INTERNATIONAL ASSOCIATION FOR RESILIENCE AND TRAUMA COUNSELING

The Official Newsletter of IARTC
Edited by Drs. Charmayne Adams and Lynn Pierce

MISSION STATEMENT

DIVERSITY STATEMENT

To enhance the quality of life for people and communities worldwide by promoting the development of professional counselors; by advancing the ideals of the American Counseling Association, the counseling profession, and the ethical practice of counseling through trauma-informed practices; and, by nurturing respect for human dignity, cultural inclusivity, and resilience.

JOIN IARTC!

IARTC is committed to Diversity, Equity, Inclusion, Understanding, and Empathy. We work to promote ethnic and racial empathy and understanding. IARTC continues to advocate, advance, and improve educational, professional, and leadership opportunities for members from diverse cultural backgrounds. IARTC denounces all forms of racism.
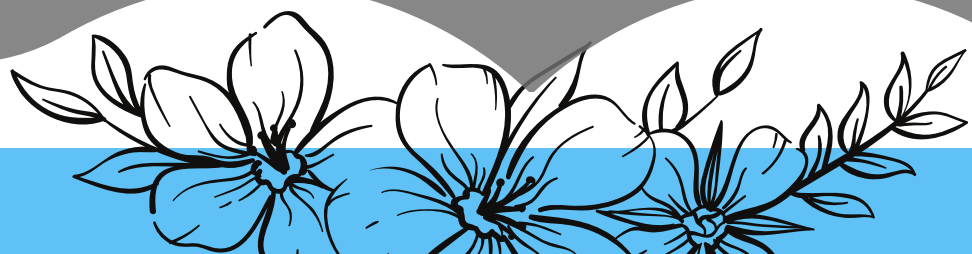
IARTC FALL/WINTER NEWSLETTER

In this issue:

A WORD FROM THE PRESIDENT

Peggy Mayfield, PhD

IARTC Historical Accomplishments!

On November 15, 2022, IARTC's Articles of Incorporation to become a non-stock corporation in the State of Virginia were signed. The Articles were subsequently filed, making IARTC an official corporation on January 5, 2023. We are indebted to ACA, its leadership team, and its legal representatives for their support during this vital process. To comply with Virginia requirements, a Conflict-of-Interest Policy was developed in collaboration with the ACA attorney, the IARTC Bylaws were reviewed for compliance, and the First Organizational Minutes were presented to the IARTC Board for its IARTC Board of Directors Meeting—held on Wednesday, January 11, 2023 @ 6:30 pm - 8:00 pm CENTRAL. All documents were approved by the Board.

IARTC Membership as of 02/28/23

IARTC receives monthly membership reports from ACA. Our last set of reports were received on 02/28/23 and listed our total number of members as 1547. We continue to grow! Even so, please outreach colleagues and networks to inform them about the wonderful work IARTC is doing. Join IARTC: Contact ACA Membership Services at 800-298-2276 M–F 8:30 am – 5:30 pm, Eastern time zone.

Warmly,
Peggy
Peggy Mayfield, Ph.D., LCPC, NCC, CCMHC, CCTP, CFTP, DCMHS
President & Co-Founder, International Association for Resilience and Trauma Counseling
Member, American Counseling Association International Committee
ACA Traumatology Interest Network Leadership Team
United Nations NGO Committee on Mental Health
Prevent Child Abuse Illinois Board Development Chair
Join IARTC: Contact ACA Membership Services at 800-298-2276 M–F 8:30 am – 5:30 pm, Eastern time zone.
IARTC Website: https://www.iartc.org
IARTC Twitter: @IARTC_Thrive
IARTC Inaugural Newsletter: https://www.iartc.org/about-4

IARTC GRADUATE STUDENT REP/DOCTORAL STUDENT REP FOR FISCAL YEAR 2023-2024

 IARTC seeks applications for those who wish to serve as IARTC Graduate Student Representative (1 position) and Doctoral Student Representative (1 position). Applicants must attest that they will remain in the associated student role for the entire fiscal year running from July 1, 2023 - June 30th, 2024, in order to stay abreast of emerging issues, ideas, and needs of graduate/doctoral students. Student representatives serve as non-voting members of the IARTC Board. The Board meetings are scheduled at the beginning of each fiscal year (July). The meetings for fiscal year 2023 - 2024 have not been set yet. These meetings will be set by the in-coming IARTC President, Dr. Lisa Levers (with the exception of the one associated with the ACA Conference). Meetings are held quarterly in July, October, January, and March/April, (depending on the dates of the ACA Conference).

Graduate/Doctoral Student Representative Role Description
IARTC Graduate/Doctoral Student Representatives bring forward any needs, opinions, concerns, and ideas from other IARTC Graduate/Doctoral Student Members. They attend all (4 in total) IARTC Quarterly Board Meetings to represent IARTC Graduate Students' voices and to learn leadership skills and practices. They submit a Quarterly Graduate/Doctoral Student Representative Report to the President (due on July 1, October 1, January 1, March 1). IARTC Graduate/Doctoral Student Representatives convey the Board's mission and goals to grad students through an update via the IARTC Newsletter. Due to the need to remain aware of the needs of IARTC Graduate Students, Graduate/Doctoral Student Representatives must be enrolled in a graduate/doctoral program in counseling or related field for the entire fiscal year of their service (July 1 - June 30). These are non-voting positions. IARTC Graduate Student Representatives are encouraged to join the IARTC Graduate Student Committee as a means to ascertain the needs of other graduate students.e reach out if you have questions or ideas to share!
mayfield.peggyc@gmail.com

IARTC GRADUATE STUDENT REP/DOCTORAL STUDENT REP FOR FISCAL YEAR 2023-2024

IARTC Graduate/Doctoral Student Representatives serve as a resource to graduate students who are not IARTC members but have an interest in joining the Association. They point these students to the IARTC website, and inform them of how to join IARTC. They seek to ascertain the needs of all IARTC graduate students to the extent possible.

Student Representatives submit Quarterly Board Reports to highlight goals and achievements based on the following prompts:
Note any Issues Important to Graduate/Doctoral Students and Provide any Suggestions on How IARTC Might Best Address Them
Suggestions Regarding DEIB & Social Justice Issues as Related to Graduate/Doctoral Students
Meetings/Communications
Successes/Favorite Activities

To apply to serve as IARTC Graduate Student Representative or IARTC Doctoral Student Representative, send your CV and a letter of application that details manifestations (evidence) of your ongoing commitment to IARTC as well as your commitment to addressing trauma and building resilience capacity in your practice, community, and/or the world. The application letter should attest that you will remain in the associated student role for the entire fiscal year running from July 1, 2023 - June 30th, 2024, in order to stay abreast of emerging issues, ideas, and needs of graduate/doctoral students. Please also speak to your prior leadership experience and your goodness of fit for the role of Student Representative. We aim to address equity through the application process. Application materials should be sent to IARTC President, Dr. Peggy Mayfield at mayfield.peggyc@gmail.com by 11:59 pm Eastern time on April 10th. Wishing you all the very best! Thank you for your ongoing support of IARTC and its mission. Please reach out if you have questions or ideas to share!

BE AN IARTC LEADER!

We are actively seeking members for a number of our IARTC Committees. If you are interested in lending your talents to advance the mission of IARTC, please send your CV and letter of interest to me at Mayfield.peggyc@gmail.com and Dr. Lisa Levers, IARTC President-Elect at levers@duq.edu. Consider joining the following committees:

- **Budget and Finance Committee**
- **Communications/Media and Public Relations Committee**
- **Conference Committee**
- **IARTC Membership Committee**

If appointed to a committee, we will also need a headshot and a brief bio so that we can add your profile to the IARTC website. IARTC encourages diverse members from national and international communities to apply.

Join us!

American Counseling
Association Conference
Spring 2023

Toronto, Ontario

Join us for the 2023 ACA Conference & Expo in
Canada March 30 - April 1! Connect with fellow
mental health professionals and students, get
the latest tools, information and resources to
support your work, and earn continuing
education credits while you're at it at the premier
professional development and networking event
for the counseling field.

JOIN US AT ACA!!

We have confirmed our two IARTC sessions at ACA Toronto as follows:

Session Information:
Title: Trauma-Informed Practices of Mental Health Providers Around the Globe
Format: 30-Minute Poster Session
Date: Friday 3/31/2023
Time: 1:00 pm - 1:30 pm
Primary Presenter: Dr. Debra Lynne Ainbinder
Co-Presenters: Jonathan Sperry & Lydia Fink

Session Information:
Title: An Emerging Visage of Vicarious Trauma: Definitions, Impacts, and Exemplary Practices
Format: 60-Minute Education Session
Date: Saturday 4/1/2023
Time: 1:30 pm - 2:30 pm
Primary Presenter: Dr. Peggy L. Mayfield, IARTC President
Co-Presenters: Dr. Isak Kim & Dr. Denisa Millette

Use this link for information on additional Trauma and Resilience Presentations at ACA Toronto:
https://www.iartc.org/_files/ugd/545ff9_4ae3947285094af5bd7df498f714d828.pdf.
.

We hope to see you in Toronto!
Celebrate! March is IARTC's anniversary month as a Division of the American Counseling Association! We are very excited about IARTC's First Anniversary as a division on March 24th! Celebrate!

JOIN US AT ACA!!

Conference Volunteers!

We are seeking volunteers who plan to attend the ACA Conference in Toronto to take pictures during our Annual Membership Meeting and Awards Ceremony to be held at 1:00 pm Eastern-Dockside 3-Lower Level-at Westin Harbour Castle; the Conference hotel. We need a few volunteers who can take pictures using a phone and forward the pictures to mayfield.peggyc@gmail.com. Please let us know if you will be able to serve as a volunteer in this capacity: mayfield.peggyc@gmail.com

IARTC All Members Meeting and Awards Ceremony

IARTC Awards will be conferred during the IARTC All Members Meeting on Thursday, March 30, 2023, from 1:00 – 2:00 pm Eastern at the conference hotel —the Westin Harbour Castle, Dockside 3, Lower Level. We will attempt to offer Zoom attendance in addition to in-person attendance. Here is the Zoom link to attend virtually: https://us02web.zoom.us/j/89181940276?pwd=RXo2ZlQ0TE02OE5DSE1aRDFYc3hXUT09

IARTC offers its sincerest thanks to the IARTC Awards Committee under the leadership of Dr. Steve Berry, Chair, and Dr. Michelle Santiago, Vice-Chair, who oversaw the process and selection. We are thrilled with the stellar leaders selected during IARTC's inaugural awards' season. They represent the best the world has to offer in trauma leadership. Tune in to our Awards Ceremony on March 30th to find out who won!

2 Student Grants Awarded!

IARTC awarded two student grants in the amount of $500.00 to attend the ACA Conference in Toronto! A priority was to identify two students for the grants, while ensuring equity. Applicants were required to send a CV and a letter of application that detailed manifestations (evidence) of student's ongoing commitment to IARTC as well as student's commitment to addressing trauma and building resilience capacity in their practice, community, and/or the world. This competitive process yielded many qualified applicants, making the decision difficult. Please attend the IARTC All Members Meeting and Awards Ceremony at ACA Toronto to find out who won!

MEMBERSHIP BENEFITS!
IARTC FREE WEBINARS

Big thanks to the IARTC Professional Development Committee for developing 4 free trauma and resilience-focused webinars already this year. *We will have links for members to access by the next edition of the newsletter.*

January 5 - Dr. Parker-Barnes
Social Class Related Trauma: Counseling Clients with Classism and Social Class Related Trauma.

January 6 - Dr. Wyche and Ms. Patricia Hickham, MS, LCMHCA, NCC--Trauma-Informed Teaching: Increasing Capacity for Sustainable Counselor Learning.

February 3 - Dr. Grybush --What Happened to You? Understanding the Impact of Early Childhood Adversity and Ways to Foster Resilience.

March 3 - Dr. Sosin--Trauma-Informed Embodiment Practices that Promote Emotion Awareness, Compassionate Tolerance, and Integration.

The committee has paused webinar development until after the ACA Conference in Toronto to allow time to complete the application for NBCC ACEP accreditation. We hope to put out a call for more webinars in late April. *We want to offer our sincerest thanks to the amazing scholars who presented our first four webinars!*

MEET INCOMING PRESIDENT

CELEBRATE!!!!

IARTC 2023–2024 President-Elect

MATTHEW J. WALSH, PH.D., LPC, NCC

Matt Walsh obtained his PhD from Duquesne University in Counselor Education and Supervision. In addition, he has an M.S. in Clinical Mental Health Counseling, an M.A. in Pastoral Ministry, and a B.A. in Studio Art. He is a licensed Professional Counselor and National Certified Counselor. He has been a professional counselor for over 10 years and was in higher education for almost 20 years. He has worked in a variety of clinical settings including crisis intervention, addiction, and dual diagnosis. In addition, Dr. Walsh is a consultant, trauma-informed workshop facilitator, and adjunct faculty. Dr. Walsh's community engaged research focuses on community trauma from a Bioecological perspective and transgenerational/historical trauma theory. His dissertation, Designing Accessible Mental Health Care in an Urban Community: Lived experiences of key stake holders planning emergent community-based services was developed into a dynamic collaborative model for community development and wellbeing called Trauma Informed Community Development (TICD) in collaboration with The Neighborhood Resilience Project based in Pittsburgh, PA. The objective of TICD is to help revitalize trauma-affected communities by establishing and promoting healthy, healing micro-communities. Cohorts from around the country have been trained in the TICD framework. Dr. Walsh is currently the Chief Clinical Officer for Oasis Mental Health Applications.

MEMBER SPOTLIGHT!

Yoon Suh Moh (she/her)
Ph.D., LPC (DC, PA), NCC, CRC, BC-TMH, BCN

Dear International Association for Resilience and Trauma Counseling Community,

Greetings!
My name is Yoon Suh Moh, and I am a counselor educator and assistant director for the CACREP-accredited Community and Trauma Counseling program at Thomas Jefferson University. Additionally, I am a licensed professional counselor in Pennsylvania and the District of Columbia, and nationally certified as a rehabilitation counselor, national certified counselor, board certified telemental health provider, and Biofeedback Certification International Alliance-certified provider in neurofeedback. In addition to my professional roles in teaching, counseling, supervision, and research and scholarship, I am actively and passionately involved leadership and advocacy at varying levels ranching from the local to regional to national in the counseling profession. For instance, I am serving on the Branch Committee as chair in the context of IARTC alongside several other likeminded counseling professionals.

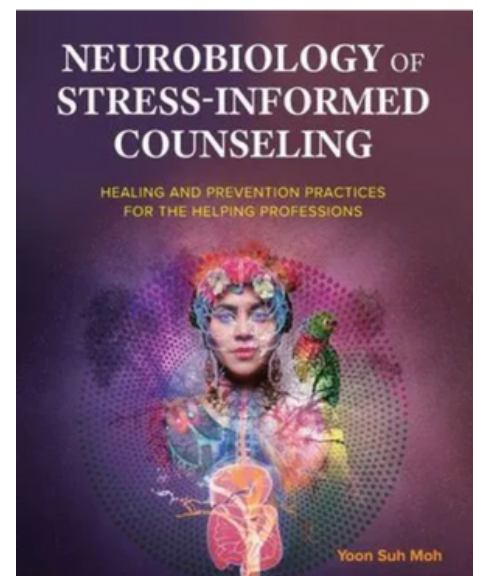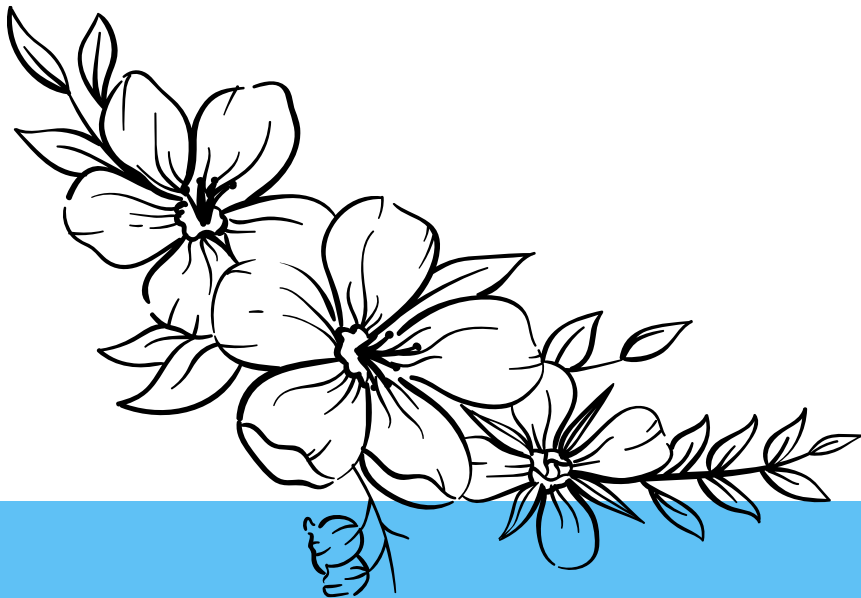Moreover, recently, I had an honor to have my academic textbook titled "Neurobiology of Stress-Informed Counseling" published in Cognella Academic Publishing. A promotional description of the book can be found in the following paragraphs or at the following link if you are interested in taking a look.
https://www.barnesandnoble.com/w/neurobiology-of-stress-informed-counseling-yoon-suh-moh/1142703225

MEMBER SPOTLIGHT!

Recognizing that we are constantly exposed to stressors in our day-to-day lives, Neurobiology of Stress-Informed Counseling: Healing and Prevention Practices for the Helping Professions introduces readers to a variety of ways of conceptualizing stress that are supported by anecdotal and empirical evidence. It invites readers to explore scenarios in which both positive and negative stress can influence human function, as well as practices that can help alleviate the harmful effect of stress on human development and health.

The book emphasizes the significance of preventative actions and practices that may curtail the sources of negative stress at varying levels, equipping helping professionals with strategies and knowledge that can help them assist their clients. It describes culturally responsive approaches to actions and practices for healing and prevention and also underscores the importance of self-care and wellness.

Opening chapters present the neurobiology of a stress-informed approach to health-related actions and frameworks and perspectives that highlight the importance of healing from and prevention of human suffering. Additional chapters examine the connection between human suffering and its effects on human development, human health, and disease. Readers are challenged to apply their knowledge of healing and preventative actions at various levels, from micro to macro and within the helping professions.

NEUROBIOLOGY OF
STRESS-INFORMED
COUNSELING

HEALING AND PREVENTION PRACTICES
FOR THE HELPING PROFESSIONS

Yoon Suh Moh

IARTC MEMBERSHIP MAP

IARTC'S 1,547+ MEMBERS LIVE IN 50 STATES, D.C., PUERTO RICO, BRITISH COLUMBIA, CZECH REPUBLIC, ONTARIO, ITALY, MALAWI, SINGAPORE, SYRIA, SWITZERLAND, TRINIDAD & TABAGO, AND THE UNITED KINGDOM

IF YOU ARE AN IARTC MEMBER AND YOUR COUNTRY IS NOT ON THE LIST-- PLEASE CONTACT MAYFIELD.PEGGYC@GMAIL.COM

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Czech Republic · British Columbia · Ontario · Italy · United States · United Kingdm · Malawi · Trinidad & Tobago · Singapore · Syria · Switzerland

If you are an IARTC member who resides in a country that is not depicted on the map, please contact mayfield.peggyc@gmail.com. We want our map to represent all areas where our members reside! Thank you!
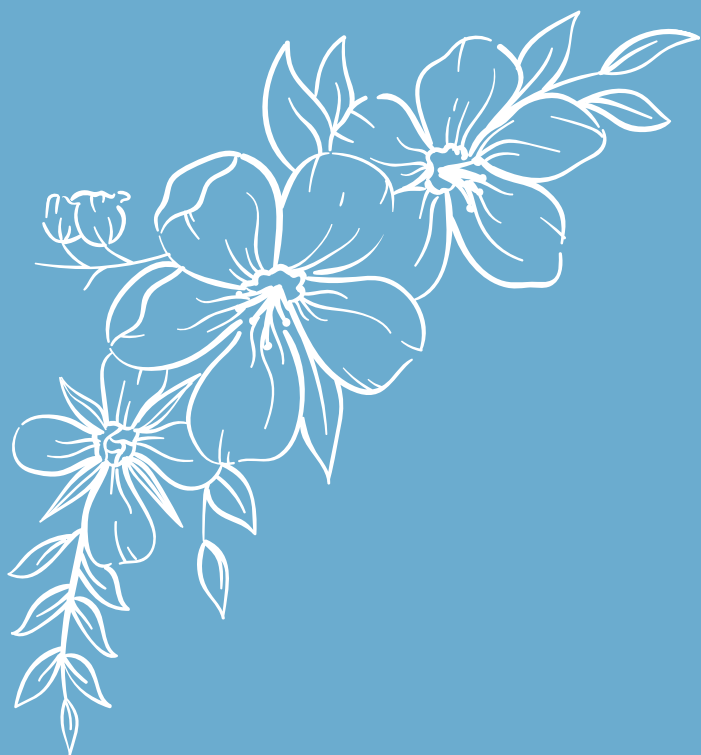
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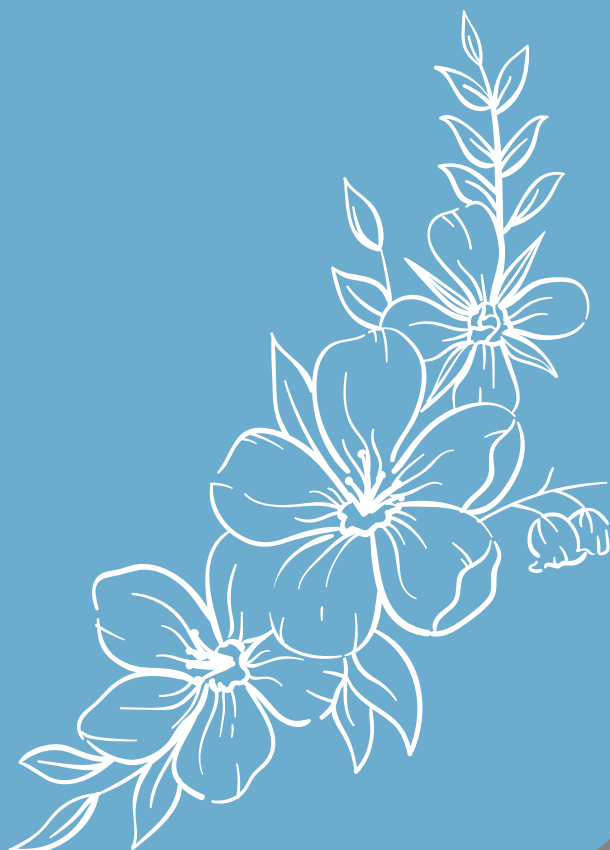
Vicarious Cultural Trauma: Definition, Impacts, and Approaches

Dr. Isak Kim, Aiesha Lee,
Peggy Mayfield, Hazell Imbert

Increased exposure to and recognition of cultural injustices has promoted necessary discourse amongst mental health professionals, educators, and researchers. Collectively, we have witnessed recent events (i.e., an increase in hate crimes against Asian communities, murders of African American men, and attacks on religious and LGBTQ communities) that have impacted our well-being as a society, particularly those from marginalized groups. Due to this, there is a need to explore how the clients we serve as counseling professionals experience and are affected by those traumatizing events.

What is Vicarious Cultural Trauma?

It is crucial to understand both vicarious trauma and cultural trauma to explore and define the emerging concept of vicarious cultural trauma. Vicarious trauma has been defined as the impact of empathetic engagement with traumatic experiences that are witnessed directly and indirectly (Pearlman & Mac Ian, 1995). Primarily studied as a phenomenon among helping professionals, the impact of vicarious trauma is like that of a first-hand traumatic experience (Anthym & Tuitt, 2019). Similar to post-traumatic stress disorder (PTSD), symptoms of vicarious trauma include avoidance, re-experiencing, depression, anxiety, and substance use (Anthym & Tuitt, 2019; American Psychological Association, 2013; Figley, 1996). Researchers have expanded the discourse on vicarious trauma to include discussions on vicarious racism or racial trauma.

Cultural trauma is defined as violence, whether physical or psychological, targeted at a group of people based on a specific and shared identity (e.g., religion, ethnicity, or race). Cultural trauma contributes to and can alter, interactions within and outside of a collective (Alexander, 2004; Subica & Link, 2022). The events of violence against cultural groups that we have witnessed as a society can be identified as cultural traumas. Researchers have noted that responses to cultural trauma, including racial trauma, impact one's physical and psychological health (Subica & Link, 2022). With this and recognizing the increased exposure to and recognition of cultural injustices, it is necessary to understand the impact of indirect cultural trauma, or, vicarious cultural trauma.
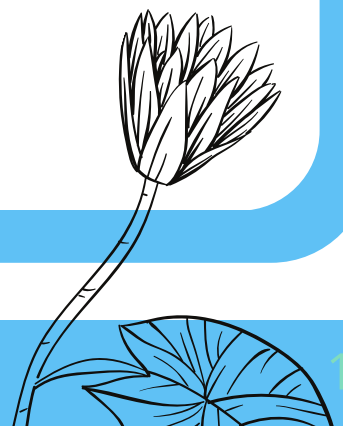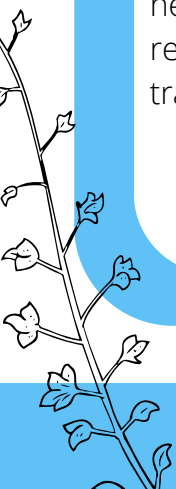
Scholars have defined vicarious racism as an indirect experience of racism that one identifies with and struggles to make sense of (Ashraf & Nassar, 2018; Truong et al., 2016). Based on current events, it is evident that many marginalized communities are experiencing cultural traumas indirectly through the media, a story from a loved one, or witnessing it happen. The authors identify vicarious cultural trauma as the compounding experience and impact of cultural and vicarious trauma. More specifically, we define vicarious cultural trauma as, ***indirect exposure to and emotional engagement with the lived traumatic experiences of an individual or group based on a shared identity (e.g., race/ethnicity, religion, sexuality, gender, indigenous status, ability status, etc.) that attacks and alters the consciousness of the individual and associated culture***. This form of traumatization can occur through various sources, such as viewing or hearing about cultural trauma in public, in the news or on social media, through friends and family members, or even politicians or other public figures' remarks (Chae et al., 2021).
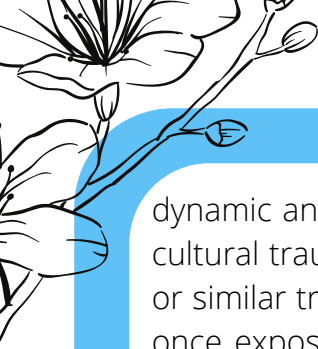
Symptoms and Impacts of Vicarious Cultural Trauma

Symptoms of vicarious cultural trauma can appear similar to those of trauma and stress-related disorders as outlined in the DSM-5-TR or the ICD-10's PTSD diagnostic criteria. Specifically, those who experience vicarious cultural trauma may show symptoms such as intrusion (e.g., unwanted upsetting memories, flashbacks), avoidance of trauma-related thoughts, feelings, and reminders, negative alterations in cognitions, mood (e.g., increased negative affect), and psychological sensitivity (e.g., irritability, hypervigilance, anger outbursts).

Existing research suggests that cultural injustices committed against other members of the same social group are collectively shared, cause traumatic stress, and negatively affect health outcomes. For example, a young African American male may experience distress while being pulled over not because of his own negative experiences, but because of those displayed in the media and stories from loved ones. Neuroscience-based findings indicate that bias-motivated incidents directed at other individuals of the same social group reflect the effects of threats to the self and activate brain regions associated with direct experiences of exclusion and rejection (e.g., Berger & Sarnyai, 2015; Masten et al., 2013). In addition, Heard-Garris and colleagues (2018), in their systematic review of vicarious racism from 30 selected studies, concluded that vicarious racial trauma adversely impacts youths' physical health (e.g., BMI, general illness), mental health (e.g., anxiety, substance use, depressive symptoms), socioemotional health (e.g., self-esteem, internalizing/externalizing behaviors), and interferes with their positive development (e.g., cognitive development).

Vicarious cultural trauma may be more deleterious than vicarious trauma due to the
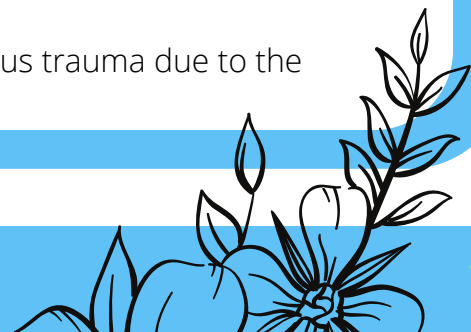
dynamic and persistent impact on the individual and the entire culture. In particular, vicarious cultural trauma can heighten excessive worry, anxiousness, and fear of experiencing the same or similar traumatic event of their loved ones (e.g., family members) as well as those who were once exposed to it. For example, viewing videos of brutal police killings of African Americans can cause traumatic stress, particularly for African Americans, and further elicit fear of themselves or their family members becoming the next target. Asian Americans who witnessed anti-Asian hate crimes during COVID-19 may develop a sense of fear of experiencing a similar hate crime and become concerned about the safety of their parents or children. Moreover, vicarious cultural trauma may hinder individuals from building a healthy identity and self-concept for those who experience it and further interrupt their participation in social engagement and help-seeking behaviors. For instance, exposure to violence or deadly attacks on the LGBTQ community in public (e.g., a hate crime at a gay nightclub in Orlando, Florida, in 2016, where 49 people were killed by an armed criminal) may create a ripple effect of fear and prevent the members of the LGBTQIA+ community from engaging in social and community activities in public.
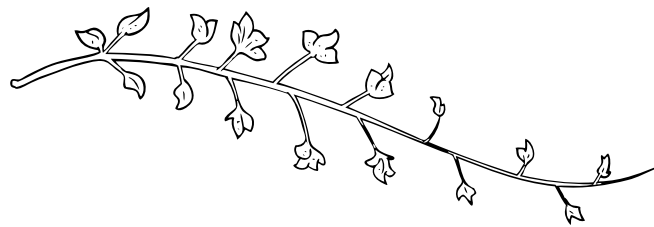
Addressing Vicarious Cultural Trauma

There is a dearth of research pertaining to counseling interventions and strategies specific to addressing vicarious cultural trauma. However, counselors can utilize existing strategies developed to address trauma, vicarious trauma, and cultural trauma. Addressing vicarious cultural trauma begins with the establishment of safety. Be intentional about carving out safe places where clients live, work, and recreate. Focus on regulation, relaxation, relating, and release. Assist clients in recognizing the ways they have successfully coped with vicarious cultural trauma in the past, then help process current vicarious cultural traumas as this tends to increase resilience. It is likewise important to embrace, fully accept, and celebrate one's culture as it is a source of immense strength (Clauss-Ehlers, 2010; Kent et al., 2011). A variety of techniques can help clients move out of the Fight-Flight-Freeze-Fawn response into a sense of safety and calm. Deep diaphragmatic breathing can reduce heart rate and blood pressure to enhance a sense of well-being. Those who have experienced vicarious cultural trauma can focus on overall well-being by attending to nutrition, sleep, and addressing any physical health issues. EMDR, Somatic Experiencing, Acceptance and Commitment Therapy, Polyvagal Therapy, TI-CBT, Trauma-Informed Yoga, Internal Family Systems Therapy, Art Therapy, and Play Therapy, as well as other creative and neuro-biological approaches, can assist in addressing vicarious cultural trauma. Encourage clients to establish and maintain routines. Scheduling time with trusted friends, family, and colleagues is beneficial.

Adopting culturally responsive trauma-informed care as a universal approach can be beneficial in implementing any counseling interventions to address trauma. A culturally responsive trauma-informed approach emphasizes the importance of recognizing cultural

variations in the experience and perception of direct and indirect exposure to trauma. Integrating an ecological systems framework into the approach would also be beneficial because challenges may arise related to the organizational, institutional, inter-agency, policy, and structural levels that the client is engaged in. In order for the trauma-informed approach to be culturally responsive to minoritized individuals, counselors are recommended to exert additional sensitivity and attentiveness to both the individually unique healing process and the collective impacts of vicarious cultural trauma on the community that the client belongs. Last but not least, it is essential to prevent vicarious cultural trauma by educating clients regarding strategies to minimize their exposure to traumatic events and their impacts of them, while empowering them toward advocacy.

Conclusion

Vicarious cultural trauma is an understudied facet of trauma and culture in the counseling field. Vicarious cultural trauma potentially contributes to various health hazards of minoritized clients. Future research and practice should consider expanding our understanding of the impacts of vicarious cultural trauma, associated counseling interventions and strategies, as well as prevention efforts to address it.

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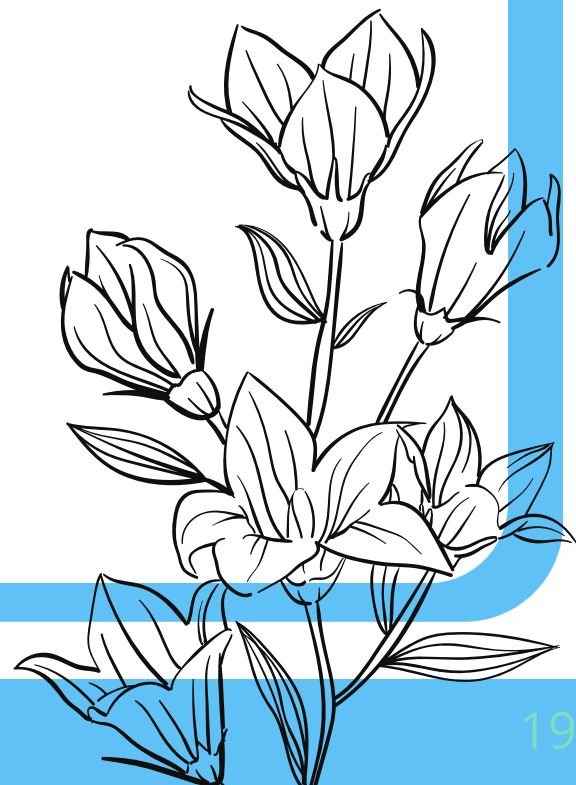
The Capacity for Resilience on Trauma Through Culture and Environments
Pranathi Gannavaram and Dr. Isak Kim

This article aims to educate counselors on how cultural and environmental characteristics lead to trauma and how to decrease the amount of trauma an individual faces while building their adaptive capacity for resilience. Trauma can have long-lasting effects on a person's life (Holmes et al., 2014). Because trauma can deter clients in a multitude of ways, it is our duty as counselors to help clients pinpoint their trauma, as well as figure out ways to address the impacts of trauma with protective factors. Previous studies indicate that many children face traumatic events during childhood, which is when most of the traumatic events occur (Crandall et al., 2019). Therefore, it is essential for counselors to teach adaptive ways to cope with these traumatic events early on to avoid maladaptive coping mechanisms forming later on (Holmes et al., 2014). This is where building resilience early on can also be especially beneficial. Building resilience helps increase the adaptive coping mechanisms and protective factors that lead to healthy development (Holmes et al., 2014).

Roles of Culture and Environment in Trauma and Resilience

Trauma, resilience, and culture go hand in hand, according to many studies. It has been found that a person's culture can have a significant impact on that person's history of trauma. Culture can include but is not limited to a person's societal attributions, self-identity, group identity, values, morals, norms, customs, languages, etc. (Raghavan & Sandanapitchai, 2020). When considering these aspects of a person's life, their trauma experiences are significantly dependent on these societal attributions (Ungar, 2013). Because some people grow up in disadvantaged contexts and environments, trauma may arise, intersecting with culture in many different ways. In fact, it has been found that disadvantaged populations play a large part in a person's level of trauma experienced (Raghavan & Sandanapitchai, 2020). This may be due to not having the right resources or a lack of accessibility to mental health care.

An accumulating body of literature also indicates that traumatic experiences, particularly during childhood, are commonly intertwined and even paired with environmental factors. In other words, trauma and environment interact with each other. For example, Ellis and colleagues (Ellis, 2019; Ellis & Dietz, 2017) highlighted the important role of adverse community environments and introduced a term and framework, "Pair of ACEs." According to the framework, children are more likely to experience trauma in disadvantaged community environments, such as community violence, lack of neighborhood safety, systemic

discrimination, and limited access to economic and social resources, in association with experiencing trauma while living in the environment. This intersection of trauma and environment suggests that individuals with trauma are even less likely to have positive buffers from their environment, which can interrupt their ability to build resilience while living with the impacts of trauma. This disparity in experience of trauma and environment may serve as a mechanism to create a vicious cycle across generations. Further, trauma acquired through cultural and environmental aspects of a person's life has led to increased vulnerability to more serious consequences, such as mental disorders (Laugharne et al., 2010). This may be due to the stress caused by the person's environment. For example, an individual who lives in a dangerous neighborhood full of gang activity may develop more serious anxiety disorders due to living in that unsafe environment.

Meanwhile, experiencing a traumatic event can also lead to resilience. Resilience is the "process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands." (APA Dictionary of Psychology, n.d.). When individuals experience more traumatic events, there is a possibility that they gain more resilience. However, when a person has the capacity for resilience, it depends on moderating factors as well. Each person's culture is unique; therefore, the capacity for the individual to gain resilience depends on protective factors or facilitating factors for post-traumatic growth (Laugharne et al., 2010). It can also depend on the person's motivation to become resilient to those traumatic experiences (Ungar, 2013). Moreover, this research, and many others, have stated that adopting a social-ecological approach would be more beneficial to determining that cultural factors in fact do have a huge impact on the trauma a person experiences and their resilience to help defend themselves against that trauma (Raghavan & Sandanapitchai, 2020).

Counseling Considerations to Address Trauma and Promote Resilience

It was previously discussed that trauma, culture, and environmental characteristics intersect in inducing traumas and recovering from them. A growing body of research has documented interventions, skills, and techniques that counselors can implement to help those affected by traumas build resilience and recover from emotional wounds from trauma.

Many traumatic events can occur during early childhood, therefore, it is recommended that counselors educate not only traumatized children but also involve parents in interventions. The Head Start Trauma Start (HSTS) approach is a good example of a program that educates both parents and children at a family level (Holmes et al., 2014). This program aims to educate parents and young children about the detrimental effects of trauma and how best to

decrease trauma's impacts. It is crucial to make sure parents and young children are informed about what causes trauma and how to prevent it (Holmes et al., 2014). The program also aims to provide resources, train communities on trauma using schools/preschools, provide intensive counseling interventions for those already traumatized using play therapy, direct classroom interaction between therapist and students, and having peer interactions for parents and teachers. Through these strategies, counselors can provide the best approach to teach both parents and children about preventing trauma.

Additionally, in helping decrease the number of ACEs individuals have, it is the same philosophy as using the HSTS approach mentioned before. As traumatic events mostly occur in early childhood, it is important that interventions focus on decreasing ACEs scores during this time (Holmes et a., 2014). In helping to decrease the number of ACE scores, it is advised that counselors focus on promoting Positive Childhood Experiences (PCEs) to buffer the adverse impacts of ACEs (Zyromski et al., 2022). The resilience theory has helped raise the PCEs in a person's life who is facing adversity based on cultural and environmental factors. This theory focuses on how development and different systems in a person's life (school, family, friends, community, etc.) help to build resilience (Crandall et al., 2019). With the use of the individual's systems, they are able to have a sturdy support system to lean on, especially those that live in a disadvantaged community (Zyromski et al., 2022). In addition, leaning towards the HSTS approach for trauma related to cultural and environmental characteristics is an additional aspect that counselors need to be aware of. Providing resources and physical interaction in schools has helped decrease the prevalence of trauma individuals have faced (Crandall et al., 2019). With people aware and educated about trauma, the result will be decreasing the amount of trauma each person faces and building resilience in a healthy capacity (Crandall et al., 2019).

Conclusion

In conclusion, given the pervasiveness of trauma among clients, it is essential to educate counselors about the ways to prevent the negative consequences of trauma and help them even thrive after trauma. Counselors are suggested to be educated on the ways cultural and sociodemographic aspects can lead to trauma and how to prevent that trauma from occurring. Considering the significant roles of cultural and sociodemographic characteristics in interacting with detrimental ways trauma impacts a person, counselors are recommended to promote a comprehensive understanding of the direction's trauma can take hold of a person and find courses of action to prevent trauma from taking over.

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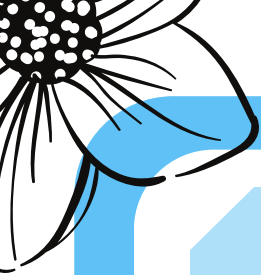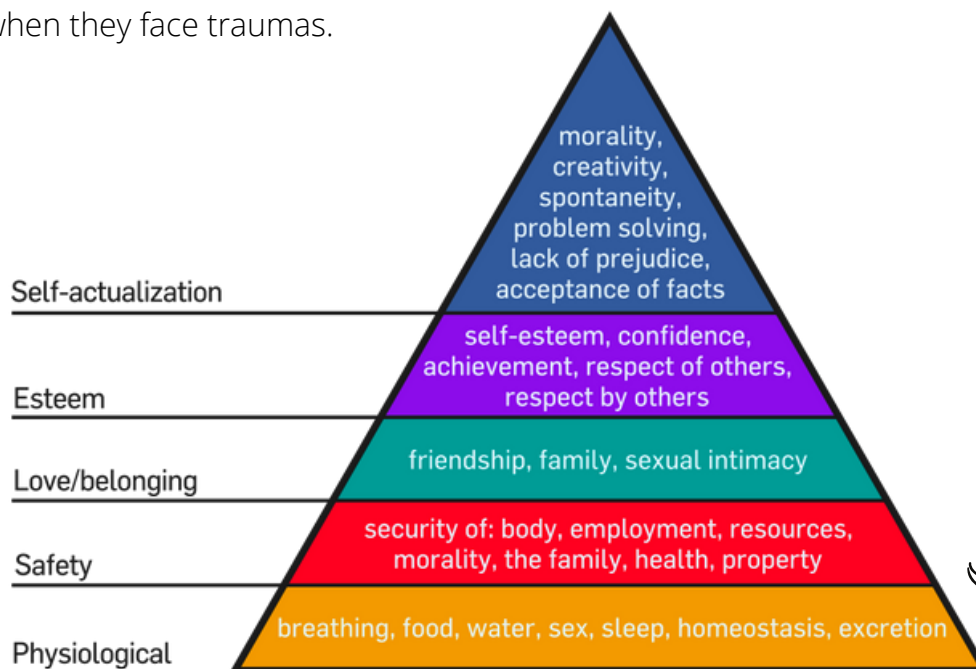
Missing Pieces of Puzzle, Making Changes that Matter, and Building Bridges of Cultural Resilience and Trauma
Fariba Ehteshami

It is necessary for mental health professionals to understand trauma and crisis from cultural perspectives. Most people experience painful challenges in their life. They experience traumatic life events in different ways. This is especially true for people who are culturally different. Being stuck in pain as a result of cultural challenges can lead individuals to experience PTSD-like symptoms. To help clients to make meaningful life transformations, professional educators and counselors need to understand the cultural effects of traumas. Cultural consideration is a necessary task of clinical mental health professionals (Levers, 2021).

Trauma can be defined as cultural emotional feedback to different events. Cultural traumatic experiences can cause psychological, physical, and social pain. It is the responsibility of clinical mental health counselors to engage with the needs of the traumatized client. Therefore, understanding the client as a whole person and cultural identity is necessary for the process of healing.

According to Maslow's Hierarchy of Needs, psychological, safety needs, love and belongingness, self-esteem, and self-actualizations are the important factors in individuals' life and effects people's happiness, satisfaction, and well-being. Without them, an individual cannot develop their skills when they face traumas.

Self-actualization — morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

Esteem — self-esteem, confidence, achievement, respect of others, respect by others

Love/belonging — friendship, family, sexual intimacy

Safety — security of: body, employment, resources, morality, the family, health, property

Physiological — breathing, food, water, sex, sleep, homeostasis, excretion

Cultural Differences and Intersectionality of Understanding the Complexity of Client's Cultural Identity

Cultural differences are a reality and will influence all individuals' interactions. Clients will bring their unique personal, psychological, histories, and cultures into counseling sessions. American Counseling Association (ACA, 2014) emphasizes individual diversity in all of its many forms. Professional counselors need to develop their awareness, knowledge, and skills to be able to interact effectively in working with clients from culturally diverse backgrounds. This will be applicable in working with all types of traumatized clients. The way that we think, feel, and behave is based on our personality, physical, and psychological needs which impact our cultural identity (Lee, 2014).

Cultural Effects on Individuals' Psychological Needs

The concept of well-being concerns a person's capacity for a sense of interest in one's surroundings, confidence in being able to formulate and act to fulfill important goals, and the motivation and energy to persist in the face of obstacles. A 'well' being is able to maintain its vitality and thrive within its everyday cultural and ecological context. Counselors must consider well-being as the nutriments and processes entailed in psychological and social fitness when they are working with traumatized culturally diverse clients (Deci & Ryan, 2011).

Cultural Effects on Individuals' Safety Needs

Security represents the need to be free of fear of physical danger, the need to be free of deprivation of basic physiological needs, and the need for self-preservation. Individuals with culturally diverse backgrounds may be concerned about safety. Professional consideration of these fears will help clients feel safe, secure, and respected in the therapeutic environment (Kreulen, et.al, 2022).

Cultural Effects on Individuals' Love Language and Belongingness

Everyone needs to feel accepted. Individuals' experiences of their feeling can differ from culture to culture. Individuals' cultural identity affects their feeling of belongingness and will affect their communication and relationships. Cultural values and traditional behaviors influence the expression and experiences of love. Professional consideration of culture will help counselors to better understand their traumatized clients and their feeling of lack of belongingness (Keltner, et. al, 2022).

Cultural Effects on Individuals' Self-esteem

The connection between life satisfaction, resilience, self-esteem, and social competence has been studied in working with traumatized youth clients. Research studies have shown its effects on their mental health (Gutiérrez-Carmona & Urzúa, 2022). The role of self-esteem and resilience in the relationship between social competence and life satisfaction will effects individuals' mental health and well-being. This is key in the process of working with traumatized clients.

Cultural Effects on Individuals' Self-actualization

Self-actualization represents the need to maximize one's potential and to become what one is capable of becoming. This leads people to be happy and satisfied in their life, job, and relationships. While individuals are concerned about their psychological and physical needs, safety, and belongingness, how can they achieve life satisfaction and feel happy and well? This is an important question that counselors need to ask to find the missing puzzles that caused many traumas.

Conclusion

Culture is like a river and has many sources that merge together to make us who we are. Individual uniqueness and differences based on their cultural background are very important to be considered in our therapeutic agenda as a missing puzzle. Consideration of individual needs according to Maslow's Hierarchy with cultural differences is an important key in working with traumatized clients. To achieve this goal, we need to receive training on trauma-informed practices and bring the story together in a meaningful and compelling way by answering the question, "How many professional counseling programs consider the intersectionality of trauma, culture, race, society, and learning?" This will help us to find missing puzzles and to complete the picture that not only we but also our next generation needs to become change agents with a trauma-informed worldview.
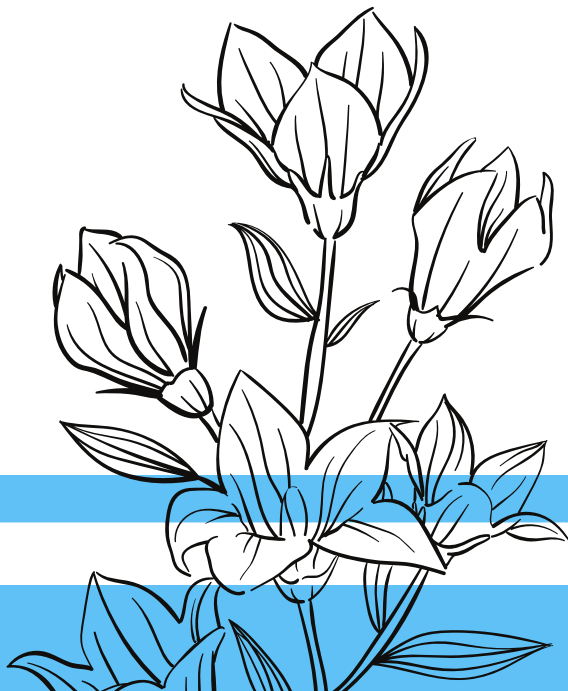
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Trauma-Informed Supervision

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Introduction
What is Trauma?

To explain Trauma-Informed Supervision (TIS), we must start by defining trauma. Trauma is common in our clinical practices as mental health professionals who help clients learn how to cope with their trauma responses and process and heal from trauma. According to the American Psychological Association (APA), trauma is "any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning" (para.1). The Substance Abuse and Mental Health Services Administration (SAMHSA) says that "Trauma results from an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (p. 72).

Types of Traumas Experienced by Mental Health Professionals

It is important to note that mental health professionals can experience trauma in many ways. Trauma comes from experiences of physical abuse, verbal abuse, sexual abuse, emotional abuse, neglect or exploitation, bullying, grief and loss, and/or experiencing or witnessing abuse or violence (SAMHSA, 2014). Trauma can occur at any time in one's life and counseling supervisees may also have experienced trauma as an adult or a child before their career as a counselor. Previous trauma that is not dealt with appropriately can result in impairment in the counselor's ability to perform the function of their job (Borders, et.al.,2022).

Due to the nature of the profession, mental health professionals experience a higher possibility of direct trauma while performing therapy work, for example, being threatened or harmed by clients. They also commonly experience Vicarious traumatization (VT) a term coined by Pearlman & Saakvitne (1995) to describe therapists treating clients with trauma experiencing psychological difficulties and PTSD symptoms that are similar to symptoms the client experiences. It is also common for counselors to experience secondary traumatic stress (STS) a term developed by trauma specialists Beth Stamm and Charles Figley in the early 1990s as they sought to understand why mental health providers exhibit symptoms of PSTD without being
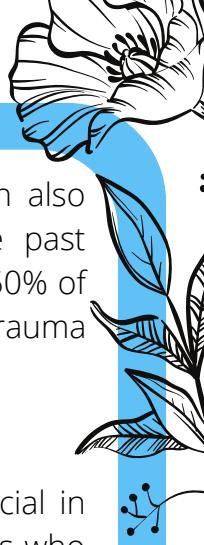
exposed to direct trauma themselves. If there has been past trauma, a clinician can also experience re-traumatization which occurs when a traumatic experience from the past happens again and re-traumatizes the counselor. One study found that approximately 50% of mental health clinicians have experienced moderate to high burnout from treating trauma (Galindo & Lewis-Stoner, 2020)

Impact of Trauma

The impacts of traumatic events are neurological, biological, psychological, and social in nature, affecting the entire body physically and mentally (Van der Kolk, 2014). Individuals who have experienced trauma are at higher risks of suffering mental health disorders and adopting unhealthy and risky behaviors as coping mechanisms. Researchers found a strong correlation between the prevalence of adverse childhood experiences (ACES) and mental and physical health issues in adulthood (Felitti et al.,1998). Individuals suffering from a traumatic experience may have trauma responses such as fight, flight, or freeze involuntary responses when triggered (SAMHSA, 2014). However, individuals can experience trauma without meeting the criteria for PTSD as defined in DSM-5.
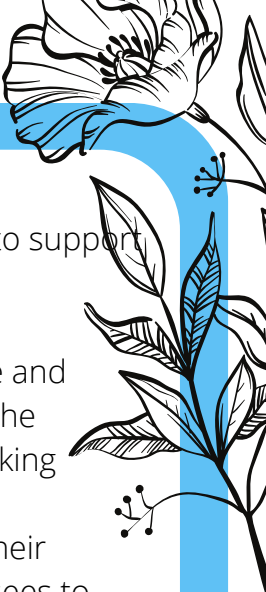
Why use Trauma-Informed Supervision (TIS)?

A trauma-informed supervision approach allows supervisees to process their concerns and grow with a trauma-informed supervisor (Borders et al., 2022). Counselors deal with trauma in their clients' lives and sometimes in their own. This approach to supervision provides training and skills to help them navigate trauma in themselves and their clients. Mental health professionals are at higher risk than the general population of experiencing burnout, vicarious trauma, and secondary traumatic stress, which can lead to impairment (Jones & Branco, 2020). A trauma-informed supervisor can help new clinicians learn how to deal with these issues that are common for mental health clinicians.

According to SAMHSA (2014), there are six fundamental principles of a trauma-informed approach to counseling. Galindo and Lewis-Stoner (2020) discuss how these principles can be applied to trauma-informed supervision. Below are the six principles for trauma-informed care from a supervision perspective.

- **Safety**- The supervisor promotes physical and psychological safety for supervisees and their clients. The supervisor allows supervisees to feel safe expressing honest experiences and feelings when working with their supervisor and clients.
- **Trustworthiness & Transparency** – The supervisor is open and honest with supervisees. The supervisor is transparent about policies, decision-making, and anything important concerning supervisees and their clients.

- **Peer Support** – The supervisor makes time and space for staff and supervisees to support each other through traumatic experiences within the profession. The supervisor encourages support and networking among professional peers.
- **Collaboration & Mutuality** - The supervisor is collaborative with the supervisee and works alongside the supervisee as they develop into an experienced counselor. The supervisor strives for the relationship to be mutually beneficial and creates a working alliance.
- **Empowerment, Voice, and Choice** – The supervisor listens to feedback from their supervisees and gives them space to have a voice. The supervisor allows supervisees to express their opinions and feelings as well as encourages the supervisee to use their freedom of choice whenever possible.
- **Cultural, Historical, and Gender Issues** – The supervisor recognizes historical, cultural, and racial trauma in their supervisees and is aware of the potential ways this can impact the relationship with the supervisor as well as the supervisee's clients. The supervisor seeks to understand these differences rather than minimize them.

Research completed by Jones & Branco (2020) shows that good supervision in the mental health profession is trauma-informed supervision, which leverages the power of relationships to support both supervisees and clients. Trauma-informed supervision works well as an integrated part of many models of supervision (Borders et al., 2022). Trauma-informed supervision can also aid in multicultural awareness and competence (Galindo & Lewis-Stoner, 2020). Just as trauma informed-care can be used with many client populations, trauma-informed supervision can also be utilized as a model that many supervisees can use. We writers agree that trauma-informed supervision is essential for counselors specializing in trauma treatment and is recommended for all counselors (Knight & Borders, 2020).

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Healing Collective Trauma Through Sandtray

Zachary McNiece

In recent years, mental health professionals and traumatologists have increasingly considered the role of collective trauma in understanding individual trauma narratives and healing, health disparities, and retraumatization (Goodman, 2013). This perspective is rooted in the assumption that experiences of trauma are underpinned by narratives of power and powerlessness that originate (and are perpetuated) in larger systems of oppression (Watson et al., 2020).

Similar to individual trauma, collective trauma occurs during a "cataclysmic" event that threatens life or safety to the point of generating feelings of helplessness and overwhelms one's ability to cope (Hirschberger, 2018, p. 3). However, in collective trauma, the event affects multiple people on the basis of a shared identity (Watson et al., 2020). Over time, the felt experience of the trauma echoes across the group to become embedded in group narratives and identity, disrupting the sense of meaning. In addition to understandable concerns for preservation, the threat of trauma remains, causing a constant feeling of existential danger (Hirschberger, 2018).

Meaning includes the beliefs, assumptions, feelings, and goals that are used to navigate internal and external experiences from moment to moment (Park, 2010). Meaning violation, a quintessential feature of trauma, involves the disruption of these core characteristics, the resulting dissonance, and how people manage the conflict (Hirschberger, 2018). Often, survivors of trauma will accommodate the experience into their meaning systems by adjusting their beliefs and assumptions about safety, themselves, others, and the world to take on new beliefs that enhance self-preservation in the short term at the expense of the long term. For example, a survivor of trauma may attribute blame for the trauma to the self or may come to believe that others cannot be trusted.

Because the effects of trauma (even collective trauma) most saliently manifest at an individual, intrapsychic level, mental health professionals often focus trauma treatment with the assumption that the individual is the standard, smallest unit of the traumatic experience. In other words, the trauma is considered based on the effects it has on the individual, and how the individual can experience an amelioration of symptoms. While well-intentioned, there are a few disadvantages to this strategy. First, it runs counter to conceptualizations

of collective trauma and meaning disruption (Hirschberger, 2018). Additionally, the idea of the individual as the default, standard social unit is rooted in white, western epistemologies, which are often incongruent with the experiences and beliefs of clients with minoritized identities who are most likely to experience or inherit collective trauma intergenerationally (Goodman, 2013). Lastly, taking a bottom-up, individual-first approach can impair the therapeutic work to heal the disrupted group meanings affected by the traumatic event.

Collective trauma results in tragedy becoming embedded in the history and social identity of the group, creating a necessary continued negotiation with the events over time and across generations (Hirschberger, 2018). While it is important in trauma counseling to address individual meaning violations, these only occur within the context of larger group meaning. It is possible to address these group meanings in individual, family, and group counseling, although these efforts are most effective paired with larger-scale, community-based interventions and changing oppressive systems (Bloom, 2013; Watson et al., 2020).

The effects of trauma are deep and pervasive; to a survivor, they can feel intractable and immutable because trauma lives on in the body and unconscious mind (Bloom, 2013; Gentry et al., 2017). Expressive interventions are uniquely positioned to address the unconscious nature of trauma by facilitating containment, regulation, and nonverbal processing of emotive and somatic information (Ginicola et al., 2012; Perryman et al., 2019). Sandtray, in particular, allows for a self-paced processing experience while offering direct neurological and sensory modulation through the manipulation of the sand (Warner et al., 2013). The modality (which is closely related to play therapy) involves the therapeutic use of miniatures or figures in containers of wet or dry sand for the purpose of symbolizing and processing intra- and interpersonal concerns (Homeyer & Sweeney, 2017). Because sandtray relies on somatic and experiential knowledge during the intervention (and after, when used as coping), the modality tends to be intrinsically culturally-responsive (Goodman, 2013). Sandtray thus provides an inclusive, neuroscience-informed way of addressing collective traumas rooted in experiences of oppression.

Using sandtray (as with any type of intervention) requires first an explanation of the purpose and rationale so that the counselor can gauge client openness to the modality. Next, there are several key considerations and steps for setting up the materials for the sandtray and explaining the symbolic nature that are best explained in manuals and specialized sources (e.g., see Homeyer & Sweeney, 2017). Once the client is ready to begin, the counselor can offer directive prompts or allow the client to explore the sandtray and miniatures in a nondirective manner. The counselor then gives the client space to create the scene, possibly

tracking client progress as a means of assuring the client of their presence. Below, there are several prompts that may elicit client scenes that allow for the disclosure and processing of collective trauma.

- **In the sand, show me who you are and how you exist in your world (Lowenfeld, 1979).**
- **Show me you and your community before this event happened. Now, show me you and your community after this event.**
- **Show me your family and how you all relate to each other.**
- **Show me your community's strengths (Goodman, 2013).**
- **Show how you, your family, and your community have made it through this event.**

Once the client has constructed a scene, the processing must be slow and deliberate. The counselor should provide some time for both to take in the scene, including the felt sense of the tray. As the counselor moves into questioning and reflection, there should be an effort to keep the client talking in metaphor about the tray as a means of continuing the containment of the traumatic scene (Homeyer & Sweeney, 2017). The counselor might ask about the action of the scene, the context, the title, or the role or characteristics of the individual miniatures. Importantly, the counselor must continue to assess the client's level of activation and slow down when necessary to avoid retraumatization. To keep collective trauma centered, the counselor may wish to continue to relate the individual experience to the ecological system, including effects within the family (including extended family), community, and environment (Bronfenbrenner, 1977). Lastly, the counselor should engage the client in closing up before ending the session. Without destroying the scene, the client could complete a brief grounding or meditative practice, followed by final verbal processing of their immediate experience.

Sandtray can be an invaluable tool for bringing out the unconscious and unspoken violations of meaning that stem from trauma, especially from collective traumas. Just as trauma does not occur in a vacuum, healing cannot either. Mental health professionals can best serve clients by addressing the client's positioning and ruptured social meanings in a way that integrates them with and makes sense for their community and cultural backgrounds. In so doing, counselors demonstrate cultural responsiveness and an ethic of care that can improve the therapeutic alliance and client outcomes (Gentry et al., 2017).

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The Impact of Trauma-Informed Training on the Leadership of Law Enforcement Officers and their interaction with Marginalized Communities

Debra M Perez, Kristy Burton, and Lisa D. Vinson

Over the last several years, there has been an increase in the reporting of police shootings of minorities, many of which have sparked protests, such as George Floyd in Minneapolis, Adam Toledo in Chicago, and Breonna Taylor in Kentucky. Law enforcement officers have been criticized for increased use of force with minority people and lack of trauma-informed training and use of de-escalation techniques. The trauma-informed training that law enforcement receives for crisis use and the direction provided by supervisors can either save or take lives. It is important to understand the trauma experienced by minority communities from police shootings, the crisis training that law enforcement receives, and the role that supervisors play in directing use of force. These three considerations directly impact how law enforcement officers interact with minority communities as they enter these neighborhoods during times of crisis.

Understanding Minority Communities

There is a long history of racial injustices involving law enforcement working with marginalized communities. The two most significant minority groups comprise African American and Latino populations. According to the U.S. census, African Americans make up 12.4% of the population, and Latino populations comprise 18.7%, which increased by 2.5% from 2010 (Jensen et al., 2021). The interrelationship between race, policing, and discrimination has become a greater focus due to police shootings and can be traced to the very origins of this nation. Understanding the country's detailed history with race and ethnicity is key to discovering answers to the severe issues that continue today (Aguirre & Turner, 2007). Some communities have endured generations of traumatic incidents with first responders, creating hesitancy in seeking services based on historical mistrust (Lim & Lee, 2015). Racial and ethnic stereotypes and biases can pose difficulties when seeking assistance from law enforcement (Solomon, 2016). The Pew Research Center reports a majority of Americans can identify biases against Black, Hispanic, and Asian people in the U.S., and nearly half of those Americans say Black people encounter a lot of discrimination in society today (Daniller, 2021).

Racial or ethnic minority voices in many communities are often suppressed or underrepresented. Individuals and communities frequently find themselves the targets of discrimination having to navigate oppressive systems, institutions, policies, and people. It is critical for working in minority neighborhoods to understand the identity of the community and

its members. Helping professionals, such as law enforcement officers, must critically consider those identities when engaging with the community. Ending law enforcement officers' biased responses when serving marginalized communities can decrease mistrust or perceived violence (Huse, 2020). Huse reports that when working with marginalized communities, it is important to understand how suppressed voices can become empowered and how an increased understanding of these communities can promote social justice.

Allyship

Becoming an ally to marginalized communities increases community cooperation with law enforcement. Kaur (2020) provided a guide for supporting marginalized communities and notes that offering comfort can confirm support. Kaur suggests asking questions, focusing on unlearning subconscious biases, listening, understanding others, and knowing the definition of "privilege" are all important behaviors to increase allyship. Additionally, those who wish to act as authentic allies must address personal behaviors, thoughts, and actions, which can limit fair opportunities for marginalized communities (Employment Hero, 2020). Also noted is avoiding tokenism and using initiatives that promote equity and inclusion practices to enhance the voices of underrepresented populations in their own time and way (Employment Hero, 2020). All of these behaviors increase authentic allyship and can be utilized by law enforcement officers when working in marginalized communities.

Using Diversity, Equity, and Inclusion Initiatives

It is important to explore the use of diversity, equity, and inclusion approaches for law enforcement working in marginalized communities. Di Giovanna (2021) carefully considered the role of community leaders in reaching neighborhoods of color. The writers suggest that the intersection of poverty and racial discrimination impacts the negative beliefs held by those outside of the community. Law enforcement can increase their understanding of community dynamics and challenges and recognize the impact of previous negative interactions. Additionally, rather than focusing on issues, local officials and faith-based leaders can facilitate difficult conversations between marginalized communities and law enforcement agencies. Input from suppressed voices is critical for solving issues between communities of color and law enforcement. Additionally, the creation of opportunities for follow-up is vitally important.
Lastly, Di Giovanna mentions allocating funds and resources for public members to better the community and increase law enforcement officers' positive responses. By utilizing diversity, equity, and inclusive practices, law enforcement officers can approach minority neighborhoods with respect and openness, strengthening the relationships with the community and reducing the conflict between law enforcement and community members.

Law Enforcement Trauma-Informed Training

Frequently, police officers are in situations navigating someone's trauma while experiencing trauma themselves. People experiencing trauma are frequently in contact with police. Victims of street violence, intimate partner violence, and sexual abuse are among the most common who call the police. The incidence of officers inadvertently retraumatizing those looking for help increases without an understanding of how trauma affects perception and memory.

Many forms of training are required of law enforcement in order to perform their duties. Trauma-informed training is becoming a more common requirement for employment. Clements et al. (2000) explained that utilizing a trauma-informed response can lessen the effect of trauma on the victims and their families.

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014a, 2014b) recommends a trauma-informed approach (TIA) for educating communities about adverse childhood experiences (ACEs). TIA is defined as follows:

> *A program, organization, or system that is trauma informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization (SAMHSA, 2014a, p. 9).*

Training police officers in trauma-informed practices, such as mindfulness, is crucial to increasing coping and resiliency when facing trauma. Understanding the impact trauma has on children's and adults' brains and developing the skill set needed to conduct trauma-informed assessments, especially when interviewing survivors, is key to working with marginalized communities coping with trauma. Officers who practice trauma-informed policing (Blue et al., 2016) increase their well-being and public safety while preventing re-traumatization, reducing harm, and recognizing the impact and history of policing on communities of color (SAMHSA, 2022). People with traumatic histories engaged with trauma-informed care have increased recognition of trauma as present daily with significant impact (Blue et al., 2016). By implementing criminal justice strategies that are trauma-informed, re-traumatization is prevented. As a result, overall security increases, criminal behavior decreases, and those with mental illness in the justice system can recover. Trauma-informed services and treatment can increase partnerships across systems (SAMHSA, 2022).

Law Enforcement Leadership

Law enforcement leaders have an impact on their subordinates, but the actual impact is unclear, especially when considering the use of force and training for supervisors (Engel et al., 2022; Lim & Lee, 2015). There is little research that specifically addresses the impact of trauma-informed training on law enforcement leadership and the officers they supervise, indicating a need for greater research in this area. Camp et al. (2013) explored the lack of general training offered to law enforcement supervisors, explaining that most are promoted based on time on the job rather than training received. The authors explored the need for any kind of training for law enforcement supervisors to be qualified to lead, though it was not trauma-informed. The researchers found that by increasing generalized training, confidence to lead and cooperate with subordinates also increased, which assumes a positive impact on the law enforcement officers that are supervised. Better relationships between supervisors and subordinates can lead to knowledge transfer in handling minority communities from a trauma-informed approach.

In a different approach, Coon (2016) explored supervisors' multicultural skills, values, and openness to multicultural training versus subordinates and found supervisors far more open and accepting of cultural differences and values of other cultures. Supervisors are less likely to work directly with marginalized communities than the law enforcement officers they supervise, indicating a greater need for training for subordinates to increase openness to other cultures and minority communities.

Lim and Lee (2015) explored the impact of law enforcement supervisors' education level on the use of force by subordinates. The researchers found that the higher a supervisor's education level, the less likely their subordinates will use force, but more importantly, the researchers found that a supervisor taking use of force training reduced their subordinates' use of force regardless of education level. This finding is key to understanding how important the use of force training can be for both supervisors and those supervised. Similarly, Engel et al. (2022) explored de-escalation training for supervisors and its impact on subordinates and found that the training itself did not lessen the use of force in subordinates, but rather the supervisors' attitude towards the de-escalation training lessened the use of force in subordinates. This shows the importance of the training itself and the openness of leadership towards the training in reducing force used by law enforcement working with traumatized and marginalized communities. These studies, while limited, explain the need for educated and trauma-trained supervisors to effectively communicate the training and expectations to the officers they supervise in order to lessen the negative impact on the marginalized and traumatized communities they serve.

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Counseling From an Indigenous Perspective: Recommendations for Practice

Brynn Luger, Christine Park &
Laurie "Lali" McCubbin

Indigenous and Native persons are the original inhabitants of our land. Indigenous history and culture are essential to understanding the foundation of our modern society. In the United States, Native populations are quite diverse, yet common threads connect Indigenous groups, including values, spirituality, land, loss, pain, trauma, and resilience.

European colonization of America resulted in politics and practices of oppression, forced assimilation, and the cultural genocide of Indigenous peoples (Nutton & Fast 2015), which is referred to as Indigenous historical trauma (IHT) (Gone et al., 2019). Massive group trauma results in historical traumatization, the cumulative emotional and psychological wounding that occurs across generations (Brave Heart, 1998, 2003). Terms such as unresolved historical grief, soul wound, and intergenerational trauma also refer to the results of historical trauma (Brave Heart et al., 2011; Duran, 2019). It is important to articulate the harm from colonial and systemic oppression and reconnect to one's traditional culture(s) when healing historical trauma.

Often, mental health professionals who work specifically with Native American people are unaware of any treatments or counseling methods explicitly evidenced for counseling Native Americans (Thomas, 2011). Therefore, for counselors to understand the perspective of Indigenous healing, it is essential to become familiar with the concept of *Indigenous ways of knowing*, occasionally referred to as Indigenous knowledge or epistemology. Indigenous ways of knowing are a generational teaching system that reflects the people's skills, knowledge, and philosophies. In fact, Intergenerational and the ancestral connection is a core component of cultural identity and a strength of Native and Indigenous cultures (Magni, 2017).

Taking an Indigenous wellness perspective includes establishing one's connection, harmony, and balance with nature, self, and spirituality (Rybak & Decker-Fitts, 2009). Indigenous *ways of knowing* maintain a focus on the future of the people. The Seven Generations principle captures the philosophy that our choices today will impact seven generations to come (Moran & Bussey, 2007; Nutton & Fast, 2015).

Putting it into Practice: Intervention Strategies & Considerations

Deficit-based vs. resilience-focused approaches to care

The failure to account for the consequences of colonization and cultural genocide has pathologized the Native and Indigenous experience and promoted a damaged and deficit-based narrative of Native persons (Leigh-Osroosh & Hutchinson, 2019). In the past, research narratives surrounding Indigenous groups focused on depicting people who were broken, deficient, and responsible for their own continued marginalization (Tuck, 2009). These pathologizing approaches focused on dysfunction, failing to recognize the strength and resilience of Native communities (Paglinawan et al., 2020; Tuck, 2009).

Therefore, it is important to approach counseling Native and Indigenous persons from a multi-dimensional and culturally sensitive framework, one that recognizes the barriers that Native persons and communities face, as well as their strength and resilience. Strategies that are strengths-based and build upon resilience may be better suited for healing practices.

Rapport and the therapeutic relationship

Establishing trust takes time, and building the necessary rapport between counselor and client is essential for the counseling relationship. Here are ways counselors can establish a relationship with clients who are Indigenous: In general, opening sessions may look more like an inviting conversation where clients are provided a space to share their presenting concerns.

- Start by welcoming the client and offering hospitality (Thomason, 2011).
- How many Indigenous people introduce themselves is culturally significant; engaging in proper introductions can serve to build a connection between the client and the counselor.
- Be patient. Pay attention to the client's pace and do your best to mirror it (Thomason, 2011).
- Use appropriate self-disclosure, such as sharing where you are from, including geographical and genealogical origins (Duponte et al., 2010).

Culturally sensitive approaches

Counselors have a personal and professional responsibility to ensure the development of their cultural intelligence concerning Native and Indigenous cultures, worldviews, and perspectives on healing. Counseling professionals should seek to understand Indigenous knowledge and relational well-being and develop unique adaptations for each Native client. Here are some ways counselors can do this:

- Incorporate the client's worldview, including how they value wellness and well-being.
- Treat the person's *balance* instead of solely focusing on the individual problems.
- Operating from a community-based perspective, counselors may seek the support of members of Native and Indigenous communities, particularly elders (Thomason, 2011).
- Remember that a strong connection to one's ancestral lineage and spirituality may be a protective factor. Counselors can explore spirituality with clients as a resource for healing and well-being.
- Indigenous clients may find themselves straddling a line between Western and traditional beliefs. Finding a way to blend these perspectives is an ongoing personal journey that can benefit from culturally intelligent counseling.
- Rather than an assessment, have a conversation about the client's culture, background, and history.
- Gather information about the client's cultural identity by collecting information about their language, background, spirituality, and beliefs about health and healing (Shore et al., 2015).

**Blending traditional healing practices**

Both contemporary medicine and traditional theoretical counseling frameworks are effective in helping Native and Indigenous persons. Counselors should educate themselves by attending training sessions or workshops on Indigenous-related topics and taking advantage of other learning opportunities. In addition, counselors can participate in cultural and community events and respectfully engage with cultural experts and elders.

With an understanding of the client's Indigenous culture, counselors can begin to understand the client's cultural worldview and determine appropriate approaches for healing. However, it is important to remember that culturally sensitive healing practices are not one-size-fits-all. For instance, there may be shared elements of healing across Indigenous groups, such as singing, storytelling, and dancing; however, the actual traditions themselves vary.

When appropriate, counselors can refer Indigenous clients to cultural healers. Counseling professionals will likely not utilize traditional practices, as formal training and permission are needed; however, it is helpful to become familiar with them.

Conclusion

As more is known and understood about the challenges Native persons and communities face, the importance of a multidimensional approach comes to the forefront. However, despite advocacy and awareness efforts, literature and research surrounding counseling Native and Indigenous persons continue to be limited.
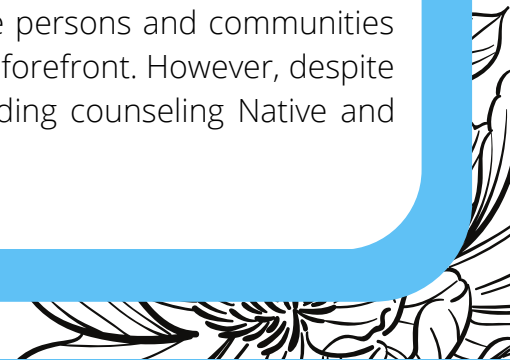
The average counselor is unaware of the unique needs and effective treatments of Native persons. Therefore, more representation from Native and Indigenous professionals in counseling and counselor education is needed. Counselor education programs and state counseling licensing requirements do not adequately incorporate or recognize Indigenous healing. While the licensure requirements and standards set by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) recognize the need for multicultural competence, education and training in Indigenous healing are generically included under the broader category of multiculturalism. This highlights the need for greater awareness, more robust literature, and systemic and institutional changes to address the needs of Native and Indigenous persons.

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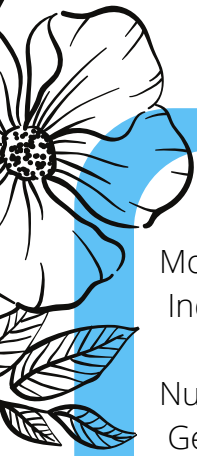
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We sincerely hope you enjoyed this edition of the IARTC newsletter! Keep an eye out for our summer newsletter. We accept submissions all year round but will have our summer call for submissions with the edition theme in May. All submissions should be relevant to resilience and trauma counseling issues that impact counselors and/or their clients. Submissions should be written in APA style, and be roughly between 1000-1500 words (including references).You do not need to be a member of IARTC to submit. Please send all submissions to newsletter.iartc@gmail.com. Feel free to reach out to me if you would like to run a proposed idea by us.