SACES

SOUTHERN ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION

IN THIS ISSUE:

FROM THE PRESIDENT

Hello SACES Members! It is my honor and privilege to serve as your 2021-2022 President. Our association continues to grow in members and expand our influence across our region and it is truly a privilege to serve. As we continue to navigate the global pandemic, my hope is that we rise to the occasion to fulfill the mission of SACES: *A professional organization dedicated to cultivating an inclusive community of counselor educators and supervisors who develop leaders and counselors committed to professional advocacy and dedicated to client equity and well-being.*

My hope is that we can continue to engage in the national civic discourse on race and justice, through active listening and intentional action. And that we remember one of our primary roles we have with our students, clients, and supervisees is to help them create inclusive communities by being the change we hope to see in the world. We are enthusiastic about the publication of the special theme issue in *Teaching and Supervision in Counseling (TSC): Anti-Racist Counselor Education.* This timely contribution was co-edited by Dr. Paul C. Harris, Dr. Erik Hines and Dr. Renae D. Mayes and includes 10 theoretical and qualitative articles focusing on anti-racism in teaching and supervision in counseling.

My primary goal for the year is to encourage, support, and recognize a diverse range of scholarship and research that improves the lives and livelihoods of individuals in our community. Central to this goal, and in collaboration with our Past- President, Dr. Dodie Limberg and President-Elect, Dr. Hannah Bowers is to implement professional development to enhance client outcome focused research, provide advanced research-focused sessions at our conference, and highlight opportunities for external funding to elevate our impact on improving relationships and mental health in our local and global community.

The leadership team has already begun planning our next SACES conference, which will be held in at the Hilton in Baltimore, Maryland from November 2- November 5, 2022. Known as the "Charm City," Baltimore is known for its renowned museums, a national aquarium, award-winning restaurants, the world-famous Inner Harbor, and historic neighborhoods. We are looking forward to the ACES conference this October 6 – October 10, 2021 at the downtown Atlanta Hyatt hotel. If you are planning to attend, please join us for the SACES Regional Business Meeting! I welcome each of you to get involved in the many opportunities SACES have to offer and invite you to contact me at president@saces.org with your ideas and suggestions.

In closing, as we remember the past year and our individual and collective hopes for the future, I invite you to reflect on one of my personal favorite quotes: "*We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty."*
- Maya Angelou

Sejal M. Barden
2021-2022 SACES President

Fall 2021 Newsletter Submission

Dear Counselors, Counselor Educators, Supervisors, and Graduate Students,

We are looking for submissions for consideration in our Fall 2021 issue of the SACES Newsletter. This issue will be an edition about ***Advocacy - advocate for the profession and inspire a commitment to social justice***

Submissions must be between 500 and 800 words (not counting references) and sent electronically as a Word document to newsletter@saces.org. Please include the author's name(s), credentials, affiliation(s), and photo(s) in .jpg, .tif or .gif format.

Students are encouraged to contribute with the support of a faculty member. For questions or more information, please contact the editors at newsletter@saces.org. You can also check out previous newsletter issues available from the SACES website. Contributions are needed by Sunday, October 3rd.

Andrea Kirk- Jenkins and Isabel Farrell
Co-Editors SACES Newsletter

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Importance of Inclusive Pedagogy within Counselor Education and Supervision

Whitney Dawn Peay LPCC-S, University of the Cumberlands

Whitney Dawn Peay

Culturally sustaining practices within counselor education are present but lost within supervision practices (Pope-Davis et al., 2001). The promotion of diversity, inclusion, and advocacy sits at the forefront of counselor education (Grier-Reed & Williams-Wengerd, 2018; La Guardia, 2021). Counselor education and clinical supervision are two distinct roles of our professional identity. What if counselor educators bridged the gap between education and clinical supervision, aligning their supervision model with inclusive pedagogy to create culturally sustaining supervision practices? Supervision could drastically shift from traditional standards to an inclusive supervision practice increasing the social and cultural competence of the profession. Have you ever asked yourself, "Does my positionality and worldview impact my supervision approach"? If your answer was "no," use this time to self-reflect. If your answer was "yes," continue to self-evaluate within the supervisor role to promote the integration of inclusive pedagogy within supervision.

Developing supervision practices aligned with inclusive pedagogy is an ongoing process. This fluid process involves increasing self-focus, in-depth examination, and intentional communication shifts (Marchesani & Adams, 1992; Waitoller & King Thorius, 2016). Quaye & Harper (2007) suggest that when educators fail to examine their own bias, students' education ultimately suffers, which directly relates to the supervisee's professional growth within supervision. To increase competency, supervisors must undergo an investigation of bias, which includes preconceived ideas of pathologizing supervisees in the area of race, ethnicity, and background, while continuing to

position focus on the supervisee, supervision content, and the model of supervision (Waitoller & King Thorius, 2016). Bridging the supervision gap with culturally sustaining pedagogy strategies requires the supervision relationship to become a collaborative exchange, having a positive impact on the supervisee's cultural identities (Lindo, 2020). Through open, collaborative conversations, both supervisor and supervisee create an individualized plan for supervision (Lindo, 2020). Within this plan, in-depth, mutually respectful exchanges must occur regarding diversity, inclusion, advocacy, and cultural humility. Such conversations mold the supervision structure but remain in alignment with the supervisor's model of supervision.

> *"Inclusive pedagogy language incorporates supervisee's preferred names, pronouns, and appropriate gendered language"*

Increasing self-focus through in-depth examination is not enough to minimize the disparities in supervision (Murray-García et al., 2014; Waitoller & King Thorius, 2016). As counselor educators, supervisors must be comfortable within themselves to allow their assumptions, feelings, expertise, and privilege to be critically examined within supervision sessions. Investigating feelings surrounding supervision is vital and increases the supervisor's ability to be aware of intentional communication shifts to improve inclusive practices (Marchesani & Adams, 1992). Communication shifts can include changes in language, tone, interaction, style, and even supervision model (Black-Hawkins, 2017). Inclusive pedagogy language incorporates supervisee's preferred names, pronouns, and appropriate gendered language. This creates a space where supervisees are acknowledged for who they are and what they bring into the supervision experience (Waitoller & King Thorius, 2016). Regarding tone, supervisors should be encouraging and not punitive (MacKinnon, 1986;

Students & Pearson, 2004). For example, during supervision, a videoed session is critiqued, and the supervisee doesn't fully implement a technique; the supervisor should then use encouraging communication, providing additional support. Through collaboration, the supervisor becomes aware of what support the supervisee would benefit from. Such interaction ultimately creates a nonpunitive relationship. This should be present in interactions between both faculty and supervisees. Inclusive pedagogy is not a segregated aspect of education but rather part of a counselor educator's identity.

The supervision model practiced can further integrate inclusive instruction through dialogic pedagogy. Snell & Lefstein's (2017) definition of dialogic pedagogy can be adapted from the pupil-teacher relationship to the supervisor supervisee collaboration. Within this collaboration, both parties should be examining relevant presenting issues while being active partners in communication (Snell & Lefstein, 2017). Through the development of inclusive practices, the supervisor creates the foundation on which dialogic pedagogy forms through empowering supervisees to find and use their voice; the supervisor models how one can "adopt an open and critical stance toward knowledge claims" (Snell & Lefstein, 2017, p. 4).

When supervisors allow themselves to reflect and implement inclusive practices truly, their overall supervision model is enhanced. One could think of inclusive pedagogy, dialogic pedagogy, and constructivism as the basic framework that all other supervision models should build upon. Mindful, inclusive pedagogy practices can bridge the gap between education and supervision, creating a sustainable, culturally relevant, supervisee-centered approach to supervision practices. From intense self-reflection and discovery, counselor educators can pave the way in reducing systemic barriers for supervisees. Adapting culturally sustaining practices will promote advocacy, inclusion, and equity within counselor education. Continual self-evaluation should continue to occur as you move forward in the integration of inclusive pedagogy within supervision.

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Racial Trauma: Definition, Impact, and Emerging Strategies

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Race-based traumatic stress (RBTS) is a non-pathological concept to describe the emotional or physical pain that results from racism in the form of hostility and discrimination toward BIPOC (Carter,

"Race-based events can produce RBTS when they have a memorable impact or have lasting effects through cumulative or chronic exposure."

2007). The incidents that produce RBTS may be blatant or subtle. They may occur at an institutional level, in the form of systemic oppression or discrimination, or at an interpersonal level in the form of microaggressions. RBTS may also arise when racism's existence is denied, or when instances of racism are recognized and named by BIPOC and those occurrences are minimized or dismissed (Carter, 2007; Hemmings & Evans, 2018).

Race-based events can produce RBTS when they have a memorable impact or have lasting effects through cumulative or chronic exposure. Most counselors (71%) report working with clients with race-based trauma, yet many have not received

training to identify or treat it (Hemmings & Evans, 2018). Therefore, counselors must understand and recognize the symptoms of RBTS as part of multicultural competence. In addition, counselors must be familiar with how race-based injuries often intersect with traumatic experiences based on socioeconomic status, gender, sexual orientation, religion, and other potentially marginalizing identity markers (Bryant-Davis, 2007).

Symptoms and Effects
There is a damaging assault on the selfhood of BIPOC from repeated exposure to racial experiences that contributes to internalized self-devaluation due to feeling defenseless, potentially leading to a buildup of anger, depression, and rage (Hardy, 2018). The psychological and physiological effects of racial trauma often appear like posttraumatic stress disorder (PTSD). Similar symptoms include flashbacks, hypervigilance, suspiciousness, avoidance, stomach pains, and headaches (Comas-Díaz et al., 2019). Individuals experience alienation and distress about potentially harmful events occurring, and perceiving others are dangerous (Williams et al., 2018b). Potential lack of awareness of RBTS and discomfort addressing race during counseling increase the possibility for a missed PTSD diagnosis if an individual experiences multiple exposures to race-based traumatic incidents (Williams et al., 2018a; Williams et al., 2018b). Counselors, counselor educators, and supervisors need thorough training in the assessment and treatment of racial trauma.

Assessment Approaches
It is essential to integrate racial self-examination and adopt an antiracist stance when working with RBTS (Pieterse, 2018). This view is grounded on the understanding that racial trauma exists within the broader lens of historical, generational, and systemic trauma. Therefore, clinicians must be familiar with racial identity theory, the history and legacy of racism, the mechanisms of racial socialization, including White privilege, and both overt and indirect forms of discrimination (Harrell, 2014).

Research suggests that BIPOC clients are reluctant to discuss race when working with a racially different counselor (Day-Vines et al., 2013). Using assessments such as the Broaching Attitudes and Behaviors Surveys (BABS; Day-Vines et al., 2013) can facilitate this process. Additionally, including routine evaluation of RBTS as part of the initial intake process demonstrates sensitivity and awareness of racial stress's impact on mental health. Assessments such as The Race-Based Traumatic Stress Symptoms Scale (RBTSSS; Carter & Sant-Barket, 2015) provide an in-depth assessment of RBTS, which also assesses exposure to race-based stress.

Treatment Considerations
Effective treatment requires counselors to acknowledge and validate the existence of systemic and individualized racism to demonstrate competency in sitting with clients' anger, rage, or shame. Core elements of treatment also include grief and loss associated with a loss of safety, trust, or a sense of self (Boden et al., 2014). After the initial session, interventions providing access to strength-based multimodal therapy such as group race-based stress and trauma interventions, psychoeducation, identity development, power, privilege, stress and trauma reactions, resilience, and empowerment for a community healing process (Bryant-Davis, 2019; Carlson et al., 2018). Counselors are encouraged to learn about three emerging models that have been efficacious in the treatment of RBTS. First, the culturally modified Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an effective treatment for RBTS that attends to the socio-cultural realities of discrimination and oppression (Bryant-Davis, 2019). Counselors can incorporate a wound-healing model that addresses grief, shame, anger, and internalized racism while also providing strategies for coping (Bryant-Davis, 2019; Bryant-Davis & Ocampo, 2006). Lastly, Racial Healing Circles (RHC) is a model that incorporates group-based experiences inviting diverse participants to share their exposure to RBTS using a set of predesigned questions prompting deep exploration and transformation (Christopher, 2018).

Next Steps
Counselors and counselor educators have a tremendous responsibility to advocate for BIPOC. Although there are treatment approaches adapted for working with racial trauma, there is a lack of empirical research that informs best practices. As advocates, counselors must conduct further research

on best practices for working with BIPOC clients. Research on best practices reflects both leadership and advocacy for the profession through the identification of effective treatment approaches (Hayes et al., 2012). Additionally, this research should inform future training for counselors and counselor educators through coursework and continuing education.

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Recognizing Adverse Childhood Experiences and Early Life Stressors as a Public Health Threat: Creating a Plan for Prevention and Treatment

Alexander M. Fields, MA, NCC & Cara M. Thompson, MA, LMFT-S, University of South Carolina

Alexander M. Fields (left) & Cara M. Thompson (right)

Since the introduction of the landmark study on Adverse Childhood Experiences (ACEs; Felitti et al., 1998), the healthcare industry's understanding of trauma's impact on an individual's physical and mental health has been better developed. Exposure to traumatic events and stressors in formative years have been associated with chronic health conditions and mental illnesses in adulthood, such as heart disease, asthma, substance use disorders, and depression (Shonkoff et al., 2012). The Centers for Disease Control and Prevention (CDC) estimates that around 61% of adults have experienced at least one ACE and 16% have experienced four or more (CDC, 2019). However, these rates do not include early life stressors (ELSs) such as the death of a loved one (Pesonen & Räikkönen, 2012), physical injury (Schilpzand et al., 2018), discrimination (Huynh et al., 2016), or the repercussions of a global pandemic (Cuartas, 2020; Gravlee, 2020) that are also associated with physical and mental illness. Due to the growing evidence that ACEs and ELSs have long-term health consequences, the CDC now classifies these events as a public health threat

and recognizes the benefits of trained providers to address this concern. As such, counselor education scholarship would benefit from viewing ACEs and ELSs as a public health threat in an effort to improve client health outcomes through evidenced-based strategies to prevent and treat these events with a holistic lens that bridges both mental and physical health.

"counselor educators and counselors are well suited to work as a member of a multidisciplinary team to design proactive strategies to support families and children"

When viewing ACEs and ELSs as a public health threat, counselor educators are in a position to align scholarship efforts with fellow providers and educators to prevent potential events through education, early intervention, and advocacy. As opposed to a reactive approach to treat the consequences of ACEs and ELSs, counselor educators and counselors are well suited to work as a member of a multidisciplinary team to design proactive strategies to support families and children. Specifically, meeting individuals where they are in the community and addressing the ACE and ELS disparities for families of low socioeconomic status (SES) and ethnic and racial minority groups (CDC, 2015). For example, an integrated team of counselors, social workers, case managers, public health officials, and educators may implement the Fortson et al. (2016) child abuse and neglect prevention plan that outlines that following five

strategies: (a) strengthening economic support to families; (b) changing social norms to support parents and positive parenting; (c) providing quality care and education early in life; (d) enhancing parenting skills to promote healthy child development; and (e) intervening to lessen harms and prevent future risks. Additionally, partnerships with other health graduate programs (e.g., medical schools, physical therapy programs, and nursing programs) can serve as an opportunity for counselor educators to advocate for accurate assessment for individuals that are at-risk for or have experienced an ACEs or ELSs. This would include addressing risk-factors, as well as the psychological and physiological symptoms of trauma and stressors. In turn, these individuals can be referred to appropriate services to mitigate future events.

In addition to studying prevention strategies, counselor education scholarship must also include treatment approaches to support individuals with ACEs and ELSs. Counselors and mental health professionals are able to bridge the gap between the neurobiological sciences and lived experiences of clients with emotional and relational complaints. Neuroscience-Informed Counseling (NIC), or neurocounseling, includes models incorporating bio- and neurological data, translating relevant neuroscience, psychoeducation, and integrating neurobiological concepts into counseling interventions (Russell-Chapin, 2016). For example, an update on the neurobiological effects of child abuse and neglect (Teicher & Samson, 2016) provides valuable insights to counselors linking neurobiology to client experiences that can guide assessment, treatment planning, and delivery of interventions. Remaining current in neuroscience research can equip counselors with strategies that have evidence of therapeutic outcomes and provide a framework for future investigation in counselor education. This mindset provides a common language between healthcare providers to develop a treatment approach that addresses the mind and body.

Moving forward, counselor educators and counselors have a role to help curb the public health threat of ACEs and ELSs. Although it is important for counselor educators to study prevention and training interventions for counselors and counselors-in-training, a shift towards client therapeutic outcomes from trained counselors and interprofessional research would further support scholarship efforts. This will require more community involvement, partnerships, and evidenced-based approaches. Once it is understood how these efforts contribute to positive health outcomes, a sustainable line of scholarship can be produced to prepare the next generation of counselors.

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Academia, Social Justice, and A Call for Action

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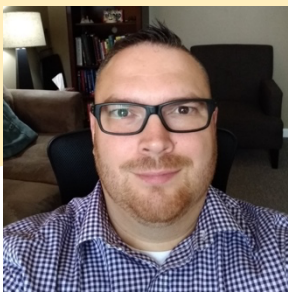
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One of the essential aspects of counseling, and therefore counselor education, is social justice and advocacy (Nicotera, 2018; Steele, 2008). Social justice promotes equity and access for marginalized persons, and advocacy is the action towards social change within the social justice framework (Lee & Hipolito-Delgado, 2007; Steele, 2008). According to the American Counseling Association (ACA) (2014, Section F.7.c), the counselor educator implements social justice and advocacy into all courses. Therefore, not only is social justice essential to counselor education but an ethical consideration. Also, necessary to meet The Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards (2016, Sections 1Q, 6A3), social justice and advocacy are implemented to create inclusive learning environments. However, learning environments are not the only social justice consideration in counselor education. CACREP (2016, Sections 1X, 2F1e, 6B) states that compliant Counselor Education and Supervision (CES) programs also implement social justice and advocacy at the institutional and faculty levels.

The Institution
While the institutional communication of social justice and advocacy commitment is beneficial, it is

not enough (LePeau et al., 2018). Historically, institutions have lacked emphasis on people of color, women, LGBTQA+ members, and other marginalized persons (Osei-Kofi et al., 2010). Therefore, when these communities see institutions communicate social justice without action, it triggers feelings of seclusion and discrimination (Williams et al., 2005). It is paramount that they support the promotion of social justice with action. These actions can include partnering with academic and student affairs to increase diversity in the learning environment as well as revisiting policies to identify and reform guidelines that promote white privilege (LePeau et al., 2018; Patton, 2015). It is also the role of institutional programs to ensure that counselor educators promote social justice in the classroom.

The Counselor Educator
The primary goal of education is to help students develop a critical awareness of the world, which gives them the ability to transform it (Freire, 1970). If counselor educators do not infuse social justice and advocacy into their curriculum, not only does the counseling field fall short of ACA and CACREP standards, but the field also disenfranchises marginalized persons (ACA, 2014; CACREP, 2016; Nicotera, 2018). Supporting vulnerable and marginalized persons is a vital characteristic of this profession, and by excluding these populations, the counseling profession becomes impotent (Nicotera, 2018).

Through the social justice lens, one role of the educator is assessing the needs of the student. Maslow's hierarchy of needs states that a person must have lower needs met before moving to higher-order needs (Maslow, 1943). Without meeting proper needs, students will not develop into their self-actualized self (Freire, 1970; Knowles, 1980; Maslow, 1943). Ensuring students know where to find available resources is one way the educator meets a student's need (ACA, 2014, Sections F.1.a., F.8.d., F.9.c.).

Fulfilling the role of a facilitator is another way the counselor educator implements social justice and advocacy in the classroom. Dialogue about social justice, advocacy, and differences in people opens the mind of the student and challenges any preconceived thoughts. Having students share their stories is one way this is accomplished (Fine, 2015; Nicotera, 2018; Steele, 2008). By sharing stories, students can hear the struggles of other classmates and construct new knowledge regarding social justice. The social construction of knowledge makes the world a better place since it allows each student to transform reality (Fine, 2015; Freire, 1974/2013; Nicotera, 2018; Steele, 2008). Hearing their peers' stories forces the student to examine social justice concerns by critically reflecting on the counseling professions' ethics and principles (Nicotera, 2018). This also helps establish an andragogical environment where the student and the educator are co-investigators (Freire, 1970).

"not only is social justice essential to counselor education but an ethical consideration"

A Call to Action
Academia must move to the forefront of social justice. While it is necessary, striving to meet CACREP (2016) standards and ACA (2014) code of ethics should be considered minimum standards. CES programs must become the social justice leader in the nation, with implementations occurring at all program levels, including classroom instruction, faculty, and administration. Institutions must evaluate their policies to ensure that they offer true diversity and are not communicating social justice without action (LePeau et al., 2018). No longer can the counselor educator focus only on academics but also on evaluating the needs of the students and facilitating alternative perspectives (Freire, 1970; Knowles, 1980).

Through the fulfillment of these roles, the educator helps the student move toward self-actualization by assisting them in constructing new knowledge regarding sociopolitical factors that may influence their peers, which creates a more inclusive reality (Collins et al., 2015; Fine, 2015; Freire, 1970; 1974/2013; Knowles, 1980; Maslow, 1943;

Nicotera, 2018; Steele, 2008). Thus, the counselor educator prepares the student to be more culturally aware and instills social justice competencies in the student as they enter the counseling field (Collins et al., 2015).

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