Applying Critical Consciousness: Culturally Competent Disaster Response Outcomes

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The authors explored the use of critical consciousness as a training tool to provide effective, culturally competent disaster response counseling services to disaster-affected communities. The results are presented of a qualitative study evaluating the outcomes for participants in a disaster response outreach project serving residents of post-Katrina New Orleans. Participants demonstrated increased personal and cultural awareness and also constructed new knowledge related to counseling outreach competencies.

Because of the devastating effects of natural and human-made disasters, there is an increasing global need for mental health professionals to provide disaster relief outreach services (Gua-Sapir, Hargitt, & Hoyois, 2004; Herman, 1997; U.S. Committee for Refugees and Immigrants, 2006; Walter, 2005). Mental health professionals are responding to disasters, including hurricanes in the United States and earthquakes in Armenia (Kalayjian, 1995). The counseling profession has begun to foster a global counselor identity through endeavors such as the global mental health facilitator designation established by the National Board for Certified Counselors International (2007). However, the counseling profession has not developed an initiative that places counselors at the forefront of providing disaster response services on a global level. Cultural competence involves three primary attributes: (a) the therapist’s awareness of her or his own worldview, (b) the therapist’s development of an understanding of the client’s worldview, and (c) the therapist’s development of culturally appropriate clinical interventions (Sue & Sue, 2003). By creating culturally competent disaster outreach experiences, counselors can provide disaster mental health services to communities in need. In this way, the counseling profession can carry out its expressed commitment to social justice (Kiselica & Robinson, 2001) and cultural competence (Arredondo et al., 1996). The purpose of this study was to expand counselors’ knowledge of cultural competence, using critical consciousness (Freire, 2000) as a framework, when engaged in disaster relief counseling services.

Review of the Literature

In the response to the aftermath of Hurricane Katrina in the Gulf Coast region of the United States, the American Counseling Association (ACA) referred approximately 20% of the mental health counselors who were deployed by the Substance Abuse and Mental Health Services Administration (Kennedy, 2006). ACA’s executive director, Richard Yep, recognized that not all mental health professionals deployed to the Gulf Coast were adequately trained. Some of those deployed lacked skills in trauma and crisis counseling and an awareness of the role of a postdisaster mental health worker.

Mental health and disaster response professionals agree that both preparation and cultural competence are necessary in effective disaster responses (Halpern & Tramontin, 2007). Findings of the Institute of Medicine’s Committee on Responding to the Psychological Consequences of Terrorism indicated that mental health professionals often do not have disaster response experience or training (cf. Reid et al., 2005). Furthermore, there is a notable absence of literature establishing the practice of and training for cultural competencies in disaster relief (Mollica et al., 2004). This suggests that current disaster preparation may be insufficient. Moreover, it is crucial that counselors become more culturally competent so that they can better meet the increasing need for disaster response within global and multicultural contexts.

The Need for Culture-Centered Disaster Response

Critical in the successful assessment, conceptualization, and treatment necessary for a client’s progress is an understanding of the cultural, social, and historical context of the presenting problems (Goodman & West-Olatunji, 2008). Issues of macro-systemic oppression and historical trauma contextualize individuals’ pre-dispositions toward not only the counseling experience, but also the counselor (Cross, 1998; Harrell, 2000). Understanding sociocultural conditions facilitates the conceptualization of the needs of individuals in ethnically diverse and low-income communities (West-Olatunji, 2008). Multicultural counseling research suggests that there are differences in the cultural orientations between dominant and nondominant individuals (Atkinson, 2004; Holdstock, 2000; Ibrahim, Roysircar-Sadowsky, & Ohimshi, 2001; Roysircar, Arredondo, Fuertes, Ponterotto, & Toporek, 2003; Sue & Sue, 2003). Clients’ adherence to their own cultural orientations influences the types of coping strategies they use. Thus, counseling interventions that are informed by cultural values can increase efficacy by...
intentionally incorporating these strategies (Pedersen & Ivey, 1993). Furthermore, counselors' personal biases can limit their cultural competence and reduce their efficacy with culturally diverse clients (Constantine, 2002).

Training for Critical Consciousness

Critical consciousness involves the ability to reflect on one's personal biases in working collaboratively with individuals and community stakeholders to take action and transform existing obstacles to a satisfactory quality of life (Freire, 2000). Critical consciousness has been used in educational training programs and community development initiatives to foster awareness, empowerment, and social justice ideals (Harden, 1996; Watts, Williams, & Jagers, 2003). This praxis-oriented perspective establishes counselors as critical coinvestigators with the community they are serving (Nelson & Neufeldt, 1998). Thus, critical consciousness can serve as a vehicle for the development of empowerment and cultural competence. Infusing the principles of critical consciousness into counselor training for disaster response prepares clinicians for current and future disasters service.

The process of becoming critically conscious begins with reflection and the development of awareness (Harden, 1996). During this process, awareness of personal biases and a deeper understanding of complex social issues develop (Ginwright & Cammarota, 2002; Hernandez, Almeida, & Dolan-del Vecchio, 2005; McKnight, 2004; Sakamoto & Pitner, 2005). This awareness engenders transformation in interpersonal relationships whereby counselors seek more collaborative and empowering relationships with their clients (McKnight, 2004; Sakamoto & Pitner, 2005). The development of critical consciousness may also allow counselors to work collectively with colleagues, thereby transforming the experience of working in a group into one of reciprocity, engagement, and growth (Campbell & MacPhail, 2002; Gay & Kirkland, 2003).

The theory of critical consciousness has been used in the counseling profession and in other professions as a tool for the development of cultural competence and social justice ideals (Alschuler, 1986; Hanna, Talley, & Guindon, 2000). The process of increasing awareness through reflection is critical in the development of cultural competence because it can liberate individuals from socially embedded and often unconscious hegemonic views (D'Andrea, 2005; Ivey & Collins, 2003). Freire's (2000) theory has been used to facilitate critical thinking and to engender a greater understanding of oppression, leading to action oriented to social justice (Watts, Griffith, & Abdul-Adil, 1999). Before the study, we used established models of critical consciousness to identify seven steps and corresponding outreach protocols that would help disaster response participants move toward critical consciousness (see Table 1).

Critical consciousness offers a model that can improve counselor training and increase cultural competence. The purpose of this study was to determine whether incorporating critical consciousness in a training experience in disaster mental health would increase counselors' cultural competence. We hypothesized that as a result of involvement in an outreach experience, participants would demonstrate critical consciousness that would inform their disaster response and cultural competencies. We asked

### TABLE 1

<table>
<thead>
<tr>
<th>Steps</th>
<th>Description</th>
<th>Outreach Protocol</th>
<th>Participant Quotes</th>
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<tbody>
<tr>
<td>1. Awareness (Sakamoto &amp; Pitner, 2005)</td>
<td>Participants recognize that they bring their own biases into the environment.</td>
<td>The application process included (a) short-answer items, (b) essay, (c) inventories, and (d) orientation.</td>
<td>&quot;I am embarrassed to admit that I did not expect New Orleans to be so rich in culture.&quot;</td>
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<td>2. Respect (McKnight, 2004)</td>
<td>Participants value community members' funds of knowledge.</td>
<td>A community informant led participants on a 6-hour tour.</td>
<td>&quot;Even with all the sadness and questions, we saw resiliency.&quot;</td>
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<td>3. Context (Ginwright &amp; Cammarota, 2002)</td>
<td>Participants acknowledge the sociopolitical context.</td>
<td>Participants read about and discussed the sociopolitical context.</td>
<td>&quot;His community has been mistreated and neglected, and they are all hurting for it.&quot;</td>
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<td>4. Integration (Hanna et al., 2000)</td>
<td>Participants integrate knowledge into clinical conceptualization.</td>
<td>Participants were provided with live supervision and daily process sessions by the clinical supervisor.</td>
<td>&quot;What we need to do is have a discussion with the people expressing that need about how they can get those things themselves.&quot;</td>
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<td>5. Empowerment (Harden, 1996)</td>
<td>Participants are able to appropriately intervene with empowerment as the goal.</td>
<td>Participants engaged in supervision, daily process sessions, and clinical modeling by the clinical supervisor.</td>
<td>&quot;This trip has been empowering for us as counselors and has taught us to better empower others.&quot;</td>
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<td>6. Praxis (Watts et al., 1999)</td>
<td>Participants formulate advocacy action.</td>
<td>The clinical supervisor established prolonged engagement as an essential element of the training experience and reinforced articulated desires for social justice.</td>
<td>&quot;My lenses have changed. I want to do more in New Orleans. I kept thinking, where is the government? Someone should be helping with this. This city should not still look like a war zone a year after the storm.&quot;</td>
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<td>7. Transformation (Alschuler, 1986)</td>
<td>Participants integrate the experience into their own personal and professional identities for transformation.</td>
<td>Daily written reflection that culminated in summative whole-group process.</td>
<td>&quot;One week in New Orleans has changed my outlook as a person and as a professional. I came on this trip as a student, counselor, and woman, but those words have been redefined.&quot;</td>
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the question, “What are the outcomes of incorporating critical consciousness in a disaster mental health counseling outreach experience?” Specifically, “Does critical consciousness influence cultural competence?” It was also hypothesized that through the process of developing critical consciousness, participants would expand their cultural competence, including identifying culturally based strengths and stressors and providing culturally appropriate clinical interventions informed by ecosystem knowledge.

Method

Research Design

We chose culture-centered research methodology, borrowed from educational research, because of its emphasis on transformation and praxis (King & Mitchell, 1995; Tillman, 2002). Culture-centered research establishes transformation as a key element, from the research design through data analysis. Design, analysis, and interpretation are trans-subjective behaviors whereby transformation occurs as an outcome of the research endeavor (Tillman, 2006; West-Olatunji, 2005). These culture-centered methods were used in this study.

The principal researcher (the first author), a European American female doctoral counseling student, and the second author, an African American female counselor educator, were able to access their lived experiences to inform the research design and analysis. The first author’s feminist beliefs and gendered experiences within social and academic settings informed her decision to use an ethnological framework that emphasized collaborative inquiry. The second author’s experiences as a clinical researcher in impoverished communities and as a female counselor educator of color in the area of multicultural counseling shaped the chosen methodological framework. The assumptions of both researchers, therefore, framed the manner in which they viewed, understood, and analyzed the data.

Participants

The purposeful sample comprised 6 outreach participants, all of whom were women between the ages of 23 and 53 years (mean age, 31 years). The participants were master’s-level counseling (n = 5) and psychology students (n = 1) in counselor education and school psychology programs, respectively, at a large southeastern U.S. university. The ethno-cultural backgrounds of the participants were Haitian American (n = 1), Indian American (n = 1), and European American (n = 4). A counselor educator accompanied the participants and served as on-site clinical supervisor for their clinical experiences. The clinical supervisor, an African American woman and former resident of New Orleans, was a licensed professional counselor and marriage and family therapist. The clinical supervisor served as coprincipal researcher on this research project.

Data Sources

Participants completed the application packet, which consisted of a demographic information form, an essay, and screening measures, and made daily journal entries during the outreach experience. The demographic information form and essay requested disclosure about participants’ relevant personal and academic experiences. The screening measures included the Life Orientation Test (LOT; Scheier, Carver, & Bridges, 1994) and the American-International Relations Scale (AIRS; Sadowsky & Plake, 1992). The LOT measures self-care and dispositions, and the AIRS measures cross-cultural tolerance. All participants received satisfactory scores on both measures with no significant or outlying responses. After participants provided informed consent, the aforementioned information was used as data sources for the study.

Procedure

Applications were distributed to graduate counseling students in classes and via e-mail. Six students responded to the call for applications. Two external reviewers, both faculty members, evaluated the applications: one from the host university and one from outside the university. The criteria used to evaluate the applications were motivation to expand cultural competence, inclination for social justice, and prior consideration shown for cultural and contextual issues. The purpose of the review was to eliminate any applicants who may have demonstrated low levels of multicultural awareness and/or self-care coping skills, as indicated by their scores on the AIRS and the LOT.

During a 4-hour orientation program, participants were asked to sign informed consent forms to participate in the research project. The clinical supervisor conducted the on-campus orientation where participants were introduced to outreach philosophy. Protocols were established for partnering with and entering the community via a counselor educator serving as faculty-in-residence at a prekindergarten through eighth grade charter school. Participants also received information about the service recipient community and participated in discussions and interactive exercises that fostered reflection as a foundation for their disaster response work.

At the beginning of their 8-day outreach experience in New Orleans, Louisiana, a counselor educator from the local university introduced the participants to the community by providing them with a tour of the of the areas of the city that were devastated by Hurricane Katrina. During the remainder of the week, participants provided disaster response counseling to teachers and other school personnel at the designated site. The school faculty and administrators were approximately two thirds African American; the remaining staff members were European American. Participants provided the following types of counseling services: brief counseling, crisis intervention, individual consultation, information sharing, and referrals. Additionally, participants had the opportunity to be a part of a 2-hour parent night program at the school in which they handed out information sheets on recognizing signs of trauma in children. They also responded to questions from individual
parents. The clinical supervisor provided live supervision and facilitated process sessions throughout the outreach.

During the outreach, primary participant tasks were to (a) provide counseling services that used partnering and focused on empowerment, (b) keep a journal for reflection, and (c) engage in processing with peers and faculty supervisor. Participants engaged in 3 to 4 hours of process and reflection time daily. This enabled them to engage in introspection and understanding, both of which are crucial steps toward the acquisition of critical consciousness (Gay & Kirkland, 2003; Harden, 1996). All outreach activities involved participants as partners with the community, further establishing the model of critical consciousness through co-investigation. In addition, participants frequently engaged in dialectic process with their peers and supervisor.

Data Analysis
Data analyses consisted of (a) reading through the journal entries and highlighting comments or phrases that were representative of the participants’ experiences, (b) clustering highlighted statements into summary statements on the right margin of the journal notes, and (c) creating domains of meanings from the clustered summary statements. Data were analyzed using NVivo (v2.0), a qualitative analysis software tool. The researchers discussed the coding variables, the nodes, and what was found during review of the data. Through dialogue, the researchers were able to condense themes and reach consensus about the domains of meaning. After the results were assimilated, the researchers met with the participants to engage in member checking whereby they dialogued with the participants regarding interpretations of the participants’ realities to ensure truth value of the data (Creswell, 1994). Through synergistic conversation, the participants provided comments and reflected on the findings of the study to confirm and elaborate on the themes. Additionally, after the results had been compiled, the researchers reexamined the relevant literature and reached agreement. The domains of meaning that emerged from the data were summarized along with actual quotes associated with each of the categories.

To ensure trustworthiness, we used member checking (periodic reflective statements with the participants to ensure truth value of the data), triangulation of data through the use of multiple sources, and participatory investigation whereby members of the outreach group collaborated with the researchers in the design, interpretation, and dissemination of the study.

Results
Our hypothesis was that an outreach experience would result in increased critical consciousness and thus inform participants’ disaster response skills in culturally competent ways. On the basis of our literature review, we expected participants to articulate the unique needs, cultural orientations, and stressors of culturally diverse individuals (Atkinson, 2004; Holdstock, 2000; Ibrahim et al., 2001; Roysircar et al., 2003; Sue & Sue, 2003; West-Olatunji, in press). Furthermore, it was anticipated that the participants would identify the use of culture and an ecosystemic perspective to inform clinical interventions (Kurpius & Rozecki, 1992; Pedersen & Ivey, 1993; West-Olatunji & Watson, 1999).

Analysis of the data revealed six primary themes: critical consciousness, group cohesion, mentoring, transformation, self-care, and cultural competence. A node search of the data showed that the theme of critical consciousness was most prevalent (n = 86). The second most frequent theme was group cohesion (n = 46), followed by mentoring (n = 35), transformation (n = 25), self-care (n = 19), and cultural competence (n = 14). Through member checking, discussion, and review of the literature, we reached consensus regarding the relationship between the themes and were able to collapse the six themes into two dominant areas: critical consciousness and meta-knowledge. The other themes were viewed as outcomes of the two dominant areas, with critical consciousness serving as an interactive construct with cultural competence and meta-knowledge as an overarching theme for group cohesion, mentoring, and transformation/self-care.

Critical Consciousness for Skill Development
Our investigation demonstrated an increased consciousness among the participants that appeared to have shifted how they conceptualized and intervened with clients. The views expressed by the participants showed a social justice-oriented perspective, an expected outcome of the development of critical consciousness. One participant wrote about a meeting at the school: “As I looked at the fully-attentive, packed room I saw resiliency.” One participant stated, “The goal is to try and help them depend on one another, building the system instead of enabling dependency on us.” Similarly, another participant wrote, “We are not here to influence their community in a way that they will feel dependent on our presence. . . . [W]e could empower them to talk to someone that is a part of their community.” Furthermore, participants applied this theme of empowerment not only to their clients but also to themselves: “This trip has been empowering for us as counselors and has taught us to better empower others.”

Participants viewed their development of a new understanding of consciousness as profound: “So if we were using a metaphor of a light bulb turning on above your head when something clicks, then today can only be described as the most beautiful explosion of fireworks on the fourth of July.” They also reported that the outreach trip was a crucial element in their learning process: “I caught myself before I said, ‘I wish I had known what I know now at the beginning of the trip.’ Because, it dawned on me, I don’t think we could have learned this any other way.” Another participant stated, “I feel like in the hour or two we spent with [the client] I learned more than I could have read a whole book or attended a lecture.” One
wrote, "I feel like every time [the clinical supervisor] talks and we process as a group, I learn more than I could in weeks in a classroom." Participants reported being transformed by the outreach: "One week in New Orleans has changed my outlook as a person and as a professional."

Participants demonstrated with clinical examples how they applied new clinical knowledge that developed through the reflection process. One wrote, "It made me realize that . . . there is so much more behind what people say on a surface level, and a great deal of introspection is required in order to even understand the basics." Another wrote, "If the clients are not coming to your office or agency, then go out to them and see what can be done to reach them."

Critical Consciousness for Cultural Competence

In expressing cultural competence, participants demonstrated an awareness of culture and reflected on its impact on the therapeutic process when providing disaster counseling: "Their strong belief system was beneficial. Individuals might be reluctant to ask for help for fear of burdening others that are grieving." One participant remarked on the concluding bonding ritual, noting "I also liked that it was something that was Afrocentrically [sic] driven and allowed all of us to share in a new cultural experience to end what has been truly a culturally driven week."

Participants demonstrated an understanding of the importance of cultural competence in counseling. One participant stated, "When we arrived at the school, we were laid back and tried to fit in within their own system, instead of forcing them to adjust to our own." Another participant remarked on the outcomes of culturally competent counseling: "Culture centered, community-based counseling is not only one of the most well-received approaches, I was surprised how brief it can be and how beneficial it can be to counselors."

In addition to the findings on critical consciousness and cultural competence, our initial analysis of the data yielded four other themes: group cohesion, mentoring, self-care, and transformation. Discussion informed by member checking and relevant literature enabled us to reconceptualize how these themes relate to one another and to determine that meta-knowledge is an umbrella construct for group cohesion, mentoring, self-care, and transformation. Meta-knowledge refers to the synergistic articulation of two or more people that allows for new, shared knowledge to develop. The researchers considered these subthemes part of meta-knowledge because they are outcomes that are commonly expected to occur through the process of engagement in group outreach, as has been found in previous research on outreach (Dingman & Ginter, 1995).

The results of this study appear to show that the outreach was a transformative developmental experience that moved students from a precritical consciousness stage to meta-knowledge construction to critical consciousness and cultural competence (see Figure 1). Using the group dialectic process to generate new knowledge, participants described integrating this understanding into their personal and professional identities as both critically conscious and culturally competent counselors. Thus, the results of this study suggest that the outreach experience enabled participants to develop critical consciousness that allowed them to practice disaster response counseling in a culturally competent manner. Critical consciousness was demonstrated through participants' articulation of key principles, such as awareness, respect, contextual knowledge, integration of knowledge, emphasis on empowerment, praxis, and transformation (see Table 1).

Discussion

This study offers preliminary support for a training model that uses critical consciousness to instill cultural competence. The development of cultural competence, a critical component of counselor education (Arredondo et al., 1996), can be facilitated through innovative and experiential programs for counseling students. The participants in this study demonstrated that the outreach enabled them to engage in meaningful dialogue and reflection with their peers, a key element of developing cultural competence (D’Andrea, 2005; Ivey & Collins, 2003; Roysircar, Gard, Hubbell, & Ortega, 2005). The opportunity to have interactions with people from diverse populations, which is provided in such an outreach experience, has been shown to increase cultural competence and reduce cultural bias (Burnett, Hammel, & Long, 2004; Hagan, 2004; Musucci & Renner, 2000). Engaging in a real-world experience facilitates the development of clinical skills, including the ability to integrate theory with practice (Arman & Scherer, 2002).

Counselor education programs can integrate outreach into such courses as multicultural counseling or community counseling. This study may be significant to counselor education in that programs can use this innovative and experiential means to educate students and to provide service. Finally, this study has implications for community outreach. Therefore, engaging in
community outreach that is informed by critical consciousness provides a model for outreach that engenders culturally competent service (D’Andrea, 2005; Ivey & Collins, 2003).

Future Research

Further research on culturally competent disaster response is needed to expand on the results presented in this article. Future research in this area can include the examination of participant characteristics in relation to outreach results. The participants of this outreach project were female, master’s-level graduate students in counseling or psychology. Characteristics of the participants, such as gender and ethnicity/race, are important to examine, because these characteristics might play a role in group cohesion. Research has indicated that homogeneous groups are more cohesive than heterogeneous groups; thus, having participants who are more varied could be significant (Lieberman, Wizlenburg, Golant, & Di Minno, 2005). The previous clinical training and counseling experiences of participants might also be a factor in the outreach outcomes. Participants with previous outreach experience or other learning experiences that have been focused on critical consciousness may have already developed cultural competencies (Ivey & Collins, 2003). These assets could create variance in the participants and affect the group dynamic, which in turn affects cohesion and the outreach results (Yalom, 2005).

Future research can also examine the organizational elements of the outreach to see how these affect outcomes. The outreach presented in this article was organized by a university-affiliated professor and engaged students as participants. Other outreach projects might be facilitated by national organizations or by community mental health agencies. Therefore, participants might be drawn from a wider pool, increasing the likelihood of diversity within the participant group and possibly decreasing cohesion (Lieberman et al., 2005). Seeking participants from diverse backgrounds might also offer greater cultural competence, because individuals from marginalized populations could offer an alternative perspective to the dominant perspective and engender more effective counseling (Atkinson, 2004; Holdstock, 2000; Ibrahim et al., 2001; Roysircar et al., 2003; Sue & Sue, 2003). Certainly, these elements can have an impact on the outreach results and will need to be further examined to expand on the knowledge gained in the current study.

Finally, future research can address issues related to the type of disaster for which counseling is being provided. This outreach project focused on hurricane recovery in the United States. However, because of the worldwide increase in both human-made and natural disasters (Walter, 2005), it is critical that the counseling profession develop effective outreach services for national, international, human-made, and natural disasters. Cultural competence, a critical skill for effective counseling (Arredondo et al., 1996), will be particularly important in the international arena where counselors are almost certain to interact with individuals from cultures that are different from their own.

The notable absence of literature establishing the practice of and training for cultural competencies in disaster relief (Mollica et al., 2004) indicates clearly that research must be expanded in the area of disasters on an international scale. Future research can expand on the preliminary knowledge gained through this study to determine how outreach can be facilitated effectively and globally for all types of disasters.

In summary, this study examined the outcomes for participants in a disaster response counseling outreach effort that was guided by critical consciousness. We found that participants began this process by engaging in self-reflection and self-awareness, which led to the development of meta-knowledge. As part of the development of meta-knowledge, the participants exhibited group cohesion, mentoring, transformation, and self-care. Moreover, the development of meta-knowledge led to the development of critical consciousness, which enabled participants to provide culturally competent disaster response counseling. Implications of the findings are that using critical consciousness to engage participants in disaster response first provides much needed services to communities that have been affected by disaster. Second, it ensures that these services are provided in a culturally competent manner. Third, it creates a relationship between faculty and students that may be transformative for counselor trainees. Further research is needed in this area to determine how outcomes can be reproduced or enhanced and what factors are salient in planning such an outreach experience.

This study provides a nascent understanding of how critical consciousness can be used to extend counselor training and facilitate the development of cultural competence and social justice ideals. Indeed, counseling students and outreach participants in general are likely to be reflective, as was found in this study. The researchers attempted to extend this tendency for reflection by using critical consciousness to emphasize social justice. This is of particular importance as the counseling profession integrates social justice ideals into counselor identity.

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Culturally Competent Disaster Response


