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# Community Uprising: Counseling Interventions, Educational Strategies, and Advocacy Tools

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## Community Uprising: Counseling Interventions, Educational Strategies, and Advocacy Tools

### Abstract

Ferguson riots, Baltimore uprising, marches on the White House... how can counselor educators incorporate crisis intervention training into curriculums, implement measures to prevent public unrest, and increase community resilience to avoid the violent repercussions of racial tensions? This article explores common precursors to racially charged unrest and provides a model for innovative counseling interventions, curriculum development, and advocacy based on the American Counseling Association (ACA) Disaster Impact and Recovery Model (2009). In addition, the authors provide specific course-based discussion questions to use as tools to foster perspective taking and increased understanding among student and practitioners.

### Keywords

crisis intervention, advocacy, curriculum development

Throughout American history, racial tension has been a source of strain and unrest (Daniel, 2000). While historians indicate that the United States was established to engender equality, numerous populations have been dehumanized, oppressed, and exploited (Banks, 2003; Huntington, 2013; Macdonald, 2002; Ritchie & Mogul, 2007; Romero, 2006). The subsequent result of these injustices has been political and social unrest, which is distressing to communities and the nation (Jernigan et al., 2015). This paper uses the American Counseling Association (ACA) Disaster Impact Recovery Model (2009) as a foundation for implementing counseling interventions, educational strategies, and advocacy tools which can be engaged to nurture sustained community change in the face of frequent community uprisings.

### **Background and Precursors**

When exploring American history, one can easily uncover both historical and recent racially charged incidents of unrest (A history of racial injustice, 2014; Anderson & Finch, 2014; Olzak, Shanahan, & McEneaney, 1996; Romero, 2006). From the Civil War, oppression during the World Wars, the civil rights movement, and the Ferguson and Baltimore riots, Americans have been exposed to conflict. Some of these conflicts and racial inequalities have been publicly recognized, while other events have been repressed receiving little media attention or social support. While the United States has worked toward creating equal opportunities for all Americans (e.g., 13th Amendment in 1865, Civil Rights Act of 1868, Plessy v. Ferguson in 1896, 19th Amendment in 1920, Brown v. Board of Education of Topeka Kansas in 1954, Civil Rights Act of 1964, Civil Rights Act of 1991, and others), the statistics discussed below present ongoing disparities.

Data collected by the U.S. Census Bureau in 2015 found race-based inequalities in areas of income, employment, and education. The average household income for Whites was \$62,950 compared to \$36,898 for Blacks and \$45,148 for Hispanics (Proctor, Semega, & Kollar, 2016).

Similarly, unemployment rates for individuals over age 16 varied greatly by race with 4.3% of Whites experiencing unemployment while 8.1% of Blacks or African Americans and 5.9% of Hispanics were unemployed (United States Department of Labor, 2017). Finally, education statistics reveal similar gaps with 37.7% of Whites having a bachelor's degree or higher while only 27.3% of Blacks or African American and 18.6% of Hispanics reached the same level of education (United States Department of Labor/Bureau of Labor Statistics, 2015). Although the U.S. has looked for ways to reduce poverty and increase education through initiatives at various levels (ASCD, 2015), statistics still show vast differences between races.

In addition to economic trends many race-based injustices remain static. It is not difficult to uncover numerous instances of racial profiling (Ritchie & Mogul, 2007); for example, the disproportionately large number of police inquiries on Blacks in the state of New York (Spitzer, 1999). According to an analysis of police reports collected between January 1998 and March 1999 in New York City, Blacks constituted 25.6% of the population but were 50.6% of the individuals pulled over by officers. Only 12.9% of the people who were stopped were White although this demographic is 43.4% of the total population (Spitzer, 1999). As seen with this data, along with data from the National Institute of Justice (2013), current statistics indicate inequitable conditions for minority populations.

Similarly, individuals of Hispanic origin have experienced racial profiling and inequitable treatment. Unlike the Black population, Hispanics introduce added complexity because of the blend of illegal and legal immigration statuses and a different native language (Romero, 2006). In 2014, 5.8 million illegal Mexican immigrants lived in the United States (Krogstad, Passel, & Cohn, 2016) while in 2015, 139,400 legal immigrants were from Mexico (Zong & Batalova, 2017). It has been stated that the high Hispanic immigration rates challenge American identity because of the tendency for Hispanics to integrate rather than assimilate like earlier European immigrants

(Huntington, 2013). Regardless of nationalization status, native language, or desire to assimilate, in the United States, these individuals experience dehumanizing oppression, racial profiling, and race-based injustices (Romero, 2006). A relevant, historical example is the “Chandler Roundups” in 1997 in Chandler, Arizona where hundreds of suspected immigrants were profiled, arrested, and deported. The joint effort by local law enforcement and border patrol resulted in the deportation of 432 illegal immigrants and violation of an undocumented number of legal citizens’ civil rights (Romero & Serag, 2005). The unpredictability and brutality surrounding these arrests left the community feeling unsafe and unprotected.

Another population routinely profiled in mainstream American culture are individuals with Muslim religious beliefs. In 2015, an estimated 3.3 million Muslims lived in the United States. By 2035 it is estimated that the Muslim population will surpass the Jewish population, and by 2050 Muslims will become the second largest religious group after Christians (Mohamed, 2016). Profiling of this population is often justified as an anti-terrorist or counterterrorist effort, reasoning which ignores a potential terrorist’s desire and ability to blend into their environment (Harcourt, 2007) and subsequently restricts the rights of innocent individuals (Banks, 2003). Profiling has fostered brutality (Ritchie & Mogul, 2007), restricted access to services (Macdonald, 2002; Ritchie & Mogul, 2007), and violated civil rights (Banks, 2003).

Trauma and trauma impact are important aspects when addressing race-based inequality, as they are a byproduct of both the experience of oppression (Bryant-Davis & Ocampo, 2006) and the resulting uprisings (Jernigan et al., 2015). As outlined in the Race-Based Traumatic Stress model proposed by Carter (2007), for our work we define race-based trauma as uncontrollable, oppressive, emotionally painful experiences resulting in feelings of vulnerability and defenselessness. Race-based trauma can be triggered by experiencing microaggressions, law enforcement victimization, race-based harassment, or witnessing race-based harassment and

violence. Literature chronicles the long history of the effects of these experiences on racial minorities both emotionally and physically (Pascoe & Richman, 2009). Depression (Carter, 2007; Chou, Asnaani, & Hofmann, 2012), anxiety (Carter, 2007; Chou et al., 2012), posttraumatic stress disorder (Chou et al., 2012), dissociative symptoms (Polanco-Roman, Danies, & Anglin, 2016), agoraphobia with and without a history of panic disorder (Chou et al., 2012), and other diagnoses have all been well documented. Similarly, physical distress such as high blood pressure and heart problems (Carter, 2007) have also been identified. As this form of trauma is often experienced and re-experienced, individuals frequently exhibit long-term, life changing effects.

We often look to possible causes for the perpetuation of race-based inequality. It is not difficult to find these instances of legalized and socially legitimated institutionalized racism, defined in literature as the “structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by ‘race’” (Jones, 2002, p.10). Countless acts of housing discrimination, unequal public recognition, compensation inequality, and denial of services are common (Equal Justice Initiative, 2014) yet frequently unchallenged. Similarly, social media forums such as Facebook and Twitter can often be a way for individuals to state their opinions and express either support or disdain for an act of oppression. This modern form of expression can explicitly or implicitly support, allow, or enable discrimination, prejudice, bigotry, and racism (Ring, 2013; Tynes, Rose, & Markoe, 2013). As counselors and counselor educators, we often see the effects of these micro and macro aggressions and ask ourselves the questions: How have things changed? What can we do to stop the cycle of oppression? What can we do to help the victims and the bystanders?

### **Community Advocacy**

Advocacy is an inherent orientation of counselors and counselor educators as outlined in the ACA Code of Ethics (2014) and specific ACA Advocacy Competencies (Ratts, Toporek, &

Lewis, 2010), as well as within the 2016 CACREP standards (CACREP, 2015). The ACA Code of Ethics (2014) calls for counselors to advocate at a number of levels to address potential barriers and obstacles to the growth and development of clients (A.7.a) while the ACA Advocacy Competencies (2010) address this responsibility across populations, settings, and areas of need. As the current sociopolitical climate is increasingly racially-charged (Jernigan et al., 2015), counselors must remain vigilant in these endeavors, seeking to continue building relationships, skills, and knowledge in how to best advocate for the needs of their clients and communities. These activities may best align with the initial phases of the Disaster Impact Recovery Model (ACA, 2009) in connecting with, providing resources for, and advocating on behalf of impacted communities. Implementation of research-based, culturally-specific models is essential to the advocacy and outreach process (Ratts et al., 2010). Counselors should connect with organizations and individuals within the community for guidance on how to best serve the needs of the community at the local level, careful not to continue the cycle of dismissing the voices of those who have been impacted, but to empower the community in social-justice initiatives (West-Olatunji, 2010). In order to promote change and bolster communities in need, we must actively engage in and commit to national professional advocacy.

### **Counselor Education Curriculum Resources & Suggestions**

The foundation for most counseling programs, the Council for Accreditation of Counseling & Related Education Programs (CACREP, 2015), provides clear guidelines regarding the core curriculum and learning outcomes needed to effectively prepare future professional counselors. These standards include an emphasis on crisis related training throughout the curriculum, specifically within the areas of human growth and development, counseling and helping relationships, and contextual dimensions (CACREP, 2015). Thus, it is beneficial for counselor education programs to build knowledge and skills related to the effects of crises, disasters, and

trauma across the lifespan (CACREP, 2015). Of particular concern is the impact on diverse individuals because of the history of race-based inequality and oppression (Carter, 2007; Comas-Diaz, 2016); therefore, counselors should be prepared to implement crisis intervention, trauma-informed, and community-based strategies for all individuals, couples, and families (American Association for Marriage and Family Therapy, 2004; ACA, 2016; CACREP, 2015).

While the 2016 CACREP standards (2015) are clear regarding educational competencies, the integration into education programs can pose a challenge when training future counselors in our current social context to address the increasingly complex racially charged events impacting clients and communities. As such, counselor educators must explore (a) the client experience, (b) the counselor educator's role, (c) the future counselor's role, and (d) potential interventions. A thorough explanation of these topics can best prepare future counselors to work with clients both directly and indirectly impacted by racially charged events.

### **Expanded ACA Disaster Impact and Recovery Model**

Outlined below is a framework based on the Disaster Impact and Recovery Model (ACA, 2009), which was developed by the ACA traumatology interest network to provide resources for counselors working with Disaster Mental Health. This revised model explores ways both counselor educators and clinicians can address client and community needs during the different stages of disaster impact and race-based community uprising. This expansion of the ACA Disaster Impact and Recovery Model (2009) provides a starting point from which to align best-practice clinical interventions with the phase of impact that the client or community may be experiencing. The goal of these recommendations is to align counselors' understanding of crisis work with the recognition and conceptualization of race-based traumatic stress (Bryant-Davis & Ocampo, 2005; Carter, 2007; Comas-Diaz, 2016).



<b>Impact/Recovery Model Phases</b>	<b>Client Experience</b>	<b>Counselor Educator's Role</b>	<b>Counselor's Role/Interventions</b>
<b>Pre-contemplation phase</b>	Warning signs, Threat	Stress the critical need for students to understand the complexities related to culturally connected stressors and race-based trauma (Carter, 2007).	Increase client awareness and active reflection; Facilitate sharing of emotions, help client to identify and build healthy coping strategies; Recognize and assess for race-based traumas.
<b>Impact Phase</b>	Fear, Shock, Disbelief, Disorientation, Denial, Fight, Flight, Freeze Response, Heroism	Ensure students are knowledgeable of and can apply basic counseling skills and culturally sensitive interventions; Provide opportunities for counselors in training to build self-awareness and cultural competence.	Establish trust; Recognize and broach difference; Basic Active Listening; Affirm and validate emotions and experiences; Identify networks for support; Encourage self-care; Help client to identify proactive and empowering strategies.

<b>Assessment Phase</b>	Information Seeking, Frustration	Providing resources in education programs (regional, national, etc.)	Referral; Adjunct services; Community and social media
<b>Community Cohesion Phase</b>	Togetherness, Public outpouring, Hope, Altruism	Advocacy; Hosting community events on campus including students; Interdisciplinary collaboration (Office of Diversity, Student Affairs, Religious Studies, Campus Counseling Center, etc.); Teaching students in a way that encourages ownership of biases and using privilege for positive social change	Having a presence at community events; Keeping informed about community happenings to inform clients as appropriate; Interagency collaboration
<b>Dissolution Phase</b>	Yearning, Searching for meaning, Shattered	Counselor skills training; Supervision; Providing resources in education programs (regional,	Normalize experiences; Existential meaning making techniques;

	assumptions, Numbing	national, etc.); Facilitate community outreach programs	Challenge/Support; Developing Social Interest <i>(Gemeinschaftsgefühl)</i> ; Referral to community outreach/volunteer programs
<b>Anniversary Phase</b>	Rumination, Remembering, Distancing	Ongoing supervision to prevent caretaker burnout; Training to address long term grief symptoms	Empty chair technique; Creative interventions (shadow box, memory book, etc.); Reminiscence therapy; ongoing community engagement
<b>Integration Phase</b>	Assimilation, Accommodation, Resiliency	Advocate for group counseling programs; Provide adjunct support	Develop resiliency skills: Insight, optimism, adaptive problem solving, self-regulation, effective communication, autonomy, social perception, sense of purpose, social

			relationships, humor, and creativity; Relapse planning
<b>Disintegration Phase</b>	Resignation, Chronic PTSD	Ensuring that PTSD is incorporated in curriculum regarding racially charged events in the community (Cross-cultural course, Crisis Counseling course, etc.)	Relaxation techniques; calming strategies; Yoga; Identify and challenge negative/fearful thoughts; Thought stopping; EMDR; Group Counseling

**Tools & Interventions**

Bryant-Davis and Ocampo (2006) stress the importance of the therapeutic relationship in connecting with individuals facing race-based trauma and crisis while Comas-Diaz (2016) emphasizes that such work cannot be done without an understanding and active engagement in the ethnopolitical and sociopolitical contexts of the client’s experience. As highlighted by Carter (2007), it is imperative that counselors be aware and engaged in examining the impacts that race, race-based inequalities, and racism have on the client’s reality, striving to overcome the “dominant American cultural lens that tends to locate people’s problems in their personal failures” (p. 83). Through these understandings, counselor educators and counselors can begin to connect with and work collaboratively with clients and communities on addressing the individual and collective pain experienced during racially charged events.

Many counselor educators strive to make a difference in their communities and advocate for change (Ratts & Hutchins, 2009). One path to these changes is the infusion of social change into the classroom. Counselor educators want to talk to their students about current events, tough topics impacting the country, or community movements specific to their area, but finding a way to discuss these topics within counselor education curricula can be challenging (Sue & Sue, 2008). A key to introducing racially charged topics, current events, and/or community uprisings into the classroom is making discussions relevant to the course material and the CACREP standards covered in the course. Professors can develop case studies, or use topics related to community uprisings across the curriculum. Below are sample questions that can be used or modified for specific courses. Questions are based on typical course content and can foster meaningful discussion on the ACA Disaster Impact and Recovery Model (2009).

Examples:

### **Techniques Courses**

- What skills can be used to broach topics with clients regarding (current event/current community uprising)?
- How can you build rapport with a client who is coming to see you regarding (current event/current community uprising) (specific stages of the ACA Disaster Impact and Recovery Model)?
- How might basic attending skills support this client during their course of treatment?

### **Theories Courses**

- How would (theory) explain (current event/current community uprising) (specific stages of the ACA Disaster Impact and Recovery Model)?

- How would (theory) explain the events/behaviors/cognitions/feelings that lead up to (current event/current community uprising) (specific stages of the ACA Disaster Impact and Recovery Model)?
- How would you support a client from a (theory) approach, if they were seeking counseling based on (current event/current community uprising) (specific stages of the ACA crisis intervention Model)?

### **Multicultural Courses**

- How might culture play a role in the specific stages of the ACA Disaster Impact and Recovery Model?
- What systemic issues are related to (current event/community uprising)?
- How do we, as counselors, work to resolve these systemic issues?
- How do we make our clients aware that we are a part of a system that is helpful to their current situation, rather than a part of a system that works against their current situation?

### **Legal and Ethical Courses**

- What does our state law say about the behaviors we see during (current community uprisings)?
- What are legal ways to show that large numbers of community members are distressed regarding race relations, institutional racism, and/or systemic barriers to opportunities?
- What ethical obligations do we have toward clients and community members that are faced with (issues motivating community uprising)?
- How might legal and ethical considerations be overlooked (from the client's perspective) during the stages of the ACA Disaster Impact and Recovery Model?

### **Human Development Courses**

- How does human development relate to (current event/current community uprising) (specific stages of the ACA Disaster Impact and Recovery Model)?
- How might people at different developmental levels respond to (current event/current community uprising)?
- If a client were to come see you for counseling regarding (current event/current community uprising), how might their developmental level impact your approach to counseling?

### **Introduction to Marriage, Couple and Family Counseling Courses**

- How might (current event/current community uprising) impact families in our community?
- What presenting issues may families report based on the stages in the ACA Disaster Impact and Recovery Model?
- How might these events lead families in our community to seek family counseling?

### **School Counseling Courses**

- What can be done within the school system to support students that are impacted by (current event/current community uprising)?
- What presenting concerns may a student display or report based on the stages in the ACA Disaster Impact and Recovery Model?
- What can you do as a School Counselor to advocate for these students within the school and within the community?
- How can School Counselors educate teachers, administration, and other staff on (current event/current community uprising)?

### **General Questions:**

- What are some ways to increase community resilience to avoid violent repercussions of racially charged events/uprisings?
- What can we do as (School Counselors, Marriage, Couple and Family Counselors, or Clinical Mental Health Counselors) to advocate for change and prevent future uprisings?

### **Conclusion**

As eloquently expressed by Kenneth Hardy, “Racial oppression is a traumatic form of interpersonal violence which can lacerate the spirit, scar the soul, and puncture the psyche” (2013, p. 25). This inequality has often been a source of tension, strain, and unrest throughout the history of the United States resulting in community uprisings as well as feelings of confusion and questions about how to find a resolution. As professional counselors and counselor educators, there is a unique opportunity to educate counseling students and impact communities at different phases of social and/or political unrest to inform change and forward movement. In order to support communities and community members during times of uprising, counselors-in-training must be given opportunities to connect with a diverse client population, diverse client issues, and competent and directed supervision on these issues throughout their classroom and field preparation. It is only in providing these opportunities, and equipping counselors with the necessary information and tools, that professional counselors can truly support communities through racially charged incidents, and eventually help stop the historic cycle of racism and oppression.



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