

2023

Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA

Althea M. O'Brien
Walden University, obrien.althea@yahoo.com

Follow this and additional works at: <https://scholarworks.waldenu.edu/picportfolios>

Recommended Citation

O'Brien, Althea M., "Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA" (2023). *Selected Social Change Portfolios in Prevention, Intervention, and Consultation*. 100.

<https://scholarworks.waldenu.edu/picportfolios/100>

This Portfolio is brought to you for free and open access by the Social Change Collection at ScholarWorks. It has been accepted for inclusion in Selected Social Change Portfolios in Prevention, Intervention, and Consultation by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Althea M. O'Brien

Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

Please do not modify the content section, nor remove the hyperlinks.

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: Adverse Childhood Experiences (ACEs), Black Youth, prevention, racial socialization (RS), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), racism, mental health, social justice, culturally-informed ACEs model (C-ACE), health crisis, Post Traumatic Stress Disorder (PTSD)

Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA

Goal Statement: The goal of this Social Change Portfolio is to create a prevention program that could be utilized by the counselor for Black youth in Oakland, California who have experienced adverse childhood experience (ACEs) in order to strengthen protective factors in Black youth, thus preventing future behavioral, mental, physical health, and downstream consequences (Bhushan et al., 2020).

Significant Findings: The population of focus are Black Youths, which are affected by ACES at disproportionate rates (Bhushan et al., 2020). According to the 2020 California Surgeon General's Report, Adverse Childhood Experiences (ACEs) is a health crisis; more than 6 out of 10 individuals in California have experienced at least one ACEs (Bhushan et al., 2020). Further, studies have yielded a strong correlation between ACEs and nine out of the 10 leading causes of death in the United States along with its effects on an individual's health and community (Bhushan et al., 2020). Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is an evidence-based treatment option for youths who have experienced trauma such as those in ACEs (Metzger et al., 2023). Integrating racial socialization (RS) into TF-CBT is an evidence-based treatment option that incorporates the youth's culture and has yielded an increase in treatment

relevance and completion by Black youths experiencing various forms of trauma (Metzger et al., 2023).

Strategies: Strategies for guiding professionals in addressing the problem are the following: (1) Prevention through raising awareness in Oakland, CA of what ACEs is, its effects, treatment, and preventive measures, which can include providing flyers with resources located on them (Bhushan et al., 2020). (2) Licensed Professions Counselors collaborating with school counselors and school administrators to implement Racial socialization (RS) integrated in TF-CBT in schools located in high violence, poverty locations in Black youth noted as experiencing an ACEs in Oakland, CA (Metzger et al., 2023). (3) Provide screening for ACEs in Black youth in Oakland, CA in the preconception, prenatal, and postnatal periods (Bhushan et al., 2020). (4) Volunteering at Rise East, a Community Based Organization (CBO) aimed at prioritizing Black children's well-being and success through the provision of opportunities, support, and resources (Rise East, 2023). (5) Connecting caregivers to economic supports such as tax credit programs, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), workforce development programs, and high-quality child care, which is proven to lower stress in caregivers, a risk factor for several ACEs (Bhushan et al., 2020).

INTRODUCTION

Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA

It is noted that one in six children have experienced a traumatic event during their childhood (National Center for Injury Prevention and Control, Division of Violence Prevention, 2023). There are various events that can be considered traumatic such as oppression, racism,

substance abuse in the household, community and household violence, physical and emotional abuse, unstable household, and not having enough food to eat (Phipps & Thorne, 2019; Centers for Disease Control and Prevention, 2023). Studies have yielded that experiencing one or more adverse childhood experiences (ACEs) has been noted to increase the risk of mental, behavioral, and physical problems specifically in adulthood (Kaiser Permanente, 2023; Merrick et al., 2017). According to Sheats et al. (2018), minorities are exposed to various traumatic events, such as violence, at a larger rate when compared to their White counterparts, thus contributing to a higher risk of mental and physical health problems. The topic of focus for this Social Change Portfolio is the creation of a prevention program focused on gaining skills such as resilience geared towards lowering the negative reactions exhibited by Black youths in Oakland, California who have experienced adverse childhood experiences (ACEs) thus preventing physical, behavioral, and mental effects as an adolescent and adult.

PART 1: SCOPE AND CONSEQUENCES

Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA

The target population and problem I will focus on for this Social Change Portfolio is Black youth who have experienced adverse childhood experiences (ACEs) in Oakland, California. According to Population Reference Bureau (2020), between the years of 2017-2021 approximately 34.4% of children experienced one or more ACEs in California compared to 40.2% in the United States. According to Population Reference Bureau (2020), between the years 2016-2019 46.7% of children in Alameda County experienced one or more ACEs.

The consequences of Black youth experiencing adverse childhood experiences (ACEs) are varied. Because community involves individuals, my social change portfolio's focus is on the

direct effects on Black youth, which in turn affects the community in which the youth live in. Such effects include but are not limited to increased risk of heart-related diseases, dying prematurely, increased risk of risky sexual behavior, increased risk of being a victim of harmful forms of violence, not completing high school, Post Traumatic Stress Disorder (PTSD), depression, suicide, and other mental and physical problems (Trinidad, 2021; Sheats et al., 2018; Phipps & Thorne, 2019).

According to the National Center for Injury Prevention and Control, Division of Violence prevention (2022), in North America alone, ACEs related injury cost \$748 Billion in financial costs. This poses a problem because if youth who are exposed to ACEs do not accumulate skills that serve as protective factors, they become adults who will be prone to experiencing such effects. According to the National Alliance on Mental Health California 8.4 million people are caring for an adult with a mental or emotional health problem. The impact on our communities as it relates to adults who experienced ACES equates to 43.3% adults receiving treatment in 2018; 19.3% of adults of a co-occurring mental and substance disorder; and unemployment is higher in adults with mental health when compared to those who do not (National Alliance on Mental Health California, 2020).

The goal of this Social Change Portfolio is to create a prevention program that could be utilized by the counselor for Black youth in Oakland, California who have experienced adverse childhood experience (ACEs) in order to strengthen protective factors in Black youth, thus preventing future behavioral, mental, physical health, and downstream consequences (Bhushan et al., 2020).

PART 2: SOCIAL-ECOLOGICAL MODEL

Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA

The socioecological is a model created from Bronfenbrenner's ecological systems theory which explains an individual's development is attributed to the interconnectedness of an individual with the microsystem, ecosystem, macrosystem, and chronosystem (Guy-Evans, 2020). The social-ecological model helps in understanding the risk and preventive factors of an individual by taking a close look at the interplay of the individuals, their relationships, community, and society (Centers for Disease Control and Prevention, n.d.).

According to Benard et al., (2022), a 2018–2019 National Survey of Children's Health yielded that 53% of Black youth experienced at least one ACES compared to 36% of White youth. There are factors at the individual, relational, community and societal levels that put Black Youth at risk for experiencing adverse childhood experiences (ACES).

Risk factors at the individual and relationship level that can affect one experiencing ACES are youth who engage in sexual or dating activity early, parents with history of ACES (Centers for Disease Control and Prevention, 2023; Bernard et al., 2020). Youth who have experienced adverse childhood experiences of domestic violence, children not feeling connected to their parents, families with high conflict, caregivers are single parents, no or few friends who engage in delinquency, inconsistent discipline, and use of corporal punishment by caregiver, (Centers for Disease Control and Prevention, 2023; Bernard et al., 2022). Risk factors at the community and societal level that can affect one experiencing ACES are youth who experience foster care placement, racial discrimination, high rates of crime, easy access to alcohol and drugs, high unemployment rates, low-income community, community violence, high

rates of poverty, unstable housing, health inequalities (Centers for Disease Control and Prevention, 2023; Bernard et al., 2022; Bernard et al., 2020; Stahl & Sims, 2018).

There are preventive factors at the individual, relational, community and societal levels that protect Black Youth from experiencing adverse childhood experiences (ACES). Factors at the individual and relationship level are youths who have mentors outside of the family, caregivers have a college degree or higher, strong social support, stable and caring familial relationships, caregivers with stable employment, conflicts are worked out peacefully, connecting children to caring adults and activities, teaching parents healthy relational skills, doing well in school, high quality mental and physical healthcare, and caregivers providing regulation, routine, and reassurance (Centers for Disease Control and Prevention, 2023; Kaiser Permanente, 2023; Bhushan, 2020). Preventive factors at the community and societal level are supporting caregivers with economic support, providing resources services for families experiencing substance abuse, nurturing and safe childcare, violence is not tolerated or accepted, high quality childcare and preschools, public education campaigns, family friendly work policies such as paid family leave, utilizing community supports such as transportation and childcare, communities with strong partnerships with businesses and the government, residents who feel connected to each other, and religion and spirituality such as attending religious services (Centers for Disease Control and Prevention, 2023; Kaiser Permanente, 2023; Neblett, 2023; Bhushan, 2020).

PART 3: THEORIES OF PREVENTION

Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA

It is noted that Black families are more susceptible to living in high crime areas along with being subject to unequal distribution of wealth, health inequities, and are subjected to structural systems that perpetuate minority disparities which contribute to Black youths increased exposure to adverse childhood experiences (Bernard et al., 2021). According to Metzger (2021), African American youth are disproportionately affected by trauma thus reporting more trauma incidents when compared to other races and experiencing racism on multiple occasions throughout a given year. Given the above information and information provided throughout this portfolio focusing on Black Youths who have been exposed to ACEs, Bernard et al, (2020), culturally-informed ACEs model (C-ACE), which has underpinnings gleaned from Saleem et al. (2019), developmental and ecological model of youth racial trauma and Jernigan & Daniel (2011), racial trauma strengths-based perspective, serves as a healthy theory in explaining ACEs in Black Youth along with intervention and prevention implications for treating such populations (Bernard et al., 2021).

C-ACE incorporates the original ACEs model along with racism and its impact on black youth's mental health (Bernard et al., 2021). Bernard et al. (2021), C-ACE model explains that exposure and vulnerability to ACEs comes from racism-informed social conditions such as racist structural based systems which leads to poverty; biopsychological vulnerability such as disposition risk factors; historical trauma such as slavery and intergenerational transmission of racism-related stress (p.237). Additionally, Bernard et al. (2021), C-ACE model explains those affected by ACEs, meaning who have experienced an ACEs, are now subject to mental health risk factors due to racism-informed conditions such as barriers to health care; biopsychological vulnerability such as racism-related vigilance; and mental health outcomes such as PTSD, depression, and anxiety. It is important to note there are disparities in seeking and completing

mental health treatment by Black youth due to culturally insensitive treatment options (Bernard et al., 2021).

The C-ACE model's explanation of such risk factors and traumas in black youth negates the need for a prevention program that address such concepts, therefore, integration of racial socialization (RS) into Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) would serve as a great prevention tool for youth exposed to ACEs (Metzger et al., 2021). The RS component considers the Black youth's culture, attitudes that increase the youth's identity, resilience, reducing behavioral problems, and increasing coping skills (Metzger et al., 2021). The RS component is integrated into TF-CBT which utilizes P-R-A-C-T-I-C-E, and acronym for psychoeducation and parenting, relaxation, affective expression and modulation, cognitive coping, trauma narration and processing, in vivo exposure, conjoint sessions, and enhancing safety (Metzger et al., 2021). Racial socialization (RS) integrated in TF-CBT is an evidence-based program which has proven effective in treating Black youth and increased in efficacy by clinicians who utilized it (Metzger et al., 2023).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA

The target population of this social change is Black youths who have experienced adverse childhood experiences (ACES). There are several sources, which are noted throughout this portfolio, that point to Blacks and the disparities with ACEs. Not only do Black youth face some of the highest prevalence rates of ACEs, but further evidence also points to differences amongst sexes with females experiencing more ACEs than males (Haahr-Pedersen et al., 2020; Jones et

al., 2022). According to Bhushan et al. (2020), the first study conducted on ACEs concluded that other categories including females experiencing ACEs were represented at a disproportionate rate. According to Haahr-Pedersen (2020), there are sex differences in the types of ACEs experienced, such as females are more likely to experience sexual abuse, alcohol, and drug abuse in the household, and physical and emotional neglect. Further sex differences noted are females experiencing higher levels of various psychological symptoms such as post-traumatic stress disorder (PTSD) and depression (Haahr-Pedersen, 2020).

It is noted in Kumper et al. (2002), that the success of a prevention program hinges on the program's cultural relevance, that is its ability to attend to the culture's values and beliefs of the community (Reese & Vera, 2007). Given that females in my proposed prevention program would be Black, the prevention program would have to attend to not only racist related stress but also sexist related stress experience by this population (Bernard et al., 2020). Knowing that females are more likely to experience PTSD, it is important that the counselor is culturally competent in treating such psychological problems with effective culturally relevant evidence-based treatment options to minimize such symptoms (Bernard et al., 2020; Reese & Vera, 2007). As part of the psychoeducation component of a prevention program, clinicians should promote racial pride along with providing materials with Black female faces on such items (Metzger et al., 2021).

There are several core ethical considerations in prevention programming for Black Youth. The counselor is to ensure they communicate in ways that are culturally and developmentally appropriate along with incorporating parents of this population into the counseling process thus ensuring assent or consent is received by the legally responsible caretaker or adult of the child (American Counseling Association, 2014, Section A.2.d; A.2.c.).

The counselor should ensure that the youth who will participate in the program are not harmed by any intervention methods (American Counseling Association, 2014, Section A.4.a.). If the counselor considers implementing the prevention program in a group setting as opposed to individual, the counselor is to ensure the protections of clients, and appropriate screening is conducted (American Counseling Association, 2014, Section A.9.a; A.9.b.). The counselor is to respect the client's rights, including understanding and respecting cultural meaning of privacy and confidentiality, along explaining limitations of confidentiality (American Counseling Association, 2014, Section B.1; B.1.a., B.1.d). Because the prevention program is aimed towards Black youth, the counselor is to protect information received by the specific population, and establish a collaborative relationship with adults, caregivers, colleagues, employers, or team members as a part of the prevention program (American Counseling Association, 2014, Section B.5; B.5.b; D.1.c.). The counselor is to monitor the effectiveness of the program throughout the duration of the program and is to ensure they do not engage in nor condone any forms of discrimination (American Counseling Association, 2014, Section C.2.d; C.5).

PART 5: ADVOCACY

Preventing Consequences of Adverse Childhood Experiences (ACES) in Black Youths in Oakland, CA

The multicultural and social justice competent counselor should be aware of and address multiple barriers that hinder the well-being of Black youth exposed to Adverse childhood experiences (Ratts et al., 2015). Barriers at the institutional level include schools in poverty-stricken neighborhoods that do not offer evidence-based interventions for Black Youth who have experienced ACEs (Bhushan et al., 2020). School personnel and adults who work at the school

and lack the modeling of empathy and kindness that promote a healthy environment for youth may serve as a barrier in specifically minimizing toxic stress within the youth (Bhushan et al., 2020). At the community level, racial discrimination in the form of systemic and institutional practices can contribute to barriers for children as noted in health disparities experienced by Black youth (Bernard et al., 2020). Exclusionary zoning practices in Oakland, California is a barrier, which has contributed to the protection of White affluent neighborhoods keeping their home prices high, while affording less protection of the black, Indigenous and people of color (BIPOC) communities(City of Oakland, n.d.).

At the institutional level, one can advocate for evidence-based interventions to be implemented in schools and churches where there are high rates of violence, poverty, and individuals with low socioeconomic statuses (Bhushan et al., 2020). At the community level, one can advocate, in line with California's Assembly Bill 340, and support the ACEs Aware initiative to ensure our communities in which Black youth are most likely to experience ACEs are screened for and treated for trauma, including incorporating prevention practices in those communities (State of California Department of Health Care Services, 2023). One can also volunteer in the community with other groups by bringing awareness to ACEs including resources for youth that will assist in that will help with their well-being (Milsom, 2018). At the public policy level, I can write to my legislators regarding the support or recommendations of policies that contribute to the mental, physical, emotional, and spiritual wellbeing of Black Youth affected by ACEs (Milsom, 2018).

REFERENCES

American Counseling Association. (2014). *2014 ACA code of ethics*. Retrieved from

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>.

Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2020). Making the "C-ACE" for a culturally-informed adverse childhood experiences framework to understand the pervasive mental health impact of racism on black youth. *Journal of Child & Adolescent Trauma, 14*(2), 233–247.

<https://doi.org/10.1007/s40653-020-00319-9>.

Bernard, D. L., Smith, Q., & Lanier, P. (2022). Racial discrimination and other adverse childhood experiences as risk factors for internalizing mental health concerns among Black youth. *Journal of Traumatic Stress, 35*(2), 473–483.

<https://doi.org/10.1002/jts.22760>.

Bhushan, D., Kotz, K., McCall, J., Wirtz, S., Gilgoff, R., Dube, S.R., Powers, C., Olson-Morgan, J., Galeste, M., Patterson, K., Harris, L., Mills, A., Bethell, C., Burke Harris, N. (2020). Office of the California surgeon general. Roadmap for resilience: The California surgeon General’s report on adverse childhood experiences, toxic stress, and health. Retrieved from https://osg.ca.gov/wp-content/uploads/sites/266/2020/12/Roadmap-For-Resilience_CA-Surgeon-Generals-Report-on-ACEs-Toxic-Stress-and-Health_12092020.pdf.

Centers for Disease Control and Prevention. (2023). Fast facts: Preventing adverse childhood experiences. Retrieved from <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.

Centers for Disease Control and Prevention. (2023) Risk and protective factors. Retrieved from https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html#anchor_1609868101867.

City of Oakland. (n.d.). Racial equity impact analysis for the housing element update. Retrieved from https://cao-94612.s3.amazonaws.com/documents/Housing-Element-REIA-1.6.23_Final.pdf.

Haahr-Pedersen, I., Perera, C., Hyland, P., Vallières, F., Murphy, D., Hansen, M., Spitz, P., Hansen, P., & Cloitre, M. (2020). Females have more complex patterns of childhood adversity: implications for mental, social, and emotional outcomes in adulthood. *European Journal of Psychotraumatology*, *11*(1).
<https://doi.org/10.1080/20008198.2019.1708618>.

Jones, M. S., Pierce, H., & Shafer, K. (2022). Gender differences in early adverse childhood experiences and youth psychological distress. *Journal of Criminal Justice*.
<https://doi.org/10.1016/j.jcrimjus.2022.101925>.

Kaiser Permanente. (2023). Adverse childhood experiences. Retrieved from <https://mydoctor.kaiserpermanente.org/ncal/health-guide/adverse-childhood-experiences-aces>.

Kaiser Permanente. (2023). Can ACES be prevented? Retrieved from <https://mydoctor.kaiserpermanente.org/ncal/article/can-aces-be-prevented-2072448>.

Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., Grogan-Kaylor, A. Unpacking the impact of adverse childhood experiences on adult mental health. (2017). Retrieved from <https://doi.org/10.1016/j.chiabu.2017.03.016>.

Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2021). Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth. *Child Maltreatment*, *26*(1), 17–27.
<https://doi.org/10.1177/1077559520921457>.

- Metzger, I. W., Dandridge, A., Cohen, J., & Mannarino, A. (2023). Integrating Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Racial Socialization for Black Youth and Families: An Implementation Manual. Retrieved from <https://tfcbt.org/wp-content/uploads/2023/07/TF-CBTRS-Implementation-Manual-FINAL.pdf>.
- Milsom, A. (2018). Advocating for the counseling profession. In B. Erford (Ed.), *Orientation to the counseling profession* (pp.435-457). Pearson Education, Inc.
- National Alliance on Mental Health California. Facts and statistics. Retrieved from <https://namica.org/what-is-mental-illness/facts-statistics/>.
- National Center for Injury Prevention and Control, Division of Violence Prevention. (2022). Understanding ACEs. Retrieved from <https://vetoviolence.cdc.gov/apps/aces-infographic/home>.
- Neblett, E. W. Jr. (2023). Racial, ethnic, and cultural resilience factors in African American youth mental health. *Annual Review of Clinical Psychology*, 19(1), 361-379. <https://doi.org/10.1146/annurev-clinpsy-072720-015146>.
- Phipps, R., & Thorne, S. (2019). Utilizing Trauma-Focused Cognitive Behavioral Therapy as a framework for addressing cultural trauma in African American children and adolescents: A proposal. *Professional Counselor*, 9(1), 35–50.
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). Multicultural and Social Justice Counseling Competencies. Retrieved from <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>.

Reese, L. E., & Vera E. M. (2007). Culturally relevant prevention: The scientific and practical considerations of community-based programs. *The Counseling Psychologist*, 35(6), 763-778.

Rise East. (2023). Rise East. Retrieved from

<https://static1.squarespace.com/static/64d69797b4716c79f3605acc/t/653726646683f739325c81ca/1698113140101/RiseEast-InvestReport.pdf>.

Sheats, K. J., Irving, S. M., Mercy, J. A., Simon, T. R., Crosby, A. E., Ford, D. C., Merrick, M.

T., Annor, F. B., & Morgan, R. E. (2018). Violence-related disparities experienced by black youth and young adults: Opportunities for prevention. *American Journal of Preventive Medicine*, 55(4), 462–469. <https://doi.org/10.1016/j.amepre.2018.05.017>.

Stahl, M., & Sims, E. (2018). Adverse childhood experiences and social determinants of at-risk populations: A literature review and annotated bibliography. Retrieved from

https://nhtta.acf.hhs.gov/system/files/2021-09/ACE_LitReview.pdf.

State of California Department of Health Care Services. (2023). About. Retrieved from

<https://www.acesaware.org/about/>.

Trinidad, J. E. (2021). Social consequences and contexts of adverse childhood experiences.

Social Science & Medicine, 277. <http://doi.org/10.1016/j.socscimed.2021.113897>.

SCHOLARWORKS CONTRIBUTOR AGREEMENT

ScholarWorks Publication Consideration

ScholarWorks makes the intellectual output of the Walden University community publicly available to the wider world. By highlighting the scholarly and professional activities of our students and faculty, ScholarWorks' rich repository encourages new ideas, preserves past knowledge, and fosters new connections to improve human and social conditions.

If you would like your portfolio from your Counseling 6785 course to be considered for submission to ScholarWorks, please review the ScholarWorks Contributor Agreement below and agree to the terms and conditions.

Acceptance of the policies and terms of the ScholarWorks Contributor agreement

- will not impact your grade
- will not guarantee publication

ScholarWorks Contributor Agreement

To administer this repository and preserve the contents for future use, *ScholarWorks* requires certain permissions from you, the contributor. By making a submission to *ScholarWorks*, you are accepting the terms of this license. However, you do not give up the copyright to your work. You do not give up the right to submit the work to publishers or other repositories.

By including an email contact below, you hereby grant Walden a limited license to review the Submission for the purposes of review of scholarly content; to distribute the Submission to the public on the Website; to make and retain copies of the Submission; and to archive the Submission in a publicly accessible collection.

You agree to defend, indemnify and hold Walden harmless from and against any and all claims, suits or proceedings, demands, losses, damages, liabilities and costs and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from the actual or alleged infringement of any patent, trademark, copyright, trade secret or any other intellectual property right in connection with any Submission. Walden will not be required to treat any Submission as confidential. For more information, see the [Contributor FAQ](#).

By executing this Agreement, you represent and agree that:

- You are the author or of the submitted work or you have been authorized by the copyright holder, and the submission is original work.
- You hold the copyright to this document and you agree to permit this document to be posted, and made available to the public in any format in perpetuity.
- The submission contains no libelous or other unlawful matter and makes no improper invasion of the privacy of any other person.
- The submission will be maintained in an open access online digital environment via the *ScholarWorks* portal. Because works on *ScholarWorks* are openly available online to anyone with internet access, you do not hold Walden University responsible for third party use of the submission.

ScholarWorks (the Website) is owned and maintained by Walden University, LLC (Walden). All content that you upload to this Website (a Submission) will be available to the public. You represent and warrant that you have the right to upload any such Submission and make it available to the public.

I have read the Scholarworks agreement above, and I agree to have my COUN 6785 portfolio document considered for inclusion in Scholarworks; I also grant my permission for representatives from Walden University to submit this work on my behalf.

By signing again below, I agree to allow my email contact information below to be included in the published document, so that others may contact me about this work.

SIGNATURE: *Althea M. O'Brien*

DATE: November 2, 2023

DIRECT EMAIL ADDRESS: obrien.althea@yahoo.com