interactions and psychological distress in both samples. Given these correlations, negative interactions may contribute to experiences of psychological distress, which then predict total SIB. This proposed indirect relation is supported by Adrian et al.'s (2011) study, which found that emotion dysregulation partially mediated the relation between interpersonal problems (i.e., problems with one's family and peers) and nonsuicidal SIB.

Another possible explanation for the lack of significant social predictors of SIB in the current study is the variability in the data that stems from inconsistent timing of social support. Specifically, it is unclear if positive support preceded SIB engagement, followed the SIB act, or both. Turner et al. (2016) found that perceived social support increased after participants disclosed their nonsuicidal SIB acts to others. However, they also found that this increased support was associated with increased nonsuicidal SIB urges and acts the following day, presumably because the SIB had achieved the desired interpersonal function. Thus, similar to Turner et al.'s (2016) study, the lack of a clear, linear relation between SIB and social support may have contributed to nonsignificant findings of social predictors in the current study.

Notably, the strongest single predictor of total SIB was sample type, with BPD-Tx participants showing greater frequency of total lifetime SIB than student participants. This aligns with Turner et al. (2015), who found that individuals with BPD traits engage in nonsuicidal SIB more often than do those without BPD traits.

Sample Differences in SIB Predictors

The relation between psychological distress and total SIB was stronger for the BPD-Tx sample than for the student sample. This finding is somewhat supported by previous literature; for example, Klonsky and Olino's (2008) latent class analysis revealed that the group with the most nonsuicidal SIB also reported more symptoms of BPD and psychological distress and reported regularly engaging in nonsuicidal SIB to help regulate their emotions. In comparison, individuals with BPD traits in the current study reported engaging in more total SIB (as well as nonsuicidal SIB) but did not report greater levels of psychological distress than did the student participants. However, if our BPD-Tx participants used SIB for emotion regulation, too, then perhaps this strategy allowed them to experience lower levels of psychological distress day-to-day than student participants. This aligns with Sadeh et al.'s (2014) finding that BPD symptoms related to the affect-regulating function of SIB, especially nonsuicidal SIB.

Additionally, the significant interaction we found between psychological distress and sample type resembles Andover et al.'s (2005) finding that BPD symptoms accounted for the relation between anxiety and nonsuicidal SIB. However, in our study, psychological distress was a significant unique predictor of total SIB (in addition to the significant interaction between psychological distress and sample type). In other words, sample type seems to be a moderator between psychological distress and SIB in our study, as opposed to a mediator.

Counseling Implications

Our findings have several treatment implications. Many counselors will not be surprised by the high rates of SIB found in our BPD-Tx sample. However, we also found a clinically important high rate of SIB in college students. Given that past engagement in SIB is one of the strongest predictors of future

SIB (including nonsuicidal and suicidal SIB; Tuisku et al., 2014), the high lifetime rates of SIB found in both samples in the current study are noteworthy for service providers. Specifically, our results suggest that universities and other institutions concerned with mental health in college students should consider utilizing SIB screening tools. Additionally, the high prevalence of students with a lifetime history of any SIB suggests the need for widespread intervention programs for student populations. For example, some research (e.g., Kannan et al., 2021) has examined the implementation of DBT skills groups in college counseling centers for students with a variety of presenting issues, including SIB. Such intervention programs could benefit a wider range of students and help improve quality of life for many, especially those struggling with SIB.

Given that psychological distress predicted total SIB, it may be beneficial for counselors to regularly assess the level of psychological distress in all clients, including those with BPD and college students. Clients with high psychological distress, including anxiety, depression, obsessive-compulsion, and interpersonal sensitivity, will likely engage in more SIB than those with low psychological distress, and thus the counselor may be able to intervene before the client escalates to a high frequency of SIB. Assessing and tracking affective distress levels may be common with suicide assessment and safety planning, but there may be less awareness about the need for this with SIB. Treatment protocols could also focus on lowering psychological distress to see if that will decrease SIB. For example, DBT, which emphasizes psychological distress tolerance, has been increasingly implemented in college campus counseling centers (see Chugani, 2015). However, given that the current study's findings are not causal, we cannot definitively conclude that lowering psychological distress will affect SIB.

Importantly, the interaction between psychological distress and sample type is noteworthy given that it contributes to the small extant evidence of divergence between populations of individuals with symptoms of BPD and other, more community-based populations like college students. Specifically, we found differences in SIB prevalence, in lifetime frequency, and in one predictor (i.e., psychological distress) in our two samples. This aligns with Turner et al.'s (2015) findings that individuals who engaged in SIB with and without BPD differed in SIB frequency, severity, and comorbid affective symptomology.

It is also worth noting that the correlational analysis revealed a difference between these two samples in social functioning. In particular, there was a statistically significant negative correlation between total SIB and positive social support in the student sample, but not in the BPD-Tx sample. Because of this, although we only found one statistically significant interaction between psychosocial predictors and sample type, it is plausible that there are other notable differences in SIB risk factors between these two populations. Thus, when treating SIB, it may be worth assessing for other symptoms of BPD to form a more accurate representation of a client's experience and to help form a specific treatment plan.

Limitations and Future Studies

One potential limitation of the current study is that we included only individuals who reported engaging in SIB in the past year because we wanted to examine current predictors of current SIB. However, it is possible that psychological distress and social support are more effective predictors of future SIB acts. In other words, the current study examined predictors of the frequency of SIB using current psychosocial functioning, yet the psychosocial variables might have been better at predicting whether or not an individual will engage in SIB in the future. This theory aligns with Heath et al.'s (2009) interpretation of their lack of results linking social support to lifetime rates of nonsuicidal SIB. Specifically, that social support may better relate to differences between those who will engage in SIB compared to those who will not, as opposed to the degree (i.e., frequency) of SIB. It is unclear how the results may have differed if we included a comparison group of individuals who do not engage in SIB or have never engaged in SIB.

A second limitation was the need to use specific measures to compare the student sample to the existing BPD-Tx sample data. Although the LSASI measure has the advantage of thoroughly examining SIB methods and intent, it was intended for clinical use rather than research. Additionally, the LSASI is a lifetime measure of SIB as opposed to assessing recent SIB; although our inclusion criteria required participants to have engaged in SIB at least once in the past year, it is unknown how recent or severe the SIB was in the past year relative to one's lifetime. Because of this, a dichotomous measure of past-year engagement in SIB may have better suited our need for recent SIB assessment. Nonetheless, the LSASI provided a great depth and variability in the data that was not only valuable in the current research study, but also clinically important to the counselors with whom we collaborated in the larger DBT study.

A third limitation is that there may be other variables involved in predicting SIB that were not assessed, such as emotion regulation skills or trauma exposure. For example, SIB frequency might be more strongly related to one's ability to regulate distress rather than the presence of distress itself. Given that emotional reactivity and trauma exposure are both risk factors for SIB (Nock, 2009, 2010) and for the development of BPD (Crowell et al., 2009), future studies may want to further explicate these relations.

It is also worth noting that the samples in the current study may include theoretically overlapping populations. Specifically, we did not screen the BPD-Tx group for current academic status, and therefore it is possible that some participants in the BPD-Tx group were also college students. We decided not to exclude BPD-Tx participants based on academic status in order to reduce barriers to study participation and so that the BPD-Tx sample would represent people who seek treatment for BPD in the community, not just those who are not college students. Additionally, although we screened the student sample for the explicit endorsement of BPD diagnosis, it is possible that some participants in the student sample had subthreshold symptoms of BPD (especially considering that SIB itself is a symptom of BPD) or simply had not received a diagnosis of BPD at the time of this study.

Future studies should continue to examine psychosocial predictors of SIB with larger and more diverse samples in order to explore the relations between psychological and social predictors. Additionally, future studies should explore other relevant factors with the psychosocial predictors (e.g., emotion regulation, trauma exposure) to determine if other factors may better explain (or mediate the relations with) SIB. Moreover, longitudinal and experience-sampling designs would allow researchers to gain better understanding of how changes in psychosocial functioning relate to decisions to engage in SIB as well as the exact sequence of events for SIB acts. Although some studies have recently begun using these techniques, a more psychosocial approach to predictors and consequences of SIB (also considering various intents) may provide more prudent information for intervention and treatment of individuals who engage in SIB.

Conclusion

The current study sought to identify psychosocial predictors of SIB in two clinically different populations and to compare predictors between these populations. We found high lifetime frequency rates of SIB in both samples, suggesting a need for more widespread assessment of SIB in young adults from different populations. We also found that population type itself was the strongest predictor of SIB—individuals with traits of BPD engaged in more SIB in their lifetimes than did college students. Additionally, psychological distress predicted SIB; however, we also found a significant interaction between population and psychological distress, which suggests that psychological distress may be more related to SIB in individuals with traits of BPD than in more community-based populations like college students. Consequently, counselors should consider population and psychological distress when assessing SIB risk in clients.

Conflict of Interest and Funding Disclosure

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References

- Adrian, M., Zeman, J., Erdley, C., Lisa, L., & Sim, L. (2011). Emotional dysregulation and interpersonal difficulties as risk factors for nonsuicidal self-injury in adolescent girls. *Journal of Abnormal Child Psychology*, 39(3), 389–400. <https://doi.org/10.1007/s10802-010-9465-3>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Andión, Ó., Ferrer, M., Matali, J., Gancedo, B., Calvo, N., Barral, C., Valero, S., Di Genova, A., Diener, M. J., Torrubia, R., & Casas, M. (2012). Effectiveness of combined individual and group dialectical behavior therapy compared to only individual dialectical behavior therapy: A preliminary study. *Psychotherapy*, 49(2), 241–250. <https://doi.org/10.1037/a0027401>
- Andover, M. S., Morris, B. W., Wren, A., & Bruzzese, M. E. (2012). The co-occurrence of non-suicidal self-injury and attempted suicide among adolescents: Distinguishing risk factors and psychosocial correlates. *Child and Adolescent Psychiatry and Mental Health*, 6. <https://doi.org/10.1186/1753-2000-6-11>
- Andover, M. S., Pepper, C. M., Ryabchenko, K. A., Orrico, E. G., & Gibb, B. E. (2005). Self-mutilation and symptoms of depression, anxiety, and borderline personality disorder. *Suicide and Life-Threatening Behavior*, 35(5), 581–591. <https://doi.org/10.1521/suli.2005.35.5.581>
- Andrews, T., Martin, G., Hasking, P., & Page, A. (2013). Predictors of continuation and cessation of nonsuicidal self-injury. *Journal of Adolescent Health*, 53(1), 40–46. <https://doi.org/10.1016/j.jadohealth.2013.01.009>
- Bentley, K. H., Cassiello-Robbins, C. F., Vittorio, L., Sauer-Zavala, S., & Barlow, D. H. (2015). The association between nonsuicidal self-injury and the emotional disorders: A meta-analytic review. *Clinical Psychology Review*, 37, 72–88. <https://doi.org/10.1016/j.cpr.2015.02.006>
- Black, D. W., Blum, N., Pfohl, B., & Hale, N. (2004). Suicidal behavior in borderline personality disorder: Prevalence, risk factors, prediction, and prevention. *Journal of Personality Disorders*, 18(3), 226–239. <https://doi.org/10.1521/pedi.18.3.226.35445>
- Centers for Disease Control and Prevention. (2017). *Leading causes of death reports*. <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>
- Chugani, C. D. (2015). Dialectical behavior therapy in college counseling centers: Current literature and implications for practice. *Journal of College Student Psychotherapy*, 29(2), 120–131. <https://doi.org/10.1080/87568225.2015.1008368>
- Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending Linehan's theory. *Psychological Bulletin*, 135(3), 495–510. <https://doi.org/10.1037/a0015616>
- Croyle, K. L., & Waltz, J. (2007). Subclinical self-harm: Range of behaviors, extent, and associated characteristics. *American Journal of Orthopsychiatry*, 77(2), 332–342. <https://doi.org/10.1037/0002-9432.77.2.332>
- Daly, A., Dekker, T., & Hess, S. (2016). Dummy coding vs effects coding for categorical variables: Clarifications and extensions. *Journal of Choice Modelling*, 21, 36–41. <https://doi.org/10.1016/j.jocm.2016.09.005>
- Derogatis, L. R. (1975). *The SCL-90-R*. Clinical Psychometric Research.
- Derogatis, L. R. (1993). *BSI Brief Symptom Inventory: Administration, Scoring, and Procedure Manual* (4th ed.). National Computer Systems.
- Derogatis, L. R., & Spencer, P. (1982). *The Brief Symptom Inventory: Administration, scoring and procedures manual* — 1. Clinical Psychometric Research.

- Dew, S. E., & Bickman, L. (2005). Client expectancies about therapy. *Mental Health Services Research*, 7(1), 21–33. <https://doi.org/10.1007/s11020-005-1963-5>
- Furman, W., & Buhrmester, D. (2009). Methods and measures: The Network of Relationships Inventory: Behavioral Systems Version. *International Journal of Behavioral Development*, 33(5), 470–478. <https://doi.org/10.1177/0165025409342634>
- Gratz, K. L., Conrad, S. D., & Roemer, L. (2002). Risk factors for deliberate self-harm among college students. *American Journal of Orthopsychiatry*, 72(1), 128–140. <https://doi.org/10.1037/0002-9432.72.1.128>
- Halstead, R. O., Pavkov, T. W., Hecker, L. L., & Seliner, M. M. (2014). Family dynamics and self-injury behaviors: A correlation analysis. *Journal of Marital and Family Therapy*, 40(2), 246–259. <https://doi.org/10.1111/j.1752-0606.2012.00336.x>
- Heath, N. L., Ross, S., Toste, J. R., Charlebois, A., & Nedecheva, T. (2009). Retrospective analysis of social factors and nonsuicidal self-injury among young adults. *Canadian Journal of Behavioural Science/Revue Canadienne des sciences du comportement*, 41(3), 180–186. <https://doi.org/10.1037/a0015732>
- Howell, D. C. (2013). *Statistical methods for psychology* (8th ed.). Cengage.
- Joiner, T. (2005). *Why people die by suicide*. Harvard University Press.
- Kannan, D., Chugani, C. D., Muhomba, M., & Koon, K. (2021). A qualitative analysis of college counseling center staff experiences of the utility of dialectical behavior therapy programs on campus. *Journal of College Student Psychotherapy*, 35(1), 1–17. <https://doi.org/10.1080/87568225.2019.1620662>
- Kim, K. L., Cushman, G. K., Weissman, A. B., Puzia, M. E., Wegbreit, E., Tone, E. B., Spirito, A., & Dickstein, D. P. (2015). Behavioral and emotional responses to interpersonal stress: A comparison of adolescents engaged in non-suicidal self-injury to adolescent suicide attempters. *Psychiatry Research*, 228(3), 899–906. <https://doi.org/10.1016/j.psychres.2015.05.001>
- Kirkcaldy, B. D., Brown, J. M., & Siefen, G. R. (2007). Profiling adolescents attempting suicide and self-injurious behavior. *International Journal on Disability and Human Development*, 6(1), 75–86. <https://doi.org/10.1515/IJDHD.2007.6.1.75>
- Klonsky, E. D. (2011). Non-suicidal self-injury in United States adults: Prevalence, sociodemographics, topography and functions. *Psychological Medicine*, 41(9), 1981–1986. <https://doi.org/10.1017/S0033291710002497>
- Klonsky, E. D., & Olino, T. M. (2008). Identifying clinically distinct subgroups of self-injurers among young adults: A latent class analysis. *Journal of Consulting and Clinical Psychology*, 76(1), 22–27. <https://doi.org/10.1037/0022-006X.76.1.22>
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford.
- Linehan, M. M., & Comtois, K. A. (1996). *Lifetime parasuicide count*. Unpublished manuscript, Department of Psychology, University of Washington, Seattle.
- McManus, S., & Gunnell, D. (2020). Trends in mental health, non-suicidal self-harm and suicide attempts in 16–24-year-old students and non-students in England, 2000–2014. *Social Psychiatry and Psychiatric Epidemiology*, 55(1), 125–128. <https://doi.org/10.1007/s00127-019-01797-5>
- Niegocki, K. L., & Ægisdóttir, S. (2019). College students' coping and psychological help-seeking attitudes and intentions. *Journal of Mental Health Counseling*, 41(2), 144–157. <https://doi.org/10.17744/mehc.41.2.04>
- Nock, M. K. (2009). Why do people hurt themselves? New insights into the nature and functions of self-injury. *Current Directions in Psychological Science*, 18(2), 78–83. <https://doi.org/10.1111/j.1467-8721.2009.01613.x>
- Nock, M. K. (2010). Self-injury. *Annual Review of Clinical Psychology*, 6, 339–363. <https://doi.org/10.1146/annurev.clinpsy.121208.131258>
- Nock, M. K., & Prinstein, M. J. (2004). A functional approach to the assessment of self-mutilative behavior. *Journal of Consulting and Clinical Psychology*, 72(5), 885–890. <https://doi.org/10.1037/0022-006X.72.5.885>
- Nock, M. K., & Prinstein, M. J. (2005). Contextual features and behavioral functions of self-mutilation among adolescents. *Journal of Abnormal Psychology*, 114(1), 140–146. <https://doi.org/10.1037/0021-843X.114.1.140>
- Peters, J. R., Smart, L. M., & Baer, R. A. (2015). Dysfunctional responses to emotion mediate the cross-sectional relationship between rejection sensitivity and borderline personality features. *Journal of Personality Disorders*, 29(2), 231–240. https://doi.org/10.1521/pedi_2014_28_151
- Rodham, K., & Hawton, K. (2009). Epidemiology and phenomenology of nonsuicidal self-injury. In M. K. Nock (Ed.), *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 37–62). American Psychological Association. <https://doi.org/10.1037/11875-003>

- Rotolone, C., & Martin, G. (2012). Giving up self-injury: A comparison of everyday social and personal resources in past versus current self-injurers. *Archives of Suicide Research*, 16(2), 147–158. <https://doi.org/10.1080/13811118.2012.667333>
- Sadeh, N., Londahl-Shaller, E. A., Piatigorsky, A., Fordwood, S., Stuart, B. K., McNiel, D. E., Klonsky, E. D., Ozer, E. M., & Yaeger, A. M. (2014). Functions of non-suicidal self-injury in adolescents and young adults with borderline personality disorder symptoms. *Psychiatry Research*, 216(2), 217–222. <https://doi.org/10.1016/j.psychres.2014.02.018>
- Sitton, M., Du Rocher Schudlich, T., Byrne, C., Ochrach, C. M., & Erwin, S. E. A. (2020). Family functioning and self-injury in treatment-seeking adolescents: Implications for counselors. *The Professional Counselor*, 10(3), 351–364. <https://doi.org/10.15241/ms.10.3.351>
- Tabachnick, B. G., & Fidell, L. S. (2019). *Using multivariate statistics* (7th ed.). Pearson.
- Tuisku, V., Kiviruusu, O., Pelkonen, M., Karlsson, L., Strandholm, T., & Marttunen, M. (2014). Depressed adolescents as young adults: Predictors of suicide attempt and non-suicidal self-injury during an 8-year follow-up. *Journal of Affective Disorders*, 152, 313–319. <https://doi.org/10.1016/j.jad.2013.09.031>
- Turner, B. J., Cobb, R. J., Gratz, K. L., & Chapman, A. L. (2016). The role of interpersonal conflict and perceived social support in nonsuicidal self-injury in daily life. *Journal of Abnormal Psychology*, 125(4), 588–598. <https://doi.org/10.1037/abn0000141>
- Turner, B. J., Dixon-Gordon, K. L., Austin, S. B., Rodriguez, M. A., Rosenthal, M. Z., & Chapman, A. L. (2015). Non-suicidal self-injury with and without borderline personality disorder: Differences in self-injury and diagnostic comorbidity. *Psychiatry Research*, 230(1), 28–35. <https://doi.org/10.1016/j.psychres.2015.07.058>
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575–600. <https://doi.org/10.1037/a0018697>
- Whitlock, J., Eckenrode, J., & Silverman, D. (2006). Self-injurious behaviors in a college population. *Pediatrics*, 117(6), 1939–1948. <https://doi.org/10.1542/peds.2005-2543>
- Whitlock, J., Muehlenkamp, J., Eckenrode, J., Purington, A., Baral Abrams, G., Barreira, P., & Kress, V. (2013). Nonsuicidal self-injury as a gateway to suicide in young adults. *Journal of Adolescent Health*, 52(4), 486–492. <https://doi.org/10.1016/j.jadohealth.2012.09.010>
- Wilcox, H. C., Arria, A. M., Caldeira, K. M., Vincent, K. B., Pinchevsky, G. M., & O'Grady, K. E. (2012). Longitudinal predictors of past-year non-suicidal self-injury and motives among college students. *Psychological Medicine*, 42(4), 717–726. <https://doi.org/10.1017/S0033291711001814>

Using a Relational-Cultural and Adlerian Framework to Enhance Multicultural Pedagogy



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Counselor education (CE) programs are expected to provide counselors-in-training (CITs) with a diversity-infused curriculum. Throughout the CE literature, there are many available methods to accomplish this goal, yet trainees have reported a lack of self-efficacy in essential multicultural competencies before entering clinical work. Graduates of CE programs have also noted feeling unprepared when working with culturally diverse clients. The integration of culturally responsive models in CE programs is limited, and methods to decolonize current educational practices remain sparse. To address these gaps, we propose a culturally responsive and decolonizing framework grounded in the extant research that integrates relational-cultural theory (RCT) and Adlerian theory principles. The Relational-Cultural and Adlerian Multicultural Framework (RAMF) is intended to be a new pedagogical approach to enhance multicultural education across CE programs. By integrating RCT and Adlerian theory frameworks, the RAMF may offer a more comprehensive lens to view multicultural and social justice issues.

Keywords: relational-cultural theory, Adlerian theory, multicultural competencies, counselor education, decolonizing

Counselor education (CE) programs are charged with preparing counselors-in-training (CITs) to become culturally competent counselors. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the American Counseling Association (ACA) require multicultural education training to ensure that CITs develop essential multicultural competencies needed to ethically and effectively serve diverse client populations (ACA, 2014; CACREP, 2015). The 2016 CACREP Standards define *multicultural* as “denoting the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities” (CACREP, 2015, p. 42). CE programs must equip trainees with the knowledge and skills crucial to providing culturally responsive treatment (ACA, 2014; CACREP, 2015). We begin by defining multicultural competence as it relates to the counseling profession, followed by a review of key terms that lay the groundwork for the proposed pedagogical framework.

Multicultural Competence

Many definitions of multicultural competence exist in the literature. We operationally define *multicultural competence* as a counselor’s awareness and knowledge of their own culture and their clients’ cultures, which allows them to tailor counseling approaches to client cultural identities and appreciate and embrace cultural differences (Ratts et al., 2016; Sue et al., 1992). C. C. Lee (2019) also outlined three self-reflective questions to promote multicultural competence: “1) Who am I as a cultural being? . . . 2) What do I know about cultural dynamics and how they may influence my client’s worldview? . . . [and] 3) How do I promote client mental health and well-being in a culturally competent manner?” (p. 10). These reflective questions are crucial to multicultural competence development, particularly given the recent increase in cultural pluralism throughout the United

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States (C. C. Lee, 2019). In response to the growth in diverse client populations and the call to infuse social justice into CE, the Association for Multicultural Counseling and Development has endorsed the revised Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016) to facilitate clinical competency in this domain.

The Multicultural and Social Justice Counseling Competencies (MSJCC)

The MSJCC serve to impact, influence, and broaden the scope of multicultural training in CE programs (Ratts et al., 2016). Building from Sue et al.'s (1992) seminal tripartite model, four essential competencies comprise the MSJCC and are inherent to producing culturally competent counselors: attitudes and beliefs, knowledge, skills, and action (Ratts et al., 2016). More than ever, our current sociopolitical climate tasks counselors with the ethical responsibility of cultural sensitivity and increased diversity awareness, which is central to being multiculturally competent and fundamental to the counseling relationship itself (ACA, 2014).

The MSJCC highlight the importance of social justice and advocacy by addressing mental health disparities and empowering marginalized groups (Ratts et al., 2016). Throughout the professional literature, there is a lack of consensus on defining this construct, furthering the experience of oppression for marginalized group members (C. C. Lee, 2019). For this article, we operationally define *marginalized group members* as historically oppressed persons and communities in society that experience discrimination and lack access to systemic benefits that privileged groups receive because of structural power advantages; this power imbalance occurs within sociopolitical, economic, and cultural dimensions (C. C. Lee, 2019; Ratts et al., 2016). Marginalized group members include a host of group identities, including but not limited to Black, Indigenous, and People of Color (BIPOC); LGBTQEQIAP+ individuals; persons with disabilities; and undocumented immigrants and refugees (C. C. Lee, 2019). Integral to the MSJCC and overall multicultural competence is an awareness of clients' and counselors' intersecting identities, which allows for a deeper examination of privilege, power, and oppression dynamics.

Intersecting Identities

Because culture encompasses classifications that extend beyond race and ethnicity, *cultural identity* can be viewed as one's self-identification as a member of a specific group based on a connection with the group's core beliefs and values that fit with one's sense of self (C. C. Lee, 2019; Ratts et al., 2016; Singh et al., 2020). According to intersectionality theory, individuals who hold multiple marginalized identities may experience a greater risk of mental health concerns because of the compounding effects of various forms of discrimination and oppression (Crenshaw, 1989). Thus, CITs must understand intersecting identities (e.g., Hispanic Christian lesbian) to holistically and effectively conceptualize clients' presenting issues and examine dynamics of identity and power within the counseling relationship (Ratts et al., 2016). Intersectionality theory also provides a framework for counselors to critically investigate Westernized counseling theories stemming from a White Eurocentric lens and move toward a decolonizing paradigm. When conducting multicultural and social justice research, Hays (2020) noted the cruciality of applying intersectionality and decolonizing practices to enhance client and training outcomes.

Decolonizing Counseling and CE

A definition of decolonization is warranted to further the discussion on dismantling oppressive systems impacting marginalized communities. In the literature, scholars have described *coloniality* as the dominant culture's attempts to socialize marginalized communities into adopting Westernized ideals and values (Goodman & Gorski, 2015; Hernández-Wolfe, 2011; Singh et al., 2020). Therefore, *decolonization* requires critically analyzing and challenging hierarchical structures that perpetuate inequities and injustices in underrepresented groups (Hernández-Wolfe, 2011). Integration of

decolonization is also crucial to informing multicultural counseling and education (Goodman & Gorski, 2015; Singh et al., 2020). Within CE programs, Singh et al. (2020) argued that social justice theories should be “taught alongside traditional counseling theories” to provide culturally responsive counseling and challenge colonizing educational practices (p. 262). Despite the persistent calls to incorporate the MSJCC and decolonizing practices into counseling and educational paradigms, scholars have continued to note deficits within multicultural education (Barden & Greene, 2015; Singh et al., 2020).

Deficits in Multicultural Education

The literature reveals gaps between the pedagogical practices, acquired skill development and theory integration, and personal awareness needed to become culturally competent and prepared to work with diverse clients (Barden & Greene, 2015; Priester et al., 2008). CITs have also indicated a lack of self-efficacy in essential multicultural competencies upon entering their practicum sequence (Flasch et al., 2011). In addition, graduates of counseling programs have reported feeling unprepared to work with culturally diverse clients (Barden et al., 2017; Bidell, 2012; Schmidt et al., 2011). This issue reflects the current deficits in multicultural education among CE programs. Many definitions of *multicultural education* exist in the literature. For this study, we define it as a holistic approach to critically analyzing systems of power and privilege and inequitable policies that serve to disenfranchise marginalized group members; at the same time, multicultural education centralizes matters of social justice and the decolonization of discriminatory educational practices (Gorski, 2016; Singh et al., 2020).

Across CE programs, one notable factor that influences multicultural education is educational delivery method. Swank and Houseknecht (2019) conducted a Delphi study of teaching competencies in CE, which revealed that students were twice as likely to rate a professor as effective based on their content knowledge and delivery method. Thus, educational delivery method may play a significant role in facilitating multicultural competence among CITs. As such, there is a need for more effective diversity training approaches in CE programs, with an emphasis on fostering CITs’ ability to integrate theory and therapeutic techniques to fully meet clients’ needs with diverse and deep intersectional ties (Killian & Floren, 2020).

Although studies conducted on multicultural education have increased (Chang & Rabess, 2020; Uzunboylu & Altay, 2021), there remains a paucity of available research on integrating culturally responsive models in CE programs (Pieterse et al., 2009; Shelton, 2020; Trahan & Keim, 2019). Similarly, researchers in related fields, such as teacher education, have also noted ongoing challenges pertaining to multicultural education, including minimizing or avoiding challenging conversations about race and privilege, misrepresenting the voices of marginalized group members, integrating content over equity-based practices, and underemphasizing the factors that impact the teaching practices of multicultural educators (Chouari, 2016; Gorski, 2016; Kim, 2011; McGee Banks & Banks, 1995). Relational-cultural theory (RCT) and Adlerian theory are detailed and presented as grounding for a proposed pedagogical approach to address these training limitations.

Relational-Cultural Theory (RCT)

RCT is a feminist approach rooted in Jean Baker Miller’s (1976) *Toward a New Psychology of Women*. In collaboration with colleagues Judith Jordan, Janet Surrey, and Irene Stiver, Miller developed RCT and challenged Westernized psychotherapy theories that portray human development as a journey from dependence to independence (Jordan, 2010). From an RCT lens, healing occurs in the context of mutually empathic, growth-fostering relationships. Rather than focusing on separation and self-sufficiency, RCT is grounded in the assertion that human beings need connection to flourish. J. B. Miller

and Stiver (1997) stated that “five good things” occur when individuals engage in growth-fostering relationships: 1) a greater sense of “zest,” or vitality and energy; 2) increased self-worth; 3) a better understanding of self and others in the context of relationships; 4) elevated levels of productivity and creativity; and 5) a desire for more connection.

Conversely, isolation is perceived as a significant source of suffering (Jordan, 2018). Across the life span, relational development is highly interrelated with a person’s racial, cultural, and social identities (Pedersen et al., 2008). RCT addresses the breadth and depth that identity and power structures have within relationships and the intersectionality of culture across various contexts (Comstock et al., 2008; Schwartz, 2019). RCT also emphasizes acknowledgement of how hierarchical systems contribute to cultural oppression and social isolation for traditionally marginalized communities. Further, this theory centers contextual and relational factors that impact clients and encourages counselors to examine dynamics of privilege and oppression that perpetuate suffering and create disconnection (Jordan, 2018). Disconnection can be conceptualized as a routine part of relationships, yet when left unaddressed, the invalidated person may experience shame, withdrawal, and disempowerment. Therefore, RCT highlights the importance of attending to ruptures in relationships when they occur. By centering connection, authenticity, and mutual empowerment, humans can differentiate relational patterns and develop meaningful self and other relationships (Jordan, 2010). RCT also recognizes the ability for multiple truths within a relationship, which allows the individual’s unique experiences and perspectives to be acknowledged within the social and cultural subsystems that they are embedded within (Comstock et al., 2008; Jordan, 2018).

RCT has feminist, postmodern epistemological underpinnings that make it a suitable theoretical framework to implement in the various facets of CE. Several authors have proposed the use of RCT as a framework for pedagogy (Byers et al., 2020; K. G. Hall et al., 2014), mentorship (Lewis & Olshansky, 2016), supervision (Bradley et al., 2019), and advising students of color (Dipre & Luke, 2020). As a pedagogical model, RCT is applied in several courses, including human diversity (Byers et al., 2020), group counseling (B. S. Hall et al., 2018), and counseling theories (Lertora et al., 2020). Thus, RCT appears to be an emerging and robust framework to enhance students’ relational, multicultural, and social justice competencies.

Adlerian Theory

Individual psychology, better known as *Adlerian theory*, is a phenomenological framework that examines the social and contextual factors which inform a person’s reality (Bitter et al., 2009; Watts, 2013). At its core, Adlerian theorists believe in *social embeddedness*, or the idea that individuals are comprehensively understood within a social-relational context (R. Miller & Taylor, 2016). Additionally, this framework is rooted in the following core principles: 1) behavior is purposeful (teleological) and used to satisfy the primary need of belongingness; 2) human beings are innately creative and unique; 3) human beings are indivisible and, therefore, must be viewed holistically; 4) human beings prosper through social interest (community feeling); and 5) relational interactions are influenced by one’s lifestyle, or their cognitive worldview (Adler, 1946). Adlerian theory possesses flexible and growth-fostering tenets, making it well-suited for incorporation into a multicultural pedagogical model, such as the MSJCC.

Adlerian theory eschews fundamentally decolonizing tenets such as an either/or perspective and values a dialectical stance to view the individual and social environment as mutually interacting factors (Watts, 2003). The research literature has long documented the integration of Adlerian theoretical principles with supervision (Bornsheuer-Boswell et al., 2013), counseling (Yee et al., 2016), and school

frameworks (Pryor & Tollerud, 1999). Adlerian theory has also demonstrated applications as a creative pedagogical framework for enhancing case conceptualization competency among CITs (Davis et al., 2019) and promoting student satisfaction with the learning environment and student–teacher relationships (Soheili et al., 2015).

In a clinical setting, Adlerian counselors conceptualize clients from a social-contextual perspective to gain a deeper understanding of how they perceive events. One of an Adlerian counselor's roles is to assist the client with examining maladaptive lifestyle convictions while also encouraging engagement in cooperative and social interactions to inhibit disconnection, considered to be the root of suffering (Watts, 2013). Neuroscience findings have supported this focus on social interest as critical to improving relationships and enhancing overall mental health (R. Miller & Taylor, 2016). In addition, its social-relational orientation makes it well-suited for increasing multicultural competence among counselors. Specifically, this framework supports client examination of multicultural issues through a lens of community feeling, in which establishing equality is central to addressing challenges (Bitter et al., 2009). Key tenets and values of Adlerian theory align with pro-feminist and decolonizing values, making it inclusive of marginalized group members (Watts, 2013) through its support of social interest, equality and advocacy, egalitarian relationships, empowerment and individual choice, and a social-cultural view of issues (Bitter et al., 2009; Davis et al., 2019; Soheili et al., 2015).

The Relational-Cultural and Adlerian Multicultural Framework (RAMF)

We aim to bridge research and training gaps in multicultural education by integrating RCT with Adlerian theory. The core tenets of these two frameworks undergird the Relational-Cultural and Adlerian Multicultural Framework (RAMF), a pedagogical approach to enhance multicultural competence among CITs. In order to develop multicultural and social justice competence, trainees must first learn and understand the subtle complexities of theory before they can use and integrate it into their clinical practice. We believe that the RAMF can bolster current multicultural education practices by promoting the development of clinical competence in this domain while also modeling theoretical integration for CITs.

A Cross-Paradigm Framework for Pedagogy

In the realm of counseling, an individual conceptualization has long dominated as the primary means to conceptualize clients' issues. In this regard, Singh et al. (2020) highlighted the need to critically examine and move beyond Westernized counseling theories:

Although traditional counseling theories certainly may be utilized in culturally competent ways, they are often situated in a paradigm that focuses on the individual when the source of difficulties may be rooted in oppressive structures within the environment that require direct advocacy. (p. 261)

The integrative nature of the RAMF may lend to improved multicultural and social justice competency among CITs and clinicians. This framework can be conceptualized as a cross-paradigm pedagogical approach, rooted in psychological and postmodern/social-constructivist paradigms, which blend techniques and tenets from both theories (Cottone, 2012). Despite RCT and Adlerian theory originating from different theoretical paradigms, these theories are complementary and have overlapping social and relational constructs. Specifically, Adlerian theory originated from the psychological paradigm of counseling and psychotherapy, as it centralizes an individual conceptualization of clients' issues (Cottone, 2012). However, Watts (2003) noted that this theory's unique encapsulation of cognitive

constructivist and social constructionist elements make it better classified as a relational constructivist paradigm (i.e., emphasizing individual agency within a social-relational context). On the other hand, RCT is rooted in a postmodern philosophy, best categorizing this theory as belonging to the social-constructivist paradigm (Cottone, 2012), given its emphasis on the role that social-contextual factors (i.e., hierarchical systems) play in perpetuating oppression, inequity, and suffering. Moreover, Singh et al. (2020) recently recognized RCT as a social justice theory that can help counselors decolonize counseling and integrate the MSJCC in their work with clients.

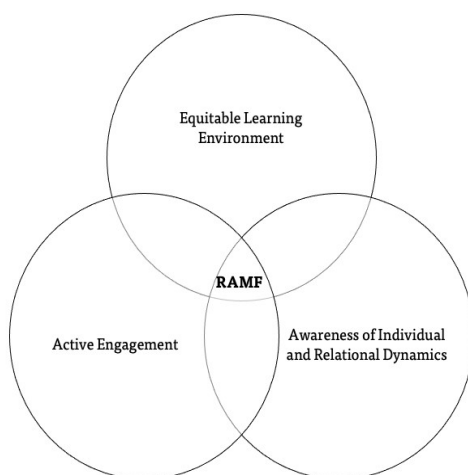
The RAMF is intended to be a new decolonizing pedagogical approach to multicultural education that fosters an equitable learning environment and overall inclusive program culture. The RAMF is a unique approach that integrates the counseling profession's core values, such as social justice, cultural competence, advocacy, and wellness (ACA, 2014). In contrast, many other theories, such as critical pedagogy, stem from educational fields and have different core values central to their professions. Combining RCT and Adlerian theory frameworks may provide a more holistic lens to view multicultural and social justice issues. Within the classroom, the RAMF centralizes growth-fostering relationships between students and professors. This outcome requires that professors be mindful of their positionality, minimize the power differential inherent in the professor–student relationship, and create mutually empowering relationships within the classroom (Walker, 2015). The RAMF also promotes practicing intentionality, incorporating experiential training strategies, and routine processing of CITs' reactions to further develop multicultural competence. Ultimately, the RAMF seeks to address bias and inequity by promoting self-awareness, authenticity, personal responsibility, mutual empowerment, acceptance of differing worldviews, and a non-judgmental and curious attitude. Because the RAMF aims to cultivate a culture of mutual empowerment and social interest, diverse students may feel more supported and valued. In this next section, we will outline components comprising the RAMF, offer an integrative description to apply the RAMF effectively, and discuss implications for future research.

RAMF Components

The following three components found in Figure 1 are proposed as foundational to the RAMF and stem from RCT's and Adlerian theory's tenets: an equitable learning environment, awareness of individual and relational dynamics, and active engagement. These components and supporting research are examined in depth below.

Figure 1

RAMF Components



Equitable Learning Environment

Successful implementation of the RAMF requires an equitable learning environment to effectively assist diverse students while also fostering multicultural and social justice competence (see Figure 2). Gorski and Swalwell (2015) purported that multicultural education is grounded in social justice and equity values. Failure to ensure both equity and equality in the classroom poses detrimental implications to student professional growth and overall well-being. For instance, in a qualitative study conducted by Baker et al. (2015), marginalized doctoral students in a CE program expressed feeling excluded from class information and discussions; they also shared concerns about being misjudged because of their racial identities. These findings are consistent with previous research on the experiences of marginalized master's-level CITs across CE programs (Henfield et al., 2013; Seward, 2014).

Figure 2

RAMF Integration Application

RCT	Adlerian Theory	RAMF Component	Integrative Application Examples
Growth-fostering relationships	Social interest	Equitable learning environment	Creating a safe space for all students to contribute in a way that empowers them; open discussions/exposure to diverse worldviews
Mutual empathy and empowerment	Social equality and advocacy	Active engagement	Creating a classroom environment that mutually benefits both students and professor; collaborating on journal article
Exploration of power differentials	Egalitarian relationships	Equitable learning environment	Offering an outlet for students to provide anonymous feedback
Authenticity in relationships	Empowerment and individual choice	Individual and relational dynamics	Giving yourself permission to be human; cultural humility
Consideration of contextual and relational factors	Being curious about diverse perspectives; social-cultural view of issues	Individual and relational dynamics	Awareness of self and other cultural identity membership; role-plays, reflective journaling, classroom dialogue, etc.

Using the RAMF, an equitable learning environment is cultivated through embracing classroom norms driven by Adlerian and RCT values. Examples include embracing a genuinely curious attitude, accepting differing worldviews, exhibiting compassion for self and others while navigating conflicts, and modeling authenticity during moments of disconnection (i.e., cultural humility). Additionally,

fostering this classroom atmosphere is contingent upon incorporating decolonizing educational practices. CE programs can accomplish this task through the intentional examination of course curricula. Specific examples include things like being mindful of the language used in course content and infusing textbooks, assignments, and supplementary materials in the syllabi to address inequitable practices and discrimination against marginalized group members (e.g., current news reports, community service-learning experiences within marginalized communities, guest speakers). Thus, the RAMF encourages counselor educators to practice intentionality by diversifying curriculum and incorporating diverse scholars' perspectives to dismantle colonized counseling and pedagogical practices.

The RAMF also stresses the importance of acknowledging the significant impact of professor interactions in fostering an equitable learning environment. Research findings have noted several factors that strengthen trainees' experience of their learning environments, such as an emphasis on teaching and mentorship, peer support, and faculty–student connections (Henfield et al., 2013; Sheperis et al., 2020). In this regard, enhancing relational factors among professors may alleviate the power differential between professors and CITs, thereby facilitating a more equitable learning environment. Additionally, student feedback and perceptions of the teaching environment should constantly be solicited in any learning environment that aspires to be inclusive and equitable. Hopefully, if a safe and collaborative learning environment is achieved, this feedback will be provided authentically and without direct solicitation. Anonymous feedback can also be gathered in various formal and informal approaches, such as the use of specific assessments or scaling and qualitative inquiry.

Gorski (2016) noted the importance of systemic change as crucial to analyzing power and privilege in the classroom; thus, faculty support is necessary to effectively carry out this systemic endeavor. As such, it is recommended that CE programs assess their organizational climate before implementing the RAMF. A discriminatory CE program climate serves to uphold colonizing and inequitable learning practices, thereby interfering with the development of multicultural and social justice competencies. The RAMF seeks to dismantle this issue by valuing diversity and modeling equity in the classroom, directly influencing CITs' perspectives and overall multicultural competence growth. Sanchez Bengoa et al. (2018) found that students developed multicultural competency skills faster in international teams than national teams; this finding speaks to the critical need to foster a culturally rich classroom environment where students can be exposed to diverse worldviews and engage in a cooperative learning process.

Awareness of Individual and Relational Dynamics

As a cross-paradigm approach, the RAMF acknowledges the importance of individual and relational dynamics that impact the overall learning process and program experience. Within counseling programs, CITs are encouraged to engage in ongoing self-reflection, which is essential in multicultural education. According to the MSJCC framework (Ratts et al., 2016), self-awareness is at the core of multicultural and social justice competence. Counselors must critically examine their personally held attitudes, beliefs, and biases that affect their work with diverse clients. This awareness may then contribute to counselors' understanding of power, privilege, and oppression dynamics that impact the therapeutic relationship (Ratts et al., 2016). The RAMF takes a unique perspective on trainee self-awareness by drawing on core counseling values, such as examining the individual's role and identity in the context of relationships. From a RAMF lens, professors can facilitate this process with CITs by modeling authentic interactions (e.g., cultural humility), which may promote personal exploration and shared disclosures in a classroom setting. In Morgan Consoli and Marin's (2016) qualitative study on graduate students' experiences in diversity courses, students noted the essentiality of instructor self-disclosure and viewed it as indispensable to a positive diversity course experience. Thus, valuing authenticity and cultural humility may instill the importance of multicultural competence as a lifelong process (Hook et al., 2013).

Although an individual commitment to learning and self-awareness is at the core of multicultural competence, counselors must move beyond self-reflection to foster empowering therapeutic relationships. In a descriptive content analysis of multicultural course syllabi, Pieterse et al. (2009) found that a large percentage of course syllabi focused on developing knowledge, awareness, and skills; yet, knowledge and awareness were emphasized more often, while relational skill development was not. The RAMF emphasizes relational skill development by actively addressing ruptures that may occur between professors and CITs. Although the RAMF conceptualizes conflict as a standard component of relationships, ruptures must be addressed and repaired, especially attending to feelings of disempowerment (Jordan, 2010). To address this concern, the RAMF encourages professors to model *broaching*, which is defined as an ongoing commitment and openness to exploring diversity and cultural issues with clients and students (Day-Vines et al., 2018). Because research has shown that broaching early on in counseling can reduce attrition and strengthen therapeutic relationships with racial and ethnic minority clients (Jones et al., 2019), CITs must have the opportunity to practice broaching within the classroom setting. Central to this practice is creating a safe space, whereby professors actively encourage students to practice vulnerability and cultural humility by leaning into challenging conversations and providing feedback to enhance both self and relational awareness.

Active Engagement

The RAMF posits that active engagement is necessary to multicultural education and effective diversity training of CITs. Ikonopoulou et al. (2016) conducted a study that demonstrated that practicum-level CITs developed their self-efficacy by actively engaging in direct client contact and peer-group interactions. We define active engagement as the process of encouraging students to learn in a deeper context, engage in activities, and reflect upon the material in a meaningful way. Depending on the course, there is no one “correct” way to attain or measure active engagement, yet active engagement should be seen in student questions, writings, and participation. Fundamental to Adlerian theory and RCT is the belief that individuals and groups are best understood in their relationships. Using the RAMF, CITs are required to actively engage in cultural immersion experiences and service-learning projects to gain a deeper understanding of the experiences and unique challenges of marginalized group members.

Research has demonstrated the utility of service-learning experiences for CITs to develop clinical competencies (Dari et al., 2019), enhance a sense of preparedness to apply learned clinical skills (Havlik et al., 2016), deepen their understanding of human development from a social justice perspective (K. A. Lee & Kelley-Petersen, 2018), and promote social justice advocacy competency and cognitive development (K. A. Lee & McAdams, 2019). Following these experiences, scholars have noted that open dialogue about cultural and diversity matters is needed to bolster CITs’ clinical knowledge and attitudes (Celinska & Swazo, 2016; Wagner, 2015). For instance, in a study conducted by Villalba and Redmond (2008), an experiential learning exercise was incorporated in which students were exposed to a film to help facilitate multicultural competence through self-reflection. This study’s findings revealed the essentiality of open discussion on relevant social justice issues to process the experience fully. Further, Ratts et al. (2016) indicated that counselors who embody multicultural and social justice competence demonstrate cross-cultural communication skills. In using the RAMF, we emphasize classroom dialogue, such as open processing and role-plays, as a crucial part of developing these competencies in CITs. Counseling programs are tasked with preparing CITs to be future leaders and allies within the profession. This endeavor requires the exposure of CITs within culturally diverse groups by actively engaging with the community at large. In doing so, CITs stand a greater chance of developing essential multicultural and social justice competencies needed to effectively treat and conceptualize diverse client populations. The MSJCC endorses the implementation of counseling and advocacy interventions crucial

to holistic diversity training; specifically, CITs must actively engage beyond intrapersonal self-reflection by considering relational, community, societal, and global interventions (Ratts et al., 2016).

Inherent to the RAMF is its focus on active engagement in social justice and advocacy initiatives to facilitate multicultural competence. Some strategies include engaging trainees in open conversations about current sociopolitical challenges and the subsequent impact on marginalized group members, promoting attendance and engagement in presentations at professional conferences, and collaborating on professional journal articles related to multicultural competence. Ultimately, the RAMF is intended to be the vehicle that translates applied multicultural knowledge and skills into active engagement. The fundamental links between RCT and Adlerian theory are social equality and relational connections. These factors are crucial not only to the active engagement component of the RAMF but also to the framework as a whole. An integrative application outlining strategy relevant to the RAMF components is illustrated in Figure 2.

Considerations and Implications for Using the RAMF in Pedagogy

The RAMF poses several implications in the realm of CE, namely enhanced clinical competency and self-efficacy with multicultural concepts. This is particularly important as graduates of counseling programs have often indicated feeling unprepared to work with culturally diverse clients (Barden et al., 2017; Bidell, 2012; Schmidt et al., 2011). They have also reported a lack of self-efficacy in key multicultural competencies when first engaging in counseling work (Flasch et al., 2011). This competency deficit among trainees may be attributed to the historical overcrowding of multicultural competencies and skills into a single-course format, which is insufficient considering multiculturalism's depth and scope (Celinska & Swazo, 2016). The RAMF's multimodal approach to infusing multicultural and social justice competencies across the curriculum may help bridge this gap.

Given the rise in diverse client demographics and cultural pluralism (C. C. Lee, 2019), it has become the professional responsibility of all counselors to develop essential multicultural competencies needed to provide culturally competent counseling (ACA, 2014). This need is addressed through the RAMF, which serves as an integrative vehicle to effectively transmit this knowledge to CITs. CE programs are tasked with engaging in culturally responsive gatekeeping practices to maintain professional standards, namely protecting clients from culturally incompetent trainees. Counselor educators have noted the critical importance of seeing trainees' multicultural competence development beyond the classroom and throughout the program within their gatekeeping role (Ziomek-Daigle et al., 2016).

Directions for Future Research

The RAMF may be used to bridge the gap in multicultural competency and self-efficacy among CITs in CE programs. Currently, there is no evidence regarding the efficacy of this integrative framework as a pedagogical model. Therefore, directions for future research may include a quantitative study measuring the RAMF's effectiveness using a pretest-posttest design. For example, pre-post of the RAMF in a course may illustrate its overall effectiveness from the beginning to the end of the semester. The RAMF can be incorporated in CITs' practicum and internship courses, after which a posttest can be administered to measure confidence and competence upon graduating. This method will serve to address the current deficit in CITs' multicultural competence following graduation. Future research may also include developing an instrument that measures the constructs illustrated in the RAMF. Hays (2020) noted the importance of moving beyond traditional counseling research and integrating decolonizing methodologies, such as qualitative designs, that allow for triangulation with CITs and

program faculty. Thus, we suggest collecting qualitative data to learn about the individual lived experiences of CITs following their course.

Further research on implementing the RAMF into CE programs is also needed to validate its evidence base. Regarding the evaluation of multicultural competence utilizing the RAMF, we recommend that CITs take Holcomb-McCoy and Myers' (1999) Multicultural Counseling Competence and Training Survey-Revised (MCCTS-R), which will provide insight into CITs' perceived level of multicultural competence. This 32-item measure is grounded in the MSJCC (Barden et al., 2017) and assesses competency in three domains—multicultural knowledge, multicultural awareness, and multicultural terminology—using self-report, Likert-type questions ranging from 1 (*not competent*) to 4 (*extremely competent*; Holcomb-McCoy & Myers, 1999). To evaluate the effectiveness of the RAMF and facilitate formative feedback, we recommend administering the MCCTS-R to all CITs at the beginning and end of a course. The successful implementation of the RAMF is evidenced by CITs' growth in the following MSJCC domains: attitudes and beliefs, knowledge, skills, and action (Ratts et al., 2016). These domains must be routinely evaluated as part of an ongoing CE program evaluation to enhance multicultural and social justice competency among CITs (Hays, 2020).

Conclusion

CE programs may use the RAMF to address challenges to CITs' self-efficacy and ability in treating culturally diverse clients, thereby potentially reducing gatekeeping concerns that stem from lack of multicultural competence. Overall, implementation of the RAMF could pose several benefits to CE programs. A limitation of this framework includes possible compassion fatigue because of its emphasis on authentic interactions and contact with difficult conversations (e.g., power and oppression, unique challenges faced by marginalized group members). However, the RAMF's integrative approach to addressing multicultural and social justice competence throughout the curriculum may allow for CITs to develop knowledge and skills proactively rather than retroactively engaging in future remediation strategies.

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References

- Adler, A. (1946). *Understanding human nature*. Permabooks.
- American Counseling Association. (2014). *ACA code of ethics*.
- Baker, C. A., Gaulke, K., & Smith, K. (2015). Counselor education cultural climate: Underrepresented master's students' experiences. *Journal for Multicultural Education*, 9(2), 85–97. <https://doi.org/10.1108/JME-07-2014-0032>
- Barden, S. M., & Greene, J. H. (2015). An investigation of multicultural counseling competence and multicultural counseling self-efficacy for counselors-in-training. *International Journal for the Advancement of Counselling*, 37(1), 41–53. <https://doi.org/10.1007/s10447-014-9224-1>
- Barden, S. M., Sherrell, R. S., & Matthews, J. J. (2017). A national survey on multicultural competence for professional counselors: A replication study. *Journal of Counseling & Development*, 95(2), 203–212. <https://doi.org/10.1002/jcad.12132>

- Bidell, M. P. (2012). Examining school counseling students' multicultural and sexual orientation competencies through a cross-specialization comparison. *Journal of Counseling & Development, 90*(2), 200–207. <https://doi.org/10.1111/j.1556-6676.2012.00025.x>
- Bitter, J. R., Robertson, P. E., Healey, A. C., & Cole, L. K. J. (2009). Reclaiming a pro-feminist orientation in Adlerian therapy. *Journal of Individual Psychology, 65*(1), 13–33.
- Bornsheuer-Boswell, J. N., Polonyi, M. M., & Watts, R. E. (2013). Integrating Adlerian and integrated developmental model approaches to supervision of counseling trainees. *The Journal of Individual Psychology, 69*(4), 328–343.
- Bradley, N., Stargell, N., Craigen, L., Whisenhunt, J., Campbell, E., & Kress, V. (2019). Creative approaches for promoting vulnerability in supervision: A relational-cultural approach. *Journal of Creativity in Mental Health, 14*(3), 391–404. <https://doi.org/10.1080/15401383.2018.1562395>
- Byers, L. G., Bragg, J., & Munoz, R. (2020). Increasing diversity and oppression scale scores through Relational Cultural Theory. *Journal of Teaching in Social Work, 40*(1), 18–30. <https://doi.org/10.1080/08841233.2019.1685625>
- Celinska, D., & Swazo, R. (2016). Multicultural curriculum designs in counselor education programs: Enhancing counselors-in-training openness to diversity. *The Journal of Counselor Preparation and Supervision, 8*(3). <https://doi.org/10.7729/83.1124>
- Chang, C. Y., & Rabess, A. (2020). Response to signature pedagogies: A framework for pedagogical foundations in counselor education: Through a multicultural and social justice competencies lens. *Teaching and Supervision in Counseling, 2*(2), 3. <https://doi.org/10.7290/tsc020203>
- Chouari, A. (2016). Cultural diversity and the challenges of teaching multicultural classes in the twenty-first century. *Arab World English Journal, 7*(3), 3–17. <https://doi.org/10.2139/ssrn.2859237>
- Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar, G., II. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development, 86*(3), 279–287. <https://doi.org/10.1002/j.1556-6678.2008.tb00510.x>
- Cottone, R. R. (2012). *Paradigms of counseling and psychotherapy*. Smashwords.
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards*. <http://www.cacrep.org/forprograms/2016-cacrep-standards>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and anti-racist politics. *University of Chicago Legal Forum, 1989*(1), 139–167.
- Dari, T., Laux, J. M., Liu, Y., & Reynolds, J. (2019). Development of community-based participatory research competencies: A Delphi study identifying best practices in the collaborative process. *The Professional Counselor, 9*(1), 1–19. <https://doi.org/10.15241/td.9.1.1>
- Davis, E. S., Norton, A., & Chapman, R. (2019). Using music for case conceptualization: Looking through an Adlerian lens. *The Journal of Individual Psychology, 75*(2), 156–170. <https://doi.org/10.1353/jip.2019.0013>
- Day-Vines, N. L., Booker Ammah, B., Steen, S., & Arnold, K. M. (2018). Getting comfortable with discomfort: Preparing counselor trainees to broach racial, ethnic, and cultural factors with clients during counseling. *International Journal for the Advancement of Counselling, 40*(2), 89–104. <https://doi.org/10.1007/s10447-017-9308-9>
- Dipre, K. A., & Luke, M. (2020). Relational cultural theory-informed advising in counselor education. *The Professional Counselor, 10*(4), 517–531. <https://doi.org/10.15241/kad.10.4.517>
- Flasch, P., Bloom, Z. D., & Holladay, K. (2011). Self-efficacy of counselor trainees in pre-practicum: A phenomenological study. *Journal of Counselor Practice, 7*(1), 1–20. https://www.journalofcounselorpractice.com/uploads/6/8/9/4/68949193/flasch_et_al_vol7_iss1.pdf
- Goodman, R. D., & Gorski, P. C. (Eds.). (2015). *Decolonizing “multicultural” counseling through social justice*. Springer.
- Gorski, P. C. (2016). Making better multicultural and social justice teacher educators: A qualitative analysis of the professional learning and support needs of multicultural teacher education faculty. *Multicultural Education Review, 8*(3), 139–159. <https://doi.org/10.1080/2005615X.2016.1164378>
- Gorski, P. C., & Swalwell, K. (2015). Equity literacy for all. *Educational Leadership, 72*(6), 34–40. <http://edchange.org/publications/Equity-Literacy-for-All.pdf>

- Hall, B. S., Harper, I., & Korcuska, J. (2018). Exploring a relational cultural group trainee model for master's level counseling students. *Journal for Specialists in Group Work*, 43(1), 81–104. <https://doi.org/10.1080/01933922.2017.1411410>
- Hall, K. G., Barden, S., & Conley, A. (2014). A relational-cultural framework: Emphasizing relational dynamics and multicultural skill development. *The Professional Counselor*, 4(1), 71–83. <https://doi.org/10.15241/kg.4.1.71>
- Havlik, S. A., Bialka, C., & Schneider, K. (2016). Theory to practice: Integrating service-learning into a pre-practicum introduction to school counseling course. *The Journal of Counselor Preparation and Supervision*, 8(2). <https://doi.org/10.7729/82.1168>
- Hays, D. G. (2020). Multicultural and social justice counseling competency research: Opportunities for innovation. *Journal of Counseling & Development*, 98(3), 331–344. <https://doi.org/10.1002/jcad.12327>
- Henfield, M. S., Woo, H., & Washington, A. (2013). A phenomenological investigation of African American counselor education students' challenging experiences. *Counselor Education and Supervision*, 52(2), 122–136. <https://doi.org/10.1002/j.1556-6978.2013.00033.x>
- Hernández-Wolfe, P. (2011). Decolonization and "mental" health: A mestiza's journey in the borderlands. *Women & Therapy*, 34(3), 293–306. <https://doi.org/10.1080/02703149.2011.580687>
- Holcomb-McCoy, C. C., & Myers, J. E. (1999). Multicultural competence and counselor training: A national survey. *Journal of Counseling & Development*, 77(3), 294–302. <https://doi.org/10.1002/j.1556-6676.1999.tb02452.x>
- Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, 60(3), 353–366. <https://doi.org/10.1037/a0032595>
- Ikonomopoulos, J., Cavazos Vela, J., Smith, W. D., & Dell'Aquila, J. (2016). Examining the practicum experience to increase counseling students' self-efficacy. *The Professional Counselor*, 6(2), 161–173. <https://doi.org/10.15241/ji.6.2.161>
- Jones, C. T., Welfare, L. E., Melchior, S., & Cash, R. M. (2019). Broaching as a strategy for intercultural understanding in clinical supervision. *The Clinical Supervisor*, 38(1), 1–16. <https://doi.org/10.1080/07325223.2018.1560384>
- Jordan, J. V. (2010). *Relational-cultural therapy* (1st ed.). American Psychological Association.
- Jordan, J. V. (2018). *Relational-cultural therapy* (2nd ed.). American Psychological Association.
- Killian, T., & Floren, M. (2020). Exploring the relationship between pedagogy and counselor trainees' multicultural and social justice competence. *Journal of Counseling & Development*, 98(3), 295–307. <https://doi.org/10.1002/jcad.12324>
- Kim, B. S. K. (2011). Client motivation and multicultural counseling. *The Counseling Psychologist*, 39(2), 267–275. <https://doi.org/10.1177/0011000010375310>
- Lee, C. C. (2019). *Multicultural issues in counseling: New approaches to diversity* (5th ed.). American Counseling Association.
- Lee, K. A., & Kelley-Petersen, D. J. (2018). Service learning in human development: Promoting social justice perspectives in counseling. *The Professional Counselor*, 8(2), 146–158. <https://doi.org/10.15241/kal.8.2.146>
- Lee, K. A., & McAdams, C. R., III. (2019). Using service-learning to promote social justice advocacy and cognitive development during internship. *The Journal of Counselor Preparation and Supervision*, 12(1). <https://repository.wcsu.edu/jcps/vol12/iss1/8>
- Lertora, I. M., Croffie, A., Dorn-Medeiros, C., & Christensen, J. (2020). Using relational cultural theory as a pedagogical approach for counselor education. *Journal of Creativity in Mental Health*, 15(2), 265–276. <https://doi.org/10.1080/15401383.2019.1687059>
- Lewis, C., & Olshansky, E. (2016). Relational-cultural theory as a framework for mentoring in academia: Toward diversity and growth-fostering collaborative scholarly relationships. *Mentoring & Tutoring: Partnership in Learning*, 24(5), 383–398. <https://doi.org/10.1080/13611267.2016.1275390>
- McGee Banks, C. A., & Banks, J. A. (1995). Equity pedagogy: An essential component of multicultural education. *Theory Into Practice*, 34(3), 152–158. <https://doi.org/10.1080/00405849509543674>
- Miller, J. B. (1976). *Toward a new psychology of women*. Beacon Press.
- Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and in life*. Beacon Press.

- Miller, R., & Taylor, D. D. (2016). Does Adlerian theory stand the test of time?: Examining individual psychology from a neuroscience perspective. *The Journal of Humanistic Counseling*, 55(2), 111–128. <https://doi.org/10.1002/johc.12028>
- Morgan Consoli, M. L., & Marin, P. (2016). Teaching diversity in the graduate classroom: The instructor, the students, the classroom, or all of the above? *Journal of Diversity in Higher Education*, 9(2), 143–157. <https://doi.org/10.1037/a0039716>
- Pedersen, P. B., Crethar, H. C., & Carlson, J. (2008). *Inclusive cultural empathy: Making relationships central in counseling and psychotherapy*. American Psychological Association.
- Pieterse, A. L., Evans, S. A., Risner-Butner, A., Collins, N. M., & Mason, L. B. (2009). Multicultural competence and social justice training in counseling psychology and counselor education: A review and analysis of a sample of multicultural course syllabi. *Counseling Psychologist*, 37(1), 93–115. <https://doi.org/10.1177/0011000008319986>
- Priester, P. E., Jones, J. E., Jackson-Bailey, C. M., Jana-Masri, A., Jordan, E. X., & Metz, A. J. (2008). An analysis of content and instructional strategies in multicultural counseling courses. *Journal of Multicultural Counseling and Development*, 36(1), 29–39. <https://doi.org/10.1002/j.2161-1912.2008.tb00067.x>
- Pryor, D. B., & Tollerud, T. R. (1999). Applications of Adlerian principles in school settings. *Professional School Counseling*, 2(4), 299–304.
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and Social Justice Counseling Competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, 44(1), 28–48. <https://doi.org/10.1002/jmcd.12035>
- Sanchez Bengoa, D., Ganassali, S., Kaufmann, H. R., Rajala, A., Trevisan, I., van Berkel, J., Zulauf, K., & Wagner, R. (2018). Shared experiences and awareness from learning in a student multicultural environment: Measuring skills' development in intercultural intensive programs. *Journal of International Education in Business*, 11(1), 27–42. <https://doi.org/10.1108/JIEB-01-2017-0006>
- Schmidt, S. W., Glass, J. S., & Wooten, P. (2011). School counselor preparedness: Examining cultural competence regarding gay, lesbian, and bisexual issues. *Journal of School Counseling*, 9(11). <https://files.eric.ed.gov/fulltext/EJ933177.pdf>
- Schwartz, H. L. (2019). *Connected teaching: Relationship, power, and mattering in higher education*. Stylus.
- Seward, D. X. (2014). Multicultural course pedagogy: Experiences of master's-level students of color. *Counselor Education and Supervision*, 53(1), 62–79. <https://doi.org/10.1002/j.1556-6978.2014.00049.x>
- Shelton, R. (2020). *A qualitative study on understanding entry-level professional counselors experience developing and implementing multicultural and social justice advocacy competencies in professional practice* (Publication No. 28259670) [Doctoral dissertation, Capella University]. ProQuest Dissertations and Theses Global.
- Sheperis, D. S., Coker, J. K., Haag, E., & Salem-Pease, F. (2020). Online counselor education: A student–faculty collaboration. *The Professional Counselor*, 10(1), 133–143. <https://doi.org/10.15241/dss.10.1.133>
- Singh, A. A., Appling, B., & Trepal, H. (2020). Using the Multicultural and Social Justice Counseling Competencies to decolonize counseling practice: The important roles of theory, power, and action. *Journal of Counseling & Development*, 98(3), 261–271. <https://doi.org/10.1002/jcad.12321>
- Soheili, F., Alizadeh, H., Murphy, J. M., Bajestani, H. S., & Ferguson, E. D. (2015). Teachers as leaders: The impact of Adler-Dreikurs classroom management techniques on students' perceptions of the classroom environment and on academic achievement. *The Journal of Individual Psychology*, 71(4), 440–461. <https://doi.org/10.1353/jip.2015.0037>
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development*, 20(2), 64–88. <https://doi.org/10.1002/j.2161-1912.1992.tb00563.x>
- Swank, J. M., & Houseknecht, A. (2019). Teaching competencies in counselor education: A Delphi study. *Counselor Education and Supervision*, 58(3), 162–176. <https://doi.org/10.1002/ceas.12148>
- Trahan, D. P., Jr., & Keim, J. (2019). Counselor educators' teaching practices in contemporary society. *The Journal of Counselor Preparation and Supervision*, 12(3). <https://repository.wcsu.edu/jcps/vol12/iss3/1>
- Uzunboylu, H., & Altay, O. (2021). State of affairs in multicultural education research: A content analysis. *Compare: A Journal of Comparative and International Education*, 51(2), 1–20. <https://doi.org/10.1080/03057925.2019.1622408>

- Villalba, J. A., & Redmond, R. E. (2008). *Crash*: Using a popular film as an experiential learning activity in a multicultural counseling course. *Counselor Education and Supervision*, 47(4), 264–276.
<https://doi.org/10.1002/j.1556-6978.2008.tb00056.x>
- Wagner, T. M. (2015). *Addressing multicultural issues in the counselor education classroom: A phenomenological analysis* [Doctoral dissertation, University of North Texas]. <https://digital.library.unt.edu/ark:/67531/metadc822760>
- Walker, S. (2015). Relationship-based teaching: A relational ethics led approach to teaching social work. *Ethics and Social Welfare*, 9(4), 394–402. <https://doi.org/10.1080/17496535.2015.1088703>
- Watts, R. E. (2003). Adlerian therapy as a relational constructivist approach. *The Family Journal: Counseling and Therapy for Couples and Families*, 11(2), 139–147. <https://doi.org/10.1177/1066480702250169>
- Watts, R. E. (2013). Adlerian Counseling. In B. J. Irby, G. Brown, R. Lara-Alecio, & S. Jackson (Eds.), *The handbook of educational theories* (pp. 459–472). IAP: Information Age Publishing.
- Yee, T. T. L., Stevens, C. R., & Schulz, L. L. (2016). Exploring master’s students’ social justice consciousness through experiential group: An Adlerian approach. *The Journal of Individual Psychology*, 72(2), 90–103.
<https://doi.org/10.1353/jip.2016.0008>
- Ziomek-Daigle, J., Goodman-Scott, E., Cavin, J., & Donohue, P. (2016). Integrating a multi-tiered system of supports with comprehensive school counseling programs. *The Professional Counselor*, 6(3), 220–232.
<https://doi.org/10.15241/jzd.6.3.220>



Resilience and Coping as Moderators of Stress-Related Growth in Asians and AAPIs During COVID-19



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This exploratory study examined the extent to which coping, resilience, experiences of subtle and blatant racism, and ethnic identity predicted stress-related growth in a national convenience sample of Asians and Asian Americans and Pacific Islanders (AAPIs; $N = 326$) who experienced COVID-19–related racial discrimination. Our analysis indicated participants with higher levels of coping, resilience, experiences of subtle and blatant racism, and ethnic identity were significantly more likely to cultivate higher levels of stress-related growth. Coping strategies such as self-blame, religion, humor, venting, substance use, denial, and behavioral disengagement significantly moderated the relationship between experiences of racism and stress-related growth. Notably, participants in the study who used mental health services following COVID-19 reported significantly higher levels of racial discrimination, resilience, coping, and stress-related growth compared to Asians and AAPIs who did not use professional mental health services. Mental health professionals are called to utilize culturally sensitive treatment modalities and challenge traditional Western notions that frame coping responses from an individualistic worldview.

Keywords: Asian, Asian American, COVID-19, racial discrimination, stress-related growth

Asians and Asian Americans and Pacific Islanders (AAPIs) represent vulnerable ethnic groups that may present with higher rates of mental health distress during COVID-19. Following the global outbreak, rates of discrimination, harassment, and violence toward Asians and AAPIs have substantially increased (Congressional Asian Pacific American Caucus, 2020; Jeung & Nham, 2020). The rise of COVID-19–fueled racism directed toward Asians and AAPI groups, especially individuals who phenotypically appear East Asian, has deleterious effects on their mental health and wellness (Litam, 2020; Litam & Oh, in press, 2020; Wen et al., 2020).

Although Asians who reside in the United States and AAPI groups are both affected by COVID-19–related racial discrimination, mental health professionals must recognize the important distinctions and challenges that exist between Asian internationals and Asian Americans (Anandavalli et al., 2020; Sue et al., 2019). Professional counselors must also consider the vast heterogeneity that characterizes Asian and AAPI ethnic subgroups (Budiman & Ruiz, 2021; Chan & Litam, 2021). Although an extensive overview of the differences between Asians and AAPI ethnic subgroups was beyond the purview of this study, mental health professionals are called to examine how the intersection of client identities (e.g., international status, nationality, ethnic identity, acculturative status, colonization history) may influence the ways in which COVID-19 racial discrimination affects Asian and AAPI clients (Chan & Litam, 2021; Litam, 2020). For the purpose of contributing to the scant literature on the effects of COVID-19 on Asian and AAPI communities, the current study assesses a national convenience sample of Asians and AAPI groups who reported discrimination experiences following the pandemic. Aggregating these distinct populations was not intended to overlook the vast heterogeneity that exists across ethnic subgroups nor to invalidate

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the unique challenges faced by Asian and AAPI individuals who reside in the United States. Rather, the present study combined Asian and AAPI populations to ascertain a more collective understanding of the ways in which the greater community may be affected by COVID-19–related racial discrimination.

Effects of Racial Discrimination on Asian and AAPI Mental Health

Extant research illuminated how perceived racial discrimination among Asian and AAPI communities has adverse effects on overall mental health, coping responses, and wellness. Asians and AAPIs who faced race-based discrimination reported higher levels of psychological distress, substance use, anxiety, depression, and suicidal ideation (Choi et al., 2020; Gee et al., 2007; Hwang & Goto, 2008; Le & Ahn, 2011; Leong et al., 2013). Experiences of race-related stress in Asians and AAPIs were also associated with negative outcomes related to well-being (Iwamoto & Liu, 2010; Mossakowski, 2003), self-esteem (Liang & Fassinger, 2008), and social connectedness (Wei et al., 2012). Although the importance of understanding the effects of COVID-19–related racial discrimination on the mental health of Asians and AAPIs has been established (Asmundson & Taylor, 2020; Chan & Litam, 2021; Litam, 2020), a paucity of empirical investigations examines the mental health effects of pandemic-related discrimination among Asians and AAPIs across the life span (Litam & Oh, in press).

Ethnic Identity

Ethnic identity is the quality of an individual's affiliation with their ethnic group and includes a sense of belongingness, self-identification, and attitudes toward one's group (Phinney, 1990). Phinney (1992) outlined four developmental stages based on high and low levels of *exploration* and *commitment*. Whereas exploration includes activities and behaviors undertaken to understand the role of one's ethnicity or race in one's identity, commitment refers to the affirmation, sense of connection, and clarity about how one's ethnic or racial identity fits into one's life and self-concept (Phinney, 1992). Taken together, the two dimensions of exploration and commitment form four statuses of ethnic and/or racial identity development: *diffused* (low exploration, low commitment), *foreclosed* (low exploration, high commitment), *moratorium* (high exploration, low commitment), and *achieved* (high exploration, high commitment; Erikson, 1968).

The mixed effect of ethnic identity in the relationship between racial discrimination experiences and well-being has been noted across earlier studies. On one hand, existing research has noted that Asians and AAPIs who cultivated strong ethnic identities were more likely to maintain a positive sense of psychological well-being, reported a greater sense of belongingness to their ethnic communities, and responded with greater resilience when racial discrimination occurred (Lee, 2003; Lee & Davis, 2000; Lee & Yoo, 2004; Litam & Oh, in press; Phinney, 2003; Yip & Fuligni, 2002). In the United States, AAPIs with a strong sense of ethnic identity reported a better quality of life and greater levels of spousal support and harmony (Lieber et al., 2001). In one study with 187 Chinese and Chinese Americans, strong ethnic identity moderated the relationship between experiences of COVID-19 discrimination and levels of depression (Litam & Oh, 2020). Levels of exploration and commitment may additionally influence whether ethnic identity buffers or exacerbates well-being among Asians and AAPIs who experience racial discrimination. According to a meta-analysis of 51 studies, Yip and colleagues (2019) asserted that individuals high in exploration reported more negative mental health and riskier health behavior outcomes following experiences of racial discrimination. Conversely, ethnic identity was a protective factor for individuals with high levels of commitment following racial discrimination (Yip et al., 2019).

The moderating effects of ethnic identity on Asian and AAPI mental health may be framed within the context of *social identity theory* (Tajfel & Turner, 1979) and *self-categorization theory* (Turner et al., 1987). According to social identity theory (Tajfel & Turner, 1979), individuals are members of many social

groups with whom they may identify (e.g., religion, race, ethnicity, gender). Once individuals have determined their social identities, they become invested in maintaining and enhancing their self-concept (Tajfel & Turner, 1979). Social identity theory therefore predicts that individuals who center their identities are better equipped to cope with identity threats to protect their overall self-concept (Tajfel & Turner, 1979). Through the lens of this theory, individuals who strongly identify with their Asian or AAPI identities may be better positioned to engage in coping strategies that buffer the harmful impact of ethnic or racial discrimination.

Self-categorization theory builds on social identity theory by recognizing that individuals can identify with several social groups simultaneously and that some social identities become more psychologically salient than others (Turner et al., 1987). When ethnic identity becomes salient and represents an important component of one's identity, self-categorization theory predicts that ethnic and racial discrimination will have a stronger negative impact on mental health and wellness outcomes (Turner et al., 1987). Taken together, social categorization theory predicts that positive feelings toward one's ethnic group may heighten awareness to ethnic discrimination, which may exacerbate the harmful effects of ethnic or racial discrimination (Lee, 2005), whereas social identity theory posits that high regard for one's ethnic identity may result in a buffering effect to the deleterious effects of racial discrimination (Yip et al., 2019).

Resilience

Resilience refers to the “personal qualities that enable one to thrive in the face of adversity” (Connor & Davidson, 2003, p. 76). Although responding with resilience in times of stress has been reported across diverse AAPI subgroups, various ethnic groups may conceptualize resilience in unique ways. As a coping strategy, resilience is not limited to how one responds to challenges but also encompasses strategies for goal achievement. For example, Hmong women demonstrated resilience in career development by adopting positive perspectives, focusing on goal achievement, and reflecting on ways to continue improving (Yang, 2014). In another study, Chinese immigrants demonstrated fortitude through the immigration process and continued to thrive in the United States despite living in poverty in a California Chinatown community (Cheng, 2013). Resilience, therefore, consists of a stress response and an enduring phenomenon. Resilience may be fostered through the presence of social support, especially among family members (Lim & Ashing-Giwa, 2013), through the promotion of cultural understanding (i.e., cultivating ethnic identity), engaging in meaningful activities, and developing mental toughness (i.e., resilience; Kim & Kim, 2013).

Coping and Stress Responses

Individuals evaluate racial discrimination experiences and cope with stressors differently based on their cultural values and beliefs (Lazarus & Folkman, 1984; Tweed & Conway, 2006). Asians and AAPIs who endorse higher levels of ethnic identity may be more likely to employ coping strategies that align with culturally embedded values (Miller & Kaiser, 2001; Miller & Major, 2000). These cultural values may assert the importance of adjusting one's feelings to fit their environment, accepting rather than confronting problems, preserving social harmony, avoiding problem disclosure (Inman & Yeh, 2007; Tweed & Conway, 2006; Yeh et al., 2006), and evading conflict to preserve interpersonal relationships (Noh & Kaspar, 2003). These passive forms of coping may be problematic, as avoidant and emotion-focused responses may contribute to poorer mental health outcomes in AAPIs.

Other culturally congruent coping responses such as social isolation, which protects the user by avoiding the stressor (Edwards & Romero, 2008); self-blame or criticizing oneself, which maintains interpersonal harmony (Wei et al., 2010); and substance use (Pokhrel & Herzog, 2014), which momentarily helps one evade problems or adjust one's feelings to the environment, may also be

preferred by Asians and AAPIs. Following stressful events, social isolation has been strongly linked to increased symptoms of depression and anxiety, decreased feelings of self-worth, and lower levels of life satisfaction (Cacioppo & Hawkley, 2003; Cacioppo et al., 2002).

Stress-Related Growth

Individuals may respond to stressful life events, transitions, and traumatic experiences with positive psychological changes (Park et al., 1996; Tedeschi & Calhoun, 2004). Researchers posit that coping strategies (Helgeson et al., 2006; Janoff-Bulman, 2004; Tedeschi & Calhoun, 2004), higher levels of self-esteem, positive spiritual changes, and increased social support (Linley & Joseph, 2004; Tedeschi & Calhoun, 1995, 2004) may arise following experiences of stress. According to Tedeschi and Calhoun (1996, 2004), examples of stress-related growth may include pursuing new possibilities, having a greater appreciation for life, cultivating meaningful relationships, enhancing spiritual growth, and developing personal strengths. A meta-analysis of 103 studies identified the presence of coping strategies, cognitive reappraisal, religion, optimism, and social support as significant predictors for stress-related growth (Prati & Pietrantonio, 2009). A qualitative study with Korean immigrants indicated the use of coping strategies was a predictor for stress-related growth (Kim & Kim, 2013).

Tedeschi and Calhoun (1996, 2004) conceptualized stress-related growth as both a long-term outcome and a process. For instance, stress-related growth has been conceptualized as a coping strategy following traumatic events (Nolen-Hoeksema & Davis, 2004) and may occur as the result of ongoing medical conditions such as cancer (Cordova et al., 2017) and chronic pain (Rzesutiek & Gruszczyńska, 2018), wherein traumatic experiences are not time-limited. Thus, stress-related growth may result from the ongoing process of awareness, adaptation, and concern related to medical, psychological, and social consequences associated with the conditions of living (Edmondson et al., 2011). Given the precedence of emerging research that measures stress-related growth during COVID-19 (Vasquez et al., 2021), stress-related growth was included as an outcome variable in our study. This variable was of particular interest because research remains forthcoming on the contributing factors to stress-related growth among Asians and AAPIs following experiences of stress related to COVID-19.

The call to identify moderators of mental health in Asian and AAPI communities following racial discrimination has been established (Litam, 2020; Litam & Oh, in press; Nadal et al., 2015; Wong et al., 2014). It is of paramount importance to identify race-related response strategies to develop culturally sensitive and effective counseling interventions (Chan & Litam, 2021; Frazier et al., 2004; Litam & Hipolito-Delgado, 2021). The relationship between COVID-19–fueled racial discrimination, ethnic identity, resilience, and coping responses in Asian and AAPI populations remains to be seen and necessitates special consideration for mental health professionals. Understanding this relationship is crucial when considering how Asians and AAPIs tend to avoid health care services (DeVitre & Pan, 2020; Sue et al., 2019). To address this paucity of literature, this study was undertaken to examine the following research questions:

1. To what extent do coping, resilience, experience of racism, and ethnic identity predict stress-related growth following COVID-19?
2. To what extent does coping moderate experiences of COVID-19–related racism and stress-related growth?
3. To what extent does resilience moderate experiences of COVID-19–related racism and stress-related growth?

Method

Participants

Data was collected from June to July 2020. A total of 409 Asian and AAPI individuals were recruited through AAPI listservs and community organizations ($n = 10$) and Amazon MTurk ($n = 399$). Sixty-eight respondents from Amazon MTurk completed less than 50% of the survey items, so their associated surveys were removed from the data. An additional 11 respondents from Amazon MTurk endorsed all survey items with the same response or incorrectly answered validity items, and their surveys were also eliminated from the data. Lastly, four multivariate outliers were removed (i.e., Mahalanobis distance value > 20.515 at $\alpha = .001$), resulting in a final sample of 326 cases (79.7% useable response rate). The final sample ($N = 326$) met sufficient sample size for hierarchical multiple regression ($N > 94$) and a path analysis ($N > 134$; O'Rourke & Hatcher, 2013) at $\alpha = .01$ to identify medium effect size.

Table 1

Descriptive Characteristics and Correlations

Characteristic	Frequency	%
Gender		
Male	225	69.0%
Female	101	31.0%
Education Level		
High School Diploma or the equivalent	6	1.8%
Associate Degree	6	1.8%
Bachelor's Degree	205	62.9%
Master's Degree	95	29.1%
Doctorate Degree	14	4.3%
Sexual Identity		
Heterosexual	220	67.5%
Gay or Lesbian	9	2.8%
Bisexual, Pansexual, or Non-Monosexual	91	27.9%
Other	6	1.8%
Seeking Mental Health Service Since COVID-19		
Yes	153	46.9%
No	149	45.7%
No, but I have considered it	24	7.4%

Variable	α	M	SD	1	2	3	4	5
1. SBRS	.91	27.48	7.28	-				
2. SRGS	.95	77.05	15.09	.510**	-			
3. MEIM	.61	22.56	3.20	.437**	.429**	-		
4. Resilience	.95	134.92	20.97	.301**	.703**	.436**	-	
5. Coping	.92	79.05	13.10	.662**	.699**	.521**	.518**	-

Note. SBRS = Subtle and Blatant Racism Scale; SRG = Stress-Related Growth Scale; MEIM = Multigroup Ethnic Identity Measure.

** $p < .01$

Table 1 presents details regarding descriptive characteristics of participants in this study. The average age of Asian and AAPI participants was 33.79 years ($SD = 9.19$), ranging from 18 to 72 years. The majority of participants identified as male (69.0%, $n = 225$), and a smaller group identified as female (31%; $n = 101$). Most participants reported having an international status (72.7%, $n = 237$), whereas 27.3% of participants ($n = 89$) identified as an American citizen or permanent U.S. resident. For one item, "Have you sought professional mental health counseling services since COVID-19?" approximately half of the participants (46.9%, $n = 153$) selected "Yes," a total of 150 participants (45.7%) selected "No," and a total of 24 participants (7.4%) indicated "No, but I've considered it."

Procedures

IRB approval from relevant universities was obtained prior to data collection. Potential participants were recruited using non-probability convenience sampling with inclusion criteria. Participants who (a) self-identified as Asian or Asian American, (b) resided in the United States, and (c) had either directly or indirectly experienced COVID-19–related racism were able to participate in the study. Participants from the MTurk obtained \$0.50 as an incentive for their completion of the survey. To ensure the quality of data, the survey included two validity items that asked participants to choose specific response options. Participants who chose incorrect responses were automatically excluded from participation in the survey.

Measures

Demographics and Background Form

A demographics/background information form was created to gather information regarding participants' age, gender, highest level of education, race/ethnicity, sexual identity, income level, occupation, international status, religion, and generational status. Additional survey items assessed English proficiency and how rates of discrimination evidenced through verbal, covert, online, and physical harassment may have changed following COVID-19. Participants were provided with the option to input text describing additional forms of racial discrimination experienced since COVID-19.

Multigroup Ethnic Identity Measure – Revised (MEIM-R)

The Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) is a 14-item scale that assesses three aspects of ethnic identity: positive ethnic attitudes and a sense of belonging (five items), ethnic identity achievement (seven items), and ethnic behaviors or practices (two items). The measure is scored by reversing negatively worded items, summing the scores across each item, and obtaining the mean. Scores range from 4 (*high ethnic identity*) to 1 (*low ethnic identity*). Overall reliability was .90 in a college sample, and the results of a principal axis factor analysis using squared multiple correlations supported the presence of two factors, *ethnic identity* and *other-group group orientation*, accounting for 30.8% and 11.4% in college samples, respectively (Phinney, 1992). The MEIM was shortened into a six-item scale that measures two subscales, Identity Exploration and Identity Commitment (MEIM-R; Brown et al., 2014). Example items include "I have spent time trying to find out more about my own ethnic group, such as its history, traditions, and customs" and "I think a lot about how my life will be affected by my ethnic group membership." The MEIM-R demonstrated adequate internal consistency for the overall scale and two subscales with all Cronbach alpha values near or above .70 (Brown et al., 2014). Based on the results of multiple-groups confirmatory factor analyses, the MEIM-R demonstrated evidence of measurement invariance, had good psychometric properties, and is an appropriate measure of ethnic identity across diverse Asian subgroups (Brown et al., 2014).

Resilience Scale (RS)

The Resilience Scale (RS; Wagnild & Young, 1993) is a 25-item measure that uses a 7-point Likert-type scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Example items include "I usually manage one

way or another” and “I feel that I can handle many things at a time.” The RS demonstrated a coefficient alpha of .91 with item-to-total correlations ranging from .37 to .75. The concurrent validity of the RS was also robust and was strongly associated with measures of life satisfaction, morale, and depression. The results of a factor analysis indicated the RS is a reliable measure that demonstrated good internal consistency reliability, concurrent validity, and preliminary construct validity (Wagnild & Young, 1993).

Subtle and Blatant Racism Scale for Asian Americans Revised (SABRA-A²)

The Subtle and Blatant Racism Scale for Asian Americans Revised (SABRA-A²; Yoo et al., 2010) is an 8-item measure that uses a 5-point Likert-type scale from 1 (*almost never*) to 5 (*almost always*) to assess the presence of subtle and blatant forms of racial discrimination. The total score is obtained by summing the responses across each of the items, with higher scores indicating greater perceived racism. Example items include “In America, I am faced with barriers in society because I’m Asian” and “In America, I have been physically assaulted because I’m Asian.” Support for the two-subscale structure was confirmed through an exploratory and confirmatory factor analysis with evidence of good internal reliability and stability over 2 weeks (Yoo et al., 2010). The SABRA-A² also demonstrated good discriminant validity as evidenced by no correlations with color-blind racial attitudes (Yoo et al., 2010).

Brief COPE

The Brief COPE (Carver, 1997) is a 28-item measure and uses a 4-item Likert-type scale to measure the extent to which participants report using various coping strategies. The measurement has 14 subscales that include two items each. Available responses are 1 (*I haven’t been doing this at all*), 2 (*I’ve been doing this a little bit*), 3 (*I’ve been doing this a medium amount*), and 4 (*I’ve been doing this a lot*). Example items include “I’ve been concentrating my efforts on doing something about the situation I’m in” and “I’ve been criticizing myself.” The Brief COPE has demonstrated acceptable psychometric properties and has been used with Asian populations (Sue et al., 2019). Cronbach’s alpha for the entire scale is .92 in the current study. Cronbach’s alpha for each of the 14 subscales ranged from .34 to .65. Given the poor reliability for the subscales, the present study utilized the total score for the entire scale.

Stress-Related Growth Scale Revised (SRGS-R)

The Stress-Related Growth Scale Revised (SRGS-R; Boals & Schuler, 2018), is a 15-item measure that assesses the extent to which participants experience change following a negative event. The scale uses a bipolar 7-point Likert-type scale from -3 (*a very negative change*) to $+3$ (*a very positive change*), and example items include “I experienced a change in the extent to which I listen when others talk to me” and “I experienced a change in my belief that I have something of value to teach others about life.” The SRGS-R demonstrated acceptable measures of convergent validity and stronger associations with outcome measures of mental health, including depression, anxiety, global distress, and post-traumatic symptoms (Boals & Schuler, 2018). Compared to other measures, the SRGS-R may be a more accurate measure for human resiliency as evidenced by the neutral wording of each item and the inclusion of items that avoid measuring illusory growth (Boals & Schuler, 2018).

Data Diagnostics

Examining the proportion of missing data indicated that 88% of participants reported no missing values, and 83% of the items were not missing data for any case. The proportion of missing data for the rest of the 17% of the items ranged from 2.7% to 16.8%. The degree and pattern of missing data were examined to determine whether data were missing at random. A matrix of the estimated means with each pattern yielded no particular patterns nor severe degree of missing data, which supported evidence for proceeding with missing data replacement techniques. Missing data points were populated using

multiple imputation (MI), a method to allocate missing data without causing inflated bias even when there is a large portion of missingness in the data (Osborn, 2013).

Next, the assumptions of normality, linearity, homoscedasticity, and multicollinearity were tested. The residuals were linear and did not deviate from normality as evidenced by the residuals lying reasonably in a straight, diagonal line. The assumption of homoscedasticity was also supported, as most of the residuals were concentrated along the zero point. All variance inflation factor (VIF) values were less than 10 and tolerance values were greater than .1, indicating absence of multicollinearity (Tabachnick & Fidell, 2019). Therefore, the data were deemed appropriate for hierarchical regression and path analysis (Tabachnick & Fidell, 2019).

Analytic Strategy

Hierarchical regression models of stress-related growth were employed using SPSS version 27. First, gender, age, education status, sexual identity, and help-seeking experience were entered in Model 1 as the control variables. In Model 2, the first independent variable of subtle and blatant racism was added. In Model 3, the second independent variable of ethnic identity was entered. Finally, the remaining two independent variables of resilience and coping strategy were added as key predictors that may function as potential moderators in Model 4.

To examine potential moderating roles of resilience and coping strategy in the relationship between racism and stress-related growth, Hayes' (2018) PROCESS macro version 3.5 was conducted. Specifically, 10,000 bootstrapping resampling was conducted to produce 95% percentile confidence intervals (CIs) for the moderating effect. If the CIs excluded zero, moderating effect was considered to be significant. Furthermore, the moderating effects were examined utilizing three conditional values of moderators (Hayes, 2018; Preacher et al., 2017), which included low (the mean score of the moderator -1 SD), moderate (the mean score), and high values (the mean score of the moderator $+1$ SD). Bodner's (2017) formula was used to calculate effect size across moderator values. All predictors and moderators were mean-centered for more meaningful interpretation of moderating effect (Hayes, 2018).

Results

Preliminary Analyses

Descriptive characteristics are found in Table 1. Male and female participants reported similar mean scores on all measurements, except the SABRA-A². Female participants reported experiencing significantly higher levels of racism ($M = 29.10$, $SD = 6.25$) than their male counterparts ($M = 26.75$, $SD = 7.59$), with a small effect size ($d = 0.34$; Cohen, 1998). Participants who had sought mental health services since COVID-19 reported significantly higher resilience scores ($M = 138.78$, $SD = 20.59$), experiences of subtle and blatant racism ($M = 29.99$, $SD = 6.38$), coping strategy ($M = 84.34$, $SD = 12.61$), and stress-related growth ($M = 81.13$, $SD = 14.25$) than participants who either did not seek professional mental health services or who considered seeking services, but had not used them.

Correlations

Correlational analyses among all study variables were conducted. Table 1 presents the correlations among the predictive and outcome variables assessed in the study as well as the mean and standard deviations for each variable and internal reliability for each measurement. As expected, ethnic identity, resilience, coping strategy, and stress-related growth were positively and moderately correlated with each other. Interestingly, subtle and blatant racism were also positively related to ethnic identity, resilience, coping, and stress-related growth.

Hierarchical Regression Analyses

Results from the hierarchical regression analyses are provided in Table 2. The control variables of gender, age, education status, sexual identity, and help-seeking experience were examined in Model 1. Among the control variables, education status, sexual identity, and help-seeking experiences were significantly associated with stress-related growth for Asians and AAPIs. Specifically, participants who had earned a master's degree or higher and identified as heterosexual had significantly lower scores of stress-related growth compared to those who did not identify as heterosexual. Moreover, participants who sought mental health services following the COVID-19 outbreak reported significantly higher scores of overall stress-related growth compared to those who did not use professional mental health services. Model 1 accounted for 11.6% of the variance in stress-related growth.

The direct effects of subtle and blatant racism on stress-related growth were examined in Model 2. Subtle and blatant racism had a significantly positive relationship with stress-related growth among Asians and AAPIs ($\beta = .456, p < .001$) after controlling for gender, age, education, sexual identity, and help-seeking experience. Thus, higher levels of subtle and blatant racism were correlated with higher levels of stress-related growth. Among the control variables, only education status was found to be significantly associated with stress-related growth. Model 2 explained 28.8% of the variance in stress-related growth. The addition of subtle and blatant racism accounted for a 17.2% increase in the explained variance in stress-related growth, which was deemed a medium effect size (Cohen, 1998).

Ethnic identity was added in Model 3. Results indicated that ethnic identity was significantly positively associated with stress-related growth for Asians and AAPIs ($\beta = .244, p < .001$) after controlling for gender, age, education, sexual identity, and help-seeking experience. Based on these results, participants in the study who endorsed stronger levels of ethnic identity were more likely to cultivate higher levels of stress-related growth. Model 3 accounted for 33.5% of the variance in stress-related growth. The addition of ethnic identity explained 4.7% of increase in the variance of stress-related growth.

Resilience and coping strategy were added and analyzed in Model 4. Both resilience and coping strategy had significantly positive associations with stress-related growth for Asians and AAPIs after controlling for gender, age, education, sexual identity, and help-seeking experience. Specifically, Asians and AAPIs who had higher levels of resilience and higher levels of coping strategy were more likely to develop higher levels of stress-related growth. Model 4 explained 66.2% of the variance in stress-related growth. The addition of resilience and coping strategy accounted for a 32.7% increase in the explained variance in stress-related growth, which represented a large effect size (Cohen, 1998).

Moderating Effect of Resilience and Coping Strategy

To examine the moderating effect of resilience and coping strategy, Hayes' (2018) PROCESS macro (Model 1) was employed using 10,000 bootstrapping resamples. As shown in Table 3, coping strategy was significantly positively related to the slope of subtle and blatant racism on stress-related growth ($\beta = .017, p < .001$). Based on these results, coping strategy significantly moderated (i.e., strengthened) the positive link between racism and stress-related growth. As the moderator, coping strategy explained 1.4% of the total variance (51.2%) in stress-related growth, yielding a small effect size (Cohen, 1998). The nature of the moderating effect is presented in the simple slope analyses (Figure 1). Subtle and blatant racism had a significant effect on the development of stress-related growth for Asians and AAPIs with higher levels of coping strategy (+1 SD; $b = .468, 95\% \text{ CI } [.169, .767]$), but the significant effect did not hold for those with lower levels of coping strategy (-1 SD; $b = .017, 95\% \text{ CI } [-.224, .257]$). A +2 SD increase in resilience yielded less than .001 change in the conditional effect on stress-related growth, which was small in magnitude (Bodner, 2017). Thus, resilience did not significantly moderate the link between racism and stress-related growth.

Table 2*Results From Hierarchical Multiple Regression and Moderated Path Analysis*

Variables	Model 1		Model 2		Model 3		Model 4	
	B (S.E.)	β	B (S.E.)	β	B (S.E.)	β	B (S.E.)	β
Gender								
Female (ref)								
Male	-1.668 (1.718)	-.051	.187 (1.559)	.006	-.036 (1.510)	-.001	-1.831 (1.085)	-.056
Age								
> 34 (ref)								
≤ 34	-1.205 (1.623)	-.039	-2.059 (1.462)	-.067	-2.287 (1.417)	-.074	.397 (1.027)	.013
Education								
≤ Bachelor (ref)								
≥ Master	-5.017 (1.698)	-.157**	-3.470 (1.537)	-.109*	-2.249 (1.510)	-.070	.320 (1.090)	.010
Sexual Identity								
Non-hetero (ref)								
Heterosexuality	-4.479 (1.697)	-.139**	-1.721 (1.557)	-.109	-1.621 (1.508)	-.050	-1.512 (1.090)	-.047
Help-Seeking								
No (ref)								
Yes	6.796 (1.605)	.225***	2.691 (1.517)	.089	2.880 (1.469)	.095	.452 (1.065)	.015
SBRS			.947 (.108)	.456***	.734 (.114)	.354***	.220 (.095)	.106*
MEIM					1.152 (.243)	.244***	-.172 (.190)	-.037
Resilience							.357 (.029)	.496***
Coping							.433 (.059)	.375***
R ²	.116		.288		.335		.662	
ΔR^2			.172		.047		.327	

Note. B = unstandardized regression coefficients; S.E. = standard errors; β = standardized coefficients; SBRS = Subtle and Blatant Racism Scale; MEIM = Multigroup Ethnic Identity Measure; ref = reference group.

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 3*Results From Moderation Path Analysis*

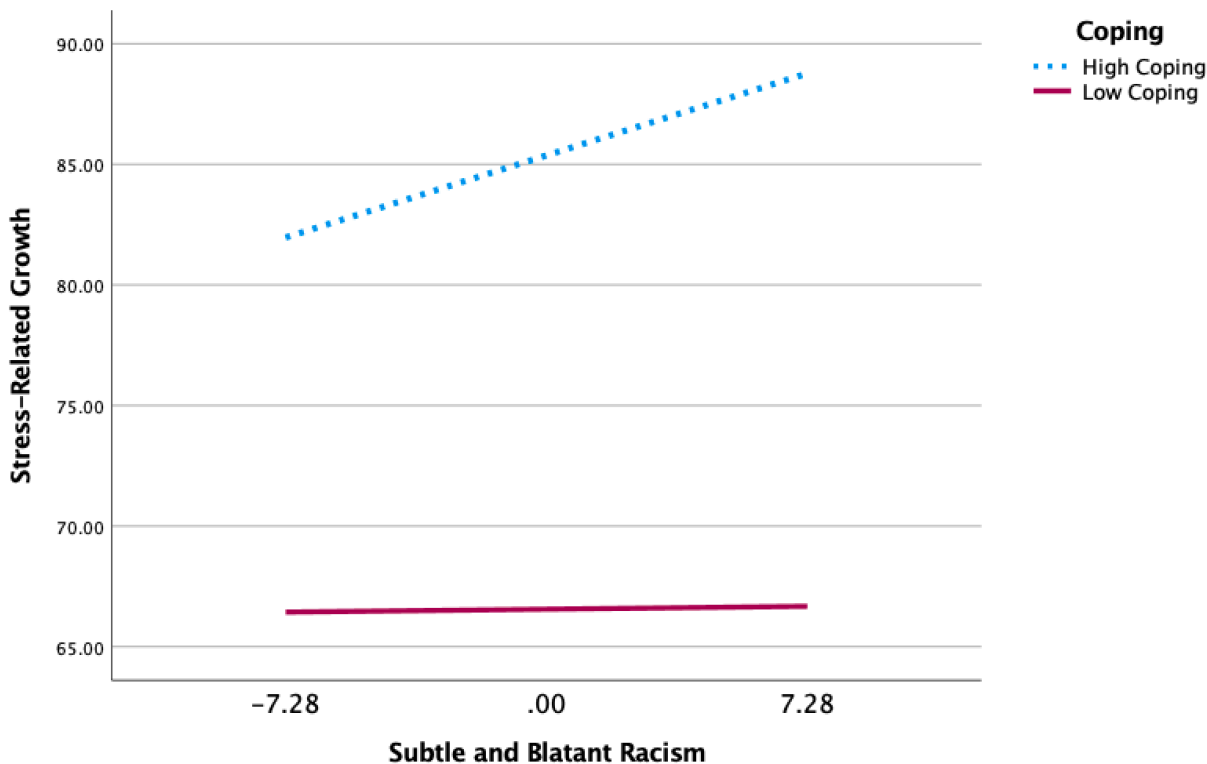
Variable	β	SE	LLCI	ULCI
SBRS	0.242*	0.115	0.015	0.469
Coping	0.718***	0.062	0.596	0.841
SBRS \times Coping	0.017**	0.006	0.006	0.029
Controlled Variables				
Age	-1.420	1.215	-3.811	0.971
Gender	-0.681	1.297	-3.232	1.871
Education	-1.409	1.287	-3.942	1.124
Sexual Identity	0.185	1.304	-2.380	2.750
Help-Seeking	0.070	1.282	-2.452	2.592
SBRS	0.577***	0.089	0.403	0.751
Resilience	0.443***	0.029	0.387	0.499
SBRS \times Resilience	0.001	0.004	-0.006	0.009
Controlled Variables				
Age	0.472	1.109	-1.709	2.654
Gender	-1.704	1.175	-4.015	0.607
Education	-0.084	1.174	-2.227	2.395
Sexual Identity	-2.569*	1.184	-4.899	-0.239
Help-Seeking	1.542	1.138	-0.696	3.781

Note. SBRS = Subtle and Blatant Racism Scale; LLCI = lower limit of confidence interval; ULCI = upper limit of confidence interval.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Supplementary Analyses

Because the 14 coping subscales demonstrated poor reliability, we examined which types of coping strategies moderated the link between racism and stress-related growth. Among the different types of coping responses, self-blame, religion, humor, venting, substance use, denial, and behavioral disengagement had significant moderation effects on the relation between racism and stress-related growth. On the contrary, self-distraction, active coping, use of emotional support, use of instrumental support, positive reframing, planning, and acceptance did not significantly moderate the relationship between racism and stress-related growth.

Figure 1*Coping Strategy Moderates the Effect of Subtle and Blatant Racism on Stress-Related Growth*

Discussion

The present study examined the extent to which coping, resilience, experiences of racism, and ethnic identity predicted stress-related growth in a national convenience sample of Asian and AAPI individuals. The results of our exploratory study provide empirical evidence for the moderating effects of coping on the relationship between racial discrimination and stress-related growth in Asians and AAPIs following the COVID-19 pandemic. In our study, ethnic identity was positively associated with stress-related growth, which further supports the current body of research linking ethnic identity to well-being (Iwamoto & Liu, 2010; Mossakowski, 2003; Yip et al., 2019). Our findings may be additionally explained through the lens of social identity theory (Tajfel & Turner, 1979), which posits that individuals who strongly identify with their social identities (i.e., ethnic and/or racial identities) are better equipped to leverage effective coping strategies that protect their overall self-concept and buffer the harmful impact of discrimination.

Participants in the study who used mental health services following COVID-19 also reported significantly higher levels of racial discrimination, resilience, coping, and stress-related growth compared to Asians and AAPIs who did not use professional mental health services. The results from our study are consistent with existing research that asserted how individuals may cultivate coping responses following traumatic experiences (Helgeson et al., 2006; Janoff-Bulman, 2004; Tedeschi & Calhoun, 2004) in ways that can strengthen the relationship between stressful experiences (i.e., racism) and stress-related growth (Park et al., 1996; Tedeschi & Calhoun, 2004). The results of our study

therefore contribute to a larger body of research that establishes the relationship between stress-related growth and psychological health, optimism, positive affect, and psychological well-being (Bostock et al., 2009; Bower et al., 2009; Durkin & Joseph, 2009) while contributing nascent findings to the relationship between COVID-19 racial discrimination and stress-related growth in Asian and AAPI communities.

The results from Model 1 indicated education status, sexual identity, and help-seeking experiences were significantly associated with stress-related growth for Asians and AAPIs in the study. Specifically, participants who reported higher levels of education and identified as heterosexual or straight had lower scores of stress-related growth compared to those who did not identify as heterosexual. These findings are notable as individuals with lesbian, gay, bisexual, and other marginalized identities experience more stress and mental health issues compared to their heterosexual counterparts (Mongelli et al., 2019), resulting in greater opportunities to cultivate coping responses, build resilience, and establish meaningful social supports (Helgeson et al., 2006; Janoff-Bulman, 2004; Tedeschi & Calhoun, 2004). Participants in our study who used mental health services following the COVID-19 outbreak reported significantly higher levels of stress-related growth compared to Asians and AAPIs who did not use professional mental health services. One possible explanation for this finding may be that participants who sought mental health services already demonstrated higher levels of psychological mindedness, which may have influenced higher levels of stress-related growth following COVID-19–related racial discrimination.

In our study, the combined effects of resilience and coping explained 66.2% of the variance in Model 4, with coping strategies moderating the relationship between experiences of racism and stress-related growth. Participants in our study may have learned cognitive coping responses in the therapeutic setting that mitigated the effects of racism and cultivated stress-related growth. Our findings are consistent with the results of a meta-analysis ($n = 103$) that identified coping responses such as reappraisal, acceptance, and support seeking as significant predictors of stress-related growth (Prati & Pietrantonio, 2009). The specific coping responses that moderated the link between racism and stress-related growth in this study were self-blame, religion, humor, venting, substance use, denial, and disengagement. Leveraging these coping strategies in response to stressful experiences may be consistent with culturally congruent coping responses that protect Asians and AAPIs by avoiding the stressor (Edwards & Romero, 2008; Litam, 2020). Consistent with extant research on culturally congruent coping, engaging in self-blame responses may maintain interpersonal harmony (Wei et al., 2010), and humor, venting, denial, disengagement, and substance use may help one evade problems or adjust one's feelings to the environment (Pokhrel & Herzog, 2014). The results of our study are thus consistent with research that emphasizes the influence of cultural notions on coping responses (Lazarus & Folkman, 1984; Tweed & Conway, 2006) while contributing new findings about which coping responses may contribute to stress-related growth in Asian and AAPI communities following COVID-19.

Implications for Counselors

This study highlights how experiences of racism, ethnic identity, resilience, and coping strategies may cultivate stress-related growth among Asian and AAPI individuals who experience COVID-19–related racial discrimination. Each of these variables were found to predict stress-related growth in our study. Mental health professionals working with Asian and AAPI clients who have experienced COVID-19 racism are encouraged to consider how their clients' ethnic identity, resilience, and coping strategies may be leveraged to promote their well-being. In this exploratory study, participants with higher levels of ethnic identity experienced greater levels of stress-related growth, so it may behoove mental health professionals to embolden Asian and AAPI clients to fortify the quality of their ethnic group affiliation by pursuing cultural practices that promote a sense of group belongingness (Phinney, 1990). For

example, ethnic identity can be cultivated by fostering community connection through local Asian and AAPI organizations, embracing cultural notions, and learning more about one's culture, background, and family history (Chan & Litam, 2021; Litam, 2020). Clients who embody strong ethnic identities may be more likely to employ coping strategies that align with culturally embedded values; therefore, it is essential that mental health counselors recognize their own cultural values while remaining respectful of their client's cultural values (Chang & O'Hara, 2013; see MSJCC, Ratts et al., 2016).

Given the importance of coping strategies and resilience on stress-related growth, mental health professionals are encouraged to identify and amplify clients' existing coping strategies while fostering responses that cultivate resilience. Though limited, a supplementary analysis indicated that different forms of coping, such as self-blame, religion, humor, venting, substance use, denial, and disengagement, may moderate the relationship between racism and stress-related growth among Asian and AAPI communities facing racial discrimination following COVID-19. Thus, mental health professionals working with Asian and AAPI clients must assess the intention and outcome of client coping responses and challenge individualistic assumptions that minimize the value of culturally congruent coping strategies. The importance of using culturally sensitive therapeutic interventions when supporting Asian and AAPI clients during COVID-19 has been established (Litam, 2020). For example, mental health professionals must challenge assumptions that disengagement coping strategies are inherently problematic for their Asian and AAPI clients (Wong et al., 2010). Instead, mental health professionals are encouraged to focus on the usefulness of their Asian and AAPI clients' coping strategies without imposing their own preconceived notion of what healthy and unhealthy coping entails. Of note, substance use was identified as a coping strategy used by participants in this study. Counselors are therefore called to examine the purpose and outcomes associated with client substance use with nuance to determine the extent to which ongoing substance use may contribute to mental health sequelae.

Limitations and Future Areas of Study

The results of the study must be interpreted within the context of methodological limitations. First, although all participants resided in the United States, the majority of participants held international statuses compared to U.S. citizens or permanent residents. Readers must be cautioned before generalizing these findings to AAPIs, who may endorse generational differences. Next, it is possible that participants recruited from MTurk may not be representative of the general Asian and AAPI population in the United States (Burnham et al., 2018). Future areas of research may consider incorporating various strategies to recruit more representative samples. Additional areas of investigation may also examine how generational identity may affect the extent to which coping, resilience, racism, and ethnic identity predict stress-related growth. Next, although a significant positive association was found between using professional mental health services and levels of resilience, racism, coping, and stress-related growth, it is unknown whether participants in the study already embodied higher levels of stress-related growth, coping, and resilience before seeking services. Future areas of study may examine whether these variables may actually predict help-seeking behaviors in Asians and AAPIs. For example, seeking professional mental health services is consistent with predictors of stress-related growth, including leveraging community support, engaging in cognitive responses, appraisal, and facilitating meaning making (Park & Fenster, 2004; Prati & Pietrantonio, 2009). Moreover, the validity of the findings from the supplementary analysis could be limited because of the low reliability of 14 subscales. Finally, Asians and AAPIs were aggregated in the study, which results in the loss of important within-group distinctions. Future studies are warranted that investigate the extent to which coping, resilience, racism, and ethnic identity predict stress-related growth in specific Asian and AAPI subgroups.

Conclusion

Asians and AAPIs who employ culturally congruent coping responses may experience greater levels of stress-related growth following experiences of COVID-19–related racial discrimination. In this study, higher levels of ethnic identity, resilience, and coping responses predicted stress-related growth in a national convenience sample of Asians and AAPIs residing in the United States. Asians and AAPIs in this study who sought professional mental health services reported higher levels of racism and endorsed higher scores of resilience, coping, and stress-related growth compared to those who did not seek professional mental health services. Mental health professionals are encouraged to support Asian and AAPI clients in strengthening their ethnic identity, building resilience, and using culturally congruent coping responses to mitigate the effects of COVID-19–related racism and promote the development of stress-related growth.

Conflict of Interest and Funding Disclosure

The authors reported no conflict of interest or funding contributions for the development of this manuscript.

References

- Anandavalli, S., Harrichand, J. J. S., & Litam, S. D. A. (2020). Counseling international students in times of uncertainty: A critical feminist and bioecological approach. *The Professional Counselor*, 10(3), 365–375. <https://doi.org/10.15241/sa.10.3.365>
- Asmundson, G. J. G., & Taylor, S. (2020). Coronaphobia: Fear and the 2019-nCoV outbreak. *Journal of Anxiety Disorders*, 70. <https://doi.org/10.1016/j.janxdis.2020.102196>
- Boals, A., & Schuler, K. L. (2018). Reducing reports of illusory posttraumatic growth: A revised version of the Stress-Related Growth Scale (SRGS-R). *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(2), 190–198. <https://doi.org/10.1037/tra0000267>
- Bodner, T. E. (2017). Standardized effect sizes for moderated conditional fixed effects with continuous moderator variables. *Frontiers in Psychology*, 8, 562. <https://doi.org/10.3389/fpsyg.2017.00562>
- Bostock, L., Sheikh, A. I., & Barton, S. (2009). Posttraumatic growth and optimism in health-related trauma: A systematic review. *Journal of Clinical Psychology in Medical Settings*, 16(4), 281–296. <https://doi.org/10.1007/s10880-009-9175-6>
- Bower, J. E., Moskowitz, J. T., & Epel, E. (2009). Is benefit finding good for your health? Pathways linking positive life changes after stress and physical health outcomes. *Current Directions in Psychological Science*, 18(6), 337–341. <https://doi.org/10.1111/j.1467-8721.2009.01663.x>
- Brown, S. D., Unger Hu, K. A., Mevi, A. A., Hedderson, M. M., Shan, J., Quesenberry, C. P., & Ferrara, A. (2014). The Multigroup Ethnic Identity Measure–Revised: Measurement invariance across racial and ethnic groups. *Journal of Counseling Psychology*, 61(1), 154–161. <https://doi.org/10.1037/a0034749>
- Budiman, A., & Ruiz, N. G. (2021). *Key facts about Asian Americans, a diverse and growing population*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans>
- Burnham, M. J., Le, Y. K., & Piedmont, R. L. (2018). Who is MTurk? Personal characteristics and sample consistency of these online workers. *Mental Health, Religion & Culture*, 21(9–10), 934–944. <https://doi.org/10.1080/13674676.2018.1486394>
- Cacioppo, J. T., & Hawkey, L. C. (2003). Social isolation and health, with an emphasis on underlying mechanisms. *Perspectives in Biology and Medicine*, 46(3), S39–S52. <https://doi.org/10.1353/pbm.2003.0063>

- Cacioppo, J. T., Hawkley, L. C., Crawford, L. E., Ernst, J. M., Burleson, M. H., Kowalewski, R. B., Malarkey, W. B., Van Cauter, E., & Berntson, G. G. (2002). Loneliness and health: Potential mechanisms. *Psychosomatic Medicine*, 64(3), 407–417. <https://doi.org/10.1097/00006842-200205000-00005>
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4(1), 92–100. https://doi.org/10.1207/s15327558ijbm0401_6
- Chan, C. D., & Litam, S. D. A. (2021). Mental health equity of Filipino communities in COVID-19: A framework for practice and advocacy. *The Professional Counselor*, 11(1), 73–85. <https://doi.org/10.15241/cdc.11.1.73>
- Chang, C. Y., & O'Hara, C. (2013). The initial interview with Asian American clients. *Journal of Contemporary Psychotherapy*, 43(1), 33–42. <https://doi.org/10.1007/s10879-012-9221-9>
- Cheng, H.-I. (2013). "A wobbly bed still stands on three legs": On Chinese immigrant women's experiences with ethnic community. *Women & Language*, 36, 7–25.
- Choi, Y., Park, M., Noh, S., Lee, J. P., & Takeuchi, D. (2020). Asian American mental health: Longitudinal trend and explanatory factors among young Filipino- and Korean Americans. *SSM - Population Health*, 10. <https://doi.org/10.1016/j.ssmph.2020.100542>
- Cohen, J. (1998). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum.
- Congressional Asian Pacific American Caucus. (2020, February 26). As coronavirus fears incite violence, CAPAC members urge colleagues to not stoke xenophobia. <https://capac-chu.house.gov/press-release/coronavirus-fears-incite-violence-capac-members-urge-colleagues-not-stoke-xenophobia>
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
- Cordova, M. J., Riba, M. B., & Spiegel, D. (2017). Post-traumatic stress disorder and cancer. *The Lancet Psychiatry*, 4(4), 330–338. [https://doi.org/10.1016/S2215-0366\(17\)30014-7](https://doi.org/10.1016/S2215-0366(17)30014-7)
- DeVitre, Z., & Pan, D. (2020). Asian American values and attitudes towards seeking mental health services. *Journal of Asia Pacific Counseling*, 10(1), 15–26. <https://doi.org/10.18401/2020.10.1.2>
- Durkin, J., & Joseph, S. (2009). Growth following adversity and its relation with subjective well-being and psychological well-being. *Journal of Loss and Trauma*, 14(3), 228–234. <https://doi.org/10.1080/15325020802540561>
- Edmondson, D., Chaudoir, S. R., Mills, M. A., Park, C. L., Holub, J., & Bartkowiak, J. M. (2011). From shattered assumptions to weakened worldviews: Trauma symptoms signal anxiety buffer disruption. *Journal of Loss and Trauma*, 16(4), 358–385. <https://doi.org/10.1080/15325024.2011.572030>
- Edwards, L. M., & Romero, A. J. (2008). Coping with discrimination among Mexican descent adolescents. *Hispanic Journal of Behavioral Sciences*, 30(1), 24–39. <https://doi.org/10.1177/0739986307311431>
- Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton.
- Frazier, P. A., Tix, A. P., & Barron, K. E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology*, 51(1), 115–134. <https://doi.org/10.1037/0022-0167.51.1.115>
- Gee, G. C., Spencer, M., Chen, J., Yip, T., & Takeuchi, D. T. (2007). The association between self-reported racial discrimination and 12-month DSM-IV mental disorders among Asian Americans nationwide. *Social Science & Medicine*, 64(10), 1984–1996. <https://doi.org/10.1016/j.socscimed.2007.02.013>
- Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). Guilford.
- Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology*, 74(5), 797–816. <https://doi.org/10.1037/0022-006X.74.5.797>
- Hwang, W.-C., & Goto, S. (2008). The impact of perceived racial discrimination on the mental health of Asian American and Latino college students. *Cultural Diversity and Ethnic Minority Psychology*, 14(4), 326–335. <https://doi.org/10.1037/1099-9809.14.4.326>
- Inman, A. G., & Yeh, C. J. (2007). Asian American stress and coping. In F. T. L. Leong, A. G. Inman, A. Ebreo, L. H. Yang, L. Kinoshita, & M. Fu (Eds.), *Handbook of Asian American psychology* (2nd ed., pp. 323–340). SAGE.
- Iwamoto, D. K., & Liu, W. M. (2010). The impact of racial identity, ethnic identity, Asian values, and race-related stress on Asian Americans and Asian international college students' psychological well-being. *Journal of Counseling Psychology*, 57(1), 79–91. <https://doi.org/10.1037/a0017393>
- Janoff-Bulman, R. (2004). Posttraumatic growth: Three explanatory models. *Psychological Inquiry*, 15(1), 30–34.

- Jeung, R., & Nham, K. (2020). *Incidents of coronavirus-related discrimination*. Asian Pacific Policy & Planning Council. http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/STOP_AAPIO_HATE_MONTHLY_REPORT_4_23_20.pdf
- Kim, J., & Kim, H. (2013). The experience of acculturative stress-related growth from immigrants' perspectives. *International Journal of Qualitative Studies on Health and Well-Being*, 8(1). <https://doi.org/10.3402/qhw.v8i0.21355>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- Le, D. L., & Ahn, S. (2011). Racial discrimination and Asian mental health: A meta-analysis. *The Counseling Psychologist*, 39(3), 463–489. <https://doi.org/10.1177/0011000010381791>
- Lee, R. M. (2003). Do ethnic identity and other-group orientation protect against discrimination for Asian Americans? *Journal of Counseling Psychology*, 50(2), 133–141. <https://doi.org/10.1037/0022-0167.50.2.133>
- Lee, R. M. (2005). Resilience against discrimination: Ethnic identity and other-group orientation as protective factors for Korean Americans. *Journal of Counseling Psychology*, 52(1), 36–44. <https://doi.org/10.1037/0022-0167-52.1.36>
- Lee, R. M., & Davis, C., III. (2000). Cultural orientation, past multicultural experience, and a sense of belonging on campus for Asian American college students. *Journal of College Student Development*, 41(1), 110–115.
- Lee, R. M., & Yoo, H. C. (2004). Structure and measurement of ethnic identity for Asian American college students. *Journal of Counseling Psychology*, 51(2), 263–269. <https://doi.org/10.1037/0022-0167.51.2.263>
- Leong, F., Park, Y. S., & Kalibatseva, Z. (2013). Disentangling immigrant status in mental health: Psychological protective and risk factors among Latino and Asian American immigrants. *American Journal of Orthopsychiatry*, 83(2–3), 361–371. <http://doi.org/10.1111/ajop.12020>
- Liang, C. T. H., & Fassinger, R. E. (2008). The role of collective self-esteem for Asian Americans experiencing racism-related stress: A test of moderator and mediator hypotheses. *Cultural Diversity and Ethnic Minority Psychology*, 14(1), 19–28. <https://doi.org/10.1037/1099-9809.14.1.19>
- Lieber, E., Chin, D., Nihira, K., & Mink, I. T. (2001). Holding on and letting go: Identity and acculturation among Chinese immigrants. *Cultural Diversity and Ethnic Minority Psychology*, 7(3), 247–261. <https://doi.org/10.1037/1099-9809.7.3.247>
- Lim, J., & Ashing-Giwa, K. T. (2013). Is family functioning and communication associated with health-related quality of life for Chinese- and Korean-American breast cancer survivors? *Quality of Life Research*, 22, 1319–1329. <https://doi.org/10.1007/s11136-012-0247-y>
- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress*, 17(1), 11–21. <https://doi.org/10.1023/B:JOTS.0000014671.27856.7e>
- Litam, S. D. A. (2020). “Take your Kung Flu back to Wuhan”: Counseling Asians, Asian Americans, and Pacific Islanders with race-based trauma related to COVID-19. *The Professional Counselor*, 10(2), 144–156. <https://doi.org/10.15241/sdal.10.2.144>
- Litam, S. D. A., & Hipolito-Delgado, C. P. (2021). When being “essential” illuminates disparities: Counseling clients affected by COVID-19. *Journal of Counseling & Development*, 99(1), 3–10. <https://doi.org/10.1002/jcad.12349>
- Litam, S. D. A., & Oh, S. (in press). Effects of COVID-19 racial discrimination on depression and life satisfaction among young, middle, and older Chinese Americans. *Adultspan Journal*.
- Litam, S. D. A., & Oh, S. (2020). Ethnic identity and coping strategies as moderators of COVID-19 racial discrimination experiences among Chinese Americans. *Counseling Outcome Research and Evaluation*. <https://doi.org/10.1080/21501378.2020.1814138>
- Miller, C. T., & Kaiser, C. R. (2001). A theoretical perspective on coping with stigma. *Journal of Social Issues*, 57(1), 73–92. <https://doi.org/10.1111/0022-4537.00202>
- Miller, C. T., & Major, B. (2000). Coping with stigma and prejudice. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 243–272). Guilford.
- Mongelli, F., Perrone, D., Balducci, J., Sacchetti, A., Ferrari, S., Mattei, G., & Galeazzi, G. M. (2019). Minority stress and mental health among LGBT populations: An update on the evidence. *Minerva Psichiatrica*, 60(1), 27–50. <https://doi.org/10.23736/S0391-1772.18.01995-7>
- Mossakowski, K. N. (2003). Coping with perceived discrimination: Does ethnic identity protect mental health? *Journal of Health and Social Behavior*, 44(3), 318–331. <https://doi.org/10.2307/1519782>

- Nadal, K. L., Wong, Y., Sriken, J., Griffin, K., & Fujii-Doe, W. (2015). Racial microaggressions and Asian Americans: An exploratory study on within-group differences and mental health. *Asian American Journal of Psychology, 6*(2), 136–144. <https://doi.org/10.1037/a0038058>
- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health, 93*(2), 232–238. <https://doi.org/10.2105/ajph.93.2.232>
- Nolen-Hoeksema, S., & Davis, C. G. (2004). Theoretical and methodological issues in the assessment and interpretation of posttraumatic growth. *Psychological Inquiry, 15*, 60–64.
- O'Rourke, N., & Hatcher, L. (2013). *A step-by-step approach to using SAS for factor analysis and structural equation modeling* (2nd ed.). SAS Press.
- Osborn, J. W. (2013). *Best practices in data cleaning: A complete guide to everything you need to do before and after collecting your data*. SAGE.
- Park, C. L., Cohen, L. H., & Murch, R. L. (1996). Assessment and prediction of stress-related growth. *Journal of Personality, 64*(1), 71–105. <https://doi.org/10.1111/j.1467-6494.1996.tb00815.x>
- Park, C. L., & Fenster, J. R. (2004). Stress-related growth: Predictors of occurrence and correlates with psychological adjustment. *Journal of Social and Clinical Psychology, 23*(2), 195–215. <https://doi.org/10.1521/jscp.23.2.195.31019>
- Phinney, J. S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin, 108*(3), 499–514. <https://doi.org/10.1037/0033-2909.108.3.499>
- Phinney, J. S. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with diverse groups. *Journal of Adolescent Research, 7*(2), 156–176. <https://doi.org/10.1177/074355489272003>
- Phinney, J. S. (2003). Ethnic identity and acculturation. In K. M. Chun, P. B. Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 63–82). American Psychological Association.
- Pokhrel, P., & Herzog, T. A. (2014). Historical trauma and substance use among Native Hawaiian college students. *American Journal of Health Behavior, 38*(3), 420–429. <https://doi.org/10.5993/AJHB.38.3.11>
- Prati, G., & Pietrantonio, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A meta-analysis. *Journal of Loss and Trauma, 14*(5), 364–388. <https://doi.org/10.1080/15325020902724271>
- Preacher, K. J., Rucker, D. D., & Hayes, A. F. (2007). Addressing moderated mediation hypothesis: Theory, methods, and prescriptions. *Multivariate Behavioral Research, 42*(1), 185–227. <https://doi.org/10.1080/002731707001341316>
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and Social Justice Counseling Competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28–48. <https://doi.org/10.1002/jmcd.12035>
- Rzeszutek, M., & Gruszczyńska, E. (2018). Paradoxical effect of social support among people living with HIV: A diary study investigating the buffering hypothesis. *Journal of Psychosomatic Research, 109*, 25–31. <https://doi.org/10.1016/j.jpsychores.2018.03.006>
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice* (8th ed.). Wiley.
- Tabachnick, B. G., & Fidell, L. S. (2019). *Using multivariate statistics* (7th ed.). Pearson.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations*. Brooks Cole.
- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. SAGE.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455–471. <https://doi.org/10.1007/BF02103658>
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundation and empirical evidence. *Psychological Inquiry, 15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01
- Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Basil Blackwell.
- Tweed, R. G., & Conway, L. G., III. (2006). Coping strategies and culturally influenced beliefs about the world. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp. 133–153). Springer.

- Vasquez, C., Valiente, C., García, F. E., Contreras, A., Peinado, V., Trucharte, A., & Bentall, R. P. (2021). Post-traumatic growth and stress-related responses during the COVID-19 pandemic in a national representative sample: The role of positive core beliefs about the world and others. *Journal of Happiness Studies*. <https://doi.org/10.1007/s10902-020-00352-3>
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165–178.
- Wei, M., Heppner, P. P., Ku, T.-Y., & Liao, K. Y.-H. (2010). Racial discrimination stress, coping, and depressive symptoms among Asian Americans: A moderation analysis. *Asian American Journal of Psychology*, 1(2), 136–150. <https://doi.org/10.1037/a0020157>
- Wei, M., Wang, K. T., Heppner, P. P., & Du, Y. (2012). Ethnic and mainstream social connectedness, perceived racial discrimination, and posttraumatic stress symptoms. *Journal of Counseling Psychology*, 59(3), 486–493. <https://doi.org/10.1037/a0028000>
- Wen, J., Aston, J., Liu, X., & Ying, T. (2020). Effects of misleading media coverage on public health crisis: A case of the 2019 novel coronavirus outbreak in China. *An International Journal of Tourism and Hospitality Research*, 31(2), 331–336. <https://doi.org/10.1080/13032917.2020.1730621>
- Wong, G., Derthick, A. O., David, E. J. R., Saw, A., & Okazaki, S. (2014). The *what*, the *why*, and the *how*: A review of racial microaggressions research in psychology. *Race and Social Problems*, 6, 181–200. <https://doi.org/10.1007/s12552-013-9107-9>
- Wong, Y. J., Kim, S.-H., & Tran, K. K. (2010). Asian Americans' adherence to Asian values, attributions about depression, and coping strategies. *Cultural Diversity and Ethnic Minority Psychology*, 16(1), 1–8. <https://doi.org/10.1037/a0015045>
- Yang, A. (2014). Themes in the career development of 1.5-generation Hmong American women. *Journal of Career Development*, 41(5), 402–425. <https://doi.org/10.1177/0894845313507775>
- Yeh, C. J., Arora, A. K., & Wu, K. A. (2006). A new theoretical model of collectivistic coping. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping: International and cultural psychology series* (pp. 55–72). Springer.
- Yip, T., & Fuligni, A. J. (2002). Daily variation in ethnic identity, ethnic behaviors, and psychological well-being among American adolescents of Chinese descent. *Child Development*, 73(5), 1557–1572. <https://doi.org/10.1111/1467-8624.00490>
- Yip, T., Wang, Y., Mootoo, C., & Mirpuri, S. (2019). Moderating the association between discrimination and adjustment: A meta-analysis of ethnic/racial identity. *Developmental Psychology*, 55(6), 1274–1298. <https://doi.org/10.1037/dev0000708>
- Yoo, H. C., Steger, M. F., & Lee, R. M. (2010). Validation of the Subtle and Blatant Racism Scale for Asian American College Students (SABRA-A²). *Cultural Diversity and Ethnic Minority Psychology*, 16(3), 323–334. <https://doi.org/10.1037/a0018674>



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