Counselors for Social Justice

Quarterly Newsletter

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



INSIDE

- 2 Issues of Competence in Counselor Supervision
- 4 Exploring the Relationship
 Between Discrimination
 and Interoceptive Awareness
- 7 Banning
 Conversion/Reparative
 Therapy
- 10 Are you asking your international Counseling students to educate you on their culture?
- 12 Board & Committee Updates

WELCOME TO THE ISSUE:

Welcome to the February issue of Counselors for Social Justice's Quarterly Newsletter!

We are excited to share some interesting writing that spans a number of topics of interest to counselors who are seeking to engage in social justice. This issue begins by analyzing multicultural issues that arise in clinical supervision, such as lacking cultural competence and harm. Next, a novel article makes the connection between minority stress and interoceptive awareness. Our third article takes a look at conversion therapy and the imperative for counselors to advocate against the practice. Our final article addresses the issue of burdening international students with educating others on their lived experiences.

Several of our committees also have some interesting updates to share out with CSJ members. From momentum with CSJ's new Counselor Education and Supervision Task Force to opportunities for leadership in committees, we hope that our readers will find these updates meaningful.

The American Counseling Association's Expo & Conference is coming up! If you are planning to attend, be sure to check out presentations, events, and social gatherings with CSJ, it's leaders, and other members. We look forward to seeing you there!

Lastly, we want to give a reminder about our upcoming spring issue. For this upcoming issue, we are planning to highlight a special issue: *Abuses of Power & Minoritization in the Counseling Profession*. Please submit any inquiries or pitch an idea to us if you are interested in writing or have experiences that you would like to highlight.

Darius Green & Sam Steen, CSJ Newsletter Co-Editors

Issues of Competence in Counselor Supervision

Brandon R. Tomlinson



Clients come to counseling and place a significant piece of their mental well-being in the hands of the person across from them. For this reason, there are several safeguards in the field of counseling to help ensure the competence of practitioners. One of the most important and prevalent is supervision. Each state in the United States requires some supervision to obtain independent licensure as a counselor. However, the time and number of practicing hours accumulated vary significantly between the states (American Counseling Association [ACA], 2016). It seems a reasonable presumption to say that supervisors should be competent and aware of their obligations to their supervisees and clients. However, there is a concern in the field, as vast swathes of supervisees feel that their supervision is inadequate, with a considerable number (over one-third) of said supervisees even indicating that their supervision experience was harmful, often due to various identities a supervisee might hold (Ellis et al., 2014). Many supervisees indicated that their supervision experience was rife with culturally ignorant behavior on the part of their supervisors, leading to an inability to obtain proper, honest supervision for fear of backlash (Ancis & Marshall, 2010; Cook & Sackett, 2018). When a field espouses a social justice footing, as counseling has (ACA, 2014), it must strive to embody equitable principles in its dayto-day function; for counseling supervision, this is a problem (Ancis, & Marshall, 2010; Hook et al., 2016).

Common Supervision Pitfalls

Being cognizant of these pitfalls can serve as a baseline for future discussions geared toward solving some of these issues (which will be touched on later here). Ellis et al. (2014) articulated one problem with this process: "The research presented herein only scratches the surface of such issues; the major factors leading to inadequate and harmful supervision remain unknown" (p. 462). Even so, when surveying the literature, some prominent features start to ascend. Therefore, while recognizing that there is still research to be done in this realm, looking at some general areas of competence that may play a role in how competent supervisors are can open some doors to further understanding. The domains of concern that emerged are failures in multicultural sensitivity and competence and the harm that can befall supervisees.

Multicultural Issues

The first sphere, multicultural competence, has evolved into a pillar of the counseling field's internal ethics. Multicultural competence is noted as an area of weakness here because it is under emphasized as an essential aspect of the supervision process despite its noted importance in general counselor competency (Ancis & Marshall, 2010). This dearth leaves a problematic gap in supervision. Hook et al. (2016) indicate that there is a need for cultural humility on the part of the supervisor; this means that the supervisor has self-awareness of their own culture and makes space for others and their cultural differences. Ancis and Marshall (2010) noted that when supervisors embody openness to change and to learn, honesty about one's cultural shortcomings and cultural awareness help increase the positive outcomes and effectiveness of supervision. Creating an open environment augments the supervision relationship and gives the supervisee a safe space to grow and challenge themselves (Ancis & Marshall, 2010). Ignorance of this area can lead to the alienation of the supervisee and an inability to adequately help the supervisee engage with clients from differing cultural backgrounds.

Harm to Supervisees

The destructive issues in supervision appear to be related to overtly aggravating practices as much as negligence. McNamara et al. (2017) write the following about too familiar stories of supervisory misbehavior: "Specifically, the narratives depicted situations in which the supervisors engaged in an abuse of their power.... supervisees were publicly shamed, abused, or threatened," (p. 126). Often, these occur within the context of a supervisee typically marginalized identities (Barnett & Molzon, 2014; McNamara et al., 2017).

However, despite the particular issue of competence, negligence, and tropes of harmful patterns in practice and the articles and studies undergirding this particular examination of supervision competence, there is a notable dearth of specificity in what the issues facing supervisees are in inadequate supervision beyond what has been reviewed here for fear of the power dynamic of supervision. Supervisees even have their identity covered to ensure they are not met with retribution when they tell these stories in some of these studies (Ellis et al., 2017). More study is needed to understand better how supervisor negligence manifests itself.

Need for Cultural Training for Supervisors

The first step will be ensuring supervisors are competent cultural practitioners. McNamara et al. (2017) indicate that one of the primary harmful aspects supervisees experience is cultural insensitivity from their supervisors. This insensitivity undermines the bridge of trust needed between a supervisor and their supervisee, as noted previously. In writing about supervisors whose example of openness and self-awareness set a positive tenor for supervision in a multicultural context, Ancis and Marshall (2010) stated, "Supervisors were also described as open and genuine about their cultural background, experiences, and biases. This resulted in increased self-disclosure and comfort on the part of supervisees—an essential component to facilitating increased self-awareness and critical consciousness" (p. 282). Recognition of the realities of cross-cultural interactions, such as privilege dynamics, oppression, racism, sexism, homophobia, etc., plays an influential role in ensuring the supervisor

approaches the supervisory relationship with a grasp of their cultural standing and opens the door for acceptance and nonjudgment by the supervisor (Ancis & Marshall, 2010). Perhaps a more robust integration of multicultural self-awareness can help to ensure better multiculturally appropriate behaviors from supervisors. Making this a more robust feature for instruction going forward could serve to mitigate insensitive antics.



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References

American Counseling Association. (2016). *Licensure* requirements for professional counselors: A state-by-state report. https://www.counseling.org/docs/default-source/ethics/licensurerequirements2016edition.pdf

Ancis, J. R., & Marshall, D. S. (2010). Using a multicultural framework to assess supervisees' perceptions of culturally competent supervision. *Journal of Counseling & Development*, 88(3), 277–284. https://doi.org/10.1002/j.1556-6678.2010.tb00023.x

Barnett, J. E., & Molzon, C. H. (2014). Clinical supervision of psychotherapy: Essential ethics issues for supervisors and supervisees. *Journal of Clinical Psychology*, 70(11), 1051–1061. https://doi.org/10.1002/jclp.22126

Bayne, H. B., & Doyle, K. (2019). Licensure portability through an ethical lens: Considering multiple stakeholders. *Journal of Mental Health Counseling*, 41(2), 97–111. https://doi.org/10.17744/mehc.41.2.01

Cook, R. M., & Sackett, C. R. (2018). Exploration of pre-licensed counselors' experiences prioritizing information for clinical supervision. *Journal of Counseling & Development*, *96*(4), 449–460. https://doi.org/10.1002/jcad.12226

Ellis, M. V., Berger, L., Hanus, A. E., Ayala, E. E., Swords, B. A., & Siembor, M. (2014). Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *The Counseling Psychologist*, 42(4), 434–472.

https://doi.org/10.1177/0011000013508656

Ellis, M. V., Taylor, E. J., Corp, D. A., Hutman, H., &

Kangos, K. A. (2017). Narratives of harmful clinical supervision: Introduction to the Special Issue. *Clinical Supervisor*, *36*(1), 4–19.

https://doi.org/10.1080/07325223.2017.1297753

Gnilka, P. B., Chang, C. Y., & Dew, B. J. (2012). The relationship between supervisee stress, coping resources, the working alliance, and the supervisory working alliance. *Journal of Counseling & Development*, 90(1), 63–70.

https://doi.org/10.1111/j.1556-6676.2012.00009.x

Hook, J. N., Watkins Jr., C. E., Davis, D. E., Owen, J., Van Tongeren, D. R., & Ramos, M. J. (2016). Cultural humility in psychotherapy supervision. *American Journal of Psychotherapy*, 70(2), 149–166. https://doi.org/10.1176/appi.psychotherapy.2016.70.2.149

McNamara, M. L., Kangos, K. A., Corp, D. A., Ellis, M. V., & Taylor, E. J. (2017). Narratives of harmful clinical supervision: Synthesis and recommendations. *Clinical Supervisor*, *36*(1), 124–144. https://doi.org/10.1080/07325223.2017.1298488

Exploring the Relationship Between Discrimination and Interoceptive Awareness

Sierra Judd, Gavin Mast, Stacy Oliver, Robin Ralph, Olly Shortell, and Sam Wright

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Systems of oppression and discrimination have long exposed people in marginalized groups to chronic stress, heightening the risk for illness and psychopathology (Meyer, 2003). This article provides an overview of the Minority Stress Model (Meyer, 2003) and the concept of Interoceptive Awareness. The purpose of this article is to bring awareness to these concepts and highlight the need for future research to enhance understanding of the relationship between discrimination and interoceptive awareness.

Minority Stress Model

Researchers initially developed the Minority Stress Model to explain why sexual minorities and underrepresented gender identities (LGBTQIA+) are at a greater risk for negative health outcomes than the general population (Meyer, 2003). Recent literature has shown how this theory applies to a spectrum of marginalized identities (Kinkel-Ram et al., 2021; Sikorski et al., 2015). The Minority Stress Model posits that external and internal stressors related to one's minority status within a discriminatory environment impact well-being (Cyrus, 2017; Meyer, 2003). Components of the Minority Stress Model include distal stressors, such as exposure to discrimination and violence, and proximal stressors, such as expectations of rejection, identity concealment, and internalized stigma (Meyer, 2003).

Physical and Psychological Impacts

Vadiveloo and Mattei (2017) found that minority stress can manifest in the body and impact physical and psychological well-being. Their longitudinal study examined the association between weight discrimination and allostatic load. The results illustrated that perceived weight discrimination and stigma doubled the 10-year risk of high allostatic load, which is associated with type 2 diabetes, cardiovascular disease, cancer, and mortality (Vadiveloo & Mattei, 2017).

Additional studies have associated internalized stigma with adverse psychological outcomes, such as self-devaluation and self-harming behaviors (Meyer, 2003). One example is Sikorski et al. (2015)'s investigation of internalized stigma's role in the psychological well-being of categorically "obese" individuals. Sikorski et al.'s study (2015) suggests that higher-weight individuals may internalize discriminatory perceptions, thus causing increased rates of body dissatisfaction and depression. Further, the researchers state that internalized stigma poses a threat to identity by devaluing aspects of one's identity, which causes devaluation of one's sense of self.

Interoceptive Awareness

Interoceptive awareness is generally defined in research as a conscious and unconscious process through which the nervous system senses, interprets, and integrates signals from the body (Quigley et al., 2021). Interoceptive awareness is a multisensory and multidimensional system with a bidirectional relationship to exteroceptive senses, and it plays a key role in emotional processing, memory, sense of self,

mental health, and bodily functioning (Schmitt & Schoen, 2022). In its relationship with emotion, interoceptive awareness may be considered a sensory ability that integrates internal and exteroceptive information to create predictions and attempt to maintain allostasis and safety.



Interoceptive Dysfunction

Harshaw (2015) offers a multipath, theoretical model for understanding interoceptive dysfunction. Proximal circumstances (such as illness and elevated stress) lead to three primary inroads that cause interoceptive dysfunction, including: loss of external cues (unfamiliar environments or lack of familiar, significant others); changes in attention that prioritize focus on interoceptive states (like rumination); and alterations to the neural underpinnings of interoceptive awareness (like physical or psychological trauma) (Harshaw, 2015). These factors may then interact with individual, gender, and culture-specific differences to cause interoceptive dysfunction, leading to errors in somatic interpretations, predictions, and regulation. Harshaw's (2015) research also highlights that prolonged stress activation of the hypothalamic-pituitary-adrenal axis (HPA-axis) – as occurs in minority stress (Sikorski et al., 2015) – impacts neural systems that facilitate interoceptive awareness, implying a physiological link between minority stress exposure and interoceptive capacity.

Interoceptive Awareness and Discrimination

Kinkel-Ram et al. (2021) investigated the interplay of interoceptive abilities, specifically body trust, and social pain minimization in the relationship between discrimination and suicidal ideation. Survey responses from 341 Black participants showed

support for their hypothesis that discriminatory experiences are positively associated with social pain minimization and decreased body trust (Kinkel-Ram et al., 2021). Results indicated that social pain minimization and discriminatory experiences contribute to body distrust and erosion of interoceptive awareness, and illustrated a relationship between diminished body trust and increased suicidality. Limitations of the study are that only one dimension of interoceptive awareness was measured (body trust), which limits insight into discrimination's potential impact on other facets of interoceptive awareness. Additionally, the results cannot immediately be generalized to other marginalized groups (Kinkel-Ram et al., 2021).

Implications for Counseling

Emerging literature illustrates that discrimination and oppression can adversely impact interoceptive functioning (Kinkel-Ram, 2021; Sikorski et al., 2015). A takeaway for counselors is that sustained exposure to oppression can have enduring and bone-deep consequences for physical and mental health (Harshaw, 2015; Kinkel-Ram, 2021; Meyer, 2003; Sikorski et al., 2015; Vadiveloo & Mattei, 2017). This research also sheds light on ways interoceptive awareness and internalized oppression may interact and influence our self-perception. Therefore, counselors must not only recognize clients' experiences of oppression but also commit to interrupting and dismantling the systems that create harmful conditions. Cultural humility, the ability to acknowledge a client's social pain in the therapy room, and counselor advocacy at the organizational, community, and state level to improve intersectional equity for clients are all important implications from the research. Additionally, counselors can deepen their understanding of the body as both a source of knowledge and a site for effective therapeutic interventions with marginalized populations.

Implications for Future Research

The extent to which minority stress impacts one's internal relationship with the body is less understood in research. Further studies are needed to understand the multifaceted and specific ways that minority stress impacts psychological and physical well-being. Varying methodologies and the inclusion of multiple minority stress factors in many studies make it difficult to discern the somatic implications of specific stressors (Flentje et al., 2020). Furthermore, historically marginalized groups are widely

underrepresented in counseling research. Therefore, future studies could investigate the relationship between identity-specific discrimination and interoceptive awareness as it relates to emotional awareness and regulation.

Conclusion

The relationship between discrimination and interoceptive awareness is a growing area of research that demonstrates how oppression affects mind, body, and spirit. This article illuminates emerging evidence of a relationship between minority stress and altered interoceptive awareness. More research is needed to understand the precise relationship between discrimination and interoceptive awareness; how individuals belonging to different marginalized populations are uniquely impacted; and how counselors can best support clients while ethically responding to and validating experiences of social pain and toxic stress.



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References

Cyrus, K. (2017). Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. *Journal of Gay & Lesbian Mental Health*, *21*(3), 194–202. https://doi.org/10.1080/19359705.2017.1320739

Flentje, A., Heck, N. C., Brennan, J. M., & Meyer, I. H. (2020). The relationship between minority stress and biological outcomes: A systematic review.

Journal of Behavioral Medicine, *43*(5), 673–694. https://doi.org/10.1007/s10865-019-00120-6

Harshaw, C. (2015). Interoceptive dysfunction: toward an integrated framework for understanding somatic and affective disturbance in depression. *Psychological Bulletin*, *141*(2), 311-363.

Kinkel-Ram, S. S., Kunstman, J., Hunger, J. M., & Smith, A. (2021). Examining the relation between discrimination and suicide among Black Americans: The role of social pain minimization and decreased bodily trust. *Stigma and Health*. Advance online publication. https://doi.org/10.1037/sah0000303

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Quigley, K. S., Kanoski, S., Grill, W. M., Barrett, L. F., & Tsakiris, M. (2021). Functions of interoception: from energy regulation to experience of the self. *Trends in Neuroscience*. 44(1), 29–36. https://doi.org/10.1016/j.tins.2020.09.008

Schmitt, C. M., & Schoen, S. (2022). Interoception: A multi-sensory foundation of participation in daily life.

Frontiers in Neuroscience, 16. https://doi.org/10.3389/fnins.2022.875200

Sikorski, C., Luppa, M., Luck, T., & Riedel-Heller, S. G. (2015). Weight stigma "gets under the skin"-evidence for an adapted psychological mediation framework: a systematic review. *Obesity*, 23(2), 266–276. https://doi.org/10.1002/oby.20952

Vadiveloo, M., & Mattei, J. (2017). Perceived weight discrimination and 10-year risk of allostatic load among US adults. *Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine*, 51(1), 94–104.

https://doi.org/10.1007/s12160-016-9831-7

Banning Conversion/Reparative Therapy: An Advocacy Effort for Sustainable Equity for the LGBTQIA+ Community

Victoria Brenner

Conversations surrounding sexual orientation and gender identity have been on the rise in recent years. This change can be credited to an increase in representation and awareness through the media, social networks, celebrities, and growing organizations across the world that support the visibility of people with varying sexualities and gender identities (Buckey, 2020). While sexual orientation and gender identity can be labeled with many names on a spectrum, those who are not heterosexual and cis-gender are described as a part of the LGBTQIA+ community. The LGBTQIA+ acronym accounts for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all other gender and affectional minorities (LGBTQIA+ health education center, 2021). While people of the LGBTQIA+ community have always existed, they

have become increasingly visible over the past two decades. The people that identify as LGBTQIA+ have been in an ongoing fight for equality and acceptance on various levels of society (Buckey, 2020). Supporting these on-going efforts for equity and equality, counselors' level of training and competencies on the issues impacting the LGBTQIA+ is crucial. As affirming mental health professionals, it is vital that we create awareness for harm being done legally to LGBTQ+ minors through conversion or reparative therapy.

The American Counseling Association ([ACA], 2021) defines conversion/reparative therapy as a non-evidenced-based therapy to change someone's sexual orientation or gender identity. Conversation therapy, rooted in homophobia and religion-based tradition, was created and practiced to change

non-heterosexual thoughts or attraction and promote male/female relationships (ACA, 2021). In the mid-twentieth century, the norm for medical intervention for non-heterosexuality changed from electroshock therapies to the psychological therapy engaged in today (Buckey, 2020). In 2007, the American Psychological Association deemed the practice as ineffective and harmful to people in the LGBTQ+ community (Taglienti, 2021).



In 2012, California became the first state in the United States of America to completely ban the practice of conversion therapy for minors. As of March 2022, 20 states and the District of Columbia have officially banned the practice of conversion therapy for minors. In addition to these states, North Dakota, Minnesota, Wisconsin, Michigan, North Carolina, and Puerto Rico have partial bans in various cities or counties (Movement Advancement Project, 2022). While the other half of the United States does not have any policies that prevent conversion therapy for minors, there are an additional three states that are actively pursuing putting enforcement in place to prevent conversion therapy bans. In other words, Alabama, Georgia, and Florida are trying to create legislation that will not allow cities and counties to create their own policies against conversion therapy (Movement Advancement Project, 2022).

The risk of mental health complications and suicide is on the arise across the globe. In 2020, the CDC estimated that one person died by suicide every 11 minutes (Centers for Disease Control and Prevention, 2022). Narrowing down to adolescents and young adults, suicide accounts for more deaths than any other age group. There are various biopsychosocial criteria that can be attributed as risk factors for suicide, including being a part of the LGTBQIA+ community. One LGBTQIA+ teen between the ages of 13 and 24 is estimated to attempt suicide every 45 seconds in the US, with many adolescents reporting multiple attempts (The Trevor Project, 2021).

Research shows that minors who have experienced conversion therapy are about five times more likely to attempt suicide compared to their heterosexual, cis-gender peers (Taglienti, 2021). The ACA (2021) completed an independent review and concluded the harmful effects of conversion therapy, and thus, has explicitly stated the unethical nature of the practice. Despite this, most of the United States legislatures have neglected the danger and are allowing conversion therapy to legally continue throughout the country.

Advocacy is a top priority for mental health professionals. As we serve some of the most high-risk communities as counselors, our work often must extend past our client sessions and into the state capitol buildings. Legislation has been presented in all fifty states to eliminate the practice of conversion therapy for minors, however less than 50% of the states legislations have become fully aware of the repercussions that occur as the result of minors being forced through the dangerous "therapeutic" experience (Movement Advancement Project, 2022). As professional counselors, some of the strongest work we do for our clients is outside of session, working to create change on a systemic level that reduces their marginalization. The fact the harmful practice of conversion therapy is continuing to be passed off as therapy to minors is nothing less than a nationwide epidemic contributing to the increasing suicide rates of adolescents. It is unclear if widespread misinformation or lack of awareness is to blame for the lack of change, however the counseling profession cannot continue to let this harm LGBTQ+ clients.

We as a profession need to come together now more than ever, to ensure that we stand clearly against conversion therapy and in support of our LGBTQ+ community. For those who are in states that have unsuccessfully created legislation to stop conversion therapy, it is important to identify lawmakers specific to those areas. Contacting the respective state representatives over email, phone, and mail and informing them of the factual evidence that discredits conversion therapy is necessary for changes on a systemic level. The more information and awareness provided to the legislatures, the more impact counselors will have on the potential for laws to be put in place. For those who live where statewide laws are already in place, the same protocol can be used with state senators to push for a nationwide policy

change.

On a local level, counseling professionals can engage in advocacy through continuing education and changing language in interpersonal communication. State-based counseling organizations often have subgroups specific for LGBTQ+ affirming professionals who are willing to take part in localized advocacy projects and demonstrate allyship. The ACA, along with local organizations, are excellent resources for professional counselors to increase awareness and understanding of LGBTQ-specific struggles in their community. This information can be used in order to spread positive changes within one-on-one and group level conversations, so while systemic changes will take time, the counseling profession as a whole can work to increase safety and equity for the LGBTQ+ community from the bottom up.

Conversion therapy is an ongoing danger to the adolescent LGBTQ+ population, and we as counseling professionals must engage in advocacy efforts in order to raise awareness and make change for the marginalized LGBTQ+ population.



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References

American Counseling Association. (2021). *Conversion therapy bans*. ACA. https://www.counseling.org/government-affairs/state-issues/conversion-therapy-bans

Buckey, A. W. (2020). *LGBT Intolerance*. Reference Point Press.

Centers for Disease Control and Prevention. (2022). *Facts about suicide*. Centers for Disease Control and Prevention. https://www.cdc.gov/suicide/facts/

Movement Advancement Project. (2022). Conversion "Therapy" Laws.

https://www.lgbtmap.org/equality-maps/conversion_therapy

The Trevor Project.(2021). *Estimate of how often LGBTQ youth attempt suicide in the U.S.* https://www.thetrevorproject.org/research-briefs/estim ate-of-how-often-lgbtq-youth-attempt-suicide-in-the-u-s/

LGBTQIA+ health education center (2021). LGBTQIA+ Health Education Center. https://www.lgbtqiahealtheducation.org/

Taglienti, J. (2021). Therapists behind bars: Criminalizing gay-to-straight conversion therapy. *Family Court Review*, *59*(1), 185–199. https://doi.org/10.1111/fcre.12562

Are you asking your international Counseling students to educate you on their culture? Please stop. Do these three things instead

Sofia Georgiadou, PhD, LPC-S, LMFT-S, NCC



As a former international graduate student in the US and an Educator myself, I know first-hand just how burdensome (and exhausting) the process of "educating others about my culture" is. I was attending a graduate-level Counselor Educators' seminar recently, where one of the speakers (a very experienced Educator) passionately encouraged all Educators in the audience to "ask their students to educate them about their culture." I thought to myself, "My God, what a privileged position this is to ask your students to publicly educate YOU about their culture." If only I felt privileged enough in graduate school to get up in class and announce to everyone, "I would love for you all to educate me on everything I should know to succeed in graduate school." I also knew deep in my heart that as an international graduate student from Greece, the last thing I had in mind daily was the idea of going into the classroom ready to educate others about my culture. Instead, I struggled to familiarize myself with a broad range of customs, beliefs, and behaviors and wrap my mind around unspoken cultural processes and rules that others around me assumed I was already aware of.

So, what can YOU as an Educator do for your students of diverse intersecting identities? Talk in class about things that *you assume they know*. This would require you to think deeply about the things you take for granted and cultural values you assume your American mono-national students are already aware of. Openly talking about your assumptions and expectations of students may include addressing questions like this:

- 1. What do you mean when you say you need "good graduate-level writing" in written assignments? Describe what this looks like and present examples, if possible (not academic articles, but actual past students' papers). I remember thinking in graduate school that I was supposed to write in the same writing style that I would read in academic articles, and it seemed like a frustratingly unattainable goal at the time.
- 2. Cultivate an environment of continuous feedback and clarity in exchanges with students, leading to a greater understanding from both sides. You can achieve this by discussing openly in class:
 - What has a healthy debate looked like in your classroom in the past?
 - How do we resolve conflicts in the cultural subcontext of our classroom?
 - What topics is it ok for students to approach you about?
- What topics can students request a meeting with you for?
- What topics can students get help from their peers/you/other university structures?
- 3. Send a private message or set up a private (1:1) meeting with a student of international background and ask, "How else can I support you?" and then be prepared to listen. Whatever you implement in response, make sure you circle back to your student to ask your version of "Did I get it?"

Doing these three things will not only create a more inclusive learning environment for ALL your students (not just the international students), but it will also allow you to deeply connect with them without placing the

responsibility on them to "educate you about their culture."

To deepen your understanding of how you can become an inclusive Educator, visit these additional resources:

<u>Ethical Dilemmas in the College Classroom: A Casebook for Inclusive Teaching:</u> Introduction, Facilitation Notes, and Resources by Rosette Cirillo - Cases by Rosette Cirillo and Sarah Silverman

A Podcast: The Thoughtful Counselor: Episode 207 - Creating safer spaces for clients and students at intersections of multiple marginalized identities.

Continue this conversation with me at: georgiadou@uhcl.edu.

Board & Committee Updates

New to CSJ: The Counselor Education and Supervision Task Force

Dr. Natasha Barnes & Dr. Colette Dollarhide

The Counselor Education & Supervision (CES) Task Force committee is a CSJ initiative that focuses on recognizing the social justice issues in counselor education and advocating for more culturally sensitive and appropriate practices. This committee is chaired by Dr. Natasha Barnes, who has been a counselor educator for six years and Dr. Colette Dollarhide, who has been a counselor educator for 28 years. While the years of experience vary between the co-chairs, one of the main commonalities among them is a great passion for creating a profession that is inclusive and socially just to all counselors and counselor educators. The committee is comprised of approximately 20 members, who are counselor educators/supervisors, counselor education doctoral students, and/or counselors.

The vision for the CES taskforce is to provide guidance for current and future counselor educators in advocacy, decolonization of counselor education and supervision practices, and mentorship in social justice efforts. To support this mission, the CES taskforce has set out to collaborate with committees inside and outside of CSJ to provide opportunities for connection, growth, and professional development.

There is often a focus placed on issues that present in the counseling world, but this committee seeks to give voice to issues that present specifically in counselor education, such as the power differential between counselor educators and students, mentorship across the profession, the hidden curriculum in counselor education careers, allies in counselor education, etc. In addition, the committee seeks to aid those who are presently counselor educators or seeking to become in understanding how to engage with students in a socially just way, as the committee recognizes that the issues sometimes lie within those who are educating and not just those who are being educated. By allotting space for dialogue, research, publication, advocacy, and professional development, this committee hopes to make strides in not only creating a better profession but creating a better "self" for all who interact with the committee.

Being a part of this committee is rewarding for the counselor educators & future counselor educators who are involved and gives new perspective to a "support group." Here's what some of our committee members have to say about their involvement in the committee:

Dr. Jennifer Casani (she, her, hers), Licensed Mental Health Counselor & Qualified Supervisor for MHC/MFT interns in Florida; current research interest is the influence of motherhood on counseling practices



"My experience with the CES Task Force has been wonderful. I joined the task force to hear of other professional experiences incorporating social justice and advocacy into classroom spaces, to hear what colleagues from across the colonized states have been using to heighten student and professional awareness of our real work in the field. I have some of my own ways of making meaning in academic spaces with students – but colleagues on the CES Task Force have a breadth of information that I want to engage with regularly, particularly through face-to-face (i.e., Zoom) discussions about intention and

impact. I appreciate the diversity of humanity and experience that currently sits within the CES Task Force space, and I hope to be engaged with the task force for some time."

Dr. Zori A. Paul (she/her); research interests focus on intersecting identities - specifically bisexual+ women of color-, cross-cultural mentorship in counseling programs, and ethical social media use for counselors, respectively.

"Serving on the CES task force is important to me because I believe all counselors should incorporate social justice into



their practice. I believe to do that, social justice topics, issues, and interventions need to be interwoven into how we teach counselors-in-training so that it becomes a natural part of their work. Social justice work should be an integral part to our professional identities as counselors and I believe the CES taskforce can work with counselor educators and programs to make that a norm."

Dr. Allison Levine (she/her), Assistant Professor at the University of Iowa Counselor Education department; research Interests include equitable and social justice practices in counselor education and the helping professions, with a focus on professional dispositions and disability biases.



"Working on the CSJ CES task force has rapidly become one of my favorite service roles. The CES task force has taken up a number of social justice issues that we have seen in counselor education and supervision, including decolonizing higher education, allyship practices, mentorship, and many more. Our task force has identified opportunities for meeting the needs of counselor educators and supervisors in the field via a webinar series, and we continue to discuss additional opportunities to disseminate and discuss social justice-aligned practices for counselor education and supervision.

Serving on this task force with a wide variety of backgrounds and expertise at the table has been robust and engaging; allowing for us to be timely and responsive to the needs we are seeing in real time. I am thrilled to be a small part of the task force and cannot wait to see what we are able to accomplish this year."

Gene Dockery, a trans, queer, and disabled counselor and PhD candidate. They work in private practice specializing in queer neurodivergence; research interests include a focus on trans and queer liberation, advocacy, disability justice.



"It means a great deal to be on the CES task force. My career is rooted in social justice, and addressing systemic inequalities in counselor education with a committee of my peers is an opportunity I have always hoped for. It is incredibly exciting to be part of a group of accomplished advocates and scholars who have done so much admirable work. I believe that we will be a transformative force in the field with the support of CSJ."

If you or anyone you know is interesting in joining this awesome task force, please contact Drs. Barnes and Dollarhide at counselored@counseling-csj.org

Membership Committee Updates

Report from the CSJ October Chapter Showcase

Counselors for Social Justice featured two CSJ university chapters at our October Showcase: Seminary of the Southwest, and Springfield College. Both chapters made inspiring presentations on their activities over the past year.

CSJ Membership Committee Co-Chair Dr. Liliana Burciaga hosted the event. She described the process for applying to become an official CSJ chapter, and announced the new CSJ Chapter Toolkit which is a resource available to help chapters get started and grow. Then, Kevin Overton-Hadnot, Chair of Counselors for Social Justice at Seminary of the Southwest, shared the events and activities that their chapter has been putting on recently, including a Social Justice Roundtable, a film screening, membership drives, and an ice cream social. CSJ at Seminary of the Southwest was also represented at the Chapter Showcase by Co-Chair Jane Obi, along with Dr. Maria Spellings and Dr. Marlon Johnson.

We also enjoyed a presentation from Alie Baranauskas from Counselors for Social Justice at Springfield College, who inspired us with the many events they have held. These include a collaboration with a local organization on an event to raise awareness about environmental justice, and creative events to foster communication and community across the entire campus, where members of the CSJ chapter handed out index cards with intriguing questions on them to people to invite dialogue and promote higher-order thinking.

Following the presentations, we went into breakout rooms to network, brainstorm, share ideas, and make more connections.

Check out what these chapters are doing by following them on Instagram: @CSJatSSW for CSJ at Seminary of the Southwest, and @sc counselorsforsocialjustice for CSJ at Springfield College.

Seeking Volunteers for ACA's Conference & Expo!

Are you planning to attend ACA's Conference & Expo in Toronto this year? CSJ is seeking volunteers to help us run our booth! Please reach out to us by email at membership@counseling-csj.org to connect with us!

For other announcements and information about future events and webinars, please follow CSJ on Facebook, Instagram, & Twitter (a) CSJNational & on ACA Connect!







2022-23 CSJ Leadership

Board Members

President: Ebony White President Elect: Shon Smith Past President: Delila Owens Secretary: Teresa Gregersen Treasurer: Chiquita Holmes

Communications Officer: Emma Giordano Student Representative: Alonzo Turner Community Representative: Kshipra Jain School Representative: Caroline Baker Retiree/Limited Means Representative: Jane

Goodman

Governing Council Representative: Rachael

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Committee/ Task Force Chairs

Advocacy Committee Chair: Sailume Walo-Roberts and Tina Onikoyi

Awards Committee Chair: Candice Norris-Brown and Natasha Moon

Conference Planning Committee Chairs: Delila Owens and Shreya Vaishnav

Marketing, Media, and Public Relations Committee Chair: Emma Giordano Membership Committee Chairs: Liliana Burciaga and Lisa Wenninger

and Lisa Weininger

Mentoring & Leadership Committee Chairs: Christina McGrath Fair and Mercy Machado

Newsletter Committee Chairs: Darius green and

Sam Steen

Professional Development Committee Chairs:

Marlon Johnson

Research Committee Chair: Alfonso Ferguson and

Suni Sharma

Journal of Social Action in Counseling & Psychology Editors: Lawrence H. Gerstein and

Pamela Valera

Racial Justice Task Force Committee Chairs: Lauren Shure, Ebony White, Shon Smith, and Darius Green

School Counseling Task Force Committee Chairs: Frannie Neal, Delila Owens, Shekila Melchior, Caroline Baker

Strategic Planning Committee Chairs: Shanice Armstrong

Counselor Education and Supervision Committee Chair: Natasha Barnes

Newsletter Submission Guidelines

- Subject matter/topics: All content should be relevant to social justice issues that impact professional counselors and/or their clients. If you'd like to run a topic by CSJ, please email newsletter co-editors Darius Green and Sam Steen at newsletter@counseling-csj.org.
- Word count: There is no hard and fast rule, but most articles tend to be somewhere between 750 and 1,000 words.
- **Style:** Please use APA style and use in-text citations and references when appropriate.
- **Voice:** Some CSJ articles are more academic in nature, while others are more reflective. The voice of your article should be unique to you, and largely be determined by the purpose of your piece (e.g., providing information, persuasion, telling a personal story, etc.). However, please do avoid extremely casual language.
- **Photos:** Photos are strongly encouraged! Whenever possible, please submit a high-res images. Please note that most images pulled off of a website are NOT high-res. If no photos are provided with a submission, the co-editors will most likely select one or more royalty-free images to accompany your piece.
- **Bio:** Please include a short bio (two to three sentences should be fine) along with your submission. Possible information to include: education, licensure, current work setting, research interests. Feel free to submit a head shot along with your bio!
 - **Deadlines:** CSJ releases quarterly newsletters and accepts submissions on a rolling basis. If you are interested in submitting an article for our NEXT issue, please contact co-editors Darius Green & Sam Steen.

	Submission Deadline	Publication Date
Summer	7/1	8/1
Fall	10/1	11/1
Winter	1/1	2/1
Spring	4/1	5/1