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Understanding counselors' experiences of treating racial trauma: a qualitative study

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Abstract

The purpose of this generic qualitative study is to understand how U.S. counselors describe their training and experiences in treating racial trauma with clients of color. By exploring the perspectives and practices of counselors, this study sought to provide an in-depth understanding of how mental health professionals navigate the complexities of addressing racial trauma within their therapeutic settings and how well their CACREP-accredited counseling programs prepared them. The findings revealed that counselors use various counseling approaches, including traditional counseling theories and evidence-based modalities, and often had to modify their approach to better serve the clients due to their experiences with racism. Further research should include incorporating education and training about racial trauma into counseling program curriculum, the impact of counselors' intersectional identities on their ability to treat racial trauma effectively, and the role of clinical supervision in supporting counselors in their work treating racial trauma with clients of color.

Keywords: Client Of Color; CACREP-Accredited Counseling; Counselors; Experience; Racism; Racial Trauma.

1. Introduction

The objective of this generic qualitative study is to gain a comprehensive understanding of how U.S. counselors describe their training and experiences in treating racial trauma with clients of color. By examining counselors' accounts, the research sought to identify common themes, patterns, and insights related to their training, strategies, and the personal and professional impact of addressing racial trauma within their counseling practice. Ultimately, the objective is to contribute to the existing knowledge base on racial trauma treatment and inform efforts to enhance counselor training and support in this critical area.

Research studies and scholars have documented the wide range of symptoms on people of color (POC) as they can suffer from because of racial trauma associated with racism. A study conducted by Carter et al. [[1]] demonstrated while using a Trauma Symptom Checklist-40 to determine the impact of trauma that there were significant associations between symptoms of trauma and the presence of race-based trauma. Although there is a growing awareness and understanding of the significance of race-based trauma, there are currently limitations in the clinical treatment options available to POC groups in the United States. A study by Liu et al. [[2]] contends that current theories in academia fail to address racialized trauma and the unique sociocultural settings in which these individuals experience it and racialized violence. The racial trauma experienced by people of color in the United States is primarily obscured by factors such as White supremacy, White fragility, and distress that lead to a movement that rejects the notion of racial trauma experienced by people of color [[2]]. Some researchers have emphasized that psychologists and counselor educators must re-position themselves to improve social justice as a priority in psychology and counselor education [[2]]-[[4]].

One of the significant developments since 2007 and more prevalently since the COVID-19 pandemic is the issue of collective racism and ongoing racial trauma for POC in the United States [[5]]-[[7]]. Scholars and researchers have

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documented the wide range of psychological symptoms people of color can suffer from due to racism and race-based trauma. A study conducted by Carter et al. [[8]] demonstrated that there were strong relationships between symptoms of trauma and race-based trauma through the use of the Trauma Symptom Checklist-40. The symptoms associated with trauma and race-based trauma include anxiety, depression, disassociation, abuse sexual problems, and sleep disturbances [[8]]. Counselors play an important role in recognizing and addressing race-based trauma [[9], [10]]. Despite the growing body of literature confirming the harmful impacts of racism on people of color, the literature is currently void of empirically validated treatments of race-based trauma symptoms.

1.1. Counselors' Training, Development, and Implementation of MCC

As previously described, the importance and discussion of multicultural counseling competence was spearheaded by Dr. Derald Wing Sue resulting in the creation of the Multicultural Counseling Competencies (MCC) by Sue et al. in 1992. According to the Multicultural Counseling Competencies, culturally competent mental health providers understand the beliefs, attitudes, values, and worldviews of their clients; they possess knowledge of common beliefs, attitudes, values, and worldviews associated with the populations with which they work; and they have the skills to work with diverse populations [[18]]. Being able to apply culturally appropriate skills and interventions when working with clients will enable counselors to demonstrate multicultural counseling competence [[19]]. Counselors who are attempting to become multicultural competent often find themselves facing challenges in their attempts to demonstrate multicultural counseling competence despite the availability of resources.

Ridley et al. [[20]] suggested that the construct of multicultural counseling competence is obscured in scholarly research and is often seen as perplexing and frustrating to practitioners who attempt to translate it into practice. There are definitional problems that exist that prevent the MCC from evolving into a cohesive resource that can be put into practice by counselors. The definitional problems include an indistinct purpose, cultural barriers, confusion between competency and competence, and a lack of integration. Ridley et al. [[20]] also suggested the three tenets of the construct also have limitations which include a lack of interdependence, prescriptive methods, and conclusive research support. The development of MCC for counselors has been laid out in the literature but there are no specific guidelines for counselors to follow on how to properly implement MCC into their current practice and work with clients. Subsequently, many counseling researchers have written and conducted studies influenced by the principles of the MCC to investigate and develop practice implications.

1.2. Counselor Experience in Treating Race-Based Trauma

In the view of counselors, some researchers argue that psychology and counselor education should be repositioned toward social justice. Kozan and Blustein [[21]] explored the need to include social change within the counseling profession. For their examination, 11 counselors trained in social justice-oriented counseling psychology doctoral programs were interviewed. The review of the themes indicated (a) participants' development of social justice orientation, (b) different ways of implementing advocacy in practice, and (c) positioning advocacy in psychology. Kozan and Blustein [[21]] indicated that counseling and psychology education programs often have a stronger focus on multiculturalism than on social justice and advocacy from the participants' perspective. The authors also noted that these same participants faced challenges addressing barriers, such as systematic racism in addressing social justice in the counseling field. Considerations regarding how supervision of such cases occurs demonstrate misalignment between practice and praxis. Knight and Borders [[22]] discussed trauma-informed supervision, as well as case studies from counselor supervisees concerning providing trauma-informed supervision. Race was noted as a critical variable to consider within trauma-based therapy and the guidance of the supervisee and supervisor relationship in counseling. Although both Kozan and Blustein [[21]] and Knight and Borders [[22]] support the need to include counselor experiences—there remains a gap in the empirical literature in capturing counselors' experiences of addressing race-based trauma with clients.

2. Materials and Methods

2.1. Study Design

A generic qualitative research design is helpful when the researcher is curious about other people's reflections on their own experiences [[11]]. A general qualitative design is most appropriate for this study because the researcher is focused on the "external and real-world" event of providing counseling to clients of color and the subjective opinions about those experiences held by the counselors who will be interviewed [[11]]. A limitation of using a generic qualitative design is the inability to generalize the study results to a broader population. However, the conversational inquiry yielded rich insight into how the participants describe their decision-making processes and counseling interactions with

their clients. The rich qualitative data yielded from this study may also provide a foundation for future qualitative and quantitative studies.

The reason as to why the other current qualitative approaches did not work for this particular study. Phenomenology aims to explore the essence and lived experiences of individuals within a particular phenomenon [[12]]. However, given that racial trauma is influenced by historical and sociopolitical factors, a purely phenomenological approach might overlook these important contextual elements. Ethnography typically involves immersion in a particular cultural group or community over an extended period of time to understand their beliefs, practices, and experiences. While ethnography provides rich contextual insights, it may not be the most suitable approach for exploring the experiences of counselors dealing with racial trauma. Case study methodology involves in-depth exploration of a single case or a small number of cases to gain a deep understanding of a particular phenomenon [[13]]. While case studies can provide detailed insights, they may not be suitable for generalizability of the findings when capturing the broader range of experiences and perspectives of counselors dealing with racial trauma. The narrative research method is a qualitative approach that aims to gain a deep understanding of the human experiences of participants by utilizing storytelling. Claudine [[14]] have highlighted that narrative researchers seek to derive meanings and insights by participants. The design was unfavorable as this approach merely relates the participant's account without explaining the significance of the phenomenon that the person observed, it is being assessed. As per Strauss and Corbin [[15]], Grounded theory primarily focuses on generating theories that explain social processes and interactions. Since grounded theory is based on a novel theory or model that will complement an existing theory of the phenomenon that research aims to explain and shed light on from an alternative perspective, it is not a suitable study design.

2.2. Population

The population of interest in this research study is mental health counselors in the United States. Due to the pervasive nature of racial trauma and the history of racism in the United States, the population included counselors independently licensed in the contiguous United States. As of December 2021, there were approximately 200, 135 mental health counselors working in the United States, according to Zippia, Incorporated (2021). To ensure relevance to the CES field, the inclusion criteria for the sample included (a) the completion of a counseling program accredited or grandfathered by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), (b) must be independently licensed professional clinical counselors in their state of practice, (c) have been providing mental health counseling for at least three years prior to the research study, and (d) counselors that provide counseling that addresses the impact of race-based trauma or racism with one or more clients of color. The exclusion criteria for this study included: (a) must not work exclusively with clients with severe and persistent mental illness, (b) mental health counselors who have experienced racial or personal trauma in the last twelve months that would impact their ability to participate in the study without re-traumatization.

2.3. Procedure

Before conducting this study, ethical approval was obtained through Institutional Review Board (IRB) approval. Potential participants were identified and recruited from organizations and networks available to the researcher, consistent with the purposive and snowball sampling methods [[16]]. The snowball sampling method can be complementary to purposive expert sampling [[17]]. An initial invitation to participate in the research study was shared electronically within all identified networks with an attached recruitment flyer. The recruitment flyer detailed the inclusion criteria and a brief description of the purpose of the study. The recruitment flyer also included the approximate time commitment for participating in the study and a description of the exclusion criteria. Finally, the recruitment flyer included a link to complete an electronic screening survey through SurveyMonkey that contained closed-ended questions based on the inclusion and exclusion criteria which took approximately three minutes to complete. If the potential participant was not screened out of the survey, they were directed to the last page of the survey and asked to provide their name, state of practice, contact phone number, email address, and their preferred method of communication for scheduling the interview. The researcher also scheduled the virtual interview that was conducted using a Health Insurance Portability and Accountability Act [HIPAA] (1996) compliant version of the videoconferencing platform Zoom based on the participants' schedule and successful return of the Informed Consent document via DocuSign.

2.4. Data Collection

Data was collected in this research study through semi-structured interviews with ten study participants. Using semi-structured interviews allowed the researcher to collect various participant experiences [[11]]. Potential participants responded to the study invitation shared through the following networks: various American Counseling Association committees and divisions, and multiple Facebook networking groups for mental health counselors. As predicted, the

locations of study participants represented communities all over the United States. The researcher then also scheduled the virtual interview that was later conducted using a HIPAA (1996) compliant version of the videoconferencing platform Zoom based on the participants' schedule and successful submission of the Informed Consent document through DocuSign. The interviews were conducted using a HIPAA (1996) compliant version of the videoconferencing platform Zoom and lasted approximately forty-five to sixty minutes. To minimize researcher bias, the researcher adhered to the same order of all guiding interview questions. Before the interviews were conducted, the interview protocol was reviewed by two scholarly experts regarding researching and treating racial trauma. All interviews were audio recorded and transcribed for data analysis.

2.5. Data Analysis

To collect data, the researcher used semi-structured interviews to understand how counselors describe their experiences treating racial trauma with clients of color, experiences of training and preparation, and perceptions of success and challenges proving treatment. The researcher manually coded the interview transcripts using coding types offered by Saldaña [[23]]. Initial Coding was used in the early stages of reviewing the interview data, followed by Focused Coding. First, initial Coding is an open-ended first step in the coding process and is helpful when researchers are not employing a set of previously used codes for data analysis [[23]]. During the Initial Coding phase, qualitative data is broken down into discrete parts, examined closely, and compared for similarities and differences [[23]]. Second, the Focused Coding approach can flexibly coordinate easily with In Vivo, Processes, and Initial Coding [[23]]. Focused Coding categorizes data based on similarities in themes or concepts [[23]]. During Focused Coding, the most frequent or significant Initial Codes are identified in the data to develop the most salient categories [[23]]. Third, as a result of Process Coding, verb gerunds are exclusively used in data analysis to denote observable and conceptual action [[23]]. Furthermore, processes highlighted in the data involve events that happen in a particular sequence, emerge, change, or become strategically implemented, as they occur in time [[23]]. Qualitative data may be analyzed using Values Coding, which uses codes designed to reflect participants' values, attitudes, and beliefs [[23]]. An object's value is representative of the importance one attaches to it, whether it be to the self, others, things, or ideas [[23]]. A person's attitude involves how they think, feel, and behave toward themselves, others, things, or ideas [[23]].

This process was completed for each participant's data. An analysis of all participant data was combined, including consistent patterns and themes [[11]]. As a final step, the themes were synthesized to form a composite synthesis of the data gathered [[11]]. Throughout the data analysis process, the researcher utilized validation strategies such as triangulation, by engaging their mentor to review the coding selections, theme identification, and the final data analysis.

3. Results

The current generic qualitative study sought to describe how U.S. counselors describe their training and experiences treating racial trauma with clients of color. In total, seven themes emerged from the data. The themes are summarized in Table 1

Table 1 Research Questions and Corresponding Themes

Research Questions	Themes used to address the research questions
RQ1: How do independently licensed mental health counselors in the United States describe their experiences of treating racial trauma with clients of color?	Theme 1: Counselors use a variety of counseling approaches to treat the racial trauma
	Theme 2: Counselors had to modify their approach to better serve the clients because of their experiences of racial trauma
	Theme 3: Counselor's cultural identity enhanced their ability to recognize the racial trauma and have empathy
	Theme 4: Counselors sometimes feel effective and successful when treating racial trauma or helping clients and other times not
	Theme 5: Counselors encountered challenging experiences when trying to help clients cope with racial trauma
RQ2: How have CACREP-accredited graduate counseling programs trained independently	Theme 6: Knowledge and learning experiences the counselors had during master's graduate program did not properly equip them to treat racial trauma

licensed mental health counselors in the United States to treat racial trauma with clients of color?	Theme 7: Training on multicultural issues, racial injustices, cultural competency, and how to deal with trauma in clients of different races is necessary

Note: developed themes from data collected from participants.

4. Discussion

4.1. Counselors Use a Variety of Counseling Approaches to Treat Racial Trauma

The goal was to ensure a comprehensive understanding of the unique ways counselors navigate the complexities of racial trauma that provided support to clients as people of color on their healing journey. As per the study's findings, participant 2 stated that, "We did a lot of EMDR to address the racial trauma and his personal in-home traumas, trying to think of what else we may have." The findings of this study demonstrated that, the multifaceted nature of this form of trauma and aimed to ensure that counselors utilized a variety of therapeutic techniques and interventions tailored to meet the unique needs of each client. Ridley et al. [293] suggested that the construct of multicultural counseling competence is obscured in scholarly research and is often seen as perplexing and frustrating to practitioners that attempt to translate it into practice. As a result, it would involve integrating evidence-based practices such as trauma-focused therapies and cognitive-behavioral approaches. Participant 8 also talked about using CBT. "I use a lot of CBT to help people. Like, sometimes I like CBT, because it helps to change your thought process". The findings further articulated the need for culturally sensitive interventions that consider the specific cultural and social contexts in which racial trauma occurs were also integrated. Participant 9 stated that she uses narrative therapy and solution-focused approach. Under narrative therapy approach, clients are allowed to construct their storylines while solution-focused approach integrates the cultural perspective as the therapist.

By embracing flexibility and adapting their approaches counselors aimed to ensure a safe and empowering therapeutic environment that facilitated exploration processing and the development of coping mechanisms for clients the study highlights the counselor's ability to adapt their counseling approaches to address the intricate and nuanced nature of racial trauma ultimately ensuring effective and culturally responsive care. However, Corteselli et al. [293], some barriers to flexibility included the inability to fully implement a culturally sensitive approach based on clients' time demands and high diversity. The use of a wide range of therapeutic modalities underscores the recognition of each client's individuality and unique needs among people of color. This adaptability showcases counselors' commitment to tailoring interventions responsive to racial trauma's complexities.

4.2. Counselors modified Counseling approach to Better Serve Clients Based on the Experiences of Racial Trauma

The finding highlighted the significance of counselors' commitment to cater to the patient's needs through the modification of counseling approaches. The ability to modify the counseling techniques to meet individual needs for clients who are people of color. Comas-Díaz et al. [293], offered suggestions for counselors, which encouraged the development of culturally informed healing modalities and public policy interventions to address racial trauma. Participant 1 talked about how she had to modify her approach when treating a biracial student. However, from previous studies, evidence-based trauma treatments alone did not been as successful with these young people, most likely because the treatments are not culturally appropriate to address racial and interpersonal trauma. Participant 2 described how they had to modify his approach when providing counseling to a multi-racial couple. For participant 2, as a therapist, held space to allow the clients to share what they meant, and explored the client's needs a little bit better so that participant 2 could understand what the client meant and what they possibly needed.

Being able to apply culturally appropriate skills and interventions when working with clients will enable counselors to demonstrate multicultural counseling competence [293]. The study further demonstrated that by focusing on racial socialization, offered a coping mechanism that would later be integrated in trauma-focused therapy. Participant 3 acknowledged that therapy was not created for African Americans thus the need to modify the counseling approaches. The study demonstrated that counselors acknowledge the importance of adapting their counseling approach to serve better clients who have experienced racial trauma. They recognize that clients' experiences of racial trauma require sensitive and culturally attuned interventions. The modification of approach demonstrates counselors' commitment to providing empathetic and relevant support to clients of color.

4.3. Counselor's Cultural Identity Enhanced their ability to Recognize Racial Trauma and Have Empathy

The findings shed light on how counselors' own cultural backgrounds and experiences contribute to their understanding and sensitivity towards the racial trauma experienced by clients. Participant 1 mentioned that, "I would say it (counselor's own cultural identity) helps with the level of empathy that you have to assert in that type of, of conversation. So I could relate to the client." By drawing on their own cultural identity the findings demonstrate that, counselors are better equipped to recognize the unique nuances and complexities associated with racial trauma, allowing for a more nuanced and empathetic approach to counseling. For Participant 2, even as a Black clinician, as a Black counselor, so just my own experience helped me recognize exactly what the client was saying. Participant 3 indicated, BIPOC therapists, specifically African American and the client was African American, so there's certain things that clients didn't have to go into. Chan et al. [293] discussed how cultural identity intersects with identifying as a counselor as well as the dynamics of privilege and oppression that exist within the field.

Counselors who possess a deep awareness of their own cultural identity are likely to have a heightened sensitivity to the impact of racial trauma on individuals from diverse racial and ethnic backgrounds. Participant 4 felt like they were more equipped to assist their clients. This firsthand understanding fosters empathy and allows counselors to establish a genuine therapeutic alliance with clients, creating a safe space for clients to share their experiences and heal from the effects of racial trauma. This theme underscores the value of counselors' lived experiences and cultural backgrounds in fostering a more profound understanding and connection with clients experiencing racial trauma. The participants' perspectives related to this theme varied due to the diverse cultural identities of the participants. Some of the participants shared beliefs that their own cultural identities made them more susceptible to experiences of racial trauma in their own lives and they believed those personal experiences enabled them to easily recognize racial trauma experienced by their clients.

4.4. Counselors Sometimes Feel Effective and Successful when Treating Racial Trauma and other Times Not

The results highlight the complex nature of addressing racial trauma within counseling practice, where counselors may encounter both successful and challenging outcomes in their therapeutic work. Participant 3 stated they felt effectiveness with a client. Participant 4 noted that she is only 80% effective. This can be attributed to several reasons, including the complexity and multi-layered nature of racial trauma, the systemic factors that perpetuate racial inequality and discrimination, and the limitations of existing therapeutic approaches in fully addressing the needs of clients impacted by racial trauma. Participant 8 reported that the effectiveness of their treatment depends on the relationship that they have with the client. The findings demonstrate that positive outcomes can be attributed to various factors, including the counselor's ability to establish a strong therapeutic alliance, utilize culturally sensitive interventions, and provide a safe and empathetic space for clients to process their experiences of racial trauma. For participant 10, they try really hard to not generalize their client's experiences. Ideally, it is critical for counselors to receive adequate training and education to address these needs appropriately [293]. This theme delves into the emotional complexity of counselors' experiences when working with clients dealing with racial trauma. It reveals that counselors experience various emotions, from feelings of efficacy and success to moments of uncertainty or challenge. This emotional diversity highlights the intricacy and impact of treating racial trauma.

4.5. Counselors Encountered Challenging Experiences when Trying To Help Clients Cope with Racial Trauma

Counselors may face challenges in fully understanding the depth and impact of racial trauma on their clients. Participant 2, acknowledged that therapists are human and the challenge with racial stuff is when they speak about stuff that you've experienced or that you experience. The findings demonstrated that, counselors may encounter difficulties in creating a safe and trusting therapeutic environment for clients affected by racial trauma. Participant 7, challenge is having to struggle to find answers for clients on things that as a therapist they do not have answers to. Participant 10 noted that when trying to treat a client, the therapist sometimes feel helpless, which a kind of challenging experience is. The existing therapeutic approaches may not fully account for the unique needs and cultural contexts of clients affected by racial trauma. Counselors must critically evaluate and adapt therapeutic techniques to ensure they are culturally relevant, empowering, and supportive. Additionally, counselors this study proved that counselors experience challenges when assisting clients.

The counselors may face the frustration of limited systemic change and the persistence of racial inequalities that contribute to ongoing racial trauma. This theme sheds light on counselors' unique challenges while assisting clients in coping with racial trauma. These challenges underscore the importance of ongoing support, continuous learning, and specialized training to address the complexities inherent in racial trauma effectively. Collectively, these themes offer rich insights into the experiences of independently licensed mental health counselors in treating racial trauma with

clients of color. The counselors as participants highlight the importance of cultural competence, adaptability, and emotional awareness in providing practical and empathetic counseling support to clients navigating racial trauma.

The study further examined, how have CACREP-accredited graduate counseling programs trained independently licensed mental health counselors in the United States to treat racial trauma with clients of color, was addressed. The study demonstrated knowledge and learning experiences the counselors had during master's graduate programs that did not adequately equip them to treat racial trauma, and training on multicultural issues, racial injustices, cultural competency, and how to deal with trauma in clients of different races is necessary.

4.6. Knowledge and Learning Experiences the Counselors had during their Master's Graduate Program Did Not Properly Equip Them to Treat Racial Trauma

The findings highlight a significant gap in the training and education provided to counselors in this specific area. Participant 3 indicated that, "So I'm going to be honest, I don't feel like my program really gave me the tools that wasn't discussed." The study revealed that counselors often felt ill-equipped to fully understand the complexities and nuances associated with racial trauma. Participant 4 stated, they had diversity course, but just one chapter on working with Black people. The limited coverage of racial trauma within graduate programs indicates a broader systemic issue within counselor education. In consideration of skills, the counselor must hold skills that will empower and recognize the unique identity of clients and this requires critical thinking and reflection to understand differing worldviews and the power relationships that exist in counseling and society [293]. For participant 9, although they had a diversity class during her master's program, it was not comprehensive enough and thus did not equip the participant adequately. To bridge this gap, it is essential for graduate programs to incorporate dedicated coursework and training modules that specifically address racial trauma. The study demonstrated a gap in the training of mental health counselors in CACREP-accredited graduate programs. The counselors reported that their master's programs inadequately prepared them to address racial trauma effectively. The lack of specific education and training in this area signifies a need for improvement in counselor education to ensure that graduates are equipped with the necessary skills and knowledge to address the unique challenges of racial trauma.

4.7. Training on Multicultural Issues, Racial Injustices, Cultural Competency, and How to Deal with Trauma in Clients of Different Races is Necessary

The findings demonstrated the necessity of comprehensive training on multicultural issues, racial injustices, cultural competency, and trauma treatment for clients from diverse racial backgrounds. Participant 2 talked about the need for training, just a class in general dealing with trauma. The multicultural competence theory suggests that the goal of a multicultural counselor and training is to expand the tools they possess to help others regardless of the theoretical orientation (Sue, 1996). Ideally, cultural competency training is essential for counselors to effectively engage with clients from different racial backgrounds. Participant 6 indicated that more training on other cultures is necessary. Furthermore, counselors need specific training on how to address trauma in clients of different races. Participant 9 feels that there should be more training on Black issues. While there are numerous studies that have explored the training and development of multicultural counseling competence in counselors [293], there are even fewer that have provided guidance on how to implement it during practice [293]. Training on multicultural issues is required for counselors to develop an understanding of the diverse cultural backgrounds and experiences of their clients. The counselors emphasized that such training is essential for developing cultural sensitivity, competence, and effective therapeutic strategies when working with clients of color who experience racial trauma.

The results revealed that CACREP-accredited graduate counseling programs in the United States have not adequately trained counselors to address racial trauma with clients of color. The study demonstrated the urgent need for programs to incorporate specialized training modules that focus on multicultural issues, racial injustices, cultural competency, and trauma treatment for individuals from diverse racial backgrounds. By addressing these training gaps, counselor education can better equip graduates to provide competent and effective care to clients impacted by racial trauma.

4.8. Implication for Practice

The study's insights can also inform counselor education programs, prompting them to incorporate specific training modules on racial trauma, cultural competence, and addressing systemic racism. By addressing the identified limitations in counselor training, stakeholders in counselor education can better equip future mental health professionals to provide comprehensive and culturally competent care to clients of color. The study's findings can empower clients of color by shedding light on counselors' cultural identities and their impact on recognizing and empathizing with racial trauma. Clients may seek counselors who are culturally competent and sensitive to their unique experiences, leading to more affirming and supportive therapeutic relationships. Malott and Schaefle [293] indicated

that racial-based trauma is a growing concern in the United States, and the need for cultural competence in counseling is significant.

The study's findings deepened the available knowledge on treating racial trauma and highlighted opportunities for additional research in several ways. The study revealed that counselors utilize a variety of counseling approaches and modify their methods to treat clients with racial trauma effectively. These methods emphasize counselors' adaptability and flexibility in tailoring interventions to meet clients' unique needs and cultural backgrounds, furthering the understanding of how counselors navigate the complexities of racial trauma. The findings support an argument for additional research examining client outcomes and a comparison of counseling approaches, including modifications, when treating racial trauma with clients of color.

The study also highlighted how counselors' cultural identity enhances their ability to recognize racial trauma and empathize with clients, as Chan et al. [293] supported. This finding deepens the understanding of how counselors' personal experiences and cultural backgrounds influence their approach to counseling clients of color, emphasizing the importance of cultural competence in this context. The study illuminated the challenges counselors encounter when helping clients cope with racial trauma and the moments of effectiveness and success they experience. Understanding counselors' struggles and achievements in this domain provides valuable insights into the complexities of racial trauma treatment and how counselors can continuously improve their practices. The study identified a limitation in counselor training programs, as counselors reported feeling ill-equipped to treat racial trauma due to the lack of knowledge and learning experiences during their master's graduate programs. This gap in counselor training deepens the understanding of the need for more comprehensive and focused training on racial trauma and cultural competence in counselor education.

Additional noteworthy commentary from four Black participants included assumptions that White counselors would be unlikely to participate in this study. The participants shared similar personal beliefs that White counselors, in general, are more likely to feel uncomfortable addressing issues related to racism with clients of color, are less likely to provide counseling to treat the impact of racial trauma, and would be less inclined to participate in a study sharing their experiences. While these comments and discussion points were made during a transitional conversation after the interviews were completed, the redundancy of perspective and views was noted. One of the White participants mentioned that they questioned whether their voice and perspective were worthy of sharing before responding to the study invitation. Considering these views and the varying degrees of comfort with the topic of racism and racial trauma, graduate counseling programs have a unique and valuable opportunity to introduce discussions about the pervasive nature of racial trauma to increase the accessibility of the topic for counseling students of all racial backgrounds.

4.9. Recommendations for Further Research

One recommendation that can be made for further research is to conduct research with a more extensive and racially diverse sample of independently licensed mental health counselors. The sample can include counselors from various racial and ethnic backgrounds, representing different regions and cultural contexts. A larger diverse sample can provide a more comprehensive understanding of how counselors from different backgrounds approach and address racial trauma. Another recommendation is to undertake longitudinal studies to explore the long-term impact of counselor training and experiences on their ability to treat racial trauma effectively. Longitudinal research can reveal changes in counselors' practices and perspectives and identify factors contributing to their professional growth. Because this study focused on counselors' experiences, future research could incorporate the perspectives of clients of color who have received counseling for racial trauma. The lack of knowledge and learning experiences in master's graduate programs was noted as a concern for the counselors of this study. Future research could investigate the role of clinical supervision in supporting counselors in their work with clients of color experiencing racial trauma. Researchers could examine how supervisors can promote cultural competence, provide feedback, and address challenges counselors may encounter.

5. Conclusion

This study explored the experiences of independently licensed mental health counselors in the United States who have treated clients of color experiencing racial trauma. Through semi-structured interviews with 10 participants, the research aimed to gain insights into counselors' approaches, challenges, and successes in addressing racial trauma. The findings revealed that counselors utilized diverse counseling approaches and modified their methods to suit the unique needs of clients with racial trauma. Furthermore, counselors' cultural identity significantly enhanced their ability to recognize and empathize with racial trauma experiences. The study also identified a limitation in counselor training programs, as participants reported inadequate preparation to address racial trauma during their master's graduate programs. Counselors were also found sometimes to feel adequate and successful when treating racial trauma or

helping clients and other times not. It was also revealed that counselors encountered challenging experiences when trying to help clients cope with racial trauma.

The implications drawn from these significant findings hold great significance for counselor education. The study highlights a critical need for counselor training programs to incorporate more comprehensive and focused instruction on racial trauma and cultural competence. The findings emphasize the crucial role of cultural competence and adaptability in counseling practices. Culturally competent counselors who acknowledge and respect their clients' diverse backgrounds and experiences can create a supportive and inclusive therapeutic environment. The study's findings on counselors' adaptability underscore the importance of tailoring interventions to suit the unique needs of individuals experiencing racial trauma. Counselors can establish a stronger therapeutic alliance and promote more positive client outcomes by being flexible and responsive to clients' cultural and individual characteristics.

These implications benefit counselor education and hold relevance for mental health professionals, policymakers, and organizations. Policymakers may consider allocating resources to support research and training initiatives that address racial trauma and enhance cultural competence in the mental health field. Overall, this study's contributions to understanding counselors' experiences in treating racial trauma have broad implications that extend beyond the academic sphere. The findings call for a collective effort from stakeholders to foster a more culturally competent and responsive mental health landscape that empowers counselors to provide practical and empathetic support for clients of color facing racial trauma.

Compliance with Ethical Standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of Ethics Approval

The study involved human participants. Institutional Review Board approval was granted for the study.

Statement of Informed Consent

The participants of the study signed informed consent forms. Participants' rights were protected.

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