Gamma Nu

CHAPTER OF CHI SIGMA IOTA PROFESSIONAL HONOR SOCIETY INTERNATIONAL

Contents

The Gamma Nu Chapter of Chi Sigma Iota Professional Honor Society International

FALL 2020 NEWSLETTER

WELCOME NEW MEMBERS

On October 5th, Taylor McDowell, Emily Eversman, Palmer NeSmith, and Dahnea Finkley were inducted into the Gamma Nu Chapter of Chi Sigma Iota Professional Honor Society. The ceremony took place in Pound Hall Auditorium and was attended by friends and family of the inductees. The inductees joined current Gamma Nu members, Kay Cavender and Meagan Arrastia-Chisholm. CSI's mission is to promote scholarship, research, professionalism, leadership, advocacy, and excellence in counseling.

MEET OUR MEMBERS

Kay Cavender
President

Kay is a fantastic leader and passionate about Gammu Nu. As Chapter President, Kay serves the chapter's liaison between Chi Sigma Iota Head Quarters and our Chapter Faculty Advisors. The president also oversees chapter operations and works with each position to ensure we meet our yearly goals. The president prepares various chapter reports each semester, leads chapter recruitment efforts, and takes on other special projects as needed. If interested in learning more about CSI or the chapter presidential role, you can contact Kay Cavender at ekcavender@valdosta.edu.

Dahnea Finkley
Vice President

Dahnea is a second-year student in the School Counseling program. Her career goals include working in the High School setting, in a low socioeconomic school system, to help at risk and first generation students further their post-secondary goals. As vice president, Dahnea provides additional support with chapter operations.

Taylor McDowell
Director of Finances

Taylor is second-year clinical mental health counseling student. Her career goal is to own her own practice that specializes in holistic therapy. Taylor works hard to make sure she is making a difference in the mental health field. As director of finances, Taylor oversees chapter money and helps coordinate fundraisers.

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MEET OUR MEMBERS

Emily Eversman
Director of Administration

Emily is a second-year student on the school counseling track. Her career goal is to work with elementary school students in an international or Department of Defense school. As director of administration, Emily creates the agenda, takes notes, and sends out minutes after each meeting.

Meagan Arrastia-Chisholm
Event Coordinator

Dr. Arrastia-Chisholm is currently an associate professor of educational psychology and program coordinator for the Center for Gifted Studies at Valdosta State University where she has worked since August 2015. She is also pursuing her degree in clinical mental health counseling to become a licensed professional counselor. As event coordinator, Meagan reserves rooms for events and reviews event logistics to ensure successful planning.

Palmer NeSmith
Communications Director

Palmer is a second year student in the school counseling program. She currently aspires to work with middle school students to assist them academically, socially, and emotionally. Palmer is the lead coordinator on marketing initiatives and social media.
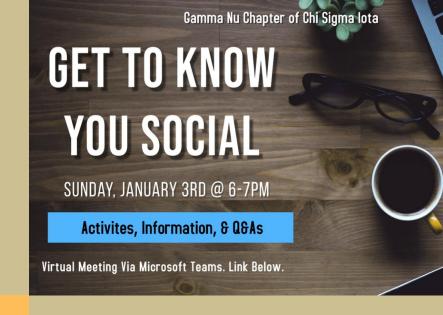
Get To Know You Social

Gamma Nu is hosting a Get To Know You Social on January 3rd, from 6-7PM. Join for more information about CSI, a Q&A, and fun activities! The event will take place through Microsoft Teams. You can find the meeting link on our Instagram @valdostastatecsi

Gamma Nu Chapter of Chi Sigma Iota

GET TO KNOW YOU SOCIAL

SUNDAY, JANUARY 3RD @ 6-7PM

Activites, Information, & Q&As

Virtual Meeting Via Microsoft Teams. Link Below.

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ekcavender@valdosta.edu
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"Promoting Excellence in the Profession of Counseling"

CSI Membership Requirements

- Complete the equivalent of at least one full academic term of accredited graduate counseling courses
- Maintain an overall GPA of 3.5 or higher
- Pay chapter and national dues

MORE ABOUT CHI SIGMA IOTA

CSI is an international honor society that values academic and professional excellence in counseling. We promote a strong professional identity through members (professional counselors, counselor educators, and students) who contribute to the realization of a healthy society by fostering wellness and human dignity. Our mission is to promote scholarship, research, professionalism, leadership, advocacy, and excellence in counseling, and to recognize high attainment in the pursuit of academic and clinical excellence in the profession of counseling. Benefits of membership include recognition, professionalism, leadership development, and professional development. If you are interested in joining, email Kay Cavender at ekcavender@valdosta.edu.

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T-SHIRTS FOR SALE

Gamma Nu is selling the two shirts shown below. The t-shirts are $15 each, or both for $25. There will also be a $5 shipping fee if that option is chosen. Payments can be made through Cashapp or PayPal. Please note your name, size, and which shirt/s you want along with your payment. Please also complete the Google Form below. All orders must be sent by January 15th. If you have any questions, please email Dahnea Finkley at dnfinkley@valdosta.edu.
Google form: https://tinyurl.com/y9r2rrpf
Cashapp: $CSIGammaNu
PayPal: csigammanu@gmail.com

VALDOSTA STATE UNIVERSITY COUNSELOR EDUCATION STUDENT WORK

The following pages will feature work from Valdosta State Counselor Education students.

Suicide Prevention and Mental Health Interventions for Military Members

Cassandra J. Barragree

Valdosta State University

PSCH 7100

Abstract

This paper explores possible ways to decrease the number of suicides in all four branches of the military for active duty and retired military members. This paper investigates reasons that military members commit suicide and how to help support them in this journey. Suicide stems from many different factors. Those factors being depression, PTSD, and alcohol dependency. This paper also focuses on prevention and the different interventions to help not only those of the military community, but also the families of those who are affected by these situations.

Suicide Prevention and Mental Health for Military Members

Suicide has slowly been increasing in all walks of life in the United States over the past 100 years. When an individual takes their life by suicide, they are voluntarily and intentionally ending their life. Suicide can be planned out over time, or it can be an act of impulse. As someone who has struggled with depression, I have tried to take my own life twice. Symptoms that had indicated suicidal behaviors were too much sleep, mood swings, lack of interest, and self-harm. Each of these attempts were out of compulsion and not having the proper mental health care. One group in particular that the suicide epidemic is affecting is members of the military. Our military endures extreme circumstances from lack of sleep, long work hours, deployments, TDYs (temporary duty), separation from family members while on deployment, and long distances from family members when the military member is at their current duty station. This group is important to study because it encompasses such a large population and has a broad range of diversity. Currently, more military members are dying from suicide each year than in combat. The rate of military members taking their own lives has steadily increased over the past 10 years. As of 2013, every 65 minutes a military member dies from suicide (Ramchand, Acosta, Burns, Jaycox, & Pernin, 2011). On top of that only two out of 10 individuals who are suicidal give no warning and show no action of suicidal tendencies (Harrington-Lamorie Jordan, Ruocco, & Cerel, 2018).

Suicide in the Military

The military has a very diverse population; because of this, the military is often studied. However, this often limits the investigations the military can do to generate reliable and valid suicide rate estimates, to characterize and model trends and differences in suicide within and

between service branches, and to assess the effectiveness of suicide prevention programs. Fluctuations in suicide rates in individual service branches make it difficult to link rate changes to any specific prevention efforts (Eaton, Messer, Wilson, & Hoge, 2006). This may be because the four branches do not always turn over the correct data.

The Department of Defense

The Department of Defense is the nation's greatest employer with employing over two million individuals, not including civilian employees (Department of Defense, 2016).There are 18.2 million veterans in the United States who are currently seeking care at one of the many Veterans Administration hospitals. Of the two million active duty or reserves members, 85% is male, with half of the population between the ages of 17-26. The ages of 17-26 are already a demographic at high risk for suicide (Eaton et al., 2006). When suicide rates go up, so do concerns in the Department of Defense which leads to scrutiny from the public. (Eaton, Messer, Wilson & Hoge, 2006). That means, if military members are dying from suicide, the public starts to wonder why we are losing these men and women who fight on the front lines for our country and what needs to be changed.

<center>**Risk Factors and Potential Issues Addressing Them**</center>

By knowing and understanding the risk factors that contribute to suicide in the military we are able to provide support in these areas and concentrate specifically on problem areas the military members feel is lacking. In a study done by the Department of Veterans Affairs, the correlation between military members diagnosed with PTSD (Post Traumatic Stress Disorder) and the risk of suicide in those members was higher, compared to members who did not show

signs of PTSD (Hargarten, Burnson, Campo, & Cook). Military members are more predisposed to PTSD due to many contributing factors:

- Longer times at war

- Lower level of education

- More severe combat conditions

- Other soldiers around them killed

- Brain/head trauma

- The lower number of females compared to males

- Life lasting physical injuries

- Military structure

(National Center for PTSD, 2018)

Climbing Rates of Suicide

Since the terrorist attacks in September 2001, military suicide rates have continued to climb. Military members who were deployed to Iraq and Afghanistan led military members to commit suicide at higher rates than before. Restrictions with the military and their investigations into suicide rates have made it difficult to get correct numbers. Since there are four different branches of the military, the numbers fluctuate. There is also an issue of finding any sort of prevention that would be helpful to the different branches (Eaton, Messer, Wilson, & Hoge, 2006). This is because of the lack of resources for mental health, the stigma that falls between it, and the military members resistance to help.

While the number of deployments and experience in physical combat are big factor in military suicide, there are many other reasons. To help with prevention of suicide in the military, it is important to know the most common way military members are taking their life. Compared to women military members, men tend to use methods that would be immediate. For example, men are more common to use a firearm or hanging in contrast to women, who are more likely to use painkillers or benzodiazepines in high amounts. When researchers started looking into reasons why men are more likely to use firearms than women, they determined that men typically act on impulse. These men rely on a rope or firearm because it is easily accessible and there for when they have sudden impulses. The accessibility to firearms, stigma against mental health, not only in the military but in the whole United States, and the need to escape physical pain are directly related to military members and the suicidal behavior (Kanchan, Menon, & Menezes, 2009). This information correlates with the high number of male soldiers committing suicide by means of firearms. Wintemute, Teret, Kraus, and Wright (1988) examined possible reasons for the common use of firearms as a means of committing suicide. The researchers concluded that easy access to firearms and impulsivity were major contributing factors in the majority of the deaths, suggesting the choice of means may be principally an issue of availability (Harmon, Cooper, Nugent, & Butcher, 2016). By limiting firearms and who is allowed to purchase them and have them, we could eliminate a lot of crime and trauma in the United States. I have seen first-hand the despair that a deployment can bring back. It is a difficult process to watch someone go through the actions and emotions of these feelings, but by keeping the communication line open and seeking support it is not something that has to linger forever. (Harmon, Cooper, Nugent, & Butcher, 2016). Peer support is a system that helps military members and their family to give and receive help. The receive help based on the number one

principal of the whole military "respect, shared responsibility, and mutual agreement of what is helpful" (Mead, Hilton, & Curtis, 2001).

According to the journal *Circumstances preceding suicide in U.S. soldiers: A qualitative analysis of narrative data*, many military members had job-related issues. Some of these issues include an Article 15, which is a punishment from a Commander that is used to treat minor misdemeanor infractions. Another job-related issue is the tendency for military members to go AWOL, which is when a military member decides to leave the military before their contract is up. In a study done by Skopp, Holland, Logan, Alexander, and Floyd of 135 suicide narratives from soldiers, they found of the military members who experience depression, which is about 23.8%, 31.7% suffer from alcohol abuse and/or drug dependency. The study also found that of the 31.7% who suffered from alcohol or drug abuse, half of them were under the influence They also found that of the 135 individuals from the study, 51.9% seemed to have been under the influence. (Skopp, Holland, Logan, Alexander, & Floyd, 2019).

Peer Support

Peer support is a large part of the military to help service members and families connect to other individuals. Members of the military depend on their peers and the moral that is brought by each and every person. Military members and their families rely on peers because many are very far from family, work very closely together, and by live in the same community. Since military families are so close and work together so frequently, they rely on each other for more than just a typical friendship. In these peer support groups, members are given the opportunity to discuss issues that are familiar to just military families. These issues include deployments, family resistance and resilience, PTSD, mental health, and adjustments with moving. By members

engaging in these groups, it gives them a chance to meet other individuals who may be suffering from the same issues, and communicate with members who have overcome many of these struggles. The individuals who have overcome these struggles are great mentors and are crucial helpers to military families and those who suffer from traumatic events (Harrington-Lamorie, Jordan, Ruocco, & Cerel, 2018). When military members feel comfortable with their peers and having the ability to ask for help without being judged this helps everyone. It is also very helpful to have close relationships with peers and the feeling of being lonely is not as common. Supervisors who are approachable, supportive, and competent have airmen who are more likely to come with them with any feelings they may have. There are also many support groups that military members, veterans, and family members can participate in. To help with families who have suffered from military suicide loss, isolation and closing off can complicate grief and cause a longer, intense bereavement process. Peer support can show other peers the steps to coping and how to overcome traumatic experiences (Harmon, Cooper, Nugent, & Butcher, 2016).

Survivors

Despite research and the military's vulnerability to suicide, there are still many stigmas connected to mental health in the military. The veterans and active duty military members who do seek help within the field of psychology are often times looked at as weak. According to the article *Death Stories*, when a service member takes their life by suicide, these deaths are perceived as dishonorable deaths. To the family members that are left behind, this is a disgrace. The individual will not have the same recognition of service, death investigations, benefits to survivors, and memorials and condolences. The survivors are also faced to stand up to the stigma of mental health and suicide, which may lead them to feeling shame, stress, and the feeling that they have to hide their grief (Harrington-Lamorie Jordan, Ruocco, & Cerel, 2018). When a

military member or veteran seeks mental health, it is often times at the pushing of a family member and not something they seek out on their own. Many people who suffer from mental illness often keep their emotions a secret, and this is especially true with military members. By keeping their health a secret, the problems of their mental health can continue to build, leading to more anxiety, depression, and suicide (Harrington-Lamorie Jordan, Ruocco, & Cerel, 2018).

Conclusion

Suicide in the military is becoming more prominent. As civilians we need to stand beside the men and women in our armed forces and make a commitment to protect those who protect our country. These articles examine the hardworking conditions that military members endure each day and the stigma that comes along with mental health. By looking at all the warning signs for depression and suicide, we can help with prevention. Each one of these topics is useful in knowing what problems military members face and how the standards can be raised. By looking at these statistics and journals we can develop counseling techniques and ways to go about helping the military members, veterans, and their families without any stigma. When counseling becomes more readily available and the stigma of therapy starts to decline, we will see less and less of the suicide mortality rates.

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Referral Notebook & Community Analysis

Elizabeth K. Cavender

Valdosta State University

Abstract

Gladding & Newsome (2018) reference both the impact and significance of the Community Mental Health Act of 1963 and the Clinical Mental Health Counseling (CMHC) principles in their work. The following paper applies these concepts through an analysis of community referral sources in the local Valdosta, Georgia community. A referral notebook for 20 local agencies was compiled and is included in the appendix. This referral notebook was used in the review of the Valdosta community's alignment with the Community Mental Health Act of 1963, the Clinical Mental Health Counseling (CMHC) principles, and assessing for possible trends and gaps in provided services. The analysis concluded that all areas of mobility were covered with outpatient services being the most prevalent and partial hospitalization and consultation/education services tying for the least prevalent in the local Valdosta, Georgia community. No specific gaps in mental health services were identified, but an emphasis on improvement in the quality and the total number of services offered is made.

Keywords: Referral Notebook, Community Analysis, Valdosta Georgia, Clinical Mental Health Counseling (CMHC) principles, Community Mental Health Act of 1963.

Referral Notebook & Community Analysis

The following paper is split into two sections. Section one is a referral notebook that details 20 referral sources in the local Valdosta area. Each source includes contact information and services offered. This is prepared in the form of a table included in the appendices. The second portion of this paper is a community analysis of the local Valdosta area and its alignment with the Community Mental Health Act of 1963 and the Clinical Mental Health Counseling (CMHC) principles. It will also highlight the delivery modalities and the continuum of care being provided by the local community mental health counseling services. The analysis will conclude by discussing any trends and gaps in provided services.

Identifying CMHC Principles in the Local Area

Gladding & Newsome (2018) explain that the goal of community-based mental health is structured on providing "a comprehensive system of care designed in partnership with the community, service providers, and payers". This system incorporates seven guiding principles of practice. They include concepts that services should be accessible, culturally sensitive, accountable to the entire community as well as be comprehensive, flexible, and coordinated (Gladding & Newsome, 2018). The principles also emphasize assuring continuity of care and that a multidisciplinary team approach should be utilized (Gladding & Newsome, 2018). Care should be holistically individualized and prevention/early intervention services are essential (Gladding & Newsome, 2018). From these principles, we can see the key themes of education, consultation, advocacy services, prevention, and intervention rooted in clinical mental health counseling. When using these themes as a lens to analyze the local community of Valdosta, Ga, some agencies can be identified for being aligned with these ideals.

Coastal Plain Area Economics is a specific example from the referral notebook attached in appendices A. This agency has three key program areas that divide into subprogram areas and cover a wide range of services from food vouchers to childhood development programs for disabled children. While they do not provide detailed mental health counseling services at this time, the agency upholds the ideals of accessibility and accountability to the entire community through its wide-reaching services and simple online applications. They also highlight prevention and early intervention services through their children's developmental program and weatherization services. This is a local agency that displays core values of education, advocacy services, and prevention. Legacy Behavioral Health Crisis Center is another example from the referral notebook that exemplifies the principle themes of CMHC in the local Valdosta area. Legacy is a part of the Georgia Department of Behavioral Health and Developmental Disabilities. Legacy has agencies across many counties. Within Lowndes county, they have four specialized centers, five residential base facilities, along with other varying offices. At each center, there is a specialized focus that offers a variety of services. This is a primary example of being able to provide comprehensive and individualized services. The crisis center displays the theme of intervention and prevention because it specifically helps those facing abrupt clinically significant mental health disturbances and aids to help prevent out of community placement or hospitalization. A crisis center such as this is also going to require a coordinated multidisciplinary team approach that is culturally sensitive and flexible.

The Children's Advocacy Center is a local agency that exemplifies advocacy, consultation, intervention, and education. While they specialize in helping children of physical and sexual abuse, they also include consultation services with parents and local entities such as law enforcement. They host educational workshops for the community and parents, and they are a

center built on advocating for children from the structure of their intake process to therapy services. While these are just three examples from the 20 in the referral notebook, they alone already reflect full coverage of the guiding principles for practicing community-based mental health and show local agency alignment with CHMC principles. However, the referral book provides 17 more examples of agencies that are in the local community, each also aligning with key areas of these principles in their own unique ways.

Regulations of the Community Mental Health Act of 1963

In 1963 John F. Kennedy signed the Community Mental Health Act and it was one of the first major policies that led to deinstitutionalization (National Council for Behavioral Health, 2020). This brought about a better quality of mental health care in communities and has shaped the care of clinical mental health counseling in the local agencies today. This act provided federal funds to build community mental health centers in catchment areas and these centers were expected to provide a "comprehensive continuum of care" in the areas of outpatient care, consultation and education, partial hospitalization, and emergency/crisis centers (Gladding & Newsome, 2018, p. 351). As time has progressed, the fund has shifted from primarily federal to state and local sources and now they receive block grants to allocate funds as needed to key areas such as substance abuse and mental health. An example of a local agency that gets state funding is Legacy Behavioral Health. Their agency has centers and programs that cover all five delivery modalities. However, they have prevalence in outpatient, partial hospitalization, and emergency/crisis care. Lowndes Drug Action Council, Inc (LODAC) would be an example of an agency that gets more local funding and they more heavily provide consultation and education. Other community agencies provide these services too but are private or only receive smaller supplemental grants. Greenleaf is an example of a privately funded agency. Southwest Key

Programs and the Haven are examples of local agencies that run off smaller grants from other national and state departments.

Delivery Modalities: Trends & Gaps of Services.

By analyzing each modality and comparing it to the referral notebook, a better understanding of local agency trends and gaps can be understood. Starting with outpatient care, the goal of this service is "to help clients improve personal and social functioning through the use of individual, group, and/or family counseling, and possibly medication management" (Gladding & Newsome, 2018, p. 353). From the referral notebook, eleven out of the twenty sources offer either predominantly or a form of outpatient services. Some of these examples include the Valdosta Veteran Affairs Clinic, Valdosta Psychiatric Associates LLC, and Choices for Life.

Emergency/crisis services tend to be based on psychiatric emergencies that provide 24 hours of support in the form of crisis phone lines, mobile units, and walk-in treatment. (Gladding & Newsome, 2018). From the referral notebook, seven out of the twenty sources provide some form of emergency care, though it may be specific to their agency's focus. For example, Legacy Behavioral Health Crisis Center and Greenleaf provide the psychiatric component of the emergency services while the Haven provides emergency shelter services from physical abuse and the Children Advocacy Center provides emergency medical services for children of sexual abuse.

Partial hospitalization programs (PHPs) are a type of day program that provides intensive treatment to those with psychiatric, emotional, behavioral, and/or addictive disorders (Gladding & Newsome, 2018). Intensive outpatient programs (IOPs) are another form of day programs.

From the referral notebook, five of the twenty provide some sort of day or residential program. Southwest Key Program Inc is an example of a day program that incorporates individual therapy, psychoeducation, and skills training into its services. The heritage house is an example of an IOP that provides a higher level of psychiatric, medication management, and skill training services to help those transitioning from or prevent them from going to psychiatric hospitalization. Finally, there is consultation and education to be analyzed. While many of the referral sources provide this to some extent, five out of twenty include it as a predominant component. These areas are deemed essential services and can include topic areas such as securing financial benefits, preventing hospitalization, and maximizing independence (Gladding & Newsome, 2018). The Lowndes Associated Ministries to People Inc. (LAMP) is an example of an agency that has support services such as providing clothes, educational classes, and work alongside their clients to get them back to independent functioning. EnSpire Counseling & Wellness, LLC, while it is a private practice, they do offer forms of consultations and assessments for matters on trauma and substance abuse.

After analyzing these treatment modalities in the community, it shows that the Valdosta community has a large community support foundation. When combing referral sources listed in the notebook, all areas of mobility were covered with outpatient services being the most prevalent and partial hospitalization and consultation/education tying at five for the least prevalent. While there are no specific gaps in services, there is always room for improvement in the quality and the total number of services provided. There are many more potential referral sources available in the community that was not accounted for in this notebook. Overall, as both a current or aspiring clinical mental health counselor, it is important to be aware of and connected to local resources to help support your client's needs.

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    association/overview/community-mental-health-act/

Appendices

A: Referral Notebook

Agency Name & Services	Contact Information
Crisis Legacy Behavioral Health Crisis Center (Designed for crisis emergencies, they provide induvial support to individuals "experiencing an abrupt and substantial change in behavior" that is causing "severe impairment of functioning or marked distress".)	**Lyndi Farnam – Director** **Phone:** 229.671.3500 **Address:** 3116 North Oak St Ext. - Valdosta, GA 31602 https://legacysga.com/contact/
Greenleaf (A psychiatric hospital and treatment center for adolescents and adults. They offer a wide range of treatment services across the key areas of mental health, substance abuse, and both inpatient and outpatient counseling)	**Victor Paulk – Director of Admissions** **Phone:** 866.948.9570 **Address:** 2209 Pineview Dr. Valdosta GA 31602 https://www.greenleafhospital.com/
Residential Lowndes County DD Group Home (Residential housing for those living with developmental disabilities. Living support is tailored to assists in skills related to participants' continued residence in their family homes)	**Jerry McMullen – DD Director** **Phone:** 229.469.6481 **Address:** 1308 West Park Ave - Valdosta, GA 31601 https://dbhdd.georgia.gov/dd-community-based-services
Heritage House (Provides supported traditional living for those at risk of intuitional placement or those transition from it)	**Jodi Feathers – Residential Director** **Phone:** 229.506.6074 **Address:** 1 Dellwood Circle – Valdosta, Ga 31602 https://legacysga.com/contact/
Lowndes Associated Ministries to People Inc. (LAMP) (Community support homeless individuals with may unique services such as emergency shelter,	**Yurshema Flanders - Director** **Phone:** 229.245.7157 **Address:** 714 Charlton Street – Valdosta Ga, 31602

clothing distribution, educational classes, and referrals)	https://www.lampinc.org/
Outpatient Services Lowndes Adult Mental Health Center (Services provide support to individuals in need of assistance with mental health, addictive disease, and developmental disability issues	**Amanda Hall – Outpatient Services Director** **Phone:** 229.671.6170 **Address:** 3120 North Oak St Ext, Suite B Valdosta, GA 31602 https://legacysga.com/#services
Valdosta Veteran Affairs Clinic (Outpatient individual, group, and couple therapy services are offered for veterans at this clinic)	**Tine Prince –** **Associate Director of Patient Care Services** **Phone:** 229.293.0132 **Address:** 2841 North Patterson Street – Valdosta Ga, 31602 https://www.northflorida.va.gov/NORTHFLORIDA/locations/valdosta.asp
Peaceway – Counseling & Mediation Services (Services include Individual/Family, Pre-marital/Marital Counseling, and group therapy. Services can have a court-mandated focus and include substance abuse and DUI topics as well)	**Dr. F. Tirrell Andrews - Owner** **Phone:** 229.333.2351 **Address:** 2405 Bemiss Road – Valdosta Ga, 31602 http://peacewaycounseling.com/
Physical Abuse The Haven (Emergency temporary shelter and services to victims of family violence and sexual assault. They have two shelters. The Battered Women's Shelter, which serves victims of family violence, and the Rape Crisis Center, which serves victims of sexual assault.)	**Michel Gertman – Executive Director** **Phone:** 229.244.1765 **Address:** P.O. Box 5382 – Valdosta Ga https://www.valdostahaven.org/
Children Advocacy Center (Community resource center for children of physical or sexual abuse. They offer forensic interviews, individual and family therapy services, and medical services)	**Ashley Lindsay – Executive Director** **Phone:** 229.245.5364 **Address:** 3325 Skipper Bridge Road – Valdosta, Ga 3162 http://caclowndes.org/
Division of Family & Children Services	**Gail Finley – Director** **Phone:** 229.333.5200

(DFCS handles child abuse reports, works with foster and adoptive homes as well as works with SNAP, Medicaid. They provide various support services and programs)	**Address**: 206 South Patterson Street – Valdosta Ga, 31602 https://dfcs.georgia.gov/about-us
Adult Protective Services (APS) (APS investigates reports of abuse, exploitation, and neglect of elderly individuals over 65 and individuals with disabilities over the age of 18)	**Scott Couron – Director** **Phone:** 912.285.6097 **Address**: 1725 South Georgia Pkwy., west – Waycross Ga, 315023 https://aging.georgia.gov/locations/southern-georgia-area-agency-aging
Substance Abuse House of Hope (Provides support with alcoholism, addiction, and abuse. Also had a family recovery program to support family members and target co-dependency and rebuilding relationships)	**Sharon Wagner - Founder** **Phone:** 229.241.2707 **Address:** 2551 Indian Ford Rd – Valdosta Ga, 31602 https://www.houseofhopegeorgia.org/
LODAC - Lowndes Drug Action Council, Inc (Services include substance use, teen pregnancy, suicide, juvenile delinquency, anger control, and social skills. They also provide education, intervention, prevention, and treatment for adolescents with high-risk behaviors.	**David Troy – Interim Director** **Phone:** 229.333.5175 **Address:** 601 Toombs Street – Valdosta Ga, 31602 www.lodacvaldosta.org
Other Southwest Key Program Inc. (A youth justice program branch that provides alternatives to youth incarceration and offers individual and family therapy services as well as after school programs)	**Shameka Williams – Program Director** **Phone:** 229.242.3453 **Address:** 2416 Bemiss Road – Valdosta Ga, 31602 https://southwestkey.org/
Valdosta Psychiatric Associates, LLC (Provides psychiatric care and psychotherapy services. Specifically, they offer individual counseling, marriage and family counseling, as well as group therapy)	**Joe Morgan, MD – Physician** **Phone:** 229.244.4200 **Address:** 3541 North Crossing Circle – Valdosta Ga 31602 https://www.vpavaldosta.com/

Bethany Hospice & Palliative Care (In addition to offering hospice and palliative care services, they also have bereavement services to assist with trauma, loss, and grief. Services take place in the form of support groups, individual counseling, psychoeducation, phone support, and referral sources)	**Ava Best – Administrator** **Phone:** 229.588.2339 **Address:** 2700 N. oak Street., Bldg. B – Valdosta Ga, 31602 https://bethany-hospice.com/
EnSpire Counseling & Wellness, LLC - Grief Support Group – (This is a private practice that has a wide range of services focused on mental health and wellness. Services include individual therapy, play therapy, substance abuse & trauma assessments, nutrition counseling, massage therapy, and more. They also have a grief support group)	**Dr. Giddings – Group Leader** **Phone:** 229.520.5321 **Address:** 3790 Old US HWY 41 N, Suite A – Valdosta Ga, 31602 https://www.enspirecounselingandwellness.com/
Choices for Life (This is a private behavioral health and foster care provider. This organization helps align children with families and provides therapy services)	**Ketorah Garrett – Recruiter** **Phone:** 229.244.1707 **Address:** 2200 N. Patterson Street – Valdosta Ga, 31602 http://www.choicesforlifecfc.com/services/
Coastal Plain Area Economic (They have three key program areas: CSBG, Head Start, and Weatherization. CSBG provides multiple services such as food vouchers, water utility assistance, car repairs, GED training, and more. Headstart is an early childhood development program for disadvantaged children. Weatherization is an area that helps increase energy efficiency in low-income households and also provides lead-based paint counseling)	**Marilyn Dye – Public Official** **Phone:** 229.244.7860 **Address**: 1810 W Hill Ave, A6, Valdosta Ga, 31602 http://www.coastalplain.org/

The Challenges of a New World

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COUN 7820: Career Counseling

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Abstract

There are an estimated 650,000 immigrant students traveling into the U.S. with their families. Many of these families may choose to continue migrating within the U.S. affecting the education of their children. Education plays a huge role in an individual's career. Therefore, this population confronts issues in career plans. However, with a theoretical model approach, school counselors will be able to provide a successful framework to intervene in the education of immigrant students. An approach the can be followed can be Holland's person-environment fit theory. School counselors can also involve scientific instruments that can assist students when choosing a career. It is important for a school counselor to continue learning about the different, ongoing obstacles that this population faces every day. There are empirical studies that uncover issues and perspectives on helping immigrant students.

Keywords: Immigrant students, research, career model, career, school counselors

The Challenges of a New World

Through years there has been an inflation of number of immigrants and refugees populating in the United States (U.S.) and the numbers continue growing. They are entering the country in search of a better life that their home country could not provide for their families. There are two types of groups that will be looked upon in this paper. The first group are the migrant workers who are often migrating with their families across states in search of new jobs. The other group are immigrant workers who choose to come to the U.S. with their families in hopes to permanently settle here and provide financial and academic success to them. These individuals bring along children of all ages that go through difficult situations in their educational development, especially for those specific children whose parents continue to be migrant workers across the U.S. There were approximately 650,000 migrant students traveling into the U.S. with their families, mostly to California or Texas in a study reported in 2000 (Green, 2003).

Many of these immigrants come from the countries Mexico, Pakistan, North Africa, and Turkey (Heath & Brinbaum, 2007). Given the previous statistics, it is clearly noticeable that their native language is not English. In other words, children coming from these less-developed countries will be facing very challenging developments in schools due to the foreign language being used in American school systems. This is one leading problem to the stereotype that migrant children will not make it through education because of the difficulty of learning the new language. Another one also relates to the fact that these families are migrating to different states for seasonal jobs causing the students to lose track of their academic progresses because the need of transferring to new schools which different states and/or schools have different standards and teach at different paces. There are several factors in why these migrant children face complex

circumstances in their educational growths. In this special issue, therefore, we will bring awareness to the implications that studies confirm then use appropriate theoretical techniques and procedures to assist to this special population.

Career Issues

As school counselors, it is our responsibility to reside in the special needs of these migrant students in the most professional manner during their educational development. Even though a parent's goal to moving into a new country is to provide better education and career success for their children, but this is not the case for all children. In reference to career issues, because of frequent migrating, studies show that migrant students in high school tend to demonstrate low achievement levels and slow performances due to different school environments with different learning paces (Kindler, 1995). Thus, this special population struggle with requirements to be able to graduate which limits them on opportunities for better occupations that they were in hopes for. This situation could result in not being able to complete the requirements to receive their high school diploma due to missing credits or many students simply give up and choose to dropout due to the massive frustration and stress. It was mentioned earlier that many of these migrant children have very little English proficiency. Any student in school can already struggle with lessons, but for a student who is not skilled in English, will be struggling with lessons along with not comprehending the language used to teach the lessons. This is another career barrier in which students encounter, these are two major obstacles that the student will face, making school a very challenging environment, and will most likely continue to be an issue in their career. With the special population having such limited vocabulary, they will not be able to communicate quite well with others. Additionally, there have been several studies that introduce parents as potential conflicts in their child's career. For example, Reese,

Balzano, Gallimore, and Gobenburg (1995) have pointed out Latino parents of older children in the way they view the school setting as a place of bad influences, instead of learning educational knowledge. They strongly believe that their children will be exposed to negative and dangerous activities, so parents start interfering with their child's education which results in terminating their career goals especially for those who were on track to their career. Education is very important for people who come into the U.S. to emerge a desired career choice. Undoubtedly, this group of special population come across many career issues during their educational development such issues are new adjustments, cultural clash, and parent's decision-making.

<div align="center">**Relevant Research**</div>

Studies of personal experiences have been conducted analyzing the three issues that were mentioned above. Let us take a closer look on Clara's story who struggled with new adjustments that were nearly close to interfering with her education and career. Clara was only a freshman in high school when her parents decided to migrate during the summers with the entire family in order to raise the family income that her carpenter father was not bringing to the household due to unemployment (Kozoll, Osborne, & Garcia, 2003). Clara only struggled in the matter of coming back home on time to start her school again. She was enrolled in advanced course, so if she was to start school late, it could have resulted in failure with her courses and possibly ruined her college and career plans. Lucky for Clara, she was only away for the summer. In other cases, many other migrant children travel with their families during the fall season, interrupting their school development and making it tougher to attain their optimal career if they do not have the support system needed to achieve it. A study reported that nearly one-third of migrant children worked in the fields with their parents (Lopez & Mahitivanichcha, 2001). However, we are all familiar with the intensive workload accelerated students must complete in the summer, so

unfortunately for Clara her summer lifestyles became a balance between hard labor work and challenging schoolwork.

As far as for cultural clash, when people are introduced to new surroundings, especially a new culture, they often feel intimidated. For the most part, migrant children experience this feeling when entering an American school setting with different objectives, values, and practices. Ernst-Slavit (1997) defines this situation as a cultural clash, children experiencing the difference between environments can produce implications in their school achievements. A study conducted by Delgado-Gaitan (1991), directed the number of students enrolled in the Carpinteria School District in California which make up of 2,000 students, and about 40 percent of the Hispanic population are limited English-speaking students. This is about 280 students enrolled in an American school district who perhaps speak very little or no English at all. This is only the case for the small school district, imagine nationally. This would be a career issue for many students across the U.S. who have limited English proficiency, and a leading problem to their future careers because this population could begin drifting away from school if their school districts are not meeting their needs in education.

To conclude with the last issue, it was mentioned that reports show that parents' decision-making could be a leading problem when interfering with their student's education and career. A true case illustrated a family who interfered in their oldest son's education by sending him back to their hometown in Mexico simply because he was involving in gang activities (Reese et al,. 1995). The point of a child to continue their education is to someday peruse a desired career, especially with the many opportunities that the U.S. offers to their students. His parent's decision may have been a little outrageous; there were many other alternatives for their son, instead of snatching the career opportunities that the young men could have had if he stayed.

Role of Career Theory

Despite his intense training through assessment and empirical, Holland was widely known for his theoretical model of career development. His theory, person-environment fit theory, proposed that a major contribution in our knowledge of career development with great influences on career counseling practices and education (Dugger, 2016). This theory is based on combining the match between a person's personality type and that person's work setting. Six types of personalities are described in this theory, the following are realistic, investigative, artistic, social, enterprising, and conventional type. Holland's hexagon is a diagram to lay out the personality types which encourages the person to combine the strongest two or three letters on it that strongly reflects a person's interest or personality. However, Holland also provided an explanation on how personality is developed which merges in perfectly with help children of migration backgrounds. The development focuses on a person's home, school, relations, peers, culture, and community. Because children who are brought into the U.S. come from different heredity and cultural dimensions, this can be helpful when working with migrant children who are unaware of how to go about choosing a career path. Many migrant children spend their lives moving back and forth, not being able to participate in school activities to acquire knowledge of their true interest. Therefore, with their little interactions and experiences that they have developed, Holland's model of personality type could be very useful in attaining these personalities for the students of this special population and leading them to finding a perfect-fit career of their interest.

In general, there will always be limitations when working with clients of different backgrounds. A limitation regarding the special population is student who have not had much experience to be able to confirm their personality type. With narrow experiences, it could be

possible to direct a student into a career to unknowingly finding out in the future that the career path advised to them was not actually meant for them. Another limitation could also be students who are having trouble speaking and understanding the English language. With communication being in English, this could often be a challenge to a non-English speaker. Both limitations will only make the therapy sessions more time-consuming trying to figure everything out and being able to fluently comprehend one another. This can be quite devastating for the students, even for the counselor as well.

Role of School Counselor

Hence, it is important, as a school counselor, to closely know the people in which one will be working with. One does not necessarily have to come from the same background, but to at least do the research on the possible limitations, can greatly benefit one in the future to be able to work effectively with the population group and if possible, come up with alternatives to make the process less hard when confronted with such situations. A counselor's role is to assist children of all groups, not make them feel intimidated and as if the school environment will not be able to respond to their doubts and questions of their education and career development. As the counselor it is our responsibility to pay close attention to the migrant children's expression of preferences in vocations and academic interest to guide them into the career of their choice.

Career Assessment Instruments

Parental Involvement

Considering a client of Hispanic background, in their culture, their values are largely placed on family. Therefore, in order to help this population to accomplish their future career, it would be best to involve their parents in the situation. Lopez and Mahitivanichcha (2001) strongly encouraged for parent participation because it will help improve the student's

self-esteem, their relationship with their parents, and enhance positive perceptions of the school from the parents. Correspondingly, the study recommended to make parents feel comfortable, just like students feel intimidated by new environments, parent feel the exact same way. Thus, formal barriers need to be broken down and provide welcoming environment to parents that will not make them feel out of place. Delivering a comfortable environment to our migrant parents will help increase involvement in their children's education and career.

Holland's Self-Directed Search

Another instrument that could be used, in correspondence to Holland's theory, would be the Self-Directed Search.   Holland concluded that the greater the degree of differentiation, the better it would be to find results of student's career choices (Dugger, 2016). The instrument is widely known when searching for career interest. This would be very helpful for this population since it has been translated into 25 different languages allowing it to be easily comprehensive to suit the migrant student's native language.

Internet Resources

- https://www2.ed.gov/programs/mep/index.html
- https://www.gadoe.org/School-Improvement/Federal-Programs/Pages/Migrant-Education-Program.aspx
- https://www.ericdigests.org/pre-924/migrant.htm

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Treating Social Anxiety Disorder

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RSCH 7100: Research Methodology in Education

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October 4, 2020

Abstract

The purpose of the literature review was to research Social Anxiety Disorder and therapy interventions within the counseling field. Social anxiety disorder. Social Anxiety Disorder can impact individuals of any age, affecting social situations resulting in discomfort or avoidance of social interactions. Therapy for social anxiety disorder is based on cognition, exposure techniques, acceptance, and mindfulness. The main treatments of social anxiety disorder are; cognitive behavioral therapy, acceptance and commitment therapy, and exposure therapy. The diversity of treatments provides a vast alternatives for mental health professionals to ensure that clients are receiving the treatment that will treat their disorder and also be in compliance to their goals of counseling. Mental health professionals should be aware of the barriers to treating social anxiety disorder. Individuals with social anxiety disorder often battle many barriers that keep them from seeking treatment, which can lead to additional mental health concerns. Empirical research has proven the effectiveness of the therapy, barriers, and the importance of mental health professionals matching a treatment that best fulfills the client's needs.

Keywords: social anxiety disorder, cognitive behavior therapy, acceptance and commitment therapy, exposure therapy, barriers

What is Social Anxiety Disorder?

Social anxiety disorder (SAD) is a debilitating psychological disorder that is defined by an intense fear of social situations (Grumet & Fitzpatrick, 2016). The intense fear is linked to these social situations because of the possibility of scrutiny or negative evaluations from others (Grumet & Fitzpatrick, 2016). Fearing social and/or performance situations leads individuals with SAD great discomfort within these situations or complete avoidance of social and/or performance situations (Neufeld et. al. 2020). An example of a social situation that could bring

one with SAD discomfort can be getting invited to or attending a social gathering with friends

and the rest of the people there are strangers to them. This situation can bring them discomfort if

they attend because of the possibility that individuals at the gathering might scrutinize them. On

the other hand, an individual with SAD might ignore the initiation to attend the event altogether

because the thought of scrutiny is unbearable. Examples of performance situations can be at a

work or school environment, or an environment was attention or judgment has a greater chance

of happening. SAD is considered to be a debilitating psychological disorder since individuals

presenting with SADD have significant functional impairment in social, occupational, as well as

other environments of functioning (Grumet & Fitzpatrick, 2016). Treatments of SAD are

relevant to the counseling profession as counselors can provide therapy to clients who have been

diagnosed with SAD, counselors should also be aware of barriers in the treatment of SAD.

Cognitive Behavioral Therapy for Social Anxiety Disorder

Cognitive behavioral therapy (CBT) has been used in the treatment of SAD in individual

and group counseling (Grumet & Fitzpatrick, 2016). The purpose of CBT is to modify the

socially relevant dysfunctional cognitions that cause the avoidance behavior and other symptoms

of SAAD (Grumet & Fitzpatrick, 2016). CBT interventions can be completed through cognitive

restructuring or exposure interventions (Grumet & Fitzpatrick, 2016). Cognitive restructuring

allows clients to identify, reexamine, and modify their distorted cognitions (Grumet &

Fitzpatrick, 2016). Following cognitive restructuring is the intervention of completing exposure

tasks. To complete exposure tasks clients will be placed in settings that could cause them to

distress or that they could normally avoid (Grumet & Fitzpatrick, 2016). Exposure tasks allow

clients to restructure their cognitions and to challenge their false and maladaptive beliefs by

presenting a experience that opposes these beliefs (Grumet & Fitzpatrick, 2016). These

interventions can lead to fear extinction where the exposure allows the client to challenge their

false and maladaptive beliefs that created fearful situations occupied with anxiety to the point

where their anxiety and fear of particular situations is limited (Grumet & Fitzpatrick, 2016).

Exposure interventions have also received empirical support (Grumet & Fitzpatrick, 2016).

Cognitive Behavioral Therapy's Empirical Research

CBT can be done in both individual and group settings there has been empirical research

to support its effectiveness. A study in Brazil, researched the effect of two CBTT interventions

for SAD, trial based cognitive therapy (TBCT) or group intervention (Neufeld et. al. 2020). The

study is based on a pre- and post- test design, this design allows for researches to analyze the

effectiveness of the interventions. TBCT is an individual intervention which focuses cognitive

restructuring utilizing experiential techniques that mobilize significant emotional responses

(Neufeld et. al. 2020). The second CBT intervention, group intervention, consists of using

exposure therapy (Neufeld et. al. 2020). The study consisted of 86 young adults, 26 which were

assigned to TCBT intervention and 27 to group intervention and 33 assigned to a waitlist control

(Neufeld et. al. 2020). All participants including those on the waitlist were diagnosed with SAD

based on SCID results (which is compliant with the DSM-IV) (Neufeld et. al. 2020).

Subjects in the TCBT intervention received weekly 90-minute sessions by a trained

researcher and clinical psychologists following the protocol of TCBT (Neufeld et. al. 2020). On

the other hand subjects receiving group CBT received 120-minute sessions on a weekly based

with a t clinical psychologist supported by an additional therapists (Neufeld et. al. 2020). The

result of the experiment is that CBT showed high efficacy in treating SAD (Neufeld et. al. 2020).

However, TCBT was still effective in reducing social anxiety symptoms.

Cognitive Predators for Exposure Therapy

Cognitions influence the development and maintenance of SAD, cognitive models

assume that negative beliefs are related to social situations and the fears that come along with

social situations (Kampmann, 2019). Exposure therapy is a psychological intervention that

targets rear-related overt behaviors without a maladaptive cognitions (Kampmann et al, 2019).

The threes cognitive variables that predict the outcome of exposure therapy are self-focused

attention, self-efficacy in social situation, and estimated social costs (Kampmann et al, 2019).

Self-focused attention is were individuals have a heightened vigilance for internal stimuli

(Kampmann et al, 2019). It is unclear if changes in self-focused attention is associated with the

treatment outcome of lone exposure therapy (Kampmann et al, 2019). SAD has been correlated

to a low levels of self-efficacy, ones belief in their ability to achieve goals when interacting with

others (Kampmann et al, 2019). Which can lead to reduced coping skills when facing anxiety in

social situations (Kampmann et al, 2019). Like self-focused attention there is a lack of research

supporting self-efficacy's connection to cognitions (Kampmann, et al, 2019). Individuals with

SAD overestimate the costs of negative social incidents, research has connected social cost to

cognitions (Kampmann et al, 2019). The research supporting the connection to social costs and

cognitions has been shown in group exposure therapy (Kampmann et al, 2019).

This study surrounds 60 participants with SAD who receive vivo or virtual reality

exposure exercises (Kampmann et al, 2019). For participants receiving virtual exposure exercise

they received a computer simulated social situations, they would engage in verbal interactions

with virtual humans in either one-to-one or group situations in which they can confront their

social fears (Kampmann et al, 2019). Some of the social situations were speaking to strangers,

buying and returning clothing items, attending interviews, having dinner with a friend, a blind

date, or public speaking (Kampmann et al, 2019). The therapists can manipulate certain

situations such as dialogue, gender, amount of people, personal relevance, and nonverbal

communication (Kampmann et al, 2019). The manipulations to the situations experienced in

virtual reality exposure can be specific to the personal goals of an individual with SAD. In vivo

exposure exercises took place at a university and its surrounding businesses, the participant

would be in contact with their therapist before and after exposure exercises (Kampmann et al,

2019).

Self-focused attention was measured with a self-focus subscale of the Focus of Attention

Questionnaire (FAQ), a 10-item self-report measure rated on a 5-point Likert scale (Kampmann

et al, 2019). If individuals scored high of FAQ it correlated with a greater focus of attention of

self (Kampmann et al, 2019). FAQ was used to measure the participants attention of self during

their exposure exercises, which was administered twice, after session three and session six

(Kampmann et al, 2019). This scale can allow counselors to understand the clients understanding

of themselves during exposure exercises..

Self-efficacy was assessed through the Self-Efficacy for Social Situations Scale (SESS), a

9-item self-report measured on a 10-point Likert Scale (Kampmann et al, 2019). The SESS

assesses individuals' social skills, cognitive, coping, and affective coping, higher scores correlate

to a higher self-efficacy for social situations (Kampmann et al, 2019). The SESS was

administered twice, before session one and seven (Kampmann et al, 2019).

Social Costs was assessed using a social event subscale of the Social Cost Questionnaire (SCQ), a 20-item self-report questionnaire measured on a 9-point Likert scale (Kampmann et al, 2019). The SCQ measured social performance and non-performance situations (Kampmann et al, 2019). The SCQ was administered at preassessment, before session seven (Kampmann et al, 2019).

Research showed that a decrease in estimated social costs and self-focused attention in the first six sessions resulted in a better outcome of treatment (Kampmann et al, 2019). If there was an increase in self-efficacy there would be a lowered social fear and avoidance as well (Kampmann et al, 2019). A greater decrease in social anxiety symptoms after treatment due to the fact that the three cognitions were measured separately (Kampmann et al, 2019). A decrease in self-focused attention and self-efficacy were correlated with symptom improvement.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is a transdiagnostic cognitive behavioral therapy that teaches acceptance and mindfulness, and clarification and enactment skills (Smout et.al., 2012). ACT is not meant to rid a client of their anxiety but to help them accept their anxiety and live in accordance with their personal values (Kelson et.al., 2019). ACT's goal is to improve psychological flexibility, a person's ability to contact the present moment more fully as a conscious human being, and engage in value-based action (Kelson et.al., 2019). This can be completed in therapy through targeting the 6 core processes of change (Kelson et.al., 2019). The 6 core processes of change are acceptance, contact with the present moment, cognitive defusion, self-as-context, values, and committed action (Kelson et.al., 2019). ACT differs for CBT as it

encourages acceptance, mindfulness, and values-guided behavioral exercises, versus control, logical analysis, and cognitive disputation exercises (Kelson et.al., 2019).

Internet Based Interventions for Acceptance and Commitment Therapy

Web-based therapy interventions have been founded which include mental health information and skills training, which can be beneficial to individuals facing structural and attitudinal barriers for the traditional face-to-face treatment methods (Kelson et.al., 2019). Researchers found that the studies reviews conveyed that iACT has a impact on anxiety and has small to large reductions in anxiety symptoms among individuals with SAD, GAD, Illness Anxiety Disorder (IAD), and anxiety-related health problems (Kelson et.al., 2019).18 out of the 20 studies reported small to large anxiety reductions in participants after iACT (Kelson et.al., 2019). iACT presents to be effective and acceptable for treating some anxiety conditions among young and middle aged adults in Western societies (Kelson et.al., 2019). Research designs ranged from piolet designs to having wait-list controls and active treatment groups (Kelson et.al., 2019). The studies also presented a wide range in iACT interventions and the populations of treatment, which were considered to be heterogeneity. It was found that anxiety reductions were found regardless if iACT was delivered with or without a therapist (Kelson et.al., 2019). Specifically to SAD iACT can be successful and satisfactory for adults (Kelson et.al., 2019).

Virtual Reality Exposure Therapy

This study compared virtual reality exposure (VRE) therapy to in vivo exposure for social anxiety disorder (Anderson and Price, 2013). VRE presents feared stimulus through aa computer-generated environment, the stimulus is delivered through a head-mounted display (Anderson and Price, 2013). VRE tracks motion through the head-mounted display to receive

multi-sensory input and natural movement (Anderson and Price, 2013). VRE allows for the

exposure to be conducted in a controlled environment (Anderson and Price, 2013). VRE is

effective for reducing symptoms of social anxiety disorder (Anderson and Price, 2013).

Internet- based Affect focused Psychodynamic Therapy

Psychodynamic therapy (PDT) is an effective for SAD when it is compared with a wait-

list control condition (Johansson et al., 2017). For 10-weeks Internet based psychodynamic

therapy (IPDT) was applied to see its effectiveness with SAD in relation to the DSM-IV

definition of SAD (Johansson et al., 2017). This study compared IPDT, face-to-face PDT and

Internet based cognitive behavioral therapy (Johansson et al., 2017). The study states that CBT

has the strongest research support, yet PDT has evidence for efficacy (Johansson et al., 2017).

An internet version of PDT has been determined to outperform waitlist or online support for

other mental health disorders like depression and mixed depression and anxiety (Johansson et al.,

2017). There was no significant difference for IPDT and ICBT as they work through similar

mechanisms (Johansson et al., 2017). This study was conducted by a randomized design with

self-help guided protocol via internet, consisting of nine modules that were individually sent to

the participant weekly (Johansson et al., 2017). The treatment framework of IPDT was based on

the concept of emotional mindfulness, encouraging participants to mindfully pay attention to

emotional experience through insight-oriented and skill-building exercises (Johansson et al.,

2017).

Barriers to Treating Social Anxiety Disorder

Lack of treatment for SAD can lead to aa high risk of substance abuse, suicide ideations, impaired social functioning, and a reduced health-related quality of life (Goetter et al., 2020).To limit the barriers in treating SAD a systematic understanding has to happen, symptoms of the disorder can restrict individuals with SAD from seeking help (Goetter et al., 2020).With the main symptom of SAD being worry, individuals can worry about being judged by the mental health professional (Goetter et al., 2020).

This experiment discovered characteristics perceived to barriers with treatment and interviewed indivduals with both SAD and General anxiety disorder (GAD). The study consisted of 226 adults who have received a primary diagnosis of SAD or GAD after a compressive semi structured clinical interview (Goetter et al., 2020). Any individuals with a lifetime history of a mental disorder, medical conditions, or substance abuse, or acute suicidal risk were excluded from this study (Goetter et al., 2020). The participants ranged from the age of 18 to 65, and out of the population, 121 were diagnosed with SAD and 105 were diagnosed with GAD (Goetter et al., 2020). Participants self-reported through a standard demographics questionnaire and the barriers to treatment questionnaire (BTQ) (Goetter et al., 2020). The BTQ is a 4-point Likert scale 23-item self-report measure, that examines individuals perceived barriers towards seeking treatment (Goetter et al., 2020).

The results showed that individuals with SAD held the following barriers; wanting to solve the problem by themselves at 83%, feeling embarrassed about their problems at 79%, or not knowing were to get treatment at 69% (Goetter et al., 2020).Versus individuals with GAD's barriers consisted of, wanting to handle their problems by themselves at 82%, feeling embarrassed for needing help at 75%, and being worried at the cost of treatment at 74% (Goetter et al., 2020).

This study found that shame, stigma, logistics, and finance was the main barriers to individuals with anxiety disorders seeking help. This study brought to light that there is a need for culturally sensitive research for mental health. Through reading characteristics associated with perceived barriers it is important to note that ethnicity, socioeconomic standing, age, and relationship status plays a role in possible barriers an individual might hold towards treatment. Mental health professionals should discuss barriers to treatment with their clients who have SAD and GAD, initiating conversation with the client about the preconceived notions they might hold (Goetter et. al. 2020). Mental health professionals can also go in community settings to break these barriers individuals in different demographics might hold (Goetter et al., 2020).It is a mental health professionals' duty to advocate for individuals.

Conclusion

This paper explores the differences in therapies for social anxiety disorder, relevant research, and the definition of social anxiety disorder. This research shows that social anxiety is prevalent within our society and also the most effective ways to either help alleviate or reduce the symptoms of social anxiety disorder. Social Anxiety Disorder is a very common mental health concern in individuals of all ages. Professional mental health counselors should be knowledgeable of social anxiety disorder, its treatments and stigmas. It is important to be aware of all of the stigmas that come along with social anxiety disorder so when in counseling the counselor will be aware of possible hardships they might be facing. While research has been conducted in the differences in treatments, it would be important to study the effects of social anxiety disorder on mental health as a whole and its impact on personal life. This would provide a wellness approach to social anxiety disorder. The closest treatment approach to a wellness

approach was Acceptance and Commitment Therapy, where the client and counselor would work

towards accepting the symptoms of social anxiety disorder. Due to the broadness of therapies,

counselors are able to counsel clients with the best treatment that would best meet their concerns

and particular symptoms.

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Mending Community Relations with Law Enforcement

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Abstract

Over the past decades, the U.S. has seen a major decline between law enforcement and the communities they serve. The escalation of police brutality amongst citizens, the use of excessive force, mistreatment of mentally ill individuals and minorities among other factors has people wondering whether law enforcement receives adequate training to perform their job. People are calling for more psychological based training within the police force so police are better trained with tactics to deal with all citizens and also put an emphasis on their mental health as well as create better de-escalation methods dealing with the public. Internal fixes in the criminal justice system lead to a trusting society and reliance on police for everyday problems and dangerous situations as well as identifying and recognizing the stressors this special population faces. This paper will show how research promotes the idea of social justice awareness and the implementation of psychology and education to advance the mentality of the police force and mend the broken relationships with civilians.

Mending Community Relations with Law Enforcement

The Impact of Psychological Science on Policing in the United States

The climate between law enforcement officials and civilians is rocky. Law enforcement is starting to see a rapid decline in the public's confidence of police performance. Recent events have citizens asking for relocation of funds away from police departments and more psychological and sociological sound training to be instilled in officers. In doing so, the public hopes to see improvement in interactions with those with mental health problems, minorities, nonviolent offenders, and others deemed a higher risk for punishment in the hands of the police. In addition, the public wants to see better crisis intervention tactics demonstrated and criminals brought to justice before death. According to Tyler, Goff, and MacCoun, the police benefit from the cooperation of the community and policing is not just about producing objectively beneficial outcomes but it about creating a climate of reassurance and perceived trustworthiness of police in communities (2015). This analysis of police relations is a result of the public lowering the legitimacy of police officers when they are presented with unfair treatment. In the research The Impact of Psychological Science on Policing in the United States, Tyler et al found that the public will be more willing to rationalize police actions if they see the actions are reasonable and appropriate. Their study also focused on how people are more likely to follow the laws if they respect local police and the law and when the police do not have to focus on lower level enforcement such as regulating traffic and other minor laws, they can focus on significant issues regarding public safety and repeat offenders. The researchers found even in the corrections aspect that programs that divert people away from prison are more valuable and serve as a better deterrent to crime as well as reduce incarceration costs. The importance of their research is

relevant to this study because it shows how psychological science, better resources, and education can influence great community relations with the police.

Identifying the Key Risk Factors for Adverse Psychological Outcomes Among Police Officers: A Systematic Literature Review

Sherwood et al have also identified police officers experiencing frequent trauma related psychopathology dealing with their line of work. Police officers are found to have higher risk of depression, PTSD, anxiety, and burnout (2019). All of these risk factors are divided into three categories: organizational, operational, and individual and because stress is mostly considered an individual factor, researchers decided to conduct a study using a range of police officers in the U.S. and other parts of the world. Researchers found one factor of risk is depersonalization which involves the development of negative feelings and attitudes toward work colleagues and people officers' assist. This study is pertinent because it makes it important to discuss the stress officers face in all facets of their life and how it can impact their career and emotions on the job. Furthermore, this study seeks to assist with the psychological well being of officers to improve resilience.

Perceptions of Police, Racial Profiling, and Psychological Outcomes: A Mixed Methodological Study

Current events have highlighted the racial disparities and discourse black people have in America and particularly with the police over decades. This article sought to understand the perception minorities have of the police and the racial bias that places people of color at risk of being racially profiled and harmed. From past studies, it is discussed how Black and Latino populations have negative perceptions of police while other minorities such as Asian Americans

have a positive perception of police while acknowledging police fairness and cooperation with officers being poor (Nadal et al., 2017). Unfavorable perceptions of minority races influence police decisions in misperception of seeing minorities with weapons when they are holding nonviolent objects, the belief of minorities committing more crimes and the perception of minorities being super predators compared to the white race. These concepts can be explored in studies based on weapon bias and split decisions, past political campaigns, ideologies such as the war on weapons and drugs, statistical findings showing police unjustifiably signaling out Black and Latinos on the street for Stop and Frisks and during traffic stops, and social media influences that lead others to view Black and Latinos in a negative light among society. Nadal et al mention how police gain respect when they are seen being just and serving various communities in unbiased ways (2017).

Perceptions of racial profiling were seen overtly in situations where police officers stop an individual who matched the description of a suspect they were searching for. Individuals who are perceived as matching the description feel as though they are only fitting the ethnic and racial appearance of the general members of their population and not actual specific characteristics that would lead the officers to suspect they are in fact a potential threat and suspect (Nadal et al, 2017). In Nadal et al's research, they conducted two studies: one that explored the perception of police among different racial groups while the second study focused on interactions with the police. In the first study, 550 participants were recruited from a minority-serving college and members of the community by means of announcements, organizations, emails, and snowballing. The participants were largely Latino with White participants coming in behind and Black and Asian participants equally identifying as such and multiracial participants coming in as the least sampled. Participants took a POPs 12 item measurement scale which examined the general

attitudes towards the police and perception of bias and results based on descriptive analyses and mean scores backed past research showing how white people view the police more favorably than black people who scored the lowest (Nadal et al, 2017). Other minority races were in range with both black and white participants scores but leaned more closer to how white participants felt towards the police. The second study had a total of 222 participants who were undergraduate students recruited from New York City in a 3-year span. The students were given an open-ended questionnaire that explored past police interactions, cognitive, behavioral, or emotional reactions (Nadal et al, 2017). The results of the quantitative data showed 1/4th (61 participants) of students were stopped by police without a justified reason and females were stopped more than males and it was largely Latino individuals with Black participants following closely behind. Out of the 61 participants, 16 were stopped multiple times unjustly (Nadal et al, 2017).

Participants revealed they were not told why they were stopped most of the time and how that influenced their own reasoning to being stopped while some said they were told they were not doing something when it was clear they were. Other factors were situational, racial, appearance based, age wise including random bag searches and attributions of police officers on one domain where in a second domain regarding types of responses, emotional reactions, cognitive reactions and behavioral reactions were common themes for being stopped. A third domain demonstrated how perceived characteristics of multiple stops involves discrimination and police negligence. The discussion surrounding this study is that not only does race continue to play a longstanding role in unjust approaches to minority communities thus increasing negative perceptions from members of those communities towards police, but there are several factors that juxtapose along racial background. Thus, this study exhibits how police academies must pay attention to the role they play in influencing negative perceptions among these

communities and how they must take multiple considerations when establishing relations and serving minority communities.

Adding Value? A Review of the International Literature on

The Role of Higher Education in Police Training and

Education

Before we look at current police training in America, it is important to take note on how police training and education in other countries differ. This article explores how higher education may result in an added value to police training and education. For places such as England and Wales, undergraduate courses that help police develop better critical thinking skills involve problem solving skills, crime prevention, exploration of transnational crimes, and technological innovations (Paterson, 2011). Despite this acknowledgement of added value for higher education, there is still opposition due to the outlook of police training solely dealing with police focused courses as well as the act of going to a high institution due to criticism of the value being overshadowed by the financial incentive of universities. In other European countries, the demand for police focused degrees also increases the need for education based on police management, policing strategies, and ethics while appreciating professionalism and how that added degree should be a requirement for placement as a police officer. Police universities are established in countries such as France, Spain, and Italy while Czech Republic, Lithuania, Greece, Slovakia, and Norway have gained university status (Paterson, 2011). Police reforms in countries like Germany and the Netherlands illustrate how better communication and resolution skills positively affect how the police maintains community oriented. While there are some countries that lack more social justice and community oriented police, the United States appears to be the

least willing country out of other major developed countries to lack a want to reform the police educational and policy wise. Even though there are already established criminal justice degrees and courses dedicated to increase knowledge among police officers, it is not a requirement to complete a higher education to begin working as one. Past research done on university educated officers found that the ones who received higher education were less authoritarian and cynical, the value system was more flexible, attitudes towards minorities were improved, and research provided the change in experiencing universities alone and not based on taking police based courses (Paterson, 2011). Earlier resistance to adding higher education to police officer's training concentrated more on established and employed officers with more encouragement towards new recruits. Despite these critiques, current research in the United States has also seen how higher education improves community and police relations, increase knowledge in both criminal justice other disciplines and problem-solving skills while increasing police legitimacy (Paterson, 2011). Correspondingly to how higher education adds value to police training is police training itself and how psychological science can advance police community relations.

How Can Psychology Advance Police-Community Relations? Using Psychological Science and Advocacy to Contribute to Solutions

This article begins to present how psychology can conciliate issues in the police field through psychological science. Psychological science already provides ethical guidelines to treat every human with justice and fairness. Applying this same guideline to law enforcement has potential to reduce negative public perception on police legitimacy and encourage positive relations and view of law enforcement. A few years ago, psychologists were able to demonstrate how psychological functioning of specifically Black people and other people of color were diminished due to police interactions with the community (Turner, 2018). To elaborate, they

presented findings on how unjust policies and police brutality leave a negative experience for people of color and leave them prone to develop anxiety, depression, and PTSD due to these interactions and negative perception of minority communities. Some police departments have adopted racial intelligence training that "focuses on teaching law enforcement officers to understand their own emotions, communicate effectively and emphasizing behaviors that can effectively de-escalate complex and often deadly, law enforcement situations" (Turner, 2018). Racial intelligence training includes using psychological science to make officers more culturally competent. Psychological science promotion in law enforcement activities can increase advocacy for funding mental health training, identifying community trauma-based factors, and explore the effects of police officer's exposure to violence. As a result, psychological science can help implement change.

The Convergence of Psychological Conditioning and Cognitive Readiness to Inform Training Strategies Addressing Violent Police–Public Encounters

It is no surprise police officers have one of the most dangerous jobs in the U.S. and are at a higher risk of injury and death. Anyone put in a situation of constant high alert would exhibit extreme levels of stress as well as quick reflexes and cognitive thinking. Dangerous factors in a law enforcement's job lead to moments of force but sometimes to the public it is not always clear why some officers choose to use excessive force in certain situations. Training strategies over years have prepared officers to deal with violent encounters with an emphasis of on Use of Force training. This study focused on how Use of Force instructors' perception is regarding to cognitive readiness. Cognitive readiness is defined as a range of mental and social understanding needed to be competent enough to perform a task especially in unpredictable times. Use of Force models are taught to police officers in training to prevent officers from using unnecessary force

and creating a fatal environment (Preddy et al., 2019). 317 various law enforcement and specialized firearms instructors completed a survey in its entirety including 15 individual process-tracing interviews and five semi-structured interviews representing five police departments that specialized in Use of Force training. The results showed that 87% of participants sometimes experienced anxiety in violent situations but 69% did not avoid the situation even when the chance of violence occurring was high and high emotions increased the chances of not properly thinking as well as creating an opportunity of using incorrect or deadly force (Preddy et al., 2019). Further commentary from officers revealed how those who knew how to use process tracing when dealing with heavy emotions also payed attention to body language, movements, facial language, and commands before using any force and would choose lower levels of force if they had to use force first. If the perpetrator did not comply at first, they would create distance between them and communicate with them before they use lesser methods to constrain an aggressive assailant. Those who also stood by these standards also critically thought about how being involved in a Use of Force situation would result in completing extra paperwork to justify their actions as well as getting in trouble. The downfall for officers in this situation is how they feel both internal and external forces can put them in a situation where they feel they cannot use any force for fear of being retaliated against by superiors and put themselves at greater risk of being injured. Other results demonstrated how 61% of officers were strongly dissatisfied with current training used to prepare them for violent encounters while 83.5% felt more Use of Force training would help them manage violent situations (Preddy et al., 2019). The results signify how the value of Use of Force training is beneficial for law enforcement and how frequent scenario and reality-based simulation training would help with preparation and thought processing. Use of Force instructors hope to make their training so effective that the emotions the

officers are experiencing can shift to whatever emotions their suspect(s) are exhibiting and shift a negative outcome into a more positive encounter and outcome. Hence, situational awareness, problem solving, adaptability, decision making would increase confidence, critical thinking, emotional competency, and overall cognitive readiness.

A Systematic Social Observation Study of Police De-Escalation Tactics

Alongside training, we look at other methods police use to defuse a situation such as de-escalation tactics. In this study, researchers took a look at 131 police- citizen interactions in fall 2016 involving the Spokane Police Department in Washington and observed how often law enforcement used de-escalation tactics and what factors contributed to that such as the demeanor of the citizen (Todak & James, 2018). De-escalation can be a term some people find too maximized when talking about use of force. Some people think as long as the crime is neutralized even if it meant a gun was directly in the face of an individual for whatever reason then that is de-escalated effectively whereas others argue de escalation refers to calming situations no matter how violent they may appear. We have already acknowledged how race can play a factor in use of force and the officer's use of force regarding a minority can still be excessive despite their own race (Todak & James, 2018). Use of force is looked at through different variables and one of those variables is how intense a situation is as far as the suspect's resistance and the citizen's behavior and actions. This study distinguishes amongst two types of force: dominating force where officers use the most force in a situation where they feel is legitimate to do so and deescalating will not be an option and accommodating force where officers believe using less force will help resolve and issue (Todak & James, 2018). Dominating force was linked to officers wanting to exert power over an individual whereas accommodating force is using less coercive power and means to level with an individual. In a past study, officers

were more likely to escalate force when there were more officers present but 75% of the time officers would be warranted in using force, they chose not to (Todak & James, 2018). Other research showed how citizens respond better to officers when they are not using an authoritative approach and appreciated when officers demonstrated the capability of communicating respectfully.

In this research, out of 131 recorded interactions, 66% of the citizens involved in police-citizen encounters were male and 83% identified as white. In 75% of the encounters, it was reported how respectful the citizen's demeanor was and how officers used the respect tactic 78% of the time with these individuals (Todak & James, 2018). The reasons for the police and citizen interactions revolved around public disturbances or trespassing, intimate partner violence or domestic dispute, and welfare check or mental health contact (Todak & James, 2018). The findings of this research found: "Officers were more likely to use the "listen" tactic with female citizens, intoxicated individuals or those in emotional crisis, persons making suicidal statements, and people who were crying. They were more likely to use the "human" tactic with individuals who were *not* making anti-police statements, and they were more likely to use the "empower" tactic with people who were crying and people who did not show signs of poverty" (Todak & James, 2018). In this case, the officers recognized the best approaches surrounded around using tactics that were respectful, and humanizing the conversation instead of using demeaning tone and language. Even though in that area many of the citizens were white and not from impoverished areas, this study examined how the same tactics were used with the black citizens and other races. A limitation of this study were conclusions could not be made on whether these tasks prevented violence or use of force due to the already calm demeanor of the citizens. Other limiting factors were that in some of these cases, researchers rode along with officers and the

presence of the researchers could have increased better behavior and the area was predominately white which does nothing to negate the officer's demeanor being influenced by perceiving white people as less of a threat even in the most violent situations in these cases. Further research was recommended for this topic, but the promotion of public trust and frequent use of de-escalation tasks were still upheld to decrease violent encounters and increase police legitimacy.

Impact of Police Academy Training on Recruits' Integrity

Police integrity has been called into question over recent years. This study examines if officer's level of integrity during the beginning and ending of a police academy training. Results showed that recruits in the beginning and end of the training were very service oriented and that is exactly what is expected within that line of work. Training did not increase these values. The issue with this study is the recruits were able to self-report so whether unethical behavior occurred is unknown. However, social desirability was not a concern (Blumberg et al., 2015). Police officer's integrity had to do less with police brutality and more with corruption in other fashion. While integrity is not a factor in how the public views law enforcement, there are other factors that impede police officers' ability to function.

Fighting Police Trauma: Practical Approaches to Addressing Psychological Needs of Officers

The psychological needs of police officers tend to be overlooked when we discuss police and public relations. We know when someone is mentally and physically impaired, they cannot properly do their job. Police work has shown us how stressful and traumatic the experience can be for law enforcement officers. Officers who feel their mental well being is being compromised are less likely to take their concerns to a clinician because of how they fear they will be judged and that the clinician will not understand police culture and they feel if they receive a diagnosis

of a psychological disorder, that could ruin their career. Earlier reasons such as on the job stress, intimate issues, expectations, and past traumas add on to a deteriorating officer's health both mentally, emotionally, and physically. Past studies have shown how officers also see mental health professionals as contributing to the release of criminals. In place of professional help officers turn to other coping strategies such as drugs and alcohol and defense mechanism such as displacement, repression, and humor (Papazoglou et al, 2018). Law enforcement is a heavily masculinized profession so seeing a mental health professional can be a sign of weakness and receiving mental health is already stigmatized in society. In this study, researchers want to find a way to build rapport with officers. Mental health professionals should be familiar with police work to understand the nature of the criminal justice world, be aware of the common issues caused by this work, emerge themselves in evidence based research, understand the family systems the officer has provide some psychoeducation to the family members to express to them how trauma and stress is impacting the officer, how death is a frequent factor in their work, and involve themselves in police peer support programs (Papazoglou et al, 2018). Police peer support programs are a great place for mental health professionals to reach out to police officers who are already receiving support as well attending police events. Collaboration with police officers to start increasing the use of professional help can occur when elements of psychological training is instilled in training. Papazoglou emphasizes in this study how the psychological component in police training can help increase resilience and through these efforts, officers are starting to see receiving psychological help as beneficial to their overall being (2018). Just as society seeks to have trust in law enforcement, mental health professionals must prove to law enforcement officers they are trusting enough to ask for help. Mental health professionals must show they are collaborating with officers and not mentoring them on their own issues which is what we seek to

do in our profession already with other clients. As we attend to the officers in need of professional mental health, we also examine how officers respond to those in mental health crises.

The Crisis Intervention Team Model of Police Response to Mental **Health Crises: A Primer for Mental Health Practitioners**

Mental health crises are one of the least talked about but rampant situations in the United States. People with mental illness can get looked over until they are in a situation where they are experiencing a mental health crisis. Mental health professionals and law enforcement collaborate sometimes when it comes to dealing with people with mental illness or experiencing a crisis. The model used where officers respond to mental health crises is called the Crisis Intervention Team. The CIT model was created after the fatal shooting of a man with mental illness in Memphis, Tennessee in 1988 (Watson & Fulambarker, 2012). Since mental health is not taken as seriously and the budget is limited, many people with mental illness end up in the criminal justice system. When police officers receive crisis calls about people experiencing a mental health crisis, they often feel like they are underprepared to handle the situation resulting them perceiving the individual having the crisis as dangerous and unpredictable (Watson & Fulambarker, 2012). De escalation tactics are often not used as efficiently and because of the misperceptions involving the individuals, police officers tend to escalate the situation. News media sites have broadcasted these tragedies and the public has once again wondered why there does not seem to be sufficient enough training to deal with people with mental health issues as such as well as developmental and cognitive issues. The CIT model is both an intervention and an organization where officers volunteer to take a 40 hour training program to learn how to recognize signs of mental illness, de-escalation techniques, treatments, and other curriculum (Watson & Fulambarker, 2012). The

program is not just tailored for police officers but dispatchers as well. Dispatchers assess these

mental health calls and make the call on whether individuals need to be transported to a mental

health facility without the individual refusing to go (Watson & Fulambarker, 2012). CIT models

are spreading across the United States in police departments but there are still some issues to

discuss. As mentioned before, the CIT model is a voluntarily based training comprising of only

40 hours so not every officer is receiving this training and even the ones who do may not be cut

out to be CIT officers (Watson & Fulambarker, 2012). The collaboration between mental health

professionals and police officers is also still a frustrating situation where both professionals do

not seem to know what each other's role is supposed to be in crisis situations. Police officers can

sometimes feel they are being called too often to access a situation where an individual is having

a mental health crisis but instead of those individuals being admitted to a hospital, they are not

provided for due to mental health providers (Watson & Fulambarker, 2012). Police departments

continue to decide among themselves whether this should be a required model for all officers or

officers they feel are more qualified to take on this aspect of police work. While police

departments around the United States decide to come to a consensus on how to implement CIT

models, the public continues to see this as yet another reason police officers should not be

legitimized furthering the discord between the two groups.

Conclusion

As we wrap up this literature review, we see how mending the relationship between law

enforcement and citizens is a very necessary but daunting task that is multifaceted in every way.

We have examined a multitude of different factors that contribute to negative police perception

as well as negative views of the public. We acknowledge how officers do not have an easy job

and how some of the decision making skills they partake in are not as easily understood and

sometimes the rationale for some decision making skills can become impaired due to the high risk nature of a situation. We examined how police officers go through psychological distress and how even though mental health is critical for their development in their career it is often not sought due to police cultural factors, personal, and societal factors. Even though psychological science and higher education would benefit this field, we have seen how criticism and guarded personalities have lessened the enthusiasm to adopt mental health and psychological factors completely. In the future, we hope with increased research and more conversations, there will be a solution and an outstanding confirmation to fix community and police relations with more psychological factors implemented in training and the livelihood of officers so we can mend the broken relationship between the public and law enforcement.

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