MAKING SOCIAL JUSTICE A REALITY IN COUNSELING: ACTIONS SPEAK LOUDER THAN WORDS

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• Multiple pandemics  
  – COVID  
  – Racial unrest  
• Economic uncertainty  
• Political divisions  
• Cultural healers: Counselors serve as healers in the community.  
  – Need for counseling has risen.  
  – Yet, we must also practice self-care.
A Little About Me...

- Refugee from Laos
- Viet-Lao American
- Grew up in Yakima, WA
- 1st generation college student
- Intersections of privilege
- Professional:
  - CMAAC
  - Research: SJC and MSJCC
Overview

• Role of counselors in BLM
• Social justice counseling (SJC)
• Rationale for SJC
• Barriers to SJC in counseling and counselor education
• Achieving SJ for counselors and counselor educators
Racial Trauma
Impact of racial trauma

• What are the short- and long-term impacts of early racial trauma on children?
• How might this child perceive White authority figures such as teachers, school and mental health counselors?
Therapeutic Relationship

- Counselors are advised to respond to clients’ racial story with belief, empathy, support, validation, and understanding.

- All counselors working with racial trauma victims need to understand their own cultural identity within a racist society, identify the traumatic dynamics of racist events, and recognize their amount of social power and privilege.

- **White Counselors**
  Could develop countertransferential reactions of defensiveness, doubts about their cultural competence, shame, guilt, and/or helplessness.

- **Counselors of Color**
  Could experience racial countertransferential reactions of over identification, vicarious racial traumatization, re-traumatization, guilt, anger, rescue tendencies, “us-and-them” mentality, and ambivalence.
Racial Battle Fatigue

The physical, psychological, emotional toll and trauma from daily microaggressions, discrimination, and systemic oppression

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<tr>
<th>PHYSICAL</th>
<th>EMOTIONAL</th>
<th>COGNITION</th>
<th>BEHAVIOR</th>
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<tbody>
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<td>High blood pressure</td>
<td>Stress</td>
<td>Self-esteem</td>
<td>Poor grades</td>
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<td>Lowered immune system</td>
<td>Anxiety</td>
<td>Cultural mistrust</td>
<td>Lack of sleep</td>
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<td>efficiency</td>
<td>Anger</td>
<td>Anxiety</td>
<td>Unhealthy diet</td>
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<td>Cardiovascular disease</td>
<td>Despair</td>
<td>Feelings of loss</td>
<td>Doing nothing (for fear of retaliation)</td>
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<td>Diabetes</td>
<td>Depression</td>
<td>Fatigue</td>
<td>Break down</td>
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<td>Hypertension</td>
<td>Hopelessness</td>
<td>Exhaustion</td>
<td>Lifelessness</td>
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<td>Exhaustion, fatigue</td>
<td>Feelings of not belonging</td>
<td>Feelings of inadequacy</td>
<td>Isolation</td>
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<td>Fear</td>
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<td>Overworking to prove worth</td>
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Chester Pierce (1970s); Derald Wing Sue (2010), Donna Miguel (2017)
Role of Counseling Profession in BLM

- Called on to do things differently
- Can no longer continue with business as usual
- Role:
  - Support through counseling
  - Use our positions to advocate
    - Sphere of influence
Counselors must acknowledge...

- The historical and current barriers to mental health treatment.
- That our field is not racially representative of communities of color.
- That mental health issues may be symptoms of racial trauma.
- That racial trauma is real. Listen to and validate POC experiences.
- The limitations of individual counseling.
  - POC experiences are often systemically based
Counselor educators must acknowledge...

- That multicultural counselor training tends to benefit White students at the expense of the learning experiences of students of color.
- Dismantling racism cannot be accomplished by regurgitating curriculum that is predominately Eurocentric.
- Reliance on the medical model (DSM)
- That there is a lack of adequate training around advocacy.
  - Balance clinical skills with advocacy skills
- That addressing racism cannot be achieved with predominately White faculty.
Addressing BLM through SJC

- 5th force among counseling paradigms.
  - 1st Psychoanalytic
  - 2nd Cognitive-behavioral
  - 3rd Existential-humanistic, and
  - 4th Multicultural
- Explores how issues of power, privilege, and oppression contribute to mental health problems.
- Uses advocacy in the community to address systemic barriers
- Balances individual counseling with community level advocacy.
- Counselor-Advocate.
SJC is not...

- Multicultural counseling
- Solely office-based work
- An apolitical or neutral process
- Relying on the DSM to explain mental health problems
  - F43.20 Adjustment Disorder
Rationale for SJC

- Rise in clients from marginalized communities.
- Inability of counselors to connect mental health problems with issues of oppression.
- Continued use of Eurocentric paradigms, which are intrapsychic in nature, to solve systemic based issues.
- Nice counselor syndrome (Chung, 2006)
  - Fear of saying the wrong thing
  - Fear of being perceived as racist
  - Value-neutral
- Over-reliance on the use of office-based interventions
Achieving SJ for Counselors

Permission to “break” the rules:

• Every interaction is racialized
• Self-disclosure
• 20-minute late rule
• Giving advice
• Naming the oppression
• Initiate discussions on oppression
• Meet out of the office setting
  • 70-30 ratio (counseling-to-advocacy)
• Apply the MSJCC
Achieving SJ for Counselor Educators

Permission to “break” against tradition:

- Stand alone and integrated course on SJ.
- Recognize that teaching MC is not the same as teaching SJC.
- Increase diversity of student body.
- Create support system for students of color.
- Diversify and racialize the curriculum.
- Balance clinical training with advocacy training early and throughout the curriculum.
- Hire faculty of color.
- Teaching the MSJCC
Counseling & Advocacy Interventions

To what extent are client issues rooted in....