A PHENOMENOLOGICAL STUDY OF CLERGY EXPERIENCES IN PROVIDING

TRAUMA-RELATED PASTORAL CARE TO LATINA/O IMMIGRANTS

by

KATHRYN MICHELLE BRYAN

(Under the Direction of Linda F. Campbell)

ABSTRACT

This phenomenological study explores how clergy experience providing trauma-related pastoral care to Latina/o immigrant congregants. Through seven series of semi-structured interviews with Latina/o clergy serving Latina/o congregations (n=7), the researcher identified six primary themes, two that dealt with the impact and stress of secondary trauma exposure, and four that dealt with coping and self-care strategies. The seven primary themes were: 1) dual exposure to collective and individual trauma, (2) feeling powerless, (3) consulting trusted advisers, (4) setting boundaries around communication, (5) witnessing the spiritual growth and healing of congregants(6) praying for God's assistance, and (7) advocating and enlisting resources. There were three sub-themes for participants under the first theme of dual exposure to collective and individual trauma. They are: (1a) impact of mass deportation on individual trauma experiences of congregants, (1b) exposure to mass deportation through engagement with immigration and legal systems, and (1c) high accessibility and utilization of clergy by both congregants and Latina/o community members. Along with conducting thematic analysis of the data, this study offers an expressive interpretation of the data in the form of a hybrid poem constructed solely of the words of all seven study participants. Significantly, Latino cultural

values factored into all of the study's findings - sometimes rendering participants more vulnerable to secondary trauma exposure, and often informing and bolstering participants' sources of coping and resilience. Implications for practice and future research with Latina/o communities, clergy and other helping professionals are discussed.

INDEX WORDS: Secondary trauma, Vicarious trauma, Collective trauma, Latino/a immigrants, Clergy, Undocumented legal status

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KATHRYN MICHELLE BRYAN

B.A., Indiana University, 2002

MDiv, Emory University, 2008

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KATHRYN MICHELLE BRYAN

Major Professor: Linda F. Campbell

Committee: Edward E. Delgado-Romero
Melissa Freeman
Rosemary E Phelps
V. Gayle Spears

Electronic Version Approved:

Suzanne Barbour
Dean of the Graduate School
The University of Georgia
August 2018

DEDICATION

To Stacy, Evie, and Eleanor – for inspiring me, loving me, sustaining me, and always pointing me to the light.

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CHAPTER I

INTRODUCTION

Clergy are often the first source of help to whom many individuals turn when

experiencing emotional and psychological difficulties, including trauma-related distress (Ellison,

Vaaler, Flannelly, & Weaver, 2006; Wang, Berglund, & Kessler, 2003; Weaver, Koenig, &

Ochberg, 1996). Researchers note that clergy are typically highly accessible helpers in

communities and are viewed as effective and trusted sources of emotional support by the

majority of those who seek pastoral care services (Ellison et al., 2006). The current literature on

clergy health identifies stress and burnout as significant challenges to clergy wellbeing (Burton

& Burton, 2009; Lewis, Turton, & Francis, 2007; Miner, 2007). However, the effect on clergy

from engaging empathically with the trauma of others is highly under-researched. Indeed,

Hendron, Irving, and Taylor (2012) note that the potential impact of secondary traumatic stress

among clergy is "virtually unexplored" (p. 222) in the psychological and pastoral care literature.

Given their immersion in congregational life, clergy serving in congregational settings

are likely to experience the trauma caregiving relationship very differently than other helping

professionals. Their intimate community connections, institutional locations, and spiritual

resources and practices may render for them both unique vulnerabilities and unique sources of

resilience and coping. For example, clergy are highly accessible to their congregants, often

develop long-term relationships with congregants and their families, and juggle dual roles as

both pastor and pastoral counselor to congregants (Holaday, Lackey, Boucher, & Glidewell,

2001). In addition, in congregational settings where people come together socially as well as for

worship and community service, clergy may experience challenges in setting and maintaining clear and consistent boundaries with congregants (Black & Ramsey, 2012). Because of their shared immersion with congregants in church and community life, they both know and are known by congregants in intimate and holistic ways. At the same time, by the very nature of their work, clergy are immersed in religious worldviews and spiritual practices that many researchers identify as protective against negative impacts from secondary exposure to trauma (Bell, 2003; Clemans, 2004; Harrison & Westwood, 2009; Hunter & Schofield, 2006; Pearlman & Saakvitne, 1995; Pistorius et al., 2008; Shamai & Ron, 2009).

Research on help-seeking behaviors indicates that Latinas/os may be as (or more) likely to seek mental health assistance from religious leaders as from mental health professionals due to cultural preference for religious counseling and support, and higher likelihood of conceptualizing distress in spiritual terms (Crosby & Varela, 2014; Delgado, 1998). In addition, Latinas/os in the U.S. face significant barriers to accessing traditional mental health services, including lack of providers who offer linguistically and culturally appropriate services and socioeconomic barriers (Rastogi & Massey-Hastings, 2012; Vega et al., 1998). Latina/o immigrants as a subgroup face additional barriers to utilizing mental health services, including unfamiliarity with mental health service provision and challenges related to documentation status, such as ineligibility for services and insurance, and fear of deportation (APA, 2013; Kaltman, Hurtado de Mendoza, Gonzales, & Serrano, 2014; Lewis, West, Bautista, Greenberg, & Done-Perez, 2005)**.**

According to two recent studies, trauma exposure constitutes a widely existing pre-migration condition for Latina/o immigrants arriving in the United States (Fortuna, Porche, & Alegria, 2008; Li, 2015). In her analysis of data collected in the National Latino and Asian American Study (NLAAS), a large-scale epidemiological study conducted from 2001-2003, Li

(2015) found that approximately half of all Latino immigrants experienced at least one form of trauma before arriving to the US. Additional research utlizing the NLAAS data set indicated that approximately 11% of immigrant Latinas/os reported political violence exposure, 78% of whom reported experiencing such violence prior to immigration (Fortuna et al., 2008). Along with pre-migration trauma, immigrants also often face migrator and post-migration trauma and vulnerabilities (APA, 2013; Perez Foster, 2001). For example, Li (2015) found that Latina/o immigrants who experienced pre-migration trauma were more likely to have traumatic experiences after migrating to the U.S.

Problem Statement

Healthcare researchers increasingly recognize the role of clergy as frontline mental health resources in contemporary U.S. society (Ellison et al., 2006; Wang et al., 2003; Weaver et al., 1996). Latinas/os in the U.S. in general and Latina/o immigrants in particular are likely to turn to clergy for assistance with mental health concerns due to cultural preferences for religious counseling and support as well as multiple barriers to accessing traditional mental health services (Crosby & Varela, 2014; Delgado, 1998). Studies indicate that Latina/o immigrants from diverse backgrounds often have experienced high rates of political violence in their countries of origin, and often experience additional exposure to violence upon arrival to the U.S. (Fortuna, Porche, & Alegria, 2008; Li, 2015).

These findings suggest that the day-to-day pastoral caregiving work of pastoral leaders of Latina/o immigrant congregations are critical and may expose them to a significant amount of traumatic material. Only a handful of studies have directly investigated the impact of secondary trauma on clergy working in congregational settings, and no studies have investigated secondary

trauma among clergy working with immigrant or Latina/o communities. This study seeks to fill these gaps in the literature.

Statement of the Purpose

The purpose of this study was to explore Latina/o clergy experiences of providing trauma-related pastoral care to Latina/o immigrant congregants. Building on the current literature on the impact of trauma work on clergy as well as the current literature on coping and secondary trauma, this study aimed to identify the vulnerabilities that Latina/o clergy face in the context of providing trauma-related pastoral care to Latina/o immigrants, as well as their sources of resilience and coping. This study also aimed to explore the ways in which clergy's immersion in Christian community life, imageries, and worldviews may shape both their experiences of this kind of caregiving experience and the ways in which they make meaning of it. It sought to understand how particular forms of congregational life may impact the trauma-related pastoral caregiving experience. Utilizing a critical lens, this study attended to the larger sociopolitical context in which Latina/o clergy and their congregations reside, and examined how systems of power operating within that context may have impacted the experiences of Latina/o clergy providing trauma-related pastoral care to Latina/o immigrants. This study will inform the current literature on providing effective care and support to trauma survivors and to the Latina/o and immigrant communities. By enhancing our understanding of the nature of providing care to survivors of trauma, this study will enable professional training programs and faith communities to better equip (through education and ongoing professional support) helping professionals in general and clergy in particular to better care for themselves as they engage in trauma work. Finally, this study will assist clergy in recognizing the impact of their trauma-related pastoral caregiving work on their own wellbeing, and in learning effective coping mechanisms.

This study was informed by hermeneutic phenomenology, Critical Race Theory (CRT) and LatCrit Theory (LatCrit). Phenomenology methodology seeks to understand the nature and meaning of everyday experiences and enables the researcher to gain a rich and nuanced understanding of human experience (van Manen, 1990). Hermeneutic phenomenology in particular emphasizes the socially embedded nature of human consciousness (Willis, 2004), and embraces the interpretivist position that reality is experienced through acts of interpretation and meaning making. Hermeneutic phenomenology's holistic orientation enables researchers to understand more than the cognitive dimension of human experience and get at the emotional, embodied, 'felt sense' of experience (Billin & Willig, 2012).

CRT seeks to reveal the centrality of racism and oppression in the lives of marginalized groups, and prioritizes the experiences and voices of marginalized people, with the larger aim of promoting social justice (Solorzano & Yosso, 2002). LatCrit Theory extends these aims to the lives of Latinas/os in particular, drawing attention to issues of discrimination, ethnic identity, national origin, immigration, language, and culture within the Latina/o community. This study used LatCrit Theory as a lens by which to focus in on the ways in which race, immigration, and culture impact the experiences of Latina/o clergy providing trauma-related pastoral care to Latina/o immigrants.

Definitions

Latina/o is used to refer to individuals living in the United States whose heritage is related to Latin America, which encompasses many nationalities as well as people with indigenous roots (Arredondo, Gallardo-Cooper, Delgado-Romero, & Zapata, 2014).

Undocumented Immigrant is used to refer to any citizen of another country who is living in the U.S. without a current valid visa (Gonzalez-Barrera, Lopez, Passel, & Taylor, 2012).

Clergy is used to describe the group of people who are ordained or recognized as religions leaders by a particular religious community. This study will focus on the experiences of Christian clergy (e.g. pastors, ministers, priests) in particular.

Vicarious Traumatization is used to describe pervasive, cumulative, and permanent alterations in the professional identity, worldview, psychological needs, beliefs, and memory systems of helping professionals due to secondary trauma exposure (McCann & Pearlman, 1990: Pearlman & Saakvitne, 1995).

Secondary Traumatic Stress is used to refer to symptoms of avoidance, re-experience, and hyper-arousal experienced by individuals due to secondary trauma exposure (Figley, 1995, 2000; Stamm, 1995).

Compassion Fatigue is used to refer to the experience of emotional and physical fatigue professional helpers may experience as a result of chronic and empathic engagement with clients who are suffering (Figley, 1995; Newell & MacNeil, 2010; Rothschild & Rand, 2006).

Secondary Trauma is used as an umbrella term to refer to the broad range of trauma-related symptoms and disturbances that helpers may experience due to indirect exposure to a traumatic event through working with primary survivors of trauma.

Posttraumatic Growth describes a significant positive psychological change individuals may experience following a major life crisis/trauma (Tedeschi & Calhoun, 1995; Tedeschi, Calhoun, & Cann, 2007).

Vicarious Adversarial Growth refers to the process of struggling with adversity and then reaching a higher level of functioning in the context of working with trauma survivors (Linley & Joseph, 2004).

Vicarious Post-Traumatic Growth refers to the positive outcomes individuals can experience from working with trauma survivors (Arnold et al., 2005; Joseph & Linley, 2005; Tedeschi & Calhoun, 2015).

Vicarious Resilience refers to the positive meaning making, transformation, and growth a therapist may experience as a result of exposure to a client's resilience in the course of trauma recovery therapy (Hernandez, Gangsei & Engstrom, 2007).

Hermeneutic Phenomenology describes a qualitative research methodology that aims to understand the nature and meaning of everyday experiences and embraces the interpretivist position that reality is experienced through acts of interpretation and meaning making (van Manen, 1990; Patton, 2002; Willis, 2004).

Individual Trauma refers to the unique individual experience of an event or enduring conditions in which the individual's ability to integrate his or her emotional experience is overwhelmed, or the individual experiences a threat to life, bodily integrity, or sanity (Pearlman & Saakvitne, 1995).

Collective Trauma refers to the shared injuries to a community's social, cultural, and physical ecologies, typically characterized by betrayal of social trust, disruptions in social networks and shared sentiments, ruptures in relational systems, and losses of life, property, livelihood, and dreams for the future (Erickson, 1976; Fullilove, 2013; Saul, 2014; Walsh, 2007).

Research Questions

This research will explore the following questions:

1. How do Latina/o Christian clergy experience providing trauma-related pastoral care to

    Latina/o immigrant congregants?

2. What are the dimensions of this phenomenon?

3. How do systems of power impact this relational experience?

CHAPTER II

REVIEW OF RELEVANT RESEARCH

Trauma Among U.S. Latina/o Immigrants

Research on immigrant health in the U.S. has long proposed that newly-arrived immigrants do better on a range of psychological and behavioral outcomes than both their country-of-origin counterparts and second-generation immigrants born in the U.S., a phenomenon known as the immigrant paradox (APA, 2013). Researchers hypothesize that a variety of factors contribute to this resiliency among newly-arrived immigrants, including optimism, family cohesion, community supports, and maintenance of cultural traditions (APA, 2013; Cuevas, Sabina, & Bell, 2012). A number of studies on the Latino immigrant community in the U.S. lend support to the immigrant paradox theory (Burnam, Hough, Karno, & Escobar, 1987; Ortega, Rosenheck, Alegria, & Desai, 2000; Vega et al., 1998).

However, Kaltman and colleagues (2010) painted a more complex picture of Latina/o immigrant mental health. They observed that much of the epidemiological data on mental health of Latinas/os underemphasizes Latinas/os from certain countries and regions. For example, they noted that in a large-scale epidemiological study conducted from 2001-2003, the National Latino and Asian American Study (NLAAS), only the Mexican subgroup reliably demonstrated the immigrant paradox when Latinas/os were disaggregated into subgroups by country-of-origin. Alegria and colleagues (2008) drew similar conclusions about subgroup variability within the Latina/o immigrant community, noting that the protective effect of nativity varies both by subethnicity and type of psychiatric disorder. Both Alegria and colleagues (2008) and Kaltman

and colleagues (2010) argued that studies of Latina/o mental health need to be more inclusive and need to aim for a more comprehensive understanding of specific risk and protective factors in Latina/o mental health. One important such risk factor cited by Kaltman and colleagues (2010) is the impact of trauma exposure.

In their special report on working with immigrant-origin clients, the American Psychological Association (2013) observed that immigrants experience trauma at various stages in the immigration process. They also highlighted the vulnerability of undocumented children and youth, who they noted are frequently subject to the following kinds of traumatic experiences: racial profiling, ongoing discrimination, exposure to gangs, immigration raids, the arbitrary checking of family members' documentation status, forcible removal or separation from their families, placement in detention camps or in child welfare, and deportation.

Perez Foster (2001) described the immigrant experience as involving four migration stages and argued that there is significant potential for immigrants to experience traumas in each of these stages. In the first stage, immigrants may experience premigration trauma, or traumatic events experienced just prior to migration that are typically the impetus for relocation. The second stage, trauma during transit, captures the traumas often experienced during transit to the new country. In the third stage of asylum/temporary resettlement, immigrants may face overcrowding, fear, lack of provisions, and conditions of quasi-imprisonment. The fourth stage, settlement in the new country, may continue to expose immigrants to traumatic experiences due to substandard living conditions, unemployment, inadequate supports, and minority persecution.

Multiple studies observe that Latina/o immigrants to the U.S. have experienced high levels of pre-migration trauma exposure, particularly immigrants from Central and South America (Eisenman, Gelberg, Liu, & Shapiro, 2003; Falconier, 2016; Fortuna, Porche, &

Alegria, 2008; Holman et al., 1999; Li, 2015). For example, Eisenman and colleagues (2003) found that 54% of Latina/o immigrant adult primary care patients reported exposure to political violence, which they described as including war, torture, forced disappearances, and extra-judicial killings. Fortuna and colleagues (2008) defined political violence more broadly as "violence perpetrated by individuals, institutions or the state which is motivated by political and/or power claims and which frequently leads to physical and psychological damage inflicted on persons and communities who experience and/or witness that violence" (p.436). In their analysis of the NLAAS data, Fortuna and colleagues (2008) found that 11% of Latina/o immigrants to the U.S. reported a history of political violence, 78% of whom reported experiencing the violence prior to immigration. In addition, they found that 88% of immigrants experienced a trauma of any kind (e.g. personal, physical and/or sexual assaults, witnessing the death of a loved one, witnessing community violence) before or concurrent with immigration.

Also utilizing the NLAAS data set, Li (2015) looked more broadly at pre-migration trauma among Latina/o immigrants to the U.S. She found that around half of all Latina/o immigrants experienced one form of trauma before arriving to the U.S. Respondents endorsed one or more of the following kinds of traumatic experiences: combat, peacemaking, unarmed civilian in war zone, civilian in terror zone, refugee, kidnapped, mugged, stalked, beaten, raped, sexually assaulted, exposure to man-made disaster, exposure to major natural disaster, witnessing physical fights at home, life-threatening illness/accident, unexpected death of close others, and seeing atrocities.

Along with pre-migration trauma, Latina/o immigrants experience trauma during migration and post-migration (APA, 2013; Fortuna et al., 2008; Kaltman, 2016; Li, 2015). The process of travelling to the U.S. is often dangerous, as undocumented migrants are vulnerable to

heat exposure, traffic accidents, drowning, robbery, homicide and assault (Hipolito-Delgado & Mann, 2012). Fortuna and colleagues (2008) found that 11.67% of Latina/o immigrants to the U.S. experienced trauma after immigration. Li (2015) found that Latina/o immigrants who experienced pre-migration trauma were more likely to have traumatic experiences after migrating to the U.S.

Collective Trauma

The studies on trauma among Latina/o immigrants referenced above drew on data collected through various individually administered surveys and psychological instruments. This focus on the individual experience aligns with the individualistic paradigm in the field of mental health in general and trauma studies in particular. Indeed, the predominant therapeutic models used for treating trauma are individually focused, pathology based, and centered on identifying and reducing individual symptoms of post-traumatic stress disorder (PTSD) (Walsh, 2007). Even traumatic events themselves are conceived of as happening at the individual level. According to the description of PTSD in the DSM-5, a traumatic event is defined as an individual person's "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013).

A small body of mental health researchers and practitioners, however, describe the ways in which trauma can be experienced both individually and collectively (Fullilove, 2004, 2013; Saul, 2014; Somasundaram, 2007; Walsh, 2007). Jack Saul, a psychologist and leading researcher and practitioner in the field of collective trauma, defines collective trauma as "the shared injuries to a population's social, cultural, and physical ecologies" (Saul, 2014, p. 3). Collective traumas, he notes, can occur as a result of both natural and human-caused disasters, as well as "the cumulative effects of poverty, oppression, illness, and displacement" (Saul, 2014, p.

3). Drawing on the work of American sociologist Kai Ericson (1976), Saul observes while that individual and collective trauma can be experienced in the absence of one another, it is more common that both forms of trauma follow a catastrophe, and in ways that are often interrelated (2014).

Saul (2014) identifies a number of common components of collective trauma, as identified by current literature in the field: the betrayal of social trust, which may occur when those who are responsible for a disaster deny responsibility and/or fail to express regret or apology (Erickson, 1976); disruptions of social networks and shared sentiments, which can lead to a general collapse of morale (Fullilove, 2013); ruptures of relationships and relational systems at multiple levels; and traumatic losses, to life, property, livelihood, and dreams for future (Walsh, 2007). In his account of the collective trauma that resulted from the civil war in Sri Lanka, Somasundaram (2007) observed that collective events and their consequences may have more significance in collectivist cultures than in Western individualistic societies.

In sum, the emerging literature on collective trauma conceptualizes trauma as a phenomenon that is experienced both by individuals and groups of people. According to this literature, collective trauma is not simply the summation of multiple individual traumas in one geographic location or among one group of people – it is a phenomenon whereby the fabric of common life in a given community is significantly injured or destroyed.

Mass Deportation of Undocumented Immigrants in the U.S.

In the pilot study for this dissertation, both study participants described at length how mass deportation efforts in the U.S. impacted their congregations, local Latina/o communities, and personal experiences of providing trauma-related pastoral care (Bryan, Campbell, & Delgado-Romero, 2016). The participants described widespread fear of deportation as an

ongoing trauma that negatively affected their congregants at an individual level, and their

congregations and communities at a collective level. Both shared stories of providing pastoral

care and serving as legal advocates to congregants and community members facing deportation.

One also described how the undocumented status of many members rendered them more

vulnerable to experiencing domestic violence.

According to the most recent statistical data available, there were 55.3 million Latinas/os

in the U.S. in 2014, comprising 17.3% of the total U.S. population (Stepler & Brown, 2016). Of

these, 19.3 million (6.1% of the total U.S. population) were foreign born. Of the nation's total of

42.2 million immigrants living in the U.S. in 2014, it is estimated that 11.7 million were

undocumented (Stepler & Brown, 2016). Approximately 81% of undocumented immigrants are

from Mexico or another Latin American country (Passel, Cohn, & Lopez, 2011). Growth in the

undocumented immigrant population has declined significantly since 2007, due to both an

increase in deportations and fewer economic incentives following the recession.

Undocumented Latina/o immigrants face anti-immigrant laws and growing anti-

immigrant and anti-Latina/o sentiment throughout the nation (Arredondo et al., 2014; Lopez,

Morin, & Taylor, 2010). In addition to xenophobia, racism, racial profiling, hate crimes,

microaggressions, and negative stereotypes, undocumented Latina/o immigrants experience

ongoing fear of deportation (Arredondo et al., 2014; Cavazos-Rehg, Zayas, & Spitznagel, 2007;

Ruiz, Gallardo, & Delgado-Romero, 2013). Research about the experiences of the undocumented

community indicates that such constant fear of exposure and deportation does not dissipate with

longer lengths of time lived in the United States, and also heightens the risk for emotional

distress (particularly anger) and impaired health (Cavazos-Rehg, Zayas, & Spitznagel, 2007).

Chaudrey and colleagues (2010) examined the behavioral and emotional impact of immigration

enforcement on children. They found that children who had a parent arrested and detained in immigration raids experienced eating and sleeping difficulties, nightmares, increased fear and anxiety, withdrawal, aggression, and developmental difficulties.

Nationally and in the state of Georgia, the legal and political atmosphere for undocumented immigrants is one of increasing fear and scrutiny. The 2016 election cycle fueled widespread anti-immigrant and anti-Latina/o rhetoric at a national level. For example, President Donald Trump has called repeatedly for the construction of a wall along the border with Mexico and the mass deportation of the over 11 million undocumented immigrants across the U.S. In June of 2016, the Supreme Court announced that it had deadlocked on a case challenging President Obama's immigration initiatives, which would have shielded as many as 5 million undocumented immigrants from deportation and allowed them to work legally in the U.S. (Liptak & Shear, 2016). One program, the Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA), would have protected undocumented parents of children who are U.S. citizens or legal permanent residents born on or before November 20, 2014. Obama's initiative would have also expanded the Deferred Action for Childhood Arrivals (DACA) program, which was created in 2012 and allows eligible young people to apply for deportation deferrals and work permits. Obama's expansion would have created a longer deferral period, lengthened the cutoff period to qualify for the program, and eliminated the requirement that applicants be younger than 31 years old.

The legal future and political circumstances for undocumented immigrants in U.S. has been one of deep uncertainty and peril since President Trump took office in January of 2017. In February 2017, President Trump directed his administration to enforce the nation's immigration laws more aggressively by arresting and deporting all unauthorized immigrants, regardless of

whether they had committed serious crimes (Shear & Nixon, 2017). In June 2018 Attorney General Jeff Sessions stated that victims of domestic abuse and gang violence generally would no longer qualify for asylum under federal law (Sacchetti, 2018). The DACA program in particular has been central to negotiations in Congress over U.S. immigration law. The Trump administration abruptly ended the program in September 2017. However two federal court cases in January and April of 2018 have temporarily kept DACA in place due to the administration's process and legal justification for ending the program. Since then, multiple bipartisan proposals that would extend legal protections to DACA recipients have either been rejected by the Trump administration or have failed to get enough support among lawmakers (Jordan & Patel, 2018).

Compared to other states such as California and New York, Georgia represents a relatively new settlement area for the Latina/o immigrant community. Georgia experienced an "unprecedented wave of immigration" beginning in the late 1960's, the largest and fastest-growing group of which was Latina/o (Olsson, 2009). Latina/o immigrants in Georgia have encountered both subtle and overt racist and anti-immigrant sentiment from native-born residents during this period of settlement, including anti-immigrant protests and rallies by the Ku Klux Klan, racial violence in schools, and tension with local police (Olsson, 2009). In addition, the state of Georgia's immigration enforcement law, HB87, passed in 2011, is one of the nation's toughest state immigration measures. The law gives police the authority to demand immigration documentation from suspects when they detain them for other possible violations, makes it more difficult for businesses to hire workers, and creates harsher punishments for those who employ or harbor undocumented immigrants.

The current study explored how clergy experienced providing pastoral care to Latina/o immigrant congregants in Georgia. Drawing on Saul's (2014) insight that individual and

collective trauma are often interrelated and experienced concurrently, this study did not seek to isolate the impact of particular forms of trauma exposure. Rather, the researcher invited participants to share their most salient stories of trauma-related pastoral care, and listened for the impact of both individual and collective trauma exposure in these experiences.

Latina/o Immigrants, Religion, and Help-Seeking

Religion and spirituality are integral dimensions of Latina/o culture and life. The Pew Research Center's 2013 National Survey of Latinos and Religion found that 55% of the nation's estimated 35.4 million Latina/o adults identified as Catholic, 22% identified as Protestant, and 18% were unaffiliated with any religion (Pew, 2014). Survey results also indicated that the percentage of Latinas/os who identify as Catholic has been in decline for the past two decades, most rapidly from 2010 to 2013; and a rising number of Latina/o adults identify as evangelical Protestants or are unaffiliated with any religion (Pew, 2014). Both the most recent (2013) Pew survey and its 2006 predecessor revealed the continuing influence of Pentacostalism and related charismatic and spirit-filled religious movements among Latinas/os in the U.S., mirroring a century-long trend in Latin America and the "global South" (Pew, 2014, p. 18). Research on Latina/o religious life indicates that religion is particularly important in the lives of immigrant Latinas/os in the U.S. According to Taylor, Gonzalez-Barrera, Passel, and Lopez (2012), about 69% of immigrant Latinas/os endorsed religion as very important, compared to 49% of U.S.-born Latinas/os.

In general, religiosity is associated with both negative perceptions towards and less use of formal mental health treatments (Crosby & Bossley, 2012; Harris, Edlund, & Larson, 2006; Ng et al., 2011). Some scholars noted that supernatural, spiritual, or mystical explanatory models of illness may account for this negative association between religiosity and formal mental health

services (Caplan et al., 2011; Crosby & Varela, 2014; Landrine & Klonoff, 1994). Others argued that religious individuals may be less likely to seek counseling from providers whom they perceive as not sharing their worldview and belief system (Gall et al., 2005; Mitchell & Baker, 2000; Worthington, Hook, Davis, & McDaniel, 2011).

Only a few empirical studies have looked specifically at the relationship between help-seeking and religiosity among Latinas/os. In her study of 187 women, 84 of whom were Latinas, Alvidrez (1999) found that endorsement of religious or supernatural causes of mental illness was associated with lower rates of mental health service use. In their quantitative study of 41 Latinos in New York City, Postolache and colleagues (1997) found that Latinos who engaged in religious practices perceived counseling from priests as more helpful than psychotherapy. In addition, in their qualitative study of 17 Latinas/os, Moreno and Cardemil (2013) found that participants preferred counseling services that were consistent with their religious beliefs and that complemented their current spiritual/religious coping strategies. Moreno and Cardemil (2013) also found that participants' high levels of trust in their religious leaders, sense of shared beliefs and values with these leaders, preexisting relationship with them, and perception of religious counseling as more accessible than mental health services were all important factors that influenced participants' overall preference for religious counseling. In addition, a survey study of 94 Latina/o adults found that 20% of the sample stated that they would seek advice from a religious source (priest/minister, church member, God or prayer, or the Bible) during a time of need, and 16% of the sample indicated that they would seek a priest or minister when asked which mental health professional they would seek if they or a family member needed help (Bermudez, Kirkpatrick, Hecker, & Torres-Robles, 2010).

Secondary Trauma

The emotional, psychological, and spiritual harm that professional helpers may experience as a result of working with survivors of trauma has gained increased recognition in the psychological literature over the past two decades. In general, this literature points to the ways in which helpers may experience psychological distress as a result of indirect exposure to traumatic events through empathic engagement with survivors of trauma, and hearing first-hand accounts or narratives of traumatic events. Over the past decade, researchers have identified the deleterious effects of this secondary exposure among a diverse group of helping professionals, including social workers (Adams, Figley, & Boscarino, 2008), child protection workers (Dane, 2000), primary healthcare workers (Imai, Nakao, Tsuchiya, Kuroda, & Katon, 2004), therapists and counselors (Arvay, 2001; Iliffe & Steed, 2000; Sabin-Farrel & Turpin, 2003; Pearlman & MacIan, 1995), fire fighters (Brown, Mulhern, & Joseph, 2002; Beaton, Murphy, Johnson, & Nemuth, 2004), ambulance workers (Clohessy & Ehlers, 1999), nurses (Yoder, 2010), midwives (Leinweber & Rowe, 2010), and disaster response teams (Holtz, Salama, Cardozo, & Gotway, 2002), and clergy (Holaday, et al., 2001; Roberts, Flannelly, Weaver, and Figley (2003)

The secondary trauma exposure experience is generally conceptualized in three ways. Researchers who use the term *vicarious traumatiza*tion (VT) conceptualize the experience as involving pervasive, cumulative, and permanent alterations in the professional identity, world-view, psychological needs, beliefs, and memory systems of the helper (McCann & Pearlman, 1990; Pearlman and Saakvitne, 1995). VT as a construct is grounded in constructivist self-development theory (CSDT), which integrates psychodynamic and constructivist theory, and cognitive theories of social learning and cognitive development (Pearlman & Saakvitne, 1995). According to CSDT, individuals actively create meaning of their experiences in order to adapt to

changes in the world. Direct traumatization, then, is a disruption to human development and adaptation. CSDT identifies the following five categories of beliefs as fundamental to human development and adaptation: safety, self-esteem, trust, control, and intimacy (Pearlman & Saakvitne, 1995). Disruptions in these schemas can lead to distress and impairment.

The majority of literature on VT tends to focus on the changes in the belief systems of helping professionals as they struggle to adapt to repeated exposure to clients' traumatic memories. However, the theory of VT, as described by Pearlman and Sakvitne (1995), encompasses a fuller range of aspects of the self, including frames of reference, self capacities, ego resources, and memory systems (Evces, 2015). In addition to disruptions in schemas, therefore, VT may also involve sensory and behavioral disruptions, including intrusive, avoidant, and hyperarousal symptoms.

Researchers who use the term *secondary traumatic stress* (STS) conceptualize the secondary trauma experience as characterized by symptoms of avoidance, re-experience, and hyper-arousal that parallel those of the diagnostic category of post-traumatic stress disorder (PTSD) (Stamm, 1995; Figley, 1995, 2002). Such symptoms may include intrusive traumatic thoughts and memories, repeated efforts to avoid such thoughts and memories, and overstimulation and hypervigilance.

Finally, while the term *compassion fatigue* (CF) is sometimes used interchangeably with both VT and STS in the literature, it is typically described as combining the symptoms of STS and professional burnout and was originally conceived as a less-stigmatizing term for STS (Stamm, 1999; Figley, 1995). As a more general concept, CF denotes the experience of emotional and physical fatigue professional helpers may experience as a result of chronic empathic engagement with clients who are suffering (Figley, 1995; Rothschild & Rand, 2006;

Newell & MacNeil, 2010). CF, therefore, describes a specific form of burnout that individuals can experience as a result of caring for others, and which can lead to indifference and hostility toward individuals in one's care. Recent literature on CF has tended to focus on this component of emotional and physical exhaustion, and not PTSD-like symptoms as primary. Unlike VT, CF as a construct does not focus on changes in the trauma-related schemas of caregivers.

Although these overlapping terms indicate that there is a general consensus in the psychological community that some form of helper-induced traumatic stress exists, they also point to a lack of conceptual clarity about the phenomenon. This manuscript will employ *secondary trauma* as an umbrella term referring to these three overlapping conceptualizations. The author has chosen this term as an umbrella term because it directly references the indirect, or secondary, nature of the trauma-related symptoms and disturbances that helping professionals may experience when working with primary survivors of trauma.

Risk Factors for Secondary Trauma

Controversy also exists over the etiologies of VT, STS, and CF. Two reviews of the literature (Beck, 2011; Sabin-Farrell & Turpine, 2003) identified negative coping strategies, personal stress, gender (women report higher than men) and personal trauma history as factors that can contribute to VT and STS. However, Dunkley and Whelan (2006) found an inconsistent link between personal trauma and VT. Beck (2011) and Sabin-Farrell and Turpine (2003) also highlighted the importance of organizational factors in contributing to STS, such as percentage of trauma clients on one's caseload and overall extent of exposure to clients' trauma. However, Sabin-Farrell and Turpin (2003) described a number of studies that failed to find such a connection between extent of exposure to clients' trauma and VT.

In their synthesis of research on VT and STS, Baird and Kracen (2006) identified a number of predictors of both phenomena. They found persuasive evidence for personal trauma history as an important predictor of VT, reasonable evidence for perceived coping style, and some evidence for supervision experiences. In addition, they found persuasive evidence for amount of exposure to trauma material as an important predictor of STS, and reasonable evidence for personal trauma history. Figley (1995) hypothesized that highly empathetic individuals might be more likely to develop CF. Empirical studies investigating CF among helping professionals identified a variety of other potential risk factors, including trauma history, anxiety, life demands, burnout, and ethnicity (Abendroth & Flannery, 2006; Lee, Veach, MacFarlane, & LeRoy, 2014)

Protective and Mitigating Factors for Secondary Trauma

Additional bodies of research have examined both preventative measures and strategies for managing secondary trauma, as well as ways in which professionals may experience positive growth as a result of working with trauma survivors. The latter phenomenon fits within the larger framework of posttraumatic growth, defined as a significant positive psychological change following a major life crisis/trauma (Tedeschi & Calhoun, 1995; Tedeschi, Calhoun, & Cann, 2007).

In their metasynthesis of 20 published qualitative articles on VT and vicarious posttraumatic growth (VPTG), Cohen and Collens (2013) identified three primary categories of strategies utilized for coping with the emotional impact of trauma work: organizational factors, self-care behaviors, and attitudes and beliefs. The organizational factors they identified in the literature included managing and diversifying workload, providing training and education on secondary trauma, promoting a nonauthoritative and inclusive style of working, and peer support

and supervision (Cohen & Collens, 2013). Additional studies on secondary trauma not cited by Cohen and Collens (2013) identified supervision as an essential means of mitigating and preventing secondary trauma (Baum, 2012; Dickes, 1998; Killian, 2008; Pearlman & MacIan, 1995; Zimering, Monroe, & Gulliver, 2003).

The self-care behaviors identified in the literature by Cohen and Collens (2013) included exercise, healthy eating, resting and meditating, intentional engagement in pleasurable activities, political activism, separating between work and personal life, separating between self and client, and personal psychotherapy. Finally, Cohen and Collens (2013) identified a number of sets of attitudes and beliefs utilized for coping with trauma work, including spirituality, seeing one's work as meaningful, optimism, humor, and hope. In a separate multi-method study of secondary trauma among therapists working with trauma survivors, all 20 participants in the qualitative portion of the study identified spirituality as playing a major role in their self-care (Killian, 2008).

In their qualitative study of protective practices that may mitigate the risks of VT, Harrison and Westwood (2009) conducted in-depth interviews with six peer-nominated master therapists. They identified nine major categories of protective practices that the clinicians engage in to protect and sustain them in their work with traumatized clients: countering isolation (in professional, personal and spiritual realms); developing mindful self-awareness; consciously expanding perspective to embrace complexity; active optimism; holistic self-care; maintaining clear boundaries and honoring limits; exquisite empathy; professional satisfaction; and creating meaning.

In addition to identifying coping mechanisms and protective factors, researchers in the field of secondary trauma have also attempted to conceptualize possible positive effects of

working with trauma survivors. Linley and Joseph (2004) coined the term *vicarious adversarial growth* (VAG) to describe the process of struggling with adversity and then reaching a higher level of functioning in the context of working with trauma survivors. The concept of *vicarious post-traumatic growth* (VPTG) denotes the positive outcomes individuals can experience from working with trauma survivors. Such positive outcomes may include self-confidence, independence, resilience, emotional expressiveness, sensitivity, compassion, and deepened spirituality (Arnold et al., 2005), as well as joy, hope, admiration, inspiration, witnessing client recovery, and a desire to live a deeper and more purposeful life (Splevins, Cohen, Joseph, Murray, and Bowley, 2010). According to VPTG theory, exposure to client trauma material can act as an impetus for therapist meaning-making and subsequent positive outcomes (Joseph & Linley, 2005; Tedeschi & Calhoun, 2015). The term *vicarious resilience* (VR) focuses on how exposure to a client's resilience in the course of trauma recovery therapy may result in positive meaning making, transformation, and growth in the therapist's experience (Hernandez, Gangsei, and Engstrom 2007). Finally, the term *compassion satisfaction* (CF) denotes the opposite of compassion fatigue and describes the contentment, pleasure, fulfillment, or professional satisfaction that helping professionals can experience in the context of caring for others (Figley, 2002; Stamm, 2005).

Secondary Trauma Among Clergy

It is well established in the psychological and pastoral care literature that involvement with individuals and communities who have experienced trauma is a key part of ministry, therefore clergy may be exposed to a great deal of traumatic material in their day-to-day work (Ellison et al., 2006; Hendron, Irving & Taylor 2012; Weaver et al., 1996). However, only a small number of studies have directly investigated the impact of secondary trauma among clergy

and no studies have investigated secondary trauma among clergy serving immigrant or Latina/o communities.

Two studies describe the impact on clergy of responding to the September 11, 2001 terrorist attacks. Roberts, Flannelly, Weaver, and Figley (2003) found that a substantial proportion of clergy and other disaster workers in the tri-state New York area were at significant risk for compassion fatigue (CF). This study also found that those clergy who volunteered with the American Red Cross (ARC) after September 11 had the lowest risk of CF, and participants who volunteered for a relief agency other than the ARC had the highest levels of risk. The authors explained that starting on September 13, the ARC implemented a defusing system for spiritual volunteers whereby all clergy volunteers were debriefed for 15 to 30 minutes at the end of each of their shifts. Further, all clergy volunteering at Ground Zero and at the morgue were strongly encouraged and given the opportunity to be formally debriefed by a trained mental-health worker near the formal end of the recovery work. Based on the study findings, Roberts and colleagues (2003) concluded that exposure to the ARC debriefing procedures may have ameliorated the impact of CF.

In a similar investigation, Flannely, Roberts, and Weaver (2005) found that time spent at Ground Zero and hours spent with victims directly impacted levels of compassion fatigue among clergy. In addition, they identified that having undergone a specific trauma response training such as Clinical Pastoral Education mitigated the impact of secondary exposure to trauma among clergy volunteers.

In their study of burnout and secondary traumatic stress (STS) among professional chaplains, Galek and colleagues (2011) found that the number of hours per week that chaplains worked with traumatized patients was the strongest predictor of STS. This study also found that

support from family/friends was significantly and inversely related to both burnout and STS. However, they found no significant association between support from supervisors or co-workers and lower levels of either burnout or secondary trauma. The authors theorized that chaplains may have fewer co-workers in their own profession to provide social support due to the small size of typical chaplaincy departments in hospitals and other healthcare facilities, and the fact that many chaplains are supervised by professionals from other disciplines. Taylor and colleagues (2006) conducted a study of compassion fatigue and burnout among Rabbis who work as chaplains. Overall, they found that levels of compassion fatigue and burnout were low among the survey participants. However, they identified that chaplains who were women and chaplains who were divorced had higher overall levels of compassion fatigue, and that the number of hours per week the chaplains spent working with trauma victims or their families also led to increased levels of compassion fatigue.

Whereas the above studies address the experiences of clergy working in healthcare or disaster-response settings, only a few studies have examined the impact of working with trauma survivors among clergy working in congregational settings (e.g. worshipping communities). One study of 95 Lutheran congregational clergy from the Mid-Atlantic United States found that clergy were at low risk for burnout and moderate risk for compassion fatigue, and in the middle range for potential for compassion satisfaction (Jacobson, Rothschild, Mirza, & Shapiro, 2013). This study found that clergy working in larger congregations had both lower levels of burnout and higher levels of compassion satisfaction. The authors theorized that larger, thriving congregations may have better support resources for both clergy and congregants. In addition, they found that increased years in ministry predicted higher levels of burnout and decreased levels of compassion satisfaction.

Holaday and colleagues (2001) conducted a mixed-methods study of 35 Protestant clergy members in Mississippi who provide counseling as a part of their ministry, the majority of whom (32 out of 35) reported working in congregational settings. They found that most participants reported experiencing emotional and physical strain as a result of trauma-focused pastoral care work, and most reported that they did not have access to adequate professional and peer support services for managing this distress. In addition, participant scores on The Traumatic Stress Institute Belief Scale (Traumatio Stress Institute, 1997) were higher than those reported by mental health professionals. Clergy in this study described engaging in a number of activities for preventing or mitigating the impact of secondary trauma, including prayer and maintenance of a strong relationship with God, and detaching themselves (physically and emotionally) from pastoral counseling clients.

Hendron, Irving, and Taylor (2014) conducted the first and only study on secondary trauma among clergy that provides evidence that clergy need not be responding to major trauma events or providing formal pastoral counseling in order to experience symptoms of secondary trauma. The authors found, rather, that clergy involvement in crisis-related situations within the daily work of pastoral ministry can lead to secondary trauma. "The vicarious exposure to trauma, which comes as part and parcel of a ministry of caring for others, may be sufficient to evoke a reaction," the authors wrote (p.8).

Through in-depth face-to-face interview with 16 clergy in Ireland regarding their daily pastoral ministry, Hendron and colleagues (2014) identified physical, emotional, cognitive, and behavioral manifestations of secondary trauma among participants, including feeling emotionally overwhelmed and overly involved, guilt, sleep difficulties, re-experiencing, distancing, detachment, avoidance, loss of self-esteem, and feelings of helplessness. They also found that

clergy relied on spouses as key means of support, leading to negative impacts on clergy spouses and families. This finding prompted the authors to hypothesize the potential existence of tertiary trauma, whereby those who provide informal support to caregivers of trauma survivors may also experience symptoms of secondary trauma. The authors observed that none of the participants in this study indicated that their faith in God had been negatively impacted or altered by these difficult experiences, suggesting that spirituality can co-exist alongside secondary trauma. Instead, participants described feeling called to their work of pastoral ministry, feeling protected by God, and relying on faith and prayer life to help them in their work.

Secondary Trauma Among Helping Professionals Working with Immigrant Communities

Although to date no studies have examined secondary trauma among clergy working with immigrant or Latina/o communities in particular, a number have investigated the experiences of other categories of helping professionals working with these communities (Balderas, 2016; Kjellenberg, Nilsson, Daukantaité, & Cardeña, 2014; Lusk & Terrazas, 2015; Mehus & Becher, 2015; Mishori, Mujawar, & Ravi, 2014; Splevins, Cohen, & Joseph, 2010). In general, these studies point to the ways in which helping professionals experience both negative and positive psychological processes as a result of exposure to clients' trauma, a finding that is line with the larger body of literature on secondary trauma and vicarious resilience/vicarious post-traumatic growth. Coping strategies utilized by helping professionals in these studies were similar to those identified in the secondary trauma literature, and included exercise, support from family and friends, support from colleagues, listening to music, meditating, praying, cooking, journaling, and reading. Among physicians who perform medical and psychological asylum evaluations, being female, being in psychiatric health field, and performing more evaluations were risk factors for vicarious trauma (Mishori, Mujawar, & Ravi, 2014). Among professionals working

with war and torture survivors in specialized centers in Sweden, more years of work led to more compassion fatigue and impairment in functioning, as well as increased post-traumatic growth (Kjellenberg et al., 2014). The latter study also found that fear and resignation toward human evil correlated strongly with all measures of distress (Kjellenberg et al., 2014). Balderas (2016) described the stress and anxiety reported by therapists working with undocumented Latina/o immigrants in the Southern U.S. whose trauma had been exacerbated by lack of treatment and who they were not able to refer to higher levels of treatment or specialized services due to clients' lack of insurance and resources.

Three studies described the specific impact on helping professionals of sharing a cultural identify with their clients. Lusk and Terrazas (2015) examined the nature and severity of secondary traumatic stress among caregivers and mental health providers working with traumatized refugees from Mexico and Central America. They found that culture was a protective factor for Latina/o caregiver study participants but not for Anglo participants, and identified the following culture-specific sources of strength and coping: extended family network, ethnic identity, holidays, language, customs, and church. In her study of Latina therapists working with undocumented Latina/o immigrants, Balderas found that a work environment that upheld the values *familiismo,* the importance of family ties, and *personalismo,* the importance of interpersonal connections (Falicov, 1998), was protective against burnout. In their study of interpreters working with asylum speakers, Splevins, Cohen, & Joseph (2010) found that participants reported experiencing increased emotional mirroring and identification with clients with whom they shared a trauma history, cultural background, or mutual experience of being a foreigner/refugee. Such identification both exacerbated participants' distress and at the same time facilitated positive emotions of hope, admiration, and inspiration among participants

as they mirrored the sense of growth and healing expressed by their clients. The authors hypothesized that interpreters may be more vulnerable to identification with clients than therapists because of their comparable lack of training on recognizing and managing the identification process.

In sum, the studies reviewed above that focus on secondary trauma and clergy are not specific to clergy working with immigrant or Latina/o populations, and those that are specific to secondary trauma among those working with immigrant or Latina/o populations have not focused on the experiences of clergy. The current study builds on the current literature on secondary trauma and clergy by exploring the unique vulnerabilities and coping resources that Latina/o congregational clergy may experience in their day-to-day pastoral care work with trauma survivors. The current study also builds on the work of Balderas (2016), Lusk and Terrazas (2015), and Splevins, Cohen, & Joseph (2010) by identifying the cultural, spiritual, and religious sources of strength and coping utilized by Latina/o clergy who provide trauma-related pastoral care to Latina/o immigrant congregations.

CHAPTER III

METHODS AND PROCEDURES

Introduction

The purpose of this study was to explore Latina/o clergy experiences of providing

trauma-related pastoral care to Latina/o immigrant congregants. In this chapter, the research

design, sample selection, data collection procedures, data analysis methods, validity

considerations, researcher relationships and subjectivities, and study limitations are described.

Research Design

This qualitative study utilized a phenomenological research methodology (Patton, 2002)

and was guided by Critical Race Theory (CRT) and Lat Crit Theory (Iglesias, 1997). In general,

qualitative approaches to research enable understanding of experience and processes (Harper &

Thompson, 2012). In contrast to positivist approaches to research, which view reality as separate

from the researcher and understandable through the use of "objective" data collection methods,

qualitative research orientations embrace a more complex view of social reality (Prasad, 2005).

Indeed, the majority of qualitative theoretical orientations embrace postpositivist positions, such

as the constructed nature of social reality, the constitutive role of language, and the value of

research as critique (Prasad, 2005).

As noted in chapter I, the impact of trauma-related caregiving on clergy wellbeing is

"virtually unexplored" (Hendron, Irving, and Taylor, 2012, p. 222) in the psychological and

pastoral care literature. Because qualitative research seeks to understand and describe the

complex nature of human experiences and phenomena, it is the appropriate methodology for the

research questions proposed in this study. Through the use of open-ended questions, qualitative phenomenological studies enable researchers to access the points of view of study participants, and guard against shaping participants' responses through researchers' own predetermined points of view (Patton, 2002). Further, the flexible and inductive nature of qualitative designs enables researchers to identify unanticipated aspects of the phenomenon under study (Maxwell, 2013). Finally, because it considers both environmental and social contextual factors, qualitative research methodology is particularly appropriate for research in multicultural psychology (Helms, 1989; Merchant & Dupuy, 1996).

Phenomenological studies focus on descriptions of what people experience and ask *how* it is that people experience what they experience (Patton, 2002). Phenomenology methodology, therefore, seeks to understand the nature and meaning of everyday experiences and enables the researcher to gain a rich and nuanced understanding of human experience (van Manen, 1990). Hermeneutic phenomenology in particular emphasizes the socially embedded nature of human consciousness (Willis, 2004), and embraces the interpretivist position that reality is experienced through acts of interpretation and meaning making. From this perspective, pure description is not possible because interpretation is understood to be an unavoidable dimension of all human experience. Interpretation, then, for hermeneutic phenomenologists is both inevitable and desirable (Billin & Willig, 2012). It is inevitable because all descriptive accounts of experience interpret experience at a fundamental level. And it is desirable because it serves to amplify (rather than distort) the meanings contained in accounts of experience (Billin & Willig, 2012, p. 117).

In sum, the aim in hermeneutic phenomenological investigation is to discover what a particular lifeworld phenomenon means and how it is experienced (van Manen, 1990). Because

of its holistic orientation, hermeneutic phenomenology enables researchers to understand more than the cognitive dimension of human experience and get at the emotional, embodied, 'felt sense' of experience. Although hermeneutic phenomenology aims to uncover the essence of particular dimensions of experience, because of its emphasis on rich and detailed description, it also values and makes room for complexity and variability in accounts of experience.

This study integrated Latina/o cultural values (Ojeda, Flores, Meza, & Morales, 2011) and utilized the critical frameworks of Critical Race Theory (CRT) (Solorzano & Yosso, 2002) and Latina/o Critical Race (LatCrit) Theory (Iglesias, 1997) in research design, procedures, and analysis. In line with Ojeda and colleagues' (2011) recommendations for culturally competent research with Latina/o immigrants, the investigator consulted with a colleague, a mentor, and a committee member who are experts on immigration issues and are bilingual and bicultural in designing both recruitment and interview materials. In addition, the recruitment process utilized the investigator's pre-existing relationships with key community leaders, Latina/o oriented community centers, and personal contacts in the Latina/o community. In line with the Latina/o cultural value of *personalismo*, or interpersonal connections, the investigator sought to build relationships of trust with gatekeepers, engaged in self-disclosure, and engaged in *plática* (small talk) during the interview and when scheduling the interview (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

CRT seeks to reveal the centrality of racism and oppression in the lives of marginalized groups, and prioritizes the experiences and voices of marginalized people, with the larger aim of promoting social justice (Solorzano & Yosso, 2002). Solorzano and Yosso (2002) identify the five elements as fundamental to CRT. First, they assert, CRT understands race and racism as endemic, permanent, and central factors in individual experience, while at the same time viewing

race at the intersection of other forms of subordination, such as class and gender. Second, CRT challenges dominant ideology and challenges claims that dominant institutions make towards objectivity, meritocracy, colorblindness, and race neutrality. Third, CRT is committed to social justice and envisions both the elimination of racism and other forms of oppression as well as the empowering of subordinated groups. Fourth, CRT challenges traditional research paradigms and recognizes that the experiential knowledge of people of color is critical for understanding racial subordination. Lastly, CRT embraces a transdisciplinary perspective, and insists on analyzing race and racism by placing them in historical and contemporary context.

LatCrit Theory extends the aims of CRT to the lives of Latinas/os in particular, drawing attention to issues of discrimination, ethnic identity, national origin, immigration, language, and culture within the Latina/o community (Iglesias, 1997). LatCrit as a framework functions congruently with CRT, but offers a more focused lens by which to examine the particular experiences of Latinas/os and Latina/o communities (Pérez Huber, 2009). The current study used LatCrit Theory as a lens by which to focus in on the ways in which race, immigration, and culture impact the experiences of clergy providing trauma-related pastoral care to Latina/o immigrants.

Sample and Recruitment

Recruitment employed purposeful selection, using both snowball and criterion sampling (Patton, 2002). Purposeful selection in qualitative research design involves the deliberate selection of particular settings, persons, or activities that are relevant to one's research goals (Maxwell, 2003). Snowball sampling involves asking a number of well-situated individuals to identify potential information-rich key informants. The sample of potential informants typically

snowballs (gets bigger) initially and then converges as key informant names are mentioned over and over again (Patton, 2002).

Recruitment

The researcher contacted individuals and local church and cultural organizations by email to explain the purpose of the study. These contacts were provided with an email to be sent out to potential participants (Appendix A), which included a brief summary of the study, parameters for participation, notice of compensation ($25 gift card) and the researcher's contact information. The researcher screened interested participants during a phone call (Appendix B) to determine if inclusion criteria were met. Upon screening, the researcher identified seven individuals to participate in the study and sent them emails indicating their selection for the study (Appendix C). Participants who were selected for the study were asked to indicate their availability for an initial interview.

Sample

The participants in the study were two Latina and five Latino pastors. Four were full-time pastors, and three were part-time. One participant was also attending seminary at the time of the study. Participants served congregations ranging in size from 60 to 250 members. Three participants were Methodists, two were Baptist, one was Episcopalian, and one was Catholic. Six out of seven participants served congregations located in suburban regions in the state of Georgia and one served a congregation in a rural area of Georgia. Participants all met the following inclusion criteria: (1) were 18 years or older (2) were a full-time or part-time Latina/o Christian priest, pastor, or minister in the state of Georgia whose primary responsibility is to tend to their congregation (3) expressed their commitment to providing emotional or spiritual support to the Latina/o community (4) were providing at the time (or had provided within the past year)

emotional or spiritual support to a Latina/o immigrant congregant who was struggling with past or current experiences of trauma (5) were willing to recount in detail and reflect on this pastoral caregiving experience over the course of two to three in-depth, in-person interviews. These criteria reflect the study's aim to recruit information-rich interviewees for this project - persons who have extensive experience with and insight into the particular phenomenon under inquiry (Patton, 2002).

Data Collection

For the purposes of this study, the researcher conducted semi-structured phenomenological interviews and also kept a self-reflexive researcher journal. Through the use the semi-structured phenomenological interview, the researcher aimed to gain a comprehensive and holistic understanding of the experience of offering trauma-related pastoral care within a congregational context – an understanding that sought to include not just the cognitive, but also the pre-reflective, embodied, and emotional dimensions of this particular human experience (Billin & Willig, 2012). In order to gain this more holistic understanding of participants' experiences, the researcher utilized interview questions that prompted narratives rather than analysis, as well as descriptions of emotion (e.g. "Can you tell me about a time during the past year when…"; "What images (*pictures in your head*) come to mind when you think about this relationship?"; "Are there other ways in which this relationship impacted your heart, spirit, and mind?"), as well as frequent probes.

Interviews

Two 60-90 minute in-depth, in-person phenomenological interviews were conducted with each of the research participants over the course of a three month period. Interviews took place at a private meeting space and time of the participant's choosing. The researcher provided the

option of having present at each interview a bilingual and bicultural colleague who could assist with issues of translation as they arose over the course the interview. Only one participant chose this option. All Spanish-language interview responses from this participant were translated and back-translated in order to avoid loss of original meaning in participants' words (Ojeda et al, 2011). By offering participants the option of having a bilingual and bicultural colleague present to assist with issues of translation, the researcher hoped to mitigate any constraints on expression or communication that may be presented by conducting the interviews in English.

At the start of each first interview meeting, the researcher thanked the participant for their willingness to be interviewed, briefly explained the study, answered any questions, reviewed the informed consent (Appendix D), and provided participants with a list of mental health referral services (Appendix E). The researcher then gave participants the $25 incentive and explained that the interview would be audio recorded. The researcher turned on the recording device, asked participants to come up with a pseudonym, asked if they had any additional questions and then asked the semi-structured interview questions (Appendix F). Upon the final statement, the researcher thanked participants once more, asked if there were any additional questions, and arranged the time and location for the next interview.

The researcher used probes throughout this and subsequent interviews to elicit rich and detailed description of experience. The researcher also asked some open- and closed-ended questions to better understand the ways in which the context of religious community life informed participants' pastoral care experiences. This semi-structured interview format enabled the researcher to elicit particular accounts of experiences with the specific phenomenon under inquiry, rather than a generalized, abstract, or unrelated accounts. The second interview (Appendix F) continued to elicit accounts of experiences providing trauma-related pastoral care,

incorporating probes and clarifying questions formulated through a preliminary analysis of the first interview. During the second interview, the researcher reminded participants that she would contact them in the coming year and ask them to review the research write-up in order to provide feedback regarding findings and any additional measures that needed to be taken to protect their confidentiality and the confidentiality of their congregants and congregations. This process was repeated with each individual interview.

Confidentiality

In order to minimize the risks of breaching participants' confidentiality and the confidentiality of their congregants, the researcher assigned pseudonyms to and significantly altered the identities of the participants, their congregations and locations, and the identities of any congregants they described in their interviews or journals. In addition, the researcher asked each of the participants to review these written accounts (with pseudonyms and altered identities), so that they could provide feedback about any other measures needed in order to protect their confidentiality and the confidentiality of their congregants and congregations. Only after receiving final (written) approval from the participants of these altered written accounts were they submitted for review and/or publication. In addition, when the researcher publishes, she will use general terms to describe the location of the participants' congregations (i.e. Georgia, rural, urban). She will not report the specific city or county in which the participants and their congregations are located.

Self-Reflexive Researcher Journal

Finally, throughout the research process, the researcher maintained a self-reflexive journal as a means of "bracketing" in order to aid her awareness of her ongoing role in the research and meaning-making process (van Manen, 1990). This self-reflexive journal served as a

means of staying with the phenomenon as it presented itself, by allowing the researcher to continually make explicit and step back from her assumptions about the data. It also served as a record of preliminary and ongoing impressions, analyses, and interpretations of the data.

Data Analysis and Synthesis

The study employed van Manen's (1990) interpretive phenomenological method of thematic analysis, which seeks to *uncover* essential structures and essences of lifeworld phenomena through engagement in the hermeneutic circle of moving between the parts and the whole (Willig & Billin, 2012). For van Manen (1990), this interpretive work is not a mechanical or rule-bound process, but a "free act of 'seeing' meaning" (p. 79). Van Manen suggests that our efforts to distill meaning through thematic analysis should involve moving between three ways of approaching phenomenological data: holistic reading of the text as a whole to capture its fundamental meaning, selective reading of the text to identify particularly salient sections and phrases, and detailed reading and interpretation of the meaning of every sentence and sentence cluster. Van Manen describes this process of interpretation as inherently flexible. Themes arise as a result of the researcher's creative and ongoing dialogue with the phenomenological data. And themes are understood as ways of pointing to (and thereby uncovering) the *structures of experience* rather than categorical statements or conceptual abstractions that can capture experience (van Manen, 1990).

The researcher engaged in this method of thematic analysis for each source of data, and for the study data as a whole, recording her ongoing interpretive process. Following each initial interview, the researcher read through the entire interview transcript. She engaged in a detailed line-by-line reading of the interview, marking excerpts that appeared to contain initial meanings. Based on these notes, she crafted follow-up questions with participants to be asked during the

second interviews in order to clarify meanings. Following the final interview with each participant, the researcher engaged in a second detailed line-by-line reading of the combined set of interview transcripts from each participant, looking at every sentence and sentence cluster for what it might reveal about the phenomenon under investigation. During this detailed reading, she highlighted salient passages and articulated in notes their emergent meanings. Lastly, the researcher read across individual participants' data, looking for themes. Throughout this process, she recorded her assumptions, observations, and reflections in a self-reflexive journal.

In line with the hermeneutic tradition, the researcher conceived of these themes as means of organizing and communicating the rich variability of participants' experiences, not evidence of uniformity of experience (Moules et al., 2015; van Manen, 1990). As such, the researcher highlighted variability within each theme.

Finally, the researcher conducted an expressive interpretation of the phenomenon, drawing on the principles of poetic transcription and creative representation (Elsgray, 2014; Glesne, 1997; Ohlen, 2003; Prendergrast, 2007). In doing so, her aim was to enrich our understanding of the experience of providing trauma-related pastoral care not just cognitively, but emotionally – to more accurately and powerfully evoke the phenomenon under investigation by conveying its 'felt sense.' For this study, the researcher chose to create a hybrid poem comprised solely of participant narratives. In conducting this expressive interpretation, the researcher reread all of the interview transcripts and chose a collection of evocative narrative passages that spoke to the range of experiences of trauma-related pastoral care shared across interviews. She then attempted to evoke and intensify the meaning of these narratives by condensing each one into a single poetic stanza, eliminating words in this process. In constructing the hybrid poem, she juxtaposed different participants voices. Through this

interpretation of the data, the researcher sought to highlight the variability of participants'

experiences and to convey the emotional impact on the researcher of conducting this study.

Validity

Maxwell (2013) describes validity in qualitative research as referring to "the correctness

or credibility of a description, conclusion, explanation, interpretation, or other sort of account"

(p. 122). Validity threats to a study, then, for Maxwell (2013) are "a way you might be wrong" or

"other possible ways of understanding your data" (p. 123). In order to avoid possible threats to

the validity of the study's conclusions, the researcher employed a number of strategies suggested

by Maxwell (2013): "rich data," feedback, respondent validation, and a self-reflexive journal.

Moules and colleagues (2015) observe that validity in hermeneutic research requires that

hermeneutic interpretations have the following qualities: "strong, powerful, well-grounded,

cogent, convincing, robust, healthy, and telling" (p. 172).

As a phenomenological study, this research project required rich and detailed descriptions

of experience. The semi-structured format and frequent use of probes enabled the researcher to

obtain a more complete and complex account of the phenomenon of offering trauma-related

pastoral care to Latina/o immigrant congregants. Along with providing rich data, the use of

multiple interviews with research participants enabled the researcher to check and confirm initial

observations and inferences in order to guard against making spurious associations or premature

hypotheses about the phenomenon under inquiry (Maxwell, 2013). The researcher also solicited

feedback from members of her committee and her research subjects throughout the interpretive

process.

Finally, by conducting multiple interviews and writing an ongoing self-reflexive journal,

the researcher minimized the threats of reactivity and researcher bias. By making explicit her

own theories, beliefs, and perceptual lenses in a self-reflexive journal, the researcher monitored and minimized the ways in which they may have influenced her understanding and conclusions. In addition, by asking her participants to validate and respond to interpretations, she gained insight into how she may have influenced participants' responses in the interview format.

Research Relationships and Researcher Subjectivities

In general, the researcher sought to establish research relationships that were collaborative, trustworthy, and empathetic. Because research participants were concerned with protecting the confidentiality of those individuals in their congregations to whom they have provided trauma-related pastoral care, the researcher only recruited participants from communities with which she has no ongoing relationship. As noted above, she recruited participants through collateral contacts with individuals involved in religious community life, including current contacts with faculty in a number of seminaries in the Atlanta community, which represent a range of Christian denominations. By using her preexisting network of connections in the local religious and seminary communities she was able to recruit research participants who met the selection criteria outlined above and who were willing to participate in such a research project.

The investigator of this study grew up in the Southeastern United States and identifies as a White, Christian woman. Her educational background includes a Bachelor of Arts in religious studies and a Master of Divinity. She is currently a doctoral candidate in counseling psychology who conducts ongoing outreach and training to seminarians and clergy on mental health awareness. One of her primary professional interests is the mental health concerns and competencies of helping professionals, particularly those who serve marginalized and oppressed groups. She became acutely aware of immigration issues in the U.S. after taking an experiential

course during her Master of Divinity program, in which she travelled to the U.S.-Mexico border

in 2008 and met with migrants, community groups, churches and individuals working to ease the

humanitarian crisis engendered by tightening border restrictions in the U.S.

There are a number of salient dimensions to the researcher's identity that may have

impacted this research. As a middle-class, educated White woman, she sought to maintain a

posture of vigilance when engaging with participants across identity and power differentials

(Johnson-Bailey, 2004). She utilized her reflexivity journal to monitor the ways in which power

may be working both within the interpersonal dynamics between her and her participants, and

within the larger social political structures in which they are situated.

Her prior seminary training background may have functioned as either an asset or a

liability in this research. This background gave her a wide range of connections with local

ministers who aided in participant recruitment. However, this background also positioned her

within a particular sociocultural context. Participants with knowledge of her seminary training

may have (consciously or unconsciously) tailored their responses to fit with their perceptions of

her values and expectations. For example, they may have felt pressure to frame their experiences

in theological or religious terms. Alternatively, if participants asked about and learned of the

denomination to which she currently belongs, they may have become reticent to share intimate

details of their lives. The researcher's denomination is known for its liberal social and political

stances, particularly around issues of LGBTQ rights. For many individuals in more socially

conservative congregations, particularly in the South, knowledge of her commitment to this

denomination may have led them to be more guarded in the interview process. Given these

potential liabilities, the researcher attempted to limit any conversation or disclosure around her

religious training, membership, and views, and focused primarily on her current educational

pursuit in counseling psychology and more neutral personal background. She also used probes to get at the details of experience and meaning that undergird the ways in which interviewees frame their experiences.

The researcher's seminary training also points to an important dimension of her subjectivity, which had the potential to influence the study both positively and negatively. Because of her seminary training and her personal religious and spiritual commitments, she was interested in learning how immersion in religious life impacts participants' relational, emotional, and psychological experiences. Her sense, however, was that if she asked explicitly about the religious/spiritual dimensions of their experiences, participants may have felt pressured to frame their experiences in these terms, particularly given their social positions as religious community leaders. Because of this potential pressure, she only asked explicitly about religious or spiritual dimensions of participants' experiences if they used these frameworks first. And she only did so only using the terms and language that the participants used. In this way, the researcher's prior training in religious studies and theology equipped her well for this study. Throughout her training, she has been exposed to and has learned to interpret with sensitivity a wide range of theological positions and religious perspectives.

Finally, the researcher's background and training in mental health may have influenced the study and research relationships both positively and negatively. Because participants in this study are professional helpers, they sometimes had difficulty focusing on themselves, and wanted instead to talk about the experiences of their congregants, particularly those who have experienced trauma. In addition, participants' knowledge of the researcher's mental health training and background may have caused them to feel self-conscious about their competencies in providing trauma-related pastoral care during the interviews. Throughout the interview

process, the researcher framed the interview project as a collaborative endeavor, in which participants had something important to teach the researcher. She employed her training in nonjudgmental and empathetic listening to help keep the focus of the interviews on participants' experiences, and to reassure them that her aim was to learn from their experiences, not to asses whether or not they had provided adequate care. In order to engage in such non-judgmental listening, it was important for the researcher to monitor her subjectivity. Part of her current professional work involves enhancing the mental health competencies of religious leaders. Given this interest and commitment, it was important for her to monitor her reactions to participants' descriptions of their practices of trauma-related pastoral care.

Limitations

There are several limitations to the current study. Due to lack of research in this area, this study was designed as an exploratory phenomenological study. The aim of phenomenological research is to understand the underlying structure and processes of human experience through the solicitation of rich description of experience (van Manen, 1990). This study in particular sought to understand in depth the underlying process of providing trauma-related pastoral care to Latina/o immigrant congregants. This study prioritized depth of description over breadth of research participants. All data were limited to describing the phenomenon of providing trauma-related pastoral care to Latina/o immigrant congregants, and were not intended to predict or interpret future behavior, or to generalize beyond this particular relational experience and context. However, the fundamental structures and characteristics of the relational process that this study explored are likely to exist in other relational circumstances, although they may produce different outcomes in different circumstances (Maxwell, 2013).

In addition, all research participants reside and work in the state of Georgia. Community sentiment and state laws regarding legal status can greatly impact the lives of Latina/o immigrants (Arredondo, et al., 2014). Therefore, clergy experiences of providing pastoral care to Latina/o immigrants may vary greatly according to the geographical areas in which they live and work. In addition, some Latina/o communities may not deal with documentation issues at all. For example, Puerto Ricans are U.S. citizens and Cubans can legally migrate to the U.S. through various migration programs.

Also, six out of seven participants served mainstream Protestant congregations. Their congregational contexts and spiritual practices may have been greatly shaped by their denominational affiliations. Future research on this topic should include the perspectives and experiences of clergy working within a more diverse range of denominational and congregational contexts, including nondenominational churches.

Further, six out of seven participants were themselves either U.S. citizens or documented immigrants, and so did not directly experience the shared trauma of fear around deportation that many of their congregants experienced. Future research in this area should focus on the experiences of undocumented Latina/o clergy working with Latina/o immigrants.

Further, six out of seven interviews were conducted exclusively in English due to the researcher's lack of fluency in Spanish. To the extent that there are concepts or experiences that can only be conveyed in Spanish, this is a limitation. The researcher sought to mitigate this limitation by offering to participants the option of having a bilingual and bicultural interview assistant present at each interview who could assist with issues of translation as they arose. Only one participant chose this option.

Lastly, the researcher's position as a monolingual English-speaking White woman may also serve as a limitation, as participants may not have felt comfortable disclosing their more challenging experiences to someone who has not shared their gendered, racial, or cultural experiences.

CHAPTER IV

FINDINGS

The purpose of this study was to explore how Latina/o clergy experience providing

trauma-related pastoral care to Latina/o immigrant congregants. A better understanding of this

experience/relationship/phenomenon will enhance the understanding of secondary trauma,

coping and resilience, particularly among helping professionals working with marginalized

communities and among clergy. This chapter presents the key findings obtained through fourteen

in-depth phenomenological interviews conducted with seven Latina/o clergy serving Latina/o

congregations.

Seven primary themes emerged from the interview data. Among the themes there were

two superordinate themes, the impact and stress of secondary trauma exposure, and coping and

self-care strategies. These themes, it should be noted, do not indicate a uniformity of experience

across participants. Rather, in line with the hermeneutic tradition, the researcher conceives them

as useful tools for organizing and communicating the rich variability of experience described by

participants interviewed for this study (Moules et al., 2015; van Manen, 1990). Indeed,

variability within each theme is highlighted throughout the chapter. The six primary themes

were: (1) dual exposure to collective and individual trauma, (2) feeling powerless, (3) praying for

God's assistance, (4) consulting trusted advisers, (5) setting boundaries around communication,

(6) witnessing the spiritual growth and healing of congregants, and (7) advocating and enlisting

resources. In addition, there were three sub-themes for participants under the first theme of dual

exposure to collective and individual trauma. These three sub-themes offer some explanation for

how participants came to be dually exposed to both the collective trauma of mass deportation and the individual traumas of congregants. They are: (1a) impact of mass deportation on individual trauma experiences of congregants, (1b) exposure to mass deportation through engagement with immigration and legal systems, and (1c) high accessibility and utilization of clergy by both congregants and Latina/o community members.

Finally, working with the principles of poetic transcription and creative representation (Elsgray, 2014; Glesne, 1997; Ohlen, 2003; Prendergrast, 2007), this chapter concludes with a hybrid poem that was constructed solely from the words of all seven of the study participants. This poem is designed to offer an expressive interpretation of the data - one that evokes the 'felt sense' of the experience of providing trauma-related pastoral care to Latina/o immigrants.

Themes

1. Dual Exposure to Collective and Individual Trauma

Six of the seven participants reported the experience of dual exposure to collective and individual trauma. Collectively they talked about dealing with the trauma of mass deportation in their local Latina/o communities. Individually they talked about dealing with the individual traumas of congregants and community members. As the participants described their experiences, the investigator identified three sub-themes that contributed to this dual-level of trauma exposure: (a) impact of mass deportation on individual trauma experiences of congregants (b) exposure to mass deportation through engagement with immigration and legal systems and (c) high accessibility and utilization of clergy by both congregants and Latina/o community members.

1 a. Impact of mass deportation on individual trauma experiences of congregants.
Deportation and fear of deportation was a frequently named category of trauma that participants

encountered as pastoral caregivers – more frequently named than any other category. Participants described providing pastoral care to congregants and their families impacted by the trauma of mass deportation efforts, including the fear, humiliation, loss, and feelings of powerlessness and vulnerability their congregants experienced as a result of mass deportation efforts in their communities. Their accounts illustrate how collective trauma impacts both communities and individuals, and how collective trauma often informs, intensifies, and complicates the trauma of individuals.

Ferlando recalled in detail a time when an undocumented congregant sought him out for pastoral counseling after being arrested and detained through an immigration raid. The congregant, who worked as supervisor in the construction industry in the U.S. for many years, recounted being "set up" by a prospective employer who was collaborating with immigration authorities. Ferlando recalled helping this congregant to process his feelings of betrayal and helplessness following his arrest and detention:

> Even though he's out and he's working, still he has a lot of trauma in that sense … basically he was targeted for, or through his job, what he is good at, and he never imagined that was going to end up in the detention center.

Later, Ferlando outlined his method of pastoral care, which focused on attending to the emotional impact of the congregant's detainment:

> For me it's about listening. It's about listening to and trying to go to those areas where they feel insulted and mistreated and ignored, abused. To invite him to come out to those stories that are painful for him. That is one way. And the second is to strengthen the areas that he is good at. He is not the kind of person that people make him feel he was when he was detained.

Multiple participants recalled occasions in which they provided pastoral care to the families of undocumented congregants who had been detained or deported by the authorities. Along with the emotional toll of fear, uncertainty, and loss, these families often faced immediate challenges, including loss of income, the need to secure high bail payments, and childcare and custody issues. Berto emphasized the frequency of his pastoral care to families around deportation issues. "There are many families. It's *constant*. Every week you hear a story of someone who has gone to jail or has been deported." He described the multi-faceted challenges families in his congregation face following the arrest or deportation of the male head of household: "The mother has to work, she has to take care of the children, and she needs the spiritual support because she misses her husband." Along with offering spiritual and emotional support, Berto stated that he frequently refers families like this to the church food pantry, and to local social services organizations for financial assistance.

Carlos recalled a time when an undocumented congregant from Mexico was arrested. The congregant was the sole breadwinner for his family, and had three young children. He described the difficulties of offering pastoral care to this man's wife and children in the aftermath of the arrest, particularly given the uncertainty over whether or not this congregant would be deported, as well as the financial burden the arrest posed for the young family:

> And immediately comes the situation where we have to go and talk to the family. How
> we can console this family? And give them comfort and help, be able to, you know, cope
> with the situation that, there's your husband, there's your father, who is no longer there,
> and when will he be back home? This was probably a four-month situation that we had to
> provide comfort, help, support, until we saw the situation with her husband. Thankfully
> he was able to get probation. And they had to pay a large amount of money on bond for

him to be able to be back with his family, and it was very, very difficult for the mom, and very difficult for the children

For Jacob, the reality of mass deportation transformed an already difficult pastoral care scenario into a one with significant and long-term implications for both him and his family. He described providing pastoral care to an undocumented single mother in his congregation who was arrested for driving without a license. The woman had no other friends or family members who were documented, and so she asked Jacob to agree to take custody of her son if she was deported. He explained the scenario like this:

> So she got bailed out but she still had to go to immigration court. She had to do all this stuff. So she had no other family, but she has a brother illegal, you know? And drug addict. And she had a daughter illegal, married to an illegal in Houston Texas. So and then we went and we got a notary to pretty much sign over custody of her child to me in the case that she got deported. So that was very stressful.

Jacob, who is married and has two young children himself, recalled the difficulty of processing this request with his wife: "And I was like, 'I'll get back to you.' What the heck is going on?! It was very like, 'What?!' My wife was like, 'What is she asking!?'" In the end, the congregant received asylum status just before being deported because she was a domestic abuse survivor, and so she was able to remain in the U.S. legally. However, Jacob and his wife had agreed to and were prepared to take over custody of the congregant's son in the event of her deportation. Their willingness to do so is congruent with the Latino cultural value of *familismo* (family orientation), which often extends kinship relationships beyond the boundaries of the nuclear family (Comas-Diaz, 2006), as well as a relational worldview, which is central to Latino identity (Arredondo et al., 2014; Falicov, 1998).

In addition, many participants' stories of trauma-related pastoral care indicated the ways in which the collective trauma of mass deportation efforts *indirectly* impacted the trauma of individuals to whom they provided pastoral care. Immigration status rendered some congregants more vulnerable to violence, and often complicated already difficulty family crises and conflicts.

For example, Nora and Karmen described working with women experiencing domestic abuse who felt trapped in their marriages due to their immigration status. Karmen explained that many of the undocumented women with whom she has worked weren't aware of the resources and protections available to them as domestic abuse survivors, even after their husbands were arrested here in the U.S. "So what happens is that they live in fear, because they don't know how to drive or even have documents," she explained. Nora related how her very abilities to advocate for and ensure the safety of a woman under her care were constrained by legal and immigration circumstances well outside of her reach. She recalled the circumstances of an undocumented Latina congregant experiencing domestic abuse whose husband was a U.S. citizen:

> But still, he knew that she was the weak part of the relationship because he was American, he was citizen, he has all the rights, because he's American. She was in the process, she was not even a resident. He speaks the language, she doesn't. She doesn't have any money or work. See? So you see the power there in this in this kind of relationship. So I told her, 'I think you need to leave.' And … what she said, 'But, what I'm going to do? I mean, I'm in the process of this legalization. I need to wait for at least to receive the, they said that they are sending me the card, for the three years card.'

1 b. Exposure to mass deportation through engagement with immigration and legal systems. Six out of seven participants shared that advocacy and support for immigrant congregants and community members facing deportation was a significant and ongoing part of

their ministry, and part-and-parcel of their pastoral care duties. Participants recounted serving as intermediaries between undocumented individuals and the legal/immigration system, as well as advocates for those facing deportation. And they described utilizing their language skills, their knowledge of legal and social services systems, and their powers as citizens and documented immigrants to assist them in these efforts. Participants' roles as advocates and intermediaries put them in regular and direct contact with the impact of mass deportation efforts on their congregations and local communities.

Participants frequently related liaising with immigration lawyers and court systems as a part of their advocacy work for undocumented congregants. For example, Carlos described spending months assisting families in his congregation obtain the paperwork required by immigration courts, driving them to immigration appointments, and conversing with lawyers.

Nora described the impact on her congregation and her work as a minister during a particular year in which the local police partnered closely with immigration authorities and greatly increased deportation efforts throughout her county. Her multiple roles as a community leader, a community member, and a pastoral care provider fully immersed in this local crisis. She recalled constant conversations during this period among both her congregants and her Latina/o clergy colleagues about who in their communities had been deported recently. And she recounted spending a great deal of time accompanying church members to court hearings as a way of offering emotional and spiritual support. She shared, "That's why I remember that year because … we went to court every time, went to court, went to court."

Leon, a student pastor in a large Latino congregation, is an undocumented immigrant with legal status through the DACA (Deferred Action for Childhood Arrivals) program, and was the only undocumented immigrant who participated in this study. Leon described how he drew

on his knowledge of the immigration and legal system regularly in his pastoral work - knowledge that he gained both through his own process of obtaining DACA status, and through prior work with undocumented immigrants. He stated that undocumented congregants and community members frequently reach out to him for support around immigration issues, and noted that the church he serves as a student pastor both sanctions and facilitates this advocacy work as a regular part of his ministry to the congregation, even advertising his advocacy services in the weekly church bulletin:

> Usually people come to me because the lead pastor tells them that I've been working with families who don't have insurance or who are undocumented. And so people who reach out to me already have something in mind. On the bulletin we also put my information, that I help with issues of immigration. So people are already wired that way, people come to me for a reason. I assume that.

Several participants also spoke of visiting undocumented congregants and community members who had been detained in local jails or at the regional detention center. Some described serving the sacraments to detainees as an ongoing part of their ministry. Others recalled bringing children to visit their detained fathers, noting that this task often fell to them because the children's mothers were undocumented and therefore unable to visit the jails or detention centers. Jacob, who estimated that his congregation is about 60% undocumented, observed that he became the default bail bondsperson for undocumented congregants who were arrested. He explained that because so few of these individuals have documented family members, they often turn to him for assistance when they need a legal representative. He also described the urgency that many undocumented detainees feel due to the risk that they may be "flagged" and reported

to immigration officials during their detainment because of their documentation status, putting

them at greater risk for deportation. He explained his role in the process:

> So when people get arrested, a lot of times I go and pay the bond. Like they give me the
>
> money, but I'm the one that goes with my license and pays the bond because they have
>
> no other legal person to do that. So then when people are arrested. And that's another
>
> pastoral care where I'm like, ok calm down. Well right now it is. But before when they
>
> were getting deported by ICE [Immigration and Customs Enforcement], that was a big
>
> deal. You wanted to pay that bond as fast as possible.

Carlos also recalled a time when he was asked to pay a congregant's bond as quickly as possible

so that they might be less likely to be flagged by the immigration system. He received the phone

call about the case just as he was driving home from vacation:

> I was just getting home. I wasn't even in Georgia yet when I got the call. 'So-and-so's
>
> arrested. He's in Metro County jail.' So I didn't go home, I went straight to the jail. And
>
> by the time we got there, and we got all the money to bail him out, they said, 'No
>
> immigration has a hold on him.' It was not… it was just [*snaps fingers to indicate how*
>
> *quickly this happened*].

Participants also described offering advocacy and support to immigrants in the very midst

of various deportation-related crises. These crises put pastoral care providers in immediate

contact with the sources of trauma for congregants. Carlos, for example, recounted being called

on frequently to go to the roadside when an undocumented immigrant in his congregation or

community had been pulled over by the police on a traffic violation:

> The first thing they do when somebody from the church or a friend that, any family
>
> member or anybody that they know, when they get stopped by a police, the first thing

they do, it's just call my number. 'Pastor, so-and-so is being detained. And the police

have them at this address.' And whatever I'm doing, I drop. To go to the rescue.

Carlos explained that if he made it to the roadside in time and introduced himself to the police

officer as the person's pastor, he sometimes was able to persuade the officer to let the person go

on a warning, rather than arresting or ticketing them, which put them at risk for deportation.

Jacob recalled a time when he was asked by a congregant to drive her to retrieve her

husband directly from a *coyote* [human smuggler]. He explained that the husband had been

deported months prior, and then had paid a *coyote* to help him cross the U.S-Mexico border

again. The family sold their only car in order to pay for his crossing. The husband called his wife

en-route from Texas to Georgia, fearful that the car in which he was travelling would be pulled

over by police when they arrived to their destination city in Georgia because it had Texas license

plates and was crowded with 15 or so other migrants. Jacob explained that he immediately

agreed to help the congregant, but recounted that he recognized the risk he was taking only after

he had gone to pick up the wife. "I don't know if they [the *coyotes*] are armed or not, you

know?" He also recalled fearing discovery by U.S. law enforcement or immigration officials as

they waited for the *coyote* to arrive:

> So I take his wife and the two girls and me, and I'm there in my car waiting, and I'm
>
> looking around for the cops and the border patrol. So sure enough here comes the
>
> Suburban, like an hour late, and he just gets off and gets in, 'Alright lets go!'

Later, Jacob described his shock at seeing his congregant, who had not stopped travelling

since crossing the desert along the U.S.-Mexico border :

> [Usually] people come and they go to the safe house, they give them new clothes, they
>
> bathe and stuff, but he was literally dirty, all scratched up, dried blood on his face, just

[*pause]* Poor guy. Oh I felt so bad for him. Yeah, it was crazy. But just understanding

what they go through. And just hearing the story. 'How'd it go?' 'Oh man, they caught so

many and I just ran through the thorns and that's why they didn't get me and they had the

dogs and the helicopter and I just found some muddy spot and I got in there and was

waiting and they left, big ordeal.' Yeah.

For Jacob, Carlos, and others, their pastoral care duties led to first-hand experience with

the urgency, fear, and lack of control that the undocumented community experiences as a result

of mass deportation policies in the U.S. Participants' willingness take on risk themselves in order

to tend to the needs of their communities and congregations, and their more fluid interpersonal

boundaries, are congruent with the Latino cultural value of collectivism, which emphasizes

communal goals over individual ones (Arredondo et al., 2014; Comas-Diaz, 2006; Falicov,

1998).

1 c. High accessibility and utilization of clergy. All participants described being highly

accessible and highly utilized by congregants, church visitors, and community members, which

resulted in their significant exposure both the collective trauma of mass deportation and to

individual trauma. In describing their pastoral care work, participants frequently referenced the

lack of Spanish-speaking mental health professionals available to their congregations and

communities, as well as the cultural stigma associated with mental health services. Participants

noted that these barriers, combined with the high level of trust placed in clergy within the Latino

community, often meant that they were the helping professionals most available and accessible

to their congregations and local Latino communities.

In describing the ways in which he is available to members of his congregation who are

undocumented, Carlos explained:

Some people call me in the middle of the night, because they wanted to, they needed an

emergency, go to the hospital, and they prefer to call me rather than take the car and

drive, than being stopped and being arrested.

When asked how he responds to such calls, Carlos was unequivocal: "I get up in the morning or

whatever time it is and take them to the hospital and attend to their needs and take them back

home." Later in the interview, Carlos described the sense of duty he feels to be available to his

congregation, even when he is not able to challenge or change the immigration laws and policies

that are impacting their lives so significantly. He explained that he believes that his role as a

pastor entails being radically available to his congregation, even at his own individual expense:

The comfort, I'm assuming, for the congregation, is that they know no matter what

happened in their life, no matter what's going on, any emergency, anything that's

happening, that they know that they can call me anytime, any day, no matter the hour. It

can be 2 or 3 o'clock in the morning. If you have an emergency, you call me and I'll be

there. I feel that's my calling.

Participant stories of pastoral care work pointed to the ways in which the dynamics of

congregational life can increase clergy's exposure to the trauma of congregants. Several

participants recounted being called by congregants to assist other congregants who were in the

midst of crises. Nora recalled two occasions when she received phone calls from congregants

who had taken into their homes another church member who was experiencing domestic abuse.

Although Nora was already providing pastoral care to this member, the phone calls from her

congregation members prompted her to reach out and engage the member during a time of

immediate crisis and violence. She recalled:

They didn't come one Sunday, and another woman from the congregation call me on

Monday, and say, 'This lady is here in my house, she spend the night in my house'

[*pause*]. It was scary, I mean, I was scared, I said, 'What happened?' And you know, she

was really scared of him. She didn't call me, the pastor. She calls this friend, but she was

from the church also, and they met here.

Similarly, Ferlando recalled a pastoral care scenario when a congregant called him to the

home of another congregant who he did not know well at the time, but was in the midst of a

crisis around revelations of sexual abuse in the home. He immediately became the primary

source of support for this congregant, assisting her in making the decision to report the abuse to

the authorities, and later to secure counseling for her young daughter. He described his role as

one of providing a "safe space" in which the congregant could both process her anger and

acknowledge the need to report the abuse to the police rather than resort to violence herself:

I believe that was important for me and for her as well. That if somebody comes, there is

a place, and, yes your decisions are right, and also don't take the law into your hands.

Because she was mentioning a gun in her closet and if he was going to knock at the door

she was going to kill him, you know, things like that, so, it was part of the story was that,

that it was very good that nothing worse happened.

Participants also described how church visitors often sought them out for pastoral care. In

these cases, both the structure of congregational life and church's larger mission of hospitality

facilitated such connections. Berto described his commitment to being highly available to anyone

interested in seeing him for spiritual or emotional support. Along with offering individual

appointment times for anyone who wants to see him four days a week from 2pm-6pm, he

advertises "open sacraments" at his parish once per month. Karmen described how she began

providing pastoral care to a church visitor who was experiencing domestic violence after the woman started attending her women's Bible study. By lingering after the end of the Bible study, this visitor was able to access one-on-one time with Karmen, without going through the formalities of making an appointment to see her:

> So on the Bible study, she was not participating. At the end of the Bible study, when we were, some of the women have left, she approach me and she say, 'I don't undersand your Bible study. I understand what I am reading, but I am not understanding why how this happen. How can you get to be this woman that God want you to be when I am suffering. I have so much hate, and I have all this in my heart. How can I become that person?'

Finally, participants' stories of pastoral care experiences indicated that they are well known in their local Latina/o communities, and viewed by community members, not just congregants, as sources of both immediate and long-term assistance and support. Most participants demonstrated a deep level of commitment to providing pastoral care and emotional support to members of their local Latina/o communities, not only church visitors and members of their congregations, again demonstrating a collectivist worldview that is central to Latino identity (Falicov, 1998).

Nora noted that many individuals who came to her for trauma-related emotional support were not congregants initially, but Latina/o community members who heard about her ministry through connections in their local community, or through outreach programs offered by her church. In describing how she began to offer pastoral care to a community member experiencing domestic violence, Nora explained:

I knew her when she separated from him and she was trying to get help for food and everything for her children. So she came here, through a friend through ESOL, because we have an ESOL class, so she told her about the church. But she is not member here. But [the friend] said, 'Pastora is there, Pastor Nora's there. They help people, and you have to go.'

On another occasion, a church member working in the school system referred a Latina/o family experiencing violence in the home. Nora explained:

And so she complained with the social worker in the school, and so they went to their house, and so they called me, and the interpreter in the school system around here is a member of our congregation. So we are, anything, any trouble, she will send them to me [*laughing*]. And so, they will go with the social worker, but also, 'No, you need a spiritual advice, too, or help. Go with Pastor Nora!'"

Leon, a student pastor who is currently in seminary, described his own conception of pastoral care as flexible and nontraditional. He eschewed the notion that all pastoral care must involve reference to church or Scripture, and described seeking to incorporate elements of community development into his pastoral care work. Leon described his pastoral care relationship with some community members from his previous hometown like this:

They're pretty much churchless, they believe in God but they don't feel identified to a certain church, local church, because they're not like that, they're not feeling identified, so they call me, they text me, and I go visit them. We don't talk about the Bible or anything, we just hang out and we talk, and so I still have many friends in town like that. Yeah I've been so blessed like that.

Leon reflected on how his own experience of being undocumented, and of being supported by the church as a young adult following his parents' deportation, undergirds his deep commitment to serving the larger undocumented Latina/o community, not only those who attend his church:

> I think that my parents being deported just changed everything, like how I see people, especially those who I can serve better. So, anywhere I go, I mention a few things here and there that has to do with immigration. I don't want to single them out and say, 'Well do you guys need this or anything?' Usually I'm open about my experience, and I tell them, 'Well its hard being an immigrant,' and slowly I begin to disclose some things that have happened to me, and I use that because most of the time after I have disclosed something intimate about myself, they start to share about their own things. And I think that keeping that moment of trauma in my life, just thinking how my parents were deported, how I suffered, and how I was helped by the church makes me also want to help others and provide spaces for that.

2. Feeling Powerless

Powerlessness was a primary emotional response that all participants in the study described experiencing when offering trauma-related pastoral care. For many participants, this powerlessness manifest as feelings of inadequacy and helplessness in the face of complex and disturbing circumstances described by those in their care. Karmen, for example, recalled her uncertainty about how to offer support and comfort to a new church member experiencing domestic violence, including ongoing physical and sexual assaults:

> I have to tell you the truth, in one of the sessions that I have with her, I did not feel qualified to counsel her. I did not feel that I was the right person. In the back of my mind,

I keep thinking, 'Oh my Lord, how I'm going to tell her the right words? What I'm going to say to her?'

Later, Karmen reflected on how she often carried with her these feelings of powerlessness and inadequacy elicited through her some of her pastoral care work:

I think that a lot of times when there's a situation really heavy, and it frustrates me because, like I say, I want to help immediately. But if I can't because of the money or because of the resources, or I don't know how to help that person, a lot of times that keeps in my mind, and I struggle all day long. I go home and I'm watching TV but I'm not really watching TV, because I'm thinking. What else can I do? You know?

Similarly, Nora described her feelings of powerlessness when witnessing the ways in which the women she worked with were caught up in cycles of domestic violence and abuse that she did not have the power to break. She recalled how she felt when a congregant decided to move back in with her abusive husband and his mother:

And so she said, 'Well pastor help me praying, but I want to go, I want to go with her to see, to have another opportunity.' And I cannot do anything. I mean, I've advised, and I just pray about it that she can feel better and that may this work.

Later, Nora described the emotional impact of this pastoral care experience on her. She stated:

What saddens me, and I need to pray about that, when I remember her, is this situation that if she doesn't receive help from God and from a psychologist or something to help her, she will go back to the same thing. It's a miracle, it's a spiritual miracle that has to happen to her and other women like that, like her, and also mentally, emotionally, healing that she needs.

Participants also lamented their lack of power to change, challenge, or impact oppressive and haphazard immigration laws and processes. Carlos described the unpredictable nature of immigration law enforcement as has been experienced by his congregation:

We have three or four that have been stopped and thankfully the police officer has said, 'You know what, go home, don't drive no more.' We have others who have been stopped, been arrested, spent a couple days in jail, and then been released because INS [Immigration and Naturalization Service] … took too long to put a hold on it. And others we have to be, we had to battle through that situation of going through all that process, and we have several that had that experience in jail. So, for me it's very stressful, to know somebody from the church who is working to support his family or her family, not doing anything illegal, other than being here because they don't have any paperwork, but they wanted to support their family. Not bothering anybody, wishing they could have legal paperwork so they can do more or be more productive. And having to go to that. And me sitting here, not being able to do anything.

Carlos struggled with his limited ability to advocate and effect change for those experiencing immigration-related crises. In recalling his pastoral care work with a woman from his congregation whose husband had been detained, Carlos stated:

It was very, it was stressful. And I'll tell you why. It's the part, this is what it really, it gets to me, it's the part of listen to her desperation, listen to what she's going through, and in many time all I could do was say, 'Let us pray, God will provide.' And sometimes you lose sleep over it because you wish you can do more.

He also described the pain of working with families and children facing these circumstances, stating:

Emotionally, it's, it's, it drains you, to actually see those children. Sometimes I would sit

down and talk to them and talk to this lady, and the children say, 'Well my daddy's not

coming back.' And it's hard to hear that from the children. So you leave the place,

thinking, 'What can I do? My hands are tied.'

Finally, some participants' feelings of powerlessness extended to concerns about their

own safety and security, particularly around immigration issues. Carlos, for example, shared that

the collective trauma of fear around arrest and deportation also deeply and personally impacted

him and his family. He confessed that he and his wife regularly fear for the safety of a close

family member who is undocumented and drives without a license. Carlos shared that he lives

with this fear daily:

We pray every day. My wife and I, we always do this, but every time we go by and the

police stop somebody, our hearts just sink. Because we wish it's nothing, nobody that

needs to be arrested because of not having a driver's license.

When recounting his pastoral care work with an undocumented immigrant who had been

detained, Ferlando expressed dismay that immigration enforcement efforts would target such a

community-oriented and hardworking person. Ferlando noted that this man's story of being

targeted brought up feelings of vulnerability about his own status and safety in the U.S., even as

a documented immigrant:

Today people are talking about how bad the immigrants are. And very little about how

good they are, how committed they are, how hard workers they are. So for me, as a

minister, well, for me, well I could have been that person. Who authorize in this world

people to detain somebody like him? So in some ways, it's a very shaky world. For us, in

some ways, fear, mistrust.

Later, Ferlando elaborated on this sense of vulnerability he felt following this pastoral care case:

> It's like, well, when we are on the streets, nobody knows who is legal and who is not
>
> legal. How they can differentiate that? It's what I think of. It's something that makes you
>
> think about the kind of world that we live in.

3. Consulting Trusted Advisers

Five out of seven participants indicated that consultation was a central means of coping with the stress of providing pastoral care to trauma survivors. The consultation practices that these participants employed varied greatly in purpose, content, and format. However, all five participants described seeking consultation solely from close and trusted advisers with whom they already had personal relationships and familiarity, including spouses, family members, clergy friends, and spiritual advisors. Their reliance on trusted personal relationships in consultation, rather than institutional or impersonal sources of advice, information, and support, is indicative of the Latino cultural values of *personalismo* (preference for personal interactions), *familismo* (centrality of the family), and *confianza* (trust and intimacy in a relationship) (Arredondo et al., 2014)

A number of participants described utilizing consultation on an ad-hoc basis in response to specific pastoral care scenarios. For example, particularly when attending to deportation-related trauma in his congregation, Carlos described consultations as brainstorming sessions - opportunities to identify next steps in supporting the affected families and individuals. He described his process like this:

> I immediately call somebody. Most of the time I call my wife. And we have a very good
>
> relationship and I call her and I say, 'This-and-this happened.' And then we'll talk about

it. And start looking for ways, how can we help, what can we do, and start moving

towards solving the situation.

Similarly, Jacob recalled relying heavily on the advice and support of both his father, who is also

a pastor, as well as pastor friends when providing pastoral care to an immigrant congregant whose

teenage son was convicted of murdering another teenager. **'**I'd call my dad or other fellow pastors.

'Hey, what do I do?' Jacob explained.

In addition to ad-hoc consultation, participants described meeting regularly with spiritual

directors and groups of fellow clergy as a means of ongoing spiritual and emotional support, as

well as information and advice. Berto, for example, stated that he drew great comfort and support

from both his spiritual director and a group of fellow clergy. An immigrant himself, Berto

emphasized how essential this clergy group was to him when he first arrived to the U.S.,

particularly in familiarizing him with resources in his community and educating him on cultural

differences among the diverse groups of Latino immigrants he served in his parish. Notably,

participants described their clergy consultation groups as grassroots organized, and not formally

affiliated with or organized by church or denominational institutions.

While participants cited consultation practices as essential and practical means of

improving their pastoral care, they also described experiencing emotional relief as a result of

consultation. Carlos was emphatic as he described the psychological benefit of consultations

when engaged with immigration-related pastoral care cases:

I *need* somebody to tell me, 'You did everything you could to help' because if not, I'm

going to start thinking, there's something I didn't do right and it didn't come out right, or

something that I'm missing, or something that I'm not doing right. Or, maybe I'm not

capable or this and this and that. And it'll probably drive me crazy.

Nora explained that consulting with her husband assisted her in managing her feelings of powerlessness and frustration when working with women caught up in cycles of abuse. She stated:

> And thank God, He put my husband to my side, because he's the one reminding me, he reminds me all the time, 'Remember, it's not your job to fix their life! You help them, you guide them, but they need to fix it by themselves.' So, yes, yes.

Similarly, Jacob recalled the sense of freedom and renewed efficacy he felt following his consultations with trusted pastor friends, during a time when he was struggling with doubts and regrets about a pastoral care case.

> It was just liberating. Like I said, that was within the first year of ministry. And you always felt like, well could I have done more? Because that's always a question that comes up after something. Or how could I have avoided it? But then there were, you know with their experiences, even though it might not be as severe, but with their experiences they were saying, 'Well you can't control people, you can't overwill what they want, and in life there's always consequences.' So it was just … from this point forward, what do we do?

4. Setting Boundaries Around Communication

The four full-time clergy interviewed for this study described setting boundaries around communication as an essential part of their approach to pastoral care both with trauma survivors and in general. These participants described being widely available to congregants and community members, which is congruent with the Latino cultural values of collectivisim (valuing group interest and sense of connectedness) and *personalismo* (importance of interpersonal relationships) (Arredondo et al., 2006). At the same time, participants described

struggling with such constant availability. As a result, participants employed unique practices around phone use in order to limit or eliminate work-related phone communication at different times. These phone practices fit with participants' varying levels of comfort around communication and their varying desires for respite.

Jacob, for example, described how a lifetime of watching his pastor father give so much of his time and energy to congregants impacted his feelings and views about how available he wants to be to his own congregation:

I think my dad has no privacy. So he's just giving of himself, it's almost like a towel [*making motion of wringing out towel*]. So my dad looks bad at me because I'm not so available. But I was like, when I get home, I want this to be my sanctuary. I want this to be my rest zone. I don't want to be... If I carried all these burdens, man, I'd go crazy. It is so tough.

Jacob also described how a training he attended early on in his work as a minister helped empower him to begin to set boundaries with his congregation around his time and availability:

So there was an awesome training that I had coming in. So when I came and I accepted a call, I still had the mentality that I was going to be like my dad. So I almost came in like, 'Ok I surrender but I'm sacrificing me and my family [*laughing*] to ministry.' But we went to this conference that was almost similar to something like this that the association gave, and the pastor was talking about taking sabbaticals, saying no, and talking about his kids. He tells their youth department, don't view them as preacher's kids, view them as any other kids, talking about the wife and his kids missing church to go to a baseball game, and I was like, 'What?!' Where I grew up, heck no that would never happen. But one thing that stuck with me, which I lived, he said, 'Your kids aren't going to remember

your sermons, they're going to remember the time that you spent with them.' So that

resonated a lot. So when I get home, I try to just focus on my kids and not make it what I

lived, and just have fun.

For Jacob, both his experience as the child of a pastor, and the opportunity to envision an

alternative way of being in ministry with a family, were key to his ability to set boundaries

around communication. As a result of these dual influences, Jacob developed a unique phone

practice in an effort to protect his evenings at home with his family. He explained that,

unbeknownst to his congregation, every day from around 9-10pm to 7am, he places a setting on

his phone that requires a caller to attempt to contact him three times before his phone will ring.

He explained that he assumes that in the case of an emergency, someone will call enough times

to trigger his phone to ring. Otherwise, the caller can leave a message and he returns the call the

next day. As a result of this phone practice, Jacob stated, "I know that from that time to that time,

I'm at peace."

Carlos, in contrast, reported that he is typically available to his congregants by cell phone

around the clock. Rather than setting limits on his phone availability on a daily or weekly basis,

Carlos described using annual and semi-annual cruise vacations in order to have some respite

from church-related communication. He stated that he and his wife, who is also a pastor,

discovered that taking cruises enabled them to truly disconnect from work because they turn their

phones off when on the cruise ship. Here Carlos shares his rationale for cruise vacations:

Well we've been to Florida. While we're in Florida, phone ring. We've been in Puerto

Rico. While we're in Puerto Rico, phone, text, emails comes in. And I notice as long as

your phone is on, you can't help it. You're going to look at it. You can't help it, you will

look at your emails. You can't help it, phone ring, you wanna answer. And then, if it's

something near an emergency or something, you try to call somebody else to help, and

then you start making some phone calls. And, you know, there's always going to be

something. So we learned that cruises are good. So from then on, we started to almost a

cruise every year, sometimes even two. They were cheap, and we are able to get away,

and we have vacation time.

Rather than adopting a uniform policy or practice around communication, Ferlando

described determining appropriate levels of contact with congregants on a case-by-case basis,

depending on the particular pastoral care circumstances. He explained his internal process of

deliberation around communication with congregants receiving pastoral care:

Sometimes they want to talk to you day and night, you know? Yeah, because it's like,

he's the only one that at this moment is listening to me…. at 11pm. And that has been the

case. So it depends on the case, it depends. Sometimes you have to do that, sometimes

it's like, at this moment there is nothing else to talk about. It's just wait.

Here, Ferlando's struggle extended beyond the issue of boundaries around communication to the

Latino cultural value of immediacy, or orientation towards the present time rather than the past

or the future (Arredondo et al., 2014). By assessing that it was time to "just wait," Ferlando

actively engaged (and countered) the Latino cultural focus on the here-and-now.

5. Witnessing Congregants' Spiritual Growth

Multiple participants described how witnessing the spiritual growth of their pastoral care

recipients was a source of meaning and emotional uplift for them. Both the longevity of

participants' relationships with these congregants, as well as their shared participation in the

larger life of the church community, provided opportunities for clergy to witness such spiritual

growth among their pastoral care recipients.

Karmen's experience illustrates that the emotional uplift of witnessing the spiritual growth of a pastoral care recipient can coexist with sadness and emotional difficulty over reminders of this recipient's painful past experiences. Karmen recalled that she often experienced emotional distress when thinking about a domestic violence survivor to whom she had offered pastoral care. Yet at the same time, she described how witnessing this woman's increased participation in the life of the church was both gratifying and uplifting. She stated:

> I think her life story has been one of the ones that I held in my heart all the time. And it's not easy to erase that from what happened, you know? Especially if I continue seeing her at the church. And I think the most amazing thing to me is to see that she is growing. That she is growing in Christ.

Karmen's narrative also illustrated how common participation in church life provided her with opportunities to see evidence of this woman's emotional and spiritual growth:

> I can see where she is smiling now. In the beginning, every time that she would come on Sundays, she sits in the very back, she used to just cry every time the whole time, and now she's helping us make coffee and sometimes, shake other ladies hands too. So I am very happy. I can see a little bit of difference. And I think that she is to the point where she is trying to see God more and that's the most precious thing you can do, you know?

Jacob recalled how the opportunity to witness one pastoral care recipient's spiritual growth deepened his own faith in God. He described how an undocumented congregant whose son was facing murder charges and deportation became a source of spiritual and emotional support to the mother of her son's codefendant, who was facing lesser charges. He recalled his surprise when this congregant began making prayer requests not for herself, but for the other mother:

That just came. I mean, that's what you always want, but you're always thinking the worse. So I was like so, 'Man, how is she going to live?' And then she comes and does that. So it's like, almost all this time, investing and not really me, but just the Holy Spirit working in her life, through the tough situation, she was able to do that.

For Jacob, witnessing this congregant's selflessness and faith in the face of enormous difficulties buttressed his own trust in God's power to heal and transform suffering:

It's just another confirmation that God's real, you know? Because common sense or just normal thoughts wouldn't get that result at all. You know, 'My 14 or 15-year old son's in jail charged with murder, and then he's going to get deported when he gets out.' How do you find the bright light in that? I don't think psychology could give you that.

6. Praying for God's Assistance

For a number of participants, prayer was a primary means of managing distress from their trauma-related pastoral care work. Participants typically described utilizing prayers of petition – direct and personal requests to God for God's assistance - with particular pastoral care situations. Sometimes participants utilized prayer when they experienced limitations in their own abilities to effect change in particular situations. Ferlando explained, "Sometimes the problem is growing and you get frustrated, and that's when you go back and you say, 'God, help me with this." Other times, participants recalled turning to prayer when they themselves were experiencing emotional distress over the pastoral care scenario. Karmen recounted her own experience like this:

You're hurting for the person so badly that sometimes not even words can describe. And you just pray with all your heart and your mind, 'Help me!' or 'Help me counsel the person.'

Participants reported experiencing several positive dispositions as a result of such prayer practices, including acceptance, trust, and humility. Their stories also demonstrate how prayer reinforced for them the Latino cultural value of *fatalismo,* or acceptance of one's lack of control over events in life**.** For example, Nora described how prayer facilitated her ability to accept her own limited control over the lives of those under her care, and at the same time cultivated a greater sense of trust in God. She recalled her use of prayer during a period of intensive pastoral care and advocacy work in her community related to a local deportation crisis:

> I realized that yes, we have to, we help and we try to be with them to support them, but we are not God. And I try to remind myself also when I'm in this situation. 'Oh God, take control of this, because I can't, I can't, I can't control this.'

Karmen was even more explicit in her description of how prayer assisted her in cultivating trust in God. She explained, "I think… prayer to me is in a way where I have to remember that if I talk to God and I ask him for His help, I have to *rest* that He's going to work." At the same time, she recalled that such cultivation of trust in the face of her more difficult pastoral care work did not always come easy, and required ongoing intention and practice:

> When I pray for anyone, and I remember that case, in the beginning when it was so heavy what she was telling me. I felt that God was not listening to me in the beginning, that maybe I needed to pray in a different way. Then reading the Bible verses and reminding myself that God knows everything, even before we even ask. So remembering that in my prayers, that He knows what this lady needed, and somehow He brought her to us.

Notably, both Nora and Karmen identified petitionary prayers as essential to their own coping when working with survivors of domestic violence. Both pastors recalled struggling with

fears that their pastoral care recipients might either remain in or return to abusive circumstances. Nora described how she coped with this worry about a congregant through prayer:

> And I try to pray for her and to say, 'God you are in control here, please, open new paths for her to be healed, and to find a good purpose in her life.' So that is something that when I think about her, worries me, and then I say, 'No. No. No.' And I pray, I pray, I pray. And that, that's the thing that keep me going. Praying and the spiritual help, and the Law of God.

Similarly, Karmen recalled turning to God in prayer when she feared for a pastoral care recipient's safety and healing:

> I think that grieving for her, you know crying for her, and praying for her that they leave, knowing that I don't have the control. I as a human cannot help her to do anything. Cannot help her to remove the fear in her heart. But I cannot help her, cannot erase the images in her mind. I think that frustration when I come to God and I pray and I say, 'You're the only one that create humans and you know everyone's heart, you know what's going on in everyone's mind, and I'm just praying that you will help her.'

7. Advocating and Enlisting Resources

As described above, multiple participants identified advocating and enlisting resources for immigrant congregants and communities as essential to their pastoral care work. While their advocacy work often resulted in increased exposure to the impact of mass deportation on their congregations and Latina/o communities, it also functioned as an important means of coping with the powerlessness participants sometimes felt in their trauma-related caregiving work. Participants described utilizing their language skills, their knowledge of legal and social services systems, their individual and community resources, their powers as citizens and documented

immigrants, and their empowering life narratives to assist them in these efforts. And they described increased feelings of efficacy as they sought out and offered appropriate resources and support to pastoral care recipients facing significant legal, psychological, and emotional challenges. In short, by advocating and enlisting resources for congregants and community members, participants experienced themselves as impactful and empowered in the face of individual and communal suffering. The following reflection by Carlos captures this phenomenon:

> At first you feel up against a wall, because then you're facing the situation where there's no way out. But then you start thinking and getting resources, and helping the person find the right resources, helping the person find the right help or lawyer that you need, legal work. When you see the face of desperation of a person and an inconsolable person and then all of a sudden you see that things are going well and the person has more confidence and has started coming around, it's more rewarding. Then you don't feel so much about being up against a wall. You feel, 'We're doing something, we're making progress.'

Carlos reported that he regularly enlists congregational resources for pastoral care recipients by immediately communicating their needs and concerns to his entire congregation using group text messaging. He described the process like this:

> I'll send a mass text to everybody in the congregation for prayer, for comfort, and they know that person is included in the text so they know, 'Hey I'm sending this to everybody.' And immediately you see the texts coming back. People offering help, support, praying. And the person started getting phone calls, getting the support, and you know, somehow, some way I need to understand that I'm doing everything that is

possible to help the person. And it's a way for my conscience to be at ease that we're doing what we need to do.

When asked what it is like to watch the texts coming back from congregation members, Carlos stated, "Oh, it's great! It gives me a sense of confidence. Because I know that I'm not the only one." Carlos's practice of mass texting congregational needs is not only a practical strategy for securing support for the congregant in need, but a means of coping with his own feelings of powerlessness and experiencing the healing power of life in community. In witnessing the outpouring of support from his congregation, Carlos experiences himself as deeply interconnected to others, a key Latino cultural value (Comas-Diaz, 2006). The text responses he elicits from his congregation are tangible and immediate reminders of the many resources available within the congregation, and, perhaps more powerfully, a reminder that he need not carry the burden of caregiving alone.

Leon, the only undocumented immigrant interviewed for this study, described storytelling as a powerful form of empowerment, self-advocacy and advocacy for the larger undocumented Latina/o community. He candidly recalled the anxiety he experienced throughout his life as a result of his documentation status, particularly following his parents' deportation several years earlier. He reported that his anxiety resurfaced after the 2016 U.S. Presidential election, which spurned his hopes for imminent immigration reform. And yet, as described above, Leon's pastoral care duties involved regular engagement with immigration advocacy and documentation issues.

Leon described a paradoxical coping technique he utilizes to manage his documentation-related anxiety: the intentional and regular narration of his undocumented status to church and community members. According to Leon, such narration serves a dual purpose: it helps him to

establish personal and trusting connections with other immigrants who may need his advocacy and support, and it also enables him to claim his undocumented status as a part of an empowering personal narrative and identity. He explained the latter dimension of his storytelling practice like this:

> Something else I do is because there's this sense that being a DACA [Deferred Action for Childhood Arrivals] student that there's a shame or that you don't talk about it. It's something that is there but you shouldn't mention it. So its part of my identity, I'm a Deferred Action. I have a Deferred Action status. I'm undocumented. It's a part of my reality, so I make it public. And that is strange in a context. People know, but it's not really something that you talk about. Or you talk about it whenever you're having conversations about immigration. But you don't talk about it as part of who you are, you just don't! Or you talk about it with other undocumented people. Usually it revolves around hardships or it revolves around surviving mechanisms. Ways to survive. Anecdotes, stories, like that. But its not part of this public disclosure like, 'Oh, you know, I have DACA!" You know what I mean? And I do it! I do it because I feel like it should not be something to hide. It should be something that affects you, and if it's something that affects you for a long time then it should be something that you just disclose. Because I feel like it also gives me an advantage on how I see life and everything. So that's something new to my church.

For Leon, regularly sharing his undocumented status helps him to maintain a sense of connection to the larger undocumented Latino community of which he is a part, particularly when he feels isolated and marginalized within social settings where most if not all others are

documented. Leon's practice is congruent with a relational worldview and the cultural value of collectivism, both of which are central to Latino identity (Comas-Diaz, 2006). He stated:

> And so I feel like an outlier. And then I start to ask myself, am I normal? And so it grows. And so one way that I have coped with that is to say, that really, so I use this a lot, that I belong with the community, with my people, and it's a way that it helps me.

Leon's storytelling practice also helps him to feel connected to his own past. He stated, "By telling others, I'm able to remember as well, because often it's hard to keep up with everything." Rather than eliciting distress, recalling his past immigration-related history, including the trauma of his parents' deportation, enables Leon to feel a sense of narrative identity and coherence, as evidenced by the following reflection:

> I remember that I come from a community or a family that was torn apart and so I'm able to go back to that experience, to be rooted in that experience. And there's this sense of being able, I don't know if it's to feel unique, but to be rooted in that experience. Because there's often so many things out there in the media or things out there at school that pull you here and pull you there, and to just know that you're walking with integrity.

Finally, Leon shared how disclosing his documentation status provides him with the opportunity to transform its meaning to one of empowerment and strength, not only one of oppression. In the following narrative, Leon recognizes and articulates the spiritual and psychological gifts that he has gained through his struggles as an undocumented immigrant in the U.S. Notably, Leon uses the plural in this narrative – he speaks not just for himself, but for his community and to his community as he claims these gifts:

> And so I share that I have DACA with my youth, for example. And we have a couple of DACA students. And I can tell by their faces, when I say, 'It's good to have DACA, it's

good to be undocumented.' And everybody's, 'What?! No its not! We don't have rights!' [*laughing*]. But I think its good because we're able to see life differently. We're able to see life differently. We do not have a lot of resources that other people have, but we have to fight for it. And that will teach us a lot. It will teach us to persevere, it will teach us to move forward in life, and so in that regard it's helpful, it is helpful.

In short, by narrating his immigration story, Leon claims for himself and proclaims for the larger undocumented community the unique perspectives and experiences that their status offers:

And so to say that I have DACA means to be in between and that being in between doesn't mean that it's empty. Because often you think of in between as you think that you're not there or you're not here, so it's empty. But really being in between means that you have everything. That you have both of them. So just remembering that.

Expressive Interpretation

He said there's a Home Depot there

wait for me there.

So I take his wife and two girls

I'm there in my car waiting.

I'm looking around for the cops

and the border patrol.

Sure enough here comes the Suburban

an hour late.

He just gets off and gets in.

Alright lets go!

He was all dirty

cut up everywhere, his face, his arms

from spiny bushes, the mesquite trees.

Man you had an adventure.

Yeah no kidding.

Oh man they caught so many.

I just ran through the thorns

that's why they didn't get me.

They had the dogs

and the helicopter.

I just found some muddy spot

I got in there

waiting.

Hurting for the person so badly

not even words can describe.

You just pray

with all your heart and mind

Help me!

If anything happen,

you're the only one.

So take care of my children

I'll let you know what to do.

That's very difficult.

When I get home

I want this to be my sanctuary.

I want this to be my rest zone.

I don't want to be . . .

If I carried all these burdens

man, I'd go crazy.

It is so tough.

You wish you can do something

But there's nothing you can do.

He knew that she was the weak part of the relationship.

He was American.

He was citizen.

He has all the rights.

She was in the process, not even resident.

He speaks the language, she doesn't.

She doesn't have any money or work.

I told her I think you need to leave.

But what I'm going to do?

I'm in the process of this legalization

I need to wait.

They said that they are sending me the three years card.

You need to.

We will help you.

We will help you.

She said let me find out.

For me it's about listening.

Trying to go to those areas where they feel

insulted

mistreated

ignored

abused.

He is not the kind of person that people make him feel he was when he was detained.

When we are on the streets

nobody knows

who is legal

who is not legal.

How they can differentiate that?

It's what I think of.

Prayer is where I have to remember

if I talk to God

and I ask him for His help

I have to *rest*

that He's going to work.

He came back and he asked for forgiveness.

I'm so sorry I was drinking

and this and that.

No he's fine he's nice again.

I hear this before so many times.

Please please call me for anything.

Do not call anybody else.

Please let me know and we will help you.

You feel threatened you feel scared

call 911.

It was about two weeks later

she call me.

The police are here.

I called 911.

They just file the report.

If you leave me you will not have anything.

I will send you to immigration.

I will send you back to your country.

She doesn't speak the language.

The police filed the report.

Bring it to him!

To God!

All the time, when I am so burdened

I give him the control because

I cannot control that.

I cannot resolve that.

I didn't go home.

I went straight to the jail.

By the time we got there

all the money to bail him out

they said

no

immigration has a hold on him.

It was not

It was just

(Snap)

You see the congregation coming together

embrace that person

surround that person

with love, compassion, support.

How we can console this family?

Your father, who is no longer there

and when will he be back home?

I need somebody to tell me

you did everything you could to help.

If not I'm going to start thinking

there's something I didn't do right

something I'm missing

something I'm not doing right

or maybe I'm not capable

or this and this and that.

And it'll probably drive me crazy.

It was very difficult.

And the congregation

the community

friends

family

people provided.

It was very rewarding.

The first thing they do

when somebody from the church

or a friend

any family member

anybody that they know

when they get stopped by a police

the first thing they do

it's just call my number.

Pastor so-and-so is being detained and the police have them at this address.

And whatever I'm doing I drop.

To go to the rescue.

Sometimes

at this moment

there is nothing else

it's just wait.

I could have been that person.

Who authorize in this world people to detain somebody like him?

In some ways it's a very shaky world

for us.

Fear.

Mistrust.

That's why I remember that year.

We went to court every time

went to court

went to court

But we are not God

I try to remind myself.

Oh God take control of this

because I can't

I can't

I can't

control this.

It's not easy.

Sometimes when you're listening

and you're seeing her crying

and you see the scars on her skin

you bring that to your house.

And it breaks your heart.

Grieving for her crying for her praying for her

that they leave.

Knowing that I don't have the control.

I as a human cannot help her to do anything.

Cannot help her to remove the fear in her heart.

I remember that I come from

a community

a family

that was torn apart.

I go back to that experience

to be rooted.

She keeps talking.

It's getting worse.

Oh my Lord what else can I tell her?

How can I tell her that this doesn't come from God?

That it's not right?

I decided to let the Holy Spirit guide me

and pray for her.

and hug her.

I know that she did hug me for a long time.

I can see where she is smiling now.

In the beginning she sits in the very back

she used to cry every time the whole time.

Now she's helping us make coffee

sometimes shake other ladies hands too.

So I am very happy.

I can see a little bit of difference.

She is trying to see God more.

To say that I have DACA means to be in between

And that doesn't mean empty.

Between means you have everything.

Even if I become more than the status that I have now

I will still be undocumented.

I'll have this identity

where it's in between.

I want to help immediately.

But if I can't I struggle all day long.

I go home and I'm watching TV

but I'm not really watching TV.

I'm thinking

what else can I do?

I go to bed and I pray

I ask God to help me.

A lot of times God is good

He provides the solutions right away.

Sometimes He doesn't.

The frustrating part for me is to pray.

And let God work.

His story is part of my story.

We are here in this world.

We try to do our best.

We try to work.

We don't beg anybody for anything.

I went to the house.

She told me that she has been sleeping with a knife.

Car keys here

Hiding here.

I told her you need to leave.

We will find a place for you

we will report everything

we will help you with your paperwork.

He cannot know that you are leaving him.

There are many families

it's constant.

Every week you hear a story

someone who has gone to jail or been deported.

Immediately you see the texts coming back.

People offering help

support

praying.

Somehow someway I need to understand

I'm doing everything that is possible to help the person.

For my conscience to be at ease.

I know that I'm not the only one.

Actually it's not my work.

The Holy Spirit in me reminds me

it's not because of you

it's because of God.

I have no power

I have no wisdom

It's God who is doing things.

It's the Word of God who is changing people.

CHAPTER V

SUMMARY, IMPLICATIONS AND CONCLUSIONS

This phenomenological study explored how Latina/o clergy experience providing trauma-related pastoral care to Latina/o immigrant congregants in the United States. Specifically, the purpose of this study was to identify the vulnerabilities that Latina/o clergy face in the context of providing trauma-related pastoral care to Latina/o immigrants, as well as their sources of resilience and coping. The research questions guiding this study were: How do Latina/o Christian clergy experience providing trauma-related pastoral care to Latina/o immigrant congregants? What are the dimensions of this phenomenon? How do systems of power impact this relational experience?

Participants in this study described engaging with both the collective trauma of mass deportation being experienced by their local Latina/o communities as well as the individual traumas of congregants and community members. Participants also reported experiencing feelings of powerlessness as a result of this secondary trauma exposure. They identified five primary means of managing the stress of secondary trauma exposure: praying for God's assistance, consulting with trusted advisers, setting boundaries around communication, witnessing the spiritual growth of congregants, and advocating and enlisting resources. Significantly, Latino cultural values factored into all of the study's findings - sometimes rendering participants more vulnerable to secondary trauma exposure, and often informing and bolstering participants' sources of coping and resilience. The study's findings yielded the following phenomenological description: The experience of offering trauma-related pastoral care

to Latina/o immigrant congregants is both stressful and rewarding; it entails being impacted by individual and collective trauma, and being impactful in one's caregiving, advocacy, and self-care.

Connections to Extant Literature and Implications

Some of the findings identified through this study are congruent with previous research, and others point to gaps in the current literature. All of the findings have implications for clinical practice and for further research with clergy and other helping professionals, particularly those working with trauma survivors, marginalized communities, and Latinas/os.

Impact of secondary trauma exposure

The current study adds to the limited body of literature on clergy and secondary trauma. Unlike previous studies on clergy and secondary trauma, this study did not assess levels of secondary trauma or burnout among clergy through quantitative assessment measures. Rather, this study explored Latino/a congregational clergy experiences of pastoral caregiving with trauma survivors through in-depth semi-structured interviews. A primary theme that emerged from these interviews was that Latina/o clergy working with Latina/o immigrants engage with both the individual traumas of congregants and community members and the collective trauma of mass deportation being experienced by their congregations and Latina/o immigrant communities. This finding confirmed the finding by Hendron and colleagues (2014) that the daily work of pastoral ministry can lead to significant trauma exposure for clergy. This finding added to the literature on clergy and secondary trauma by identifying collective trauma exposure as a risk of pastoral ministry, not just exposure to individual trauma.

Participants reported that the phenomenon of mass deportation in the U.S. traumatized both the individuals and the communities that they serve. Their accounts of the fear, distrust,

family separation, and loss experienced by their congregations and local Latino communities as a result of mass deportation policies are congruent with current conceptualizations of collective trauma, which Saul (2014) summarized as characterized by fear, distrust, relational ruptures, and traumatic losses to life, property, livelihood, and dreams for the future. In addition, participants described how mass deportation policies informed and exacerbated the individual traumas of pastoral care recipients, confirming Saul's (2014) insight that individual and collective trauma are often interrelated and experienced concurrently. In sum, through their pastoral care work, clergy were exposed not only to the individual traumas of congregants and community members under their care, but to the ongoing destruction of their local Latino/a communities as a result of mass deportation policies.

The finding from this study that clergy engage with multiple levels of trauma, including both individual and collective trauma, indicates that further research is needed on the impact of exposure to collective trauma on helping professionals in general and clergy in particular. This finding also suggests the need for church and denominational leaders to educate clergy on secondary trauma and its impact.

The vast majority of literature on secondary trauma attends to the impact on helping professionals of secondary exposure to the individual traumas of others. Only a small percentage addresses the potential impact that engaging with collective trauma may have on helping professionals. One body of research focuses on the psychological impacts of providing mental health services and emergency care in disaster-stricken communities (Dutton & Rubenstein, 1995; Quitangon & Evces, 2015; Wee & Meyers, 2002). This literature characterizes disasters as sudden, unpredictable, and causing substantial loss and damage to many people simultaneously (Qauitangon, 2015). Participants described mass deportation and fear around deportation in the

U.S. Latino community in similar terms, with some notable differences. Whereas the disaster trauma literature characterizes disasters as matters of public knowledge that typically elicit government responses at the local, regional, or federal level, the current study revealed that communities may experience "hidden" disasters – they can be collectively traumatized in a ways that are not obvious to outsiders. Such traumas may be perpetuated by unjust systems of violence and oppression, not just large-scale and publicly recognized incidents of violence or natural disaster. Further, whereas the disaster trauma literature typically characterizes disasters as sudden and distinct events, participants in this study chronicled mass deportation as an experience of chronic and ongoing fear and loss. These findings indicate that additional research is needed on the nature of collective traumas that may not be categorized easily as disasters, as well as their impacts on communities and helping professionals.

In addition, several studies focus on the concept of shared trauma, which describes the experiences of helping professionals who experience the same traumatic event as their individual clients (Altman & Davies 2002; Saakvitne 2002; Tosone & Bialkin, 2003; Tosone, Nuttman-Schwartz, & Stephens, 2012; Tosone et al. 2003; Tosone 2006). These studies describe how helping professionals can experience both primary and secondary trauma when they and their clients live or work in the same disaster-stricken location. The current study, however, indicates that helping professionals may experience shared trauma through a shared identity group with their care recipients, not just shared location or community. Although only one participant in the study was an undocumented immigrant, several additional participants expressed feelings of anxiety over deportation policies in the U.S. For example, Ferlando, a documented immigrant, recalled that he experienced feelings of trepidation about his own safety and security due to his Latino identity after he provided pastoral care to a congregant who had been detained. And

Carlos, a U.S. citizen, described constantly worrying about the safety of an undocumented family member due to deportation policies.

To date, no research on secondary trauma addresses the impact on helping professionals of working *at a communal level* with traumatized communities. The clergy interviewed for this study were both embedded in particular congregations and communities, and embraced a communal vocational identity. They described being uniquely "called" to attend to the spiritual and emotional needs of their congregations as a whole and the communities in which their congregations reside, as well as the needs of individuals in their congregations and communities. These findings suggest that clergy's vocational identities may render them more likely to experience the same trauma as their congregants in the wake of communal traumas and disasters, and more likely to engage with traumatized communities. Therefore, clergy may be more vulnerable to secondary collective trauma exposure than other helping professionals.

Further, participants repeatedly endorsed the Latino cultural value of collectivism when recalling their pastoral care work, and consistently described their own identities as deeply interconnected with the identities of their congregations and communities. Participants' collectivist worldviews may have undergirded their often-tireless, sometimes around-the-clock commitment to serving the needs of individuals and communities in crisis, thereby increasing their vulnerability to being dually exposed to both individual and collective trauma. In short, participants' relational orientations immersed them in the mass deportation crisis being experienced by their congregants and communities. Throughout the study, participants described wrestling with how to protect themselves from this constant engagement with trauma, while at the same time continuing to provide advocacy and care to congregations and communities.

Participants' struggles around their vulnerability to secondary trauma exposure due to both their communal worldviews and the communal nature of their work reveals a significant gap in the current literature on secondary trauma. This literature does not address in any meaningful way the role of cultural values in the prevention and treatment of secondary trauma, and, like mainstream psychology, is overwhelmingly individualistic in orientation. The findings in this study indicate that cultural values must be central to any efforts aimed at preventing and treating secondary trauma - a one-size-fits-all approach will not be effective. In particular, researchers must examine how helping professionals' individualistic and collectivist ideals of the self might impact their experiences of secondary trauma. One exception to this gap in the secondary trauma literature is a study by Lusk and Terrazas (2015), which examined the experiences of caregivers and mental health providers who work with traumatized refugees from Central America. This study identified culture as a protective element for Latina/o helping professionals, particularly extended family networks, ethnic identity, holidays, language, customs, and church as sources of strength and comfort. However, this study did not address specifically cultural conceptions of selfhood, and did not identify the vulnerabilities helping professionals might experience as a result of cultural values.

Another primary finding from this study was that participants experienced feelings of powerlessness in response to working with trauma. This finding is congruent with research indicating that feelings of powerlessness are common emotional reactions among both trauma survivors and trauma workers (Iliffe, 2010; McCann & Pearlman, 1990; Satkunanayagam et al., 2010) and may also be predictors of compassion fatigue (Killian, 2008). Importantly, several participants' feelings of powerlessness were rooted in feeling that they were not adequately equipped for attending to the complex emotional needs of trauma survivors under their care. This

finding confirms that church and denominational leaders need to take seriously the overwhelming evidence that clergy are front-line mental health providers, and ensure that they offer appropriate training and preparation to clergy around pastoral care with trauma survivors. Research on vicarious trauma among mental health providers indicates that when clinicians utilize well-validated treatment protocols and receive appropriate supervision, they are less likely to develop vicarious trauma and compassion fatigue (Craig & Sprang, 2010). This suggests that appropriate training on effective pastoral care with trauma survivors may reduce the risk of secondary trauma among clergy.

Coping with secondary trauma exposure

The secondary trauma literature posits a dose-response relationship between working with trauma-exposed individuals and the development of vicarious trauma (Kaplan, 2015). In order to minimize their exposure to trauma material, researchers in the field recommend that trauma workers maintain clinical caseloads that are balanced between trauma survivors and other clinical populations, limit their availability to clients between sessions, and nurture non-professional roles in their lives through vacations, hobbies, and pleasant activities outside of the workplace (Kaplan, 2015; Natural, 2015; Nelson & St. Cyr, 2015). Researchers in disaster mental health recommend that supervisors monitor the length of time trauma workers stay in the field (Naturale, 2015). Scholars studying the phenomenon of shared trauma recommend that helping professionals who experience shared trauma attend to their own self-care before resuming clinical work (Tosone, Nutman-Shwartz, Stephens, 2012).

Findings from the current study call into question the applicability of such recommendations for clergy. Clergy typically cannot choose their congregants, and the clergy participants in this study viewed pastoral care as an essential dimension of their larger vocation

in ministry. In addition, participants reported a limited ability to moderate their exposure to traumatized pastoral care recipients due to the structure of communal and congregational life. Their care recipients were often involved in the larger life of the church, and regularly attended worship, small group, and social gatherings. Further, participants could not easily leave "the field," as recommended in the disaster trauma literature, because the congregations they served were located in "the field."

However, the four full-time clergy interviewed for this study did report attempting to moderate their exposure to trauma by setting boundaries around communication with congregants – through vacation time away and through limiting phone/text contact during particular hours of the day. These practices varied from one participant to the next, and were often dictated by particular contexts and circumstances, reflecting the Latino value of contextualism (Comas-Diaz, 2006). This finding invites further inquire into how clergy and those working from within communal settings set boundaries around their availability to care recipients in ways that align with their values and vocational identities. This finding also invites further research on the role of communications technology in secondary trauma exposure, particularly for professionals who operate outside of traditional institutional settings, where boundaries with care recipients are less strictly defined.

For several participants, petitionary prayer was a central means of coping with the powerlessness they felt in working with trauma survivors. This practice is in line with current research on resiliency, coping, and secondary trauma, which identifies spirituality as a key protective factor against secondary trauma (Bell, 2003; Clemans, 2004; Harrison & Westwood, 2009; Hunter & Schofield, 2006; Pearlman & Saakvitne, 1995; Pistorius et al., 2008; Shamai & Ron, 2009). However, this literature characterizes spirituality primarily as sets of attitudes and

beliefs, and focuses less on particular spiritual practices. The current study indicates that further research is needed on specific spiritual practices that individuals may engage in to cope with the stress of secondary exposure to trauma. Through their immersion in religious community life, religious professionals engage in a diverse range of religious and spiritual practices. Further research on their coping skills and strategies may illuminate additional spiritual practices that are protective in nature and could be taught to helping professionals in other disciplines and contexts.

The Latino cultural value of *fatalismo* (fatalism), or relinquishing false notions of control, figured prominently in participants' accounts of their prayer practices. Participants repeatedly acknowledged their lack of power or control over pastoral care circumstances, and surrendered control over these circumstances to God through their petitionary prayers. Interestingly, rather than resulting in pessimism or hopelessness, participants' explicit acknowledgement of their limited control through their prayers instead issued in feelings of acceptance, trust, and humility, and a greater sense of connection to God. Whereas *fatalismo* is often cast in a negative light as encouraging powerlessness, apathy, and pessimism (Miville et al., 2017), this finding illuminates the complexity of this cultural value, and its role as a source of psychological resilience.

Participants also described coping with the impact of secondary trauma exposure through regularly consulting with advisers with whom they already had personal relationships and familiarity. This finding may indicate that participants lacked access to formal structures of peer support and supervision within their own churches and denominations. Multiple studies on secondary trauma have identified supervision as an essential means of mitigating and preventing secondary trauma (Baum, 2012; Dickes, 1998; Pearlman & MacIan, 1995; Zimering, Monroe, & Gulliver, 2003). This finding may suggest the need for church and denominational leaders to

implement structures and systems of supervision and consultation that are readily available to congregational clergy.

However, participants' reliance on trusted personal relationships in consultation, rather than institutional or impersonal sources of support, is congruent with the Latino cultural values of *personalismo* (preference for personal interactions), *familismo* (centrality of the family), and *confianza* (trust and intimacy in a relationship) (Arredondo et al., 2014). Similarly, Lusk and Terrazas (2015) identified extended family networks as a protective factor for Latina/o helping professionals working with traumatized Mexican and Central American refugees. In contrast, a qualitative study of secondary trauma among Irish clergy found that clergy reliance on spousal support caused significance emotional distress for spouses, and may even cause tertiary trauma (Hendron, Irving, & Taylor, 2014). Taken together, these studies suggest the need for additional research on how cultural values inform the efficacy of various methods of coping with secondary trauma exposure.

The literature on coping, resilience, and secondary trauma focuses primarily on personal strategies, such as self-care and use of social support (Bober & Regehr, 2006), and individual characteristics, such as spirituality and humor (Sexton, 1999), for preventing and mitigating the impact of secondary trauma. Carlos's strategy of enlisting and witnessing congregational supports for congregants through mass text messages represents a unique communal strategy for coping. Carlos recalled that watching the text responses from his congregation offering support and assistance to the person in need was deeply reassuring to him, and helped him to recognize *and feel* that he was a part of a collective care-giving endeavor. His practice has parallels with the positive psychology construct of savoring, which Bryant and Veroff (2007) describe as the capacity to regulate positive feelings by directing one's attention to positive experiences. Key to

Carlos's strategy is his taking the time to watch the supportive responses of his congregation, thereby experiencing himself as a part of a collective.

One of the thematic findings of this study was that witnessing the spiritual growth of pastoral care recipients was a source emotional uplift and increased trust in God for participants. This finding is congruent with literature in the field of secondary trauma that conceptualizes the possible positive effects of working with trauma survivors, including meaning-making, deepened spirituality, and positive emotion (Hernandez, Gangsei, and Engstrom 2007). Notably, the communal context of congregational life was key to this finding, as participants reported that both the longevity of their relationships with congregants as well as their shared participation in the larger life of the church community provided opportunities for them to witness the spiritual growth of their pastoral care recipients.

Leon's practice of narrating his undocumented status to church and community members has many parallels with *testimonio,* a verbal healing practice that emerged in Chile in response to political terrorism. In *testimonio,* therapists bear witness as trauma survivors chronicle their traumatic experiences and how these affected the individual, family, and community (Cienfuegos & Monelli, 1983). Lillian Comas-Diaz (2006) describes *testimonio* as one example of Latino ethnic psychology, which she defines as "the application of cultural traditions and practices into healing and liberation" (p. 440).

Leon described his disclosure as a shift away from the typical ways in which documentation status is treated within the undocumented community, which he noted is either avoided in conversation altogether or discussed only strategically. Leon explained that narrating his immigration story helped him to feel more deeply connected to his personal history and to the history of his family and community, and thereby deepened his sense of belonging. It also

enabled him to name the documentation-related trauma and oppression that he, his family, and his community experienced, as well as the strengths they gained through their struggles. Just as *testimonio* helped Chileans to overcome individual, collective, and multigenerational trauma (Cienfuegos & Monelli, 1983), Leon promoted his own and his community's healing through his storytelling practice. He claimed for himself and proclaimed for his congregation and community an empowering narrative of what it means to be an undocumented Latina/o immigrant in the U.S.

Taken together, the latter three coping methods identified in this study - enlisting and witnessing congregational resources, witnessing the spiritual growth of pastoral care recipients, and claiming and proclaiming an empowering life narrative - indicate that churches and other intentional communities of support, as well as collectivist cultures, may offer unique sources of protection and resiliency for helping professionals in their midst. Further research is needed on the experiences of helping professionals working within such communal contexts and cultures. These findings invite additional inquiry into the role of culture in diverse expressions of strengths, virtues, and optimal functioning, including culturally specific values (Capiello, Mann, Nevels, & Delgado-Romero; Sandage, Hill & Yang, 2003). These findings also invite exploration into how ethnic healing practices might be incorporated into psychological interventions for secondary trauma exposure, and they lend support to the American Psychological Association's (APA's) Guidelines on Multicultural Education Training, Research, Practice and Organizational Change (APA, 2003), which call for psychologists to recognize that culture specific treatment may require nonmainstream interventions.

Reflections on Methodology and Subjectivity

This study was informed by hermeneutic phenomenology, Critical Race Theory (CRT), and LatCrit Theory (LatCrit). One of the data sources I utilized throughout the study was a self-

reflexive researcher journal, in which I recorded ongoing interpretations of the data, as well as my own reflections and emotional responses throughout the interviewing and analysis process. In the hermeneutic research tradition, subjectivity is understood as essential to the interpretive process - it can be neither removed from research nor ignored. Instead, Moules and colleagues (2015) write, we must "take it up with a sense of responsibility in recognizing how it translates into the way we listen to participants, what we hear, what stands out to us, and how we interpret it" (p. 120).

Several key insights around methodology and interpretation emerged from my self-reflexive journal and are worthy of discussion. First, as described in chapter III, I came to this research topic with some previous knowledge and understanding of U.S. immigration politics, gained primarily through a course I took during my Master of Divinity program in which I traveled to the U.S-Mexico border and met with church and community groups working to ease the humanitarian crisis engendered by tightening border restrictions in the U.S. This experience introduced me to the larger sociopolitical context in which many Latina/o clergy and their congregations reside, and influenced my choice of operating from a critical perspective in this study. Both the critical frameworks of Critical Race Theory (CRT) (Solorzano & Yosso, 2002) and Latina/o Critical Race (LatCrit) Theory (Iglesias, 1997) acknowledge the centrality of racism and oppression in the lives of marginalized groups, and prioritize the voices of marginalized people. LatCrit Theory in particular draws attention to issues of race, immigration, and culture within the Latina/o community.

I believe that both my personal thinking and learning about immigration issues in the U.S., as well as my use of the critical frameworks of CRT and LatCrit, enabled me to recognize an important dimension of my data that I had not initially conceived. Such openness to new data

is central to the hermeneutic tradition, which calls on researchers to "develop a practice of being open to the world, so that new worlds can appear and the effects of appearing are not lost on us" (Moules et al., 2015, p. 65). Whereas I embarked on this study thinking about trauma and pastoral care from a largely individualistic paradigm, what I encountered through repeated interviews with participants were stories of collective trauma and stories of pastoral care practices that attended to both communities and individuals. I found that research participants resisted the individualistic bias of my interview questions, and made sure to share with me what they understood to be trauma-focused pastoral care, which often involved advocacy around deportation crises being faced by their congregations and local communities. Following their leads in the interview process revealed to me one of the central findings of this study - that Latina/o clergy serving Latina/o immigrant congregations regularly engage with both collective and individual trauma.

Another key insight that emerged from my research journal and informed my interpretation was my feeling of being utterly removed from the reality that my participants and their congregations and communities were experiencing. As a White, U.S citizen without any intimate ties to the undocumented Latina/o community, I certainly understood myself to be an outsider going into this study. But what my self-reflexive journal chronicles is a recognition that I would have been unaware of the level of disruption, fear, and chaos being experienced by the congregations and communities my participants served if not for my research. In other words, these congregations and communities were experiencing a reality marked by fear and trauma that had little connection to my own, in spite of the fact that I live or work near many of them. This recognition informed my analysis around the nature of collective traumas – that collective

traumas may be experienced by subsets of populations that share an identity, not just a geographic location.

My journal also chronicled times when I experienced emotional resonance with my interviewees. In particular, participants' accounts of feeling powerlessness in face of mass deportation crises in their communities and congregations brought up memories of my own prior work in the church. I, too, experienced feelings of powerlessness during a previous job directing programming for a church that was comprised primarily of individuals who lived in extreme poverty and with serious mental illness. Along with managing challenging illnesses and disabilities, the congregants I served were marginalized by a failed safety net, predatory housing practices, and a severely under-resourced community mental health system. Interestingly, during particularly difficult periods of this work I drew emotional and spiritual strength from communal prayer practices. Reflecting on these memories and emotions elicited by my research interviews helped me to begin thinking about how the findings from this study on Latina/o clergy might translate to other helping professionals who work with marginalized and oppressed communities. The journaling and reflection process also reinforced my desire to communicate the emotional impact the interviewing and research process had on me through a creative representation of the data.

<div align="center">**Future Directions**</div>

This study is one of only a handful of studies that address secondary trauma exposure among clergy, and the first to look at the experiences of Latina/o clergy serving Latina/o immigrant congregations in the U.S. This study confirmed in broad strokes much of the current research on clergy and secondary trauma – that clergy function as front-line mental health providers who experience significant secondary trauma exposure, and that such exposure can

stem from the day-to-day work of congregational ministry in addition to pastoral counseling or chaplaincy work. Church and denominational leaders need to take seriously these research findings, and provide training on secondary trauma to all clergy and future clergy, as well as ongoing systems of supervision and support.

This study also opened up a number of new areas of future research. Cultural values were found to be central to both the vulnerabilities study participants experienced in managing secondary trauma exposure, as well as their sources of coping and resilience. Examination of the role of culture in helping professionals' experiences of secondary trauma represents a significant gap in the current literature. Future research on secondary trauma must address the impact of cultural variables, particularly collectivist and individualist constructions of selfhood, cultural orientations towards time, and spiritual beliefs and practices. This study described a number of sources of coping and resilience that were functions of participants' collectivist worldviews and communal contexts. Future research should explore other community-based and collectivist sources of coping and resilience. Helping professionals operating within faith communities, other intentional communities of support, and collectivist cultural groups may have much to offer to researchers investigating resilience and secondary trauma, as most of this literature operates from an individualistic paradigm.

In addition, while a limited body of research on secondary trauma investigates the impact of collective trauma exposure on helping professionals, these studies focus on disasters or incidents of mass violence/terrorism, both of which typically elicit government responses and public support. The current study demonstrated that systems of oppression and violence also perpetuate collective traumas, in ways that are often chronic and hidden from the larger public's view. Further, this study broadened current conceptualizations of shared trauma by demonstrated

that helping professionals may experience shared trauma as a result of sharing an identity group with those they serve, not only as a result of living in the same disaster-stricken location. Future research should examine the ways in which communities can be traumatized by systemic and institutional violence in addition to publicly recognized incidents of mass violence and disaster. In particular, more research is needed on the mental health impact of mass deportation policies in the U.S on the Latino community and the helping professionals who work with this community. Future research should also explore the variety ways in which helping professionals may experience shared trauma.

In design and implementation, this study was grounded in the core values of counseling psychology (Delgado-Romero, Lau, & Shullman, 2012). By prioritizing the voices of Latina/o clergy and the experiences of undocumented Latinas/os in the U.S., this study reflected counseling psychology's commitment to multiculturalism and social justice. In addition, by seeking to understand both the vulnerabilities and the sources of coping and resilience participants utilized, this study reflected counseling psychology's emphasis on strengths and prevention. And by exploring the impact of systemic and institutional violence and oppression on the lives of individuals, it reflected counseling psychology's holistic and contextual understanding of the world.

I contend that because of these same values and commitments, counseling psychology is uniquely positioned to further the training and research agendas laid out by this study. The field of secondary trauma is still very much in its beginning stages. Yet there is a growing recognition among helping professionals across disciplines that they must do a better job of preparing their practitioners for the mental health consequences of working with traumatized individuals and communities. This study demonstrated that helping professionals serving marginalized

communities experience vulnerability to secondary trauma exposure in ways that have not previously been recognized in the field. Counseling psychology has a long history of culturally-competent research and practice, interprofessional collaboration, and specialization in training, supervision, and vocational development (Delgado-Romero et al., 2012; Munley, Duncan, McDonnell & Sauer, 2004). I believe that counseling psychology must draw on these areas of strength in order to develop and implement training programs and research agendas that will support helping professionals across disciplines sustain and improve their work of justice, compassion, and care with traumatized individuals and communities around the globe.

REFERENCES

Abendroth, M., & Flannery, J. (2006). Predicting the risk of compassion fatigue: A study of hospice nurses. *Journal of Hospice and Palliative Nursing*, *8*(6), 346–356. http://doi.org/10.1097/00129191-200611000-00007

Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The compassion fatigue scale: Its use with social workers following urban disaster. *Research on Social Work Practice, 18*(3), 238–250.

Alegría, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., & Vila, D. (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *The American Journal of Psychiatry, 165*(3), 359–369.

Altman, N. and Davies, J. M. (2002). Out of the blue: Reflections on a shared trauma. *Psychoanalytic Dialogues, 12*(3), 359–60.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58,* 377–402.

American Psychological Association, Presidential Task Force on Immigration (2013). *Working with Immigrant-Origin Clients: An Update for Mental Health Professionals*. Retrieved from http://www.apa.org/topics/immigration/immigration-report-professionals.pdf

Arnold, D., Calhoun, L.G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Growth, 45*(2), 239–263.

Arredondo, P., Gallardo-Cooper, M., Delgado-Romero, E., & Zapata, A. (2014). *Culturally Responsive Counseling with Latinas/os*. Alexandria, VA: American Counseling Association.

Arvay, M. J. (2001). Secondary traumatic stress among trauma counselors: what does the research say? *International Journal for the Advancement of Counseling, 23*(4), 283–293.

Aten, J. D., Boan, D. M., Hosey, J. M., Topping, S., Graham, A., & Im, H. (2013). Building capacity for responding to disaster emotional and spiritual needs: A clergy, academic, and mental health partnership model (CAMP). *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(6), 591–600. http://doi.org/10.1037/a0030041

Alvidrez, J. (1999). Ethnic variations in mental health attitudes and service use among low-income African American, Latina, and European American young women. *Community Mental Health Journal, 35*, 515–530. doi:10.1023/A:1018759201290

Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly, 19*(2), 181–188.

Balderas, C. (2016). *Therapists' experiences working with undocumented clients in the New Latino South: A multiple case study* (unpublished doctoral dissertation). The University of Georgia, Athens, GA.

Baum, N. (2012). Trap of conflicting needs: Helping professionals in the wake of a shared traumatic reality. *Clinical Social Work Journal, 40,* 37-45.

Beaton, R. D., Murphy, S., Johnson, L. C., & Nemuth, M. (2004). Secondary traumatic stress responses in fire fighters in the aftermath of 9/11/2001. *Traumatology, 10*(1), 7–16.

Beck, C. T. (2011). Secondary traumatic stress in nurses: A systematic review. *Archives of Psychiatric Nursing, 25*, 1–10. doi:10.1016/j.apnu .2010.05.005

Bell, H. (2003). Strengths and secondary trauma in family violence work. *Social Work, 48*, 513–522. doi:10.1093/sw/48.4.513

Bermudez, J. M., Kirkpatrick, D., Hecker, L., & Torres-Robles, C. (2010). Describing Latinos families and their help-seeking attitudes: Challenging the family therapy literature. *Contemporary Family Therapy, 32*(2) 155-172.

Billin, A. & Willig, C. (2012). Existentialist-informed hermeneutic phenomenology. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (117-130). Chichester, West Sussex, UK: Wiley-Blackwell.

Black, D. W. & Ramsey, J. (2012) Personality Disorders. In R.H. Albers, W. H. Meller, and S. D. Thurber (Eds.), *Ministry with persons with mental illness and their families* (pp. 83-105). Minneapolis: Fortress Press.

Bober, T., & Regehr, C. (2006). Strategies for reducing secondary or vicarious trauma: Do they work? *Brief Treatment and Crisis Intervention, 6*, 1-9.

Brown, J., Mulhern, G., & Joseph, S. (2002). Incident-related stressors, locus of control, coping and psychological distress among firefighters in Northern Ireland. *Journal of Traumatic Stress, 15*, 161–168. doi: 10.1023/A:1014816309959

Bryan, K., Campbell, L. F., Delgado-Romero, E. A. (2016). *A phenomenological pilot study of clergy experiences in providing trauma-related pastoral care to Latina/o immigrants*. Unpublished manuscript.

Bryant, F. B., & Veroff, J. (2007). *Savoring: A new model of positive experience.* Mahwah, NJ: Lawrence Erlbaum Associates.

Burnam, M. A., Hough, R. L., Escobar, J. I., & Karno, M. (1987). Six-month prevalence of specific psychiatric disorders among Mexican Americans and non- Hispanic Whites in Los Angeles. *Archives of General Psychiatry, 44*, 687-694.

Burton, J., & Burton, C. (2009). *Public people, private lives: Tackling stress in clergy families.* London: Continuum.

Comas-Diaz, L. (2006). Latino healing: The integration of ethnic psychology into psychotherapy. Psychotherapy: Theory, Research, Practice, Training, 43(4), 436-453. doi:10.1037/0033-3204.43.4.436

Caplan, S., Paris, M., Whittemore, R., Desai, M., Dixon, J., Alvidrez, J., . . . Scahill, L. (2011). Correlates of religious, supernatural and psychos- ocial causal beliefs about depression among Latino immigrants in primary care. *Mental Health, Religion & Culture, 14*(6), 589– 611. doi:10.1080/ 13674676.2010.497810

Cavazos-Rehg, P. A., Zayas, L. H., & Spitznagel, E. L. (2007). Legal status, emotional well-being, and subjective health status of Latino immigrants. *Journal of the National Medical Association, 99*(10), 1126-1131.

Chaudry, A., Capps, R., Pedroza, J.M., Castaneda, R.S., Santos, R., & Scott, M.M. (2010). *Facing our future: Children in the aftermath of immigration enforcement*. Washington, DC: Urban Institute.

Cienfuegos, A. J., & Monelli, C. (1983). The testimony of political repression as a therapeutic instrument. *American Journal of Orthopsychiatry, 53*, 43–51.

Clemans, S. E. (2004). Life changing: The experience of rape-crisis work. *Journal of Women and Social Work, 19*, 146–159. doi:10.1177/ 0886109903262758

Clohessy, S., & Ehlers, A. (1999). PTSD symptoms, response to intrusive memories and coping in ambulance service workers. *British Journal of Clinical Psychology, 38*, 251–265. doi:10.1348/014466599162836

Cohen, K., & Collens, P. (2012). The impact of trauma work: A meta-synthesis on vicarious trauma and vicarious trauma growth. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*(6), 570–580. http://doi.org/10.1037/a0030388

Crosby, J. W., & Bossley, N. (2012). The religiosity gap: Preferences for seeking help from religious advisors. *Mental Health, Religion & Culture,* 15, 141–159.

Crosby, J. W., & Varela, J. G. (2014). Preferences for religious help-seeking: Racial and gender differences , interfaith intolerance, and defensive theology, *17*(2), 196–209.

Cuevas, C. A., Sabina, C., & Bell, K. A. (2012). The Effect of Acculturation and Immigration on the Victimization and Psychological Distress Link in a National Sample of Latino Women. *Journal of Interpersonal Violence*, *27*(8), 1428–1456. http://doi.org/10.1177/0886260511425797

Dane, B. (2000). Child welfare workers: an innovative approach for interacting with secondary trauma. *Journal of Social Work Education, 36*, 27–38.

Delgado, M. (1988). Groups in Puerto Rican spiritism: Implications for clinicians. In C. Jacobs & D. D. Bowles (Eds.), *Ethnicity and race: Critical concepts in social work* (pp. 34–47). Silver Spring, MS: National Association of Social Workers.

Delgado-Romero, E. A., Lau, M. Y., & Shullman, S. L. (2012). The Society of Counseling Psychology: Historical values, themes, and patterns viewed from the American

Psychological Association presidential podium. In N. A. Fouad, J. A. Carter, L. M. Subich (Eds.), APA handbook of counseling psychology, Vol. 1: Theories, research, and methods (pp. 3-29). Washington, DC, US: American Psychological Association. doi:10.1037/13754-001

Dickes, S. J. (1998). Treating sexually abused children versus adults: An exploration of secondary traumatic stress and vicarious traumatization among therapists. Unpublished doctoral dissertation, California School of Professional Psychology, Fresno.

Dunkley, J., & Whelan, T. A. (2006). Vicarious traumatisation: Current status and future directions. *British Journal of Guidance & Counselling, 34*, 107–116. doi:10.1080/03069880500483166 Eidelson,

Dutton, M. A., & Rubinstein, F. L. (1995). Working with people with PTSD: research implications. In C. R. Figley (Ed.), *Compassion fatigue: coping with secondary stress disorder in those who treat the traumatized.* Bristol, PA: Brunner/Mazel.

Ellison, C., Vaaler, M., Flannelly, K., & Weaver, A. (2006). The clergy as a source of mental health assistance: What Americans believe. *Review of Religious Research*, *48*(2), 190–211.

Elsgray, F. (2014). You need to find a version of the world you can be in: Experiencing the continuum of men's intrusive practices. *Qualitative Inquiry*, *20*(4), 509-521.

Erikson, K. (1976). *Everything in its path: Destruction of community in the Buffalo Creek flood.* New York: Simon and Schuster.

Evces, M. R. (2015). What is vicarious trauma? In G. Quitangon and M. R. Evces (Eds.), *Vicarious trauma and disaster mental health: Understanding risks and promoting resilience* (pp. 9-23). New York, NY: Routledge.

Falicov, C. J. (1998). *Latino families in therapy: A guide to multicultural practice.* New York: Guilford Press.

Figley, Charles R. (1995). Compassion fatigue as secondary traumatic stress: An overview. In Charles R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1-20). New York, NY: Routledge.

Figley, Charles R. (2002). *Treating compassion fatigue.* New York: Brunner-Routledge.

Flannelly, K. J., Roberts, S. B., & Weaver, A. J. (2005). Correlates of compassion fatigue and burnout in chaplains and other clergy who responded to the September 11th attacks in New York City. *Journal of Pastoral Care & Counseling, 59*(3), 213–224.

Fortuna, L. R., Porche, M. V., & Alegria, M. (2008). Political violence, psychosocial trauma, and the context of mental health services use among immigrant Latinos in the United States. *Ethnicity & Health*, *13*(5), 435–463. http://doi.org/10.1080/13557850701837286

Gall, T. L., Charbonneau, C., Clarke, N. H., Grant, K., Joseph, A., & Shouldice, L. (2005). Understanding the nature and role of spirituality in relation to coping and health: A conceptual framework. *Canadian Psychology/Psychologie Canadienne, 46*, 88–104. doi:10.1037/h0087008

Glesne, C. (1997). That rare feeling: Re-presenting research through poetic transcription. *Qualitative Inquiry, 3*, 202-221.

Gonzalez-Barrera, A., Lopez, M.H., Passel, J.S., & Taylor, P. (2012). The path not taken: Two-thirds of legal Mexican immigrants are not U.S. citizens. Washington, DC: Pew Hispanic Center. Retrieved from http://www.pewhispanic.org/files/2013/02/Naturalizations_Jan_2013_FINAL.pdf

Harper, D. & Thompson, A. R. (2012). Introduction. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (117-130). Chichester, West Sussex, UK: Wiley-Blackwell.

Harris, K. M., Edlund, M. J., & Larson, S. L. (2006). Religious involvement and the use of mental health care. *Health Services Research, 41*, 395– 410. doi:10.1111/j.1475-6773.2006.00500.x

Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy*, *46*(2), 203–19. http://doi.org/10.1037/a0016081

Helms, J. E. (1989). Considering some methodological issues in racial identity counseling research. *The Counseling Psychologist*, 17, 227-252. doi:10.1177/ 0011000089172002

Hendron, J., Irving, P., & Taylor, B. (2012). The unseen cost: A discussion of the secondary traumatization experience of the clergy. *Pastoral Psychology, 62*(2), 221-231. 10.1007/s11089-011-0378-z

Hendron, J., Irving, P., & Taylor, B. (2014). Clergy stress through working with trauma: a gualitative study of secondary impact. *Journal of Pastoral Care and Counseling,* 68(4), 1-14.

Hernandez, P., Gangsei, D., and Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process, 46*, 229–241.

Hipolito-Delgado, C. P., & Mann, J. (2012). Illuminating the Shadows: Sociopolitical and counseling needs of undocumented Mexican immigrants. *Interamerican Journal of Psychology*, *46*(3), 395-402.

Holaday, M., & Lackey, T., Boucher, M., & Glidewell, R. (2001). Secondary Stress , Burnout, and the Clergy. *American Journal of Pastoral Counseling*, *4*(1), 37–41. http://doi.org/10.1300/J062v04n01

Holtz, T. H., Salama, P., Cardozo, B. L., & Gotway, C. A. (2002). Mental health status of human rights workers, Kosovo, June 2000. J*ournal of Traumatic Stress, 15*(5), 389–395.

Hunter, S. V., & Schofield, M. J. (2006). How counsellors cope with traumatized clients: Personal, professional and organizational strategies. *International Journal for the Advancement of Counselling, 28*, 121–138. doi:10.1007/s10447-005-9003-0

Iglesias, E. (1997). Forward: international law, human rights, and LatCrit theory. *University of Miami Inter-American Law Review, 28*, 177-213.

Iliffe, G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence, 15*, 393-413.

Iliffe, G., & Steed, L. G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence, 15*, 393-412. doi:10.1177/ 088626000015004004

Imai, H., Nakao, H., Tsuchiya, M., Kuroda, Y., & Katon, T. (2004). Burnout and work environments of public health workers involved in mental health care. *Occupational and Environmental Medicine, 61*, 764-768.

Jacobson, J. M., Rothschild, A., Mirza, F., & Shapiro, M. (2013). Risk for burnout and compassion fatigue and potential for compassion satisfaction among clergy: Implications for social work and religious organizations. *Special Issue: Spirituality in Social Service: Micro, Mezzo, and Macro Issues and Interventions-Part II*, *39*(March 2015), 455–468. http://doi.org/10.1080/01488376.2012.744627

Johnson-Bailey, J. (2004). Enjoining positionality and power in narrative work: Balancing contentious and modulating forces. In deMarrais, K. & Lapan, S. (Eds.). *Foundations for research: Methods of inquiry in education and the social sciences* (123-138). Mahwah, NJ: Lawrence Erlbaum Associates.

Jordan, M. & Patel, Sona. (2018, April 25). For thousands of 'dreamers,' it has been a wild ride. and it's not over yet. Retrieved from https://www.nytimes.com/2018/04/25/us/daca-dreamers-court-ruling.html

Kaltman, S., Hurtado de Mendoza, A., Gonzales, F. A., & Serrano, A. (2014). Preferences for trauma-related mental health services among Latina immigrants from Central America, South America, and Mexico. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6*(1), 83–91. http://doi.org/10.1037/a0031539

Kaplan, D. (2015). How can we rescue ourselves from vicarious trauma? In G. Quitangon and M. R. Evces (Eds.), *Vicarious trauma and disaster mental health: Understanding risks and promoting resilience* (pp. 135-153). New York, NY: Routledge.

Kjellenberg, E. , Nilsson, F., Daukantaité, D. & Cardeña, E. (2014). Transformative narratives: The impact of working with war and torture survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6*(2), 120-128.

Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology, 14,* 32-44. doi: 10.1177/1534765608319083

Landrine, H., & Klonoff, E. A. (1994). Cultural diversity in causal attributions for illness: The role of the supernatural. J*ournal of Behavioral Medicine, 17*, 181–193. doi:10.1007/BF01858104

Lee, W., Veach, P. M., MacFarlane, I. M., & LeRoy, B. S. (2014). Who is at risk for compassion fatigue? An investigation of genetic counselor demographics, anxiety, compassion satisfaction, and burnout. *Journal of Genetic Counseling, 24*(2), 358–370. http://doi.org/10.1007/s10897-014-9716-5

Leinweber, J., & Rowe, H. J. (2010). The costs of 'being with the woman': Secondary traumatic stress in midwifery. *Midwifery, 26*(1), 76–87.

Lewis, C. A., Turton, D. W., & Francis, L. J. (2007). Clergy work-related psychological health, stress, and burnout: An introduction to this special issue of Mental Health, Religion and Culture. *Mental Health, Religion & Culture*, *10*(1), 1–8. http://doi.org/10.1080/13674670601070541

Lewis, M. J., West, B., Bautista, L., Greenberg, A. M., & Done-Perez, I. (2005). Perceptions of service providers and community members on intimate partner violence within a Latino community. *Health Education & Behavior: The Official Publication of the Society for Public Health Education*, *32*(1), 69–83. http://doi.org/10.1177/1090198104269510

Li, M. (2015). Pre-migration trauma and post-migration stressors for Asian and Latino American immigrants: Transnational stress proliferation. *Social Indicators Research*. http://doi.org/10.1007/s11205-015-1090-7

Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. Journal of Traumatic Stress, 17, 11–21.

Liptak, A. & Shear, M. D. (2016, June 23) Supreme court tie blocks obama immigration plan. *The New York Times.* Retrieved from http://www.nytimes.com/2016/06/24/us/supreme-court-immigration-obama-dapa.html

Lusk, M. & Terrzas, S. (2015). Secondary trauma among caregivers who work with Mexican and Central American refugees. *Hispanic Journal of Behavioral Sciences, 37*(2), 257-273. DOI: 10.1177/0739986315578842

Maxwell, Joseph A. (2013). *Qualitative research design: An interactive approach.* (3rd ed.). Thousand Oaks, CA: Sage.

McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal ofTraumatic Stress, 3*, 131-149.

Mehus, C. J., & Becher, E. H. (2015, March 2). Secondary Traumatic Stress, Burnout, and Compassion Satisfaction in a Sample of Spoken-Language Interpreters. Traumatology. Advance online publication. http://dx.doi.org/10.1037/trm0000023

Merchant, N., & Dupuy, P. (1996). Multicultural counseling and qualitative research: Shared worldview and skills. *Journal of Counseling & Development, 74*, 537-541.

Miner, M. A. (2007). Changes in burnout over the first 12 months in ministry: Links with stress and orientation. *Mental Health, Religion & Culture, 10*(1), 9–16.

Mishori, R., Mujawar, I., & Ravi, N., (2014). Self-reported vicarious trauma in asylum evaluators: A preliminary survey. *Journal of Immigrant Minority Healt*h, 16, 1232-1237. DOI: 10.1007/s10903-013-9958-6

Mitchell, J. R., & Baker, M. C. (2000). Religious commitment and the construal of sources of help for emotional problems. *British Journal of Medical Psychology, 73*, 289 –301. doi:10.1348/ 000711200160471

Miville, M. L., Arredondo, P., Consoli, A., Santiago-Rivera, A., Delgado-Romero, E.A., Fuentes, M., Domenech Rodriguez, M., Field, L. & Cervantes, J. (in press).

*Liderazgo/*Leadership Through Cultural Lenses: The National Latina/o Psychological

   Association. *The Counseling Psychologist*. https://doi.org/10.1177/0011000016668413

Moreno, O. & Cardemil, E. (2013). Religiosity and mental health services: An exploratory study

   of help seeking among Latinos. *Journal of Latina/o Psychology, 1*(1), 53-67. DOI:

   10.1037/a0031376

Moules, N. J., McCaffrey, G., Field, J. C., & Laing, C. M. (2015) *Conducting hermeneutic*

   research: From philosophy to practice. New York, NY: Peter Lang Publishing, Inc.

Munley, P. H., Duncan, L. E., McDonnell, K. A., & Sauer, E. M. (2004). Counseling psychology

   in the United States of America. Counseling Psychology Quarterly, 17(3), 247-271.

   doi:10.1080/09515070412331317602.

Naturale, A. (2015). How do we understand disaster-related vicarious trauma, secondary

   traumatic stress, and compassion fatigue? In G. Quitangon and M. R. Evces (Eds.),

   Vicarious trauma and disaster mental health: Understanding risks and promoting

   resilience (pp. 73-87). New York, NY: Routledge.

Nelson, C. & St. Cyr, K. (2015). What is vicarious resilience? In G. Quitangon and M. R. Evces

   (Eds.), *Vicarious trauma and disaster mental health: Understanding risks and promoting*

   resilience (pp. 99-105). New York, NY: Routledge.

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary

   traumatic stress, and compassion Fatigue: A review of theoretical terms, risk factors, and

   preventive methods for clinicians and researchers. *Best Practice in Mental Health*, *6*(2),

   57-68. Retrieved from

   http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=tr

   ue&db=a9h&AN=60132515&scope=site

Ng, T. P., Nyunt, M., Chiam, P., & Kua, E. (2011). Religion, health beliefs and the use of mental health services by the elderly. *Aging & Mental Health, 15*, 143-149. doi:10.1080/13607863.2010 .508771

Ohlen, J. (2003). Evocation of meaning through poetic condensation of narratives in empirical phenomenological inquiry into human suffering. *Qualitative Health Research, 13*(4), 557-566.

Ojeda, L., Flores, L. Y., Meza, R. R., & Morales, A. (2011). Culturally competent qualitative research with Latino immigrants. *Hispanic Journal of Behavioral Sciences*, *33*(2), 184–203. http://doi.org/10.1177/0739986311402626

Olsson, T. (2009). Latino Immigration. *New Georgia Encyclopedia*. Retrieved from http://www.georgiaencyclopedia.org/articles/history-archaeology/latino-immigration.

Ortega, A. N., Rosenheck, R., Alegria, M., & Desai, R. A. (2000). Acculturation and lifetime risk of psychiatric and substance use disorders among Hispanics. *Journal of Nervous and Mental Disease, 188*, 728– 735.

Passel, J.S., Cohn, D., & Lopez, M.H. (2011). *Hispanics account for more than half of nation's growth in past decade*. Washington, D.C.: Pew Hispanic Center. Retrieved from http://www.pewhispanic.org/2011/03/24/hispanics-account-for-more-than-half-of-nations-growth-in-past-decade/.

Patton, M.Q. (2002). *Qualitative research and evaluation methods.* (3rd ed.). Thousand Oaks, CA: Sage.

Pearlman, L.A. & MacIan, P.S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 26*, 558-565.

Pearlman, L.A. & Saakvitne, K.W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177). New York: Brunner/Mazel.

Prendergast, M. (2007). Thinking narrative (on the Vancouver Island ferry): A hybrid poem. *Qualitative Inquiry, 13,* 743- 744.

Pérez Huber, L. (2009). Disrupting apartheid of knowledge: Testimonio as methodology in Latina/o critical race research in education. *International Journal Of Qualitative Studies In Education*, *22*(6), 639-654. doi:10.1080/09518390903333863

Perez Foster, R. (2001). When immigration is trauma: Guidelines for the individual and family clinician. *American Journal of Orthopsychiatry, 71*(2), 153-170.

Pew Research Center (May 7, 2014) *The Shifting Religious Identities of Latinos in the United States: Nearly One-In-Four Latinos Are Former Catholics.* Retrieved from http://www.pewforum.org/files/2014/05/Latinos-Religion-07-22-full-report.pdf

Pew Research Center (April 25, 2007) *Changing Faiths: Latinos and the Transformation of American Religion.* Retrieved from http://www.pewhispanic.org/2007/04/25/changing-faiths-latinos-and-the-transformation-of-american-religion/

Postolache, T., Londono, J., Pinsker, H., Luccerini, S., Augustin, L., & Muran, J. (1997). A study of religion and psychotherapy. *Psychiatric Services, 48,* 15-92.

Quitangon, G. (2015). What do we need to know about disasters? In G. Quitangon and M. R. Evces (Eds.), *Vicarious trauma and disaster mental health: Understanding risks and promoting resilience* (pp. 47-60). New York, NY: Routledge.

Quitangon, G., & Evces, M.R. (Eds.). (2015). *Vicarious trauma and disaster mental health: Understanding risks and promoting resilience*. New York, NY: Routledge.

Rastogi, M., & Massey-Hastings, N. (2012). Barriers to seeking mental health services in the Latina/o communty: A qualitative analysis. *Journal of Systemic Therapies*, *31*(4), 1-17. http://doi.org/10.1521/jsyt.2012.31.4.1

Roberts, S. B., Flannelly, K. J., Weaver, A. J., & Figley, C. R. (2003). Compassion fatigue among chaplains, clergy, and other respondents after September 11th. T*he Journal of Nervous and Mental Diseases, 191*, 756-758.

Rothschild, B., & Rand, M. (2006). *Help for the helper, self-care strategies for managing burnout and stress: The psychophysiology of compassion fatigue and vicarious trauma.* New York:W. W. Norton.

Ruiz, J. M., Gallardo, M. E., & Delgado-Romero, E. A. (2013). Latinas/os and immigration reform: A commentary to "Crossroads: The psychology of immigration in the new century"—The report of the APA Presidential Task Force on Immigration. *Journal Of Latina/O Psychology*, *1*(3), 149-154. doi:10.1037/lat0000002

Saakvitne, K. W. (2002). Shared trauma: The therapist's increased vulnerability. *Psychoanalytic Dialogues, 12*(3), 443-449.

Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: implications for the mental health of health workers? *Clinical Psychology Review, 23*(3), 449-480.

Sacchetti, M. (2018, June 11) Sessions: Victims of domestic abuse and gang violence generally won't qualify for asylum. *The Washington Post.* Retrieved from https://www.washingtonpost.com/local/immigration/sessions-signals-that-victims-of-

domestic-abuse-and-gang-violence-generally-will-not-qualify-for-

asylum/2018/06/11/45e54602-6d9e-11e8-bd50-

b80389a4e569_story.html?utm_term=.6b328d869c0f

Sandage, S. J., Hill, P. C., & Vang, H. C. (2003). Toward a multicultural positive psychology:

Indigenous forgiveness and Hmong culture. The Counseling Psychologist, 31 (5), 564–

591. doi: 10.1177/001100000325650 .

Santiago-Rivera, A. L., Arredondo, P., & Gallardo-Cooper, M. (2002). *Counseling Latinos and

la familia*. Thousand Oaks, CA: SAGE Publications.

Satkunanayagam, K., Tunariu, A., & Tribe, R. (2010). A qualitative exploration of mental health

professionals' experience of working with survivors of trauma in Sri Lanka. *International

Journal of Culture and Mental Health, 3*, 43-51. doi:10.1080/17542861003593336

Saul, J. (2014) *Collective trauma collective healing: Promoting community resilience in the

aftermath of disaster.* New York, NY: Routledge.

Schauben, L., & Frazier, P. (1995). Vicarious trauma: The effects on female counselors of

working with sexual violence survivors. *Psychology of Women Quarterly, 19,* 49-54.

Sexton, L. (1999). Vicarious traumatisation of counsellor and effects on their workplaces. *British

Journal of Guidance and Counselling, 27*, 393-403.

Shamai, M., & Ron, P. (2009). Helping direct and indirect victims of national terror: Experiences

of Israeli social workers. *Qualitative Health Research, 19*, 42-54.

doi:10.1177/1049732308327350

Shear, M.D. & Nixon, R. (2017, February 21) New trump deportation rules allow far more

expulsions. *The New York Times.* Retrieved from

https://www.nytimes.com/2017/02/21/us/politics/dhs-immigration-trump.html

Solorzano, D.G. & Yosso, T.J. (2002) Critical race methodology: Counter-storying as an analytical framework for education research. *Qualitative Inquiry, 8*, 23-44. DOI: 10.1177/107780040200800103.

Splevins, K. A., Cohen, K., Joseph, S., Murray, C., & Bowley, J. (2010). Vicarious posttraumatic growth among interpreters. Quali- tative Health Research, 20, 1705–1716

Stamm B.H. (1995) *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators.* Lutherville, Maryland: Sidran Press.

Stepler, R. & Brown, A. (2016) *Statistical portrait of Hispanics in the United States.* Washington, D.C.: Pew Hispanic Center. Retrieved from http://www.pewhispanic.org/2016/04/19/statistical-portrait-of-hispanics-in-the-united-states/

Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma & transformation: Growing in the aftermath of suffering.* Thousand Oaks, CA: Sage.

Tedeschi, R. G., & Calhoun, L. G. (2015). Clinical applications of post-traumatic growth. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice: Promoting human flourishing in work, health, education, and everyday life.* Hoboken, NJ: John Wiley & Sons.

Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2007). Evaluating resource gain: Understanding and misunderstanding posttraumatic growth. *Applied Psychology: An International Review, 56*, 396-406. doi:10.1111/ j.1464-0597.2007.00299.x

Tosone, C., Nuttman-Shwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. C*linical Social Work Journal, 40*(2), 231-239.

Tosone, C., & Bialkin, L. (2003). The impact of mass violence and secondary trauma in clinical practice. In L. A. Straussner & N. Phillips (Eds.), *Social work with victims of mass violence* (pp. 157-167). New York: Jossey Bass.

Tosone, C., Lee, M., Bialkin, L., Martinez, A., Campbell, M., Martinez, M. M., et al. (2003). Shared trauma: Group reflections on the September 11th disaster. *Psychoanalytic Social Work, 10*(1), 57-77.

Tosone, C. (2006). Therapeutic intimacy: A post-9/11 perspective. Smith College Studies in Social Work, 76(4), 89-98.

Traumatic Stress Institute, (1997). Traumatic Stress Institute Belief Scale. South Windsor, CT: Author.

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy.* Albany, NJ: State University of New York Press.

Vega, W., Kolody, B., Aguilar-Gaxiola, S., Alderete, E, Catalano, R, Caraveo-Anduaga, J., (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California, *Archives of General Psychiatry, 55*, 771-778.

Walsh, F. (2007). Traumatic loss and major disasters:Strengthening family and community resilience. *Family Process*, *46*(2), 207-227.

Wang, P. S., Berglund, P. a., & Kessler, R. C. (2003). Patterns and correlates of contacting clergy for mental disorders in the United States. *Health Services Research*, *38*(2), 647-673. http://doi.org/10.1111/1475-6773.00138

Weaver, A. J., Koenig, H. G., & Ochberg, F. M. (1996). Posttraumatic stress, mental health professionals, and the clergy: A need for collaboration, training, and research. *Journal of*

Traumatic Stress, *9*(4), 847-856. Retrieved from

http://onlinelibrary.wiley.com/doi/10.1002/jts.2490090412/abstract

Wee, D., & Meyers, D. (2002). Response of mental health workers following disaster: The

Oklahoma City bombing. In C. R. Figley (Ed.), *Treating compassion fatigue.* New York:

Brunner/Routledge.

Willis, P. (2004). From 'the things themselves' to a "feeling of understanding': Finding different

voices in phenomenological research. *The Indo-Pacific Journal of Phenomenology, 4*(1),

1-13.

Worthington, E. R., Hook, J. N., Davis, D. E., & McDaniel, M. A. (2011). Religion and

spirituality. In J. C. Norcross, J. C. Norcross (Eds.), *Psycho- therapy relationships that

work: Evidence-based responsiveness* (2nd ed., pp. 402–420). New York, NY: Oxford

University Press. doi:10.1093/acprof: oso/9780199737208.003.0020

Yoder, E. A. (2010). Compassion fatigue in nurses. *Applied Nursing Research, 23,* 191-197.

doi:10.1016/j.apnr.2008.09.003

Zimering, R., Munroe, J., & Gulliver, S. B. (2003). Secondary traumatization in mental health

care providers. Psychiatric Times, 20(4), 43-47.

APPENDICES

Appendix A

Recruitment Email

Greetings,

My name is Kathryn Bryan, and I am a doctoral student studying counseling psychology at the University of Georgia. My current research (University of Georgia Institutional Review Board Approval #____), under the advisement of Dr. Linda Campbell, seeks to understand clergy's experiences of providing trauma-related pastoral care to Latino/a immigrant congregants.

This study has the potential to benefit research participants, the church, and the field of psychology in a number of ways. My hope is that participants will experience the opportunity to share some of their difficult pastoral caregiving experiences as healing, empowering, and recuperative. In addition, this study will advance our understanding of the nature of providing care to survivors of trauma, and so will inform the current literature on secondary traumatic stress and psychological resilience. This enhanced understanding will enable professional training programs to better equip (through education and ongoing professional support) helping professionals in general and clergy in particular to provide effective care and support to trauma survivors and to the Latino/a and immigrant communities.

The criteria to participate in my study include:
- 18 years or older
- Full-time or part-time Latina/o Christian priest, pastor, or minister in the state of Georgia whose primary responsibility is to tend to their congregation
- Committed to providing emotional or spiritual support to the Latino/a community
- Currently providing (or has provided within the past year) emotional or spiritual support to a Latino/a immigrant congregant who is struggling with past or current experiences of trauma *(Traumatic experiences may include but are not limited to one-time incidents like accidents, physical or sexual assaults, natural disasters, crimes, deaths, or other violent events, as well as chronic and repeated experiences, such as child abuse, neglect, combat, urban violence, battering relationships, and fear of arrest/deportation.)*
- Is willing to recount in detail and reflect on this pastoral caregiving experience over the course of two to three in-depth, in-person interviews

Each interview will typically last between 60 to 90 minutes. Participants may withdraw from the study at any time, and those who are chosen to participate will receive a $25 gift card for their time.

Protections are built into the study in order to protect the confidentiality of all study participants, as well as their congregants and congregations. Participants will not be asked to identify any of

their congregants, and participants will not be named or identified in any documents coming out of this research.

If you are interested in participating or know someone who may be interested in participating, please contact me at kbryan@uga.edu or 678-478-8951. Thank you in advance for your willingness to help with my research process!

Gratefully,
Kathryn Bryan, M.Div.

Appendix B

Pre-screening Phone Script and Questions

Thank you for your interest in our research study. My name is Kathryn Bryan, and I am a researcher at the University of Georgia's Department of Counseling and Human Development Services.

The purpose of this research study is to look at Latina/o clergy experiences of providing pastoral care to Latino/a immigrant congregants who have experienced trauma. We hope that this study will help advance our understanding of the nature and experience of providing care to survivors of trauma, particularly the unique vulnerabilities and sources of resilience that clergy experience in this work. This enhanced understanding will enable professional training programs to better equip helping professionals to provide effective care and support to trauma survivors and to Latino/a and immigrant communities. Do you think you might be interested in participating in this study?

{If No}: Thank you very much for your time.

{If Yes}: But before enrolling people in this study, we need to ask you some questions to determine if you are eligible for our main study. And so what I would now like to do is to ask you a series of questions about your background. This should only take about 10 minutes of your time. There is a possibility that some of these questions may make you uncomfortable or distressed; if so, please let me know. You don't have to answer those questions if you don't want to.

All information that I receive from you during this phone interview, including your name and any other information that can possibly identify you, will be strictly confidential and will be kept under lock and key. Remember, your participation is voluntary; you can refuse to answer any questions, or stop this phone interview at any time without penalty or loss of benefits to which you are otherwise entitled. At the end of this interview, we will tell you if you qualify or not to participate in the main study. If you don't qualify, all the information you gave me will be immediately destroyed

Do I have your permission to ask you these questions?

Prescreening Questions:
1. Are you 18 years or older?
2. Are you currently a full-time or part-time Latina/o Christian priest, pastor, or minister whose primary responsibility is to tend to your congregation?
   - **{If Yes}**: What is your denominational affiliation (if any)? And what size is your congregation?
3. Are you currently providing, or have you provided within the past year) emotional or spiritual support to a Latino/a immigrant congregation member who is struggling with past or current experiences of trauma *(Traumatic experiences may include one-time incidents like accidents, physical or sexual assaults, natural disasters, crimes, deaths, or*

other violent events, as well as chronic and repeated experiences, such as child abuse,
neglect, combat, urban violence, and battering relationships.)
4.   Are you willing to recount in detail and reflect on this pastoral caregiving experience
      over the course of two to three 60-90 minute in-person interviews?
5.   On a scale of 1-5, how would you rate your level of commitment to the Latino/a
      community? (Tell me more about that.)

{If DOES NOT meet eligibility criteria}:Thank you. Unfortunately, you do not fit the criteria
needed to participate in my study because [include exclusion criteria here].
However, I'm so grateful for your interest and wish you all the best.

{If DOES meet eligibility criteria}: Thank you. Based on your answers to these questions, you
do meet the criteria needed to participate in the study. However, if there is a high demand for
participation, not all eligible participants will be selected to participate in the study. I will email
you by (date) to tell you if you were selected for this study.

If you have any questions about this research project, please feel free to call me at 678-478-8951.
Questions or concerns about your rights as a research participant should be directed to
Institutional Review Board, 629 Boyd GSRC, Athens, Georgia 30602-7411; telephone (706)
542-3199; email address irb@uga.edu.

Appendix C

Post-Screening Email Scripts

All Eligible Participants

Dear _____,

Thank you again so much for your interest in participating in my study! As I mentioned over the phone, if there is a high demand for participation, not all eligible participants will be selected to participate in the study. However, I will contact you by email either way no later than **[date]**.

If you have any questions or concerns in the meantime please let me know and thank you again for your interest!

Gratefully,
Kathryn Bryan, M. Div.

Selected Participant

Dear _____,

Thank you for your interest in participating in my study! You have been selected for the study, and I would like to set a first interview time with you. Are there particular days and times that work well for you? I'm happy to meet you at the location of your choice.

I look forward to speaking to you soon and am so grateful for your willingness to participate! Please let me know if you have any questions or concerns.

Gratefully,
Kathryn Bryan, M.Div.

Wait-Listed Participant

Dear _____,

Thank you for your interest in participating in my study! Due to a high level of interest in participation, you have been placed on the waitlist for the study. I truly appreciate you taking the time to complete the pre-screening phone call. If something changes and you are moved from the waitlist, I'll be in contact by email to discuss setting up an interview time.

Again, thank you for your interest and I wish you all the best!

Gratefully,
Kathryn Bryan, MDiv

Appendix D

Informed Consent

THE UNIVERSITY OF GEORGIA
CONSENT FORM
CLERGY EXPERIENCES OF PROVIDING TRAUMA-RELATED PASTORAL CARE
TO LATINO/A IMMIGRANT CONGREGANTS

Researcher's Statement
I am asking you to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. This form is designed to give you the information about the study so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called "informed consent." A copy of this form will be given to you.

Principal Investigator: *Linda Campbell, Ph.D.*
Counseling and Human Development Services
(678) 234-1444; lcampbel@uga.edu

Purpose of the Study
The purpose of this study is to investigate the experiences of Latina/o clergy providing trauma-related pastoral care to Latino/a immigrant congregants.

Study Procedures
You must be 18 or older to participate in this study. If you agree to participate, you will be asked to …
- Participate in two to three interviews that will last 60-90 minutes, which will be audiotaped.
- Answer questions and discuss experiences about your experiences providing trauma-related pastoral care.
- If you choose, the investigator will follow up with you after the data from this study has been analyzed to discuss the accuracy of the portrayal of the experiences you described during the interview.
- If you choose, you may submit to the researcher additional accounts of their experiences of providing trauma-related pastoral care, including either written journal entries or audio journal entries.

Risks
- The primary risk in this study consists of the possible emotional distress you may feel in recounting your experiences of providing pastoral care to survivors of trauma. To minimize

these risks, mental health referral sources are available on the provided resources sheet. In addition, I will remind you before and during each interview that you do not have to answer any question that you do not wish to, and that you can withdraw from the research process at any time.

- In order to minimize the risks of breaching your confidentiality and the confidentiality of your congregants, in writing up my research I will assign pseudonyms to and significantly alter your identity, your congregation's identity, and the identity of any congregants you describe in your interviews or journals. In addition, I will ask you to review these written accounts (with pseudonyms and altered identities), so that you can provide feedback about any other measures I need to take in order to protect your confidentiality and the confidentiality of your congregants and congregations.

Benefits

- You may experience participating in these interviews as healing, empowering, and recuperative in a number of ways. In addition, your participation may help others in the future. This study will advance our understanding of the nature and experience of providing care to survivors of trauma, and so will inform the current literature on secondary traumatic stress and psychological resilience. This enhanced understanding will enable professional training programs to better equip (through education and ongoing professional support) helping professionals in general and clergy in particular to care for themselves as they provide care and support to trauma survivors and to the Latino/a and immigrant communities.

Incentives for participation

You will receive a $25 gift card for your participation in the study. Even if you decide not to complete the study or ask that your information be withheld, you will still receive the monetary gift.

Audio/Video Recording

Audio recording will be used to create transcriptions. Once transcripts are created, all audio recordings will be destroyed.

Privacy/Confidentiality

Pseudonyms will be used to protect your privacy during this study. Electronic information, including digital voice recordings, transcripts, and personal notes will be maintained on a password-protected computer and will only be accessible by the co-investigator (Kathryn Bryan, M.Div.). All information that can be used to identify you will be removed from the research record after data collection has been completed. Digital recordings will be erased after the transcription is created. Researchers will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law.

Taking part is voluntary
Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to stop or withdraw from the study, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the study and may continue to be analyzed.

If you have questions
The main researcher conducting this study is Kathryn Bryan, a graduate student at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Kathryn Bryan at kbryan@uga.edu or at 678-478-8951. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Research Subject's Consent to Participate in Research:
To voluntarily agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

_____   _____   _____
Name of Researcher   Signature   Date

_____   _____   _____
Name of Participant   Signature   Date

Please sign both copies, keep one and return one to the researcher.

Appendix E

Mental Health Referral Services

The Care and Counseling Center of Georgia –
www.cccgeorgia.org or 404-636-1457
The Care and Counseling Center of Georgia is a nonprofit, ecumenical organization offering counseling, pastoral care and education to individuals, couples, families and organizations (sliding fee scale available).

CETPA: Mental Health and Substance Abuse Services – www.cetpa.org or 770-662-0249
CETPA is the only licensed and accredited Latina/o behavioral health facility in the state of Georgia. CETPA provides an array of mental health and addiction services in English and/or Spanish to the Latina/o community in Georgia. Services include: assessment/evaluation, individual counseling, group counseling, group and family education, nursing services, medication management, substance abuse prevention, and community education.

Georgia Crisis & Access Line – 1-800-715-4225
Individuals from across the state of Georgia can call this single number for access to care or help in a crisis. The Georgia Crisis and Access Line is staffed with professional social workers and counselors 24 hours per day, every day, to assist those with urgent and emergency needs. Those callers who need more routine services are directly connected with the agency of their choice and given a scheduled appointment. There is also an online service directory at www.mygcal.com

Metropolitan Counseling Services – www.mcsatlanta.org or 404-321-1794
MCS is a non-profit center providing quality, affordable counseling and psychotherapy to adults in the Metropolitan Atlanta area. MCS offers individual, couples, and group psychotherapy in a warm, safe and supportive environment on a low-cost, sliding fee scale. Services are offered for a wide variety of mental health concerns, including depression, anxiety, stress, childhood abuse and trauma, family and relationship issues, grief and loss, gay and lesbian concerns, eating disorders, and addiction recovery.

The American Psychological Association (APA) provides an online Psychology Help Center featuring information related to psychological issues affecting your physical and emotional well-being. It includes information on stress, managed care and mental health, and relationship wellness. This site also provides a psychologist locator making it easy to find a practicing psychologist in your local area. Psychologists support people through difficulties and can improve clients' physical and mental health. The locator allows for areas of specialization such as gender, insurance accepted, languages spoken and other considerations. If you would like assistance finding a psychologist that will fit your needs, I am happy to help you as well.
- The APA Psychology Help Center can be found at:
  http://www.apa.org/helpcenter/index.aspx
- The APA Psychologist Locator can be found at: http://locator.apa.org/

Appendix F

Interview Guide

OPENING STATEMENT

Hi _____. Thank you so much for being willing to meet with me to talk about your work and experiences. As I mentioned on the phone the last time we spoke, I am a doctoral student in Counseling Psychology at the University of Georgia and I'm conducting a research project on clergy experiences of providing emotional and spiritual support to Latino/a immigrant survivors of trauma in their congregations. Although I know that we talked about this on the phone, I just wanted to clarify again that I am defining trauma as a physical or psychological threat to a person's physical integrity, sense of self, safety or survival. Traumas can include one-time incidents like accidents, physical or sexual assaults, natural disasters, crimes, deaths, or other violent events, as well as chronic and repeated experiences, such as child abuse, neglect, combat, urban violence, and battering relationships.

For my research, I want to understand what it is like for <u>you</u>, as a pastor, to offer emotional and spiritual support to someone in your congregation who is experiencing the effects of trauma. I'm specifically interested in <u>your</u> experience – your thoughts, feelings, reactions, responses, actions – as the pastoral caregiver.

Before we begin our first interview, I want to remind you that the information you share during the interview will be kept confidential, as explained in this consent form.

Review consent for in detail and answer any questions. Obtain signature.
Review Mental Health Resources sheet.
Give participant incentive.

At any time you may end the interview, and you are welcome to skip any interview questions that you do not want to answer. If you have questions at any time during the interview, please feel free to ask me. I anticipate that the interview will take 60-90 minutes. Before we begin, can you please identify a pseudonym? At this point, do you have any questions for me?

INTERVIEW QUESTIONS – INTERVIEW #1
Opening Question:
Can you tell me about a time during the past year when you have provided emotional and spiritual support to a Latino/a immigrant member of your congregation related to their past or current experiences of trauma?

General Questions:
1. What images *(pictures in your head)* come to mind when you think about this relationship?
2. What words come to mind when you think about this relationship?
3. Did this relationship have an impact or effect on your daily life at different times? If so, can you describe those times?

-If no – What aspects of your work as a pastor impact your daily life?
4. Did this relationship affect/impact your other work? Could you describe that impact?
5. Are there other ways in which this relationship impacted your heart, spirit, and mind? If so, how?
6. (If negative impact). What helped you cope with (sum negative impact) during this time?
7. What, if anything, did you find/have you found most meaningful about this work? Engaging? Life-giving?
8. What is/was most difficult about this work?
9. What about this pastoral caregiving experience feels most significant or important to you?

Closing Question:
Is there anything else that you would like to share with me today?

Upon the final statement, the researcher will thank participants once more, ask if there are any additional questions, and arrange the time and location for the second interview. The researcher will also invite the participant to complete written or audio journal entries about their experiences of providing trauma-related pastoral care. Participants will be asked to submit these additional data sources to the researcher during their next scheduled interview. If interested, participants will be offered the option of borrowing a digital audio-recorder from the researcher, on which to record any audio journal entries. This process will be repeated with each individual interview.

INTERVIEW QUESTIONS – INTERVIEW #2
Before beginning the interview, the researcher will remind the interviewees that they may end their interviews at any time, may skip any interview questions that they do not want to answer, and ask questions of the researcher at any time during the interview.

Opening Question:
If you had a chance to reflect on the last interview, what came up for you?

General Questions:
1. Finish any questions or probes left from Interviews 1.
2. How has the relationship and experience you described during our last interview impacted the way you think about and pastoral care?
3. How has it impacted the way you practice pastoral care?
4. How would you compare your experience of offering support to this person to your experiences of offering support to others in your congregation?
5. Can you describe to me how who you are (e.g. your identities) and what your experiences are have affected your work?
6. Share a summary of their comments and my preliminary analysis from Interview #1 and ask to respond.
7. Can you tell me about another time in the past year that stands out in your mind in which you have provided emotional or spiritual support to a Latino/a immigrant member of your congregation related to their past or current experiences of trauma?

8. Go through General Questions 1-10 from Interview #1 protocol.

Closing Question:
Is there anything else that you would like to share with me today?

Upon the final statement, the researcher will thank the participants once more, ask if there are any additional questions, and ask if they are willing to participate in a third interview. The researcher will explain to the participants that they will be contacted by the researcher and asked to review and provide feedback on the preliminary themes that have been established from their interviews. The researcher will also remind them that the researcher will contact them in the coming year and ask them to review the research write-up in order to provide feedback regarding any additional measures that need to be taken to protect their confidentiality and the confidentiality of their congregants and congregations. This process will be repeated with each individual interview.