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Research Statement

“I don't think anybody anywhere can talk about the future of their people or of an organization without talking about education.

Whoever controls the education of our children controls our future.”

– *Wilma Mankiller, first modern female chief of the Cherokee Nation*

My love for research began as an undergraduate student, where I worked on studies investigating a variety of issues in adults, children and animals. I continued to work broadly on research with faculty in graduate school. As a Professor at Southern Connecticut State University, I have narrowed and focused my research into a main research interest: multiculturally-competent techniques in counseling and counselor education. Multicultural competency is the ability of practitioners to conceptualize, understand, and provide services to all clients, regardless of ethnic and cultural background. Multicultural competence contains three main components: 1) awareness of multicultural differences, 2) knowledge about individual cultures and theories regarding counseling application, and 3) applied skills and taking action. Specific counseling and educational strategies that can effectively reach diverse populations are desperately needed. In addition, even though research underscores the importance of teaching multicultural knowledge and skills, little research is devoted to exactly how training programs might accomplish this goal. As part of this interest, I have four specific sub-interests: 1) identifying creative school-based and clinical interventions in counseling, 2) counseling the lesbian, gay, bisexual, transgender, queer and intersexual (LGBTQI+) population, 3) understanding women's transition into parenthood, and 4) teaching multicultural competence to counselor educators.

CREATIVE APPROACHES TO COUNSELING

School-Based Interventions

Approximately 21 percent of U.S. children aged 9 to 17 have a diagnosable mental illness. Children with severe psychopathology, especially psychopathology that goes untreated, have significant learning problems, are more likely to drop out of high school, and have continued functioning problems throughout adulthood. Tragically, some of these children do not even survive to reach adulthood, as suicide is the third leading cause of death for youth 10 to 24 years old. My research interests in this area include the creation and evaluation of therapeutic counseling-office and classroom-based interventions designed to promote resiliency, thereby preventing and minimizing mental health problems.

As part of my research in this area, I have been involved in the creation, training and evaluation of the school-based social and emotional skills curriculum, Mutt-i-grees® Curriculum for calm, confident and caring kids. The Mutt-i-grees® curriculum aims to capitalize on the human-dog connection to foster appropriate social and emotional skills.

Mutt-i-gree is a relatively new word coined by North Shore Animal League America who sought to bring attention to shelter pets as a preferred option for pet ownership. Together with the School of the 21st Century (21C) at Yale University and the Millan foundation (NatGeo Wild's Cesar Milan, the Dog Whisperer), the opportunity was identified to collaborate on a program that not only highlights shelter dogs, but also teaches students social and emotional skills.

The Curriculum, developed in four phases (PreK-Grade 3; Grades 4-6; Grades 7-8 and Grades 9-12) has been implemented in over 2,000 schools in the United States to date. For each grade level, there are five units based on social and emotional competencies: self-awareness, understanding moods and feelings, empathy, cooperation and decision-making. Each of the units includes highly scripted lesson plans, which do not require the presence of a dog, to enable implementation by classroom teachers, school counselors or school psychologists.

As part of my work with the Mutt-i-grees Curriculum, I provide training to schools, including teachers, school counselors, school psychologists, administrators and other school professionals. At school settings and at state and national conferences, I have provided professional presentations on mental health issues in schools, social and emotional skills, animal-human bond research and the Mutt-i-grees program in particular. I also collect quantitative and qualitative data from large program evaluations of schools. In recent program evaluations that I co-authored with faculty and students, we found:

- Children in a Mutt-i-grees classroom scored significantly higher on humane education (dog knowledge) and social emotional learning skills than children in a comparison classroom.
- Teachers in a Mutt-i-grees classroom scored significantly higher on humane education (dog knowledge) than teachers in a comparison classroom.
- Teachers in a Mutt-i-grees classroom rated their students significantly higher on social-emotional skills than teachers whose students were in a comparison classroom.
- Teachers in a Mutt-i-grees classroom performed social-emotional learning activities at a higher rate than teachers in comparison classrooms.
- Students within Mutt-i-grees classrooms evidenced statistically higher parental involvement levels after 3 years of implementation.
- Years of implementation of the Mutt-i-grees program were significantly associated with increases in school climate.

In the future, I plan to continue presenting and performing program evaluations on the curriculum.

Clinical Interventions

Creative interventions are also important to include with adults, especially adults that may struggle with traditional talk therapy. For example, individuals with developmental disabilities may not be able to use the abstract thinking crucial for insight in therapy. Individuals who speak English as a second language may have mastery of English, but

may sometimes struggle with translating an emotion from their primary language. Adults from minority cultures, both ethnic and affectional/gender orientation, struggle with acceptance and understanding. The research in this area shows that particularly ethnic minorities are dissatisfied with traditional counseling and may not return to counseling after an initial visit. Providing creative techniques, which are also multiculturally competent, can improve client satisfaction and progress.

Creative approaches can be evidence-based, capitalize on client interests and improve counselor satisfaction in counseling, which alleviates burnout. I have been involved in several research studies and literature reviews designed to identify creative school-based activities. Throughout this area of research, I have found:

- Clinical-based therapeutic interventions that involve creative techniques can be used seamlessly with traditional counseling and techniques.
- These techniques are incredibly effective in reaching client goals and multiculturally sensitive.

Although I am interested in many creative approaches (including using dogs as co-therapists), the therapeutic technique I have chosen to focus on in my research is that of phototherapy. Phototherapy captures the therapeutic nature of images; it is concerned with the taking, viewing, manipulating, presenting and interpreting of the image as a primary or supplementary form of counseling. Within a counseling setting, the directives given to the client are as important as the viewing and analyzing of the photos. It is important that the counselor provides support and concrete directions for the entire process, which includes: selecting content and format for the picture, how to manipulate the images in a desired manner and how to review the image for content and themes.

I am a first author on a co-authored theoretical literature review on the merging of phototherapy and traditional counseling strategies and stages. In this literature review, we found that phototherapeutic directives can be used in every stage of counseling and with the support of empirical data, prove effective for diverse populations. In this area of research, I have also used this technique with a client, then presented an empirical case study in a peer-reviewed publication that was published in an international journal.

I continue to write other articles on incorporation of creative techniques in counseling, including the use of animal-assisted therapy. I also use creative techniques such as storytelling, yoga, animal-assisted (therapy dog) and phototherapy in my private practice. I also developed a new course for SCSU called Creative Techniques in Counseling based upon my research, field-related research, and suggestions from the American Counseling Association.

COUNSELING THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND QUESTIONING POPULATION

The counseling field has brought attention to the importance of recognizing and fostering clients' identity, including their individual, developmental, racial, ethnic, affectional, and spiritual components. With regard to affectional orientation, the American Counseling Association has made it clear that affirming efforts are crucial and reparative therapy (which is where the client attempts to change their affectional orientation), are to be avoided as they are harmful to clients.

When a client comes to counseling, they are typically conflicted, overwhelmed, and/or in crisis. That remains true with a LGBQQ client; however, a religious client struggling with a LGBQQ identity typically has an incredibly complex presentation. Research indicates that conscious attraction to members of the same sex occurs at a young age; many LGBQQ individuals also report that others noted their gender expression by mocking and employing verbal or physical abuse. This type of victimization is common and further complicated when performed by parents, school personnel, or religious leaders. For clients who are devout, their religious doctrine plays a large role in their understanding of their identity. If the doctrine, scriptural passages, and congregation consider "homosexuality" as taboo and immoral, this complicates the client's understanding of their affectional orientation. Many of these individuals do not identify with their affectional orientation at all, but rather highlight their values and their religious beliefs as their primary identity.

The intersection of religion and affectional orientation is an area of interest for me and another departmental colleague, Dr. Cheri Smith. Together, we have written several publications, both peer-reviewed and field-based newsletter pieces, as well as presentations on the topic. Our written work has traversed popular events, ethical issues and counseling-based strategies for working with these clients. In a recent research study, we have received grant and sabbatical support to investigate the identity development of LGBQQ clients in a large-scale qualitative study.

There is little research on the diverging identities of LGBQ individuals within the presence of religion; particularly what is glaringly lacking is how the LGBQ individual's affectional orientation identity develops within the framework of religion. Conversely, it is also important to understand how the individuals' religious identity is changed in the presence of an LGBQ identity. Although an identity model is established for LGBQ identity and another for religious development, there is none for the intersection. Understanding the identity development of an individual who is both religious and LGBQ would be incredibly helpful to the field. It is with this recent study that we created the FAITH model. The findings from our qualitative study (n = 59), which used semi-structured interviews and thematic analysis, was that individuals go through several stages not present in typical models. We found these stages to be:



1. Foundation (which includes the reaction of Parents, Spiritual/ Religious Community and Cultural Influences)
2. Attraction Variance: Presence of Affection towards the Same Sex
3. Internalizing/ Externalizing Regarding the Meaning of Attraction (This includes an interaction between the individual's Own Perceptions and Parental/Family Perceptions)
4. Transitioning to Acceptance of One Identity or Both Identities
5. Healing (Resolution of Conflict)

In addition to this model, we identified multiple themes of experience important for counselors (e.g., rejection, acting as if straight, seeking counseling, celibacy, prayer for healing, despair, suicide, etc.). We are currently writing this very important study up for publication.

In addition, I am the main author on a book in development called *Affirmative Counseling with the LGBTQI+ Population: Current and Emerging Issues*. We are under contract with the American Counseling Association and are slated for publication in 2017.

WOMEN'S TRANSITION INTO PARENTHOOD

One element of the cultural model is gender and gender identity. As society has embraced more flexible gender roles, women are encouraged to become educated, independent, and to become a productive member of the workforce. Unfortunately, society has not altered their perception of mothers as the primary caregiver of children; women are still expected to become mothers, but are now expected to balance the demands of work and family. This has created what pop culture refers to as "Supermom

Syndrome” wherein women put undue pressure on themselves to be perfect within multiple roles. The social construct of motherhood in our culture perpetuates a number of myths about motherhood that encourages women to hide feelings of inadequacy by striving to be supermom. Ironically, these myths create unrealistic expectations of motherhood that further increase feelings of inadequacy and failure. These myths include that all women are natural mothers, that women should be selfless nurturers, are responsible for developing the perfect family and that they do not need help or support, as these mothers are capable of being everything to everyone.

Failure to meet the standards of the culture’s view of mother and role conflict between work and home are associated with depression and anxiety. The conflicting obligations of work, home and family lead to role strain and psychological distress. These competing demands of work and motherhood also leave little time for self-care. As a result, depression and anxiety are occurring at alarmingly high rates among mothers; Postpartum Depression alone occurs at a prevalence rate of over 20% of all births. For these mothers, trying to balance multiple roles produces feelings of guilt, loss of control, helplessness and perceptions of failure; additionally, the competing demands of motherhood and careers demand more time and energy leading women to feel more tired and emotionally drained leaving them more vulnerable to stress.

This area of research came from my personal experience of becoming a mother. I was incredibly excited to have a child; it felt as if my life was now going to feel completely fulfilled. And then I got pregnant, went through the labor/birth experience and was a primary caregiver for an infant boy. I had never felt so unprepared for a task before in my entire life. All of my degrees and all of my academic experiences did not prepare me for the difficulty of becoming a parent. I was attempting to be a productive teacher, mentor, researcher, service member and counselor in the context of complete exhaustion and confusion. I quickly regained my bearings (after a full semester maternity leave in 2012), but my outlook on life was forever changed. I began clinically working with women in the “fourth trimester” who were adjusting to parenthood; and I found their experiences and transitions were difficult as well. I became curious to this phenomenon; was this what modern mamas were experiencing across the board? What was their lived experience like?

I received a grant to specifically look at this phenomenon in women, both quantitatively and qualitatively. I am currently reviewing data from this study, which investigated gender role, role conflict, depression and anxiety in the transition to motherhood. I additionally have completed 2 Practice Briefs, which are currently in press, related to postpartum adjustment and counseling strategies.

COUNSELOR EDUCATION

I am also very interested in creative and positive teaching strategies to use in college teaching. The quality of instruction at the University level influences the education and abilities of all students, not just counselors-in-training. I have presented and written publications on these topics, ranging from University-based and grant-supported publications (Diversity in the Classroom) to the implementation and evaluation of the Ginicola-Generali Developmental Multicultural Competence Training Model. Within this research, I have found the following:

- Student-centered approaches are not only preferred by University students, but highly influence their learning and retention.
- University professors must develop teaching strategies in and out of the classroom that can attend to diverse learning styles and learning regarding diversity.
- Counseling student's multicultural competence occurs in a developmental sequence and can be more effectively taught as such.

In the future, I am working on further evaluation of our multicultural competence training model, which the Counseling and School Psychology department has implemented since 2009. The model involves contextual parameters, educational, extracurricular and experiential tracks.

