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The Effect of Child-Centered Play Therapy on Academic Achievement with Normal Functioning School Children

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Abstract
This examination of normal functioning second grade students investigated the effect of child-centered play therapy (CCPT) on academic achievement. The treatment group was provided with biweekly play therapy sessions consisted of 30 minutes for a period of eight weeks. The results demonstrated the second graders who participated within the study (n=27) exhibited a statistically significant increase on the Woodcock Johnson III Total Brief Achievement Score (Mather & Woodcock, 2001) in comparison to the children within the waitlist control group (n=23). Findings advocate the usage of CCPT as an intervention for academic achievement.

Play Therapy within Elementary Schools

Child-centered play therapy (CCPT) implementation within the school system has been a growing topic of investigation in play therapy research. Research showing evidence of the positive impact play therapy is having on children when implemented early in the school settings, may be the cause of this growing area of interest in the field (Ray, Armstrong, Balkin, & Jayne, 2014). Allen and Barber (2015) indicated child-centered play therapy, when implemented in the school, can ameliorate emotional and social issues that impact academics. Additionally, Green & Christensen (2006) further described the positive impact play therapy research has demonstrated in elementary-aged children as a creative intervention used in schools to promote academic, social, and emotional development. Developing play therapy programs in the school setting has been suggested to be the most likely way children will receive the mental health interventions, a service necessary for the deemed crisis expanding among youth (Blanco & Ray, 2011). Moreover, meta-analyses such as one by Ray et al. (2014) determined the use of CCPT in schools is a positive intervention in a school setting. In a review of play therapy within the school system, Perryman (2016) stated many initial mental health issues within children are identified when children enter into the school, therefore, "it seems both optimal and crucial for interventions to be implemented at this point…because it is the most developmentally appropriate method" (p. 487).

Child-centered play therapy is a developmentally appropriate, culturally sensitive, and greatly researched and support intervention for elementary school-aged children (Blanco & Sheely-Moore 2012; Trice-Black, Bailey, & Kiper, 2013). Within the play therapy

session, children are able to express themselves through their natural language of play (Bratton, Edwards, & Landreth, 2009). Through play children can learn to express themselves, accept and respect themselves, to make choices and take responsibility for themselves and those choices, to be resourceful and creative, and self-control (Landreth, Ray, & Bratton, 2009).

Play therapy is not only developmentally appropriate is has the ability to be successfully implemented with children at various academic levels and with diverse needs (Trice-Black, Bailey, & Kiper, 2013). In a meta-analysis, CCPT was shown to be an effective in-school intervention positively effecting internalizing behaviors, externalizing behaviors, total problems, self-efficacy, academic performance and other problems at statistically significant levels (Ray, et al, 2014). CCPT provides children with means of expression that transcend language, sociopolitical, and cultural barriers through the use of nonverbal and symbolic means (Lin & Bratton, 2015). It has shown to be culturally sensitive due to its ability to present empathy, acceptance, and genuineness to students equally within a multicultural structure (Trice-Black, et al, 2013).

Child-centered play therapy remains optimal due to its effectiveness "across presenting issues, (has) demonstrated the greatest benefit for broad-spectrum behavioral problems, children's self-esteem, and caregiver-child relationship stress" (Lin & Bratton, 2015, p. 54). Reviewing the multiple meta-analyses over play therapy interventions, it has been determined that CCPT is a positive intervention that is effective in the real-world school setting (Ray et al., 2014). Due to the existing evidence of the efficacy of play therapy within the school setting and the accessibility of offering mental health care to children within the schools, it is imperative that this form of therapy becomes more utilized within such an influential environment.

Effects of Child-Centered Play Therapy on Academic Performance

CCPT and its influence on academic performance has been a prevalent topic of study in recent years in an effort to incorporate play therapy more easily within the elementary school setting. Research suggests that play therapy can aid in children's academic acquisition through the provision of opportunities to address and subdue emotional difficulties which can delay intellectual growth (Trice-Black, Bailey, & Riechel, 2013). Allen and Barber (2015) asserted that play is instrumental for academic readiness achievement in the school due to play having been demonstrated as an integral component in aiding children for the proper acquirement of language and cognition. Based on this, one could infer that play therapy, when implemented within the school system, would only be supportive of the development and application of these language and cognitive skills.

However, Blanco and Ray (2011) issued a study which assessed the effects of play therapy on academic achievement within the school setting with students identified as academically at-risk. This study further indicated that those students who received CCPT improved in multiple domains of academic achievement. The observed effect of CCPT could be due to the environment which characterized

warmth and unconditional positive regard towards the children that were in the experimental group. Past research indicated that overall behavior, academic improvement, speech improvement, and a rise in self-esteem have occurred through the use of CCPT (Blanco & Ray, 2011; Danger & Landreth, 2005; Kot, Landreth, & Giordano, 1998; Post, McAllister, Sheely, & Flowers, 2004; Perryman, 2016, p. 500). In addition, this permissive environment has been theorized to give children a sense of freedom to develop internal coping strategies, responsibility for their actions, and in response to implantation of this facilitative environment, children have become more open to learning (Blanco & Ray, 2011). When children perceive warmth, caring, and safety in their environments, they are more likely to be able to concentrate on their learning and what is going on in the school environment (Blanco & Ray, 2011).

Moreover, Authors (under review) conducted a study with academically at-risk kindergarten children which determined the growth of certain academic skills in Reading, Mathematics, and Spoken Language when children were administered play therapy. In a follow-up study focused on long-term CCPT and academic achievement, findings suggest that a continued use of this intervention in the school settings leads to gradual positive increases on overall academic composite scores on the YCAT (Blanco, Ray, & Holliman, 2012). This finding supports other research that has found CCPT intervention in the schools to yield positive results, and further suggests that this positive effect can increase gradually with the continued use of this intervention (Blanco et al., 2012).

Academic Achievement and Play Therapy with Normal Functioning Children

Play therapy has proven to be an effective intervention for normal functioning children. According to Moustakas (1953) play therapy, "presents a unique experience for normal children (by offering) a relationship in a situation where the boundaries are greatly expanded" (p. 19). In this manner, the child's imaginative play can be molded into anything they want it to be. There are no preexisting conditions for the child to meet when entering the therapeutic relationship as it honors the child for who they are, their actions, impulses, and projections as they express what is going on in their world (Moustakas, 1953). In observing how normal children engage in play therapy, Moustakas (1953) found that normal children do not hesitate to express negative feelings and to take responsibility for those feelings and are not so intense and serious within their play. He also discovered normal children are more spontaneous and decisive, and often discuss their play experiences with important people in their lives, including aggressive and regressive aspects of their play (Moustakas, 1953). Moreover, with normally functioning children, Moustakas (1953) found that the most important part of the play experience tends to be focused on the child's relationship with the therapist and is created in a short span of time.

Blanco, Muro, Holliman, Stickley, and Carter (2015) examined the effects of CCPT on normal functioning children and found the CCPT was effective in increasing academic achievement scores with this population. This study deduced that CCPT is an effective intervention for

school counselors to provide to children as a way of providing academic support as well as emotional support to help a wide range of students in a school setting, not only those considered at-risk, but normally functioning children as well (Blanco et al., 2015). A follow-up study by Blanco, Holliman, Muro, Toland, and Farnam (2017) investigated the long-term effectiveness of CCPT on academic achievement with normal functioning first grade students, and found that normal functioning children who participated in 26 sessions of CCPT demonstrated improved performance on an overall achievement composite, and improved continuously throughout treatment. This study concluded that continued play therapy has an effect on normally functioning children, thus making CCPT appear to be an important intervention that can be applied across the academic continuum as an in-school intervention (Blanco et al. 2017).

Other studies examining the effects of play therapy on the improvement of social skills in children, have found play therapy to assist children in development of many social skills such as: decision-making, language, intellectual growth, and problem-solving skills (Kafaki, Hassanzandeh, & Jadidi, 2013). This study also described play therapy as a developmentally appropriate medium for children to develop relationships with adults, facilitate critical thinking skills, and process life experiences that assist with the learning of appropriate social skills (Kafaki et al., 2013). Play therapy, CCPT specifically, is an intervention that has been shown to have positive and statistically significantly effects across diverse populations, problems, social skills, and the academic continuum. It has shown to be effective in the school setting with a wide range of applicability, and is an important intervention to be implemented in the schools to fight the mental health crisis occurring across the U.S. (Blanco & Ray, 2011; Schottelkorb, Swan, Jahn, Haas & Hacker, 2015; Swan & Ray, 2014).

Preventative Measures of Play Therapy

CCPT can also be implemented as a preventative measure for normal functioning children. Moustakas (1953) stated that when play therapy is used in this manner, normal functioning children "use it as a way of growing in their own self-acceptance and respect and also as a way of looking at attitudes that might not be easily explored in school or at home" (p. 21). Perryman (2016) asserted that the earlier CCPT is implemented in children's lives the less likely they are to feel the impact of adverse choices made in the future. She also stated that prior research "clearly indicates early intervention plays an important role in how children perceive themselves and their future success as students, community members, family members, and human beings" (Perryman, 2016, p. 487).

Additionally, Blanco et al. (2017) suggested due to play therapy's success in alleviating disrupted behaviors in normal functioning children, "CCPT is encouraged as a preventative approach for not only maladjusted and disorderly children, but for healthy functioning children as well" (p. 1916). It appears that providing a safe, welcoming, supportive environment in the school setting is something that can benefit most children. Perryman (2016) furthermore suggested the incorporation of a play therapy program within the school setting can benefit most children in the school system,

with the intention of fostering academic and emotional growth.

Purpose of Study

There exists a strong precedence in the literature for a link between academic achievement and emotional health (Romasz, Kantor, & Elias, 2004; De Lugt, 2007; Guay, Marsh, and Boivin 2003; Hemlke & van Aken, 1997; Marsh and Yeung 1997; Skaalvik, & Hagtvet, 1990). In light of this link which is well established in the professional literature, there is a necessity to provide school based interventions that target emotional health in order to improve academic outcomes.

The purpose of the current study was to examine the impact of CCPT on the academic achievement of normal functioning 2nd grade students as measured by the Woodcock Johnson III ACH. While past studies involving CCPT and academic achievement have focused on younger children (Blanco & Ray, 2011; Blanco, Ray, & Holliman, 2012), this study focuses on second graders to expand the exploration of CCPT and academics to children in the middle years of elementary school. This study also focuses on normally achieving children. The decision to include normally achieving children was based upon the theoretical importance of play for all children, not just those who are academically at-risk. Moustakas states, "… Play therapy is a type of preventative program of mental hygiene for normal children" (1953, p.21). The research question for the current study: What is the impact of CCPT treatment on normally achieving second graders in regard to academic achievement?

Method

Participants

In this investigation, 50 student participants within three elementary schools in the southwestern United States were included. All three elementary schools were classified as Title 1 schools which were selected for school-wide assistance by the state due to the percentage of students qualifying for free or reduced lunch. School 1 recorded 49.6% of its students as economically underprivileged, School 2 listed 46.3% of its students as economically underprivileged, and School 3 listed 40.4% of its students as economically underprivileged. The school counselors provided written informed consent documents to all parents or guardians of second grade students within the chosen classrooms. These classrooms were decided upon by their identification as a mainstream classroom and the individual instructor's inclination to having students abstracted for services. Due to the linguistic impediments of the assessment instruments utilized, bilingual classrooms were not chosen for the study. Rather than determining students who may be at-risk for success within the school, all students in the chosen school rooms were able to participate in the study as the researchers recruited a sample of average students. The student's enrollment in the 2nd grade was the only criteria for inclusion in the study. Screening procedures were not used at this point in the study, and written informed consents for 50 students were obtained in accordance with the procedures of the local institutional review board.

Children were randomly assigned into one of two treatment groups based upon the amount of participants per school. There were 23 student participants

in School 1, 19 children were served in School 2, and 8 children were served in School 3. The final participant amount of 50 students represented 27 students designated to CCPT treatment group and 23 students designated to the wait-list control (WC) group. In total, 25 boys and 25 girls participated in the study. In regards to the boys, 11 were designated to the play treatment (PT) group and 14 were designated to the WC group. In regards to the girls, 16 were designated to the PT group and 9 were designated to the WC group. Throughout the investigation, all participants were within the ages of seven and eight years old. Ethnicity analysis were as follows: (a) nine were African American (six PT group, three WC group), (b) one was Asian American (one PT group, zero WC group), (c) 32 were Caucasian (17 PT group, 15 WC group), and (d) six were Hispanic (three PT group, three WC group), (e) two did not specify ethnicity (zero PT group, two WC group).

Instrument

Woodcock Johnson III Total Brief Achievement (WJIII ACH; Mather & Woocock, 2001). WJIII ACH is an instrument battery that measures the academic achievement capabilities of individuals ages 2-99+. The WJIII ACH appraisal contributes material regarding an assortment of academic subjects, gathering cluster scores in academic areas of reading, oral language, written expression, and mathematics (Mather & Woodcock, 2001). For this examination, the Brief Achievement cluster assessments were used to generate a brief achievement score obtained by the administration of three subtests taking approximately 10-15 minutes per test: (a) Letter-Word Identification, (b) Spelling, and (c) Applied Problems.

The WJIII ACH is a well-established instrument with adequate psychometric properties.. Many investigations have secure reliability through the usage of test-retest, internal consistency, and inter-rater reliability. Internal cohesion authenticity estimations, such as the point to which the items correspond to one another for the Brief Achievement Cluster varied from .97-.96 for school aged children (McGrew, Schrank, & Woodcock, 2007). The WJIII ACH was selected for this investigation due to its high psychometric standards and wide range for ages appropriate to be administered the instrument.

Procedures

All participants were administered the WJIII ACH when informed consent was received. Masters level graduate students who were trained in assessment administered the instrument to participants before they were assigned to one of the two treatment groups. The masters level instrument administrators had previously completed a graduate level course in psychometrics, as well as being provided four hours of supplementary preparation reviewing the administration of instruments used in the study. Participants were then randomly assigned to one of the two treatment groups which consisted of eight weeks of no intervention or eight weeks of play therapy throughout the fall semester. At the end of eight weeks, each participant was administered the WJIII ACH as a post measure.

PT group. Within the PT group, twenty-seven students were designated to 16 sessions of CCPT scheduled over a period of eight weeks. Students who received play therapy engaged in two 30-minute sessions each week for a span of

eight weeks using on-site and equipped school classroom playrooms. Each play therapy session was provided in accordance to a CCPT treatment manual (Ray, 2009) and were facilitated by masters-level counseling students trained in play therapy. The student therapists who facilitated sessions incorporated both nonverbal and verbal skills as outlined by Ray (2009): (a) maintaining a leaning forward, open stance; sustaining a forward leaning, open stance; (b) appearing to be interested; enact interest; (c) remaining comfortable; (d) having a matching tone with the child's affect; (e) having appropriate affect in responses; (f) using frequent interactive responses; (g) using behavior-tracking responses; (h) responding to verbalizations with paraphrases; (i) reflecting the child's emotions; (j) facilitating empowerment through returning responsibility; (k) encouraging creativity; (l) using self-esteem-boosting statements;; and (m) providing relational responses. Every play therapist had previously completed or were concurrently enrolled in a play therapy graduate course. Prior to treatment, each play therapist additionally attended training sessions specific to school-based play therapy. In addition to training sessions, each play therapist received weekly one-hour play therapy supervision throughout the duration of the investigation in order to confirm each therapist was following CCPT protocol. During each supervision time, the play therapists, with their respective supervisors present, were required to audit their video recorded play therapy sessions; every play therapist supervisor ensured that the play therapists were acting in accordance to CCPT protocol through the implementation of the Play Therapy Skills Checklist (PTSC; Ray, 2009). To ensure CCPT procedures were used throughout each play therapy session, periodic audits were conducted by the research team using the PTSC. Student therapists were required to adhere to CCPT principle standards in 93% of play therapy sessions, thus therapists who diverged from these principles were guided in supervision to adhere more stringently to CCPT. The results of these audits indicated that the student therapists adhered to the principles of CCPT throughout the duration of the study.

WC group. The WC group in which participants received no treatment intervention throughout the duration of the study consisted of twenty-three children. Every WC group student was placed in CCPT following post-administration of instruments.

Data Analysis

Following the completion of treatment, the researchers scored the pret-test and post-test data using procedures outlined in the WJ-III Manual. The data from protocols were then entered in the WJ-III ACH-Brief scoring software to generate individual test scores and brief achievement scores. To measure impacts of CCPT on academic achievement, a mixed between-within subjects' analysis of variance was conducted on each of the dependent variables, including the three individual tests of the WJ-III ACH Brief and the Brief Achievement score. For the purposes of hypothesis testing, an alpha of .05 was used a criterion for establishing the results as statistically significant. Effect sizes were measured by the Cohen's D statistic and interpreted by Cohen's guidelines (1988) as small (.20), medium (.50) and large (.80).

Results

The results of the mixed between-within subjects analysis of variance on the WJIII- Brief Achievement score indicated a statistically interact effect between treatment group and time, Wilks Lambda = .920, $F(1,48)=4.188$, $p=.046$, Cohen's d = .21. The main effect for time yielded statistically insignificant results, Wilks Lambda=.972, $F(1,48)=1.391$, $p=.244$. The main effect for treatment group did not yield statistically significant results $F(1,48)=.804$, $p=.374$. Overall, the results of this analysis indicated that those subjects participating in CCPT demonstrated an increase in academic achievement scores with a small effect (as evidenced by the Cohen's d of .21), while those in the wait-list control group received a slight decrease in scores over time.

The results of the mixed between-within subjects analysis of variance on the WJ-III Letter-Word Recognition Test indicated a statistically significant interaction effect, Wilks Lambda=.915, $F(1,48)=4.468$, $p=.040$, Cohen's d =.20. The main effect for time yielded statistically insignificant results, Wilks Lambda= .986, $F(1,48)=.683$, $p=.413$. The main effect for group yielded statistically insignificant results $F(1,48)=.664$, $p=.419$. Overall, the results indicated that the treatment group experienced an improvement in Letter-Word Recognition scores over time with a small effect size (as evidenced by a Cohen's d of .20), while the control group appeared to be relatively stable over time.

The results of the mixed between-within subjects analysis of variance on the WJ-III Spelling test indicated a statistically significant interaction effect, Wilks Lambda = .902, $F(1,48)=5.192$, $p=.027$, Cohen's d=.36. The main effect for time yielded statistically insignificant results, Wilks Lambda=.966, $F(1,48)=1.693$, $p=.199$. The main effect for group yielded statistically insignificant results, $F(1,48)=1.137$, $p=.292$. Thus it appears that the experimental group demonstrated a statistically significant difference with a small effect size as demonstrated by a Cohen's d of .36.

The results of the mixed between-within subjects analysis of variance on the WJ-III Applied Problems test indicated statistically insignificant interaction results Wilks Lambda=.998, $F(1,48)=.084$, $p=.773$, Cohen's d = -0.045. The main effect for time yielded statistically insignificant results, Wilks Lambda=.999, $F(1,48)=.069$, $p=.794$. The main effect for group yielded statistically insignificant results, $F(1,48)=.378$, $p=.542$. Thus the treatment group and experimental group did not demonstrate statistically significant differences in their scores on the applied problems subscale.

Discussion

The research question of this study sought to explore whether second grade children who were typically achieving would demonstrate improvement in academic achievement if provided CCPT. The results of the present study indicate that children who are identified as "normal functioning" in regard to their academic achievement and participate in child-centered play therapy sessions demonstrate growth in their academic achievement when compared to their peers who did not participate in CCPT. Specifically, our data indicated that children who participated in play therapy demonstrated gains in academic achievement, as measured by the WJ-III ACH, on a general measure of

achievement as well as on tests related to Letter-Word Identification and Spelling.

Historically, play therapy as a mental health intervention has been focused on emotional and behavioral problems (Ray, Schottelkorb, & Tsai, 2007; Paone & Douma, 2009; Ray, Blanco, Sullivan, & Holliman, 2009; Stulmaker & Ray, 2015). However, modern play therapy literature has explored academic achievement only minimally, despite the fact that the average child in primary school spends an inordinate amount of their day attending school. This study adds to a growing body of work that indicates that play therapy may be a practical intervention for improving academic achievement. Furthermore, there have been studies which indicated that play therapy may be important not only as an intervention, but also as a preventative measure. Most notably, Post (1999) conducted a study with elementary school children that demonstrated that while at times play therapy didn't improve children's measure on self-esteem, it did prevent drops in self-esteem which were noticed in other children. In the same way, some children in the waitlist control group demonstrated modest declines in their academic performance, whereas all children who received play therapy showed either growth or no change on academic achievement.

An important theoretical implication for the field of play therapy and the academic success of students is that the outcome of improved academic achievement may be a theoretical match with the intended goals of child centered play therapy. While CCPT doesn't have treatment objectives as we might find in other forms of play therapy, there are goals which seem to correlate with the outcome of improved academic achievement. In 1997, Landreth and Sweeney outlined several important goals in CCPT including: the development of positive self-concept, greater self-responsibility, more self-direction, greater self-acceptance, more self-reliance, self-determined decision making, greater feelings of control, sensitivity to the process of coping, an internal source of evaluation, and a greater sense of trusting self. While none of these goals is directly related to academic achievement, there are several theoretical links between these goals and improved academics. Bills (1950) and Winn (1959) both engaged in research which suggested that changes in self-perception and self-concept were correlated to positive change in reading.

In any research endeavor, an important implication is how results may impact practice. The results of this particular study have several practical implications. First, it suggests that play therapists may begin to reconsider potential clients for play therapy. As previously discussed, play therapy has of late focused its importance as an intervention for mental health issues (Ray, Schottelkorb, & Tsai, 2007; Paone & Douma, 2009; Ray, Blanco, Sullivan, & Holliman, 2009; Stulmaker & Ray, 2015). This seems to be somewhat the effect of a medical model perspective which has pervaded mental health disciplines as a whole. However, in recent years the wellness perspective has been an increasingly emphasized in certain mental health circles (Myers, 2003; Roscoe, 2009; Myers & Sweeney, 2009). Thus, this research may indicate that play therapy not only serves as an intervention, but also as prevention. So in the future play therapists may provide services not only for children who are struggling in academics, but to children who are normally achieving to

serve as a protective and preventive measure.

Play therapy as an intervention for academic achievement also seems to indicate that some skills improve from exposure to play therapy in the short-term, while some skills tend to improve over the long-term. Specifically in this study there was growth in general academic achievement as well as in Spelling and Letter-Word Identification, two subtests which the WJ III ACH associates with academic ability of general knowledge and writing. The applied skills (arithmetic application) test in this particular study did not show significant improvement in the short-term. This result is consistent with the finding of past studies. Past studies conducted tended to indicate that some skills such as mathematics, reading, and spoken language grow over the long-term, while skills such as general information, comprehension of knowledge, and writing tend to expand over the short-term (Blanco & Ray, 2011; Blanco, Ray, & Holliman, 2012; Blanco et al., 2015). Thus play therapists may expect different response rates based on length of treatment.

Another important implication of the results is the impact of a school-based play therapy program. Many intervention studies focus on the provision of services for children being provided in a clinical setting. However, this study focused on embedding play therapy services in the school, to determine the effectiveness of school-based play therapy services. Play seems to be a disappearing element in elementary schools with a trend towards reduction of play to focus on instructional endeavors (Murray et al., 2013). However, the incorporation of play into a therapeutic program provides much needed counseling for students in schools. There is overall a shortage of mental health services across the world (Kazdin & Rabbit, 2013), and incorporating school-based play therapy is one of many novel methods to address this shortage.

Limitations and Directions for Further Research

In considering the results of a study, one must consider the limitations of the study. There is no such thing as a flawless study, and as such imperfections must be considered carefully when understanding the study and its implications for both clinical practice and future clinical research. One such limitation of the current study is that the participants represent a limited segment of the population. The participants were limited by age and geography, as they were all 2nd grade students in school districts in the southwestern United States. To improve generalizability of the study, future research projects should increase both the sample size and diversity of the sample to include a wide range of students to improve generalizability.

Another limitation to consider in interpreting the results of this study are the use of a wait-list control group. While the experimental group did show many results which were superior to non-treatment, the question remains if CCPT would prove to be superior to an active control, such as another mode of psychotherapeutic treatment. A direction for future research might include an active control group such as peer mentoring or another activity which provided one-on-one attention for the participant. Alternatively, future studies might also compare CCPT to another form of play therapy or child psychotherapy.

Conclusion

Ultimately, the result of this study suggests that CCPT is a method that can be utilized by mental health professionals in schools to impact academic achievement. While play therapy has historically been relegated to emotional and behavioral problems, this study advances the idea that CCPT is helpful in addressing academic concerns and bears consideration by the school counselor as an intervention to impact academics. This study provides continuing evidence for the school counselor to implement therapeutic interventions for academic concerns and links between the emotional and academic health of children.

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Table 1.

Pre and post-test means of the WJIII Total Brief Achievement.

	PT Group (N=27)		*WC Group (N=23)*	
	Pre-test	*Post-test*	*Pre-test*	*Post-test*
Letter Word Identification (subtest)				
M	*105.33*	*107.52*	*110.26*	*109.30*
SD	*15.00*	*15.11*	*15.89*	*12.68*
Spelling (subtest)				
M	*95.63*	*100.41*	*103.53*	*102.22*
SD	*17.43*	*17.20*	*16.44*	*15.47*
Applied Problems (subtest)				
M	*102.26*	*102.22*	*104.61*	*105.35*
SD	*16.36*	*17.63*	*17.93*	*12.93*
Woodcock Johnson III (ACH) Total				
M	*101.89*	*104.96*	*108.26*	*107.43*
SD	*18.36*	*18.65*	*18.58*	*14.58*

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Abstract

A phenomenological study was conducted to gain knowledge of the lived experience of three master's level counseling supervisees, with a doctoral student supervisor, utilizing the Enneagram, an ancient personality classification system of nine core personality types, throughout 15 weeks of supervision. This study explored the use of the Enneagram and its impact on the supervisory relationship. Emergent themes included: (a) self-awareness; (b) other awareness; (c) relationship and rapport; and (d) professional identity and role induction. The use of the Enneagram within supervision during early stages of counselor development appeared to be helpful to these students in fostering growth and learning.

Using the Enneagram to Facilitate the Supervision Relationship: A Qualitative Study

Numerous books and articles have been written on the topic of counseling supervision (Bernard & Goodyear, 2014; Campbell, 2000). Counselors, however, are increasingly looking for more creative ways to facilitate self- and other-awareness and interpersonal processes in supervision as a way of building and maintain the working alliance. This study examines one such example of an innovative tool in clinical supervision – the Enneagram – and explores its impact on the relationship between supervisor and supervisee through the lens of the lived experiences of both supervisor and supervisees.

Clinical Supervision

Formal supervision is a key aspect of the counselor training process, ensuring that counselors-in-training are adhering to the ACA Code of Ethics and practicing with intention and purpose (Bernard & Goodyear, 2014). The quality of this supervisory relationship is paramount, as both the supervisor and supervisee are required to place trust in the other and communicate openly and honestly about any challenges that arise (Bernard & Goodyear, 2014). Thus, the supervisory relationship is the foundation of effective supervision. While the focus of supervision is different from counseling, effective supervisors draw upon many of the same relationship enhancing techniques used by counselors: empathy, reflection of meaning and feeling, appropriate self-disclosure, attention to the here-and-now, and challenging or confrontation. This parallel between

counseling and supervision allows for skills to be modeled and practiced within the supervision setting (Bernard & Goodyear, 2014).

By definition, supervision is "a power disproportionate relationship that includes both evaluative and therapeutic components" (Nelson, Barnes, Evans, & Triggiano, 2008, p. 172). As such, constructive supervision requires providing feedback regarding knowledge and skills, and enhancing reflective practice (Hatcher & Lassiter, 2007), thereby, encouraging the supervisee to take risks toward personal and professional growth. These role expectations can create tension and anxiety for both the supervisor and supervisee (Bernard & Goodyear, 2014; Nelson et al., 2008), requiring a degree of vulnerability from both, as well as expertise on behalf of the supervisor. Power dynamics are further exacerbated by ethnicity, sexual orientation, disability status, gender, and other majority or minority identities that the supervisor and supervisee hold. Open discussions of power and privilege within the relationship are necessary to have an understanding of both the supervisor and supervisee perspectives and needs, and to work collaboratively to manage power dynamics (Murphy & Wright, 2005).

> The phenomenon of parallel process in supervision occurs when the relationship between the supervisor and supervisee parallels the relationship between counselor and client (Campbell, 2000). Similar to transference and countertransference, common issues that appear in parallel process include dependency, helplessness, anger, and control (Campbell, 2000). Therefore, if the supervisory relationship is stable, safe, and genuine, it is likely that this is mirrored in the counseling relationship. Similarly, if the counseling relationship feels unstable, it is likely that these feelings will be reflected in the supervisory relationship. Thus, it is important that the supervisory relationship is one of trust and positivity (Bernard & Goodyear, 2014).

Personality Characteristics

Researchers have suggested that implementing a means of assessing personality during the training and supervision process would be beneficial (Bernard, Clingerman, & Gilbride, 2011; Hatcher & Lassiter, 2007). As part of their Practicum Competencies Outline, Hatcher and Lassiter (2007) identified that appropriate personality characteristics were among the core competencies imperative that clinicians in training possess. The authors recommended assessing for these personality characteristics throughout the training process as a method of addressing supervisee deficiencies that may manifest as part of their training. Bernard et al. (2011) argued that using specific interventions during clinical supervision based on personality types would enrich the supervision process.

Several researchers have explored the effects on personality types in clinical supervision by using the Myers-Brigg Type Indicator (MBTI; I. B. Myers, McCaulley, Quenk, & Hammer, 1998; P. B. Myers & Myers, 1998) to determine whether personality types have an effect on the supervisory relationship (Lochner & Melchert, 1997; Swanson & O'Saben, 1993). Bernard et al. (2011) used the revised NEO (Neuroticism, Extraversion, Openness to New Experiences)

Personality Inventory (NEO-PI-R; Costa & McCrae, 1992b) to measure personality in combination with the MBTI. More recently, Rieck and Callahan (2013) used a condensed version of the NEO-PI-R, the NEO Five-Factor Inventory (NEO-FFI), to measure the relationship between supervisee personality traits and emotional intelligence (EI). They found that positive client change is correlated to supervisees who possess high EI and high neuroticism, whereas high neuroticism with low EI predicted less favorable client outcomes. Thus, using a personality inventory as a tool during supervision can not only serve as a means for the supervisor and supervisee to better understand one another and work through potential conflict between them, it can also be useful in anticipating supervisees' quality of work with their clients.

The Enneagram

The Enneagram Personality Typology, thought to be from ancient Sufi tradition, is a geometric figure that classifies nine basic personality types and their various interrelationships (see Figure 1; Matise, 2007; Palmer, 1988; Riso & Hudson, 2003). This classification system facilitates recognition and understanding of broad patterns within human behavior, allowing greater awareness of self and others. Each of the nine basic Types has its own way of communicating with others, its own values and beliefs, its own motivations and fears, and its own perceptions and concerns (Riso & Hudson, 2003). The combination of intra- and interpersonal insight creates the potential for greater understanding and compassion, ideally resulting in improved relationships and respect for diversity. Space constraints and the scope of this article prevents an in-depth look at the Enneagram Types. However, a brief outline of basic motivations and characteristics for each of the nine Types are included within Table 1. For further in-depth discussion of the Enneagram, including detailed Type descriptions, see Riso and Hudson (2003), Baron and Wagele (1994), or Palmer (1988).

Most research regarding the Enneagram has focused on its usefulness in human development, rather than attempting to apply the model across a variety of settings (Sutton, 2012). Bland (2010) wondered if the Enneagram was perhaps "just too grand a vision for the scientific method to capture" (p. 25) but, despite his reservations, the author pointed to two recent studies (Matise, 2007; Tolk, 2006) that helped legitimize the use of the Enneagram in the clinical setting. Tolk (2006) compared the qualities of the Enneagram to elements of schema therapy, while Matise (2007) suggested specific therapeutic modalities based on Enneagram typology.

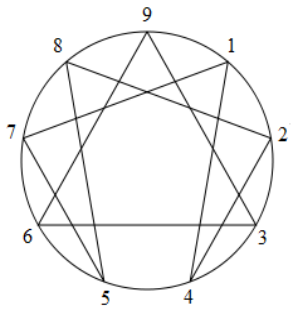

Figure 1. The Enneagram

The Enneagram in Supervision

A strong working alliance is crucial to effective supervision and this cannot be achieved without a relationship in which there is room for rupture and repair. The ability of the brain to grow and change continues throughout our

lifetime, offering opportunities to repair attachments that are not beneficial to healthy relationships. Killen, Daniels, and Arthur (2011) stated that "…deep Enneagram work is about developing heightened awareness of the arousal of these emotions that kick start the habitual patterns of thinking and acting of our particular Type, and then choosing to act differently" (p. 11). While changing these ingrained reactions is difficult, the insight offered by the Enneagram allows for a deeper understanding, and a different paradigm for understanding characteristics related to one's Type (Kern Popejoy, Perryman, & Suarez, 2017). This new understanding leads to self-acceptance which, according to Rogers (1961), results in change.

Due to the attachment, and thus, relational implications, the Enneagram**,** has been used to enhance the counselor-client relationship in facilitating insight and change (Tapp & Engebretson, 2010). In such cases, the counselor can utilize the Enneagram to create connection with clients and help them "gain empathy into their experiences and the experiences of others" (Tapp & Engebretson, 2010, pp. 65-66). Similarly, the supervisor can bring the Enneagram into the supervision relationship for the same purposes. Recent research has found that supervision conducted from a developmental-relational model – which is founded in part on the Enneagram Personality Typology – with a focus on connection and a clear and balanced perspective, produces a healthy and productive supervisory relationship (Duffey, Haberstroh, Ciepcielinski, & Gonzales, 2016). This existing information around supervision and the Enneagram led the researchers to a primary research question: How do counselors-in-training and their

Table 1

Enneagram Type Characteristics

Type	Core Motivation	Calm/Integrated	Stressed/Disintegrated
One	Living the "right way;" Improving life for everyone	Organized, idealistic, ethical, reliable, self-disciplined	Perfectionistic, judgmental, dogmatic, controlling, jealous
Two	Being loved and valued; ability to express feelings to others	Loving, caring, adaptable, generous, insightful	Possessive, martyr-like, manipulative, overly accommodating
Three	Achieving success and avoiding failure	Self-motivated, confident, pragmatic, industrious	Narcissistic, superficial, materialistic, overly competitive
Four	Feeling understood and unique	Compassionate, creative, intuitive, introspective	Withdrawn, moody, self-absorbed
Five	Knowing everything, avoiding looking foolish	Objective, analytical, perceptive, persevering	Overly critical, arrogant, stubborn, elitist
Six	Feeling secure (may avoid or confront fears to achieve security)	Loyal, caring, helpful, responsible	Controlling, rigid, self-denigrating, judgmental
Seven	Feeling happy and fun, and avoiding suffering or pain	Spontaneous, enthusiastic, charming, curious, imaginative	Impulsive, flaky, narcissistic, undisciplined, possessive
Eight	Independence and strength	Assertive, direct, protective, energetic, confident	Domineering, controlling, aggressive, insensitive, self-centered
Nine	Keeping the peace and avoiding conflict	Peaceful, generous, patient, open-minded, empathic	Forgetful, passive-aggressive, unassertive, apathetic, stubborn

Riso & Hudson, 2003; Baron & Wagele, 1994

supervisors experience the use of the Enneagram in supervision?

Methodology

A phenomenological framework was utilized for the data collection and analysis of this research. Phenomenological research "describes the common meaning of experiences of a phenomenon (or topic or concept) for several individuals. In this type of qualitative study, researchers reduce the participants' experiences to a central meaning or the 'essence' of the experience" (Creswell, 2013, p. 285). The purpose of a phenomenological qualitative research, "…is to obtain the intricate details about phenomena such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional research methods" (Strauss & Corbin, 1998), thus, the researcher seeks to understand the participants lived experience of this phenomena. The phenomenon of interest is the use of the Enneagram and its impact on the supervisory relationship in supervision. All participants kept weekly journals where they were asked to describe their individual experiences with using the Enneagram as a tool in supervision. The subjective nature of each supervisee's experience is considered a valuable source of information.

Participants

Purposeful selection was used in this study to choose participants. This involved choosing individuals who were considered "information rich" and that offered "useful manifestations of the phenomenon of interest" (Patton, 2002, p. 40).

An approved IRB review was obtained to conduct this research before participants were contacted or any data was collected. Participants included one male doctoral level supervisor, who had completed a doctoral level supervision class and had a year of prior supervision of master's level students. He was also a Licensed Professional Counselor and was an investigator in this research. The supervisor's stated counseling theoretical orientation was cognitive-behavioral, and he described himself as working from the discrimination model of supervision (Bernard, 1979). The supervisor scored as a Type 2 on the Enneagram.

His supervisees were given the option of participating in this study, with the understanding that they could opt out without consequence. The only incentive was the opportunity for more self-awareness and to learn about the Enneagram. Three of his supervisees, who were female master's students, chose to participate. All the supervisees were in their practicum semester, working with clients for the first time. One supervisee was assigned to an elementary school where she engaged in school-based counseling. The second supervisee worked with victims of sexual assault at a trauma center. The third supervisee worked with an inpatient adolescent population who had exhibited sexually maladaptive behaviors. The first two supervisees scored as a Type 2 on the Enneagram and the third scored as a Type 7. The third supervisee was undecided on her theoretical orientation of choice, while the first two supervisees identified with a person-centered approach.

Bracketing

Subjectivity is part of the qualitative research process, and the

researcher must be self-reflective and acknowledge these influences (Moustakas, 1994; Patton, 2002). The investigators must position themselves in context to the phenomenon being researched, while bracketing (or setting aside) information or beliefs that may impose bias on the findings. There were three researchers on this research project: two counselor educators and one doctoral level counseling student. The three of us have experience using the Enneagram and conducting qualitative research. Additionally, we all have experience supervising counselors-in-training. The three of us have seen the power of strong supervisory relationships and the quality of work that can be done with high levels of trust and understanding. Conversely, we are also aware of the quality of work that is done when that trust and understanding is lacking. The experiences that we have with supervision and counselors-in-training may or may not be shared by others, and can certainly manifest as both positive and negative biases. As phenomenological researchers, our goal was to arrive at an accurate, detailed description of the participants' lived experience, not our own personal interpretation. Therefore, we used caution and methods of trustworthiness to bracket out personal assumptions and opinions, thereby reducing the risk of imposing these assumptions into the data collection process and in the interpretation of participant experiences. Additionally, despite being familiar with the Enneagram, we had no expectations as to its functionality within the supervisory relationship.

Data Collection

Prior to their first supervision session, supervisees were contacted and the study was explained to them. Once they agreed to participate in the study, the supervisor and supervisees completed and scored the Riso-Hudson Enneagram Type Indicator (RHETI, or commonly referred to as the Enneagram). The Enneagram consists of a 144-question forced-choice assessment, asking the respondent to read two statements and to choose which one best reflects how they think, feel, or behave the majority of the time. These answers are coded into specific columns and each column is summed to end with a final score for each personality Type indicator. The highest score usually reflects the individual's dominant personality Type (Riso & Hudson, 2003).

Supervisees were required to meet with their supervisor, face to face, for one hour each week. During their weekly sessions, supervisees had the opportunity to discuss client cases, review taped session, and discuss theory. As practicum students, especially, there was an emphasis on preparation for work with clients, and the supervisor addressed any anxiety, fear, or excitement they may have experienced. Supervisees brought their completed Enneagram to their initial supervision session, and their results were reviewed and discussed with their supervisor. During this time, the supervisor also shared his Enneagram Type, as well as the implications for supervisory relationship, for both types. They discussed, for example, how they react to conflict and what this might look like in supervision. The Enneagram was used as a reference point in future sessions as applicable (e.g., when reactions occurred, when conflict arose, when supervisees' Types were influencing their work with clients, etc.). Therefore, no intervention looked exactly the same, as each supervisee had her own personal experiences that needed to be

addressed in slightly different ways. However, any intervention used by the supervisor was consistently related back to the Enneagram, and data was collected in the exact same way each week. Data was gathered from supervisees weekly, for 15 weeks, through the following open-ended journal prompts:

- How would you describe your experience of using the Enneagram in supervision today?
- What new awareness did you leave the session with?
- How has awareness of your and your supervisor's Enneagram Types influenced your supervision session?

Supervisees completed a journal at the end of each supervision session, using a unique identifier for anonymity. The journals were then submitted to the principle investigator and kept in a secure location, assuring safety and privacy of the data. Additionally, the supervisor completed a summary of his experience using the Enneagram in supervision once the semester was complete.

Data Analysis

There were three investigators in this research. They included two counselor educators who were faculty at the university where the study was conducted and the doctoral level supervisor who participated in this study. One of the faculty researchers was the supervisor of the doctoral level supervisor. She met with him weekly for one-hour sessions to discuss his work with the supervisees. The other faculty was the principle investigator who oversaw data collection. The doctoral supervisor did not have access to the supervisees' data as it was being collected, nor was he involved in the data analysis. This helped to eliminate bias within coding and data analysis.

Two primary forms of data were collected in order for data triangulation to occur. The weekly journals from the supervisees and the doctoral supervisor's reflection summary were used in the coding process. Open, axial, and selective codes were used to analyze the data (Corbin & Strauss, 2008). The two faculty researchers coded the data separately, using line-by-line analysis, in which data were analyzed using word-by-word and phrase-by-phrase microanalysis (Corbin & Strauss, 2008) to create two sets of open codes, then met to synthesize the data together into axial codes, and lastly, selective themes. From an observer perspective, the doctoral supervisor provided feedback on the selective themes identified through data analysis.

Establishing Trustworthiness

Measures of trustworthiness were established using a variety of means. Credibility was ensured through thorough accounts and descriptions of the participants' experiences, clear documentation of the data collection and data analysis, and a clear framework of biases and position of the researchers (Kornbluh, 2015). Additionally, triangulation between the participants' descriptions of their experience and the supervisor's description of his experience strengthened credibility. Member checks, "the most crucial technique" (Lincoln & Guba, 1985, p .314) to ensure trustworthiness of a qualitative study, also took place through the doctoral supervisor reviewing the reflection summary and through weekly supervision-of-supervision. Peer debriefing also helped to maintain research credibility. Inclusion of participant quotes and descriptions

strengthened transferability, ensuring accurate interpretation and ability to compare to other experiences. Transparency of data collection and analysis ensured accurate conclusions, and exhibits dependability for this research study (Shenton, 2004).

Findings

The purpose of this study was to explore the use of the Enneagram and its impact on the supervisory relationship. The following themes emerged from this study.

Themes

The themes that emerged from the coding of the supervisees' journals are (a) self-awareness; (b) other-awareness; (c) relationship and rapport; and (d) professional identity; and (e) role induction. The supervisor's reflection summary was also used to support emergent themes and as an artifact to triangulate the data.

Self-Awareness. The theme of self-awareness was apparent from the first session journal, in which supervisees discussed their awareness of strengths and challenges according to their personality Type. One supervisee referred to the Enneagram on her second meeting and stated, "Today we discussed my stressor and my areas of growth and conflict…This discussion cut really deep for me as some things about my past and parents arose. I found myself almost blaming my parents for my weakness." Another stated, in her second session, that the Enneagram helped "identify what type of supervision will be most helpful to my growth as a counselor," since she realized that she needed feedback and encouragement of self-expression.

As supervision continued over the following weeks, supervisees became more specific and direct about their self-awareness with statements such as, "I need to be more comfortable with silence," "When I feel stressed, I become more rigid…when I am feeling at ease, I approach situations from a place of curiosity and interest," and "…awareness of my tendency to be an enthusiast has helped me identify my tendency to avoid silence and constantly try to provide verbal encouragers." These statements reflect self-awareness as well as insight gained directly from the Enneagram.

The theme of self-awareness was also evident in the supervisor's reflection summary. He stated,

> Some would reference their types weekly – even mentioning the specific characteristics of their types – when discussing the week's events at their practicum sites. This was helpful for them in making connections between how they were feeling and what they were doing, with the "why" behind it.

The supervisor also suggested that the supervisees who were most open and initiated conversations about their Enneagram Types, "… were generally more self-aware and were more successful in managing their own stress."

Finally, the supervisor commented on his own self-awareness, stating, "I also now take into account my own type (Type 2) and my behaviors during times of stress or security in maintaining my own wellness as a doctoral student, clinician, and supervisor." Overall, the Enneagram

appeared to assist both the supervisor and supervisees with being more self-aware.

Other-Awareness. The theme of other-awareness also emerged during the first session, in which supervisees noted appreciation of the supervisor sharing his own Type and strengths and challenges. Supervisees also noted the different motivating factors behind their Types and their supervisor's Type: "I have noticed that my supervisor and I may be motivated by slightly different things (as reflected in the Enneagram); however, we hope for the same outcomes." Midway through the semester journals, other-awareness was also evident as supervisees began to note their increased awareness of their interactions with clients due to their own self-awareness. One supervisee referred to her Enneagram Type,

> I noticed while watching myself on tape [with a client] how much my nurturing, loving, and encouraging side shows in session…it is not necessarily bad, I just need to be more aware of my actions and role as a counselor.

Other comments included, discussion of "…how personal things in life can spill over into session without recognizing it," and "I like to be in control and I need to learn to be more comfortable with my clients having control…" Another said, "…Lots of new awareness came out during the session just by discussing my challenges with my practicum." These comments illustrate a greater self-awareness in terms of new insights but also ways in which their Enneagram Types may be impacting their clients.

The very nature of the supervisor role requires a focus on other: the supervisee. The majority of his comments were directly related to the awareness he had of their awareness and growth, as illustrated throughout the discussion of all themes. The supervisor, however, also noted his own awareness of others, stating, "Personally, using the Enneagram reminded me to look beyond the surface when working with supervisees to gain a better understanding of their behaviors, regardless of whether they are thriving or struggling."

The use of the Enneagram seemed to increase overall awareness of others. For the supervisees, this awareness became increasingly apparent throughout the semester, as they gained self-awareness. The supervisor, though an experienced LPC and supervisor, also stated an increased awareness of his supervisees through understanding both his and their Enneagram Types: "Learning about the nine types, and how they interact with each other, opened my eyes to a new way to view human behavior, especially during times of stress or insecurity."

Relationship and Rapport. Each supervisee mentioned a strengthened sense of trust within the supervisory relationship, and a shared language due to the use of the Enneagram. This shared language was evident in quotes previously stated about the awareness and relief that their supervisor also had strengths and weaknesses. One supervisee stated, "I liked knowing my supervisor's type because it helped form a trusting relationship." Another said, "He continued to create a space for processing/growth and to build me up," reflecting on the rapport and the supervisory relationship.

One supervisee referred to her need for acceptance based on her Enneagram Type, stating, "Today we watched a

recording of myself with a client. When areas of growth were pointed out, or challenges, we tried to connect it to my Enneagram style (Type)." Another referred to her Enneagram Type during a session in which she was discussing her counseling skills and her supervisor reminded her that, "It's more difficult for you because you compare yourself to other people." This comment was based on her Enneagram Type, and she seemed relieved to have gained this awareness, again demonstrating a theme of rapport and relationship.

The strength of the relationship was also observable as the supervisees openly discussed their own areas for growth with the supervisor. One supervisee mentioned, "I brought up things about my personality today. It was helpful because I knew that [my supervisor] knew that about me and I could use that to explain." Overall, these statements reflect a theme of a strong supervisory relationship with open rapport. The journals resonated with a willingness to be vulnerable by openly discussing not only their strength areas, but their areas for growth as well, which indicates a sense of safety and trust in the supervisory relationship. The supervisor's reflection summary also demonstrated this theme, "Sometimes they would bring up their Enneagram Type before I even thought about tying in the Enneagram myself." He also discussed how he utilized the Enneagram to build rapport and the supervisory relationship in times when the supervisees in this study did not address their Types: "In these cases, I looked for opportunities to discuss the Enneagram when I felt it would be beneficial in helping them make sense of their situation. I also discussed their hesitancy with bringing up their types." These examples convey his awareness of his supervisees and their use of the Enneagram as a shared language. He also shared how he utilized the Enneagram with resistant supervisees, as a rapport and relationship building tool. Both supervisees and supervisor data illustrated the theme of a strong working alliance through their willingness to be vulnerable and initiate conversations about their Types, including those about their weaker areas. Supervisees were also responsive to supervisor-initiated discussions, which indicated a strong rapport.

Professional Identity and Role Induction. Supervisees demonstrated an increased understanding of the counselor role and responsibility, and how their Enneagram Type influenced how they manifested in the counselor relationship. This was apparent as they reflected both on feedback from the supervisor, but also as they self-corrected as a result of the awareness gained from the Enneagram. "I need to be more comfortable with silence," was one example of self-correction, as she observed her tendency to fill in empty space by talking. Another stated that when viewing a session with her supervisor she had become, "…especially aware of times that I behaved in a rigid manner." Another journal entry resonated with the awareness of the counselor role as she discussed traits of her Enneagram Type stating, "…it is not necessarily bad, I just need to be more aware of my actions and role as a counselor (i.e., I am not these kids' mom, teacher, etc.)." The understanding of personality type and its relationship to counselor identity manifested frequently. One supervisee stated,

> Lots of awareness came out during the session just by

> discussing my challenges with my [site]…being able to connect my personality with things that I struggle or succeed with during sessions at my [site] puts a whole new perspective on things.

Role induction became apparent as the supervisees developed an understanding of the impact of their traits on their self as counselor and thus on their clients. One supervisee stated,

> My Enneagram style (Type) is The Helper…I find myself struggling to feel confident in my ability to help others as I feel others look to me as the expert and I don't feel like an expert…I want to help and cure everyone but that's not realistic or possible.

The same supervisee stated later in the semester, "I have to stop trying to fix my clients and finding solutions for them…I need to rely on the counseling skills to help the client." This statement reflects both an awareness of the counselor role as well as how characteristics from her Enneagram impacted her work as a counselor.

The supervisor's reflection summary also indicated an awareness of his own professional identity and role induction as a supervisor, "I was able to incorporate this new awareness with my supervisees, but I also benefited from it in terms of my own professional development as a supervisor." Though he did not specifically state an awareness of the professional development of his supervisees, this theme was apparent in the supervisee journals. Overall, the Enneagram appeared to assist with both supervisee and supervisor professional identity and role development.

Research Implications

The purpose of this study was to evaluate the use of the Enneagram and its impact on the supervisory relationship. The findings from this study reflect the developmental nature of both counseling supervision and counselor identity formation. Throughout the course of the semester, the data illustrated the supervisees' ability to integrate the Enneagram language and their understanding into their statements. The concrete issues became implicit as their discussions became increasingly sophisticated around their own awareness and how it may affect their clients. Many of the themes were directly related and mutually fed into each other.

The importance of self- and other-awareness within supervision – and within clinicians – cannot be overlooked as a professional skill set. Relating to others and awareness of personal strengths and challenges is a central piece of the work done by counselors and counselor supervisors. Abernathy and Cook (2011) emphasized the supervisory relationship as one that promotes authenticity, empathy, and empowerment to nurture professional growth. Similarly, the identified themes of self-awareness and other-awareness appeared to serve each supervisee to further develop themselves as counselors. They were able to see their own challenge areas as well as identify their strengths, and were able to conceptualize how these personal attributes were influencing their counselor-client relationship. For example, the knowledge that they were being too rigid, needed to learn to sit with silence, or that they have to trust the process of counseling rather than trying to

"fix" the client, demonstrated comprehension and personal awareness that contributed to their counseling skill set and their identity as a counselor. While supervision, as a process, is meant to further the supervisee's professional identity over time (Bernard & Goodyear, 2014), it appeared that use of the Enneagram helped to integrate a more sophisticated understanding of personal attributes and professional skills needed, in a relatively short amount of time. Particularly for practicum level students who have not sat with clients previously, this is an invaluable piece of learning and a particularly important finding. Lenz (2014) stated that it is particularly important for "counseling supervisors to provide a developmental experience that supports growth for both supervisees and their clients" (p. 4). It appears that the use of the Enneagram within supervision during early stages of counselor development was not only helpful to these students in fostering growth and learning, but also supported a strong parallel process for the client.

The understanding of their supervisor's Type appeared to also help the supervisees appreciate their supervisor's perspective, even when they disagreed, and positively build the working alliance. One supervisee's statement of, "I have noticed that my supervisor and I may be motivated by slightly different things (as reflected in the Enneagram); however, we hope for the same outcomes," highlighted the awareness that even though motivating factors may be different, the supervisor and supervisee are working toward the same goals. This mutual understanding likely feeds directly into the theme of relationship and rapport, as the data implied. The comments that manifested this theme illustrate the open rapport between supervisee and supervisor. The frequent use of "we" implies a collaborative and trusting relationship with a strong working alliance. When both supervisor and supervisee had a context for the other's behaviors and attitudes, they were able to integrate this awareness into their relationship. Additionally, their understanding of each other allowed them to approach each other in ways that the other could openly receive, facilitating stronger trust and rapport between them. Using the foundational piece of the Enneagram from the beginning of supervision appeared to allow for genuine, authentic, and open communication about a multitude of issues that arose throughout the semester. This authenticity and safety within the relationship allowed for meaningful exploration and connection, and likely reflected a parallel process for the supervisees' clients.

Limitations

It is important in any study to address limitations to the research. The largest limitation in this research was the depth of the descriptions gathered. Most participants provided moderately rich descriptions in their journal responses. However, some days the descriptions were thin and superficial, likely reflecting feeling rushed or distracted from the supervision process. This is a normal expectation of students on a day-to-day basis, but is a limitation to the research that needs to be acknowledged. Additional forms of data collections such as an end-of-semester interview may have helped to fill these gaps. Further, the participant selection for this project was smaller than anticipated, which may have limited findings. Still, the purpose of phenomenological research is not to create

generalizable results, but to provide the lived experience of a unique group of people. For these purposes, the selection was appropriate to this research, as the 15 weeks of journals from the supervisees allowed for prolonged engagement, and thus, saturation was achieved.

Research Recommendations

Qualitative research investigating the use of the Enneagram in supervision would be very helpful in better understanding the impact on the supervisory relationship for both the supervisee and supervisor. This could be done by measuring the supervisory working alliance when utilizing the Enneagram. This could be accomplished by conducting research comparing the working alliance of supervisors incorporating the Enneagram into their supervisory sessions with those who are not using the Enneagram.

Further qualitative inquiry would also be helpful in establishing variables for further quantitative research to determine generalizability to a variety of populations. Qualitative inquiry with other cultural and ethnic backgrounds that includes a weekly journal from the supervisor, as well as one from the professor offering supervision of supervision, would provide more data for further investigation. This would be especially beneficial if the professor supervising the supervisor, also utilized the Enneagram in their supervision, to model this process for the supervisor. Other data could also add to the triangulation, and therefore, a deeper knowledge of this phenomenon, such as weekly videotaped supervision sessions that could be transcribed and coded, and the inclusion of the supervisor case notes for coding. Lastly, research exploring the attachment, or relational implications, of the Enneagram and its neurobiological influences may help to continue to legitimize the Enneagram as a useful tool in clinical applications, including supervision.

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Evaluation of the Short Grit Scale (GRIT-S) with Latinx College Students

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Abstract
In the current study, the psychometric properties of a measure of psychological grit among 344 Latinx college students was investigated. Researchers used confirmatory factor analysis to validate a previously identified two-factor model of the Short Grit Scale (Grit-S). Internal consistency was acceptable as measured by coefficient alpha. A two-factor model of Grit-S had a good model fit with the data. A discussion regarding the importance of these findings is provided and implications for counselors and researchers are offered.

Researchers have attempted to understand Latinx students' academic performance given the documented achievement gap between Latinx students and their non-minority peers (American Council on Education, 2012). Several explanations have been given for differences in academic achievement, including deficit models that blame Latinx students, culture, and families. Other researchers (Navarro, Schwartz, Ojeda, & Pina-Watson, 2014; Ojeda, Edwards, Hardin, & Pina-Watson, 2014) have used an ecological model, positive psychology framework, resilience, or strength-based perspectives to examine how Latinx students persist in the face of environmental and systemic challenges. When researchers use a strength-based model to examine systemic challenges that influence Latinx students such as tracking, discrimination, and low expectations, identification of factors to help Latinx students sustain interest toward long-term goals can be realized. One factor related to academic achievement among various populations is psychological grit (Duckworth, Peterson, Matthews, & Kelly, 2007). However, because factor structure to measure grit can vary between cultural groups (Hakatanir, Lenz, Can, & Watson, 2016), a validity study of the Grit-S with a group of Latinx students is important. Counselors and researchers need to identify assessments within a positive psychology framework that demonstrate strong psychometric support for use with Latinx populations.

Psychological Grit

Psychological grit refers to perseverance and passion toward goals (Duckworth et al., 2007) and includes two components: (a) consistency of interests and (b) perseverance of effort. Consistency of interest refers to sustained interest in activities over time while perseverance of effort relates to tendencies to continue working toward long-term goals (Duckworth et al., 2007). Students with high levels of grit have high self-control, dependability, orderliness, long-term passion, and perseverance to achieve

goals (Duckworth & Eskries-Winkler, 2015). Despite challenges, gritty individuals sustain commitment and perseverance toward the same long-term goals over long periods of time. Grit also demonstrates predictive ability to outcomes such as general intelligence, physical aptitude, educational attainment, and career changes (Duckworth et al., 2007). Researchers also found that grit predicts students' graduation from high school, grade point average in college, and persistence in cadet training (Duckworth et al., 2007; Duckworth & Quinn, 2009). Duckworth and Eskries-Wrinkler (2015) suggest that only two studies have been conducted to show how gritty individuals appear to have higher achievement outcomes. Individuals with high grit appear to dedicate more time to deliberate practice and counterfactual thinking. Finally, Muenks, Wigfield, Yang, and O'Neil (2017) examined the relationship among high school and college students' grit, personality characteristics, self-regulation, engagement, and achievement. Students' perseverance of effort influenced grades later in school, providing important evidence regarding the long-term benefits of grit.

Using a valid instrument to measure grit with diverse populations is important given he positive relationship with psychological well-being, academic performance, and hope. One popular measure for evaluating students' perceptions of grit is the Grit-S (Duckworth & Quinn, 2009). Duckworth et al. (2007) developed and evaluated a 12-item instrument to measure psychological grit. However, Duckworth and Quinn (2009) conducted several studies to develop and validate a shortened two-factor version of the grit scale, which is the focus of the present study.

Measuring Grit: Short Grit Scale

The Grit-S is a brief (8-item) and two-subscale measure designed to evaluate perceptions of sustained and perseverance of effort toward long-term goals (Duckworth & Quinn, 2009). In the initial validation study, Duckworth and Quinn (2009) removed four items from the original 12-item scale and tested psychometric properties with a sample of West Point cadets, finalists in the National Spelling Bee, and Ivy League undergraduate students. The revised Grit-S had internal reliability coefficients ranging from .73 to .83. In the next stage of instrument development, the factor structure did not vary by gender and results correlated (r = .96) with the original version. Following this, Duckworth and Quinn examined test-retest stability among high school students and found a positive correlation with scores one year later. However, because this instrument was normed with a mostly White population (Hakatanir et al., 2016), confirming the factorial structure with culturally-diverse populations is important. Several researchers identified different factor structures across different cultural groups (Hakatanir et al., 2016) and developmental levels (Muenks et al., 2017).

Researchers (Duckworth et al., 2007; Vela, Lu, Lenz, Savage, & Guardiola, 2018) have used the Grit-S to examine high school and college students' academic and counseling experiences. A review of published studies revealed a trend for applications of grit scores in prediction models on clinical and academic outcomes as well as outcome variables in regression models. Undergraduate students at an elite university with higher levels of

psychological grit had higher grade point averages, while students in the National Spelling Bee with higher levels of grit outperformed other competitors with lower levels of grit (Duckworth et al., 2007). Additionally, Vela, Lu, Lenz, and Hinojosa (2015) conducted a study with 128 Latinx college students and multiple regression analysis showed higher levels of hope led to higher levels of psychological grit but that higher levels of search for meaning in life was negatively associated with psychological grit. Students who had higher levels of search for meaning in life had lower levels of grit. Also, Salles, Cohen, and Mueller (2014) examined the relationship between grit and well-being among medical residents. Unlike Vela et al. (2015) who used grit as an outcome variable, Salles et al. used grit as a predictor variable to examine the extent to which grit predicted residents' psychological well-being and burnout. Psychological grit predicted resident psychological well-being and low burnout six months later. Finally, Reed (2014) found a relationship between grit and exercise behavior as measured by effort and persistence. Participants completed the Grit-S, Big Five Inventory conscientiousness scale and an industriousness adjective checklist. Results showed that although conscientiousness, industriousness, and exercise were positively related with exercise, only grit was a significant predictor of exercise score.

Purpose of the Study

Although the Grit-S was used in the research reported, this instrument has not been psychometrically evaluated with Latinx populations. Because this instrument was normed with a mostly White population (Hakatanir et al., 2016), the normative group seems to be different from those groups with whom this tool has been applied for research and practical purposes. Examining factorial stability with diverse populations is important to provide valid information about indicators of psychological well-being and academic performance (Ikonomopoulos, Lenz, & Guardiola, in press). Latinx students are a diverse group who might have different experiences and perceptions of mental health issues (Center for Disease Control and Prevention, 2015), spirituality, academic achievement, and sustained interest toward long-term goals. Obtaining information and insight on grit among Latinx students will provide valuable information to counselors and researchers who want to identify predictive factors of academic achievement and mental health. Also, researchers and practitioners are evaluating academic and counseling outcomes using the Grit-S with Latinx students, thereby making understanding the psychometric properties of this scale with Latinx students important. We agree with Niles and Harris-Bowlsby (2017) who said that "counselors must ensure that the instrument is valid, reliable, and appropriate for the client's cultural and linguistic context" (p. 119). As such, the purpose of the current study was to confirm a previously-identified two factor structure of the Short Grit Scale (Grit-S) with Latinx students to provide evidence of validity. We examined the following research question: Is the identified two-factor Grit-S valid and reliable for the Latinx population?

Method

A post-hoc analysis of data from three published studies (Vela et al., 2015; Vela, Lu, Lenz, Savage, & Guardiola,

2016; Vela, Smith, Whittenberg, Guardiola, & Savage, 2018) was completed. Focus of previously published studies was relationships among positive psychology, cultural, and family factors on Latinx students' mental health and positive emotions. Focus of present study was to confirm a previously identified two-factor model of the Short Grit Scale (Grit-S) with a Latinx group of participants in the central southern region of the United States. Confirmatory Factor Analysis (CFA), which is the appropriate analysis when researchers confirm a previously identified factor structure, was used (Dimitrov, 2009).

Participant Characteristics

Participants were Latinx college students who participated in research studies (Vela et al., 2015, 2016, 2018) at a Hispanic Serving Institution (HSI) in the southern region of the United States. The HSI had an enrollment of approximately 28,000 undergraduate and graduate students (approximately 93% of students at this institution are Latinx). Participants were mostly young and middle-aged adults (n = 344) whose age ranged from 18 to 55 (M = 20.81, SD = 4.46). Sample consisted of men (n = 156; 46%) and women (n = 182; 54%). Among participants, 183 self-identified as Latinx or Hispanic (54%), 111 described themselves as Latinx (33%), with 44 indicating a Mexican ethnic identity (13%). Related to generation status, participants identified the following from a checklist: first-generation (n = 58; 17%), second generation (n = 175; 52%), third generation (n = 28; 8%), fourth generation (n = 47; 14%), and fifth generation (n = 12; 7%).

Measurement of Construct

Grit. The Grit-S (Duckworth & Quinn, 2009) measures perseverance and passion for long-term goals with two factors: (a) consistency of interest and (b) perseverance of effort. Participants respond to 8-statements evaluated on a five point Likert-scale ranging from *very much like me* (5) to *not at all like me* (1). Sample response items include, "Setbacks don't discourage me" and "New ideas and projects sometimes distract me from previous ones" (see Table 1). The average score is computed with higher scores representative of higher perceptions of grit. Duckworth et al. (2007) found that grit had predictive validity for several lifetime career changes among undergraduates at an elite university as well as GPA among students. Also, test-retest stability of grit scores one year later was .68 among middle and high school students. Internal reliability coefficients range from .73 to .83 (Duckworth & Quinn, 2009). Finally, only a few researchers have examined psychometric properties of the Grit-S with diverse samples, including Turkish and Filipino students. Datu, Valdez, and King (2016) found that the Grit-S factor structure was different for Filipino students compared with White college students. Hakatanir et al. (2016) found that several items needed to be removed in the final factor structure with Turkish students.

Procedures

A post-hoc analysis of data from three published studies (Vela et al., 2015, 2016, 2018) was completed. First, permission from the Institutional Review Board at a university in the southern region of the United States to conduct research with Latinx students was

obtained. Once IRB approval was obtained, several professors at the university were contacted. Participants were recruited from undergraduate students in Introduction to Psychology and Educational Psychology courses. Participants were informed that their participation was voluntary, participation would not affect their grade or affiliation with the university, and they had to be 18 years of age or older to participate. Finally, a packet with a demographic form, surveys, and information regarding IRB approval was distributed. Questionnaires took approximately 15-20 minutes to complete and were done during class time. Data was inputted into SPSS (IBM Corporation, 2013). For the current study, data from the Grit-S was used.

Data Analysis

Statistical power analysis. A power analysis was conducted to detect the adequacy of our sample size for detecting model fit using Stevens' (2009) criteria, $n/p \geq 10$. Given our sample size of 344, we consider our sample sufficient for making inferences about model fit.

Preliminary analysis. After transferring data into a Statistical Package for the Social Sciences (SPSS; IBM Corporation, 2013) file, missing values within the data were replaced by using the series mean function in SPSS in order to complete the analysis (Ikonomopoulos et al., in press). The assumption of normality was examined using Shapiro-Wilk test and was met ($p > .01$)

Primary analysis. SPSS Analysis of Moment Structures Software (AMOS), Version 22 was used to analyze model fit for the Grit-S. A confirmatory factor analysis (CFA) utilizing maximum likelihood method for the two-factor model was used. Indices, including chi-square (χ^2), root-mean-square error of approximation (RMSEA), standardized root-mean square residual (SRMR), comparative fit index (CFI), and Goodness of fit index (GFI), were used to examine model fit between the sample covariance matrix and population covariance matrix (Dimitrov, 2012). A CFI lower than .85 is considered an unacceptable fit and greater than .95 is considered an evidence of good model fit. The cutoff values for GFI are same as CFI scores. An SRMR value greater than .08 is considered an unacceptable model fit and values of less than .05 are desired. An RMSEA value between .08 and .05 is considered acceptable model fit and values less than .05 indicates a good model fit (Dimitrov, 2012; Hu & Bentler, 1999).

Results

The correlation between subscale means and standard deviations for the Grit-S are presented in Table 2. To demonstrate evidence of internal structure (American Educational Research Association [AERA], American Psychological Association [APA], & National Council on Measurement in Education [NCME], 2014) and to confirm factor structure of Grit-S, a CFA was conducted. The results of model fit indices showed that the x^2 was significant for the hypothesized model, $x^2(19) = 39.26$, $p < .01$, CMIN/DF= 2.06. The fit indices indicated a good fit for the data, GFI= .97, CFI= .95, SRMR= .04, and RMSEA= .05. The model included two latent variables with eight items. The results showed that eight factor loadings between the latent and observed variables were significant (see Table 1; $p < .01$). The highest factor loading was between

Consistency of Interest and Item 6 (.72). The latent factor of consistency explained 52% of the variance in Item 6. On the other hand, the lowest factor loading was between Perseverance of Effort and Item 2 (.20). This means Perseverance of Effort explained .04% of the variance in Item 2. Tabachnick and Fidell (2013) recommended to remove items which have loadings less than .30 since they explain less than 10% of the variance. In addition, reliability analysis showed that Item 2 affected the coefficient score. Perseverance of Effort subscale had a reliability score of .52 with Item 2. However, if Item 2 removed from the scale, the reliability score would be .60. After reviewing Haktanir et al.'s (2016) findings and considering factor loadings and reliability analysis, we decided to remove Item 2 from the analysis.

A second analysis was run with two-factor and seven item model. The results of model fit indices showed that the x^2 was significant for the hypothesized model, $x^2(13) = 29.26$, $p < .01$, CMIN/DF= 2.25. The fit indices indicated a good fit for the data except RMSEA value, GFI= .98, CFI= .96, SRMR= .04, and RMSEA= .06. Final model factor loadings between the latent and observed variables were presented in Figure 1. Additional changes were not made since it would not significantly contribute to the model.

Discussion

The purpose of this study was to validate a previously identified two-factor model for the Grit-S with Latinx college students. With the increasing interest in positive psychology constructs related to positive development, there is a growing need to provide validity evidence for instruments with diverse populations. Based on findings from the current study, the Grit-S can serve as a measure of sustained effort toward long-term goals among Latinx college students. The final two-factor model with seven items demonstrated good psychometric properties when administered to a Latinx population. After analyzing data and removing item 7, a modest two-dimensional factor structure with Latinx students was confirmed. Therefore, consistency of interests and perseverance of effort subscales have evidence of validity with Latinx students. As a result, this initial exploration of this scale may provide researchers and counselors with a measure to examine grit using a seven-item version of this instrument. Our suggestion is similar to Hakatanir et al.'s (2016) recommendation to use a modified version of the grit scale following a CFA with Turkish college students. Similar to previous studies which adapted measures developed by U.S. participant samples (Haktanir et al., 2016; Karaman, Balkin, & Juhnke, in press; Lenz, Balkin, Gómez Soler, & Martínez, 2015), this study indicated similar results. The explanation of removing Item 2 from the analysis might be explained with cultural differences and interpretations of individual items regarding perseverance and sustained effort toward long-term goals. Similar to other culturally-diverse groups such as Turkish students, Latinx students might have different conceptualizations of items measuring persistence and passion toward long-term goals. Theoretical concepts within this item also might not transfer to Latinx populations.

Implications for Research and Practice

Based on this study's findings, there are implications for researchers and practitioners. First, researchers should continue to validate the Grit-S with Latinx populations to determine if Grit-S items may be useful and whether revision of items are necessary. Additionally, investigations identifying relationships between grit scores with other constructs would demonstrate evidence with other variables and internal structure. If researchers provide convergent, discriminant, and predictive evidences among grit and other variables, an important body of literature with Latinx populations might develop. Other important factors to investigate include gratitude, subjective well-being, mindfulness, meaning in life, and depression. It also is important to validate the Grit-S and other positive psychology instruments in Spanish with Latinx populations. Similar to other culturally-diverse populations such as Turksih students (Hakatanir et al., 2016), validating instruments in participants' native language might change factor structure. Researchers also can use single case research designs (Lenz, 2015) to examine the impact of counseling methods to increase Latinx students' grit. Potential counseling methods to increase grit include narrative therapy (White & Epston, 1990), solution-focused brief therapy (Kim, 2008), positive psychology (Seligman, 2002), and creative journal arts therapy (Ikonomopoulos et al., 2017; Vela, Ikonomopoulos, Dell'Aqula, & Vela, 2016). Finally, replication studies to provide additional structure with other Latinx populations and in other settings is important. The Grit-S factor structure might differ across developmental levels so examining factor structure with Latinx middle school and high school students is worthwhile.

There are implications for counselors to use the Grit-S which has preliminary evidence of validity with Latinx populations. The Grit-S can be integrated into counseling centers to assess students' psychological grit. Obtaining evidence and insight about students' perseverance and sustained interest toward long-term goals is important for college counselors who lead interventions and use techniques to improve students' academic outcomes and mental health. Informed by the results of this study, college counselors can use the Grit-S with Latinx students to measure and provide feedback to help increase levels of grit. If college students have low grit, counselors can use a therapeutic intervention to increase grit. Grit-S results can provide Latinx students with insight to foster reflection and commitment toward long-term goals. Additionally, counselors can use individual items to further explore Latinx students' passion and commitment toward long-term goals. As one example, if a Latinx student reports feeling a "2" on an individual item with 5 representing "high grit," counselors can use the following solution-focused questions to explore meaning: "What does this 2 look like? What would it take for you to feel like a 4?" Finally, the Grit-S can be used as an instrument in psycho-educational presentations on changes in sustained interest in activities over time and perseverance of effort to work toward long-term goals.

Limitations

Despite practical implications for counselors and researchers to use the Grit-

$\bar{S}$ with Latinx students, several limitations warrant attention. First, all data collected in the current investigation came from a non-clinical sample of college students from a Hispanic Serving Institution with over 93% Latinx students. Researchers evaluating the reliability and factor structure of grit scores with Latinx students at other institutions may provide greater accountability for their unique cultural experiences. Also, data was not collected from a clinical sample of Latinx students in psychological distress or non-successful students as defined by non-enrollment in postsecondary education.

Conclusion

In this study, the psychometric evaluation of the two-factor structure of the Grit-S with Latinx college students was described. A modified two-factor model of the Grit-S had good fit with Latinx college students. Although further research is needed to evaluate the factorial validity of the Grit-S, findings provide counselors and researchers with an instrument to measure perseverance and commitment toward long-term goals among Latinx students.

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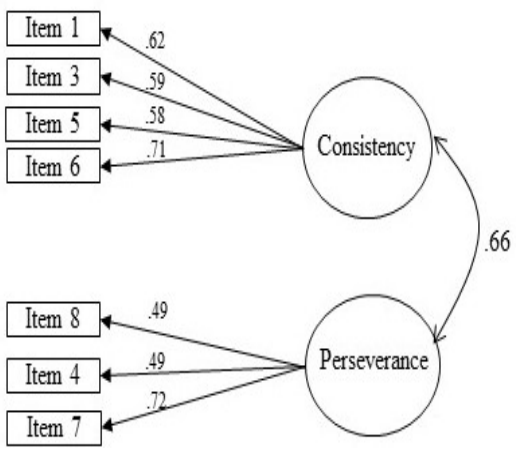

Figure 1. The final confirmatory factor analysis model of Short Grit Scale (Grit-S). The standardized parameter estimates for the Grit-S are listed. Rectangles indicate the 7 items on the Grit-S, and ovals represent the 2 latent factors of subscales.

Table 1

Standardized and Unstandardized Estimates of Factor Loadings for Two Models of the Grit-S

Item		Model 1			Model 2		
		β	*B*	*SE*	*β*	*B*	*SE*
P2	Setbacks don't discourage me.	.20	.51	.17			
P4	I am a hard worker	.50	.95	.16	.49	.95	.17
P7	I finish whatever I begin	.70	1.48	.23	.72	1.56	.25
P8	I am diligent	.50	1.00		.49	1.00	
C1	New ideas and projects sometimes distract me from previous ones	.62	.75	.08	.62	.76	.08
C3	I have been obsessed with a certain idea or project for a short time but later lost interest.	.58	.76	.09	.59	.77	.09
C5	I often set a goal but later choose to pursue a different one	.58	.69	.08	.58	.70	.08
C6	I have difficulty maintaining my focus on projects that take more than a few months to complete	.72	1.00		.71	1.00	

Table 2

Correlations between the Subscales, Means (M), and Standard Deviations (SD) of the Grit-S

Scale	*M*	*α*	*SD*	1	2
1. Consistency of Interest	3.12	.72	1.12	—	
2. Perseverance of Effort	4.02	.60	.87	.41*	—

Note. Grit-S= Short Grit Scale
*p< .01

Group Approach to Narrative Therapy: A Review of the Literature

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Abstract

This article is a review of the current literature on the application of Narrative Therapy (NT) to a group setting. Sixteen peer-reviewed articles were found using the search terms *narrative*, *group*, and *therapy*. Databases used include Science Direct, Social Sciences Citation Index, PsychINFO, CINAHL Plus, ERIC, SocINDEX, and EBSCOhost. The articles describe the composition and efficacy of various groups that utilized NT to treat children, adults, and older adults. Narrative Group Therapy (NGT) was utilized for substance abuse, body image concerns, social phobia, grief associated with acquired brain injury, physical and sexual abuse and neglect, attention deficit/hyperactivity disorder, intimacy within couples, transition out of homelessness, depression, anxiety, trauma, and severe mental illnesses. This review of the literature highlights the benefits and limitations of using NGT and offers a suggested direction for continued study.

The use of narrative therapy in a group setting supports the client as the expert in his or her own life, addresses multicultural issues, and is appropriate for a multitude of mental health concerns across the lifespan (Clark, 2014). However, research demonstrating the efficacy of this treatment modality is limited. The purpose of this paper is to synthesize the current literature to provide a stronger, more comprehensive understanding of Narrative Group Therapy (NGT).

Through a thorough analysis of the current literature, several themes in the research were found, including feelings of isolation (Clark, 2014; Looyeh, Kamali, Ghasemi, & Tonawanik, 2014; Szabo, Toth, & Pakai, 2014; Yanos, Roe, & Lysaker, 2011), the impact of internalization of negative messages on individuals (Duba, Kindsvatter, & Priddy, 2010; Looyeh, Kamali, & Shafieian, 2012; Ricks, Kitchens, Goodrich, & Hancock, 2014; Robinson, Jacobsen, & Foster, 2015), and the installation of hope and empowerment (Baumgartner & Williams, 2014; Butera-Prinzi, Charles, & Story, 2014; Carrijo & Rasera, 2010; Mertz, 2014; Mohammadi, Sohrabi, & Aghdam, 2013). Methodology in these studies included pre- and post-test questionnaires, post hoc measures, and self-reports of improved mood, coping, and emotion regulation. Additionally, multiple case studies were reviewed. Overall, the findings strongly suggest that NGT is effective and can be viewed as a universal treatment modality.

Sixteen articles related to NGT were found in the current review of the literature. Only five of these articles provided data from participants who received NGT. Due to the limited number of data, and participants, a meta-analysis was not feasible and a literature review

was conducted instead. The purpose of this literature review of NGT is to consolidate the existing literature, to strengthen the current findings, and to provide direction for future research.

Methodology

A review of the existing literature on NGT started with a search using CINAHL Plus with Full Text, ERIC, PsychINFO, ScienceDirect, Social Sciences Citation Index, and SocINDEX with Full Text databases. Search terms included *narrative*, *group*, and *therapy*. The term *literature review* was included initially to verify that no previous literature review has been completed and was eliminated from search terms when no results were found. Based on these keywords, 16 articles were found and utilized in this literature review. All articles were published in peer-reviewed journals within the previous 10 years.

Selection Criteria

Selection criteria used for this review included the following: a group model of counseling with a narrative therapy approach; either a study, case study, or review of techniques involving this method of treatment; a thorough description of the approach used as well as a discussion of the outcome and implications; and publication in peer-reviewed journals in or later than January of 2007. Sixteen articles meeting these criteria were included in the current review of the literature. While reading the articles, the authors identified common findings and made notes. Upon reading the articles a second time, the notes were then consolidated to three primary themes utilizing a rubric (see Appendix A). Themes found throughout these articles included reducing feelings of loneliness and isolation, teaching clients to externalize their problems, and empowering individuals to be the change they desire. Existing literature suggests that group therapy often addresses loneliness while Narrative Therapy emphasizes the externalization of problems and empowering the individual (Szabo et al., 2014). However, the synthesis of Narrative and Group Therapies addresses isolation and feelings of loneliness (Baumgartner & Williams, 2014; Butera-Prinzi et al., 2014; Carrijo & Rasera, 2010; Mertz, 2014) while simultaneously developing individual experiences of empowerment and externalization (Clark, 2014; Duba et al, 2010; Lane et al., 2016; Looyeh et al., 2012; Looyeh et al., 2014; Mohammadi et al., 2013; Ricks et al., 2014; Robinson et al., 2015; Szabo et al., 2014; Yanos et al., 2011).

Results

Narrative therapy (NT) is effective in helping individuals to recognize their own authority in their lives and redefine their struggles through the narrative process of rewriting one's story (Clark, 2014). The group model allows for and encourages universality, instillation of hope, and the development of socializing techniques (Yalom & Leszcz, 2005). While universality and autonomy (becoming the authority of one's own life) may appear to be opposing factors, the integration of group and narrative treatment synthesizes these goals of counseling to help clients understand that they are not alone (Clark, 2014; Looyeh et al., 2014; Szabo et al., 2014; Yanos et al., 2011), that their problems do not define who they are (Duba et al., 2010; Looyeh et al., 2012; Ricks et al., 2014; Robinson et al., 2015; Lane et al., 2016), and that they can take authorship of their own life

(Baumgartner & Williams, 2014; Butera-Prinzi et al., 2014; Carrijo & Rasera, 2010; Mertz, 2014; Mohammadi et al., 2013).

Impact on Isolation

When faced with challenges of homelessness (Baumgartner & Williams, 2014), traumatic brain injury (Butera-Prinzi et al., 2014), abuse or neglect (Mertz, 2014), mental illness (Carrijo & Rasera, 2010), or similar difficulties, clients can encounter feelings of isolation. The group setting allows individuals to come together with others struggling with similar situations to communicate that they are not alone. Witnessing others rewriting their stories encourages and strengthens one's own willingness and ability to rewrite their own story.

Baumgartner and Williams (2014) found that, before NGT, homeless individuals who have recently been approved for housing experienced "loneliness, overwhelming quietness, guilt towards peers who remained homeless" but by the end of treatment, these same participants expressed gratitude toward learning that they were not alone (p. 3).

Over the course of three years, Baumgartner and Williams (2014) conducted over 120 sessions of NGT. Participants in their group were individuals who had recently been approved for housing in an apartment and were transitioning out of homelessness. Although this transition was a positive change in their lives, many of the participants felt isolated, lonely, guilty, and overwhelmed by their new living arrangements. These feelings were amplified by the guilt of leaving others behind. Baumgartner and Williams (2014) wanted to explore whether an NGT approach would help those overcoming homelessness to cope with the difficult feelings that come along with these positive changes. Over the course of three years, they had on average six to eight participants at weekly meetings lasting one hour each. Meetings were open, and members could come and go as they pleased, regardless of how recently they had moved into their apartments. Additionally, no requirements regarding sobriety were implemented. Open meetings with limited requirements allowed for all who wanted to participate to do so, with the purpose of sharing their stories with others across various stages of change. Each group session was structured as "Check-in, Reviewing Mutual Safety Expectations, Group Discussion, Announcements, and Check-out" (Baumgartner & Williams, 2014, p. 6). As a result of NGT, Baumgartner and Williams (2014) found that individuals dealing with isolation and guilt before treatment were better able to identify both problems and solutions after treatment, and participants resoundingly shared that they no longer felt alone. Participants also reported feeling more hopeful, connected, and comfortable with the new living arrangements after involvement in NGT.

Utilizing a short-term NGT approach consisting of 12 sessions, Carrijo and Rasera (2010) sought to identify how those suffering from depression, anxiety, and other mental illness overcome feelings of isolation. Sessions lasted one and a half hours and the study included seven participants. Carrijo and Rasera (2010) found that participants were able to recognize that they were not alone and were not isolated due to their mental illness. Participants were able to identify new meaning in their lives and an increased sense of autonomy previously

distorted by their perception of isolation. One participant shared that after NGT she was able to "relate better with herself, her life, as well as others" (Carrijo & Rasera, 2010, p. 126). This research suggests that NGT increases autonomy while simultaneously decreasing loneliness associated with overcoming one's mental illness.

Changes that occur as a result of an external event can also be difficult to manage. Butera-Prinzi et al. (2014) found that even when working with families, individual members reported feeling isolated after a loved one acquired a brain injury. Victims of abuse and neglect also report a similar experience of isolation, and Mertz (2004) found that this population could benefit from NGT as well.

Butera-Prinzi et al. (2014) implemented NGT with families living with an acquired brain injury (ABI). They wanted to find ways to assist families who had a member with an ABI to overcome their expressed feelings of isolation and loneliness. While the family was dealing with this loss, each member dealt with it differently. Butera-Prinzi et al. (2014) developed a model that applied NGT to working with groups of families to "find ways to continue living according to their preferred values, goals, and identities" (p. 81) and overcome the isolating effects ABIs can have on the family unit as well as individual family members. A case study of one family involved in the group was presented and the outcome of this study suggests that NGT has a lasting impact on reducing feelings of isolation among each member of the family, as well as with the family unit as a whole. The group lasted for two years and the families were allowed and encouraged to tell their story while simultaneously bearing witness to the stories of other families. Through the use of NGT among multiple families, members were able to re-write their story and tell one in which they are not alone and not defeated. The family unit grew closer to each other and they were able to recognize that others are facing similar trials.

Another study conducted by Mertz (2014) explored the impact physical or sexual abuse or neglect had on adolescents and young adults. The group was conducted in a residential treatment center for teenagers, was open, lasted for one hour per session, and averaged 15 participants at a time. Mentz (2014) found that the use of NGT among teenagers of abuse or neglect reduced isolation by teaching participants to "redefine themselves amidst a safe, supportive community" (p. 42). Through the use of various narrative activities in a group setting, teenagers began to work together to develop their own treatment process, reporting echoing feelings of empowerment and togetherness.

Through each of these studies, NGT assisted individuals to focus on the knowledge they have gained through their lived experience. An emphasis on NT encourages members to share with one another their successes, failures, and goals. An additional tenet of NT that has been found to be effective in the group setting is bearing witness to one's story (Baumgartner & Williams, 2014). Through the telling and re-telling of one's story, along with peers who can bear witness to this story, individuals are able to "bring together previously fragmented and isolated aspects of the self," (Yanos, et al., 2011, pg. 585). This process increases insight and reduces feelings of isolation.

Externalizing the Problem

Individuals struggling with substance abuse (Clark, 2014 & Szabo et al, 2014), severe mental illness (Yanos et al., 2011), and social phobias (Looyeh et al., 2014) often internalize messages of self-worth and see themselves as the problem rather than the illness as the problem. Learning to externalize the problem stimulates the installation of hope to promote positive change and growth (Clark, 2014; Looyeh et al., 2014; Szabo et al., 2014; Yanos et al., 2011). Among individuals struggling with substance abuse, self-blame and low self-worth are commonly held belief systems. Learning to separate the problem of substance abuse from the self has been found to promote change and facilitate recovery (Clark, 2014; Szabo et al., 2014).

Clark (2014) provides several case illustrations demonstrating the effectiveness of NGT in treating substance abuse and improving self-esteem. Through the use of narrative approaches in substance abuse groups, individuals are able to become the experts in their own lives and learn to control the problem rather than the problem controlling them. The groups are open, varying in size, and do not have a time frame specified. Rather than focusing on the structure of the groups, Clark (2014) suggests the use of the "Narrative Novel" and "Letter of Letting Go" as the necessary tools to externalize the problem of substance abuse and promote long-term change. In groups with female substance abusers, NGT participants learned that they are not defined by their problems. Findings suggest that by removing blame from the individual, recovery was improved (Clark, 2014).

Szabo et al. (2014) conducted a group based on the narrative restructuring model. The group consisted of six to eight alcohol dependent participants and lasted for three weeks, with four sessions per week. It was hypothesized that "therapeutically controlled restructuring of alcohol abusers' autobiography (which serves as self-representation) has measurable therapeutic effects and facilitates their recovery" (Szabo et al., 2014, p. 471). Pre- and post-tests were implemented utilizing the Hopelessness Scale (HS) and the means-ends problem solving procedures (MEPS). Results of the study found that hopelessness decreased in 80% of the participants while problem solving ability increased in 97% of participants. These findings suggest that NGT is a highly effective mode of treatment for substance abusers.

In addition to self-worth issues related to substance abuse, Looyeh et al. (2014) and Yanos et al., 2011) found that there are multiple negative stigmas are associated with depression, anxiety, and social phobias, among other mental illnesses that are commonly associated with negative self-image. The use of NGT, specifically the technique of externalizing the problem, can be a powerful tool for overcoming stigma. Yanos et al. (2011) found that individuals suffering from severe mental illness often "have difficulty differentiating themselves from their disorder" (p. 582). In their treatment manual, Yanos et al. (2011) describes a NGT approach that requires two facilitators for every four to eight participants, with one hour sessions in an eight week closed group. Case studies utilizing this approach were presented with findings suggesting that externalizing the problem of severe mental illness can have a profound impact on reducing

internalized stigma while improving hope, self-esteem, and social relationships. This is an especially significant finding as the current literature on treatments to address internalized stigma among severe mental illness is quite limited (Yanos et al., 2011). More research is suggested to determine if the results are generalizable to less severe mental illnesses and individuals seeking help that do not have a mental health diagnosis.

Adolescents with social phobia often times have negative views of self, externalizing positive situations or events while internalizing negative situations or events (Looyeh et al., 2014). In an effort to understand the implications of externalizing problems for adolescents with social phobia, Looyeh et al. (2014) conducted a study consisting of 24 boys. The participants were ages 10 to 11 years old and were placed into a NGT group and a control group. The group lasted 14 sessions, twice a week, lasting 90 minutes each. The goal of the group was to teach these adolescents to externalize their problems and begin to see the problems from various perspectives. The study utilized Children Symptoms Inventory (CSI-4) to measure the efficacy of NGT. A pre-test and two post-tests at one week and thirty day intervals were administered at home and school to measure the severity of social phobia symptoms. Results were analyzed utilizing an ANOVA and found significant decrease in symptoms at both post-test intervals. Findings suggest that externalizing problems through NGT has a positive impact on both symptom reduction and perception of internalized stigma associated with social phobia.

The NT technique of telling one's story increases the ability for the individual to externalize the problem and identify positive aspects of oneself while the group process creates an environment that is supportive and reinforcing of the newly authored story (Garte-Wolf, 2011). In working with clients who have been diagnosed with HIV/AIDs and are struggling with chemical dependency, Garte-Wolf (2011) found that individuals feel trapped and often internalize their experiences. Narrative Group therapy was found to be effective in externalizing their problems while emphasizing and reinforcing hopeful, positive stories.

Empowerment

Empowering clients is a central tenet of Narrative Therapy. Applying this to group treatment through the use of NGT offers significant advantages for those faced with issues of body image, struggles with intimacy, behaviors associated with ADHD and mental illness, and the results of trauma (Duba et al., 2010; Looyeh et al., 2012; Ricks et al., 2014; Robinson et al., 2015; Mohammadi et al., 2013, Lane et al., 2016). Oppression and low self-esteem are often associated with these issues, but can be overcome through the use of NGT.

Messages about body image and self-worth are prevalent in the media and leave many individuals experiencing oppression (Duba et al., 2010; Ricks et al., 2014). When these experiences are not addressed, severe pathology can result. Distorted body image and chronic mental illness are not uncommon and NGT can benefit these populations by empowering oppressed persons. Duba et al. (2010) found that "women have internalized the message that to be beautiful and attractive, one must also be youthful and slender" (p. 103). They outline various NGT techniques that "creates an environment of

empowerment through the questioning of societal norms" (Duba et al., 2010, p. 109). The NGT process challenges oppressive belief systems, normalizes one's experience, and encourages group members to identify healthier lifestyles that may fall outside of the negative societal norms that have been imposed throughout their lifetime. The group process allows for individuals to recognize that they are not alone and the narrative techniques encourage empowerment through re-writing one's story. Participants engaged in artistic activities, mapping, and constructing alternative stories. Group members were also encouraged to participate in a Spreading the Word exercise and creating a Wisdom Manual. Spreading the Word is a process in completed during the termination process of NGT. Participants share what they have learned about themselves and discuss techniques, tools, and tricks that worked for them through essays and art projects. All of the projects would then be collected and used to create a Wisdom Manual. The manual could be copied and given to each member for future reference as well as provided to new group members. Both techniques involve sharing information they have learned throughout the process of rewriting their story. This process fosters a sense of accomplishment and empowerment, as well as developing a united community (Duba et al., 2010).

Many individuals struggling with mental illness also report oppressive experiences, limiting how much they are willing to share with family, friends, or helping professionals due to a fear of what others might think (Ricks et al., 2014). Ricks et al. (2010) suggested a NGT approach identified various techniques to be used. Techniques included phototherapy, movies, music, memoirs, journaling, and scripts. These techniques are focused on listening, rather than solving the problem, which empowers participants to overcome stigma and oppression to rewrite their story as one in which their problem does not define who they are. Ricks et al. (2014) conducted NGT utilizing these techniques and found that "allowing clients to tell their story in their own words can be very empowering and revealing, and it allows clients to potentially gain a new perspective on who they are and where they have come from" (p. 107). These findings suggest that individuals who have experienced oppression may benefit from NGT by challenging personal and societal norms and beliefs.

Control and domination in relationships severely and negatively impacts couples' intimacy, mental health, and communication (Mohammadi et al. (2013). Pre-test and post-test measures were taken utilizing the Couples Intimacy Questionnaire (CIQ), demonstrating the empowering effect NGT has on enhancing couple's intimacy. Twenty couples participated in the study. Ten participated in the control group while the other ten participated in the experimental group. Comparing CIQ scores of the control and experimental groups, the study found a significant enhancement of couples' intimacy, both emotional and communicative, for those participating in NGT. Mohammadi et al. (2013) concluded that NGT "empowers individuals against personal and social problems" (p. 1771), decreasing oppressive experiences and improving interpersonal and intrapersonal relationships.

Studies by Looyeh et al. (2012) and Robinson et al. (2015) found that individuals diagnosed with attention-deficit/hyperactivity disorder (ADHD) or experiencing symptoms of ADHD internalize messages of self-worth and aptitude. Children and adults with ADHD often experience comorbid mental health diagnoses, low self-esteem, and poor academic performance (Robinson et al., 2015). Narrative group therapy can be an effective platform to empower individuals with ADHD to challenge negative beliefs, reduce rates of comorbid diagnoses, increase self-esteem, and improve academic achievement.

Looyeh et al. (2012) completed a study to determine if NGT is an effective method to encourage girls diagnosed with ADHD to re-write their narrative from one in which they are to blame for their illness to one where they are in control of their behaviors and future. Fourteen girls, ages nine to eleven were included. Participants were divided into three groups. Two intervention groups included three and four girls each, and one control group of seven girls was utilized. Groups took place for 60 minutes, twice a week after school, and lasted for 12 sessions. Participants were not on medication throughout treatment, or for at least 30 days following the completion of the study. Teachers administered the CSI-4 behavioral ratings scale, once pre-test and twice post-test, at one week and thirty day intervals. To control for expectancy effects, teachers were unaware that treatment was taking place. Results found that "participants began to identify and remind each other of inappropriate behaviors and its consequences and offer solutions without prompting" (p. 409), suggesting that NGT was effective in empowering young girls with ADHD. Post-test measures found a significant reduction in symptom scores at one week and thirty days for the intervention group while there was no significant change for the control group. In addition to behavior reduction, participants presented with improved self-understanding and self-esteem after the intervention.

Robinson et al. (2015) explored the long-term impact that ADHD has on women, including lower self-esteem, higher rates of divorce, and self-blame. To demonstrate the efficacy of NGT for women with ADHD, Robinson et al. (2015) conducted a study lasting 12 sessions. The semi-structured group included women ages 22 to 39 with self-reports of ADHD or a prior diagnosis of ADHD. Robinson et al. (2015) provided several case illustrations describing women who reported improved self-esteem after learning to "understand how cultural norms influence these stories, realize that stories can change, and help the group members construct strength-based stories" (p. 31).

Natural disasters can also leave individuals and communities left experiencing severe mental health symptoms, including PTSD, anxiety, depression, and sleep problems (Lane, Myers, Hill, & Lane, 2016). In response to a devastating earthquake impacting millions of people in Haiti, Lane et al. (2016) reviewed the impact of their NGT model that was used to decrease trauma symptoms. The model was a brief intervention, consisting of only six sessions and followed the novel *Gold Stone*. Participants would identify with a character in the story and learn to tell their story and how it relates to the character. Through the use of this model, individuals were able to tell their story, in

chronological order, based on their life before, during, and after the trauma, and described what they wanted their future to look like (Lane et al., 2016). Results of the study, utilizing a pair-samples t-test and pre- and post-test questionnaires, indicated a significant reduction of trauma symptoms (Lane et al., 2016). Despite the significant impact that the earthquake had on so many people, NGT empowered participants to become the author of their own stories.

Discussion

Narrative therapy has been found to be effective in helping clients re-write their story and become the authority of their own life (Ricks et al., 2014). Group therapy is successful in creating a space for individuals to relate to others, develop social skills, and cultivate a sense of hope (Yalom & Leszcz, 2005). Although research is limited, the current review of the literature demonstrates the potential for combining these approaches. Of the sixteen articles reviewed, only five administered an empirically supported measure to determine efficacy of the NGT model. However, with all five r studies, NGT was found to significantly improve the lives of the clients as well as reduce symptomology (Looyeh et al., 2012; Looyeh et al., 2014; Mohammadi et al., 2013; Szabo et al., 2014, Lane et al., 2016). Half of the articles reviewed presented one or more case studies of participants who were involved in NGT. Through self-report and therapist observations, vignettes were offered in support of the usefulness of NGT (Baumgartner & Williams, 2014; Butera-Prinzi et al., 2014; Carrijo & Rasera, 2010; Clark, 2014; Ricks et al., 2014; Robinson et al., 2015; Yanos et al., 2011). The remaining three articles provided an overview of techniques that can be utilized within the NGT framework (Denborough et al., 2015; Duba et al., 2010, Mertz, 2014).

Whether facing difficult change or embracing new, healthy change, individuals experiencing loneliness and isolation can benefit from NGT (Baumgartner & Williams, 2014; Butera-Prinzi et al., 2014; Carrijo & Rasera, 2010; Mertz, 2014). Narrative group therapy is effective to externalize the problem when working with individuals to overcome stigma and substance abuse (Clark, 2014; Looyeh et al., 2014; Szabo et al., 2014; Yanos et al., 2011), among other disorders. Additionally, the literature supports the efficacy of NGT for empowering participants to overcome oppression and improve self-esteem (Duba et al., 2010; Looyeh et al., 2012; Mohammadi et al., 2013; Ricks et al., 2014; Robinson et al., 2015, Lane et al., 2016).

Participants identified throughout the research on NGT include a diverse group of individuals, spanning across the lifespan (from children to older adults), ethnicities, socioeconomic status, identified problems, and gender. The duration of groups was between one to one and a half hours. The length of groups varied. Half of the groups were either open or did not identify length, three lasted twelve sessions, one lasted six sessions, and one each consisted of eight, fourteen, and fifteen sessions. The majority of the research was based on individual participants in a group setting. However, one study was comprised of couples and another involved families in group therapy.

Limitations

While the current literature supports the efficacy of NGT, there are some limitations that need to be addressed. The research on NGT is limited as only 16 articles were found utilizing the methods discussed previously. Within the articles found, only five utilized outcome-based research. Anecdotal data and presentation of case studies are helpful in determining the need for NGT, but additional outcome-based research is needed to determine efficacy. Furthermore, larger sample sizes are needed for generalizability as the research discussed is limited by the small sample sizes used.

Although the research appears to be multiculturally inclusive across the studies, the majority of the articles discussed homogeneous groups within their studies. Also, no research was found to address cultural considerations for populations who may not be comfortable sharing their narrative among a group of strangers.

Implications for Counselors

Despite the aforementioned limitations, the benefits of NGT appear to be substantial for the counseling profession. The short-term nature of the groups identified allow for individuals to seek treatment without a long-term commitment (Lane et al., 2016). Group has been found to be at least as effective as individual counseling (Yalom & Lysaker, 2011) and the inclusive, empowering nature of narrative therapy (Baumgartner & Williams, 2014) make NGT an ideal option for working with a plethora of populations and disorders. The telling of one's story, bearing witness to others' stories, and developing a future narrative filled with hope are NT techniques that appear to be helpful by empowering individuals, instilling hope, and externalizing the problem.

Conclusion and Future Study

The contributions of this literature to the field are currently limited. With further empirical research, NGT appears to be a promising treatment modality for counselors working in a variety of settings. More research is needed to address individuals that may not be appropriate for NGT. Ricks et al. (2014) points out that "individuals who are struggling with severe self-esteem issues may not be willing to initially participate in narrative activities that put his or her story on display for others" (p. 108).

Benefits of NGT include its brief structure, multicultural sensitivity, and appropriateness across the lifespan and inclusivity of problems addressed. The ability to conduct a group within six to fifteen sessions with positive results provides for a promising approach to treatment. Although NGT may not be appropriate for all cultures, the emphasis it places on the client being the expert and author of their own story creates a safe space that is multiculturally sensitive and can be easily implemented (Baumgartner & Williams, 2014).

Considering the strengths and weaknesses, there is still a long way to go before NGT can be deemed an empirically supported treatment. More studies are needed that utilize pretest and posttest measures and account for extraneous variables. Measures used should be scrutinized for reliability and validity. Also, additional studies need to be conducted utilizing a closed group

approach. Due to the timeline and constructing of one's story, an open group may not be appropriate for NGT (Looyeh et al., 2012). Within the context of managed care, attention to length of treatment is also important. Fewer sessions make treatment more accessible to individuals faced with time and financial constraints.

Next steps for further research include replicating the current studies utilizing pre-test and post-test measures that offer high reliability and validity. Additional outcome based studies are also needed to expand upon the current literature. Increasing sample sizes and addressing the heterogeneity of groups will offer more generalizability of the results. Although the strengths of NGT are significant, these steps are necessary to address the weaknesses and determine efficacy of the approach.

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Appendix A

The type of article, the summary of methodology, and the main theme identified were used to organize the articles reviewed in the current paper. Although multiple themes were found in each of the articles, only the most salient themes were identified in the table. Additional themes were discussed throughout the paper.

Table 1

Review of NGT Themes in the Literature

Shortened Article Title	Type of Article	Summary of the Methodology	Theme
Deconstructing the Mirror's Reflection…	Review	Detailed a manual for group narrative therapy	Empowerment
Treating social phobia in children through group narrative therapy	Study	The treatment group received fourteen 90-min sessions of narrative therapy twice a week	Externalization
Narrative Group Therapy for Alcohol Dependent Patients	Study	Pre- and Post-test using Hopelessness Scale (HS) and the Means-Ends Problem Solving Procedure (MEPS). Compared using t-test.	Externalization
Narrative Family Therapy and Group Work for Families…	Case study	Group work with a specific family over two years with intermittent interviews of each family member.	Reduced feeling of isolation
Becoming an insider: Narrative therapy groups…	Case study	Review of a group that had met over 120 times, averaging eight participants per week.	Reduced feeling of isolation
Narrative therapy integration…	Case study	Narrative Novel, letter letting go,	Externalization
My Story: The Use of Narrative Therapy…	Case study	Review of techniques	Empowerment
Narrative Enhancement and Cognitive Therapy…	Case study	2 facilitators, 4-8 members, for 1 hour groups	Externalization
An Exploratory Study of the Effectiveness of Group Narrative Therapy…	Study	2 intervention groups via random assignment to NGT	Empowerment

Group Narrative Therapy for Women…	Study	12-session, semi-structured group intervention with clinical manual for women 22-39 with a formal diagnosis or self-diagnosis of ADHD	Empowerment
Change in group psychotherapy…	Case study	12 sessions, 1 1/2 hours, participation of 7	Reduced feeling of isolation
The Circle: A narrative group therapy approach.	Review	Group in residential center for teenagers.	Reduced feelings of isolation
PART FOUR: Narrative approaches to therapy, group work and community work.	Case study	Case study	Externalization
Effect of Narrative Therapy on Enhancing of Couples Intimacy	Study	The method is semi experimental and control group pre-test and post-test was employed.	Empowerment
Utilizing narrative methodology in trauma treatment with Haitian earthquake survivors	Study	Paired samples t-test was performed.	Externalization

Natural Disasters: Implications for Counselors and Counselor Educators

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Abstract
Natural disasters often strike with little to no warning and have devastating effects. The impact of natural disasters can include loss of property, loss of a job, or impairment of psychological functioning for survivors of natural disasters. Counselors are called to understand natural disasters, the impact of natural disasters, and interventions for working with natural disaster survivors. Therefore, the purpose of this paper is to examine the impact of natural disasters on clients, counseling practices for working with survivors of natural disaster, and the impact of natural disasters on counselors. Additionally, implications for counselors and counselor education are discussed.

Introduction

Natural disasters have increased in frequency in recent years, and can strike anywhere at any time with little to no warning (Anderson-White & Gibbons, 2011; Najarian, Majeed, & Gasparyan, 2017; Sully, Wandrag, & Riddel, 2010). Thus, the disaster mental health field has grown rapidly in recent years (Boyd, Quevillon, & Engdahl, 2010). With the evolution of technology, media exposes individuals to natural disasters more immediately, and often creates a sense of obsession, fear, and fascination surrounding the disaster (Lahad, 2000). After a natural disaster occurs, large number of individuals, at times upwards of hundreds of thousands of individuals have their social, emotional, and physical structure interrupted (Jordan, 2002). The impact of natural disasters can include the loss of property, the loss of a job, the loss of a friend or family member, or the impairment of psychological functioning for survivors of natural disasters (Anderson-White & Gibbons, 2011; Burnham & Hooper, 2012).

The American Red Cross (ARC) has played a substantial role in the advancement of the disaster mental health field, as they were the first agency to recognize the need for specific disaster mental health care and the first agency to develop related training standards (Miller, 2012). ARC (2011) states that natural disasters are typically catastrophic and sudden event that disrupts the daily functioning of a community or individual, while resulting in human, environmental, and financial loss. In addition to the suddenness and catastrophic nature of natural disasters, Miller (2012) identifies and describes the seven unique stages of a disaster, which include: (a) warning (first awareness of a potential disaster), (b) threat (information related to imminent danger and a time frame of when the disaster will strike), (c) impact (when the disaster occurs), (d) inventory (examination and categorization of damages), (e) rescue (rescue efforts are organized), (f) remedy (rescue efforts are implemented), and (g) recovery (initial stability and beyond).

Counselors and counselor education programs have an ethical responsibility to understand trauma and disaster response interventions. Specifically, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2016) states that counselors must understand the "effects of crisis, disasters, and trauma on diverse individuals across the lifespan" (II.F.3.g, p. 8). Furthermore, the CACREP standards also indicate that counselors should understand, "community-based strategies, such as Psychological First Aid" (II.F.5.m, p.11). In addition to CACREP requiring counselors and counselors-in-training to understand the impact and interventions needed for natural disasters, the American Counseling Association (ACA) Code of Ethics also states that counselors must have an understanding of trauma. Specifically, ACA (2014) states that counselors must, "take reasonable precautions to protect clients from physical, emotional, or psychological trauma" (A.9.b, p. 6). Therefore, the purpose of this paper is to examine the impact of natural disasters on clients, counseling practices for working with survivors of natural disaster, and the impact of natural disasters on counselors. Additionally, implications for counselors and counselor education are discussed.

History of Emergency Response and Management in the United States

Haddow, Bullock, and Coppola (2013) provide a comprehensive history of emergency response and management in the United States. They explained that emergency response and management has evolved from the federal government offering loans to rebuild property lost during emergencies to a modern-day emphasis on emergency response and preparedness. Because of this shift, the Federal Emergency Management Agency (FEMA) was created and has become responsible for assisting communities in the creation of emergency readiness plans for weather related emergencies, creating a natural disaster warning system, and creating an emergency preparedness program for terrorist attacks (Haddow et al., 2013).

While the creation of FEMA was a major milestone in emergency response and management in the United States, FEMA experienced early difficulties and negative public perception. Early in the implementation of FEMA, many government officials raised questions about the importance and usefulness of the agency, which made it difficult for FEMA to gain momentum and support (Haddow et al., 2013). In addition to the difficulties from the government, the public perception of FEMA decreased after a series of poor responses to natural disasters, most notably Hurricane Katrina. As Hurricane Katrina impacted largely African American and low socioeconomic status communities, many considered the poor response time by FEMA as institutional racism and discrimination (Dass-Brailsford, 2010c). Overall, the response to Hurricane Katrina highlighted some of the many ongoing difficulties faced by FEMA, including long standing problems with access to services for diverse populations, media portrayal of diverse populations affected by natural disaster, and the beliefs that diverse populations have about governmental and relief organizations impact the quality of emergency services received (Boyd et al., 2010).

Impact of Natural Disasters on Clients

Natural disasters affect individuals on an emotional, psychological, behavioral, physiological, and spiritual level (Boyd et al., 2010). While there is a wide range of reactions to natural disasters, common symptoms include shock, anger, anxiety, fear of death and dying, concentration and attention difficulties, changes in appetite and sleep, social withdrawal, physiological changes, grief, obsessive thoughts, loneliness, increased confusion, and increased suicide rates (Abassary & Goodrich, 2014; Burnham & Hooper, 2012; Dass-Brailsford, 2010b; Frankenberg et al., 2008; Tuicomepee & Romano, 2008). Additionally, survivors of natural disaster may be at an increased risk for developing posttraumatic stress disorder. Dodgen & Meed (2010) reports that 25% of Hurricane Katrina survivors experienced posttraumatic stress disorder (PTSD), compared to the 8% lifetime prevalence rate of the general population. However, it is important to note that exposure to a natural disaster does not always result in PTSD (Knapp, 2010).

The impact of a natural disasters seems to be correlated to direct exposure a person has to the disaster (Smith et al., 2014). For instance, Tuicomepee and Romano (2008) discovered that mental health problems with Thai adolescents were positively correlated with their direct experience of a 2004 tsunami. More simply, mental health problems were more prevalent in Thai youth that experienced more damage in loss in the Tsunami. In a similar study, Frankenberg et al. (2008) discovered that the closer a natural disaster survivor was to the coast line during a tsunami in the Sumatra, the more likely they were to experience posttraumatic stress disorder.

There has been limited research conducted on individuals that were outside of the direct area that were impacted by the natural disaster. However, individuals that live nearby, have friends or family members that were directly impacted by the natural disaster, or have seen recounts of the natural disaster on television may develop symptoms of vicarious trauma (Smith et al., 2014). For example, a recent study (Smith et al., 2014) reported that individuals who lived nearby Haiti or had friends who lived in Haiti during the 2010 earthquake experienced high levels of distress even though these individuals were not in Haiti at the time of this natural disaster.

In addition to the individual level, natural disasters also affect the larger community in which they occur. Communities impacted by a natural disaster may experience widespread grieving, disorientation, unconstructive behaviors, economic change, environmental change, and an inability to associate meaning with the disaster (Boyd et al., 2010). While natural disasters have many negative effects on the communities in which they occur, some communities may come together and focus on rebuilding and finding a sense of meaning and resiliency (Boyd et al., 2010). Table 1 provides a brief overview and recap of the impact of natural disaster on individuals, communities, and counselors working with survivors of natural disaster.

Table 1
Reactions to Natural Disaster

Individual reactions to natural disaster	Shock, anger, anxiety, fear of death and dying, concentration and attention difficulties, changes in appetite and sleep, social withdrawal, physiological changes, grief, obsessive thoughts, loneliness, increased confusion, and increased suicide rates
Community responses to natural disasters	Widespread grieving, disorientation, unconstructive behaviors, economic change, environmental change, and difficulty assigning meaning to the event
Counselors responses to working with survivors of natural disasters	Vicarious traumatization and compassion fatigue

Counseling Clients Affected by Natural Disaster

The primary goal of disaster mental health services is to assist survivors in returning to their pre-crisis level of functioning while establishing a sense of safety and stability (Dodgen & Meed, 2010; Sandoval, Scott, & Padilla, 2009). Thus, traditional counseling approaches and interventions may not initially be the most effective or appropriate to help clients reach this goal. Instead, counseling interventions should focus primarily on support, compassion, stability, and developing coping skills to assist clients with navigating their crisis (Sandoval et al., 2009). Additionally, counselors can listen intently and empathically, help to facilitate access to resources that help meet basic needs, offer immediate assistance in problem solving and client advocacy, provide related psychoeducational materials, validate and normalize reactions to the disaster, and provide information to clients related to referral and other community resources (Dass-Brailsford, 2010d). Although the focus of counseling may vary from traditional methods, counselors should still ensure their counseling services are grounded in multicultural competence (Dass-Brailsford, 2010b).

When working with survivors of natural disaster, counseling sessions may operate outside of the traditional limits of counseling. For instance, boundaries, time limits, location, confidentiality, client load, and immediacy of counseling services may differ (Bemak & Chung, 2011; Dass-Brailsford, 2010e; Lahad, 2000; Miller, 2012). For example, counseling sessions may only last a few minutes and may take place outside of a counseling office while clients wait in line to receive needed resources and services. Regardless of how traditional or non-traditional a counseling session may appear after a natural disaster, counselors would benefit from actively listening survivors while frequently checking in to ensure that basic needs are still being met (Anderson-White & Gibbons, 2011). Additionally, Dass-Brailsford (2010b) explains that characteristics of effective counselors include the abilities to act quickly and creatively, propose potential solutions, and remain calm and collected in session.

Another overarching goal of disaster work is to develop short-term interventions that assist with recreating a sense of stability for clients (Dass-Brailsford, 2010, chp.6). Miller (2012)

explains that disaster mental health interventions serve three purposes. First is acute support, which aims to reduce stress, increase understanding of reactions, reduce negative coping skills, and increase knowledge of additional resources. Second is intermediate support in which counselors help clients to cope with the daily stressors of the natural disaster. During intermediate support, the therapeutic relationship is critical. Lastly, is ongoing treatment. With ongoing treatment, interventions are individually based to fit the specific needs of a client. Some of the most common issues addressed in ongoing treatment include acute stress disorder, PTSD, grief, depression, and substance abuse. Importantly, prior to working with survivors of natural disasters on a psychological level, counselors must first ensure that survivors have their basic needs met, including food, clothing, shelter, and safety (Anderson-White & Gibbons, 2011; Clettenberg et al., 2011; Dodgen & Meed, 2010). By meeting the basic needs and demands of natural disaster survivors, counselors help recreate a sense of normalcy and control, both of which are essential in the recovery process (Shelby & Tredinnick, 1995).

One of the most common interventions for working with clients affected by natural disasters is Psychological First Aid. Psychological First Aid was designed to be consistent with research related to risk and resilience factors after a trauma, applicable and practical, appropriate for all developmental levels, and culturally sensitive (Vernberg et al., 2008). Psychological First Aid consists of eight core actions for counselors to take while working with survivors: (a) making contact with clients, (b) providing safety, (c) stabilizing client affect, (d) addressing client needs and concerns, (e) providing practical assistance, (f) facilitating connections with social supports, (g) facilitating adaptive coping skills, and (h) creating linkages with needed collaborative services (Sandoval et al., 2009). Psychological First Aid focuses more on the immediate needs of the clients and delays working at a psychological level until a state of equilibrium is achieved. Other appropriate interventions for working with survivors of natural disaster include the ACT Model (Roberts, 2005), the Crisis Counseling Assistance and Training Program (FEMA, 2009), and the ABC Model of Crisis Intervention (Kanel, 2012).

Counselors often feel the pressure to rush to the scene of a natural disaster and immediately begin providing counseling services to those impacted by the natural disaster. However, Robbins (2002) explains that counselors must fight this urge, as beginning counseling with survivors of natural disaster too soon may have a negative impact. By rushing into providing counseling services, counselors have not fully assessed the current status and needs of survivors and also run the risk of assuming that all survivors have impaired psychological functioning issues (Robbins, 2002). Additionally, some believe that many counselors lack the necessary knowledge and skills to work with diverse individuals after a disaster occurs, but instead counselors are more likely to work from their own perspectives and values in a time of crisis (Morris & Minton, 2012; West-Olatunji & Goodman, 2011). More specifically, West-Olatunji & Goodman (2011) believe that counselor education programs often ignore the cultural impact that disasters may have. By ignoring these aspects of a client,

counselors may neglect cultural norms and traditions, which could prove harmful to clients (Dass-Brailsford, 2010b).

Marginalized Populations and Natural Disaster

Survivors of natural disaster respond to, show symptoms of, and recovery to crisis and natural disasters differently based on their cultural background (Boyd et al., 2010; Rosen, Greene, Young, & Norris, 2010; Sandoval et al., 2009). Because of this, counselors must be aware of historical and cultural factors when working with clients affected by natural disaster (Dass-Brailsford, 2010c). Unfortunately, counseling that occurs after natural disasters often implements a Western perspective of individualism and ignores the diverse needs and experiences of individuals who have been impacted (Bemak & Chung, 2011). Furthermore, clients from marginalized populations who are affected by natural disaster may have to overcome the realities of cultural mistrust and oppression before feeling safe starting counseling services (Bemak & Chung, 2011; Dass-Brailsford, 2010c). It is important to note that individuals from marginalized populations, such as racial minorities, children, the elderly, and lower socioeconomic status (SES) are more likely to display negative outcomes after experiencing a natural disaster (Dass-Brailsford, 2010c; Frankenberg et al., 2008; Tuicompepp & Romano, 2008; Weissbecker, 2009).

Racial minorities face a unique situation after experiencing a natural disaster, as they are challenged with navigating racism in the United States while also being exposed to the trauma of natural disaster (Boyd-Franklin, 2008). The experience of racism may increase the impact and symptoms experienced by survivors (Dass-Brailsford, 2010c). Dass-Brailsford (2010c) explained that African American children may have a more difficult time establishing a new support group after relocation than their White counterparts. Family support systems have been shown to be a strong predictor for post-disaster recovery rate of African Americans, and as such, counselors should work to incorporate family systems into their counselor with African Americans affected by natural disaster (Dass-Brailsford, 2010a).

In addition to racial minorities, children experience natural disasters differently than adults. For instance, children impacted by Hurricane Katrina and Hurricane Rita, were more likely to develop symptoms of posttraumatic stress disorder when compared to adults (Clettenberg, Gentry, Held, & Mock, 2011). Children often do not have the same amount of effective coping skills as adults, and they often may not fully understand why a natural disaster occurred (Knapp, 2010). Furthermore, children may display symptoms of exposure to a natural disaster differently than adults. For instance, changes in behavior, behavioral regression, bed wetting, clinging to parents, crying, or trembling with fear are common reactions for children (Knapp, 2010). When working with children impacted by natural disasters, counselors should use language and concepts that children can understand, be prepared to repeat explanations, validate children's thoughts, feelings, and reactions, and be consistent and reassuring (Knapp, 2010).

Elderly individuals are also likely to experience high levels of negative outcomes after experiencing a natural

disaster. For example, elderly individuals experience an increased risk of depression, physical pain, and transitional difficulties when forced to relocate from the support systems with which they were familiar (Sanders, Bowie, & Bowie, 2003). Another concern elderly individual's face after a natural disaster is relocation. They may have trouble relocating after natural disasters, as they may have limited resources for relocation accommodations (Dass-Brailsford, 2010c).

Individuals with limited resources are often hit harder by natural disasters. Tuason, Guss, and Carroll (2012) discovered that individuals from non-majority groups may experience a struggle or fight for resources from the federal government. These authors interviewed survivors of Hurricane Katrina about their experience of the storm asking questions regarding their life before, during, and after Hurricane Katrina. One of their findings was that individuals with fewer resources felt as though they were unable to prepare for the natural disaster headed their way. For some of these individuals, they considered their home the only passion they owned, and they wanted to stay to ensure they were able to protect their property. Individuals with lower SES are often not able to relocate after a natural disaster occurs, and are faced with the challenge of rebuilding their life without the necessary resources or having to relocate (Dass-Brailsford, 2010c).

Relocation and Displacement after a Natural Disaster

Many individuals who survive a natural disaster are faced with the reality of displacement or relocation (Tuason et al., 2012). However, displacement and relocation occur at higher rates for racial minorities (Dass-Brailsford, 2010a). When relocation and displacement occur, survivors of natural disasters may have to deal with obtaining a new car, finding employment, finding and keeping new housing arrangements, becoming part of a new community, making the difficult decision or staying in their new environment or returning home to rebuild, difficulties at school, finding and obtaining mental health services, and developing trust for the individuals in their new community (Dodgen & Meed, 2010; Houston, Reyes, Pfefferbaum, & Wyche, 2010).

In addition to the physical and immediate needs that arise because of relocation and displacement, there are also psychological implications. For instance, individuals who must relocate following a natural disaster often experience a slowed psychological recovery rate (Dass-Brailsford, 2010a). Godwin, Foster, and Keefe (2013) conducted a qualitative study and identified themes in the recovery process of families after Hurricane Katrina. One of the most prevalent themes was the relationship to the community. Their participants who had to relocate because of Hurricane Katrina reported sadness, devastation, and feeling like their community was forever changed. Although these experiences drastically changed the home and community they once knew, these survivors also reported the willingness and desire to begin rebuilding their community and working on identifying a new sense of normal.

Impact of Natural Disasters on Counselors

In addition to clients, natural disasters can also impact counselors in a variety of ways. For instance, vicarious

traumatization is a common reaction to working with clients affected by natural disasters. Vicarious traumatization occurs in a counselor's persona as the result of working with and engaging empathically with a client experiencing great distress or crisis (Jankoski, 2012). Symptoms of vicarious traumatization are numerous and include disconnection from loved ones, social withdraw, feelings of despair and hopelessness, changes in identity, worldview, and spirituality, and potential harm to clients as counselors may no longer be capable of providing competent clinical services (Jankoski, 2012).

Another concern that counselors working with clients affected by natural disaster encounter is compassion fatigue. Like vicarious traumatization, compassion fatigue occurs due to the exposure to great pain and suffering of clients, and often results in the decreased ability to display empathy (Dass-Brailsford, 2010e). When counselors experience compassion fatigue, they perceive little to no emotional support in the workplace and practice poor self-care strategies (Merriman, 2015). Common symptoms of compassion fatigue include difficulty sleeping, loss of confidence, ineffective self-soothing, decreased ability to maintain normal levels of functioning, and the loss of hope (Jankoski, 2012; Merriman, 2015). Most alarmingly, counselors who experience compassion fatigue are more likely to exit the professional early, encounter boundary and ethical violations with clients, and have impaired clinical decision making skills (Merriman, 2015).

While counselors are often affected by natural disasters, supervision can help alleviate the impact. This may be especially important as counselor education programs tend to ignore or rarely discuss counselor self-care (Jankoski, 2012). McNab (2011) identified five areas of discussion for supervision that are important for helping counselors working with clients impacted by disaster: (a) personal characteristics, (b) personal awareness, (c) understanding the relational dynamics, (d) using support mechanisms, and (e) building resilience. These topics range in discussion from emphasizing the loss of control that occurs during a disaster natural disasters, encouraging supervisees to remain empathic in counseling sessions, awareness of transference and countertransference, and identifying social support systems for both clients and supervisees to utilize in times of need (McNab, 2011). Furthermore, Merriman (2015) states that self-care is an important factor for preventing compassion fatigue and vicarious traumatization, and as such, counselor educators and supervisors should teach counselors about symptoms, risks, and protective factors related to compassion fatigue and vicarious traumatization.

Counselor educators and supervisors should work with counselors to develop and monitor self-care plans for counselors after they have worked with clients affected by natural disaster (Aten, Madson, Rice, & Chamberlain, 2008; Miller, 2012). Dass-Brailsford (2010e) specifies that maintaining a routine, seeking support as needed, and engaging in mindfulness as self-care strategies that supervisors can discuss with their supervisees. This is especially important as access to supervision can be a protective factor for vicarious traumatization and burnout for counselors working with survivors of natural disaster (Dodgen & Meed, 2010).

Natural Disaster and Related Professions

A brief review of related professions, psychology and social work, may assist in the development of theoretical frameworks and greater understanding of natural disasters. In the field of psychology, much of the research related to natural disaster has focused on the impact and lingering effects on those exposed to the natural disaster. For instance, Rosellini, Dussaillant, Zubizarreta, Kessler, and Rose (2018) report that PTSD, depression, and an increased risk for suicidality are the most prevalent negative reactions following earthquakes. Similarly, Cohen et al. (2016) discovered that depression and PTSD are two of the most common reactions to natural disasters, and argue that mental health professionals should create and use developmentally appropriate screening tools for working with survivors of natural disaster. More specifically, Cohen et al. (2016) found that when screening for depression after a natural disaster, the screening tool should focus on and ask specific questions related to lifetime mental health and trauma history to most accurately assess risk.

Martin, Felton, and Cole (2016) studied youth who experienced a flood and discovered that exposure to the flood, severity of exposure, and subjective experiences of the flood were strong predictors to the development of trauma symptoms. Additionally, Martin et al. (2016) found that preexisting depressive symptoms and the tendency to ruminate increased the risk of developing trauma symptoms after experiencing a flood. In regard to the lingering effects on natural disasters, Najarian et al. (2017) conducted a study in Armenia and discovered that 30% of participants continued to report symptoms of PTSD 20 years after experiencing an earthquake, and suggest that permanent relocation may provide less emotional stress and higher levels of adaptive functioning, such as normal living conditions, employment, school attendance, health care access, and a sense of routine in daily living.

While the field of psychology has focused primarily on symptoms and assessment, social work has focused on culture and early intervention. Rivera (2012) studied Puerto Ricans after natural disasters and discovered that help seeking behaviors and utilization of social supports were limited due to the comfort of obtaining these services and cultural issues and norms, such as trust, feeling like a burden, embarrassment, and shame. Benson, Furman, Canda, Moss, and Danbolt (2016) encourage social workers to incorporate aspects of faith, religion, and spirituality into post disaster interventions, as this may be beneficial in the recovery process of survivors. In both of these studies, the responsibility falls on the mental health worker to broach topics important to survivors and their cultural norms, values, and barriers to receiving services.

While there is great responsibility on mental health workers, it appears that there must be an intentional choice to even provide services after a natural disaster has occurred. McManus and Saucier (2012) report that mental health workers' perceptions and connectedness of natural disaster may impact their willingness to provide assistance, especially in regard to culture and race. More specifically, mental health workers' perceptions of the severity of the natural disaster, the extent to which survivors are blamed for their current

situation, and the perceived adequacy of help already received impact the willingness and amount of help provided.

The field of social work has also established that early intervention is crucial in reducing negative physical, psychological, and emotional effects of natural disaster (Benson et al., 2016). Furthermore, early intervention appears to be crucial as Marshall et al. (2011) report that the health impact of natural disasters has been greatly underestimated, especially for individuals belonging to marginalized populations. One early intervention consists of psychoeducational groups. Powell and Leytham (2014) describe a psychoeducational group for parents with children affected by natural disaster named Journey of Hope (JoH). JoH aims to reduce stress and build adaptive coping strategies and consists of five major educational components: understanding children's common reactions to trauma, understanding types and sources of stress, understanding how stress affects the body, discussion of new and adaptive coping mechanisms, and building community assets and supports. In addition to the five educational components, JoH allows for participants to understand and process their own reactions to stress, process grief and loss, identify individual and community strengths, plan for future community action and support, and build trust and community.

Implications for Counselors and Counselor Education

The CACREP standards and ACA code of ethics call for counselors to understand disasters and emergencies, trauma, and crisis intervention. One way to ensure that counselors and counselors in training are providing appropriate interventions to clients affected by natural disasters is to incorporate more focus and attention on natural disasters and crisis intervention within counselor education programs. To ensure that natural disasters are covered in counselor education programs, a commitment must be made by counseling programs to teach the understanding and interventions needed in a disaster environment during a counseling theories course. As counselor education programs are already stretched thin to meet accreditation and program requirements, incorporating an entire course focused on natural disasters may not be possible. However, there are still several manners in which counselor education programs can prepare student to work with clients affected by natural disaster. Sommer (2008) suggests that counselor educators incorporate current and past events to discuss crisis, disasters, vicarious traumatization, and self-care strategies. Similarly, Greene, Williams, Harris, Travis, & Kim (2016) discovered that counseling student's crisis counseling self-efficacy increased over the course of a practicum course when case-based examples of a client in crisis were used as a training tool, and recommend that counselor education programs consider incorporating similar case-based examples into their practicum courses. Additionally, Sommer (2008) recommends that crisis interventions, vicarious traumatization, and self-care strategies be included on lists of student presentations for counseling courses. Like all counselor education courses and course assignments, components of multicultural competence should be integrated into all teaching related to natural disasters (West-Olatunji & Goodman, 2011).

In connection to providing culturally competent services to survivors

of natural disaster, counselors must become advocates for their clients, especially when they are members of a marginalized population. Experiencing a natural disaster is a devastating event, but when institutions and systems fail to treat all survivors equally, clients from marginalized populations suffer. Counselors must take the necessary steps to meet the basic needs of their clients after natural disasters, but also take the extra step of challenging and confronting oppressive systems to ensure that marginalized survivors of natural disaster receive the resources necessary for coping and rebuilding. As emergency response and federal agencies often operate from a racist or oppressive perspective (Dass-Brailsford, 2010c), counselors can advocate for marginalized clients after disasters by helping them locate shelters and receiving the resources needed to begin their recovery process whenever necessary. Additionally, counselors can contact state and local legislators to ensure that emergency response management resources are inclusive to all impacted by the disaster. Lastly, counselors can work with police, firefighters, and other first responders to train them to provide culturally appropriate interventions after a natural disaster.

Conclusion

Natural disasters often strike suddenly and can have a devastating impact on thousands of individuals at once. Because of this, counselors must understand the emotional, behavioral, and psychological impact that a natural disaster can create. Additionally, counselors should be thoughtful and intentional when selecting interventions to work with survivors of natural disaster, especially when working with clients from marginalized populations. This article reviewed considerations for providing disaster mental health services and how they may differ from traditional forms of counseling. Additionally, Psychological First Aid was discussed as an appropriate intervention model for use in disaster settings.

In addition to the devastating effect on survivors, counselors working with survivors may experience vicarious traumatization or compassion fatigue. As such, counselor educators and supervisors should work to reduce the prevalence and severity of these vicarious traumatization and compassion fatigue by incorporating conversations regarding these concepts into their courses and supervision sessions. Counselor educators have the responsibility to ensure that counselors are prepared to work with survivors of natural disaster. Therefore, specific recommendations for incorporating components of disaster mental health into counselor education courses were discussed.

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Examining the Impact of a Positive Psychology Intervention with Latina Survivors of Intimate Partner Violence

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Abstract
We implemented a small series (N = 3) single-case research design to assess the effectiveness of a nine-session positive psychology treatment program for Latina survivors of intimate partner violence. Analysis of participants' scores on life satisfaction and depression scales using the percentage of non-overlapping data point's procedure yielded treatment effects indicating that a positive psychology treatment program may be effective for improving life satisfaction for Latina survivors of intimate partner violence. Implications for counselors and researchers are provided.

In the United States, there continues to be a growth in domestic violence (Binkley, 2013). According to The National Coalition Against Domestic Violence (NCADV, 2015) an average of 20 people are physically abused by intimate partners every minute. This equates to more than 10 million victims annually. NCADV refers to domestic violence as an epidemic affecting individuals regardless of age, community, economic status, sexual orientation, gender, or race. It is often accompanied by emotionally abusive and controlling behavior that is a systematic pattern of dominance, control, intimidation, and power (NCADV, 2015). Domestic violence can cause many issues including depression, anxiety, low self-esteem (Zlotnick, Johnson, & Kohn, 2006), reduced self-concept, and increased levels of trauma. As a result of negative psychological, mental, and emotional impact, professional counselors must be prepared to offer effective interventions and treatments to victims who seek services. Counselors can help break cycles of domestic violence in relationships, families, and systems to ensure future generations experience lower incidents of violence (Binkley, 2013). Additionally, since the Latina/o population faces unique individual, interpersonal, and intuitional challenges, effects of intimate partner violence might be greater.

The Latina/o population is at higher risk for mental health issues such as depressive symptoms, suicide attempts, and hopeless feelings (Centers for Disease Control and Prevention, 2011). Among Latina/o high school students, 18.9% considered suicide and 15.7% had a suicide plan, which are higher rates than Black and White Students (Kann et al., 2015). There is a complex interplay among individual, interpersonal, and institutional factors that influence Latin/o individuals. When Latina/o individuals have low self-esteem or motivation, lack support from teachers or counselors (Vela-Gude et al., 2009), and perceive inequitable and systemic issues (Cavazos, 2009; Kimura-Walsh, Yamimura, Griffin, & Allen, 2009), the resultant impact could be lack of hope, meaning in life, or powerlessness. As the result of individual, interpersonal, and systemic challenges, Latinas in particular might lack coping skills and positive outlook in life to leave an abusive relationship.

Therefore, the purpose of the current study was to explore the impact of a positive psychology intervention with Latina survivors of intimate partner violence (IPV).

Dual Model of Mental Health

Suldo and Shaffer (2008) argued that using a dual-factor model of mental health with indicators of subjective well-being and illness allows researchers to measure and understand complete mental health. Subjective well-being refers to life satisfaction and happiness (Diener, 2000) while psychopathology refers to internalizing and externalizing symptoms (Suldo & Shaffer, 2008). Because an examination of only psychopathology excludes important positive areas of mental health such as life satisfaction, Suldo and Shaffer (2008) suggested that indicators of well-being should supplement negative indicators of illness. In the current study, we focus on life satisfaction and depressive symptoms to measure and understand changes in complete mental health. Life satisfaction refers to cognitive evaluation of one's life circumstance (Diener, Scollon, & Lucas, 2003). It is an appraisal of one's life based on self-set standards and is an important component of subjective well-being (Pina-Watson, Jimenez, & Ojeda, 2014). For women who have experienced intimate partner violence, resilience and life satisfaction might be negatively influenced. According to Darling, Coccia, and Senatore (2012), self-assessment of feelings and attitudes about life and whether or not they have met the standards they have set for themselves will determine their satisfaction. Factors that can affect Latinas who survive intimate partner violence can influence the priorities they give to the components that influence their life satisfaction.

In addition to life satisfaction, it is important to measure changes in female survivors' levels of depressive symptoms. Depression is one of the most prominent issues that battered women who seek counseling face, suggesting that intimate partner violence is an important risk factor for depression. The rate of depression is four to five times higher in women who have experienced violence as compared to women without history of trauma. The prevalence of lifetime IPV reaches 60% among individuals diagnosed with depression (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Additionally, depression is one of the most common psychological disorders among Latina/os (Fox & Kim-Godwin, 2011; Vega et al., 1998). Some triggers for hopelessness and depression among low-income Mexican-ancestry women are spouse and family issues, loneliness, and inability to provide for families (Marsiglia, Kulis, Perez, & Bermudez-Parsai, 2011). Also, when compared with Caucasian or African American women, Latinas are less likely to receive mental health support (Shattell, Hamilton, Starr, Jenkins, & Hinderliter, 2008). Because of the seriousness of depression, it is necessary for counselors to intervene and for there to be more awareness in the Latino community.

Positive Psychology

A positive psychology framework is suitable for addressing mental health among Latina survivors of intimate partner violence because of its emphasis on life satisfaction (Seligman, 2002). Positive psychology focuses on positive human functioning and character strengths that help individuals overcome hardships and allows researchers to understand factors that contribute to students' and adults' well-being and resilience (Seligman, 2002; Synder & Lopez, 2007). Other principles of positive psychology are: (a) how to come to terms with the past (e.g., gratitude), (b) how to develop positive emotions about the present (e.g., acts of kindness, meaning in life), and (c) how to develop optimism about the future (e.g., hope; Seligman, 2002). Researchers (Vela, Lu, Lenz, & Hinojosa, 2015; Vela, Sparrow, Ikonomopoulos, Gonzalez, & Rodriguez, 2017) identified how positive psychology concepts (gratitude, hope, or meaning in life) are related to life satisfaction, grit, hope, and subjective happiness or life satisfaction among Latina/o college students. Whereas researchers

and practitioners used to apply deficit models to explain Latina/o students' academic achievement or mental health, recent attention has focused on positive psychology and other strength-based approaches to understand resilience and positive mental health (Cavazos et al., 2010). Given positive psychology's emphasis on wellness, life satisfaction, and character strengths (Seligman, 2002), an adapted intervention with Latina survivors of intimate partner violence could influence their complete mental health.

Purpose of Study and Rationale

The purpose of this study was to evaluate the efficacy of a positive psychology intervention for increasing life satisfaction and decreasing depressive symptoms among female survivors of intimate partner violence. The rationale for using a Single Case Research Design (SCRD) was to explore the impact of an intervention that might help female survivors of intimate partner violence (Ikonomopoulos, Vela, Sanchez, & Vela, 2016). Lenz (2015) recommended that researchers use SCRDs to examine treatment effectiveness for the following reasons: type of data yielded from analyses, minimal sample size, flexibility, and ease of data analysis. We agree with Lenz (2015) about the limitations of between-group designs, including sample size and types of comparisons. At the community counseling center where we recruited participants for the current study, a SCRD was feasible given the small sample size as well as potential to examine the efficacy of an intervention with a diverse population such as Latinas (Vela, Ikonomopoulos, Dell A'Quilla, & Vela, 2016). As a result, we implemented a SCRD (Lenz, Speciale, & Aguilar, 2012) to explore changes in life satisfaction and depressive symptoms as a result of participation in a positive psychology intervention. We followed Lenz (2015) guidelines to provide evidentiary support by describing participants' experiences with treatment as well as examining treatment efficacy. We evaluated the following research question: To what extent is positive psychology effective for increasing life satisfaction and decreasing depressive symptoms among Latina survivors of intimate partner violence?

Method

We implemented a small series (N = 3) A-B single case research design with Latinas survivors of intimate partner violence that had been admitted into treatment at an outpatient community counseling clinic to evaluate the treatment effectiveness associated with positive psychology.

Participants

Participants of this study were three adults who had been admitted for treatment at an outpatient community counseling clinic in the southern region of the United States. The three participants were women of ethnic identities aged between 21 and 28 years. All participants consented to participate in this study and were assigned a pseudonym to protect their identity.

Participant 1. Carla is a 25-year-old Hispanic woman who reported a five-year history of intimate partner violence and has had no previous counseling. She has two daughters and is unmarried. Carla is the daughter of immigrant parents and from a lower socio-economic status. She sought services for complaints of sadness and negative self-talk, which were affecting her day-to-day functioning. No diagnosis was given for Carla. Her goals were to increase self-esteem and life-satisfaction as well as reduce depressive symptoms.

Participant 2. Josie is a 22-year-old Hispanic woman who experienced intimate partner violence for three years and has had no previous history of counseling. She has one son and one daughter and is not currently married. Josie was referred to complete counseling by child protective services due to past drug use. She comes from a large family of ten children and she still resides in the family home. Upon coming to counseling,

Josie presented with tension, fatigue, difficulty concentrating, and excessive worry to the point of being unable to complete routine tasks. A diagnosis of generalized anxiety disorder was given to Josie. Her therapeutic goals were to improve self-esteem and life satisfaction as well as reduce symptoms of depression.

Participant 3. Eva is a 27-year-old Hispanic woman who had experienced severe intimate partner violence for three months. She has one daughter and had never received any mental health services. Eva originally sought counseling due to not feeling safe, even though her abuser was incarcerated. Eva reported feelings of hypervigilence, insomnia, and irritability, leading to a diagnostic impression of Post-traumatic Stress Disorder. Additionally, Eva reported feeling hopeless and had a tendency to put her self down. Her therapeutic goals were to increase self-esteem and life-satisfaction as well as reduce symptoms of depression. Only diagnostic impressions for the participants were given, as the counselor was a counselor in training.

Participants were selected based on eligibility (i.e., previous history of intimate partner violence) during initial intake sessions. The facility where participants received treatment provides services to survivors of intimate partner violence as well as services to their children and to survivors of sexual assault. Additionally, the facility provides psychoeducational and violence prevention programs within the community. Other services include a 24-hr hotline, hospital accompaniment, legal aid, and access to a temporary shelter.

Instruments

Life Satisfaction. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) measures perceptions of life satisfaction. Participants responded to a 5-item scale ranging from *strongly agree* (7) *to strongly disagree* (1). A sample item includes, "The conditions of my life are excellent." Possible scores range from 5 to 35 with higher scores reflective of higher levels of life satisfaction. Vela, Lerma, and Ikonomopoulos (2016) found that this measure has validity with Mexican American populations. Reliability estimates range from .78 to .82 (e.g., Ojeda, Castillo, Rosales Meza, & Pina-Watson, 2014), providing additional evidence regarding this instrument's use with Mexican American populations.

Depressive Symptoms. The Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) measures perceptions of depression symptoms. We used this scale because of its evidence of validity with depression (Tsai et al., 2015). Participants responded to a 20-item scale with item responses ranging from *never or rarely* (0) *to most of the time* (3). A sample item includes, "I did not feel like eating; my appetite was poor." Reliability estimates range from .88 to .94 (Park, Park, & Peteron, 2010; Woo & Brown, 2013).

Treatment

Participants received nine sessions of positive psychology therapy using Savage's (2011) curriculum. Although the curriculum was created and implemented with adolescents, much of it can be modified for use with adult women in individual counseling sessions. This curriculum was chosen because of its original purpose of increasing happiness and wellness, which could influence life-satisfaction and decrease symptoms of depression. The curriculum is structured into three phases: past, present, and future aspects of emotional well-being. Additionally, gratitude interventions and character strengths, sections on acts of kindness, and hope were added as a part of Savage's curriculum. The curriculum developed by Savage (2011) also utilizes journaling as a way of working with clients. Performing acts of kindness and having clients show gratitude to others by assigning gratitude journals are also prevalent in the curriculum.

The second author of the current study was a graduate student in a counseling and guidance program completing her internship at the site under the supervision of a licensed

professional counselor. She adapted Savage's (2011) curriculum for use with participants to increase gratitude, foster optimism, and develop self-efficacy. For Session 1, the goal was to establish rapport and increase awareness of subjective well-being by completing an activity where clients focus on a time that they were at their best. Sessions 2 and 3 focused on positive emotions about the past by exploring gratitude and thoughts about kindness. In addition, gratitude visits and journals were implemented during these sessions. Gratitude visits involved participants writing a letter to somebody they were thankful for and delivering the letter to the recipient. Sessions 4 through 7 focused on positive emotions in the present and included: keeping a personal list of acts of kindness performed, exploring character strengths, and using signature character strengths in new ways during the week. Session 8 focused on identifying and cultivating hope where participants wrote about their "best possible self" in the future. For session 9, counselor and client began termination of counseling and reviewed what was learned in therapy as well as encouraged personal reflection.

Procedure

Similar to other researchers (Ikonomopoulos et al., 2016; Vela et al., 2016), we evaluated treatment effect using A-B single-case research design (Sharpley, 2007) to determine the effectiveness of a positive psychology treatment program using scores on the SWLS and CES-D scale as outcome measures. After four weeks of data collection, the baseline phase of data collection was completed. The treatment phase began after the 4th baseline measure where the first positive psychology session occurred. After the tenth week of data collection, the treatment phase of data collection was completed.

Data Analysis

Percentage of non-overlapping data (PND) procedure was implemented to analyze quantitative data of the A-B single case design (Scruggs, Mastropieri, & Casto, 1987). A visual trend analysis is reported as data points from each phase are graphically represented (see Figures 1 and 2) to provide visual representations of change over the treatment period (Sharpley, 2007). An interpretation of effect sizes was conducted to evaluate the effectiveness of the positive psychology intervention when comparing each phase of data collection (Sharpley, 2007). Consistent with other researchers (Ikonomopoulos et al., 2016), we implemented the PND procedure (Scruggs et al., 1987) to analyze scores on the SWLS and CES-D across treatment. The PND procedure yields a proportion of data in the treatment phase that overlaps with the most conservative data point in the baseline phase (Ikonomopoulos et al., 2016). PND calculations are expressed in a decimal format that range between zero and one with higher scores representing greater treatment effectiveness (Lenz, 2013). We used Scruggs and Mastropieri's (1998) criteria for estimation of treatment effect wherein PND values of .90 and greater are indicative of very effective treatments, .70 to .89 represent moderate effectiveness, .50 to .69 are debatably effective, and .50 and below are regarded as not effective. This procedure was completed for each participant's scores on the SWLS and CES-D (see Figures 1 and 2).

Because we aimed for an increase in SWLS and a decrease in CES-D scores, the highest data point in the baseline phase for life satisfaction and lowest point for depression were used (Lenz, 2013). In order to calculate the PND statistic or effect size, data points in the treatment phase on the therapeutic side of the baseline are counted and then divided by the total number of points in the treatment phase (Ikonomopoulos et al., 2016).

Results

Figure 1 depicts estimates of treatment effect on the SWLS; Figure 2 depicts estimates of treatment effect on the CES-D using PND across all participants. Detailed descriptions of participants' experiences are provided below.

Participant 1

Carla's ratings on the SWLS illustrate that the treatment effect of a positive psychology intervention was moderately effective for improving her SWLS score. Evaluation of the PND statistic for the SWLS score (0.71) indicated that five out of seven scores were on the therapeutic side above the baseline (SWLS score of 17). Carla successfully improved Life Satisfaction during treatment as evidenced by improved scores on items such as "In most ways my life is close to my ideal," "The conditions of my life are excellent," and "I am satisfied with my life." Scores above the PND line were within a 10-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Carla's ratings on the CES-D illustrate that the treatment effect of a positive psychology intervention was not effective for improving her CES-D score. Evaluation of the PND statistic for the CES-D score (0.28) indicated that two out of seven scores were on the therapeutic side below the baseline (CES-D score of 3). Carla was unable to successfully improve Depression during treatment as evidenced by decreased scores on items such as "I was bothered by things that usually don't bother me," "I felt that I could not shake off the blues even with help from my family or friends," and "I felt depressed." Scores above the PND line were within a 6-point range. Trend analysis depicted an inconsistent level of improvement following the first treatment measure.

Participant 2

Josie's ratings on the SWLS illustrate that the treatment effect of a positive psychology intervention was moderately effective for improving her SWLS score. Evaluation of the PND statistic for the SWLS score (0.88) indicated that seven out of eight scores were on the therapeutic side above the baseline (SWLS score of 26). Josie successfully improved Life Satisfaction during treatment as evidenced by improved scores on items such as "In most ways my life is close to my ideal," "The conditions of my life are excellent," and "I am satisfied with my life." Scores above the PND line were within a 5-point range. Trend analysis depicted a consistent level of improvement following the first treatment measure.

Josie's ratings on the CES-D illustrate that the treatment effect of a positive psychology intervention was not effective for improving her CES-D score. Evaluation of the PND statistic for the CES-D score (0.25) indicated that two out of eight scores were on the therapeutic side below the baseline (CES-D score of 13). Josie did not demonstrate improvement in Depression during treatment as evidenced by decreased scores on items such as "I was bothered by things that usually don't bother me," "I felt that I could not shake off the blues even with help from my family or friends," and "I felt depressed." Scores below the PND line were within a 2-point range. Trend analysis depicted an inconsistent level of improvement following the first treatment measure.

Participant 3

Eva's ratings on the SWLS illustrate that the treatment effect of a positive psychology intervention was not effective for improving her SWLS score. Evaluation of the PND statistic for the SWLS score (0.00) indicated that zero out of eight scores were on the therapeutic side above the baseline (SWLS score of 29). Eva unsuccessfully improved Life Satisfaction during treatment as evidenced by decreased scores on items such as "In most ways my life is close to my ideal," "The conditions of my life are excellent," and "I am satisfied with my life." No scores were above the PND line. Trend analysis depicted a slight decline in scores on life satisfaction following the first treatment measure.

Eva's ratings on the CES-D illustrate that the treatment effect of a positive psychology intervention was not effective for improving her CES-D score. Evaluation of the PND statistic for the CES-D score (0.25) indicated that two out of eight scores were on the therapeutic side below the baseline (CES-

D score of 15). Eva unsuccessfully improved depressive symptoms during treatment as evidenced by consistently high scores on items such as "I was bothered by things that usually don't bother me," "I felt that I could not shake off the blues even with help from my family or friends," and "I felt depressed." Scores below the PND line were within a 13-point range. Trend analysis depicted a consistent level of depressive symptom scores following the first treatment measure, but a drop in depressive symptom scores occurred around the 7th treatment measure and stayed low in the 8th and last treatment measure suggesting depressive symptoms were much lower by that phase of treatment.

Discussion

The purpose of this study was to evaluate the efficacy of a positive psychology intervention for increasing life satisfaction and decreasing depressive symptoms among Latina survivors of intimate partner violence. Based on previous research and experiences, we developed two hypotheses: (1) participants would report an increase in life satisfaction after participating in a positive psychology counseling experience and (2) participants would report a decrease in depressive symptoms after participating in a positive psychology counseling experience. The results of this study demonstrate that the intervention helped improve the participants' life satisfaction but not depression. Support for hypothesis one was detected given that two out of three participants reported an increase in life satisfaction. These findings provide support for the notion that integrating positive psychology interventions at community agencies for Latina survivors of intimate partner violence might be a valuable practice to improve subjective well-being. For these participants, their level of life satisfaction appeared to improve over the course of treatment. This change in life satisfaction is particularly poignant given that positive psychological functioning is related to meaning in life, hope, self-esteem, and future outlook. We suspect that part of positive psychology might have assisted participants to express gratitude, identify meaning in life, and explore hope for their future (Seligman, 2002).

Our second hypothesis suggested that participants in the positive psychology counseling experience would report a decrease in depressive symptoms. Support for this hypothesis was not found given that three participants reported little or no decrease in depressive symptoms. There are several explanations for this finding. First, participants might not have met the threshold for clinical depression and one participant did not have any clinical significance on the CES-D scale. Carly did not reduce depressive symptoms because she did not begin treatment with clinically significant depressive symptoms. Second, our findings support a dual factor model of mental health. Suldo and Shaffer (2008) argued that using a dual-factor model of mental health with indicators of subjective well-being and illness allows researchers to measure and understand complete mental health. Because an examination of only psychopathology excludes important positive areas of mental health such as life satisfaction, Suldo and Shaffer (2008) suggested that indicators of well-being should supplement negative indicators of illness. Our findings support that although positive psychology can increase life satisfaction, it might not reduce depressive symptoms to the same degree, suggesting that positive well-being and clinical psychopathology are different parts of mental health. Trauma-focused cognitive behavior therapy (Lenz & Hollenbaugh, 2015) or group mindfulness based cognitive therapy (Lenz, Hall, & Smith, 2016) might decrease depressive symptoms among Latina survivors of intimate partner violence.

Implications for Practice

Based on this study's findings, counseling training programs should consider integrating curriculum that increases prospective counselors' understanding of positive psychology benefits. Counselor educators can consider discussing what positive psychology is, what techniques can be used, and the research that has been conducted

within this framework (Seligman, 2002). By learning about positive psychology techniques, counselors-in training will increase awareness of this type of treatment as well as the benefits with Latina survivors of intimate partner violence. Vela, Lenz, Sparrow, and Gonzalez (2016) commented that positive psychology constructs, including meaning in life, hope, gratitude, and happiness, are consistent with humanistic counseling. In addition, community counseling centers need to increase counselors' awareness of positive psychology to help improve overall mental health functioning among Latinas who have experienced intimate partner violence. Perhaps community centers can facilitate psychoeducational presentations on positive psychology and how it can be implemented with clients. Finally, counselors need to be aware that a stand-alone positive psychology framework might not reduce depressive symptoms. We suggest that counselors use positive psychology techniques with other approaches that may help reduce depressive symptoms. In addition to a positive psychology curriculum, trauma-focused cognitive behavior therapy (Lenz & Hollenbaugh, 2015) or group mindfulness based cognitive therapy (Lenz et al., 2016) might reduce depressive symptoms.

Implications for Research

First, researchers can evaluate the impact of positive psychology on different outcome variables such as happiness, anxiety, meaning in life, and psychological grit. More research needs to be conducted to explore how positive psychology might enhance different aspects of psychological functioning. Second, researchers should use qualitative methods to discover which specific positive psychology techniques were effective to increase life satisfaction among Latina survivors of intimate partner violence. In-depth interviews and focus groups with participants who experience a positive psychology intervention would provide incredible insight into perceptions of techniques such as gratitude, kindness, and character strengths. Additionally, it is important to use between-group designs to compare positive psychology with evidenced-based approaches (e.g., Cognitive Behavior Therapy) on mental health outcomes. It is also possible to explore the impact of positive psychology with another approach when working with survivors of intimate partner violence. We also encourage researchers to continue to use a dual-factor model of mental health to explore how interventions influence participants' symptoms of wellness and psychopathology. Findings from the current study provide additional evidence that life satisfaction and depression are not on opposite sides of a continuum. Finally, researchers should examine the impact of positive psychology with other populations such as victims of trauma and adolescents exposed to violence.

Limitations

There are several limitations that must be taken into consideration. First, we did not include withdrawal measures following completion of the positive psychology intervention. Although researchers use A-B design in single-case research, we did not use an A-B-A design that would have provided stronger internal validity to evaluate the impact of positive psychology (Lenz et al., 2012). Since the practitioner graduated and moved to a different state, she was not able to collect follow-up data. Second, Lenz (2015) stated that the use of multiple baseline measures may allow for internal validity and inferences related to causal comparisons. Although three or four baseline measurements are sufficient in single-case research, utilizing 5 baseline measures might have allowed life satisfaction and depression scores to stabilize prior to treatment (Ikonomopoulos, Smith, & Schmidt, 2015). Finally, utilizing a multiple-baseline design may have improved internal validity (Ray, 2015). With a multiple-baseline design, baselines are established by repeated observations at different intervals for each participant. Interventions can be implemented during different times for each participant and treatment effects may be demonstrated when changes are observed. This design controls for manipulation of extended treatment sessions to

influence treatment effect sizes (Ray, 2015). Additionally, we agree with others (Ikonomopoulos et al., 2016) that a possible limitation was the potential for access to the abuser to weaken this study in isolating possible reasons for change. Several participants mentioned that their abuser would contact them at work and home which increased their anxiety and worry. Finally, participants received eight or nine sessions of positive psychology over 13-weeks. Two participants missed 2 weeks of counseling sessions while the final participant missed three weeks. Although this is a limitation, it is important to note that participants missed counseling sessions due to lack of transportation.

Conclusion

Using positive psychology to assist female survivors of intimate partner violence in improving life satisfaction should be considered by counselors in clinical mental health and school settings. Based on the results of this single-case pilot investigation, positive psychology shows promise as an effective method for improving life satisfaction among Latina survivors of intimate partner violence. However, we encourage practitioners and researchers to identify other treatment approaches to help Latina survivors of violence decrease depressive symptoms. Intense therapies might need to address participants' depressive symptoms, this include studies on Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, or other trauma-focused therapies. While positive psychology can increase happiness, other therapies might need to focus on the other trauma aspects of mental health. We recommend that researchers continue to examine the impact of positive psychology with larger sample sizes, different outcome variables (e.g., happiness, meaning in life), and different methodological approaches (e.g., qualitative interviews). In the current study, we provide guidelines for counselor educators and practitioners to consider when implementing treatment approaches for Latina survivors of intimate partner violence with life satisfaction. We recommend that counselor educators and clinical mental health agencies promote the use of positive psychology with Latina survivors of violence. Counselor educators, clinical mental health counselors, and school counselors are in a position to promote and use positive psychology, which have been shown to improve some aspects of psychological functioning among female survivors of intimate partner violence.

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Figure 1.

Graphical Representation of PND Ratings for Life Satisfaction by Carla, Josie, and Eva.

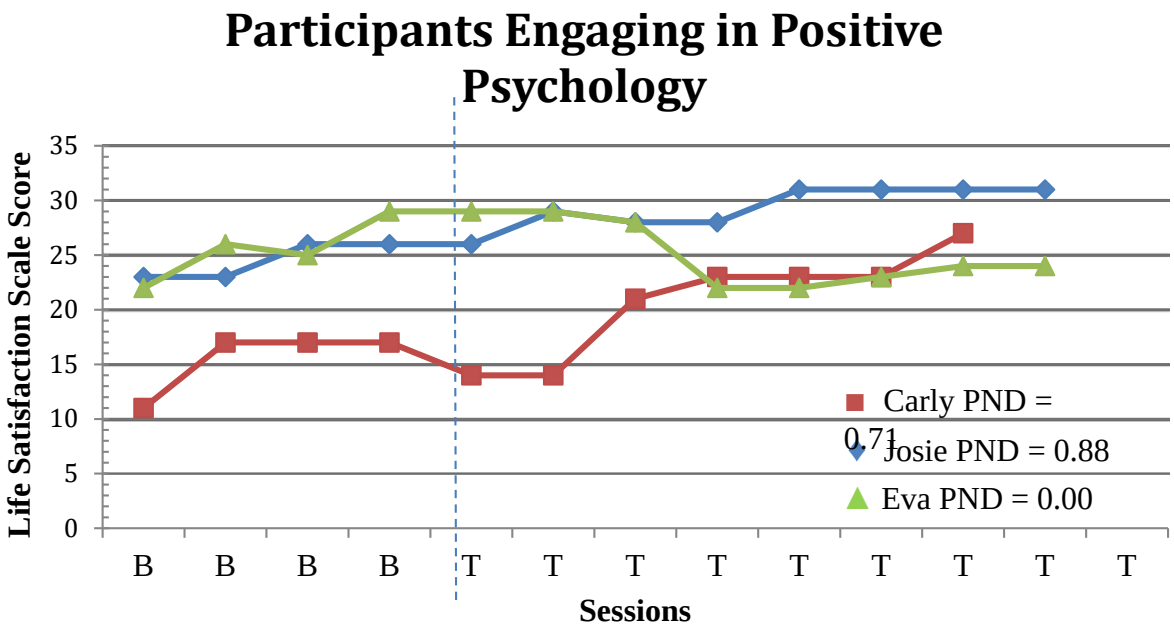
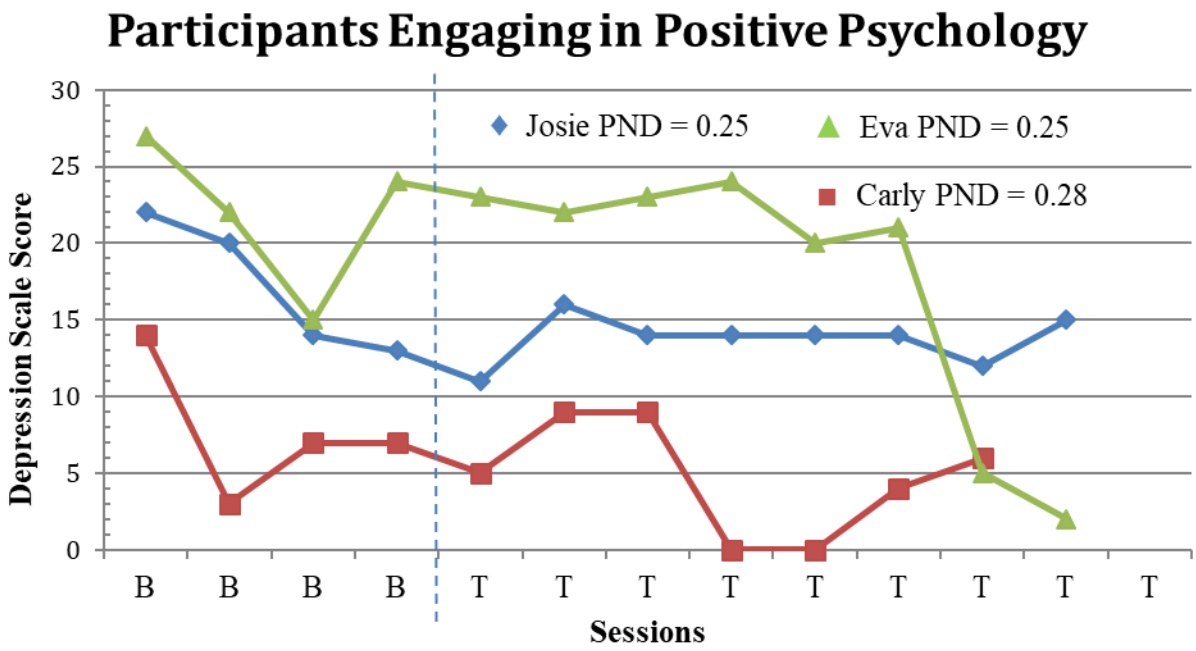


Figure 2.

Graphical Representation of PND Ratings for Depression by Carla, Josie, and Eva.



A Narrative Approach to Helping Families and Their Children Who Identify as Transgender or Gender Nonconforming

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Abstract

Counselors can help families of transgender or gender nonconforming youth adjust after a child or adolescent expresses differences in gender identity. We propose a community based narrative group therapy which may increase family cohesion and acceptance within the changing family dynamic. The program is psychoeducational and experiential, lasting eight sessions, and begins with psychoeducation about transgender individuals and heteronormative societies. It culminates in re-authoring and witnessing the family's story in a manner which honors the youth's gender identity. We propose this program as a strategy for helping practitioners connect diverse LGBTQ+ families with other families experiencing similar transitions.

Introduction

The Williams Institute at the University of California - Los Angeles' (2016) statistics indicated 16 million individuals, or approximately 0.6 percent of United States' population, identified as transgender, with younger individuals (ages 18-24) representing the largest portion of the demographic by age. With more individuals identifying as transgender at younger ages, it is important to possess accurate information about this population. As counselors and counselor educators, it is imperative to be prepared to work with, support, and advocate for transgender individuals and their families, particularly as they encounter resistance and discrimination from the political, social, and cultural systems within which they live, study, and work. Anti-transgender bias significantly and pervasively impacts the lives of transgender and nonconforming individuals. Together, the National Center for Transgender Equality and the National Gay and Lesbian Taskforce (2011) conducted a National Transgender Discrimination Survey and discovered pervasive experiences with disenfranchisement and discrimination, noting that respondents consistently experienced harassment, had double the rates of unemployment, significantly higher rates of homelessness, lived in extreme poverty, and even experienced frequent discrimination such as service refusal from public service officials and healthcare workers, including counselors. These statistics are increasingly disturbing when considering that over half of all LGBT homicide victims were transgender, with transgender women of color disproportionately represented among victims (National Coalition of Anti-Violence Programs, 2014).

When differences in gender identity coincide with race, ethnicity, ability status, and socioeconomic class,

the intersection of these aspects of identity may leave transgender or gender nonconforming individuals particularly vulnerable. Transgender individuals are those with a gender identity, or gender expression, that differs from their assigned sex, while gender nonconforming individuals choose to express their gender in a manner which does not conform to prevailing cultural or societal expectations about what is appropriate to their gender. These two terms are sometimes used interchangeably and may also denote individuals who are gender fluid or nonbinary, meaning they experience gender along a continuum or do not fit a prevailing category established by cultural or societal norms. Of individuals who responded to the National Transgender Discrimination Survey, 41% reported attempting suicide, with higher rates among those who experienced job loss due to bias (55%), harassment in school (51%), poverty and economic instability (61%), or were the victim of physical violence (61%) or sexual violence (64%). Despite these challenges, transgender individuals persevere and access support, love, and kindness from peers, groups and agencies, and their family members. Transgender and gender nonconforming individuals who experience family acceptance are protected against many institutional and societal threats to well-being. Those who do not experience family acceptance may be more likely to experience homelessness, incarceration, poverty, suicidal ideation, and substance use and abuse at significantly higher rates (Grant, Mottet, & Tanis, 2011).

Transgender Youth and Families

Pollock and Eyre (2012) created a grounded theory with three stages to describe the process which young people begin to identify as transgender. First, youth experience a growing sense of gender awareness as they are exposed to individuals outside the family system. For many youth, this gender awareness develops as they begin to interact with peers in school, enter puberty, and begin experiencing normal sexual impulses associated with this stage of development. This expanding knowledge impacts each young person's sense of their own gender identity. During the next stage, youth begin to experience discomfort and feelings of incongruence with the gender they were assigned at birth, beginning to recognize themselves as transgender or gender nonconforming. The final stage of development occurs as the youth begin to integrate their new gender identity, adapting to life as male, female, or nonconforming, sometimes described as gender fluid or nonbinary. We encourage practitioners to recognize gender as existing along a continuum, as even individuals who identify with their assigned male or female gender may lean towards a more masculine or feminine gender expression. This concept is defined as the way in which an individual manifests masculinity or femininity and is communicated by an individual's appearance, mannerisms, and mode of dress.

Families whose children identify as transgender or gender nonconforming experience a wide range of emotions after becoming aware that a member of the family is in transition. Qualitative research inquiries with parents of transgender youth yields

important information about these families (Dierckx, Motmans, Mortelman, & T'sjoen, 2016). Families with transgender youth may experience stages of grief, feelings of shame due to changes in social integration, and difficulties in family functioning (Dierckx et al., 2016). We encourage practitioners to review Dierckx et al., (2016) for a review of how family members may react and respond to having an individual who identifies as transgender or gender nonconforming. Additionally, Bernal and Coolhart's (2012) article provides an overview of treatment strategies and ethical considerations which must be considered when working with transgender children and youth in family therapy.

Program Overview

Because of the unique needs of this population, this program is intended to support adjustment in families and their children who identify as transgender or gender nonconforming. This program is conceptual in nature, as the approach is newly created and untested. The program is founded in theoretical principles related to narrative therapy, particularly social constructionism, or the notion that reality is constructed via interactions among and between people and the societal systems that surround them (Burr, 2013; Freedman & Combs, 1996). The program encompasses eight sessions, is progressive in nature, and becomes a closed group after the enrollment period and initial intake process. Sessions last approximately two hours to allow each member of each family sufficient time to express themselves, complete in-group activities, process those activities, and plan for between-session homework.

Before families begin the program, they go through an intake process to gather demographic information, determine where the family and transgender youth are in terms of gender transition, and complete two quantitative assessments to gather baseline data before the program begins. Because of the nature of the group, amount of recommended discussion, and variability in terms of family sizes, we recommend limiting program participation to no more than ten participants per session. If there are more than ten participants, groups can be split accordingly so that each group as no more than ten participants, with a minimum of four participants (Thomas & Pender, 2008). If multiple groups are needed, they could be run concurrently in separate rooms or on different days/times, depending on facilitator and family availability. While each family member need not attend to be considered for participation, we encourage families to bring all members who have significant contact and influence the transgender or gender nonconforming youth's life. Group participants should be provided with consent and assent forms, and group facilitators should review the limitations of confidentiality, provide background information about their qualifications, and discuss expectations of participation as part of the informed consent process (Thomas & Pender, 2008). If participants express the need to further process and work on changes made throughout the group, facilitators may offer referrals for individual therapy if requested.

During the screening process, each family member is given the Brief

Family Relationship Scale (BFRS), which measures a person's perception of the quality of their family relationship functioning. The BFRS consists of three subscales: Cohesion, Expressiveness, and Conflict, each containing 9 items which collectively investigate individual family members' perceptions of support, the degree to which they express themselves with other family members, and the degree of conflict they perceive in their families (Ting Fok, Allen, Henry, & The People Awakening Team, 2014). Transgender or gender nonconforming youth are also given an additional instrument to complete, the Perceived Acceptance Scale (PAS; Brock, Sarason, Sanghvi, & Gurung, 1998). The PAS measures an individual's perceptions of acceptance within specific relationships, where acceptance is defined as how others care for and value one unconditionally (Brock et al., 1998). The PAS may provide separate scores for perceived level of acceptance by different family members such as an individual's mother, father, other family members, and friends (Brock et al., 1998).

Program facilitators should be licensed mental health professionals who have experience working with transgender individuals as well as families and systems. We recommend facilitators read Bernal and Collhart's (2012) article discussing treatment and ethical considerations with transgender children and youth in family therapy prior to facilitating the group. Facilitators should also have working knowledge of narrative therapy concepts. Facilitators should prepare for their first group session by reviewing Dierckx et al. (2016). This article outlines ways in which one's family may impact the process of making a gender transition and illuminates the experiences of parents whose children are gender variant by identifying the specific challenges they may face when parenting transgender children.

Session One: Psychoeducation About Transgender Individuals & Heteronormative Societies

In this session, the facilitator begins by helping the group participants introduce themselves and providing a general overview of the group. As the facilitator discusses the group's content and process, family members are encouraged to ask questions to clarify any misconceptions or confusion about the purpose of the group. The facilitator should be receptive to these questions and address any concerns in a non-shaming way. Moreover, facilitators should not be surprised if one or more family members are hesitant or resistant to discussing differences in gender identity and expression in a non-pathological, accepting manner. We encourage facilitators to view any potential negative reactions as expected and normative, particularly in relationship to dominant cultural narratives about transgender and gender nonconforming individuals. Facilitators should respond supportively and empathically, while simultaneously encouraging individuals or families to be open and willing to engage in the discussion.

Session content begins with the facilitator discussing what it means to be transgender or gender non-conforming while living in a society where individuals are usually placed in distinct categories as male or female. These conversations should be non-

stigmatizing and non- pathologizing and should encourage discussions that normalize the transgender population. The facilitator should ensure that each family member has an opportunity to share about their individual experience. Next, the facilitator discusses the process of being transgender or gender nonconforming, and how the struggle to feel comfortable with and accepted in within one's gender identity can be at cross purposes with heteronormative societies. Family members are invited to ask questions throughout the session and to consider how each family member has dealt with changes in the youth's gender identity or expression. The facilitator should use words and handouts that explain transgender identity in layman's terms without minimizing the experiences of the family members. We recommend using The Genderbread Person exercise, which assists facilitators in explaining the interaction between gender identity, gender expression, biological sex, and sexual and romantic attraction (Brown, 2016). It is also important for the facilitator to discuss how victimization may arise as a result of living in a heteronormative society and how families are impacted as a result, empathizing with the challenges that families face when their child/teen identifies as transgender. This session concludes with the facilitator answering any questions from the family members and providing an outline for the rest of the program.

Session Two: Understanding Cultural Narratives About Families

This session begins with the facilitator clarifying information provided from the previous session and responding to any questions individuals or families may have. Next, the facilitator engages participants in a discussion about the cultural narratives which influence and impact the way they perceive and understand their own families. The facilitator invites group members to discuss these ideas using the following questions:

- What does society say healthy families "should" look like?
- What role does culture play in shaping these ideas?
- What story does society dictate for the roles of each family member?
- What story does society dictate about particular genders?
- What story does society dictate about individuals who are transgender or gender nonconforming?
- What does your family look like, in relationship to these societal and cultural stories?
- How does your family feel about that?

During this discussion, the facilitator's role is to ensure that each member of the family is emotionally safe while validating the comments from others. It is important for the facilitator to be aware that not all family members may be supportive of this transition and therefore may have strong feelings about what a "normal" family and family roles should look like.

Next, the participants discuss what it means, in their individual roles, to be connected to someone who is transgender or gender nonconforming. The facilitator should give parents, children, siblings, aunts, uncles, grandparents, and other family members ample time to share their thoughts. The facilitator's role is crucial, and they should look out for opportunities for clarification and empathy when the discussion may become shaming or confrontational. In order to facilitate this discussion, the facilitator might incorporate the following questions:

- What stories have you heard about the parents of transgender or gender nonconforming children?
- What has it been like for you to learn about the child/teen's gender identity?
- What reactions did you experience when you first found out? What reactions do you have now?

The facilitator engages the transgender youth so that they may discuss what it means to be transgender in the context of being a child, sibling, or other relative. The youth are encouraged to share their stories without personal judgment, and the facilitator may help youth by asking the following questions:

- What was it like for you to realize you did not identify with the gender assigned to you at birth?
- What have you heard about transgender or gender nonconforming people?
- What role does your gender identity play in terms of your family relationships?
- What is it like for you to be surrounded by your family and/or other youth like yourself who identify as either transgender or gender nonconforming?

To end this session, the facilitator engages in discussion about what it is like to hear from others who have family members who identify as either transgender or gender nonconforming.

Session Three: Honoring Experiences of Individual Family Members

This session begins with a recap of the previous session and an opportunity for participants to ask questions. The facilitator allows all family members to share their thoughts and feelings. Although the participants might have shared only a little about their experiences during the previous session, they are given the opportunity to explore their feelings and thoughts regarding the changes that they have experienced in depth. The facilitator's role is to ask questions that encourage the participants to explore the meaning behind their current role within their respective families, as this will help the facilitator to determine narratives which exist within each family member and for the family as a whole. Some questions facilitators may ask to prompt discussion include the following:

- What meaning do you make out of being the parent of a

transgender child? A sibling?

- What meaning do you make from being a young transgender or gender nonconforming person?
- What story do you tell about this process? How did you create this story?
- What stories do your family members tell about this process? How do your individual stories come together to form a family narrative?

These questions may evoke strong emotional responses, and therefore the facilitator should be attentive to responses (verbal and nonverbal) from the participants. The facilitator should keep the transgender youth safe in terms of monitoring the conversations and ensuring they do not become blaming, shaming, or stigmatizing. This is especially important as participants share individual stories with the hope of understanding each other. After participants share stories, the facilitator introduces the concept of acceptance in terms of how each participant defines self and other members of their family. The facilitator defines the meaning of acceptance and relates the concept to self and others to help participants redefine themselves and their view of others. The facilitator then introduces the practice of loving-kindness meditation to teach the concept of acceptance. Through the act of loving-kindness, individuals learn how to flourish from within. When individuals learn to acknowledge their own loveliness and that of others, there is a natural reward that follows (Salzberg, 2002). The facilitator's role while teaching loving-kindness is to reinforce the intentions behind it for increasing self-acceptance and acceptance of others, in addition to personal awareness and wellbeing. The facilitator then leads the group through a guided loving-kindness meditation and provides the family with a short script to take home with them. As homework, family members are invited to practice a loving- kindness meditation for five minutes daily, using the script provided by the facilitator.

Session Four: Authoring Family Stories

This session opens with the facilitator reviewing information covered in the previous session, including concepts of acceptance, mindfulness, and loving-kindness meditation. Participants are encouraged to share their experiences with these practices over the past week.

The facilitator should encourage participants to discuss their experiences having used meditation to foster feelings of love and acceptance within themselves. If some participants had trouble with the practice, the facilitator may create linking conversations with participants who shared about having experienced positive effects to help those who may have struggled to gain clarification and refine their meditation. After this conversation, the facilitator guides the discussion into one related to understanding and recognizing aspects of the loving-kindness meditation that may have been difficult because of the stories families have heard about themselves and continued to perpetuate within their families throughout the transitional process, both positive/negative and helpful/unhelpful.

Facilitators may use the following questions to stimulate group discussion:

- What story does society tell about families who have a transgender or gender nonconforming member?
- How did your family come to believe this story? How did you come to reject it?
- What story does your family tell about gender identity and expression? How has this story changed since learning about the child/adolescent's gender identity?
- What meaning do you make out of being a family with a transgender member?
- Does your family's current story support your family's hopes, dreams, and intentions?

The facilitator discusses the process of weaving individual stories into an overall family story which shapes the way the family lives and operates, feels about themselves, and relates to the broader sociocultural context within they live, study, and work. The facilitator engages families in awareness-building conversations related to narratives which are unhelpful for their social and emotional adjustment, particularly when those narratives reinforce heteronormative societal ideals which are inherently incompatible with having a member who identifies as transgender or gender nonconforming. The facilitator's role is to recognize when participants may share a particular narrative, link them to other participants who share similar narratives, and help those participants begin to consider how and under which circumstances they formed those narratives. Families are invited to consider the possibility of having alternative stories, especially when their current, dominant narratives are unhelpful or no longer fit the family's structure as they learn to redefine their roles and identities in terms of having a member who is transgender or gender nonconforming.

For homework, families are asked to think about times in which they have recently found their family to be strong, cohesive, loving, functional, etc. Families are encouraged to think about and discuss alternative, positive, and helpful family stories with individual family members and as a family unit. The facilitator reminds each family that there is no one "right" way to be a family, and that each family will display unique strengths, even though they each share a common transitional phase at this time. At the end of the session, each family member is asked to complete the Brief Family Relationship Scale (BFRS; Ting Fok, et al., 2014) to monitor and determine if there are have been changes in terms of cohesion, support, and conflict within the family as they have participated in the group thus far. The transgender child or teen completes the Perceived Acceptance Scale (PAS) in addition to the BFRS.

Session Five: Thickening Helpful Family Narratives

Session five begins with the facilitator reviewing information related to family narratives discussed in the previous group meeting. Participants are invited to discuss and process through

any reactions they may have had to last week's group, and the facilitator's role is to validate and honor each family's perspective, especially in terms of negative experiences related to heteronormative societal expectations. Families are invited to discuss the positive, hopeful stories they noticed about themselves over the past week. The facilitator's role is to elicit aspects of the families' recent experiences which were positive and left them feeling as though they were a cohesive, well-functioning unit. The facilitator invites families to discuss the process of making these narratives "preferred narratives" by using language which describes their family in positive terms, and choosing to focus on these hopeful stories in times of distress and conflict. Some questions to stimulate discussion include:

- What was it like to notice alternative stories about your family over the past week?
- Did anything change in terms of how you felt or acted towards a specific family member?
- What would it be like to notice these positive qualities in your family more often?
- Would anything change in how you are functioning together now?
- How about in terms of how you treat one another?

After discussing the process of noticing hopeful, positive, alternative stories about the family as a unit, the facilitator guides participants through the process of helping each family notice and discuss aspects of how they functioned well in the past (pre-transition or pre- discussion of gender nonconformity on the youth's behalf), recognizing that these positive qualities do not change with a person's gender identity. Individuals within each family are invited to find preferred narratives about the members of their families. The facilitator helps each family discuss the process of noticing these positive aspects in order to strengthen hopeful views of each member. After each family has identified at least one positive, hopeful narrative about each member, families are invited to discuss how the positive aspects of each member contribute to their overall family functioning and wellbeing, especially in terms of cohesiveness, supportiveness, and conflict resolution.

Family members are also asked to recognize how these positive qualities may help the family through their transitional phase. For example, a family member who has been described as a hopeful, positive individual may serve the role of helping the transgender or gender nonconforming youth maintain a hopeful outlook in the face of adversity experienced at school or in the community. Transgender youth who are described as unique may be viewed as helping the family form a strong, exceptional identity and as a source of inspiration for other family members who may be struggling to be themselves (e.g., younger siblings). For homework, families are invited to continue to mindfully notice these preferred stories in relationship to each member of their family.

Session Six: Authoring Family Stories using the Tree of Life

The facilitator begins this session by reviewing each family's experience mindfully noticing preferred stories about individual family members and about their families as a whole. The facilitator also elicits thoughts, feelings, and behaviors which may have changed or come to light in response to last week's homework. After discussing the ongoing process of noticing preferred narratives to thicken hopeful, helpful stories about families and individual members, the facilitator relates this process to creating and recreating narratives within the family to reflect how the family has changed (and may continue to change) as they redefine their roles in terms of their relationships. The facilitator may use the following questions to help each family discuss this process:

- What, if anything, has changed about how you think, feel, and act towards your family since you've begun telling these new stories?
- What, if anything, has changed about the story you tell about being a family in transition?
- What other stories would you need to thicken to help your family and its individual members with this transition?
- What do you want others to know about your family's past, present, and future?

After families have an opportunity to discuss this last talking point, the facilitator introduces the concept of the Narrative Tree of Life and provides instructions for completing the exercise. Families are given a large piece of white butcher paper and markers/other art supplies to decorate and work on their trees and invited to create the tree with these guidelines in mind, adapted from Ncube's (2006) original guidelines for creating Trees of Life with African children who had lost their parents to HIV/AIDS.

Families are instructed to begin by creating the roots of their trees using their social and cultural histories, family origins, and spiritual or religious roots, if applicable. Next, families are invited to create the ground above the roots using aspects of their current lives, including where they currently live, what each family member is doing, and what it is like to "break new ground" in terms of helping the youth and family adjust to transgender or gender nonconforming identities. Each family creates the trunk of their tree using the strengths, resources, and abilities of each member, making sure to tell stories about how and under which circumstances these positive qualities developed. Finally, the family creates the leaves of the tree by identifying their hopes and dreams for the family's future, gifts the family has received in terms of their unique history and development, and important individuals who will continue helping the family grow their tree, both as they adjust to new roles and relationships in terms of having a transgender or gender nonconforming individual and the direction they see themselves moving towards together in the future. After each family has completed their Tree of Life, the facilitator leads the group through a processing discussion. Some salient questions include:

- What was it like to complete the Tree of Life with your family?

- How does your family's tree reflect your past, present, and future together?

- How will the aspects of the tree help your family manage this transition?

For homework, families are invited to take their Trees of Life home and hang them in a place of honor. The facilitator encourages each family to reflect on what it means to be a family in transition.

Session Seven: Witnessing

The seventh session honors the social constructionist idea that identity is social and is essentially "produced and authenticated as others witness our lives," giving substance to an alternative, preferred narrative (Crocket, 2013, p. 475). Families are given the opportunity to tell their re-authored stories, discussing their family in transition in positive terms and as a cohesive unit which is adjusting to different roles. In keeping with narrative therapy's tradition of engaging in celebrations to signify victory and achievement in constructing a preferred reality, we suggest extending the length of this group to 2.5 hours and inviting families to bring food to engage in a celebratory potluck. Each family is invited to elect a speaker or may take turns discussing their narratives with the group. Each family in the group serves as a witness for the other families as they share their new, preferred narrative. The facilitator's role is to help witnesses shape their responses and may provide these guidelines to group members:

- While you were listening to the family's story, what did you hear that you were most drawn to?

- What kinds of changes did you hear the family make? What about the parents? Siblings? The transgender youth?

- How do you suppose they made these changes? What has helped them form this new, preferred story?

- Having heard this story, what ideas do you think you can take to help your own family in transition?

In addition to helping families share their stories and helping witnesses shape their responses, the group facilitator serves to keep the family safe in terms of monitoring and possibly disrupting shaming or unhelpful conversations that may arise. Otherwise, the facilitator continues the group process.

Session Eight: Resources Wrap Up

This final session begins with a general recap of the past seven weeks. The facilitator processes the experience of participating in the group with family members and the transgender or gender nonconforming youth. Families are invited to discuss their redefined, preferred narrative about how they see themselves and their families. The facilitator will also share additional resources for family members which are available within their communities,

including scripts for loving-kindness meditation practices, contact information for transgender and LGBT support groups, and online resources such as GLAAD and the Trans Youth Equality Foundation (TYEF). As a post-assessment, the Brief Family Functioning Scale (BFRS; Ting Fok, et al., 2014) will be re-administered to individual family members to reassess their perceptions of support, the degree of conflict they perceive among family members, and the degree to which they express themselves with their family members. The transgender or gender nonconforming youth completes a final assessment using the Perceived Acceptance Scale (PAS) in addition to the BFRS.

Program Evaluation Plan

The program evaluation includes both quantitative and qualitative methods. As previously mentioned, the Perceived Acceptance Scale (Brock et al., 1998) for transgender youth and the Brief Family Relationships Scale (BFRS; Ting Fok, et al., 2014) are each administered at intake, at the fourth session, and after the group has ended in order to determine whether the transgender or gender nonconforming youth has experienced any changes in terms of perceived acceptance and to determine whether any changes have occurred in terms of each family member's perceptions of their cohesiveness, expressiveness, and experiences with conflict. These two quantitative instruments provide measurable outcome data regarding the experiences of the transgender youth and their family members in terms of acceptance and the functionality of family relationships.

Aside from these quantitative measures, we recommend sending out a survey six weeks after the group has ended to obtain additional qualitative data regarding participants' perceptions of the usefulness of the group, their perceptions of whether anything has changed in terms of their family functioning since the group ended, and any recommendations for making groups more helpful or supportive. Sample questions to include on a follow up survey are as follows:

- What was it like for your family to participate in this group?
- What, if anything, changed about your family's story as a result?
- What, if anything, has changed about your family's ability to appreciate one another?
- What, if anything, have you noticed about your family's acceptance of transgender or gender nonconforming individuals?
- If you could share the information you learned with other families in transition, what would be the most important thing for them to know?
- If you could change anything about this group, what would it be?

Recommendations for Counselors

Transgender or gender nonconforming youth and their families face real and crucial issues for counselors

to explore. These issues arise due to the various personal, interpersonal, and societal effects of gender change (Norwood, 2012). By gathering quantitative and qualitative data after completing the program described above, we can learn about the experiences of transgender youth and their family members, and the impact that this transition had on them individually and collectively as a family unit. The program evaluation plan is designed to address the goals of this program and is based on sound evaluation principles. This program also clearly states a rationale that provides context for the presentation of this material based on current social, political, multicultural, or other significant factors as noted in the literature.

We recommend that counselors carefully consider the material presented, as the information participants may learn from this program can help parents and siblings adjust to having a transgender relative. In addition, the structure of this program can assist counselors in learning about how personal perceptions are impacted by societal norms. Counselors are encouraged to support the discourse between the transgender youth and their families, especially parents or primary caregivers, to facilitate increased parental understanding and acceptance. Increased acceptance and understanding may lead to the transgender youth experiencing improved mental and physical health. This discourse is important for the transgender population due to the distinct differences between sexual orientation and gender identity, which may be a topic of contention for family members (Bernal & Coolhart, 2012). Counselors are recommended to refer to the ACA Code of Ethics and the ALGBTIC Counseling Competencies to be sure they maintain best practices as they work with transgender youth and their families.

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