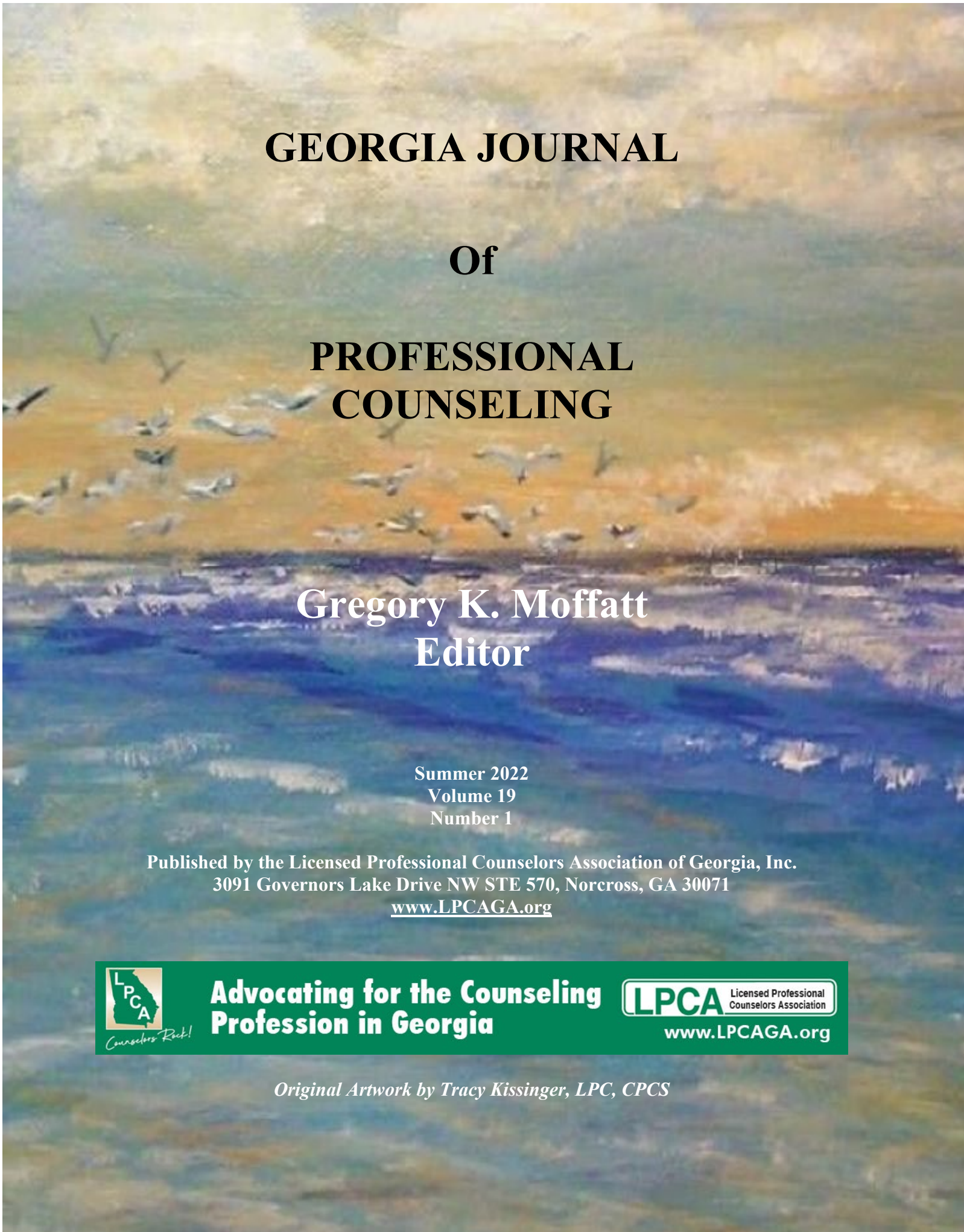


GEORGIA JOURNAL

Of

PROFESSIONAL COUNSELING

Gregory K. Moffatt
Editor

Summer 2022
Volume 19
Number 1

Published by the Licensed Professional Counselors Association of Georgia, Inc.
3091 Governors Lake Drive NW STE 570, Norcross, GA 30071
www.LPCAGA.org

Advocating for the Counseling Profession in Georgia

LPCA Licensed Professional Counselors Association
www.LPCAGA.org

Original Artwork by Tracy Kissinger, LPC, CPCS

GJPC Editorial Board

2021-2022

Gregory k. Moffatt
Editor
Point University-West Point

Betty Gebhardt
Assistant to the editor
Grow Counseling-Peachtree City

Reviewers
Keith J. Myers
Mercer University-Atlanta

Kelly Veal
LaGrange College-LaGrange

Trudy Post Sprunk
GA Play Therapy Assoc

Jennifer Cook

Georgia Journal of Professional Counseling is published once a year, in April by the Licensed Professional Counselors Association (LPCA), 3091 Governors Lake Drive, NW, Suite 570, Norcross, GA 30071.

SUBSCRIPTION RATE of $15. Additional air mail for outside the U.S. is $19 for a total of $39.

Permissions: Permission to reproduce more than 500 words of *Journal* material must be requested in writing from the Editor.

Advertising: For information, contact LPCA at 770-449-4547: Email **LPCA@LPCAGA.org** or by Fax at 404-370-0006. The Editor reserves the right to edit all copy and to refuse ads. The publication of any advertisement by LPCA is not an endorsement of the advertiser nor of the products or services advertised. LPCA is not responsible for any claims made in advertisements.

Membership: Membership in LPCA is open to all individuals and students in the mental health field. Members receive the LPCA Newsletter and the GA Journal. For further information write to LPCA, 3091 Governors Lake Drive, NW, Suite 570, Norcross, GA 30071.

Change of Address: Members should report change of address at least 6 weeks in advance to Member Services, Address Change, LPCA, or call 770-449-4547. Undelivered copies resulting from address changes will not be replaced but may be purchased at the single-issue price. Subscribers should notify the post office that they will guarantee third class postage. Other claims for undelivered copies must be made within 4 months of publication.

Past editors of Georgia Journal

LPCA President
Tim Robinson, LPC, CCTP, CPCS, CAS-F

Publisher
Gale Macke, CEO

Production Editor
Adams Graphics

Summer 2022
Volume 19
Number 1

Georgia Journal of Professional Counseling

Angela Feeser, Ed.S., LPC, CPCS

LPCA President 2021 – 2023

Progressive. Merriam-Webster defines Progressive (adj) as moving forward or onward, advancing. As I sat reflecting on our profession, this is the word that came to thought. Over the last three years, despite the high degree of change and tension in our world, our profession has continued moving forward to serve. To those who need licensed professional counselors to navigate everything from chronic mental health symptoms from COVID, grief, addiction, etc. to a "new normal" day to day.

Our profession has also advanced the application and utilization of TeleMental health as an option to provide counseling to all, despite limitations of geographic or systemic boundaries. As many were dealing with isolation and restrictions, licensed professional counselors were collaborating and advocate for inclusion and expansion in order to continue what we are trained to do and passionate about doing - helping others through counseling. Collectively, we need to continue to focus on this advancement of our role as experts. Individually, we need to each, focus on continuing growth through learning, training and education.

LPCA has been consistent and reliable in helping our profession stay progressive. Over the last three years, LPCA has stayed at the forefront of advocacy for Licensed Professional Counselors to be included in Medicaid/Medicare, TeleMental health, the new legislation of Professional Counselor Compact licensure ACT, and continued to be the experts in the field of counseling.

We must continue to advocate for the specialty of clinical supervision. As a supervisor, upholding the integrity and responsibility of the Certified Professional Clinical Supervisor (CPCS) credential is imperative. Not only to each other as professionals, but to the upcoming generations of counselors. Supervisors are the gatekeepers, and with that comes a great responsibility. A responsibility that we will be held accountable for in our actions or lack of, not only to have a safeguard for our future counselors but to those we serve. Practicing clinical supervision need to ensure that they know the rules, law and ethics, as well as, review these ongoing with those they supervise; not doing so is negligent.

LPCA helps to ensure that their members are informed, trained, and known as experts in our profession. The changes are not slowing down for our profession, and I find comfort knowing that LPCA does not plan to slow down either.

Multicultural Competence Assessing for Social Justice: Development of the Multicultural Competency & Social Justice Counseling Inventory

Hibbah A. Agha and Ekom N. Essien

College of Professional Advancement, Mercer University

Abstract

In recent years, there has been a call for revision of multicultural competency within the counseling profession to add social justice as the fourth dimension of the existing framework. While there are assessments to evaluate the previously operationalized definition of multicultural competency, there is a gap in the data to assess the social justice component. This literature review operationalizes social justice and the researchers created and distribute a self-assessment for the social justice component. Six ecological layers of social justice provide the outline for the survey creation. While a principal component analysis was not successful with the 137-item survey due to a lack of usable responses, there is potential evidence demonstrating strengths in parts of the created social justice assessment. With additional revision and data collection, this could provide the early makings of a social justice self-assessment to be a part of looking at multicultural competency as a whole within the counseling profession.

Keywords: social justice, multicultural competence, self-assessment, scale development, principal component analysis, factor analysis

Multicultural Competence Assessing for Social Justice: Development of the Multicultural Competence & Social Justice Counseling Inventory

As the population of culturally diverse people increases in the United States of America resulting from globalism, the need for culturally competent counselors is increasing (Chao et al., 2011). People with multiracial or biracial heritage are the fastest-growing population in America, (Sue et al., 1992; Henriksen & Maxwell, 2016). It makes sense to us that with the increasing frequency of interaction between people of diverse cultural backgrounds, enhancing the multicultural competence of counselors is essential to the welfare of the general public, and a key component of maintaining the integrity of professional counseling. Sehgal et al. (2011) highlighted the potential negative impacts of counselors with a limited multicultural lens, as they suggested that poor treatment outcomes and a high occurrence of client dropout from counseling may connect to poor consideration or poor case conceptualization of a multicultural client.

The growing population of people from diverse cultural backgrounds prompted counselor education programs to increase their efforts to recruit and retain culturally diverse students, and sparked initiatives in the 1990s to incorporate multicultural perspectives into counselor education curriculum (Sue et al., 1992; Chao et al., 2011; Chun et al., 2020). Since that time, there has been a significant amount of attention given to cultural competency in counselor education and in clinical supervision. However, in spite of the significant amount of research directed toward multicultural competency, few multicultural competency scales have been operationalized to assess the degree to which a student/supervisee/counselor possesses the knowledge and skills to work with culturally diverse people.

Multicultural Competence

Nearly 30 years ago, Sue et al., (1992) documented the proposal by the Association for

Multicultural Counseling and Development to incorporate a multicultural perspective in counseling, aiming for multicultural competencies to be included in counselor education program standards. This article set the conceptual foundation for the multicultural competencies we use today. In 2015, Ratts et al. revised the multicultural counseling competencies to include social justice as a fourth dimension, and since that time none of the multicultural competency scales have been developed to reflect this fourth dimension. Fietzer and Ponterotto (2015) described issues with the broad conceptualization of social justice, mono-method bias, and differences in practitioner approaches to social justice as barriers to effective measurement. According to the authors, social justice and advocacy are two of the few social constructs that can be measured by overt behavior. Measuring such a construct presents a threat to validity as novice mental health practitioners and students may not have experience with advocacy (Fietzer & Ponterotto, 2015).

Integrating MCC and SJC

According to Singh et al. (2020), while the human rights movement to address cultural and social justice issues in counseling began in the 1940s, it was the resistance to the work of Sue, Arredondo, and McDavis in 1992 by colleagues who did not believe counseling needed to attend to culture; that was the catalyst for the adoption of MCC and SJC in the profession. Thus, both multicultural counseling and social justice counseling became the new forces of the profession to address social inequities and the needs of diverse cultural groups.

CACREP defined multicultural as the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities. The three domains of Multicultural Competence (MCC) by Sue et al. (1992) hold that a counselor must be aware of attitudes/beliefs, possess the knowledge of multicultural issues and have the skills to work with multicultural clients as

previously defined. In 2015, Ratts et al. reconceptualized the MCC and developed the Multicultural Social Justice Counseling Competency (MSJCC), which combined SJ competence and MCC.

For the purpose of this research, we define multicultural competence based on multiple works as understanding the intricacies of multiculturalism on the counseling relationship, awareness of the impact oppression has on mental health and well-being, understanding individuals in relation to their social environment, and integrating social justice advocacy into the various modalities of counseling (Crethar et al., 2008; Ratts et al., 2016; Singh et al., 2020; Sue et al., 1992).

Using the current literature on multicultural competence, we aim to operationalize a multicultural counseling competency scale that includes social justice as a fourth dimension. using Relational-Cultural Theory, we created a scale focused on the social justice aspect missing from the existing framework in addition to adapting the Multicultural Awareness Knowledge Skills Survey (MAKSS). The additional scale is based on the revision of multicultural counseling developed by Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2015) and endorsed by the American Counseling Association.

Literature Review

Given the emphasis on awareness in current measures of multicultural competence, it makes sense to consider the subjective nature of the construct being assessed. This review of the current literature helped us to establish our philosophical, theoretical, and technical premise for developing the Multicultural and Social Justice Counseling Competency Inventory (MSJCCI).

The concepts of culture and social justice in relation to the lived experience are philosophically constructionist/constructivist (Cottone, 2008; Cottone, 2017; Vall Castelló,

2016). In establishing a philosophical premise for this study, we found it important to distinguish between constructivism and constructionism to form a basis for our design to assess counselor education students' and counselors' degree of multicultural competence.

While there is a lack of consistency in the literature that delineates constructivism and constructionism, in his 2016 article, Vall Castelló provided definitions to distinguish the two. In this article, the author first highlighted the epistemological similarity of constructivism and constructionism in agreement with the writings of R. Rocco Cottone (2008; 2017) as both assert that knowledge is an active, subjective, and linguistic inquiry process that leads to the construction of one's reality. Vall Castelló then suggested that the differences between constructivism and constructionism rest within the process of meaning construction. Whereas constructivism focuses on the intraindividual process, constructionism focuses on the interindividual process (Vall Castelló, 2016).

Our considerations for operationalizing the measurement of multicultural competency are epistemologically constructivist and constructionist with attention to language (item wording) to integrate multicultural competence and social justice competence and to decrease the occurrence of socially desirable responses (Boysen & Vogel, 2008; Cottone, 2008; Vall Castelló, 2016). The attention to interindividual and intraindividual processes has implications for the role of relationships as related to the construction of one's reality as related to the development of biases, the recognition of privilege and oppression, and awareness of one's self in relation to others.

To operationalize the competencies set forth by Ratts et al. (2015) we turned to Relational-Cultural Theory (RCT) which proposes that a culturally competent counselor understands how oppression, marginalization, and social injustice cause a person to feel

depreciated (Comstock et al., 2008). Essentially, R-CT proposes that MCC and SJC are two aspects of the same construct. This was evidenced by Singh et al. (2020), when they described the historical context of MCC and SJC, highlighting the work of Sue, Arredondo, and McDavis in 1992 as the catalyst for the adoption of MCC and SJC in the counseling profession and led to the revision of the MCC in 2015 by Ratts, Singh, Nassar-McMillan, Butler, and McCullough. With a majority of the existing self-assessment scales of counselor multicultural competence, a primary factor missing is the social justice component. The relational-cultural theory hones in on the experiences of marginalized people and how counselors may lack the competence to adequately work with these populations. This perspective combines a phenomenological approach to social constructionism while incorporating more of a social justice perspective that is lacking from counselor training.

The framework of the Multicultural Counseling Knowledge and Awareness Scale (MCKAS) and the Multicultural Counseling Inventory (MCI) (Ponterotto, et al., 2002; Sodowsky, et al., 1994) were instrumental to the development of our scale. The MCKAS and MCI have been cited extensively in the research literature as commonly used and validated competency scales (Kitaoka, 2005; Sheu & Lent, 2007; Boysen & Vogel, 2008; Krentzman, & Townsend, 2008; Sehgal et al., 2011). Kitaoka (2005) argued that a detailed analysis of current MCC scales is needed and suggested the way MCC is conceptualized be revised. In an analysis of the most commonly used MCC scales, the author noted consistency and the inability to rule out the existence of a single factor on which competency is based (Kitaoka, 2005). For our purposes, we selected MCKAS because of its reputation, and the MCI because of its inclusion of Relationships as a factor of multicultural competence.

Methods

Using classical test theory, this scale is intended to measure the multicultural and social justice competence of counselors, counselor educators, and counseling education students.

I. Scale development

1. Multidimensional with correlated items

a) In order to assess multicultural competence, the MCKAS was the first part of the assessment, followed by the social justice competency questions. For social justice, each of the ecological layers of the revised social justice competencies was assessed with at least 15 questions. When the entire survey was combined, the assessment was over 150 questions, which caused concern for test taker fatigue. For this reason, we removed the MCKAS and opted to test just the social justice survey.

b) While some questions directly spoke to the framework to support the ecological layer, other items were included to survey in a more ambiguous manner in order to provide less socially desirable answers. The questions were created and framed in a way to gauge the respondent's behaviors, beliefs, and attitudes without being able to identify which response would be viewed more favorably in regards to the counseling profession. Each of the ecological layers was operationalized by the framework created by Ratts et al. (2015) that is published on the ACA website in regards to an encouraging revision of multicultural competency to include social justice. This literature predominantly influenced the creation of questions.

c) Specific questions were developed using literature on social justice and

diversity to assess areas that could require additional insight instead of a broader understanding of the concepts. This enables alignment with the RCT approach and highlights nuances of human development and context in relation to marginalization and privilege and counselors and clients. The praxis of these scales helped guide the question creation to assess the multiple areas and spheres of influence, including counselor self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions. The overall goal of this assessment is to help the counselor highlight specific attitudes and beliefs to understand opportunities for growth in the areas where they may receive a lesser score and bring awareness to privilege and oppression as it may take place in the therapeutic relationship and beyond to the other ecological layers, such as public policy and global affairs.

d) Responses were collected from a 6-point Likert scale to remove a midpoint answer option and force choice (Spector, 1991). The questions may have challenged individuals to consider their own beliefs and avoid a neutral response. An even number of choices would force the choice to be on either side- either more towards agree or disagree. The six answer choices created on the Qualtrics platform we utilized are: Strongly Agree, Moderately Agree, Slightly Agree, Slightly Disagree, Moderately Disagree, and Strongly Disagree. The answer choices are not connected to a numerical score.

e) To assess for additional insight from participants, we conclude with an

open-ended question to gather feedback regarding the additional social justice survey to learn about how test-takers felt about the content for potential updates in the future.

2. Krentzman and Townsend (2008) highlighted the importance of considering how the scaled items are worded. The authors believed that items that are more explicitly related to social desirability may affect the answer selection by respondents to align with relative norms. To better control for this, we included some items that have a less apparent socially desirable answer, by referencing a specific issue to highlight a theme that is referenced in the Ratts et al. (2015) framework.

II. Sampling - Using a snowball sampling method participants were recruited through CESNET, American Counselors Association (ACA), American Mental Health Counselors Association (AMHCA), National Board of Forensic Evaluators, Mercer University Department of Counseling, Georgia State University, Brenau University, Columbus State University, University of Texas-Dallas, and personal/ professional contacts. The call for participants included a request for the survey to be shared with other counseling professionals. Counselor background was a requirement for participants, whether they are licensed or in training.

III. Final ReviewPrior to sharing with counselors participants, two essential steps were taken in support of the finalizing of this survey. An expert panel provided feedback on the designed assessment in regards to any opportunities for improvement. This process supported the refinement of cohesiveness and potential barriers to comprehension. It was during the expert panel that we opted to remove the MCKSS

aspect of our survey to reduce the length of our assessment. Additionally, an IRB proposal was drafted and sent to the University's Institutional Review Board. An IRB number was approved and shared to be referenced in the informed consent portion of our Qualtrics survey.

Results

The final survey consisted of approval of the informed consent, demographic questions, 136 Likert-scale items, and concluded with an open-ended question for feedback. A total of 129 responses were collected. However, not all responses were usable for analysis due to holes in the data. While each question was supposed to require an answer, there were some limitations in the survey format that enabled respondents to continue without answering a question. Several respondents left some questions blank. Some missed answering 1-2 questions, either in error or not wanting to provide an answer and others stopped answering after a certain question, demonstrating a high attrition level potentially related to a large number of survey items. When assessing for trends in missing responses, there was no clear pattern regarding questions that people were intentionally skipping. The largest number of missing answers from those that completed the survey to a particular question was four. With no clear pattern, all questions were left for data analysis. A principal component analysis (PCA) was conducted on the completed data, which consisted of 56 sets of responses. None of the original 129 participants left any feedback on the open-ended question. The analysis was inconclusive for 56 sets of data with 136 components, indicating that a larger sample was needed in regard to a large number of survey items. To see if the sample was a key limitation, the usable data set was doubled and run again, only to yield the same result of inconclusiveness. 106 sets of data would still not satisfy what is needed to properly run PCA for this survey. While a PCA could not be run on the survey as a

whole, another method of assessment was to run a PCA per ecological layer of social justice. Each respective layer was associated with 20 or more questions specific to the ecological framework. With 56 sets of responses, a successful PCA was run in each ecological layer.

Factor Analysis: Intrapersonal

Table 1

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.720
Bartlett's Test of Sphericity	Approx. Chi-Square	543.725
	df	231
	Sig.	<.001

The Kaiser-Meyer-Olkin measure of sampling adequacy was .72, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi 2$ [153] = 543.73, $p < .001$) indicated in Table 1. Given these overall indicators, factor analysis was deemed to be suitable with all 22 questions and a Cronbach's alpha value of 0.79.

Factor Analysis: Interpersonal

Table 2

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.645
Bartlett's Test of Sphericity	Approx. Chi-Square	334.141
	df	210
	Sig.	<.001

The Kaiser-Meyer-Olkin measure of sampling adequacy was .65 and Bartlett's test of sphericity was significant ($\chi 2$ [210] = 334.14, $p < .001$) indicated in Table 2. Given these overall indicators, factor analysis was deemed to be suitable with all 21 questions and a Cronbach's alpha value of

0.61.

Factor Analysis: Community

Table 3

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.491
Bartlett's Test of Sphericity	Approx. Chi-Square	339.940
	df	210
	Sig.	<.001

The Kaiser-Meyer-Olkin measure of sampling adequacy was .49, which is low, and Bartlett's test of sphericity was significant ($\chi 2$ [210] = 339.94, $p < .001$) indicated in Table 2. Given these overall indicators, factor analysis was deemed to be less suitable with the 20 questions and a Cronbach's alpha value of 0.63. PCA identified 8 factors for extraction suggesting a revision to 12 questions.

Factor Analysis: Institutional

Table 4

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.570
Bartlett's Test of Sphericity	Approx. Chi-Square	882.070
	df	435
	Sig.	<.001

The Kaiser-Meyer-Olkin measure of sampling adequacy was .57, which is moderate, and Bartlett's test of sphericity was significant ($\chi 2$ [435] = 882.07, $p < .001$) indicated in Table 4. Given these overall indicators, factor analysis was deemed to be less suitable with the 30 questions and a Cronbach's alpha value of 0.69. PCA identified 10 factors for extraction

suggesting a revision to 20 questions.

Factor Analysis: Public Policy

Table 5

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.550
Bartlett's Test of Sphericity	Approx. Chi-Square	498.807
	df	231
	Sig.	<.001

The Kaiser-Meyer-Olkin measure of sampling adequacy was .55, which is moderate, and Bartlett's test of sphericity was significant ($\chi 2$ [231] = 498.81, $p < .001$) indicated in Table 5. Given these overall indicators, factor analysis was deemed to be less suitable with the 22 questions and a Cronbach's alpha value of 0.71. PCA identified seven factors for extraction suggesting a revision to 15 questions.

Factor Analysis: International

Table 6

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.627
Bartlett's Test of Sphericity	Approx. Chi-Square	342.469
	df	190
	Sig.	<.001

The Kaiser-Meyer-Olkin measure of sampling adequacy was .63 and Bartlett's test of sphericity was significant ($\chi 2$ [190] = 342.47, $p < .001$) indicated in Table 6. Given these overall indicators, factor analysis was deemed to be suitable with all 20 questions and a Cronbach's alpha value of 0.65.

Although the overall review of the survey as a whole was not possible due to the data set limitations, an individual review of each layer indicated some potential revisions. The intrapersonal, interpersonal, and international dimensions of the survey indicated strengths, while the community, institution, and public policy dimensions may require additional revisions.

Discussion

The current multicultural counseling competence assessments such as the MCI and MCKAS do not specifically address issues of oppression, equity, justice, and advocacy, making them limited in scope. Given the need for multiculturally competent counselors, it is hard to imagine that a multicultural competence scale can be valid without consideration of social justice and advocacy. In essence, face validity appears weak. Future considerations for developing multicultural competence assessments should integrate social justice into the construct to provide a more comprehensive measure of multicultural competence.

Although we were not able to analyze the full data set because of the low number of completed surveys, individual factor analysis yielded results that suggest we may be headed in the right direction with scale development. The results provide the motivation to continue data collection to learn if our notion is, in fact correct.

Limitations

To further support the development of this survey, more data would need to be collected for a more comprehensive view of the data analysis. With over 70 sets of data being eradicated for analysis, there would need to be a revision of the survey format to require responses. Additionally, the survey contains a large number of questions. To reduce test-taker attrition, another potential revision would be to reduce the overall number of items in the survey. While reducing the number of survey items would reduce attrition, it is also important to consider item

wording to elucidate concepts that may have generational implications, and thus make the items more relatable to all demographics of test-takers.

Additionally, time was a considerable factor that impacted the amount of survey responses collected. We were able to solicit participants, collect data, and analyze data over the course of three weeks. Given the wide scope of this study, much more time is needed to acquire the data needed to accurately analyze the reliability and validity of the survey.

References

Adams, M., Blumenfeld, W. J., Catalano, D. C. J., DeJong, K. S., Hackman, H. W., Hopkins, L. E., Love, B. J., Peters, M. L., Shlasko, D., & Zúñiga, X. (Eds.). (2018). *Readings in Diversity and Social Justice.* (4th ed.). Routledge. ISBN: 978-1-138-05528-5

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association

Arkoudis, S., Watty, K., Baik, C., Yu, X., Borland, H., Chang, S., Pearce, A. (2013). Finding common ground: Enhancing interaction between domestic and international students in higher education. *Teaching in Higher Education*, *18*, 222–235. https://doi.org/10.1080/13562517.2012.719156

Basma, D., Gibbons, M. M., & Kronick, R. F. (2020). Examining perceived multicultural counseling competence and negative attitudes toward the Arab American population. *Journal of Multicultural Counseling and Development*, *48*(1), 2–14. https://doi.org/10.1002/jmcd.12160

Bellini, J. (2002). Correlates of multicultural counseling competencies of vocational rehabilitation counselors. *Rehabilitation Counseling Bulletin*, *45*, 66–75. https://doi.org/10.1177/003435520204500201

Boysen, G. A., & Vogel, D. L. (2008). The relationship between level of training, implicit bias, and multicultural competency among counselor trainees. *Training and Education in Professional Psychology, 2*(2), 103–110. https://doi.org/10.1037/1931-3918.2.2.103

Burdine, K., & Koch, J. M. (2021). Multicultural competence and Big Five personality as predictors of instructor effectiveness in counseling and psychology faculty. *Scholarship*

of Teaching and Learning in Psychology, 7(2), 81–92. https://doi.org/10.1037/stl0000181

Carter, R. T. (1990). Does race or racial identity attitudes influence the counseling process in Black and White dyads?. In J. E.Helms (Ed.), Black and White racial identity: Theory, research, and practice (pp. 145–163). Greenwood Press.

Chao, M. M., Okazaki, S., & Hong, Y. (2011). The quest for multicultural competence: Challenges and lessons learned from clinical and organizational research. *Social and Personality Psychology Compass, 5*(5), 263–274. https://doi.org/10.1111/j.1751-9004.2011.00350.x

Chun, J., Connor, A., Alsaman, M., Urkmez, B., & Kosciulek, J. F. (2020). Capitalizing on diversity in counselor education: An application of the interaction for learning framework. *Journal of Multicultural Counseling and Development, 48*(3), 161-175.https://doi.org/10.1002/jmcd.12175

Cohen, A. B. (2009). Many forms of culture. *American Psychologist, 64*(3), 194–204. https://doi.org/10.1037/a0015308

Collins, S., Arthur, N., Brown, C., & Kennedy, B. (2015). Student perspectives: Graduate education facilitation of multicultural counseling and social justice competency. *Training and Education in Professional Psychology, 9*(2), 153–160. https://doi.org/10.1037/tep0000070

Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar, G., II. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development, 86*(3), 279–287. https://doi.org/10.1002/j.1556-6678.2008.tb00510.x

Constantine, M. G., & Ladany, N. (2000). Self-report multicultural counseling competence scales: Their relation to social desirability attitudes and multicultural case conceptualization ability. *Journal of Counseling Psychology*, *47*, 155–164. https://doi.org/10.1037/0022-0167.47.2.155

Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling & Development, 85*, 24–29. https://doi.org/10.1002/j.1556-6678.2007.tb00440.x

Cottone, R. (2007). Paradigms of Counseling and Psychotherapy, Revisited: Is Social Constructivism a Paradigm. *Journal of Mental Health Counseling*, *29*, (3), 189–203. https://doi.org/10.17744/mehc.29.3.2125224257006473

Cottone, R. (2017). In Defense of Radical Social Constructivism. *Journal of Counseling & Development*, *95*, 465-471. https://doi.org/10.1002/jcad.12161

Crethar, H. C., Rivera, E. T., & Nash, S. (2008). In search of common threads: Linking multicultural, feminist, and social justice counseling paradigms. *Journal of Counseling & Development*, *86*(3), 269–278. https://doi.org/10.1002/j.1556-6678.2008.tb00509.x

D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. *Journal of Counseling & Development, 70*(1), 143–150. https://doi.org/10.1002/j.1556-6676.1991.tb01576.x

De Champlain, A. F. (2010). A primer on classical test theory and item response theory for assessments in medical education. *Medical Education, 44*(1), 109–117. https://doi.org/10.1111/j.1365-2923.2009.03425.x

Fietzer, A.W., Ponterotto, J. (2015). A Psychometric Review of Instruments for Social Justice and Advocacy Attitudes. *Journal for Social Action in Counseling and Psychology, 7*(1), 19-40. https://doi.org/10.33043/JSACP.7.1.19-40

Genero, N., Miller,J., & Surrey,J. (1992). *The Mutual Psychological Development Questionnaire (Project Report No. 1)*. Stone Center Publications.

Guidelines for clinical supervision in health service psychology. (2015). *American Psychologist, 70*(1), 33–46. https://doi.org/10.1037/a0038112

Kitaoka, S. K. (2005). Multicultural counseling competencies: Lessons from assessment. *Journal of Multicultural Counseling and Development, 33*(1), 37–47. https://doi.org/10.1002/j.2161-1912.2005.tb00003.x

Krentzman, A. R., & Townsend, A. L. (2008). Review of multidisciplinary measures of cultural competence for use in social work education. *Journal of Social Work Education, 44*(2), 7–31. https://doi.org/10.5175/JSWE.2008.200600003

Neville, H. A., Heppner, M. J., Louie, C. E., Thompson, C. E., Brooks, L., & Baker, C. E. (1996). The impact of multicultural training on White racial identity attitudes and therapy competencies. *Professional Psychology: Research and Practice, 27*(1), 83–89. https://doi.org/10.1037/0735-7028.27.1.83

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A revision of the Multicultural Counseling Awareness Scale. *Journal of Multicultural Counseling and Development, 30*(3), 153–180. https://doi.org/10.1002/j.2161-1912.2002.tb00489.x

Ratts, M. J., Singh, A. A., Nassar, M. S., Butler, S. K., & McCullough, J. R. (2015). Multicultural and Social Justice Counseling Competencies. *American Counseling Association*. Retrieved from: https://www.counseling.org/docs/default-

source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=8573422c_22.

Ratts, M. J., Singh, A. A., Nassar, M. S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and Social Justice Counseling Competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28–48. https://doi.org/10.1002/jmcd.12035

Ratts, M., Singh, A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. (2015). Multicultural and Social Justice Counseling Competencies. *American Counseling Association.* Retrieved from: https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=8573422c_22

Sehgal, R., Saules, K., Young, A., Grey, M. J., Gillem, A. R., Nabors, N. A., Byrd, M. R., & Jefferson, S. (2011). Practicing what we know: Multicultural counseling competence among clinical psychology trainees and experienced multicultural psychologists. *Cultural Diversity and Ethnic Minority Psychology, 17*(1), 1–10. https://doi.org/10.1037/a0021667

Sheu, H.-B., & Lent, R. W. (2007). Development and initial validation of the Multicultural Counseling Self-Efficacy Scale--Racial Diversity Form. *Psychotherapy: Theory, Research, Practice, Training, 44*(1), 30–45. https://doi.org/10.1037/0033-3204.44.1.30

Sheu, H.-B., & Lent, R. W. (2007). Development and initial validation of the Multicultural Counseling Self-Efficacy Scale--Racial Diversity Form. *Psychotherapy: Theory, Research, Practice, Training, 44*(1), 30–45. https://doi.org/10.1037/0033-3204.44.1.30

Singh, A. A., Appling, B., & Trepal, H. (2020). Using the multicultural and social justice counseling competencies to decolonize counseling practice: The important roles of theory, power, and action. *Journal of Counseling & Development, 98*(3), 261–271. https://doi.org/10.1002/jcad.12321

Singh, A. A., Nassar, S. C., Arredondo, P., & Toporek, R. (2020). The past guides the future: Implementing the multicultural and social justice counseling competencies. *Journal of Counseling & Development, 98*(3), 238–252. https://doi.org/10.1002/jcad.12319

Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology, 41*(2), 137–148. https://doi.org/10.1037/0022-0167.41.2.137

Spector, P. E. (1992). *Summated rating scale construction: An introduction*. Sage Publications.

Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. *Professional Psychology: Research and Practice, 21*(6), 424–433. https://doi.org/10.1037/0735-7028.21.6.424

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20*(2), 64–88. https://doi.org/10.1002/j.2161-1912.1992.tb00563.x

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). *Multicultural counseling competencies and standards: A call to the profession. Journal of Multicultural Counseling and Development, 20*(2), 64–88. https://doi.org/10.1002/j.2161-1912.1992.tb00563.x

Vall Castelló, B. (2016). Bridging constructivism and social constructionism: The journey from narrative to dialogical approaches and towards synchrony. *Journal of Psychotherapy Integration, 26*(2), 129–143. https://doi.org/10.1037/int0000025

Appendix A

Multicultural Competence & Social Justice Counseling Inventory Questions

Demographics

How do you describe yourself? (Gender Identity)

How old are you?

Which of the following best describes your sexual orientation?

Choose one or more races that you consider yourself to be:

Do you identify as having a disability?

Highest Level of Education Attained

What is your primary profession?

Is your counseling education from a CACREP-accredited program?

How long have you been practicing counseling?

Self-Assessment - *6-point Likert Scale (Strongly Disagree, Moderately Disagree, Slightly Disagree, Slightly Agree, Moderately Agree, Strongly Agree)*

1. To what extent do you agree or disagree - I tell the client-specific strategies to take action to help their situation
2. To what extent do you agree or disagree - It is important to help the client understand their unique advantages
3. To what extent do you agree or disagree - I help the client recognize unreasonable thoughts
4. To what extent do you agree or disagree - I understand my advantages compared to others
5. To what extent do you agree or disagree - I understand my disadvantages compared to others
6. To what extent do you agree or disagree - My clients may have advantages that I do not have
7. To what extent do you agree or disagree - Clients may need help understanding what

their unique culture is in relation to their world

8. To what extent do you agree or disagree - I have done research to learn about others who are not like me
9. To what extent do you agree or disagree - Culture is defined only by race and ethnicity
10. To what extent do you agree or disagree - Different individuals may have unique advantages
11. To what extent do you agree or disagree - I dislike when others are speaking a language I don't understand around me
12. To what extent do you agree or disagree - I don't need to know someone's sexual orientation to work with them
13. To what extent do you agree or disagree - People may need help to support themselves
14. To what extent do you agree or disagree - Community work may support the client to have a broader understanding of the internal beliefs
15. To what extent do you agree or disagree - Counseling is about the present, not the past
16. To what extent do you agree or disagree - Counseling is about the past, not the present
17. To what extent do you agree or disagree - Microaggressions intend to do harm
18. To what extent do you agree or disagree - I utilize a counseling theory that can help my client understand their own relationship with privilege and oppression
19. To what extent do you agree or disagree - The client's presenting problem represents an intersection of the past, present, and power dynamics
20. To what extent do you agree or disagree - It is important to help the client highlight areas where they may feel inferior
21. To what extent do you agree or disagree - I can help a client develop resiliency without toxic positivity (blind optimism)
22. To what extent do you agree or disagree - It is important to help clients understand the sources of their discomfort
23. To what extent do you agree or disagree - I provide my clients the necessary tools to speak up to friends/family/peers/colleagues
24. To what extent do you agree or disagree - I provide interventions supported by research
25. To what extent do you agree or disagree - I participate in continuing education to better support specific sociocultural groups
26. To what extent do you agree or disagree - I help clients develop the ability to speak up for themselves
27. To what extent do you agree or disagree - Events from the past have a part in shaping how we interact with our communities
28. To what extent do you agree or disagree - Maintaining eye contact is a form of respect
29. To what extent do you agree or disagree - I greet all individuals the same
30. To what extent do you agree or disagree - I am comfortable speaking up when I feel mistreated
31. To what extent do you agree or disagree - I am comfortable working with a client that is homeless
32. To what extent do you agree or disagree - Poor people have more severe mental illnesses
33. To what extent do you agree or disagree - Individuals with severe mental illness should be treated with the same warmth and authenticity as others

34. To what extent do you agree or disagree - Racial stereotypes can be useful in working with individual clients/patients
35. To what extent do you agree or disagree - I avoid working with clients that speak a different primary language from me
36. To what extent do you agree or disagree - There is a power hierarchy between the provider and the client
37. To what extent do you agree or disagree - Trauma only comes from major crises
38. To what extent do you agree or disagree - A lack of an emotional response from the patient/client demonstrates not feeling strongly
39. To what extent do you agree or disagree - It is important to have the client collaborate with their support group
40. To what extent do you agree or disagree - Long-standing family dynamics may limit new methods of communicating
41. To what extent do you agree or disagree - I inquire about the client's dialogue about power with their peers and colleagues
42. To what extent do you agree or disagree - Intergenerational trauma influences how parents raise their children more than internal beliefs
43. To what extent do you agree or disagree - I provide clients the tools and the chance to practice boundary setting
44. To what extent do you agree or disagree - I can recognize the norms of other cultural groups
45. To what extent do you agree or disagree - Family norms may negatively impact individuals
46. To what extent do you agree or disagree - Family norms should not be challenged
47. To what extent do you agree or disagree - Norms can conflict with values
48. To what extent do you agree or disagree - It is important to support individuals from highly enmeshed families to be more independent
49. To what extent do you agree or disagree - People that look like me gravitate towards me
50. To what extent do you agree or disagree - Addiction should be treated the same regardless of how the client/patient identifies
51. To what extent do you agree or disagree - There are stereotypes associated with my line of work
52. To what extent do you agree or disagree - Having family members with professional degrees does not make me privileged
53. To what extent do you agree or disagree - Caucasians with dreadlocks exhibit cultural appropriation
54. To what extent do you agree or disagree - Practicing Satanism is an indication of behavioral pathology
55. To what extent do you agree or disagree - I can identify a minority by looking at them
56. To what extent do you agree or disagree - Work and school cultures can negatively impact someone
57. To what extent do you agree or disagree - Workplaces are safe because of protective factors like human resources
58. To what extent do you agree or disagree - School systems are fair and just

59. To what extent do you agree or disagree - Sex workers enjoy sexual activities
60. To what extent do you agree or disagree - I would hire a female contractor to do work on my home
61. To what extent do you agree or disagree - Black females are encouraged to wear their hair in its natural state
62. To what extent do you agree or disagree - I celebrate all the holidays that are considered 'bank holidays'
63. To what extent do you agree or disagree - Financially successful people work harder
64. To what extent do you agree or disagree - Community values should be challenged from within
65. To what extent do you agree or disagree - Community values are better challenged by outsiders
66. To what extent do you agree or disagree - There is a spectrum of values within specific communities
67. To what extent do you agree or disagree - One place of worship can host a variety of ideologies
68. To what extent do you agree or disagree - Individuals living in poverty have their own culture
69. To what extent do you agree or disagree - Individuals can be a part of more than one marginalized group
70. To what extent do you agree or disagree - I know examples of double-marginalized individuals
71. To what extent do you agree or disagree - Counseling interventions should only take place in one-on-one settings
72. To what extent do you agree or disagree - People in poverty are there as a result of their choices
73. To what extent do you agree or disagree - Being economically disadvantaged does not impact your future
74. To what extent do you agree or disagree - Most Western-oriented counseling treatments are adaptable to Eastern cultures
75. To what extent do you agree or disagree - Community-specific education supports large-scale change
76. To what extent do you agree or disagree - The law oppresses minorities
77. To what extent do you agree or disagree - Skipping a meal is always a choice
78. To what extent do you agree or disagree - I do not know how to serve a transgender individual
79. To what extent do you agree or disagree - It is unfair that non-Christians do not have to work on the Christmas holiday
80. To what extent do you agree or disagree - It is unfair that Muslims do not get Eid off
81. To what extent do you agree or disagree - Counselors look at ethical issues from their own cultural lens
82. To what extent do you agree or disagree - I have felt conflicted between my values and my culture at times
83. To what extent do you agree or disagree - I recognize what is appropriate in my culture

may be inappropriate for other cultures
84. To what extent do you agree or disagree - I am aware of all of my implicit cultural biases in the counseling relationship
85. To what extent do you agree or disagree - I do not know my limitations in working with culturally different clients
86. To what extent do you agree or disagree - I believe that my personal experiences, values, and biases may influence the counseling process
87. To what extent do you agree or disagree - I have knowledge about the cultural traditions of other ethnic groups and am familiar with the value systems of diverse cultural groups
88. To what extent do you agree or disagree - Minority status is limited to race and gender
89. To what extent do you agree or disagree - Western cultural biases and assumptions may negatively impact culturally different individuals in counseling
90. To what extent do you agree or disagree - Gender may influence employment opportunities
91. To what extent do you agree or disagree - It is important to highlight bias in order to unlearn counterproductive thinking
92. To what extent do you agree or disagree - Individuals that are deaf should try cochlear implants or other medical interventions
93. To what extent do you agree or disagree - Individuals that are mute can receive adequate support from higher education institutions
94. To what extent do you agree or disagree - It is important to have discussions about how law and policy impact the client/patient
95. To what extent do you agree or disagree - I am aware of how certain laws benefit me
96. To what extent do you agree or disagree - I know about laws that support individuals living in poverty
97. To what extent do you agree or disagree - I know which laws support oppressed individuals in the workplace
98. To what extent do you agree or disagree - I am familiar with federal counseling laws
99. To what extent do you agree or disagree - I am aware of how state laws can make a person‚Äôs economic situation worse
100. To what extent do you agree or disagree - I am aware of how my state rules for or against non-procreative sexual activities
101. To what extent do you agree or disagree - Legislation is fair to all groups of people
102. To what extent do you agree or disagree - Equality and equity mean the same things
103. To what extent do you agree or disagree - I know where to find local governance laws
104. To what extent do you agree or disagree - I know how to take action to help prevent a bill from being passed into law
105. To what extent do you agree or disagree - I know how to contact my local representatives
106. To what extent do you agree or disagree - It is important to understand the legislation as a counselor

107. To what extent do you agree or disagree - Legislation can create opportunities for people needing more help
108. To what extent do you agree or disagree - Law and counseling are separate from one another
109. To what extent do you agree or disagree - All people have access to employment
110. To what extent do you agree or disagree - Healthcare is financially accessible to everyone
111. To what extent do you agree or disagree - Quality education is guaranteed to all children
112. To what extent do you agree or disagree - I know what it means to "plead the fifth"
113. To what extent do you agree or disagree - Therapy supports healing but cannot undo systemic harm
114. To what extent do you agree or disagree - Legal drinking age is directly related to individual maturity level
115. To what extent do you agree or disagree - Student services for accommodations are supportive of all disabilities
116. To what extent do you agree or disagree - I stay up-to-date on international current events
117. To what extent do you agree or disagree - I stay up-to-date on domestic current events
118. To what extent do you agree or disagree - I check sources with various perspectives for information about current events
119. To what extent do you agree or disagree - Media sources demonstrate their biases
120. To what extent do you agree or disagree - News outlets are a good source to learn about the world and its people
121. To what extent do you agree or disagree - I take the time to learn about my client‚Äôs ethnic history
122. To what extent do you agree or disagree - I understand the official immigration process
123. To what extent do you agree or disagree - I have been exposed to the story of a refugee
124. To what extent do you agree or disagree - Research is needed to understand how people are impacted
125. To what extent do you agree or disagree - Therapists should make an effort to work with other professionals to learn more about other sociocultural groups
126. To what extent do you agree or disagree - Foreign policy is not relevant to counseling
127. To what extent do you agree or disagree - I take initiative to learn about how different groups of people are impacted by world events
128. To what extent do you agree or disagree - International affairs come up in therapy
129. To what extent do you agree or disagree - I can recognize potential barriers to working with culturally-different clients/patients
130. To what extent do you agree or disagree - How I look (the visible parts of my

identity) changes how I am treated

131. To what extent do you agree or disagree - It is unfair to have Black History Month and not a month for other groups
132. To what extent do you agree or disagree - There should be a Native American History Month
133. To what extent do you agree or disagree - I seek out professional development to learn about the intersections of privilege and oppression as related to context
134. To what extent do you agree or disagree - Women should not be drafted for war due to their physical limitations
135. To what extent do you agree or disagree - I utilize virtual tools to collaborate with other professionals from different regions
136. To what extent do you agree or disagree - Changes in political leaders abroad do not affect immigrant clients in the U.S.

Feedback

137. Please provide any feedback regarding the survey

Analyzing Coercive Control with Communication Data: A Practical Panacea

Dr. Tommy Black, Ph.D., LPC

Craig T. Kobayashi, Esq.

Gina Loretelli

Author Note

Dr. Tommy Black, Ph.D. LPC https://orcid.org/0000-0001-6170-9556

Craig T. Kobayashi, Esq. https://orcid.org/0000-0002-2060-8035

Gina Loretelli, https://orcid.org/0000-0003-0221-2958

We have no known conflicts of interest to disclose.

Correspondence concerning this article should be addressed to Dr. Tommy Black, 132 Stephenson Avenue, Savannah, GA 31405

Abstract

Divorce is a difficult time emotionally, financially, and socially for nearly all married couples, but it is especially distressing and grueling when the separation includes contentious child custody disputes. A key characteristic of these disputes is the huge volume of co-parenting communication data generated by arguing parents. Family law professionals worry about the cost-effectiveness of reviewing large amounts of data generated by co-parents. But when the data show that a parent is coercively controlling other family members, professionals who miss this point do so at their peril.

Co-parenting communication data are a key resource which often is misused, underutilized, or forgotten. Currently, legal and mental health professionals are ill-equipped to review and analyze the huge volume of emails, text messages, third party diary services, and other sources. Family law professionals either use the data selectively ("cherry-picking") or ignore the data altogether – both of which lead to bad results.

This paper proposes that co-parenting communication data should be at the forefront of contentious child custody disputes. The data can be used to validate or question expert opinions and legal strategies so the best interests of the children can be protected. This paper outlines an innovative method where each co-parenting message is sorted, organized, tagged, displayed, and summarized in a repeatable process to illustrate patterns of behavior. The paper argues that family law professionals have a fundamental obligation to use co-parenting communication data in contentious child custody disputes because the data represent readily available, relevant, direct documentary evidence of co-parent patterns of behavior.

Keywords: coercive control, domestic violence, family law, child custody, co-parenting communication data, information communication technologies, direct evidence, circumstantial evidence, patterns of behavior, psychological assessment tools, best interests of the children

Analyzing Coercive Control with Communication Data: A Practical Panacea

Highly disputed child custody cases where a parent also displays domestic violence or coercive control tendencies present the most difficult challenges for mental health counselors. Both parents are passionately and aggressively presenting their positions as they defend their actions. Both parents are rebutting the accusations of the other parent and are using terms like “wrong,” “false,” and “deceptive.” And parents frequently use text messages, emails, and third-party diary services, which generate huge amounts of communication data.

It is no surprise that mental health counselors feel overwhelmed when facing the almost insurmountable challenge of making sense out of the avalanche of emotional information dumped in their laps. As they strive to “do their best,” that effort may translate into making judgments about the client which are less informed and more biased than is appropriate.

There is good news on the way, however. The same technology that created ubiquitous communication channels used constantly by co-parents can also be harnessed to bring order out of chaos. Instead of looking like an insurmountable challenge, the huge volume of communication data can be parsed, chronologically sorted, and organized by subject matter to display patterns of behavior of each parent. These patterns of behavior are a step up from, and supplement, standard assessment tools because they are based on data-driven, quantitative, measurable, and objective information.

This article first explains how we came to this point using standard assessment tools, and then how the influx of huge amounts of co-parenting communication data shifted the paradigm. Next, we examine the evolving state of domestic violence and coercive control laws, and how these laws require proof of patterns of behavior. Finally, we identify approaches and new technology products which use co-parenting communication data to show patterns of behavior.

Mental Health Professionals in Family Law

Over two decades ago, emails, text messages, and third-party diary services did not exist for co-parenting communications. Therefore, mental health professionals relied on information gathered from:

- Written statements and oral interviews
- The administration of empirically validated psychological assessment instruments
- Direct observation of the family members
- Collateral documentary evidence

This generally accepted historical approach promoted theoretical and predictive models based on anecdotal circumstantial evidence. When technological advances made emails, text messaging, and cell phone calls cheap, easy, and always connected (Newport, 2014), the proponents of the historical approach did not readily adapt. Thus, a mental health professional who ignores relevant and direct documentary evidence of co-parenting communications "…would not be behaving as an expert on this occasion if they were to provide a report of evidence without evidence for that report" (Harris et al., 2016).

What happens if the evidence relied upon by the mental health professional does not exist or does not support the opinion? This can occur when a parent is victimized by the other parent using coercive controlling behaviors and reacts emotionally and passionately in interactions with the mental health professional. As a result, the victimized parent is mis-described under existing assessment instruments, and might end up labeled as a "restrictive gatekeeper" when additional evidence might have supported a "protective gatekeeper" or even a "justified restrictive gatekeeper" label (Austin & Rappaport, 2018).

Seasoned mental health professionals know from experience that an extensive review of massive amounts of co-parenting communication data can become very expensive. In cases where co-parents cannot or will not pay professionals to review all the co-parenting communication data, the

result is that relevant and direct documentary evidence contained in unreviewed data will not be used or considered. Cost-saving measures which exclude consideration of relevant and direct documentary evidence can sacrifice the best interests of the children and the victim parent.

Laws Which May Apply to Contentious Custody Cases

Pre-1990 laws and uneven enforcement of domestic violence laws provided little protection for abuse victims. A historical summary of domestic violence laws written over a quarter century ago by the U.S. Department of Justice (Fagan, 1996) lays out this stark view:

> If not dangerous, spouse abuse was viewed by the police and the courts as an intractable interpersonal conflict unsuited for police attention and inappropriate for prosecution and substantive punishment (Parnas, 1967). In fact, many police departments had "hands off" policies prior to the 1970s, and police training manuals actually specified that arrest was to be avoided whenever possible in responding to domestic disputes (International Association of Chiefs of Police, 1967).

Today all U.S. states have domestic violence laws (American Bar Association, 2014).

Coercive Control Laws

In the past decade, state legislatures have begun recognizing that existing domestic violence laws are limited because of their focus on physical injury caused by a perpetrator. This excludes entire areas of potential injury from domestic violence, including psychological and emotional tactics. Some states have passed laws to take these tactics into account, including the states of California, Connecticut, Hawaii, and Washington. Several other states (Americas Conference to End Coercive Control, n.d.) are considering similar laws.

The 2022 Coercive Control law passed by the State of Washington, which became law on July 1, 2022, added the following definition of coercive control (Civil Protection Orders, 2022) to supplement the definition of domestic violence (Substitute House Bill 1901, 2022):

> "Coercive control" means a ***pattern of behavior*** that is used to cause another to suffer physical, emotional, or psychological harm, and in purpose or effect unreasonably interferes with a person's free will and personal liberty. In determining whether the interference is unreasonable, the court shall consider the context and impact of the pattern of behavior from the perspective of a similarly situated person. Examples of coercive control include, but are not limited to, engaging in any of the following:
>
> *****
>
> (i) Intimidation or controlling or compelling conduct…
>
> (iv) Controlling, exerting undue influence over, interfering with, regulating, or monitoring the other party's movements, communications, daily behavior, finances, economic resources, or employment…
>
> (vi) Engaging in psychological aggression, including inflicting fear, humiliating, degrading, or punishing the other party [emphasis added].

In the past it was virtually impossible to prove a pattern of behavior involving non-physical violence. Today information communication technologies (ICT) channels can actually facilitate violent attacks by perpetrators. In a series of papers studying "The Dark Side and Decline of Relationships," one group of researchers (Russell et al., 2021) discovered:

> …divorced parents who have particularly contentious relationships and thus weaker coparenting ties may use multiple ICTs out of necessity (e.g., to prevent one parent from withholding information or to increase the quality of information) rather than a function of closeness between coparents (Smyth et al., 2020)….**ICTs may be harmful when divorced parents have a history of intimate partner violence by allowing harassment, controlling tactics, and violence to continue even after divorce** (Hardesty et al., 2017). **With the burgeoning of ICTs and the instantaneous nature of communication, former partners are no longer restricted by**

> **geographical boundaries, and they can communicate anytime, from anywhere**. Thus, ICTs must be handled with care or could be used to humiliate, stalk, and harass former partners (Markwick et al., 2019). In some cases, court officials (i.e., judge and parent coordinator) will mandate strict methods of secure web-based communication to limit and document all exchanges between co-parents, in the interests of reducing inappropriate communication and conflict (Fidler & McHale, 2020)[emphasis added].

Emails, texting, and third-party diary services, all of which capture and timestamp these communications, represent a rich evidentiary source of content and context to prove harmful patterns of behavior with relevant and direct documentary evidence.

Practical Ways to Show Harmful Co-Parenting Behavior

Expansion Of Assessment Tools to Include Communication Data

Concrete evidentiary data in the form of co-parenting communication data is still relatively new and as a result has not been fully incorporated into existing assessment tools. Mental health professionals continue to rely on standard assessment tools, such as the *Minnesota Multiphasic Personality Inventory* and its various editions, which are predictive models using constructs developed from indirect, circumstantial testing data. But the standard tests to collect data amount to a mere snapshot of personality attributes. Furthermore, these tests usually are administered over a day or two, and sophisticated subjects can mask their behaviors over the short data collection period (Donovan et al., 2003), even with techniques used to detect and control biased responses (Paulhus, 2002).

It goes without saying that the best predictor of future behavior is past behavior (Janis & Nock, 2008). But as noted above, cost-conscious co-parents may forego paying family law professionals from reviewing massive amounts of co-parenting communication data. Thus, relevant and direct documentary evidence which may be contained in co-parenting communication data might be excluded from consideration. The result of this exclusion is a reliance on what one iconic clinical psychologist

(Meehl, 1989) calls the "fireside induction," or commonsense, anecdotal, introspective, and culturally transmitted beliefs about human behavior. By not including co-parenting communication data in the application of assessment tools, mental health professionals run the risk of coming to inaccurate opinions and using ineffective tools based on incomplete data. Consequently, harmful, coercive, and even violent, behavior by perpetrators likely will continue without meaningful change or intervention (Michie et al., 2011).

For example, an authoritarian parent (Baumrind, 1991) with dominant and controlling behavioral attributes may apply similar tactics of unquestioning obedience by, and exertion of excessive control over, the non-dominant co-parent. A perpetrator co-parent may adopt tactics of coercive control rather than physical assault or other forms of overt aggression, so a judicial focus on the latter may downplay or ignore other forms of abuse or violence (Stark, 2009). Co-parenting communication data provides a window to evaluate non-physical assault or covert aggression, especially where the perpetrator co-parent "plays the victim." Such data also supplements testing data collected from subjects in connection with the application of standardized personality inventories. This information, used in combination, gives a more accurate picture of patterns of behavior that are creating conflict and difficulty for victim co-parents and their children.

Analyzing Co-Parenting Communication Data

Technology exists today to process co-parenting communication data and present the data in infographic timelines. There are five sequential steps that should be applied to 100 percent of co-parenting communication data from each information communication technology (ICT) channel used by the parents:

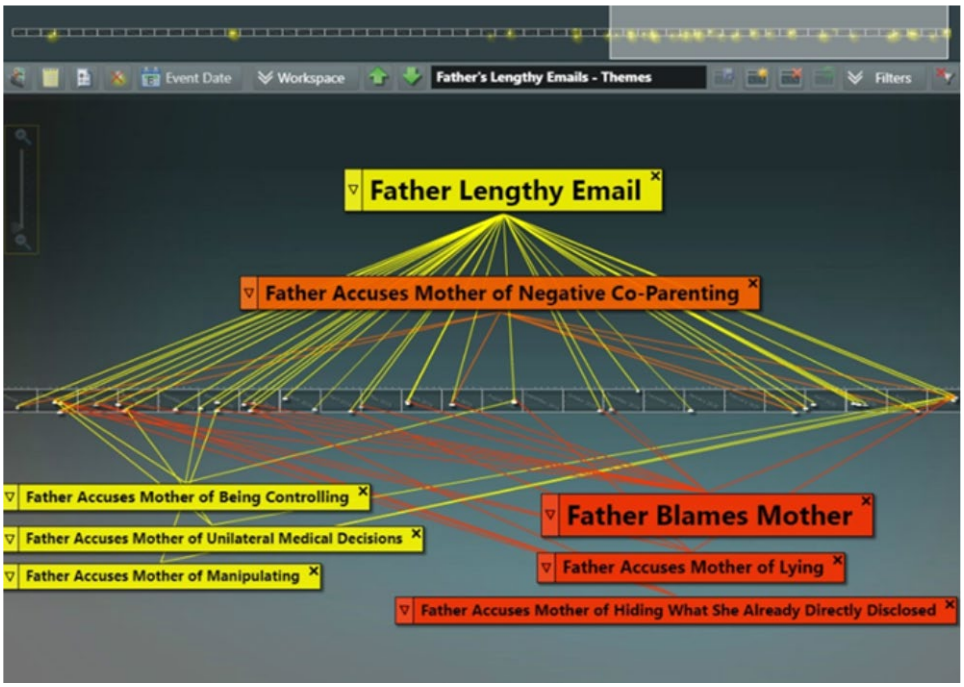
- **Sort** the data chronologically,
- **Organize** the data into like-kind categories,
- **Tag** the data to describe the content and context of the data,

- **Display** the data, because "*A picture is worth a thousand words,*" and
- **Summarize** in a report the patterns of behavior displayed by the data.

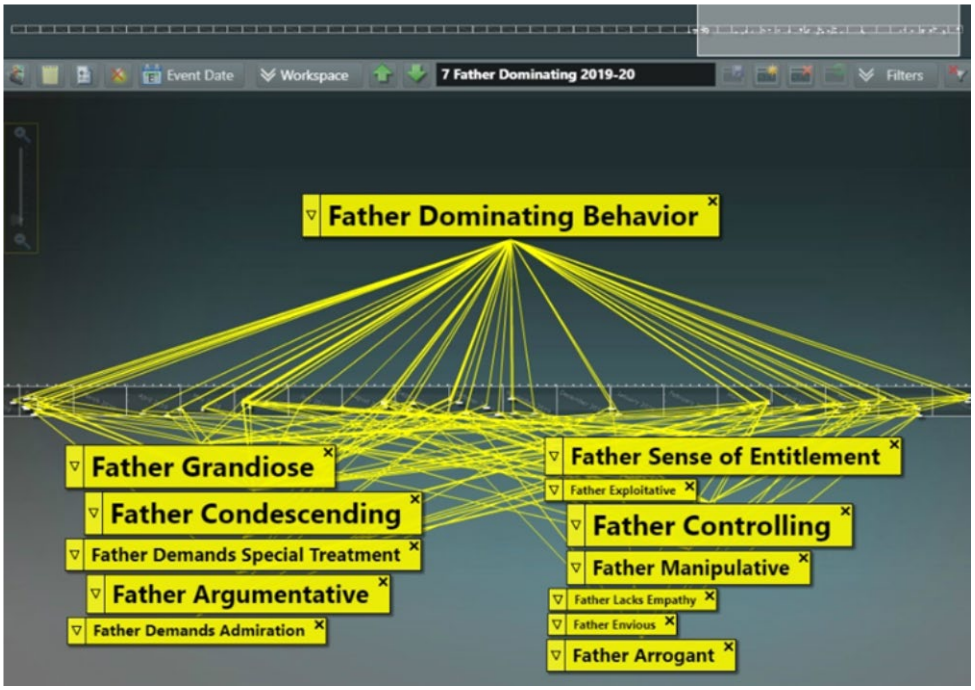
As an example, Factimize PatternViewer (www.factimize.com, n.d.) is a technology company which processes and displays communication data. Factimize PatternViewer provided the following to illustrate the difference between a mental health professional conclusion, compared to the results generated from co-parenting communication data. Below is a mental health professional's conclusion that there were only "some" emails in which the co-parents expressed anger:

> Hundreds of emails between the parties were reviewed. There were some emails from both parties that expressed their anger. The most notable, and atypical, from [***FATHER***] was from _____, 20__. [***MOTHER***] emailed that she was not longer going to keep his napkin drawings. [***FATHER***] asked that they be kept in his lunchbox at least. [***MOTHER***] agreed but stated if they were "dirty or soiled" she would throw them away. [***FATHER***] responded, "No they will **ALL** be kept per [***CHILD***]'s request and mine. If they need to be throw (sic) away, we will do it here. Also, I wish you would really consider stopping this annoying interference. It is clear that you have placed your own emotions in the way of preserving some things [***CHILD***] or I deem as significant."

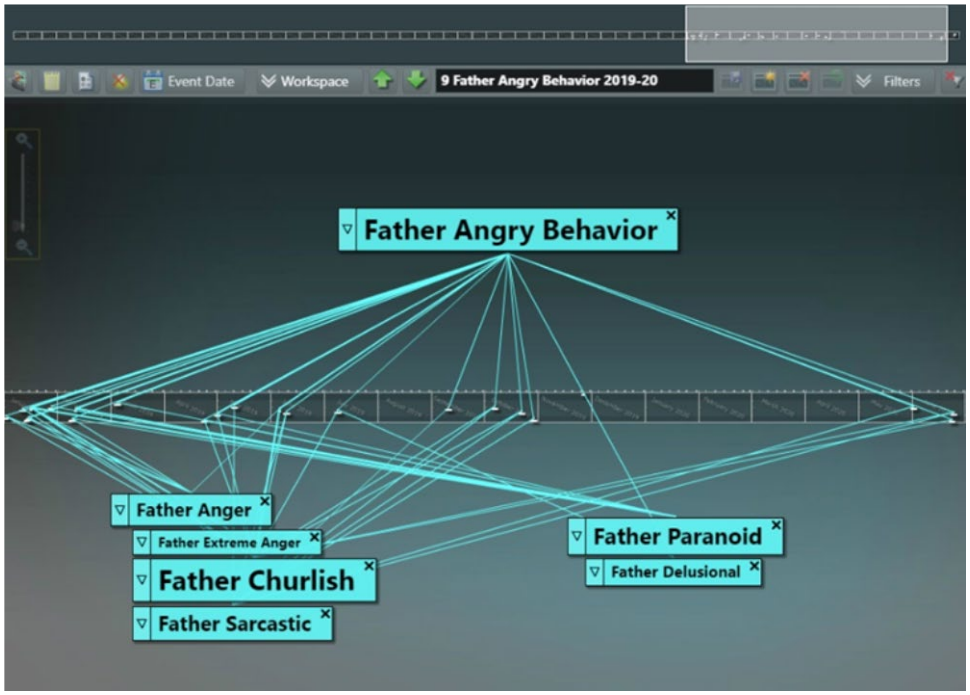
In contrast, the results generated from the PatternViewer process in the same case noted above shows forty-six (46) long emails regularly and consistently sent by a co-parent (father in this case) to the other parent (mother in this case):



PatternViewer also identified certain behavioral attributes of the father which tended toward a dominating behavior. As the figure below shows, the subordinate attributes displayed in the lower half of the timeline reflect the words of the father directed at the mother:



Finally, PatternViewer identified certain behavioral attributes of the father which tend toward impulsive and angry behavior. Once again, each of the subordinate attributes in the lower half of the timeline reflect the words of the father directed toward the mother:



The three infographic figures, which are based on and supported by the relevant and direct documentary evidence in this case, contradict the expert opinion displayed above. Despite the claim that "[h]undreds of emails between the parties were reviewed," the expert either: (1) did not have access to all of the communication data; (2) ignored much of the co-parenting communication data; or (3) interpreted or "cherry-picked" the communication data in a manner best described as "biased" in favor of the father.

Conclusion

Co-parenting communication data will continue to be a significant source of information which accurately describes the relationship and ultimately identifies which solutions would be in the children's and the victim co-parent's best interest.

Mental Health Professionals who 1) are versed in domestic violence and coercive control tactics, and 2) embrace the need to include complete co-parenting communication data in their assessment tools, can provide co-parents with more accurate expert opinions and more effective behavioral change therapies. Technology (such as Factimize PatternViewer) can be used to consistently process co-parenting communication data by sorting, organizing, tagging, displaying in easily understood infographics, and reporting on patterns of behavior.

References

American Bar Association (2014). DV Arrest Policies by State. Retrieved from : https://www.americanbar.org/groups/domestic_violence/Initiatives/statutory_summary_charts

Americas Conference to End Coercive Control (n.d.). *Coercive control bill tracker.* Retrieved from: https://www.theacecc.com/billtracker

Austin, W.G., & Rappaport, S. (2018). Parental gatekeeping forensic model and child custody evaluation: Social capital and application to relocation disputes, *Journal of Child Custody 05 March 2018*, 1-22. https://doi.org/10.1080/15379418.2018.1431827

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance abuse, *The Journal of Early Adolescence, 11*, 56-95. https://doi.org/10.1177/0272431691111004

Civil Protection Orders, R.C.W.A. § 7.105.010(4) (2022). Retrieved from: https://app.leg.wa.gov/RCW/default.aspx?cite=7.105.010

Donovan, J.J., Dwight, S.A., & Hurtz, G.M. (2003). An assessment of the prevalence, severity, and verifiability of entry-level applicant faking using the randomized response technique. *Human Performance, 16*, 81–106. https://doi.org/10.1207/S15327043HUP1601_4

Fagan, J. (1996). *The criminalization of domestic violence: Promises and limits*, National Institute of Justice, U.S. Department of Justice.

Fidler, B.J., & McHale, J. (2020). Building and enhancing efficacious coparenting in parenting coordination. *Family Court Review, 58(3)*, 747-759. https://doi.org/10.1111/fcre.12510

Hardesty, J.L., Ogolsky, B.G., Raffaelli, M., Whittaker, A., Crossman, K.A., Haselschwerdt, M.L., Mitchell, E.T., & Kaw, L. (2017). Coparenting relationship trajectories: Marital violence linked to change and variability after separation. *Journal of Family Psychology, 31(7)*, 844-854. https://doi.org/10.1037/fam0000323

Harris, A.J.L., Hahn, U., Madsen, J.K., & Hsu, A.S. (2016). The appeal to expert opinion: Quantitative support for a Bayesian network approach. *Cognitive Science, 40*, 1496-1502. https://doi.org/10.1111/cogs.12276

International Association of Chiefs of Police (1967). Training key 16: Handling domestic disturbance calls.

Janis, I.B., & Nock, M.K. (2008). Behavioral Forecasts Do Not Improve the Prediction of Future Behavior: A Prospective Study of Self-Injury, *Journal of Clinical Psychology, 64(1)*, 1-11. https://doi.org/10.1002/jclp.20509

Markwick, K., Bickerdike, A., Wilson-Evered, E., & Zeleznikow, J. (2019). Technology and family violence in the context of post-separated parenting. *Australian & New Zealand Journal of Family Issues, 38(10)*, 143-162. https://doi.org/10.1002/anzf.1350

Meehl, P.E. (1989). Law and the fireside inductions (with postscript): Some reflections of a clinical psychologist. *Behavioral Sciences and the Law 7*, 521-522. https://doi.org/10.1002/bsl.2370070408

Michie, S., van Stralen, M., & West, R. (2011). The behaviour change wheel: A new method for characterizing and designing behavior change interventions. *Implementation Science 6*, 1-11. https://doi.org/10.1186/1748-5908-6-42

Newport, F. (2014, November 10). *The New era of communication among Americans*. Gallup. Retrieved from: https://news.gallup.com/poll/179288/new-era-communication-americans.aspx Parnas, R.I. (1967). The Police Response to the Domestic Disturbance. *Wisconsin Law Review, 31*, 914-960.

Paulhus, D.L. (2002). Socially desirable responding: The evolution of a construct. In Braun, H.I., Jackson, D.N., & Wiley, D.E. (Eds.), *The role of constructs in psychological and educational measurement* (Chapter 4). Routledge. Retrieved from: https://doi.org/10.4324/9781410607454

Puri, F. (2021, January 14). *Business test messaging stats across use cases and industries*. Textline. Retrieved from: https://www.textline.com/blog/business-text-messaging-stats

Russell, L.T., Ferraro, A.J., Beckmeyer, J.J., Markham, M.S., Wilkins-Clark, R.E., & Zimmermann, M.L. (2021). Communication technology use in post-divorce coparenting relationships: A typology and associations with post-divorce adjustment. *Journal of Social and Personal Relationships, 38*, 3752, 3755-56. https://doi.org/10.1177/02654075211043837

Smyth, B.M., Ainscough, G., & Payne, J.L. (2020). Modes of communication between high-conflict separated parents: Exploring the role of media multiplexity and modality switching. *Journal of Family Communication, 20(3)*, 189-205. https://doi.org/10.1080/15267431.2020.1754826

Stark, E. (2009). Rethinking custody evaluation in cases involving domestic violence. *Journal of Child Custody, 6*, 287-321. https://doi.org/10.1080/15379410903084707

Substitute House Bill 1901, State of Washington House of Representatives. (2022). Retrieved from: https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bill%20Reports/House/1901-S%20HBR%20PL%2022.pdf?q=20220402192309

www.factimize.com. *See* U.S. Patent 9,466,050 B2 (2016). Retrieved from: https://patents.google.com/patent/US9466050B2/en?oq=US+9466050+B2

The Multi-Traumatic Experiences of Black Women:

Do Black Women's Life Stressors Really Look Different?

Richarne A. Fuqua, Ph.D., LPC

Cheryl E. Merchant, Ph.D., LPC

Author's Note

Richarne A. Fuqua, https://orcid.org/0000-0001-7260-2965
Licensed Professional Counselor Institute

Cheryl Merchant https://orcid.org/000-0002-2037-876X
Licensed Professional Counselor Institute

We have no conflicts of interest to disclose. Correspondence concerning this article should be addressed to 585 Old Norcross Rd. Suite K, Lawrenceville, GA 30045
Email: drshawn@drshawnthelpc.com

Abstract

Black women experience multiple stressors that increase the potential for a major health issue. Although stress tools to predict a major health breakdown event exist, they do not include stressful events associated with specific multi-traumatic life events experienced by Black women such as racism, classism, and gender bias. The purpose of this article is to explore specific multi-traumatic psychological stressors that are frequently experienced by Black women, which once identified, can be assessed for prevention and intervention.

Keywords: Black women, multi-traumatic experiences, life stressors

Black Women's Identity at Home and in the Workplace

A Black woman's identity is developed around racism, classism, and gender bias, all social experiences that have emotional impact (Fuqua, 2015). A Black woman is expected to be "strong, self-reliant, and self-contained . . . and it is her role to nurture and preserve the family" and there is an expectation (Romero, 2000) for her to assume the role of prominent financial provider at the same time as the family caretaker (Fuqua, 2015). Historically, the *strong Black woman* perception can be traced back to slavery (Abrams, as cited in Liao, Wei, & Yin, 2020) where each generation socialized Black girls in preparation to be strong for a lifetime of brutality and violence (West, Donovan, & Daniel, 2016, as cited in Liao, Wei, & Yin, 2020). This perception has evolved to a stereotype and led to a self-fulfilling prophecy as this perception continues to be exhibited among many Black women, today.

Fuqua (2015) mentioned Black women have worked in non-traditional roles for over a century, from the days of being in bondage to the 1960's where 90% of black women were in the workforce as domestics (maids, laundresses, caregivers), taking care of her family while also taking care of someone else's family(Armstrong, 2012; Stewart, 2021; Teed&Teed, 2020).Bell (1990) revealed that most Black women operate within bicultural dimensions - two distinctions of cultural context, between work life and home life. Black women tend to develop a shifting identity to mitigate racial discrimination (Ross, et al., 2021). Dickens et al., (2019) noted identity shifting theories that integrate intersectionality of multiple identities in the workplacein which the goal was to identify theories that could create a culture for a more inclusive work environment. Furthermore, Black women's internalized thoughts in the workplace include

tokenism, microaggressions, and racialized gendered socialization that shapes identity andcan lead to stress.

Psychological Issues Associated With the Lack of Serious Attention to Black Women's Health

Black people in general do not receive the same healthcare protections as others andthis includes mental health(Sacks, 2018). The Black woman's perspective, whether in theory or practice, may be due "to the ethnocentrism in mental health" (Jackson & Greene, 2000, p. xvii). Generally, there is minimal regard for Black women in the healthcare system. It can be said the Black woman seems to be invisible. Chinn et al. (2021) suggested that systemic oppression and discrimination impacts the quality of care. Fuqua (2015) suggested that thegreater society does not see the Black woman's needs or concerns. One could conclude stress is normal, yet increased demands in a digital instantaneous society could yield higher levels of stress (ChandraGuntuku, et al, 2019). Highlighting the stressors of certain social groups could help generate better treatment plans as counselors and other mental health professionals consider how to target and treat the problem.

Multi-Traumatic Life Event Stressors

Stress and burnout are concerning mental health issues across all populations, and particularly for Black women (Woods-Giscombe' &Lobel, 2008; Cozier et al., 2018). Predicting and assessing stress should be at the forefront because stress may lead to burnout. Stress is typically defined as stressors from life events that put a demand on a person that may be mentally or physically challenging and require the person to "adapt, cope, or change" (Rathus, 2022, p. 294). Maslach et al., (1986) developed the definition for burnout that includes a three-

dimensional construct of emotional exhaustion, depersonalization, and a sense of diminished personal accomplishment. By this definition could burnout be closely related to racism, classism, and gender bias?

In the context of Black women, there are specific event-driven psychological stressors that are frequently experienced among the more traditional life stressors (e.g., sexism, pay inequity, upward mobility, divorce) that should be explored (Bell, 1990; Ross et al., 2012; Shade & Jacobson, 2015). The overarching psychological stressor is the forementioned stereotypical belief by others who perceive Black women as super beings, having the ability to "selflessly balance multiple roles while showcasing courage in the face of adversity" (Abrams, 2015, p.24). Under this overarching belief, Black women may also experience specific multi-traumatic stressors known as "network-stress" where the underlying events are the events they see in their friends and loved ones (Woods-Giscombé, et al., 2015, p. 710), the people who make up her social network.For Black women, this includesconcerns related to prejudice, discrimination, and/or racism (Woods-Giscombé, et al., 2015, p. 710), and abuses which can be emotional, sexual, and physical, as well as abandonment and rejection. Each of these multi-stressors may lead to the Black woman's desire to search for approval in her network to affirm her identity as being the *strong Black woman*.

Unresolved Trauma, Triggers, and Stress

The Black woman's unresolved trauma may lead to emotional upheaval as a result of her emotional triggers. Coping with these triggers may be done in healthy ways, but often coping is unhealthy by engaging in compartmentalization, triangulation, suppression, projection, and displacement. Traumatic events and the attempt to cope, may lead to stress and burnout. Stress becomes evident due to personal or work situations, while burnout typically becomes

apparentwith work situations (Merchant, 2015). Work situations may include interpersonal relationships (Merchant, 2015) that developed intoclosefriendships and could be considered an extension of network stress. Previous research on network-stress suggests that providing a contextualized perspective on life stressors among women should be integrated with traditional stress measures (Woods-Giscombé et al., 2015).Among Black women, however, consideration for life stressors should include personal stress, work-related stress, and network-stress.

Future Research

Over time, and without attention to these mental health issues experienced by Black women, there is a potential for a major health breakdown (Chae, et al., 2019; Dube, et al., 2009; Song, et al., 2018). Future research should include mental health academics leading the way for more inclusive mental health practices (e.g., assessments; treatment planning) to address these multi-traumatic life events specifically, and physical health issues in general, experienced by Black women.

References

Abrams, J. A. (2015, June). *The heart of strength: The strong Black woman schema and cardiovascular disease risk* [Doctoral dissertation, Virginia Commonwealth University].

Armstrong, T. E. (2012). *The hidden help: Black domestic workers in the civil rights movement*. University of Louisville.

Bell, E. L. (1990). The bicultural life experience of career-oriented black women. *Journal of organizational Behavior*, *11*(6), 459-477, doi/10.1002/job.4030110607

Chae, D. H., Martz, C. D., Fuller-Rowell, T. E., Spears, E. C., Smith, T. T. G., Hunter, E. A., ... & Lim, S. S. (2019). Racial discrimination, disease activity, and organ damage: the Black Women's Experiences Living with Lupus (BeWELL) Study. *American Journal of Epidemiology*, *188*(8), 1434-1443, doi: 10.1093/aje/kwz105

Chandra Guntuku, S., Buffone, A., Jaidka, K., Eichstaedt, J. C., & Ungar, L. H. (2019, July). Understanding and Measuring Psychological Stress Using Social Media. In *Proceedings of the International AAAI Conference on Web and Social Media,* (214-225). Retrieved from https://www.researchgate.net/publication/329057822_Understanding_and_Measuring_Psychological_Stress_using_Social_Media

Chinn, J.J., Martin, I.K., & Redmond, N. (2021). Health equity among black women in the United States. *Journal of Women's Health*, *30*(2), 212-219, doi: 10.1089/jwh.2020.8868.

Cozier, Y.C., Yu, J., Wise, L. A., VanderWeele, T. J., Balboni, T. A., Argentieri, M. A., Rosenberg, L., Palmer, J. R., Shields, A. E. (2018). Religious and spiritual coping and risk of incident hypertension in the Black women's health study. *Annals of Behavioral Medicine,52*(12), 989-998, doi: 10.1093/abm/kay001

Dickens, D. D., Womack, V. Y., & Dimes, T. (2019). Managing hypervisibility: An exploration of theory and research on identity shifting strategies in the workplace among Black women. *Journal of Vocational Behavior*, *11*(3), 153-163, doi: 10.1016/j.jvb.2018.10.008

Dube, S. R., Fairweather, D., Pearson, W. S., Felitti, V. J., Anda, R. F., & Croft, J. B. (2009). Cumulative childhood stress and autoimmune diseases in adults. *Psychosomatic medicine*, *71*(2), 243-50, doi: 10.1097/PSY.0b013e3181907888

Fuqua, R. A. (2015). *The differences in African American women and their gender role identity* [Doctoral dissertation, Capella University].

Jackson, L., & Greene, B. (2000). Preface. In Psychotherapy with African American women: Innovations in psychodynamic perspectives and practice (pp. xvi-xvii). The Guilford Press.

Liao, K. Y., Wei, M. & Yin, M. (2020). The misunderstood schema of the strong Black woman: Exploring its mental health consequences and coping responses among African American women. *Psychology of Women's Quarterly, 44*(1), 84-104, doi/pdf/10.1177/0361684319883198 doi:10.1177/0361684319883198

Maslach, C., Jackson, S. E., & Leiter, M. P. (1986). *Maslach burnout inventory*. Retrieved from http://www.mindgarden.com

Merchant, C. E. (2015, December). *Burnout in human services: Cognitive behavioral therapy and music relaxation techniques* [Doctoral dissertation, Capella University].

Rathus, S.A. (2022). *PSYCH 7* (7th ed.). Cengage Learning, Inc.

Romero, R. E. (2000). The icon of the strong Black woman: The paradox of strength. In L. C. Jackson & B. Greene (Eds.), *Psychotherapy with African American women:*

Innovations in psychodynamic perspective and practice [Abstract] (pp. 225–238). The Guilford Press. Retrieved from https://psycnet.apa.org/record/2000-05027-010

Ross, M.S., Huff, J.L., & Godwin, A. (2021). Resilient engineering identity development critical to prolonged engagement of Black women in engineering. *Journal of Engineering Education*, *110*(1), 92-113, doi/full/10.1002/jee.203 doi.org/10.1002/jee.20374

Sacks, T. K. (2018). *Invisible visits: Black middle-class women in the American healthcare system*. Oxford University Press.

Shade, L. R., & Jacobson, J. (2015). Hungry for the job: gender, unpaid internships, and the creative industries. *The Sociological Review*, *63*, 188-205. Retrieved from https://www.hum.utah.edu/_resources/documents/internships/Hungry%20for%20the%20job.pdfdoi:10.1111/1467-954X.12249

Song, H., Fang, F., Tomasson, G., Arnberg. F., Matiax-Cols, D., Fernandez de la Cruz, L., Almqvist, C., Fall, K., & Valdimarsdóttir, U.A., (2018). Association of stress-related disorders with subsequent autoimmune disease. *Journal of the American Medical Association,319*(23), 2388-2400, doi:10.1001/jama.2018.7028

Stewart, C. A. (2021). Household accounts: Black domestic workers in southern white spaces during the Great Depression. *Journal of American History*, *108*(3), 492-520, doi:10.1093/jahist/jaab230

Teed, P. E., & Teed, M. L. (2020). *Daily Life of African American Slaves in the Antebellum South*. ABC-CLIO.

Woods-Giscombé, C. L., & Lobel, M. (2008). Race and gender matter: A multidimensional approach to conceptualizing and measuring stress in African American women. *Cultural Diversity & Ethnic Minority Psychology*, *14*(3), 173–182,

doi:10.1037/1099–9809.14.3.173; 10.1037/1099–9809.14.3.173

Woods-Giscombé, C. L., Lobel, M., Zimmer, C., Wiley-Cene, C., & Corbie-Smith, G. (2015). Whose stress is making me sick? Network-stress and emotional distress in African American Women. *Issues in Mental Health Nursing, 36*(9), 710-717, doi:10.3109/01612840.2015.1011759

Spiritual Empowerment for Infertility Struggles in Counseling

Cassandra Johnson

Department of Counselor Education and Family Studies, Liberty University

Author Note

Cassandra Johnson, PhD, LPC, CPCS, Assistant Professor, Department of Counselor Education and Family Studies, Liberty University. I have no conflicts of interest to disclose.

Correspondence concerning this article should be addressed to Dr. Cassandra Johnson, Assistant Professor of Mental Health Counseling, Department of Counselor Education and Family Studies, Liberty University, 1971 University Blvd, Lynchburg, VA 24515, United States. Email: cjohnson828@liberty.edu

Spiritual Empowerment for Infertility Struggles in Counseling

One of the most unnerving issues that counselors may encounter in practice is how to support clients who struggle with infertility issues. Infertility can cause a multitude of unhealthy thinking and behavioral patterns stemming from a longing to conceive. Unfortunately, this longing can become so damaging that it results in anger, lower levels of self-esteem, marital discord, and discouragement (Choudhary & Halder, 2019). Because of the deep pain and frustration that clients endure, more attention needs to be given to this population.

In a review of the literature, most of the research on infertility studies has been conducted in other countries (Roudsari & Allen, 2013; Datta et al., 2016; Galhardo et al., 2018; Bakhtiyar et al., 2019; Dembinska, 2019; Lau et al., 2019; Li, Lu, & Long, 2019; Zurlo, Volta, & Vallone, 2019; McEwen, 2021). There is a lack of attention given to infertility concerns in the United States, and there is even less attention addressing infertility in counseling. Infertility is an increasing concern that counselors should be prepared to discuss with clients. By utilizing a few best practice strategies, counselors will be better equipped to handle these issues.

Infertility

Infertility occurs when a woman is not able to conceive for at least one year or more (MayoClinic.org, 2021). Infertility may be caused by a realm of conditions such as ovulation problems, complications with the uterus and cervix, and endometriosis to name a few. Interestingly, infertility is quite common affecting approximately 1 in 5 women (MayoClinic.org, 2021). Women of color are even more susceptible to this issue and sadly are less likely to obtain fertility treatment than their white counterparts (APA.org, 2022). For those that do receive treatment, the process can be overwhelming, and the outcome is not always successful. In a review of assisted reproductive technology (ART), data from the Society for Assisted

Reproductive Technologies Clinic Outcome Reporting System (SART CORS) found that assisted reproductive procedures resulted in lower birth rates among Asian and Black women (Shapiro et al., 2017). Infertility is a complex issue that includes many challenges that are not exclusive to women. Research shows that men can also experience infertility challenges. In a national probability survey by Datta et al. (2016), men aged 35-54 were found to experience infertility at higher rates than women aged 35-54 years of age. Men may experience infertility due to low sperm count, the use of drugs or alcohol, or complications from chemotherapy (MayoClinic.org, 2021).

While race and gender are relevant factors in discussing infertility, it affects everyone involved. Infertility changes the dynamics of building a family, it interferes with self-esteem andmood, and affects one's Quality of Life (QoL). Quality of Life is defined by the World Health Organization as an essential concept that reflects one's "perceptions of their position in life in the context of the culture and value systems in which they live" (WHO, 1995). In a study that examined the impact of infertility on quality of life among women, Bakhtiyar et al. (2019) found that infertile women experience lower levels of quality of life than fertile women regarding physical, mental, and environmental health. In a similar study, Zurlo et al. (2019) looked at another dimension of this concept by exploring the perception of fertility-related Quality of Life (FertiQoL) factors and its impact on women receiving infertility treatment. In the study, FertiQoL is represented by one's "perceived emotional, physical, relational, and social QoL" along with perceived quality of services and interactions with healthcare personnel, and the mental and physical results of infertility treatments. The authors conclude that women who experience infertility also experience low levels of perceived FertiQoL (Zurlo et al., 2019). In the

counseling setting, clients need adequate resources that will support them in working through the distress of infertility.

Resources

As professional counselors, it is important to be familiar with infertility concerns that our clients may present and to also understand how to help them cope. The best course of action is to become educated so that we can educate our clients. The American Society for Reproductive Medicine (ASRM) (2022) provides a Basic Infertility Course with eight lessons that could help counselors become acquainted with infertility. Sharon N. Covington, LCSW-C of Covington Therapy offers a Fertility Counseling Postgraduate Course that could also serve as a viable option in learning about infertility (Covington, 2022). Encouraging clients and their partners to consult with a healthcare provider is essential (Mayo Clinic.org, 2021). A medical referral can be advantageous in helping clients make an informed decision regarding possible treatment options.

Spiritual Empowerment

Spiritual empowerment can be utilized as a part of therapy. The concept of being spiritual demonstrates that a personal relationship exists with a divine power (Johnson, 2015). Empowerment through spirituality provides a sense of control over matters that affect the quality of life (Freitag, 2017). When our clients struggle with grief and shame due to an inability to conceive, spiritual empowerment can promote a positive outlook, comfort, and healing. In a grounded theory study among infertile women, Roudsari and Allen (2013) found that a religious and spiritual framework led to optimism and empowerment to accept of one's circumstance. Participants also expressed a desire to have religious and spiritual concerns addressed in counseling.When using this intervention, it is important to keep ethical standards in mind as we must avoid imposing our own spiritual beliefs on our clients (American Counseling Association,

2014, Section A.4.b.). For clients that are open to this approach, spiritual competence is key. Research shows, when encountering difficult circumstances, many clients desire spiritually competent counselors who also share similarities in spiritual beliefs (Johnson, 2015). Clients appreciate spiritual support and empowerment through the pain and turmoil that results from unfulfilled needs and wants. In separating the two and exploring the idea of being spiritual and the concept of empowerment, a better understanding of spiritual empowerment can be obtained.

As counselors, we can provide spiritual empowerment in several ways. Techniques such as meditation, mindfulness, journaling, and prayer can be used to help clients find meaning in their experience. Each technique serves a unique purpose in fostering a healthier outlook and in normalizing the negative impact of infertility.

Meditation and mindfulness are well documented in the literature (Li et al., 2019; McEwen, 2021; Patel, Sharma, & Kumar, 2020). Both techniques are frequently used in counseling and are essential for self-regulation and stress management. In a longitudinal study by Galhardo et al. (2017), fifty-five women with an infertility diagnosis were found to have decreased depressive symptoms after participating in ten sessions of mindfulness-based approaches (MBPI). Meditation and mindfulness can be used to reflect on positive areas of life that may be overshadowed by infertility struggles. Both techniques can be life-changing in improving the client's mood and stress level.

Journaling is another tool that can be utilized for spiritual empowerment.Journaling is also often encouraged in most forms of counseling (Miller, 2014). For spiritual empowerment, it can be included to help clients reflect on their own spiritual identity. In turn, this may help clients gain a deeper understanding of themselves and how to work through the emotional

hardships that stems from infertility. Journaling is a private dialogue allowing clients to feel more comfortable engaging in this activity than they might in talk therapy sessions.

Finally, prayer serves as another avenue providing spiritual empowerment. When clients are uncertain of how to pray or are plagued by a sense of disappointment due to unanswered prayers, this resource can be valuable in improving the client's perspective. Collins, Kim, and Chan (2017), found that 74.8% of women used prayer to cope with infertility. Providing a model of prayer that the client identifies with can provide healing and comfort. For counselors who share the client's faith, praying with clients can be beneficial in demonstrating support and minimizing feelings of isolation. However, again caution is necessary to avoid violating or blurring ethical boundaries.

Supporting clients with infertility challenges does not have to be as daunting as it appears. For clients who may not be comfortable or open to the idea of being spiritual, modifications can be utilized. Mindfulness, meditation, and journaling can be adjusted with attention to any positive area or specific concept that the client may want to enhance such as gratitude.In a study by Lau et al. (2019) gratitude was found to minimize infertility-related stress. A few additional possibilities in adapting these techniques may include emphasizing the importance of the client's support system or highlighting the client's use of coping through acceptance (Dembinska, 2019). Counselors may also consider implementing a completely different approach as Cognitive Behavioral Therapy (CBT) has been utilized to improve self-perception, mood, and interpersonal relationshipsamong those struggling with infertility (Choudhary & Halder, 2019). As counselors, our mission is to support the client in healing from the emotional turmoil that results from this experience.

References

American Counseling Association. (2014). *ACA code of ethics*. Retrieved from: https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Psychological Association. (2022). Infertility and BIPOC (Black, Indigenous & People of Color) women: Fact sheet from committee on women in psychology. *Committee on Women in Psychology*. Retrieved from: https://www.apa.org/pi/women/committee/infertility-bipoc#:~:text=Infertility%20and%20Disparity%20for%20Black,than%20their%20White%20counterparts%206

American Society for Reproductive Medicine. (2022). *Basic infertility course*. Retrieved from: https://www.asrm.org/membership/basic-infertility-course/

Bakhtiyar, K., Beiranvand, R., Ardalan, A., Changaee, F., Almasian, M., Badrizadeh, A., Bastami, F., & Ebrahimzadeh, F. (2019). An investigation of the effects of infertility on women's quality of life: A case-control study. *BioMed Central Women's Health*, *19*(1). Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6727411/

Choudhary, M., & Halder, S. (2019). Cognitive behavior therapy in management of psychosocial factors in female infertility. *Journal of Psychosocial Research*, *14*(1), https://doi.org/10.32381/JPR.2019.14.01.6

Collins, S., Kim, S., &Chan, E. (2017). Racial and ethnic differences in the utilization of prayer and clergy counseling by infertile US women desiring pregnancy. *Journal of Religion and Health*, *57*(6), https://doi.org/10.1007/s10943-017-0536-4

Covington, S. (2022). *Professional training*. Retrieved from:https://www.covingtontherapy.com/professional-training/

Datta, J., Palmer, M., Tanton, C., Gibson, L., Jones, K., Macdowall, W., Glasier, A., Sonnenberg, P., Field, N., Mercer, C., Johnson, A., & Wellings, K. (2016). Prevalence of infertility and help seeking among 15000 women and men. *Human Reproduction*, *31*(9), http://doi-org.ezproxy.liberty.edu/10.1093/humrep/dew123

Dembinska, A. (2019). Selected psychological and sociodemographic correlates of the acceptance of one's own infertility in women. *Psychiatriai Psychologia Kliniczna*, *19*(3). Retrieved from: https://www.researchgate.net/publication/336870206

Freitag, D. (2017). *The true meaning of empowerment*. ACTION169. Retrieved from: https://www.action169.com/post2017/10/03/the-empowered-lifestyle

Galhardo. A., Moura-Ramos, M., Cunha, M., & Pinto-Gouveia, J. (2018). How does the mindfulness-based program for infertility (MBPI) work in reducing depressive symptoms? *Mindfulness*, *9*(2), https://doi.org/10.1007/s12671-017-0805-2

Johnson, C. (2015). Spirituality in counselor education: An investigation of trainees' spiritual beliefs, preparation, and competence (Publication No. 3681885) [Doctoral dissertation, Capella University]. *ProQuest Dissertations Publishing*

Lau, B., Yao, S., Tam, M., Chan, C., Ng, E., & Chan, C. (2019). Gratitude in infertility: A cross-sectional examination of dispositional gratitude in coping with infertility-related stress in women undergoing IVF. *Human Reproduction Open*, *3*. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6683234/#ref39

Li, J., Luo, H., & Long, L. (2019). A qualitative investigation of the experience of participation in mindfulness-based intervention for IVF-ET (MBII) with Chinese women undergoing first IVF-ET. *Nursing Open*, *6*(2). Retrieved from:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6419106

Mayo Clinic (2021). *Infertility*. Retrieved from: https://www.mayoclinic.org/diseases-conditions/infertility/symptoms-causes/syc-20354317

McEwen, B. (2021). Meditation in the management of endometriosis. *Journal of the Australian-Traditional Medicine Society, 27*(1). Retrieved from: https://web-p-ebscohost-com.ezproxy.liberty.edu/chc/pdfviewer/pdfviewer?vid=1&sid=12e1626a-42de-4d4d-aa0a-08714e5afce9%40redis

Miller, W. (2014). Interactive journaling as a clinical tool. *Journal of Mental Health Counseling*, *36*(1). Retrieved from: http://www.proquest.com/docview/1477211259?parentSessionId=L%2BsBXbbteN9zZ1yLC5yGuldkJSVxWaizHBPWEo7jiKo%3D&pq-origsite=summon&accountid=12085

Patel, A., Sharma, P., & Kumar, P. (2020). Application of mindfulness-based psychological interventions in infertility. *Journal of Human Reproductive Sciences*, *13*(1). Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7295259/

Roudsari, R., & Allan, H. (2013). Women's perception of infertility counseling in a religious and spiritual context. *International Journal of Fertility & Sterility*, *7*(1). Retrieved from: https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholary-journals/womens-perception-infertility-counseling/docview/1612515075/se-2

Shapiro, A., Darmon, S., Barad, D., Albertini, D., Gleicher, N., & Kushnir, V. (2017). Effect of race and ethnicity on utilization and outcomes of assisted reproductive technology in the USA. *Reproductive Biology and Endocrinology*, *15*(1). Retrieved from: https://www.pubmed.ncbi.nlm.nih.gov/28595591/

The World Health Organization. (1995). The World Health Organization Quality of Life assessment (WHOQOL): Position paper from the World Health Organization. *Social Science & Medicine*, *41*(10), https://doi.org/10.1016/0277-9536(95)00112-K

Zurlo, M., Volta, M., & Vallone, F. (2019). The association between stressful life events and perceived quality of life among women attending infertility treatments: the moderating role of coping strategies and perceived couple's dyadic adjustment. *BioMed Central Public Health*. *19*(1). Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6873711/

CALL FOR PAPERS

GEORGIA JOURNAL OF PROFESSIONAL COUNSELING

is seeking submissions for the Journal.
Prospective manuscripts should comply with the "Guidelines for Authors" as stated in the Journal and on the LPCA website, http://www.LPCAGA.org which follows the APA guidelines for Blind Review. http://www.APA.org

The Georgia Journal of Professional Counseling publishes empirical research in the areas of:

- counseling activities (including assessment, interventions, consultation, supervision, training, prevention, and counseling practice)
- diversity and underrepresented populations in relation to counseling activities
- the development of new measures to be used in counseling activities
- professional issues in counseling
- Book Reviews
- In addition, the Georgia Journal of Professional Counseling considers reviews or theoretical contributions that have the potential for stimulating further research in counseling, and conceptual or empirical contributions about methodological issues in counseling research.

Further editorial criteria may be applicable

Both quantitative and qualitative methods are appropriate. Extensions of previous studies, implications for public policy or social action, and counseling research and applications are encouraged.

Please email any manuscripts you wish to be considered for publication to:

EDITOR: Gregory K. Moffatt, Ph.D.
Dean of the college of social and behavioral sciences
Professor of counseling psychology

EMAIL: Greg.Moffatt@point.edu

Point University
507 West 10th St
West Point, GA 31833
Phone: 706-385-1089
Web: www.point.edu