

# Fall 2021, Volume 2

## INTERNATIONAL ASSOCIATION FOR RESILIENCE AND TRAUMA COUNSELING

The Official Newsletter of IARTC

Developmental Trauma & Resilience in Children

### MISSION

To enhance the quality of life for people and communities worldwide by promoting the development of professional counselors, advancing ACA, the counseling profession, and the ethical practice of counseling through trauma-informed practices, respect for human dignity, cultural inclusivity, and resilience.

### [JOIN IARTC](#)

### DIVERSITY STATEMENT

IARTC is committed to Diversity, Equity, Inclusion, Understanding, and Empathy. We work to promote ethnic and racial empathy and understanding. IARTC continues to advocate, advance, and improve educational, professional, and leadership opportunities for members from diverse cultural backgrounds. IARTC denounces all forms of racism.

# IARTC FALL NEWSLETTER

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## A WORD FROM THE PRESIDENT

Dr. Carol Smith, PhD, LPC, NCC, CCTP

I'm delighted to report that IARTC has submitted our application for full Division status on Monday, October 25, 2021, eleven months after we submitted our Affiliate Application. The speed of our development is unprecedented and a cause for celebration.

Since being approved as ACA's newest Affiliate, IARTC has been busy putting in place a number of building blocks of a new association. Some of our accomplishments include:

- We have a [wonderful website](#), thanks to our President-Elect, Dr. Peggy Mayfield
- We have [world-class leaders](#) serving IARTC
- We have draft [Bylaws](#), and are working closely with ACA for final approval
- We have populated many of our standing committees, thanks to the tireless efforts of our President-Elect, Dr. Peggy Mayfield, and our Master's Student Representative, Ms. Jordan Mann. Many committees are already starting their work. If you are interested in getting involved in the committee, please contact me at [carol.smith@marshall.edu](mailto:carol.smith@marshall.edu) or Dr. Peggy Mayfield at [Mayfield.preggyc@gmail.com](mailto:Mayfield.preggyc@gmail.com).
- We have submitted a slate of IARTC candidates for ACA's general election which opened December 2021 for terms starting July 1, 2022, again, thanks to our President-Elect, Dr. Peggy Mayfield.
- We have published our first newsletter (created and published by Dr. Peggy Mayfield), and you are reading our second newsletter now, thanks to the efforts of our new Newsletter Editor, Dr. Charmayne Adams, and Senior Associate Newsletter Editor, K. Lynn Pierce.
- We have named our association's journal Trauma Counseling and Resilience. Under the leadership of our Editor, Dr. Jane Webber, we are working closely with Digital Commons to design the journal and establish the peer-review process. A call for article proposals should go out in early 2022.
- We are working with an awarding-winning professional designer to create a long-term logo for IARTC, and hope to showcase the new logo early in 2022.
- We have supplied two IARTC-member volunteers, Drs. Anna Viviani and Naomi Wheeler, to Dr. S. Kent Butler's Gender Equity Task Force for ACA.
- We are working closely with ACA to set up the legal and business elements required to do business as a non-profit professional association - things like getting an Employee Identification Number, establishing 501c3, setting up a checking account with appropriate signers, training our Treasurer in best practices, determining dues structure and how to collect dues, establishing a system for counting our members and renewing membership, setting up a budget and three-year plan, obtaining directors and officers insurance, and all the less glamorous essentials for starting an association from scratch. All of this requires coordination and legal guidance, which takes time; more time than I anticipated.

- We are contributing to ACA's new Strategic Framework for 2022-2025 and will begin work on IARTC's own Strategic Framework through a Task Force very soon.

Finally, and most importantly, we will be at ACA's Conference and Expo 2022 in Atlanta, Georgia, April 7-10, 2022. I'm proud to announce that a number of IARTC members will be presenting at the Conference. We will exhibit IARTC at the Conference, hold our first business meeting of our membership, and we hope to host a reception (details are far from ready). If all goes well with our logo design and the supply chain, we should have branded items representing IARTC as well. I will be there, and I hope you'll connect with me in Atlanta; carol.smith@marshall.edu.

While starting a new association is more complex than I envisioned, it is a distinct and humbling honor to do this work with such an incredible team of dedicated people. We have done all of this on a completely volunteer basis, with a budget of zero dollars, in record time. I know a lot of you have stayed with us on the "trauma bandwagon" with us for a very, very long time. Your patience and persistence are paying off, and we are genuinely excited about our future together.

Carol Smith

Founding President of IARTC

## BE AN IARTC Committee LEADER!

We are still looking for leaders for the following IARTC committees:

- Bylaws Committee
- Budget and Finance Committee
- Communications/Media and Public Relations Committee
- Conference Committee
- Ethics Committee
- Nominations, Elections, and Awards

## A WORD FROM THE EDITOR AND SENIOR ASSOCIATE EDITOR

Charmayne Adams, PhD, LIMHP, NCC Editor

I am very excited to be serving as the first editor for the newsletter for the International Association for Resilience and Trauma Counseling (IARTC)! I am an assistant professor at the University of Nebraska Omaha. I received my masters degree in clinical mental health counseling at Wake Forest working with children in in-patient and men in a medium security prison setting. I went on to work for mobile crisis a pursue my PhD in Counselor Education and Supervision from the University of Tennessee Knoxville.

I am so excited to be a part of this budding division which is why we chose the theme of growth for this newsletter. This newsletter wouldn't be possibly without the amazing editorial team! Meet some of them below and keep an eye out for the rest in the next issue. We sincerely hope you enjoy this issue.

K. Lynn Pierce, MS, CRC, NCC Sr. Associate Editor

I am very excited to be serving as the associate editor for the IARTC Newsletter. I am a doctoral candidate at The Pennsylvania State University, with an MS in Clinical Mental Health Counseling from Georgia State University. I am a Certified Rehabilitation Counselor and a lot of my advocacy work is focused on increasing accessibility and equity for individuals with disabilities in counseling, counselor education, and higher education settings. I look forward to the opportunity to return to my clinical roots in trauma informed care for marginalized and minoritized individuals, where I have practiced EMDR and equine facilitated care. I am currently in data analysis on my dissertation exploring standards of care for service dog handlers through a Policy Delphi method and am seeking a faculty position.

## Join Us At The 2022 ACA Conference

Atlanta, Georgia April 7-10

Join us for the 2022 ACA Conference & Expo returning to Atlanta April 7-10! Connect with fellow mental health professionals and students, get the latest tools, information and resources to support your work, and \earn continuing education credits while you're at it at the premier professional development and networking event for the counseling field.

## MEET OUR EDITORIAL TEAM

Luisairis Soto

Florida Counseling Association Peer Support Space

Luisairis Soto (they/them) is a licensed mental health counselor (LMHC) for the state of Florida, national certified counselor (NCC), and certified clinical trauma professional (CCTP). They earned their Master of Arts degree in Clinical Mental Health Counseling from a CACREP-accredited counseling program, Rollins College, in 2017. Luisairis' passion for counseling and helping others comes from their own lived experiences with anxiety, attachment injuries, and depression. They gained their clinical experience working with clients within inpatient, outpatient, and residential community settings with specialized interests in Positive and Adverse Childhood Experiences (PACES), developmental and attachment trauma, and attachment injuries in adult relationships. In October of 2018, they received the Florida Counseling Association's Member of the Year. Luisairis served as the newsletter editor and social media representative for the Florida Association for Child and Adolescent Counseling in 2016-2017, as well as assisted with creating digital content related to advertising events and webinars, traumatology, and convention programming for the Florida Counseling Association in 2017, 2018, and 2021. Currently, Luisairis serves as the President-Elect for the Florida Counseling Association (2021-2022). They also serve as Past-President of the Florida Association for Child and Adolescent Counseling (2020-2022). Luisairis is also involved with and serves as the Executive Board Secretary for Peer Support Space; a grassroots organization dedicated to filling in the gaps in mental health care for marginalized communities by providing peer-led communal services. Luisairis has a passion for helping others, creating safe spaces for conversations about mental health and emotional needs, and becoming well-informed about the resources we have available in our community so that this can help bridge community needs within our mental health system. Currently, Luisairis works at Orlando Health as a Patient & Family Counselor providing mental health services to individuals and families struggling with both medical and mental health challenges. Luisairis is excited to serve on the IARTC Editorial Team and

is looking forward to being part of and contributing to ongoing conversations on trauma and resiliency, as well as uplift ways to help our marginalized communities obtain mental and emotional wellness.

### Fariba Ehteshami

Texas A&M University-Commerce

Ph.D. in the field of Counselor Education and Supervision (CACREP Accredited) from Texas A&M University-Commerce. I am working as an Adjunct Assistant Professor at Texas A&M University-Commerce. I have a Ph.D. in the field of Clinical Counseling Psychology (Family and Marriage Therapy) from Science & Research Tehran Azad University.

I had an incredible opportunity to research in different areas of Trauma and resilience especially research on women who were in prison, research on couples in Divorce Court, research on LGBTQ population in Islamic Countries, and research on Immigrant population. As the results of these research, I wrote several books and national articles. I have been awarded International Association for Marriage and Family Counseling (IAMFC) 2021 for the Excellence Research in Marriage and Family in Counselor Educator Training. I have also been awarded 2020 Outstanding Doctoral Student Member of the European Branch of the American Counseling Association (EB\_ACA). I received Texas A&M University-Commerce Medal of Excellent Counselor Education and Supervision Student in 2017. Currently, I have been honored to work as IAC's Global Assistant (International Association of Counseling). I have privilege to be member of many American Counseling Association (ACA) divisions and International American Psychology Association (APA). My personal priorities and goals include the further development of society and human life. I believe that diversity and inclusion improve teaching and learning process and the foundation for a thriving, healthy society and contributes to all of our well-being and research study will enable us to support growth and improvements in our society, and in the world. I believe IARTC Newsletter is a place is an area that I can apply my experiences and the opportunity to join the program is one area that I am excited about pursuing.

### Amy Grybush

Wake Forest University

Dr. Amy L. Grybush is a Licensed Clinical Mental Health Counselor Associate (LCMHCA), a Licensed Clinical Addiction Specialist Associate (LCASA), and is earning her Professional School Counselor (PSC) Licensure. She serves as President-elect for the North Carolina division of the Association for Child and Adolescent Counseling (2021-2023; ACAC-NC) and Member-at-Large for the North Carolina Counseling Association (2021-2022; NCCA). Currently a Visiting Assistant Professor at Wake Forest University, her primary research interest is in Trauma-Informed Practices, a philosophy for educators and care providers that involves recognizing, understanding, and responding compassionately to the effects of trauma in order to provide a safe and supportive environment for children and families who have experienced toxic stress and trauma. Additional research and teaching passions include multicultural and social justice issues.

### Autumn Cabell

DePaul University

Dr. Autumn Cabell is an Assistant Professor in the Counseling program. Her research agenda centers on a) developing interventions that support the mental health and career development of marginalized

students particularly in STEM and healthcare and b) examining the career-related concerns of marginalized counselors. She is active in the National Career Development Association (NCDA), the American Counseling Association (ACA), and the Association for Counselor Education and Supervision (ACES).

Dr. Cabell is currently a reviewer for the Journal of Employment Counseling and the Journal of Counseling and Development. She pursued a PhD in counselor education in order to teach and supervise the next generation of culturally responsive and humble counselors. Dr. Cabell has worked in career services, high schools, residential, and community agency settings. She is a licensed counselor, Certified Career Counselor, Nationally Certified Counselor, and Certified Clinical Trauma Professional. She has expertise in career development, depression, anxiety, and trauma. Dr. Cabell joined the IARTC newsletter editorial board in order to increase the accessibility of trauma-related professional development for counselors and counselors-in-training.

## MEET THE IARTC CANDIDATES

Elections have opened and we have a great slate of candidates for four IARTC positions:

### President-Elect

- Lisa López Levers

### Governing Council Representative

- Rachel R. Jacoby
- Joshua Kreimeyer

### Secretary

- Jayna Bonfini
- Michele Pinellas
- Melinda Paige

### Trustee

- Lisa Vinson
- Misty Hatch

Learn more about the candidates on the next few pages and don't forget to vote!

### [Lisa López Levers President-Elect \(uncontested\)](#)

As Professor Emeritus, from Duquesne University—where I also served as the Endowed Chair in African Studies from 2012-2017—I am ready now to move into the next phase of helping to define the profession that I love. Fifteen years in community mental health and rehabilitation services informed my work as a counselor educator for the next 32 years. I began working with trauma survivors over 47 years ago, before PTSD was even listed in the DSM, and I continue this work today. My international experience started in 1976, as a delegate at the International Tribunal on Crimes Against Women, in Brussels. I have been providing trauma-related services in African countries since 1993, including work in

post-genocide Rwanda. I have worked with colleagues throughout the southern region of Africa in establishing trauma-informed programming for children who were orphaned during the HIV and AIDS pandemic; this activity punctuated my research agenda during my Fulbright year in Botswana (2003-2004). Further, working with a team of professionals in Russia, we created a community-based system of care for institutionalized orphaned children and initiated the first fostercare program in the country. Academically, I created original trauma-informed coursework at four universities, which led to my textbooks on trauma counseling [Levers, L. L. (2022/2012). Trauma counseling: Theories and interventions for managing trauma, stress, crisis, and disaster (2nd ed.). Springer].

I actively engage in Trauma-Informed Community Development in my city and beyond. I eagerly anticipate serving the International Association for Resilience and Trauma Counseling as a global organization of ACA. Together, we promote resilience building and trauma-competent counseling worldwide. We provide professional counselors and counselor educators with robust trauma and resilience resources as well as ongoing training wherever they live.

### Governing Council Representative (Two Candidates)

Rachel P. Jacoby

My name is Rachel Jacoby, and I am pleased to run for the position of Governing Council for the International Association for Resilience & Trauma Counseling organization. I am a LPCC-S (Ohio), as well as an NCC, Certified Family Life Educator, and Certified Trauma Practitioner. I am Visiting Professor at Palo Alto University and maintain a small private practice working with clients in Perrysburg, Ohio. My clinical work has been with individuals who have experienced adversities in their life, including extensive work with children living in the foster care. This has guided my research interests. Further, I have been exploring trauma surrounding post-partum and parental bereavement, as well as vicarious trauma within the counseling profession. Trauma influences people in many different ways. It is importance for us as counselor to understand the experience of trauma, as well as the resiliency factors that help support our clients.

I have had the privilege to hold many leadership roles at the local, state, and national levels. I have been actively involved in the Northwest Ohio Counseling Association, Chi Sigma Iota - Alpha Omega chapter, Ohio Counseling Association, and Ohio Association of Counselor Education and Supervision. I was president and am currently past-president of the Association of Child and Adolescent Counseling (ACAC) - Ohio Chapter. I have served as graduate student representative for the national ACAC organization for several years, and I am currently in the role of president-elect. I will be transitioning to president of ACAC in July of 2022.

As the IARTC Governing Council Representative, I will be proud to represent IARTC at all ACA Governing Council meetings. I will maintain a strong commitment to exploring trauma/resilience scholarship, and ensuring that the counseling profession continues to expand the overall knowledge of teaching students and counselors to work effectively with clients who have experienced adversities.

Joshua Kreimeyer

From the time I first traveled internationally, and was told that I could not get off the bus to interact with the families digging for food in the trash site, to my combat deployments to Kosovo and Iraq, where I saw firsthand the impact of the fist and the great need for the heart, I knew that I wanted to never again, not be able to make a bigger and more healing impact on the world. Since then I have

focused my education (e.g. PhD CES with cross-cultural supervision internships) and clinical work (building the first IRCEP recognized MA in Counseling program in Ukraine) on the manifestation of this mission.

I have been extremely excited to follow and join the creation of the IARTC. I have long searched for a professional home and feel that I've finally arrived there. I was equally excited to learn about the formation of the charter leadership team for this necessary organization. Having been in the trenches of worldwide, trauma and resilience work, I know that I have much to bring to this position, for such a time as this.

Within our gifting and calling, St. Ignatius of Loyola called us to go forth and set the world on fire. With this position, I would seek to inspire and galvanize IARTC membership and partner organizations and to assist world communities to research and develop trauma-informed, culturally sensitive best practices, to optimize healing and wellness for all. From both etic and emic perspectives, I will also work towards developing preventative based resilience strategies. From this balance, and through this position, we can truly impact the world for good.

### Secretary (Three Candidates)

Jayna Bonfini

It would be my honor to be elected as the IARTC Secretary. I currently counsel individuals in private practice (specializing in trauma and addiction) and serve as an Associate Professor of Counseling at the University of the Cumberlands. I am a Licensed Professional Counselor, National Certified Counselor, Approved Clinical Supervisor, and Master Addictions Counselor.

My prior clinical work has ranged from a psychiatric hospital to a university counseling center to a residential treatment facility for adjudicated youth to an alternative to jail treatment program for women. While my experience has varied, as has the population that I've counseled, the thread running through all of it was my interest in providing trauma-informed care.

I want to contribute to IARTC in a meaningful way and I think that I could be an asset to the organization as the incoming Secretary. My dedication to furthering the field of trauma counseling is evident in my professional development. I have a strong counselor identity as a clinician, scholar, and researcher. If I obtain this position, I will utilize my passion, advocacy, and leadership to facilitate positive change. I hope you will support my eagerness to serve in this capacity.

Michele Pinellas

It is my esteemed pleasure to express interest in serving as the IARTC Secretary for 2022-2023. I have served in a variety of leadership roles and have found a passion for treating trauma and building resilience. Regarding leadership, I have served as Treasurer for the Florida Association for Counselor Education & Supervision (FACES) and the Florida Counseling Association (FCA) Convention Co-Chair from 2019 through 2021.

Prior to this role, I served as the Chi Sigma Iota, Alpha Upsilon Sigma Chapter Secretary from March to July of 2018. In July, I was elected chapter president from July 2018 to March 2019. This position led me to become a Chi Sigma Iota Leadership Fellow from 2019-2020.

Based on my leadership positions, I believe that I would serve this association well as the secretary. Not only am I dedicated to leadership, I have a profound passion for trauma and resilience work. As a doctoral student, I found this passion through my own journey to build resilience. To navigate my own stress, I discovered holistic healing and wellness. Seeing the impacts it had on me, I began to seek out ways to offer these interventions to my students as a Professional School Counselor. This passion grew within me, and I shifted my dissertation focus to build resilience in youth who have experienced chronic adversity.

Thank you for considering me for this position!

The fruits of my dissertation have allowed me to write newsletter articles, work on scholarly publications, present at counseling conferences and continue my research related to healing trauma and building resilience. In addition to this commitment to my scholarly work, I recently began to teach yoga to diverse populations as a means of creating more inclusion in the yoga space.

Melinda Paige

The stories of the courageous survivors I have served as a licensed trauma counselor for the last twenty years fuel my research and advocacy as a counselor educator and subject matter expert for trauma impact and counseling curricula. I have been the recipient of the Chi Sigma Iota International Outstanding Practitioner Award (2014), the ACA Professional Development Award (2018), and the Chi Sigma Iota International Outstanding Faculty Award (2018) and have published and presented nationally on trauma competency, protective factors in the prevention of vicarious trauma and self-injury. Fellow trauma practitioner-scholars and I published the first qualitative study investigating the attitudes, knowledge, and skills of trauma competent clinicians in the Journal for Individual Counseling. I currently serve as Founding Secretary for IARTC and enjoy collaborating with other dedicated trauma mental health professionals as Vice Chair of the IARTC Media and Public Relations Committee as well.

Trauma is ubiquitous and a significant public health concern, therefore it is essential that trauma counselors unite around best practices in trauma mental health. The Substance Abuse and Mental Health Services Administration's TIP 57 report provides leadership for trauma mental health workers but is still an underutilized resource among counselors lacking the guidelines to support their trauma mental health practice. The Center for PTSD also provides standards and best practices for serving members of the armed forces but is also an underutilized resource among counselors. Trauma competencies are needed in the counseling literature and listed with other ACA endorsed competencies where fellow counselors/counselors-in-training can access and utilize them. My vision as Secretary is to support IARTC's mission and the development of such competencies, so counselors are able to practice ethically within the bounds of their clinical competency, according to empirically based trauma mental health standards of care.

Trustee (Two Candidates)

Lisa Vinson

I am interested in this position because I care about the standards of our profession and the power of advocacy as a group. Through IARTC, we can make a significant impact within ACA and its members who impact people's lives. My professional presentation, publications, and work experience over the last 20 plus years focusing on educational and counseling services that affect diverse racial/ethnic individuals across the lifespan and their families which make me a strong candidate for the trustee position. As a

Counselor Educator, who has also, served as a Human Service Specialist has overseen youth-related programming spanning education, job readiness and development, and anti-violence initiatives. I have led mental health teams integrating treatment for co-occurring disorders and supervised a federally funded career-laddering program that provided educational training for Temporary Assistance for Needy Family (TANF) recipients and low-income eligible individuals in high-demand healthcare fields.

I am a Licensed Clinical Professional Counselor, a Certified Alcohol and Other Drug Counselor, a Co-occurring Disorder Professional Counselor I, a Certified Clinical Trauma Professional Level II, a Certified Complex Trauma Professional and an Approved Clinical Supervisor. My professional presentation includes racial identity workshops, social justice-related publications, and board of director positions that advise and consult on increasing community-based programs that help acutely high-risk youth successfully transition into adulthood. I am expected to earn a Ph.D. in Counselor Education and Supervision from Northern Illinois University, Spring 2022. I received a bachelor's degree and a Master of Arts in Clinical Mental Health Counseling degree from Chicago State University. These leadership roles, combined with work and life experiences, have guided my passion for commitment and community service initiatives.

### Misty Hatch

It is my honor to be nominated to run for Trustee of the International Association for Resilience and Trauma Counseling. I became a member of the IARTC when it formed. I am excited to be able to be a part of the division on its ground level. I joined the ACA as a Master's student in 2018 and am so grateful for all of the data, the community and the ability to be a part of the ACA. I hope to serve in leadership positions and be a part of the growth of the counseling community. As a newly licensed clinician, I want to immerse myself into the counseling community. I have a passion for research and am continuing to grow my counseling knowledge. I just began working on my Ph.D. in Counselor Education and Supervision at the University of Holy Cross. I look forward to continuing to grow as a clinician and plan to give back to the counseling community throughout my career. Thank you for the opportunity to be considered for the Trustee position.

Look for an email from ACA or check the ACA website to vote!

## IARTC MEMBERSHIP MAP

IARTC's 1,000 + Members Live In:

- 50 States
- D.C.
- Puerto Rico,
- British Columbia
- Ontario
- Italy
- Malawi
- Singapore
- Syria,
- Switzerland

If you are an IARTC member who resides in a country that is not listed, please contact [mayfield.peggyc@gmail.com](mailto:mayfield.peggyc@gmail.com). We want our map to represent all areas where our members reside! Thank you!

# Articles

## Groupwork with Youth Who Have Experienced Trauma

Alicia K. Hall, M.A., LPCC-S, Jenny L. Cureton, PhD, LPC (TX, CO), Tahani Dari, PhD, LPC, NCC, Kalesha Jenkins, PhD, LPC (MI), LSC, NCC

A significant number of Americans experience trauma during their lifetime. Two-thirds of the participants in a sample of 17,000 reported experiencing at least one adverse childhood experience (ACEs Too High News, 2017). Nearly 35 million children (47.9%) have experienced at least one traumatic event before the age of 17 (Stevens, 2013). Trauma-informed counseling is essential in providing effective care for clients and students. Group settings, such as families and schools, are places in which youth often present trauma-related issues. Group settings present challenges for addressing trauma-related issues, yet counselors have a responsibility to all group members to provide effective interventions to support the group and its members in overcoming barriers to trauma recovery. However, most trauma literature and continuing education focuses on the individual. Counselors may be unprepared to adequately attend to an individual's needs while simultaneously supporting other group members. To partially fill this gap in counselor practice, we introduce two trauma counseling models applicable to youth in group settings with an accompanying activity, announce the formation of a new state-level association focused on trauma-informed counseling, and highlight resources for counselors using group settings to address trauma.

### Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT; Linehan, 2015) can be effectively adapted for group settings for youth who have experienced trauma. For example, a core element of DBT is developing emotion regulation skills. Youth who have experienced trauma often have poor emotion regulation skills, may experience emotional lability, have difficulty identifying feelings, become easily triggered by intense emotions (within and outside of group counseling), or even exhibit high-risk behaviors such as suicide or self-injury (Lang et al., 2018). Counselors can use DBT (Linehan, 2015) to address emotion regulation by helping group members' increase their awareness and understanding of the emotions cycle, implementing strategies to decrease emotional vulnerability and promote resiliency (e.g., improving self-care, building mastery, increasing positive experiences), and developing adaptive coping skills to improve emotion regulation.

Emotions Myth Busting (Linehan, 2015) is one activity that can build emotion regulation skills and resiliency within group settings for youth who have experienced trauma. This activity aims to identify and challenge group members' beliefs about emotions, decrease the tendency towards dichotomous thinking, and improve group members' ability to use dialectical thinking. For this activity, group members are divided into two groups and presented with a myth statement to debate, such as, "There is a right way to feel in every situation." Each group then debates in favor of their chosen side of the debate and supplies evidence to defend their position. Once the debate is complete, group members

process the activity, identify how the activity impacted them internally and externally (including identifying emotional responses), and discuss the overall veracity of the myth statement. A key element of Emotions Myth Busting is supporting group members in identifying methods to reframe the myth statement into a more accurate and flexible belief. For example, within the previous myth statement above, a more accurate and flexible belief might be, "There is no right way to feel in every situation. In fact, my feelings are valid no matter what the situation may be." This increased cognitive flexibility promotes group members' emotion regulation and increases their resiliency.

## Narrative Therapy

The key tenets of Narrative Therapy include: 1) people are experts in their own lives, 2) problems are separate from people, and 3) people are capable of diminishing the power of the problems they experience (Morgan, 2000). Narrative counselors understand clients' lives through stories. Major steps in the narrative counseling process include naming and externalizing the problem; establishing the history, effects, and context of the problem through deconstruction; using a unique outcome to identify an alternative story; then thickening the alternative story through conversation, writing, and rituals. Narrative therapy is applied to trauma counseling (e.g., Denborough, 2006) with youth (White, 2006) and families (Gershoni, 2006). It is the foundation of some evidence-based trauma treatment models for children and adolescents (Landolt, et al., 2017) in groups such as outpatient group therapy and school settings (Gudiño et al., 2017).

Counselors can use the Superhero and Power Team activity with youth clients to facilitate identity development, feelings of safety and assuredness, and self-confidence (e.g., Rubin, 2006). One group activity involves the use of simple shapes to create an alternative trauma narrative involving group members as superheroes accompanied by their hero team. The intention of the activity is to aid group members in re-storying their concept of self as someone who is resilient in the face of danger, supported by others, and adept at coping. The counselor provides the group member with shape cutouts for the first phase of this activity (i.e., an inverted triangle, a trapezoid, a diamond, an X, and a circle), then guides the group member to identify the shapes as metaphors using prompts. For example, the inverted triangle represents the group member's superhero name, possibly the first initial of which is emblazoned on their chest, followed by the prompt: "When you think of who you are most powerfully, deep down inside, what superhero name do you have?" The trapezoid (serving as a cape) represents the client's superpower with the prompt: "When you remember what you can do really well that saves you and those you care about from danger, what is your superpower?" The diamond, X, and circle represent the group member's hero team with the prompt: "Who can you count on to help you when times get tough? Place their superhero names next to their shapes."

The counselor then provides the final shape cutouts to the group members (i.e., a composite shape, a heart, a rectangle, and a cloud) and facilitates the narrative development. The composite shape represents the group member's resilient superhero response (i.e., their mode of transportation like a getaway car) with the prompt: "What coping skill does [group member's superhero name] and their hero team use to help them during the toughest times?" The heart represents the group member's emotional resiliency state with the prompt: "What wonderful things do you and they feel when that coping skill is used?" The rectangle represents the group member's resilient holding space with the prompt: "What wonderful things do you notice around you when you use that strategy?" The cloud represents the group member's resultant communications and future thinking with the prompt: "What

wonderful things do you then say to each other about what happened?” and “What wonderful things do you and your group of heroes look forward to in the future as a strong and caring hero team?” The counselor facilitates group processing for the duration of this activity to promote the creation of alternative stories for group members to process their trauma in the context of resiliency.

## Conclusion

Trauma-informed counseling is integral for clinicians to incorporate a multidimensional approach to their practices. There are multiple techniques counselors can use to incorporate trauma-informed counseling into group settings. This article provides an overview of clinical approaches, practical activities, and resources that counselors can use to enhance their understanding of trauma-informed counseling within group settings. We highlighted two commonly used approaches, Dialectical Behavioral Therapy and Narrative Therapy, to highlight ways clinicians can infuse these interventions into group work. Despite recent advances in trauma-informed counseling, there remains a need to further incorporate trauma-informed approaches into our current practices, particularly in group settings. This is an area in which further research would be beneficial in advancing trauma-informed counseling specific to group settings.

## A New State Association

Ohio has created the first state-level trauma counseling association: OARTC. Our mission is to lead Ohio in training and sustaining trauma-informed counselors and developing trauma-informed best practices to enhance and promote the welfare and resiliency of the individuals, families, and communities we serve. We are currently undertaking several initiatives toward our mission. One initiative is to launch a trauma-informed counselors' initiative in which we cultivate a continuing education program to advance trauma-informed counseling practices. Another initiative is to build a resource network in which we promote collaboration, accessibility, and resource development for trauma-informed counseling practices. Finally, another crucial initiative is to develop an advocacy, outreach, and social justice program to meet the needs and promote resiliency of our members and communities. To learn more about OARTC, feel free to email us at [TheResilientCounselor@gmail.com](mailto:TheResilientCounselor@gmail.com) or find us on Facebook at [www.facebook.com/groups/oartc](http://www.facebook.com/groups/oartc). Thank you for your interest!

## Resources for Addressing Trauma in Group Settings

- [American Group Therapy Association](#)
- [National Child Traumatic Stress Network](#)
- [Center for Sexual Assault and Traumatic Stress:](#)
- Clark, T. L., & Davis-Gage, D. (2010). [Treating trauma: Using psychodrama in groups.](#)
- [SAMHSA Trauma Narrative](#)
- [Ohio Can Do 4 Kids](#)
- [Boston University Center for Psychiatric Rehabilitation](#)
- [Dialectical Behavior Therapy](#)
- [TFCBT training](#)

- [ACEs Too High](#)
- [CDC & Childhood Maltreatment](#)
- [Trauma and Learning Policy Initiative](#)
- [Videos with Michael White on Trauma and Narrative Therapy](#)

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## A New Approach to Integrative Treatment

Ashley Davis, PhD, LPC-MHSP, NCC, C-DBT

Existing literature has established the connection between the brain and body. Goracci et al. (2016) reported that lifestyle interventions including physical activity, sleep hygiene, and a healthy diet in combination with SSRIs reduced the risk of relapse of depressive symptoms. Molendijk et al. (2018) conducted a meta-analysis that showed that a high-quality diet lowered the risk of depressive symptoms over time. Null and Pennesi (2017) found that 62% of participants reported large improvements in depression when practicing lifestyle interventions of eating an anti-inflammatory plant-based diet, juicing, having a clean living space, avoiding second-hand smoke, exercising, and practicing stress-management techniques. Tolkein et al. (2018) reported that individuals who ate a pro-inflammatory diet were at an increased risk of depressive symptoms.

Lopresti (2019) found that only 60% of individuals respond to common treatments for depression. The effectiveness of lifestyle interventions and the moderate efficacy of common treatments for depression show a need for integrative services. Integrative interventions have been implemented and proven effective in the primary care setting (Oliván-Blázquez et al., 2018). However, Oliván-Blázquez et al. described several perceived barriers for primary care providers to implement these interventions including time constraints and inability to implement recommendations. They recommend that behavioral health professionals implement these interventions (Oliván-Blázquez et al., 2018). This demonstrates a need for more intensive and specialized integrative services.

Callaghan et al. (2020) conducted a study that found adverse caregiving in childhood altered the gastrointestinal microbiome, leading to an increase in gastrointestinal distress in these children. Researchers also found an association between the altered gastrointestinal microbiome and brain reactivity within the emotion networks of the brain (Callaghan et al., 2020). Additionally, Callaghan et al. reported that gastrointestinal distress mediated the relationship between early adversity and increased anxiety. This is the first study to show the changes in the gastrointestinal microbiome and the brain associated with early adverse caregiving.

The existing research indicates a connection between gastrointestinal distress, depression, and anxiety for individuals who have experienced adverse childhood experiences. Because of the strong connection between the brain and the body, an integrative treatment model is recommended. The purpose of this paper is to present a new integrative treatment program for children with gastrointestinal distress and mental health symptoms.

### Proposed Treatment Model

The proposed treatment model is an intensive outpatient group therapy using dialectical behavioral therapy, holistic interventions, and caregiver support. The intensive outpatient program (IOP) is a highly structured group therapy for three-hour sessions, three times per week, for a total of 20 IOP sessions. A pediatric gastrointestinal doctor's office will be the site for this program.

### Dialectical Behavioral Therapy (DBT)

DBT was developed by Marsha Linehan for the treatment of individuals with parasuicidal behaviors (Linehan, 1987). Linehan found DBT helped individuals who experienced problems with their emotion regulation system. The philosophical base of this therapy is dialectical theory (Heard & Linehan, 1994).

The primary dialectic in DBT is acceptance and change (Heard & Linehan, 1994). DBT is grounded in a biosocial theory, which states that individuals are biologically predisposed to emotional dysregulation and invalidating environments can contribute to emotional dysregulation (Heard & Linehan, 1994). Heard and Linehan suggest that these biological and environmental factors reciprocally influence one another, leading to an inability to regulate emotions.

DBT skills training teaches four modules of skills including core mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness (Koerner, 2012). Core mindfulness skills teach clients how to increase their awareness and be in the present moment (Koerner, 2012). Distress tolerance skills are the skills that help clients tolerate distress. This includes skills to help clients cope with intense emotions and skills to help clients practice acceptance (Koerner, 2012). Emotional regulation skills help clients understand emotions, change ineffective emotional responses, and act effectively on emotions (Koerner, 2012). Finally, interpersonal effectiveness skills teach clients how to communicate to get their needs met, improve relationships with others, and maintain their self-respect (Koerner, 2012).

### Holistic Interventions

The intensive outpatient program includes a variety of holistic and experiential activities. These activities include emotional freedom technique, art therapy, music therapy, meditation, reiki, meal preparation, recreational therapy, and nutrition. Individual providers with specialized training for each activity lead the group in a one-hour segment each week. Caregivers are encouraged to be involved in the treatment program by attending the group for one hour three times throughout the program.

### Assessment

Assessment and evaluation of the effectiveness of this program will be conducted and analyzed using SPSS. Data will be collected for symptoms of depression, anxiety, and gastrointestinal distress at the beginning and end of treatment. Demographic information will also be collected.

### Conclusion

The presentation of symptoms for a person who has experienced trauma can vary. Recently, researchers found evidence that there is an association between changes in the brain and microbiome for individuals who have adverse childhood experiences (Callaghan et al., 2020). Integrative treatments are effective in reducing symptoms of depression and anxiety in the primary care setting. However, there are barriers to implementing these. The proposed treatment model will address these barriers by providing onsite wraparound services for children and their caregivers experiencing mental health and gastrointestinal symptoms.

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## Building Resilience Through Trauma-Informed Animal-Assisted Intervention

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Children and adolescents who have experienced a traumatic event may benefit from animal-assisted interventions (AAI) which are the overall umbrella encompassing animal-assisted activities (AAA), animal-assisted therapy (AAT), and animal-assisted education (AAE) (Fine et al., 2015). The authors of this article recognize the incorporation of AAI as a complementary approach in working with children and adolescents who have experienced or been exposed to traumatic events. The purpose of this article is to illuminate the impact and benefits of AAI in trauma work with this population, review of current research, building resilience, and providing implications for future practice.

## What is AAT and AAA

Animal-assisted therapy (AAT) is recognized and defined as incorporating animals within a therapeutic process (Chandler et al., 2010). AAT has been identified as one type of complementary approach in working with children and adolescents who are experiencing or are at risk of mental health problems (Hoagwood et al., 2017). Mental health practitioners (e.g., clinical mental health counselor and school counselors) have incorporated animals such as canines into their therapeutic practices, especially with children and adolescents. This is not a new practice. Applying animals to therapy sessions dates to the mid to late 20th century. Boris M. Levinson, MD used animals as a form of treatment for children experiencing an emotional disturbance. Levinson's dog provided comfort to children during therapy sessions (Bachi & Parish-Plass, 2017; Firmin et al., 2016; Hartwig, 2017). Additionally, health practitioners such as nurses have applied AAT throughout their practice.

Animal-assisted activities (AAA) differ from AAT in that AAA provides opportunities with animals that tend to motivate, provide education, recreation and or therapeutic benefits without specific goals (Maujean et al., 2015; O'Haire et al., 2013). For school age children, classroom settings are an example of where animal activities are prominent. Spontaneous visits with animals have shown to have a positive effect on children, especially for children who are experiencing communication or social interaction difficulties (Michellotto et al., 2019; O'Haire et al., 2013).

## How Animals and canines have been included in working with children and adolescents who have experienced Trauma

A literature review was conducted focusing on animal assisted therapy (AAT) and animal assisted activities (AAA) integration in programs for the treatment of psychiatric disorders in children. Evidence supports the application of animals as a form therapy for adolescents experiencing trauma (Shotwell & Wagner, 2019). Therapy dogs applied to a group session were found to decrease trauma symptoms (Dietz et al., 2012). One hundred fifty-three children between the ages of 7-17 who were victims of sexual trauma participated in group therapy sessions. The sessions were divided into three groups: no dogs, dogs no stories, and dogs with stories. The stories were written by the clinical director to add structure to the therapy visits. The study demonstrates the importance of therapy dogs added to trauma services and the importance of therapeutic stories enhancing the results of the visit (Dietz et al., 2012). A meta-analysis by Germain and colleagues (2018) further supports the role animals play in trauma support. The application of animals into therapeutic treatments reduces trauma symptoms and PTSD symptoms. In addition, by having the animal present, patients are more likely to adhere to the trauma support program (Germain et al., 2018).

Animals have been used during forensic interviews for children experiencing sexual abuse. Children (n=42) with ages ranging from 5-14 participated in a forensic interview. Biometric markers including salivary cortisol, immunoglobulin A, blood pressure, and heart rate were measured, and the results suggested that children with a canine intervention during the interview process experienced less physiological stress indicators than the control group (Krause-Parello & Gulick, 2015). Adding animals to the initial visit between student and counselor could prove to be beneficial as literature supports the calming effects an animal can provide.

## Supporting Resilience

Children who experience traumatic events are at increased risk for adverse outcomes across multiple areas of development (National Child Traumatic Stress Network [NCTSN], 2003). One proposed protective factor for buffering these negative outcomes is the development of resilience. Resilience refers to positive adaptation within the context of significant adversity or trauma (Luthar et al., 2000). Several factors promoting resilience in children and adolescents have been identified, such as supportive relationships, self-efficacy and positive self-worth, restoring or maintaining a sense of safety, and the development of coping skills (NCTSN, 2003). An abundance of literature has confirmed the physiological, psychological, and social benefits of human interactions with animals, especially canines (Walsh, 2009). AAI, through its ability to promote safety, social skills (Vitte et al., 2021), and connectedness (Fedor, 2018), may additionally provide a pathway to facilitating resilience in children and adolescents.

Incorporating canines provides children opportunities to model and internalize adaptive relationship strategies that can then be applied to future interactions. AAI has also been observed to increase children's understanding of emotions (Santiello et al., 2016), supporting their ability to self-regulate.

AAI may additionally provide a pathway to facilitating resilience by helping children develop skills supportive of adaptive coping, such as the ability to form successful relationships (Vitte et al., 2021) and understand and regulate their emotions (Santiello et al., 2016). Furthermore, the beneficial effects of human-canine interaction (oxytocin production, lowered anxiety levels; Odendaal & Meintjes, 2003) may enhance children's acceptance of and commitment to therapeutic work.

## Conclusion

The application of canines in therapeutic settings, such as counseling and medical facilities, provide a complementary approach in working with children and adolescents who have experienced or been exposed to trauma. Research has highlighted the benefits and positive impact of incorporating canines which were demonstrated through measurable reduction of trauma symptoms (Dietz et al., 2021) and physiological stress indicators (Krause-Parello & Gulick, 2015). Children and adolescents may benefit from AAI with canines to build resilience by working to develop social skills, sense of safety, coping skills, and a sense of belonging. Mental health professionals who are considering the incorporation of canines through AAI should seek training in order to receive appropriate credentialing and gain understanding of ethical mandates to practice ethically and prevent harm to clients and canines.

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## Recognizing and Building Resilience in Survivors of Maltreatment During the COVID-19 Pandemic

Kristen Cooper, LCSW and Kristin Rabb, LMHC

From Kristen, an outpatient child therapist

As a child and adolescent outpatient therapist, my week is primarily spent in the presence of energetic youngsters - staging animals in a sand tray, painting atop an easel, moving throughout the rooms of a dollhouse - all in service of evidenced-based treatment to address experiences of maltreatment. At least it was, until eighteen months ago, when in a matter of days, our ability to connect was upheaved. Admittedly, the capability to swiftly transition to virtual connection was remarkable, but the question remained as to how effective this modality would be for youth, especially those who have survived and continue to endure maltreatment.

Initial research findings regarding maltreatment have highlighted decreased reports to Child Protective Services (Rapoport et al., 2020), child abuse hotlines (Baron et al., 2020), and criminal charges pertaining to child maltreatment (Whelan et al., 2020) during the COVID-19 pandemic. However, this does not necessarily indicate decreased instances of maltreatment. Rather, it likely reflects reduced exposure to traditional reporting structures, as evidenced through increased pediatric emergency room visits with injuries indicative of maltreatment, and in an overarching trend of decreased visits (Sharma et al., 2020). In other words, children are spending more time in suboptimal circumstances, disconnected from

traditional sources of support, such as school and mental health settings, during a period of heightened stress, likely resulting in ongoing, underreported maltreatment. This begs the question: in working with survivors of child trauma, how do we support connection and healing in a time that feels so disconnected and overwhelming?

While I will not minimize the undoubted challenges accentuated by the COVID-19 pandemic, in addition to the long-standing racial inequities that have been recently exacerbated by these conditions, I also want to acknowledge the unique opportunities afforded. For the first time, I was invited into the homes of the families I have the privilege of working with. We found our space to converse in the blanketed walls of a living room fort, or atop a backyard pirate ship. We had a dance party with the family dog to celebrate birthdays. We played in the sand box, painted on kitchen tables, and explored dollhouses, through our virtual connection. We resumed our efforts towards the difficult work of trauma therapy, in innovative and powerful ways that highlight the innate resilience of these children and their families.

While the COVID-19 pandemic certainly brought unprecedented adversity to children and families, it also offered opportunities for creativity, connection, and resilience.

I existed in our pre-COVID-19 world as a child and family trauma therapist working within the community - based on client need. I met with children or families at our center, their schools, daycares, or even homes, in order to provide the most flexible treatment possible. Like Kristen, my world flipped upside down when the pandemic hit. We were scrambling to be able to help clients access needed therapeutic services when clients often did not have minutes on their cell phone, or WiFi to connect to Zoom. Children were home from school, necessitating parents, relatives, and foster parents to navigate and support children's online learning, in addition to their many other responsibilities. Our agency serves many families of color, and we held awareness that in addition to the challenges of COVID-19, many families from minoritized groups were experiencing compounded stress due to racism, discrimination, and systemic and historical oppression (Lund, 2020).

Immediately, many were concerned that children were less likely to come into contact with mandated reporters at schools or doctors' offices, and thus maltreatment would be on the rise. Indeed, Lee et al. (2021) found that parental reports of social isolation and loss of employment during COVID-19 were associated with parents' physical and emotional neglect as well as verbal aggression toward their children. There was clearly a significant need to support parents and children during these difficult times, and yet us, clinicians all found ourselves confined to our homes and technology as we tried to support from afar. As someone who was used to physically entering a system to provide support, this was extremely difficult to navigate.

However, as children often do, they were able to show me a way to be resilient in the face of upheaval. Several of my school-based clients were in the middle of individual trauma processing when the COVID-19 shutdown occurred. Some children were very reticent during our meetings at school about discussing their experiences. However, in the safety and comfort of their own homes, these children were able to engage more in counseling, aided by a cat sitting in their lap or their favorite stuffed animal next to the computer. Something about the comfort of their own safe space helped them feel secure enough to share things they had been holding back for months. As a therapist who does home-based work, the safety within a clients' home environment was something that I knew intrinsically, and yet I had a whole new appreciation for it in our unfamiliar COVID-19 world. Some clients who struggled to maintain

consistent attendance in person were actually more likely to sign on to Zoom or answer their phone for a session because it was a bit easier to fit into their day, and treatment progressed.

We learned new ways to engage with our clients through virtual therapy rooms and books and videos from our home collection. Clinicians at our agency mobilized to help clients access crucial resources such as internet, hot meals, clothing, and more. These children and families bravely joined me in continued healing despite the world shutting down around us. We connected with clients around the most difficult of topics - their trauma and maltreatment history - and the work continued.

### Common Lessons

As mental health clinicians operating in two divergent capacities, including outpatient and community-based settings, but aiming to support similar populations, we have learned collective lessons regarding trauma and resilience in the face of the COVID-19 pandemic. First, we have learned that powerful therapeutic connection can occur in a multitude of places; the four walls of an office are not necessarily needed. In fact, by eschewing the four walls, our capacity to reach more families has increased; an important lesson counselors should hold in awareness as we endeavor to create more equitable services. Second, we are continually amazed by the ability of

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# Addressing Trauma and Adversity through Mindful Yoga Interventions

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## Introduction

Experiencing childhood trauma and adversity can cause a multitude of long-lasting detrimental effects, including chronic affect dysregulation, destructive behaviors, learning disabilities, dissociative problems, somatization, and distortions in concepts about self and others. This article addresses methods for integrating traditional counseling with holistic strategies of mindfulness and yoga for children who may need to develop resilient characteristics necessary to thrive. Infusing yoga and meditation into therapeutic spaces can foster resilience in school-aged children.

## Statement of the problem

Professional counselors are witness to the adverse events children and adolescents face on a daily basis. The culminating impact of family discord, bullying, academic concerns, or other environmental stressors often results in children exhibiting self-injurious behaviors, abusing drugs and alcohol, and engaging in violence (Wadman et al., 2018). These struggles can manifest into classroom challenges, overt disrespect of authority, and continued or elevated substance abuse. If not appropriately addressed in childhood, these maladaptive behaviors can cause problems in adulthood. Children who live in urban, underserved populations experience additional social challenges such as poverty, violence, drugs, racism, and immigration. Given the historical tendency of youth to express their emotions externally as a coping strategy, there is rationale to support a trauma-informed, physically-based treatment, like yoga, as an intervention for this population (Beltran et al., 2016). There are several benefits for creative approaches like yoga and meditation which will be discussed further.

## Brief literature background

Youth in low-resource communities are more likely to experience chronic and acute stress that is strongly associated with poverty and violence (Mendelson et al., 2013). Often, children who have experienced adversity also experience anxiety and fear, tend to express their emotions with aggression, may have developmental delays, or the inability to form meaningful relationships. Other challenges that are intensified among this population include an increasingly fast-paced globalized reality, mass media influences, economic instability, poverty, deterioration of family dynamics, drugs, and violence (Sarkissian, 2012). Among urban youth, many adverse experiences stem from environmental stressors that extend beyond their immediate control. This chronic stress, especially for adolescents in urban settings, is related to lifelong sickness, emotional instability, and lack of coping mechanisms required to live a prosperous life (Lance, 2011).

Overall, stress can lead to anxiety and depression, along with continued sympathetic and axis activation (Michalsen et al., 2005). Gladstone et al. (2004) note that exposure to stressful events in childhood consistently show lasting effects on the hypothalamic-pituitary-adrenal (HPA) axis, which can increase likelihood of mood and anxiety disorders. The sympathetic nervous system and HPA are triggered when an individual's stability is violated by a stressor, ultimately triggering the fight or flight response. Children who are exposed to adversity may be continuously operating in "fight or flight" because of this exposure, and their cognitive, creative, and productive activities may be diminished (Sarkissian, 2012). Diminished ability to engage in healthy, productive life thus limits the ability to focus and perform effectively in a variety of settings.

Research has identified mindfulness and yoga as two ways to support children who are struggling emotionally due to chronic stress and trauma. Some of the recorded benefits of mindfulness and yoga include decreased perceived use of negative coping skills and aggressive behaviors, and improved perceptions of well-being (Berger & Steinm, 2009). During conflict, children who have experienced chronic stress often overreact as a result of hypervigilance to threat or danger. Woodyard (2011) indicates that when consistently practiced, yoga produces a physiological state opposite to the flight-or-fight stress response, allowing a sense of balance and union between the mind and body to be achieved. Children who engage in yoga have had fewer negative developmental behaviors, like screaming and yelling, hitting others, or throwing items when upset (Berger & Steinm 2009). Based on the provided literature, there is rationale to support the integration of yoga and traditional counseling techniques.

### Yoga Philosophy

Yoga is one of the oldest known systems and historically emerged from the Indian culture about 4,000 years ago. When considered a science, yoga's purpose is to understand the nature of the mind to facilitate awareness and compassion (Brown & Gerbarg, 2009). Although yoga is another form of exercise, it has been physiologically and scientifically created to integrate the mind, body, and spirit to assist in achieving higher levels of intellectual growth and awareness. As such, yoga helps to quiet fluctuations in the mind and bring a person to their inner most peacefully conscious state. Many people practice yoga as a physiological release. Others practice connecting to the deep, inner realm and psyche through the integration of postures, breathing, and meditation, which helps to quiet the mind.

### Meditation

According to Kabat-Zinn (1990) mindfulness is an activity that encourages awareness to emerge through paying attention on purpose, nonjudgmentally in the present moment. The overarching goal of mindfulness practice is to improve concentration and attention, become aware of one's own consciousness, gain self-knowledge, and improve empathy and compassion. From a theoretical perspective, mindfulness, with the collaboration of breathing leads to four specific frames of reference: focus of the body, one's feelings, one's mind, and one's mental capacity (Brown & Gerbarg, 2009). Mindfulness has been found to increase emotion regulation and self-esteem, reduce mood and anxiety disorders, distress, and blood pressure (Mendelson et al., 2010). Increased awareness of one's feelings and emotions can lead to better coping and resilience in children, which should be a goal for all clients.

### Doing the work: Integration

There is a clear rationale to teach skills that extend beyond traditional curriculums and address social problems, violence, and the lack of respect for one another and the environment (Sarkissian, 2012). To address this need, there must be a shift in how youth are educated and groomed to become successful human beings. Part of this process should be equipping children with tools that effectively reduce stress, regulate emotions, and build resilience. In the therapeutic space, this looks like offering simple breathwork or postures to help children calm their mind and their nervous system. Postures like Child's Pose, Savasana, Reclined Bound Angle or Hero's pose each allow the body to rest permitting the heart rate to slow down, ultimately impacting the over-vigilant nervous system. Each of these postures could also be coupled with deep, diaphragmatic breathing to further facilitate rest in the client.

Mindfulness has already become an increasingly popular modality in the clinical profession. This article offers a method to take this tool a step further by offering gentle poses that allow the client a moment to rest and truly restore their energy. Despite its advantages, yoga is a personalized practice therefore

the frequency and intensity are set to the individual's need. As clinicians, it is important to work at the pace of the client and not to push them beyond their comfort or ability. There are also implications for having sufficient training in integration of yoga and counseling techniques. This training could be continuing education specific to integration or registering for a yoga teacher training program. In either case, clinicians must do their due diligence to ensure that interventions that they offer are performed ethically and appropriately.

## Conclusion

Resilience is the ability to positively adapt and maintain mental health despite adverse experiences. Mind-body interventions like yoga and mindfulness can help reduce stress-related mental and physical disorders. These same interventions can aid in building resilience by offering more productive coping strategies. Resilient people respond to life's challenges with courage and emotional stamina, even when they are afraid. Understanding resilience and how to build it is essential to the way we maneuver through the world. When appropriately fostered, resilience can appear to be a sense of strength for children and adolescents from all populations. Children who are resilient often excel academically, maintain positive interpersonal relationships, have limited emotional and behavioral issues, and are socially competent. Through integration of yoga and mindfulness in the therapeutic space, we can offer a voice to children that may not otherwise be present and create space for true rest of the nervous system and ultimate healing in our clients.

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# The Effectiveness of the Use of Sand-Tray in Increasing Graduate Students' Resilience and Self-care

Fariba Ehteshami, MS, PhD

There are many stressors which recognized as external and internal factors associated with being a counselor. Professional counselors experience a range of emotional and personal challenges. This can impact the quality of their personal life, professional life, and clinical efficacy. There is heightened attention in the American Counseling Association (ACA) to the importance of promoting a culture of wellness, professionalism, and self-care for counselor educators, clinical counselors, and supervisors. The use of creative engagement and expression techniques may be found to be effective in managing the impact of these encounters on the resilience of counselors and professionals (Suranata et al., 2020).

Counselors are responsible for helping their clients achieve or maintain their mental health goals. At the same time, counselors need to enhance or maintain their own well-being by taking appropriate actions or drawing upon their experiences. This has become especially important during the COVID-19 pandemic. It is an ongoing challenge for counselors to balance their own self-care and deal with their own identity and value conflicts. It has been found that the use of creative self-care strategies by counselors can help them reduce the possibility of their harm and impairment (Harrichand et al., 2021).

As a person who studied, worked, and grew up in a different culture, working in a new culture led to value conflicts. Value conflicts caused me vulnerabilities and confusion. I was aware that counselor identity is very important, yet I was also aware that our identity has been shaped based on our family, society, physical environment, and the culture in which we were raised. There were many questions that came to my mind about my personal values, professional values, and how they intersected with my clients' values. In order to answer my personal questions, I researched and studied these issues. I found that by increasing my resilience, all of the questions I faced could be dealt with effectively. I found that I could increase my self-awareness about who I am, what I believe, what I want to be, and what I want to do. This made me more aware of my personal values, goals, expectations, and needs in both physical and psychological levels. I also learned that in order to increase my self-awareness, I needed to develop and strengthen my resilience in understanding individuality, uniqueness, respecting, and accepting differences.

Based on my research, I learned that the combination of Ethical Bracketing (EB) and Counselor Value Based Conflict Model (CVCM), could help increase self-awareness in order to decrease some value conflicts, or cognitive dissonance I faced based on my cultural identity that has been shaped in a different culture (Kocet & Herlihy, 2014). The combination of these two techniques also helped me to become aware of my biases. As a result, I learned the need to increase my personal resilience skills and creative approaches to self-care. I believe that other multicultural professionals can also benefit from an increased awareness of these issues in their professional practice.

Creativity in counseling is a process that requires an openness to think in novel ways, encourages expression, and facilitates deeper connections with self and others. It is a powerful method that can facilitate expression of feelings and thoughts that are difficult to put into words. This is because these thoughts and feelings are beyond direct awareness and are too emotionally evocative to discuss verbally (Homeyer & Sweeney, 2017).

I learned that these creative techniques may help professional counselors. They can be transformative and facilitate self-awareness. Creative processes allow counselors to engage in self-care in a dynamic, well-rounded manner. Learning the technique of sand-tray may also help counselors to use creativity and increase professional skills. This results in becoming more resilient in accepting, respecting, and understanding differences (Rogers et al., 2021).

Sand-tray is a tool to facilitating creative solutions. Sand-tray promotes strengths and provide a tool for counselors to better understand their personal and professional vulnerabilities. It also helps to identify triggers and encourage the practice of self-care. Using sand-tray helps counselors to see how attention will be given to their perspectives including cognitive behavioral, narrative, and psycho-dramatic approaches (Bradley, Whisenhunt, Adamson., & Kress, 2013).

Encouraging self-care habits and using creative techniques in increasing counselors' skills benefits them in both their professional practice and their personal lives, I conducted a study in this field. The following brief report describes the development and implementation of this goal. This phenomenological group study showed the use of sand-tray therapy helped counselors increase their personal awareness and resilience. This, in turn, improved their personal self-care.

### Description of the Study

To achieve this goal, an orientation was given to all eight graduate students who were participants in this study. Then each graduate student participated in the 60 minutes group session. Each provided their own sand-tray and reported their feelings during the process. These feelings included depression, inflexibility, burnout, value conflicts, anxiety, and hopelessness. Then participants were asked to discuss their sand-tray experience and how it helped them understand and value the importance of self-care. They explained how group discussions based on their sand-tray helped them strengthen their resilience. They also reported that stress related negative thoughts were reduced or eliminated. This helped them prevent identity, value, and cultural conflicts.

At each group sand-tray presentation and discussion, each member provided evaluations. The outcomes were rated on agreement to the three following statements: (1) "The sand-tray presentation and group discussion was interesting and creative". (2) "I learned things I can use to help me maintain balance", And (3) "The information will be relevant to my future practice."

Then Qualitative data were collected and summarized. All presentations addressed the following topics:

- (1) Understanding stress resilience and stress management
- (2) Understanding the effectiveness of sand-tray on decreasing depression, anxiety, and value conflicts based on cultural differences and lack of resilience

Effectiveness of group communication skills in conceptualization and understanding thoughts, feelings, and emotions. Participants' evaluations results showed that all participants were interested in the use of sand-tray in new creative ways.

### Limitations of the Study

There were significant limitations associated with this study. These limitations include the following factors.

- This study was done during the COVID-19, pandemic of 2020-2021. The effects of the pandemic resulted in significant changes to the world economy and the way in which people lived their lives.
- This study was performed virtual and via Zoom.
- This study was performed with eight Graduate Students in the field of Counselor Education and Supervision. This was not a design issue, rather it was a matter of who volunteered to participate.
- In the satisfaction assessment, the individual's answers may have been contradictory due to self-deception and self-reporting.

### Suggestions for Future Research

The following recommendations for further research are based on this study: This study should be replicated in face-to-face study. This would allow future researchers to be more aware of participant body language and other non-verbal communication during the group discussion. There is a need to replicate this study as a longitudinal study. Expanding the research to include counselors in different cultures to identify any differences of value conflicts based on their cultural beliefs is another possible avenue of research.

### Conclusion

This study has shown the use of sand-tray in a creative form provides counselors' awareness of their feelings and group discussions provide information counselors can use to maintain a balance between their personal and professional values. The study results show that using creativity in sand-tray practices will help counselors increase their personal and professional resilience and self-care. The sand-tray technique does not require a large investment of time but provides important results in self-understanding and increase resilience.

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## Submit an Article or request a newsletter theme

We sincerely hope you enjoyed this edition of the IARTC newsletter! Keep an eye out for our spring newsletter. We accept submission all year round but will have our spring call for submissions with the edition theme in February. All submissions should be relevant to resilience and trauma counseling issues that impact counselors and/or their clients. Submissions should be written in APA style, and be roughly between 1000-1500 words (including references). You do not need to be a member of IARTC to submit. Please send all submissions to <mailto:newsletter.iartc@gmail.com>. Feel free to reach out to me if you would like to run a proposed idea by us.