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CO-EDITORS NOTES: THE *JOURNAL OF COUNSELING IN ILLINOIS*

In this 5th Edition of the new *Journal of Counseling in Illinois* we are pleased to present six excellent articles from authors in Illinois as well as other parts of the country on a variety of exciting and informative topics. The edition begins with a research based article from Dr. James Ruby on data collected in Illinois citing the constraints that keep master's level practitioners from actively doing research. The author identifies seven emerging themes from the findings that would encourage greater participation of master's students in research and improve the quality of research education. These findings have strong implications for counselor education training programs who are concerned with making an effort to bridge the gap between research and practice.

Next, four articles give us insight and ideas for practicing in the counseling profession. Drs. Camille-McKiness and Wickman suggest a method for mental health advocacy with police as well as counselors by instituting crisis intervention teams. Mentally ill individuals encounter barriers to mental health treatment resulting in the *criminalization* of individuals. The use of crisis intervention teams helps reduce this phenomenon and supports social advocacy. With a focus on self-care, Dr. Ryan Hancock advocates that school counselors utilize the practice of meditation as a means to alleviate stress and increase feelings of self-esteem. Factors for consideration include selecting a meaningful setting, creating sacred space, and working with intentionality.

In the third article in professional practice, professional counselors are noted to already have training to advocate and initiate change in the office with clients. However, Nelson and Myers suggest that to eliminate the stigma associated with substance abuse, counselors need to take their existing skills outside the office and act on a three-tiered advocacy approach involving individual, community, and public advocacy. Such a stance offers support and increases social justice for clients with substance use disorders. Johnston and Moody complete the section on professional practice with a discussion on the concept of "mattering." They note the strong connection between students feeling that they matter with positive motivation and academic achievement. Additionally, they argue that mattering must also be viewed through a *multicultural lens* if all students are to benefit.

Finally, professional counselor Estela Pledge and her grandson, a student in high school, collaborate on the final article in the professional dialogue section to give us some personal perspectives from children who live with an alcoholic parent. As we read the voices of these children aged 6-20, we are reminded of the importance of school counselors to prioritize the needs of these youth and to be intentional in initiating contact with them.

We hope you enjoy the articles and are professionally encouraged by the knowledge and skills shared in them.

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Barriers to Research and Implications for Training Counselors

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Abstract

Research is an important part of quality clinical practice in the field of counseling. This study addresses the constraints that produce a gap in master's level practitioner research among counselors in Illinois. Ninety-nine master's level clinicians responded to surveys and answered a series of questions regarding what constrains them from being more involved in research. These respondents provided valuable feedback regarding possible recommendations for training that might encourage increased research activity for future master's level counselors. Training improvements such as mentored research activity and training in less complex research methods were indicated.

Research is an important part of quality clinical practice in the field of mental health. Without clarity regarding what types of interventions work best for what types of clients and client concerns, counselors are not appropriately prepared for their goal of promoting mental health. Questions regarding effective treatments are routinely asked in research studies, but who is doing the studies? Most often, it is doctoral-level trained persons and their research assistants. Many believe that those who are actually providing the clinical interventions are better equipped to measure the effectiveness of interventions by way of meaningful methods of inquiry.

This study addresses the constraints that produce a gap in master's level practitioner research. Ninety-nine master's level counselors responded to surveys and answered a series of questions regarding what constrains them from being more involved in research.

Review of Literature

Although there is an inherent link between clinical practice and clinical research, the long-standing separation between the two is well documented (Sprenkle & Piercy, 2005). Both researchers and clinicians have speculated as to the cause of the gap. For example, some clinicians have stated that the majority of research is irrelevant to clinical practice (Cohen, Sargent, & Sechrest, 1986), that a systems perspective is incompatible with traditional research design (Lebow & Gurman, 1995), or that complex research methods and statistics are simply too difficult to understand (Heppner & Anderson, 1985). In contrast, some researchers have suggested that therapists may feel their work is effective and do not take the time to evaluate it (Shelhav, 1980), whereas others may not recognize the value of the research process and its results (Johnson, Sandberg, & Miller, 1999; Stricker, 1992). These findings indicate a need to develop a new research paradigm that involves active collaboration between researchers and

clinicians (Goldfried & Wolfe, 1996; Sprenkle & Bischof, 1995).

There has been a longstanding debate in the field of mental health about this apparent gap between research findings and regular clinical practice. Many believe the debate was crystallized in 1992 when Weisz, Weiss, and Donenberg reported the disturbing and somewhat controversial finding that positive treatment effects demonstrated in a number of well-controlled, clinical outcome studies of child psychotherapy were not reliably reproduced in typical clinical practice. In other words, children were more likely to get better when treated in a research study than they were in the community settings where they are most likely to be seen. This finding called into question the very foundation of a "scientific psychotherapy" in which research findings are used to fashion daily practice.

Weisz et al. (1992) and others (see Seligman, 1995; 1996) posited a number of ways in which research therapy differs from agency therapy or private practice. Research therapy is typically manualized, highly structured, not combined with other treatments, delivered by a therapist whose only role is to provide therapy, given to a rigorously selected and often homogenous population, and delivered in a prescribed duration and frequency. Day to day practice, however, involves a therapist who must match treatment to the multiple needs of specific clients, who may have several roles with a given client (therapist, case manager, advocate), whose clients may be involved with a number of other service providers, and who can exercise considerable flexibility in the type, frequency, and duration of the therapy provided.

Fisher (2000) states that where research is concerned, practitioners stand mostly on the dock, accused of a lack of research-mindedness, and of failing to read, implement, or produce research. The problem, as Fisher sees it, is unwillingness in the research community to engage with the way practitioners use knowledge in practice or to build collaborative partnerships with the practice community. "In essence," states Fisher, "we will need to seek collaboration rather than competition between the major centers of social service research, and go beyond the inward-looking, individualistic emphases" (p.11). Some would suggest that the unwillingness is not simply on the part of the research community but also due to reluctance in the practice community.

There is clearly a core of significant literature that indicates a distinct gap between those who identify themselves as masters level mental health clinicians when it comes to involvement in research. Possible causes identified within the literature include: 1) difficulties with statistical operations and research design; 2) a belief that research is irrelevant to practice; 3) matters related to available time and funding; 4) inadequate academic preparation; and 5) a lack of researcher-practitioner collaborative efforts (Ruby, 2010).

Methods

While the scientific method and thus a positivist, quantitative approach to research is well suited for measuring concrete, factual phenomena that would be independently verifiable, the social sciences usually concern themselves with human beings, who often will have differing accounts of the same experience. As a result of this assumption, there is no one objectively verifiable truth when it comes to lived experiences; rather, there are as many individual truths regarding one specific experience as there are people experiencing it. This view conforms itself to a constructivist worldview, in which the ontological assumption is that reality is subjective in nature, and the epistemological assumption is that knowledge is generated in cooperation with participants rather than objectively observed. The axiological assumption logically follows from

the ontological and epistemological assumptions in that both investigators and participants have values and biases that influence the research and that these biases can be mitigated by transparency and disclosure (Creswell, 2007).

A survey was designed to gather participants' perceptions and description of their masters' level research training. In order to ensure that the guiding questions were effective when working with the proposed participants, the survey was field tested with a group of individuals who met the criteria for participation in the study. Their feedback was integrated into the final version of the questionnaire that was mailed to prospective participants.

Participants

Potential survey respondents were randomly selected from a cross section of masters' level counselors within the state of Illinois from community, school, and private practice settings. The goal of obtaining responses from various settings was tied to a desire to know whether constraints to research, or preferences for specific types of research, were correlated to the setting. In total, two-hundred and fifty-five (255) surveys were distributed and ninety-nine (99) total surveys were returned from across the state of Illinois.

Of those ninety-nine (99) respondents, sixty-seven (67) identified themselves as female while thirty-two (32) indicated that they were male. Thirteen (13) respondents stated they were "African-American," one (1) respondent stated s/he was "Asian," eighty-one (81) respondents stated they were "Caucasian," three (3) respondents stated they were "Latino," and one (1) respondent stated s/he was "Other."

Ten (10) respondents stated they were between the ages of 21 and 30, twenty-three (23) respondents stated they were between the ages of 31 and 40, twenty-two (22) respondents stated they were between the ages of 41 and 50, thirty-two (32) respondents stated they were between the ages of 51 and 60, eleven (11) respondents stated they were between the ages of 61 and 70, and one (1) respondent stated s/he was age 71 or over.

Findings

A qualitative analysis of the written responses of the survey was conducted. As Coffey and Atkinson (1996) point out, coding such comments adds nothing initially to an understanding of the data. It is essentially a reductionistic task. The data only begin to become valuable when similar appeals to indeterminate knowledge have been identified. Significant themes and categories emerge from survey participants' comments, because such themes are actually embedded in them. A more exacting way of ascertaining such information would include actual group or individual interviews in order to gather underlying intentions that this present survey analysis could not hope to acquire without personal contact.

Each response was examined in an effort to identify particular themes or intentions. Themes and intentions were categorized in an effort to facilitate a manner by which they could be clearly discussed. Categories emerge through this qualitative analysis process only after reading comments several times and taking note of particular issues of importance within each comment. Similar subjects and concerns begin to be revealed and natural groupings take place. The researcher attempts to make clear to the reader, as this one is doing now, that there are a number of natural internal biases and assumptions on the part of the researcher than cannot be eliminated, but only acknowledged. Cultural orientations and historical experiences are bound to

shape what themes emerge in the mind of the researcher. A key concept to highlight here is that according to qualitative research protocols, these are not problems to solve but simply truths to point out.

Narrative Response Themes

The following are the emergent themes, from most frequently cited to least frequently cited. Beside each theme, or category, is the percentage related to the overall number of responses. Example comments from survey respondents are included as well.

1) Hands on research requirements under the close supervision of faculty or mentors – responses representing 53.3%
   These comments made reference to having opportunities while in a masters' program to be involved in research activity under the supervision of either an instructor or lead researcher who would act as a mentor to the students involved. Further, there were comments related to a desire by some respondents to have the chance to work more closely with faculty on their own research efforts. One such comment was, "a class on how to publish research; a class that actually conducts a research project together and then publishes/writes an article on the research."
2) Improved quality and clarity of research instruction – responses representing 21.6%
   These comments referred to the need for better research oriented instructors and clearer understanding for students related to how to design research studies. One respondent stated, "My master's level training experience presented research with too much scientific/statistical jargon in a third person removed, supposedly 'objective,' way that was distant from people's day-to-day lives. The language was inaccessible."
3) Increased number of classes regarding research – responses representing 14.8%
   These comments spoke to a need for more graduate level courses during the counselor education program in an effort to practice doing research while enrolled in the program. This thematic category is exemplified through comments such as this one, "a longer program; too much is being crammed into a 2 year program which forces the elimination of several aspects of our education (research, other electives, etc.)"
4) Increased efforts to convince master's level students that research activity is important and relevant – responses representing 14.8%
   These comments made reference to the need for a type of *salespersonship* on the part of the counselor educator. Respondents in this category spoke of a perception that research was irrelevant, unimportant, or perhaps even unhelpful to clinical practice. Thus, the responsibility for it being made so was given to educators in respondents' comments such as this one, "more of an emphasis on the importance of research to all of us in the field, not just self-described research scientists but practitioners as well."
5) No improvements are necessary because the training was deemed adequate – responses representing 9.4%
   These comments referred to the respondent's perception that his/her training was adequate because either it prepared him/her for research activity, or s/he was not interested in receiving such training so the quality of it was irrelevant to her/him. One comment that exemplifies this theme is, "nothing really, I'm more interested in

doing therapy than doing research."

6) Increased financial support – responses representing 6.7%
   These responses either spoke directly to a need for more funding for research opportunities or additional student financial assistance in an effort to afford not having to work while in school, or as one respondent stated it, "financial compensation for the time spent conducting research."
7) Increased and/or improved exposure to research literature – responses representing 5.4%
   These responses had to do with a perceived deficit in preparation to be an informed consumer of research literature and how that impacted their ability to engage in research activity after graduation. A comment speaking to this theme was, "Learning to read the research literature is a commendable and useful goal of master's level studies."

Discussion

Each of the participants' narrative responses held significant inferences for counselor educators. The earlier utilized thematic coding procedures cannot adequately capture emotional expressions or respondents' intuitive hopes for how things might be different regarding an issue. Individual or group interviews are necessary in order to ascertain such information. However, some conclusions and possible recommendations emerged.

As the earlier referenced qualitative analysis suggested, "increased quality and clarity of research instruction" was found to be a verbatim category of responses. The inference behind these written comments showed that the respondent perceived less than clear, quality educational experiences in learning about research methods. If the earlier assertion is true, these students had a lower interest level because of their perception that their research education was of a poorer quality or unclear.

How might students' quality of research education be improved? Onwuegbuzie (1997), suggested six components of anxiety that exist for graduate level research students: (1) worth of statistics; (2) interpretation anxiety; (3) test and class anxiety; (4) computational self-concept; (5) fear of asking for help; and (6) fear of the statistics instructor. Thus, two classes of statistics anxiety components exist: the first is concerned with the theoretical issue of defining statistics and its applications to students; the second focuses on the practical issues of breaking down students' communication barriers grown around their fears of, and needs in, statistics. Cornelius, Gray and Moore (1999) added that some of the obstacles to conducting research include a negative attitude towards research, feelings of not have the needed skills, and grappling with issues around time management. Further, Fisher (2000) saw the problem as unwillingness on the part of the research community to engage with the way practitioners use knowledge in practice or to build collaborative partnerships with the practice community.

Cohen, Sargent and Sechrest (1986) pointed out that some clinicians believe the majority of research is irrelevant to clinical practice. Is there a belief among counselors that non-published research is more "practical," or "useful?" Do the demands of published research such as peer review and significant scrutiny lead clinicians to avoid making an effort to contribute to the research literature base? More study would need to be completed to answer these questions definitively, but the differences in the levels of involvement between the two research arenas

certainly speak to a perception that one is either more easily attained, or possible to complete, than the other.

Could it be, as Heppner and Anderson (1985) suggested, that complex research methods and statistics are simply too difficult to understand? Do the rigorous standards of research periodicals and journals seem too intimidating to those who are more actively involved in non-published research activity? The survey findings do not seem to indicate a significant correlation between those who reported no published research activity and the constraints of lack of skills or lack of confidence/self-efficacy. Thus, more clarification is needed regarding these findings.

With those important matters in mind, how might counselor educators adjust their expectations and educational strategies in order to foster greater mastery and subsequent interest in conducting research? It seems clear that an acknowledgement of the anxiety that students bring to the classroom with them is needed as well as implementation of specific strategies to decrease anxiety. Second, there appears to be a certain amount of *salespersonship* necessary on the part of research instructors to communicate the importance and usefulness of the subject matter to the students in research courses. The literature review, along with respondent comments related to the relevance of research, lead to this conclusion. If the hope is to educate counselors that will practice effective and empirically proven strategies, students need the skills to evaluate these matters critically.

Therefore, another way to address this issue is to specifically prepare students to be informed consumers of research literature and address how that might impact their ability to engage in research activity after graduation. This desire is also reflected in several of the written survey responses. Such a strategy does not need to be exclusively the domain of a research course. This skill can be fostered in practically any graduate level coursework. Research can be removed from the domain of one course itself and incorporated into the learning outcomes of several courses, giving students more than one opportunity to learn about and practice formulating research questions and conducting studies. If students needed to successfully complete smaller scale research projects as part of the learning outcomes for several courses, they would likely gain more research proficiency than simply conducting one research project in one course.

Another educational strategy that presents itself in the written responses is a desire for hands on research requirements under the close supervision of faculty or mentors. Forty (40) individuals (nearly half of the respondents) provided written comments related to this strategy. The notion appears to be that some students desired the opportunity to be involved in research activity under supervision. There were also comments related to a desire by some respondents to have the opportunity to work more closely with faculty on their own research efforts.

An interesting proposal by more than one respondent was to incorporate a research project into the practicum/internship training experience before the greater clinical demands of post-graduate clinical hour acquisition. This strategy would require more direct faculty involvement and would increase time demands, but it appears to be an idea with great promise. Students would have the chance to formulate a research idea related to their practical clinical experiences and carry out data gathering. Could an experience like this help close the research – practitioner gap to which Weisz et al. (1992) and others (Seligman, 1995, 1996) referred? These researchers have posited a number of ways in which research therapy differs from agency therapy or private practice, and students who have had the chance to practice both research and therapy simultaneously while in practicum might be able to do both after graduation. This present survey data would support the exploration of this strategy.

Such alterations would necessitate significant shifts in the thinking of national accrediting bodies such as the Council on Accreditation for Counseling Related Educational Programs (CACREP) and the overall curriculum plans of individual colleges and universities. Many master's level counselor education programs are conceptualized in such a way that they do not attempt to graduate individuals who are skilled researchers. In fact, some programs might view the research course requirement as a necessary evil for students to simply endure. Such thinking is erroneous and will likely never contribute to the development of counselors who can meaningfully evaluate their own practices. Several of the survey respondents themselves expressed a desire for more opportunities to conduct research while in training in an effort to be able to continue doing so post graduation.

Such organizations as the National Institute of Health (NIH) and the Substance Abuse and Mental Health Services Association (SAMHSA) conduct significant research efforts and fund many others; however, funds have been diverted in recent years to other government sponsored programs. The implication is that if and/or when individuals indicate an interest in conducting research, they are more apt to do the work on their own time and dollars. These constraints stifle most people's interest in such work.

Should public policy require more meaningful inquiry as to the quality and quantity of mental health services being provided? These issues are directly related to the stewardship of public funds and how they are spent. If one believes that evaluation of how moneys are being spent is important, then granters of such funds should build meaningful evaluation and research efforts into the requirements for receipt of these funds. This trend is growing already, but clinicians who have been adequately trained in research can meet the challenges of these tasks more effectively and efficiently. At this point in time, it is not clear how competent the average master's level counselor is at performing these research and outcome evaluation tasks.

Limitations

All research has limitations which threaten the validity of outcomes and the generalized purpose of the conclusions drawn from survey data.

The first limitation of this study was the significantly skewed results pertaining to ethnic breakdown of respondents. The small percentage of minorities represented in the sample (only 18.1% combined) is disappointing and affected the ability to apply the results discussed to a greater population. If the study were to be expanded or replicated, more intentional efforts to recruit a more diverse representation of respondents would be indicated and potentially useful.

Another limitation is the solitary geographic location from which respondents were solicited, namely Illinois alone. The counseling profession, like most mental health professions, is regulated differently from state to state. Cultural norms vary significantly from one region of the country to another. Similar to the limitations related to ethnic diversity, the limited scope of geographic representation should be considered when attempting to generalize the data to other locales.

It should also be noted that there was no verification of respondents' answers to questions. Like most survey research, results were open to respondent error or deception. However, the relatively high number of responses, ninety-nine (99), helped address the significance of such possibilities.

Conclusion

If there is value to practicing counselors conducting research, then the information gleaned from this investigation should make contributions to instructional design in research methodology for counseling. Those who have responsibility for training master's level counselors need to take into account feedback offered by these responses. That being said, there is clearly a need for more inquiry concerning apparent gaps between practice and research. Further investigation into research practices of master's level counselors as well as the constraints thereof is likely in order.

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Author's Note

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Crisis Intervention Teams and Mental Health Advocacy

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Abstract

This article discusses advocacy for individuals with mental illness. Police, correctional officers, and counselors implement individual and systemic advocacy roles to support decriminalization of mentally ill individuals, and these roles are discussed in relation to Crisis Intervention Teams (CIT).

Thousands of individuals with mental illness are incarcerated each year (Cattabriga, Deprez, Kinner, Louie, & Lumb, 2007). The Federal Bureau of Justice statistics suggest that nationally, 16% of inmates have a serious mental illness (SMI). According to the National Survey for Drug Use and Health (NSDUH, 2011), an agency through the Substance Abuse and Mental Health Services Administration (SAMSHA), approximately 4.6 percent or 10.6 million adults in the United States age 18 and over have a mental illness. These astonishing numbers reflect a more serious problem regarding ability to treat inmates with mental illness. This article identifies how many mentally ill individuals encounter barriers to mental health treatment. Although many barriers exist, this paper highlights *criminalization* and how crisis intervention teams (CIT) aid in reducing this phenomenon.

Criminalization

For purposes of this article, *criminalization* is defined as the process that results with incarceration, rather than treatment, of individuals with mental illness. Due to budget reductions, many program administrators, stakeholders, and communities have transitioned from using an *early intervention model* to an *intervention model* regarding mental health care for mentally ill individuals. Early intervention models address symptoms and issues in early stages to prevent more severe symptoms or issues from developing. Intervention models, however, are more reactive to severe symptoms and are not utilized until issues or symptoms have escalated to a point where interventions are required clinically or legally. According to the National Alliance on Mental Illness (NAMI, 2011) the decrease in early intervention and prevention programs has correlated to an increase in criminalization. Early intervention provides mental health consumers with opportunities for prompt risk reduction by increasing protective factors.

Police Role in Criminalization

Approximately seven to 10 percent of public contacts with police involve individuals with mental illness (Lord, Bjerregaard, Blevins, & Whisman, 2011). Clearly, these numbers reflect a need for law enforcement personnel to be educated about mental illness including signs, symptoms, and treatment approaches. Providing officers with training can reduce barriers to mental health treatment, reduce criminalization, and avoid consumer deaths and tragedies in communities (NAMI, 2012). Interventions are in place to train law enforcement personnel on how to respond to individuals with mental illness and/or individuals experiencing a mental health crisis. One important national model for potentially effective and safe intervention is the Crisis Intervention Team (CIT) model introduced in 1988 in Memphis, Tennessee in response to police shooting a mentally ill man experiencing mental illness symptoms.

CIT transforms officers' perspectives and approaches toward mentally ill individuals (Cattabriga et al., 2007; DuPont & Cochran 2000). The 40-hour training officers complete to be CIT certified results in improved ability to recognize signs and symptoms of mental illness and refer rather than arrest individuals who experience a psychotic episode. Therefore, CIT is a salient early intervention advocacy model that aids in decriminalization of individuals with mentally illness. Police departments that elect to participate in this program demonstrate advocacy for collaboration with mental health practitioners and therefore increase opportunities to improve service delivery for mentally ill individuals.

Correction Officers' Role in Criminalization

As previously mentioned, individuals with mental illness individuals are incarcerated each year. Therefore, correctional officers also encounter advocacy opportunities for mentally ill individuals. Due to success of CIT programs in police departments, funds have been made available to incorporate CIT programs into correctional settings (Cattabriga et al., 2007). Research indicates that correctional settings that have implemented CIT programs result in officers using person-centered rather than public safety approaches where officers take immediate control of situations (Carothers & Tiner, 2011). Not all correctional environments have staff with advanced training for working with inmates with mental health and substance abuse problems, and therefore CIT trained correctional officers are a valuable asset to mental health systems. CIT programs advocate for improved service delivery for mentally ill individuals as well as improved training for police and correctional officers.

Advocacy for Mental Health Consumers

National Alliance on Mental Illness (NAMI) serves as one of the leading mental health advocacy and research organizations promoting advocacy, research, funding, and education regarding mental illness (Cattabriga et al., 2007; NAMI, 2011). These factors are collectively important because a strong connection exists between intrapersonal and systemic factors when treating mental illness. Ratts, Toporek, and Lewis (2010) wrote, "Counselors can find a sense of wholeness in their work only if the theoretical perspectives that inform their direct counseling are broad enough to encompass a variety of roles. An empowerment approach meets this criterion"

(p. 241). Empowering individuals with mental illness involves individual and social advocacy. NAMI directly supports CIT, and CIT programs are one venue that supports social advocacy.

Social Advocacy

CIT programs support social advocacy for individuals with mental illness in several ways. This early intervention model promotes treatment rather than criminalization, decreases stigma, reduces injuries to officers and consumers, increases officers' confidence in responding to mental health crisis calls, decreases use of physical force, and increases community partnerships between mental health and law enforcement vocations (DuPont & Cochran, 2000). Partnerships between mental health and law enforcement fields create a strong link for external and intrapersonal care for people with mental illness. Therefore, CIT programs are a critical influence within the communities in which they are implemented because they advocate for treatment rather than incarceration of individuals with mental illness.

Individual Advocacy

Counselors advocate in many ways to support client wellness and growth. One individual advocacy method that supports individuals with mental illness is for counselors to be aware of CIT presence in their communities. Counselors who are aware of CIT programs can educate clients about how to take advantage of these programs and to foster a sense of partnership with police. Individuals with mental illness are often afraid of police due to previous legal encounters or fear of officer use of force (DuPont & Cochran, 2000). Individuals who are educated about CIT trained officers and programs may request CIT officers if police intervention is needed or simply to improve the relationship with local police. Additionally, counselors who are aware of CIT programs can request CIT officers to respond for well being checks and, by doing so, advocate for effective crisis resolution approaches for consumers. By requesting CIT officers for well being checks, counselors indirectly advocate for decriminalization of mental health consumers.

Crisis Intervention Teams continue to grow nationally and internationally (S. Cochran, personal communication, August 21, 2012). These early intervention advocacy programs foster strong partnerships between mental health and law enforcement fields, and these partnerships improve service delivery for individuals with mental illness. Of the many types of advocacy promoted by CIT, decriminalization is a fundamental focus. CIT programs therefore support treatment rather than incarceration of individuals with mental illness, and counselors can support this advocacy measure through their awareness of local CIT programs. Police and correctional officers can also advocate for decriminalization by volunteering to become CIT trained and empower themselves as well as individuals with mental illness.

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School Counselor Stress Reduction through Meditation

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Abstract

Stress is a consistent problem for many people, particularly school counselors. In addition to the typical stressors related to mental health practice, school counselors often have additional stressors, related to special education services, paperwork, role ambiguity, and work overload. This article discusses ways to alleviate counselor stress through meditation. Current research on both school counselor stress and meditation will be discussed. The article will also discuss practical applications on developing a meditation practice.

Stress is a consistent problem for many people, particularly school counselors. Personally, many school counselors have stress over finances, housing, and relationships. Like most mental health professionals, professionally, school counselors often have additional stressors, including continuing education, clients, ethics, liability, and efficacy of services. Unlike many other mental health professionals, school counselors often have additional stressors related to special education services, paperwork, role ambiguity, and work overload (Culbreth, J. R., Scarborough, J. L., Banks-Johnson, A., & Solomon, S., 2005; Falls & Nichter, 2007; McCarthy, C., Van Horn Kerne, V., Calfa, N. A., Lambert, R. G., & Guzmán, M., 2010; Pelsma, 2000). These additional stressors might include: How do school counselors justify the effectiveness of their services when challenged by school administrators, school boards, funding agencies, and others? How might school counselors gain credibility among mental health professionals, other educators, and area residents?

All these stressors lead to increased stress and ultimately burnout in many school counseling practitioners. Butler and Constantine (2005) found that higher collective rates of self-esteem are generally associated with lower professional burnout in school counselors. They also found that a key way to increase self-esteem is through self-actualizing behaviors. School counselors working in urban districts were found to have significantly higher levels of burnout than did their peers working in other types of environments, such as suburban or rural districts. School counselors employed in their positions for 20 years or longer reported higher levels of burnout than did their counterparts working fewer than 10 years (Butler & Constantine, 2005). In addition, elementary school counselors were found to have lower levels of stress than their high school counterparts (Culbreth, et. al, 2005; Falls & Nichter, 2007). These studies that show the importance of reducing school counselor stress to ensure a long and healthy personal and professional life, particularly for more seasoned school counselors.

Meditation

One solution for the alleviation of stress is through the practice of meditation. Health care professionals have long used meditation practices to help their patients in a variety of settings to help deal with feelings related to anxiety, stress, and anger (Young, M. E., DeLorenzi, L. A., & Cunningham, L., 2011). William Glasser (1976) stated that meditation was associated with a greater emotional and psychological balance, as well as increased well-being. In addition meditation is often seen as a coping skill for stress management because of its low cost and ease of use once learned. Unlike psychotropic medications and other substances, meditation is free once the practice is learned (Young, et. al, 2011). While there are several different disciples of meditation, for the purposes of this article *meditation* is defined as "a family of techniques which have in common a conscious attempt to focus attention in a non-analytical way and an attempt not to dwell on discursive, ruminating thought" (Shapiro, 1980, p. 14). The purpose of the article is to introduce the concept of meditation as a stress reduction technique to school counselors and to encourage its use.

There are several types of meditation practiced throughout the world. In general, they can be broken into three groups: (a) devotional meditation, (b) mantra meditation, and (c) mindfulness meditation (Young, et. al, 2011). Devotional meditation "involves contemplation on a particular prayer, positive thought, or biblical passage" (Young, et. al, 2011, p. 61). In mantra meditation, the practitioner repeats a word or phrase for the purpose of focusing the practitioner's mind during the meditation practice (Young, et. al, 2011). Lastly, during mindful meditation, the practitioner "exercises intentional awareness and focuses the attention on breathing while striving to become keenly aware of what is happening in the present moment, both during and outside of meditation" (Young, et. al, 2011, p. 62).

Benefits

There are three major categories of benefit in the practice of meditation, including the areas of physical, mental, and emotional improvement (Benefits of Meditation, 2009; Davidson, et. al, 2003). The first category of benefits are the physical gains. One of the primary ways that meditation helps practitioners physically is through deep, controlled breathing. Deep-breathing reduces fatigue and tension by increasing the circulation of oxygen to the muscles. Meditation has been shown to lower high blood cholesterol due to its ability to decrease stress. Meditation also helps to reduce pain, insomnia, and headaches (Benefits of Meditation, 2009). In addition, one study found that regular meditation practice increased immune system resiliency (Davidson, et. al., 2003).

The second category of benefits is gains in emotional control. Emotional benefits include less irritability, reduction in the "fight or flight" response, and more self-control (Benefits of Meditation, 2009). Meditation also helps practitioners gain perspective when confronted with stress or times of crisis. Often times the stressors of school counselors' personal and professional lives become overwhelming. Through the use of meditation, school counselors can take a small amount of time to meditate daily. This helps to bring the perspective needed to manage a busy schedule and learn self-soothing skills (Benefits of Meditation, 2009).

The third and final category of benefit is mental enhancement. Some of the gains that practitioners obtain are better focus, concentration, creativity, and decreased stress (Benefits of

Meditation, 2009). Meditation helps practitioners identify negative thoughts and feelings, address them, and gain necessary perspectives to deal with them (Benefits of Meditation, 2009). Neuroscientists found that meditation practitioners shift their brain activity to different areas of the brain (Davidson et. al, 2003). They stated that brain waves in the frontal cortex were actually shown to switch sides of the brain. This shift was theorized by the neuroscientists to decrease the negative effects of stress, mild depression, and anxiety. In addition, they found less activity in the amygdala, where the brain processes fear. The mental benefits of meditation, if regularly practiced, are long lasting and cost effective.

Suggestions for Practice

There are several important factors to consider when planning a successful meditation practice. First, it is important to consider the setting of the practice very carefully. Attention should be paid to the location of the space. The space needs to be free from distractions such as telephones, televisions, and inquisitive co-workers. Practitioners should pick a room or part of their office/home that is quiet to minimize potential distractions. Turn off their office and cellular telephones when engaging in the meditation practice. Remove any television or radio equipment. Pay special attention to finding a space that is free of any emotional distractions or memories. Many areas in our daily lives bring about memories or emotions, interfering with our meditation practice.

Another recommendation is to keep this space "sacred." Attempt to use this space only for your meditation practice. Many people have a particular part of their office or home devoted solely to their meditation. If this is not practical for you, you may use a special mat or rug that you can put out just for these special times. It is important to set up an environment that will help you to center yourself and focus on your practice.

The next important factor in setting up a successful meditation practice is the time and frequency of your sessions. To be successful, you should practice your meditation frequently. For some practitioners, this may be daily or even every other day. It is important to practice at least once a week to develop competency at your practice. You should also practice at the same time of day, setting aside a special part of the day for self-care. In the midst of busy lives, it is often very difficult to do this consistently, but, like any other skill, it is important to take the time to practice. Having a consistent time of day where you can be appropriately "present" for your practice is significant to help train your mind and body. It is important to note the length of time you should be spending in your practice. When thinking about meditation, many people believe that they must spend a long period of time each day practicing. It is not necessary, or suggested, to spend a long time each session engaging in meditation. It is very beneficial to spend shorter periods of time in this practice. Just as a runner does not learn to run by starting with a marathon, successful school counselors should not start their meditation practice with an extensive length of time.

In conclusion, school counselors, like other mental health professionals, have very stressful lives. In addition to the typical stresses of many mental health practitioners, school counselors have additional stressors that are unique to their specialty. Through meditation, school counselors can alleviate stress and increase their feelings of self-esteem. Like any skill, the practice of meditation takes time and effort to become proficient. With patience and perseverance, you too can engage in a practice that will help increase your personal and professional health.

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Taking It Outside the Office: Using Counseling Skills to Reduce Stigma and Increase Social Justice Advocacy for Clients with Substance Use Disorders

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Abstract

Counselors already possess many of the skills necessary to become effective advocates for clients in order to promote public awareness, decrease the stigma and misperceptions associated with addiction, and fight for treatment resources. Interestingly, social justice advocacy appears philosophically congruent with most of the effective addictions treatment and counseling models. Therefore, counselors could use existing skills to expand advocacy efforts and create citizen advocate partnerships in order to enhance community awareness, change community policies, and increase community resources for addiction counseling and recovery efforts. Hence, counselors need to take their existing counseling skills and apply them outside the counseling session. Counselors can do this by moving beyond professional comfort zones in order to create partnerships for change with concerned neighbors and fellow citizens in order to advocate for and empower clients with substance use disorders and promote systems change though individual, community, and public efforts.

Substance abuse is a largely untreated, major health epidemic in the United States since as few as 8% of adolescent and adult clients needing counseling for addiction actually receive appropriate services (Reynolds, 2007). Counselors from every setting and specialty will likely face and address substance use issues sooner or later. One of the unique challenges in counseling clients with substance use disorders (SUD) is the stigma that often accompanies addiction.

Substance use disorders have a higher degree of stigmatization than other health conditions because SUD's are often treated as a moral or criminal issues rather than a health concern. Ratts, Toporek, and Lewis (2010) asserted the SUD stigma, "carries over into public policy, often making it necessary for substance abuse counselors to take part in macro-level efforts at education and sociopolitical advocacy" (p. 169). However, counselors need to advocate for clients with substance use disorders on *all* levels, including individual, community, and public arenas.

Interestingly, Ratts and colleagues (2010) concluded that social justice advocacy is philosophically congruent with many of the most promising substance use disorder counseling approaches, including social-skills training, couples counseling, behavior modification,

motivational interviewing, and community reinforcement. Hence, counselors are uniquely qualified to advocate for clients and to empower clients to be agents of change since counselor training, practice, and experience are already aligned with social justice advocacy.

Stigma

Individuals with substance abuse disorders face many challenges. Not only do they struggle with the conditions of their disorder, but they also routinely face the judgments of others. This judgment is based on the stigma often related to substance abuse. White (2009) described the process of stigmatization as being "held in contempt, shunned, or rendered socially invisible because of a socially disapproved status" (p. 6). Stigma develops from internalized and externalized experiences of "labeling, stereotyping, social rejection, exclusion, and extrusion" (White, 2009, p. 7) of a person or population.

Stigma is a social-cultural process of devaluation, rejection, or exclusion manifesting at the self, social, and structural levels (Livingston, Milne, Fang, & Amari, 2011). Self-stigma is a subjective process characterized by an individual possessing negative feelings, maladaptive behaviors, identity transformation, or stereotyped endorsement in response to experiences of negative social reactions. Social stigma occurs when large social groups actively or passively endorse stereotypes against a stigmatized group. Structural stigma involves the rules, policies, and procedures restricting the rights and opportunities of a stigmatized group.

Individuals with substance abuse disorders experience a much higher level of stigmatization than other health conditions (Livingston et al., 2011). Substance abuse stigma can result in social isolation, increased substance use, decreased use of professional help, and compromised long-term physical and mental health (Livingston et al., 2011; White, 2009). Substance abuse-related stigma is self-perpetuating through inaction. Professionals in the counseling field need to take an active advocacy role in the elimination of the substance abuse-stigma. Substance abuse stigma is a multi-level problem requiring a multi-level advocacy and empowerment solution.

Advocacy

White (2001) described advocacy as "changing the cultural perception and attitudes that underlie ill-conceived policies and practices directed towards" (p. 19) a stigmatized individual or group. Advocacy confronts individual, community, and public beliefs and misconceptions of a stigmatized population by influencing and changing cultural perceptions, institutional practices, and public policy (White, 2001). Professional counselors already have training to advocate and initiate change in the office with clients. However, to eliminate the stigma associated with substance abuse, counselors need to take their existing skills outside the office and act on a three-tiered advocacy approach (individual, community, and public).

Individual

Baille (2005) lamented that "persons with substance use disorders face the ugly consequences of their illness while anguished family members and friends wonder what more they can do to find treatment for their loved one and peace of mind for themselves" (p. 5). She chastised treatment professionals for too often confining themselves in their professional circles,

rather than moving beyond professional comfort zones in order to create partnerships for change with concerned neighbors and fellow citizens.

Advocacy can be with, or for, clients and also involves empowering clients. Advocacy might include anything from helping a client get a job to accessing community resources to helping clients learn to actually become change agents themselves.
White (2007) suggested,

> A growing number of people recovering from AOD [alcohol or drug] problems are using their personal transformations as a platform to advocate social change related to the sources of and solutions to community-wide AOD problems. . . . transforming people who have been the country's problems into instruments of social action and community service. (p. 702)

However, because of the previously discussed stigma associated with addiction, some clients may feel reluctant to go public with their story. Ironically, it may be those with the longest sobriety who may be most resistant to the importance of being involved as agents of change. Therefore, *Stepping Stone* of San Diego began training patients to advocate for themselves by including education about self-advocacy and systems change in counseling. This process enabled and empowered clients themselves to become agents of change outside the counseling session during the counseling process. Giving clients permission and empowerment to advocate for themselves may also increase self-efficacy and enhance self-esteem, while at the same time work to change public perception and increase recovery resources.

Community

There is strength in numbers. Individual advocacy efforts are enhanced when citizens band together to facilitate change utilizing community efforts. Baille (2005) shared an example of an Illinois grassroots advocacy group called Citizens Activated to Change Healthcare (CATCH). CATCH partnered with the Illinois Alcoholism and Drug Dependence Association (IAADA) and Congressman Danny K. Davis to commission a 2002 statewide poll that revealed that 53% of those polled had been touched by addiction, 73% understood addiction changes brain chemistry, and 85% believed treatment is preferable to the criminal justice system. CATCH followed up with a petition drive and gathered 118,000 signatures. CATCH's efforts culminated in an advisory referendum calling for comprehensive substance abuse treatment for any Illinois resident requesting services. The referendum passed with a three-to-one margin. Unfortunately, no funding was attached to the referendum, but it did demonstrate that 1.2 million voters (76%) supported the measure. It is also a great example of how community advocacy partnerships affected the system and influence change.

Baille (2005) pointed out that counselors and recovery professionals already often advocate on behalf of clients and routinely partner with other service providers. Therefore, counselors could easily use such existing skills to expand advocacy efforts and create *citizen advocate partnerships* in order to enhance community awareness, change community policies, and increase community resources for addiction treatment and recovery efforts.

One simple way to promote community awareness and advocacy is to take advantage of National Alcohol and Drug Addiction Recovery Month every September. Citizen advocate partnerships could use the September celebration to organize walks, demonstrations, and

activities, to aggressively pursue media coverage to promote treatment and recovery, and to increase public awareness and more accurate knowledge about recovery.

Public

According to White (2007), the modern alcoholism movement of the mid-20th century helped to de-stigmatize alcoholism and promoted the growth and availability of treatment during the 1970s and 1980s. However, "earlier successes in altering public perceptions and public policies toward alcohol and other drug (AOD) problems had deteriorated in the 1980s and 1990s via the restigmatization, demedicalization and recriminalization of such problems" (White, 2006, as cited by White, 2007, p. 696).

This may explain why de Miranda (2008) indicated that addiction treatment has a lower status in many human services systems. As a result, more and more community organizations now advocate to decrease the stigma associated with addiction and to increase treatment resources through public awareness and education. De Miranda mentioned the Nonviolent Offender Rehabilitation Act of 2008 (NORA), where thousands of California citizens signed a petition to bring the issue of permanent addiction funding before the voters. De Miranda also poignantly stated,

> We continue to train and educate our workforce as if only clinical skills matter. With national health care reform again looming on the horizon and a national economic downturn decimating state budgets, this amounts to rearranging deck chairs on the Titanic. (p. 5)

Sadly, healthcare reform has often been problematic for substance abuse treatment providers. In one North Carolina region, according to Knopf (2007), "bureaucratic requirements for service providers under the state's reform effort have helped account for a drop of two-thirds in the number of available addiction treatment providers" (p. 1).

In response to such challenges, de Miranda (2008) called for an army of recovery activists to arise in order to gain the funding necessary for treatment, research, and recovery resources. One such effort is having national impact. The Center for Substance Abuse Treatment's Recovery Community Support Program provided finances for local recovery advocacy efforts from 1998 through 2002 and the Faces of Voices of Recovery campaign emerged from the 2001 summit. Faces of Voices of Recovery has become a national leader in changing the way the American public views addiction (de Miranda, 2008).

The goals of this new recovery movement (White, 2007) are to: (a) portray addiction as a problem with viable and varied recovery solutions, (b) provide living role models to illustrate the diversity of recovery solutions, (c) counter public attempts to dehumanize, objectify, and demonize people suffering from addiction, (d) enhance the variety, availability, and quality of treatment and recovery support, and (e) remove environmental barriers to recovery by promoting laws and social policies that reduce AOD problems and support recovery.

Conclusion

Most counselors will deal with clients with addictions sooner or later, even if substance abuse is not a specialty. Counseling skills can be applied outside the counseling office to

advocate for clients and also empower clients as agents of change on an individual, community, or public level. This is particularly important for clients struggling with addiction because of the stigma associated with addiction. Fortunately, most of the treatments shown to be effective in treating substance use disorders are already consistent with social justice advocacy. Therefore, existing counselor knowledge and skills make counseling professionals well suited to advocate for and empower clients, making both client and counselor agents of change in individual, community, and public arenas.

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Motivation to Learn: Mattering from a Multicultural Perspective in Schools

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Abstract

The motivation to learn is an important element in counseling students. Mattering is a relatively new concept with emerging significance in counseling that has been linked to student motivation. To further the dialogue on how mattering is relevant in schools, this article presents the idea of viewing mattering through a multicultural lens. Mattering, in the context of culture, may provide additional avenues to work with students and stimulate future research on mattering in schools.

Feeling valued and significant to others is a fundamental need of human beings (Dixon Rayle, 2006). It is especially important for adolescents, specifically middle-school-aged adolescents, to feel they matter to others because of the physical and emotional pubescent changes that are occurring in their lives (Dixon Rayle, 2005; Dixon & Tucker, 2008). This critical time in an individual's development calls for continued diligence in identifying concepts that can assist school counselors in working with these students. *Mattering* has been identified as an important factor related to high school students' academic success (Tucker, Dixon, & Griddine, 2010). Mattering is meaningful because it is a form of support. Students who feel supported, acknowledged, important, and encouraged have the necessary ground-work present to become active in pursuing their dreams and flourishing (Dixon & Tucker, 2008).

Just as mattering has been identified as an important factor in the success of students, the importance of counselors working from a multicultural perspective has been a growing force within the profession. Peters et al. (2011) noted that multicultural competency plays an integral part in the success of client outcomes. In our present global society, it has become necessary for counselors to possess multicultural competencies and skills (Sue, Arredondo, & McDavis, 1992). The important connections between mattering and multicultural counseling practices and how these two concepts, when utilized by school counselors, may increase middle school students' motivation to learn are the focus of this article. Incorporating key concepts from mattering and applying them through a multicultural lens may provide a foundation for school counseling programs to assist students to feel valued, supported, and positioned to be successful in their academic endeavors.

Our objectives in this review of the literature are to provide an overview of the existing knowledge in the areas of mattering and multicultural counseling. Additionally, we propose the

importance of integrating these concepts when counselors work with students in schools. Finally, we identify specific implications for school counselors and provide potential areas of research that may support further development and usage of mattering through a multicultural lens while working with students.

Existing Knowledge

Mattering

Early ideas of mattering were introduced as belonging and noted in Maslow's (1970) hierarchy of needs. Maslow (1970) believed that basic needs are similar to instincts and are major factors in motivating behavior. Physiological, security, social, and esteem are needs that come about due to deprivation (Maslow, 1970). After meeting basic physiological and safety needs, the need for belonging follows. Mattering relates to belonging in that feelings of belonging are necessary to nurture feelings of mattering (France & Finney, 2009). However, mattering differs from belonging, because perceptions of mattering take place in interpretation of others' attention, and belonging is related more to one's interpretation of his or her integration into a group (Dixon & Tucker, 2008).

Mattering, as a concept, was introduced in the early 1980's (Rosenberg & McCullough, 1981). Since the turn of the twenty-first century, it has become an increasingly emergent topic, gaining momentum, and growing significantly in the counseling profession (Dixon Rayle & Myers, 2004; Dixon & Tucker, 2008; Dixon, Scheidegger, & McWhirter, 2009; Elliot, Kao, & Grant, 2004; France & Finney, 2009; Tucker, Dixon, & Griddine, 2010). Mattering has been defined as the perception that human beings believe they are important and significant in the world around them, to others in interpersonal relationships, and within systems or communities (Dixon & Tucker, 2008; Elliott, Kao, & Grant, 2004). Mattering can be described as a sense of belonging in relation to others. Schlossberg (1984) described mattering as beliefs humans behold about their importance to others and how others appreciate them. All humans want to matter to others and to society (Dixon Rayle, 2006). Rosenberg and McCullough (1981) established the importance mattering had in relationships between adolescents and their parents and its fundamental need and requirement to an adolescents' self-worth. Mattering has been suggested as vital for developing identity, self-concept, sense of belonging, and understanding one's purpose in life (Elliott et al., 2004; Marshall, 2001; Rosenberg, 1985).

In a research study by Elliot, Kao, and Grant (2004), an index to measure mattering was developed. Two underlying categories of mattering were tested, awareness and relationship. Elliot et al. (2004) described *awareness*, in the context of mattering, as cognitive in nature and involving an individual being the focus of attention from others. Essentially, if one perceives he or she is recognized by others, or others are aware he or she exists, then one matters (Elliot et al., 2004). The other category, *relationship*, focused on the existence and meaning of relationships between one person and others to whom one matters. Elliot et al. (2004) explored two subordinate categories of relationship mattering: reliance and importance. *Reliance* refers to when individuals matter to others when others are relied upon on to satisfy their needs and/or wants. *Importance* was defined as when people feel that they matter to others if they are the object of others' interests and concerns. This study provided a 24-item index that was "a strong and effective measure of mattering" (Elliot et al., 2004, p. 352).

The relationship and awareness concepts of mattering lend themselves to multiculturalism. Being aware of and focusing on clients' unique perspectives, counselors emanate mattering and utilize multiculturalism. Elliot et al. (2004) expressed the following about *importance* in relationship mattering, "We feel that we matter to others if we are the object of their interest and concern. They may listen to our complaints about problems, inconvenience themselves to see that our needs are met, or take pride in our achievements" (p. 341). This statement speaks to the essence of incorporating multiculturalism when addressing mattering while working with students.

Multicultural Counseling

Multiculturalism is defined by the Webster's New World Dictionary (2002) as "the practice of giving equal emphasis to the needs and contributions of all cultural groups, especially traditionally underrepresented minority groups, in a society" (p. 318). The American Counseling Association (ACA) Code of Ethics (2005) underscored the importance and necessity of recognizing diversity and embracing multicultural approaches to counseling. The Multicultural Counseling Competencies (Arredondo et al., 1996) addressed core areas that a counselor should continually strive for in practicing in a multicultural fashion. These areas include awareness of personal values and biases as well as the client's worldview. The core competencies address the use of appropriate cultural interventions within the dimensions of attitudes and beliefs, knowledge, and skills (Arredondo et al., 1996). Multiculturalism takes into consideration not only ethnicity and race, but also language, gender, and other characteristics that encompass "culture." Some cultural characteristics may not be visible such as religion, language, and education level (Remley & Herlihy, 2010). Recognizing the multiple factors is of paramount importance for counselors when working with students. Ponterotto, Mendelomitz, and Collabolletta (2008) wrote: "As the United States becomes more culturally diverse, multicultural strengths development will grow increasingly important in promoting academic performance, career success and satisfaction, and socio-emotional health" (p. 93). The development and adoption of the Multicultural Counseling Competencies (Arredondo et al., 1996) by the counseling community has evidenced the importance the profession places on multicultural work.

Additionally, multicultural competency is an essential component of school counseling programs when placed within a strengths-based school counseling framework (Galassi & Akos, 2007). The framework injects issues of multicultural development, multicultural competence, and racial/ethnic identity development into school counselors' roles (Ponterotto et al., 2008). Multicultural counseling theories continue to receive large shares of attention and research, focusing on diverse issues such as sexual orientation, age, and abilities, with a primary focus on racial/ethnic experiences (Nutt Williams & Barber, 2004). The diversity of issues for clients is evident across all demographics and does not exclude the specific concerns of students. Highlighting multicultural issues and elements of mattering can go a long way in addressing the specific concerns that students encounter.

Integrating Mattering and Multiculturalism in Counseling Students

The American School Counselor Association (ASCA) (2012) described middle-school-aged adolescence as a time when students:

> Search for their own unique identity as they begin turning more frequently to peers rather than parents for ideas and affirmation; extreme sensitivity to the comments from others; and heavy reliance on friends to provide comfort, understanding and approval. Early adolescents face unique and diverse challenges, both personally and developmentally, that have an impact on academic achievement. (para. 2)

A sense of mattering to specific individuals may be of critical importance within family, friend, and school groups during adolescence (Rosenberg & McCullough, 1981).

One study suggested the utility of integrating foundations of mattering into school counseling programs (Dixon & Tucker, 2008) to help address concerns about adolescents being a population at risk for mental health issues because of developmental and emotional changes occurring in this age range (Dixon & Tucker, 2008; Rosenberg & McCullough, 1981; Tucker, Dixon, & Gridinne, 2010). Rosenberg and McCullough's (1981) study of mattering covered adolescents' perceived mattering and found that stronger feelings of mattering positively correlated with higher self-esteem and negatively correlated to feelings of aggression, hostility, irritability, resentment, and alienation. Dixon and Tucker (2008) stressed that mattering is a foundational relationship concept and should be integrated into each school counseling program's mission. "By seeking to promote mattering through the school counseling program via an array of services to all students, the school counselor affirms his or her understanding of the critical place that mattering occupies in healthy emotional and social development of young people" (Dixon & Tucker, 2008, p.123). Placing an emphasis on mattering within the schools is a way of promoting mental wellness for the young people that seek counseling services in the school.

When counseling young adolescents towards mental wellness, two key concepts that are related to mattering and multicultural counseling are *ethnic identity* and *acculturation* (Dixon Rayle & Myers, 2004). In the study by Dixon Rayle and Myers (2004), mattering emerged as the strongest predictor of wellness, especially in the areas of self-direction, schoolwork, and friendship. The authors described ethnic identity as finding a sense of belonging to an ethnic group; and acculturation as adapting to new cultures by changing one's cultural attitudes, values, and behaviors due to contact with other cultures. The findings of this study suggested that paths toward mental wellness in adolescence will vary for given individuals and will be influenced by several variables. These include: ethnic identity, experiences with navigating mainstream culture and ethnic culture, and perceived levels of mattering to others (Dixon Rayle & Myers, 2004).

Acceptance and use of culturally appropriate strategies and treating clients with dignity is the essence of mattering. These two concepts work in tandem, and by applying multicultural strategies, counselors are also applying mattering. Pack-Brown, Thomas, and Seymour (2008) wrote, "ACA (2005) has emphasized the ethical responsibility professional counselors have in (a) enhancing human growth, (b) recognizing and respecting the diversity of their clients, and (c) embracing culturally appropriate strategies that honor the dignity and uniqueness of the persons they serve" (p. 296). The elements involved in developing knowledge and skills that are important in multicultural counseling competencies are similar skills and knowledge that are key to school counselors' ability to emulate mattering to their students. Niles and Harris-Bowlsbey (2009) referenced skills including general acknowledgement of students' presence, active listening, appropriate self-disclosure, and asking questions.

Furthermore, Elliot et al. (2004) suggested that mattering is an important self-concept and is an "essential personal motivator" (p. 340). Due to adolescents' apparent reliance on mattering,

incorporating mattering as a prominent element in school counseling programs could improve students' perceptions of mattering and lead to higher motivations to learn (Dixon & Tucker, 2008). The mere perception that students matter to significant others in their lives, such as their counselor, is a motivating factor. One study focused on academically successful African American male high school students' experience of mattering to others at school and how this self-concept affected their desire to excel in their studies (Tucker, Dixon, Griddine, 2010). The researchers concluded that students' feeling that they mattered to others at school was the foundation that helped build their confidence and motivation for continued academic success. Tucker, Dixon, and Griddine (2010) noted that further empirical studies are needed to exhibit explicit evidence that a positive correlation exists between mattering and an increase in student motivation for learning.

Discussion

The purpose of this article was to highlight the importance of addressing middle-school students' need for mattering and the effects this may have on their motivation to learn. Additionally, a discernible link between expressing mattering and utilizing multicultural counseling strategies in middle school counseling programs was presented as a means to further students' motivation to learn. One of the most fundamental needs of human beings is to have and maintain important relationships with people who are significant in their lives and within their cultural group. Mattering is especially important for young adolescents as they undergo many changes during such a critical stage of development. Despite its importance, linking mattering to learning and the role of the school counselor plays in this concept has not been addressed. A paucity of literature seems to exist. Mattering is virtually a new concept in counseling; therefore, there is a paucity of literature pertaining to mattering and counseling. However, various studies have demonstrated how student achievement (Tucker, Dixon, & Gridinne, 2010) and mental wellness (Dixon Rayle & Myers, 2004) have been impacted when mattering techniques are emphasized in school counseling programs.

Implications

Ponterotto et al. (2008) stated "The U.S. Census Bureau (2004) projections provide convincing evidence that our current students will be graduating into an increasingly culturally diverse nation" (p. 94). School counselors would do well to incorporate mattering as a foundation to multicultural counseling and can do this in a variety of ways. By practicing multicultural interventions, counselors are conveying to students that they matter, because they have taken their culture, social, or ethnic background into consideration. Counselors embrace students' unique lives and perspectives which show each student that they matter. Mattering can also be expressed by respecting students and the importance of their issues while remaining mindful of their unique social or cultural contexts. In this way, mattering can more easily be projected as a foundation to multicultural counseling with specific interventions to support this.

School counselors can develop culturally appropriate interventions incorporating mattering. Remley and Herlihy (2010) proposed that counselors develop strategies that not only help individual clients but also consider the larger social systems in which they operate. School counselors should view students in relation to their environment and larger social constraints such as discrimination, racism, and socioeconomic status (Sue, Arredondo, & McDavis, 1992).

Lee (2001) and Lee and Kurilla (1997) suggested performing alternate roles that include being a client advocate, consultant, and a liaison with existing support systems in client communities (as cited in Remley & Herlihy, 2010). Another strategy involves the development of client-counselor relationships (Remley & Herlihy, 2010). When clients and counselors perceive they matter in the counseling relationship, the shared relationship can be a powerful force of change (Dixon Rayle, 2006). School counselors can help instill a sense of mattering in their student-counselor relationships by allowing students to be active participants in their education options and helping to guide students in making their own decisions. Asking students' opinions and playing to their strengths are highly effective ways in which school counselors show their students they matter (Dixon & Tucker, 2008). Moreover, school counselors are in unique positions for modeling the facilitation of mattering in the hope that students will apply it in other relationships (Dixon Rayle, 2006). In other words, through these relationships, the students' sense of mattering can blossom into their perceived mattering within their social or cultural groups.

Suggestions for Future Research

Given the potential implications of linking mattering with the multicultural paradigm, continued research in this area is warranted. Future studies could focus on individuals from diverse racial/ethnic and socio-economic backgrounds, sexual orientations, and family structures to highlight the effects of experiencing mattering within these groups. Qualitative studies ranging from phenomenology (van Manen, 1990) to grounded theory (Corbin & Strauss, 2008) may be useful to understand the lived experience of students from various backgrounds and determine any processes that are evident when mattering is incorporated in a school setting. Another potential research methodology that could be implemented in a school is a single-case design (Ray, Barrio Minton, Schottelkorb & Brown, 2010). This practice-oriented research could monitor student motivation to learn across time as multicultural mattering is brought into the counseling relationship.

Mattering and multicultural counseling can work well together to provide students with a sense of mattering within personal relationships and their cultural or social group or community. Incorporating multicultural competencies seems to be a necessary foundation to mattering and mattering foundational to multicultural counseling. The incorporation of mattering through a multicultural lens in counseling may have significant implications for students seeking counseling services in schools.

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Hear Our Voices: Children of Alcoholics

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Abstract

The purpose of this article is to provide a personal perspective on and increase awareness concerning children's feelings when living with an alcoholic parent. It is not a research article, but rather an article that gives a voice to some of the feelings gathered from children. These children come from diverse backgrounds and have been exposed to alcohol abuse in the family. It is written from a personal perspective.

Much has been written about the number of youth who are living in alcoholic homes. According to Grant (2001) the number of children subjected to alcohol abuse or dependence in the home is estimated at 29% of the total US population. The lives of too many youth are negatively affected when they live with or visit an alcoholic parent. These children exhibit higher symptoms of depression, anger, poor self esteem, and interpersonal relationships (Osterndorf, Enright, Holter, & Klatt, 2011).

Some youth endure emotional and physical abuses that are not discussed. The unspoken rules of "don't talk, don't trust, don't feel" are present as the shame of the family is hidden, and they try to believe that they are not different from other families. These youth want to feel safe, loved, respected, and believe they are normal. They seek to be heard and validated (Black, 1982). These youth come from all walks of life, and the problems are not isolated to one class of people, culture, or ethnic environment.

Background

I have worked in the field of substance abuse for over twenty years. For fourteen years I worked in out-patient treatment with clients and their families, including children over the age of six years. It is my experience that these families needed treatment that focused on the affected child, focused on the effects alcohol was having on the family, and helped everyone deal with powerfully conflicted emotions. In treatment with me, the youth in these families were given the opportunity to express themselves, and I started keeping a mental list of their powerful feelings.

In the past eight years, I have worked at a university alcohol and drug center that provides a variety of out-patient services from education to out-patient treatment. During the intake process at this center, students must complete a form that asks numerous personal questions. One of the questions asks whether there is a family history of substance abuse. When

I follow-up with this question, some say yes but that it does not affect them, while many others say it bothers them. When they say this, they frequently tear up.

On one particular occasion, I asked a student how he felt about living in an alcoholic family. He started sobbing and stated no one had ever asked him this question. When invited to return for counseling, he stated he did not want to open this door anymore, because he found it too painful. When I asked how he dealt with pain, he stated that when it got to be too much, he isolated himself, curled into a ball, and cried. He thanked me but declined a list of resources.

After he left, I started thinking about all the pained youth I had worked with in out-patient treatment and in private counseling. All of them had strong feelings, and most stated they felt alone in their pain. It was then that I started thinking about what could be done to help them and let them know that there are people who care and will listen. When I mentioned my thoughts to my seventeen-year old grandson, he stated he knew several of his friends who lived in alcoholic homes, and he thought they would be willing to talk to him about some of their feelings. These youth wanted their voices to be heard even though they knew their parents would not change.

Hear Our Voices

The following are some of the feelings shared by the youth remembering their past treatment and some who are still in treatment. All the youth who shared their thoughts and feelings wanted to be heard and continue to live in alcoholic homes. Their thoughts and feelings are divided into age groups.

Ages six-thirteen years:

- When my dad drinks, I feel mad, sad, and small.
- I don't like it one little bit and hate it.
- I felt like I had to protect my mother, but I couldn't move.
- I worry about what will happen to me, my sister, and my mother.
- I want to feel safe, and I don't.
- I don't feel like I can tell anyone, because my mother and father would get mad.
- I try hard for my father not to see me, and I feel like if I could fade into the wall. Then he would not see me.
- I used to be so scared because my mother would put all of us in the car, and we would drive around for hours. The next day we would go to school like nothing happened.
- I often wet my pants, because I was so scared when my father hit my mother. And I would run so he wouldn't see me, and I would get even more scared and mad.

Ages fourteen-twenty years:

- I was always mad when I got home from school, because I did not know if my parents would be drinking. I took care of the kids while they both went out to drink. I felt like a parent and felt cheated.
- I felt so scared and hurt that I started thinking about cutting myself to let the hurt out.
- At school it was nice to get away and be normal, because I knew that when I got home, nothing was normal.
- I often wished my mother would do something about his drinking, but she never did. I wondered why she would let us live like that. I hated her too.
- When my father did not come home at a certain time, my mother would wake me up and tell me to go look for him in the bars. I was twelve and did not have a driver's license. I

was so scared when there was snow on the roads, and I just prayed. When I got home I was so mad at my mother. Why couldn't she just let him stay there?

- When my parents separated, I would try to avoid seeing my alcoholic parent, but when I was forced to go, I would hate both of them even more.
- When I had to visit my mother, the alcoholic, we always went to a fancy place to eat and then she would start in criticizing me. I didn't know what to do, and I would sit there and cry and be embarrassed. She didn't care. I felt so ashamed, and I hated her so much.
- I would wonder why no one helped us. Didn't they care? It would make me not trust anyone, because I knew no one would help.
- Every time my father drank, he would beat our mother. When I was sixteen I had had enough, so I attacked him. He never did it again. Why didn't I do it sooner?
- After awhile I would hate both of my parents and I would stay out as long as I could.
- I used to wish my parents would die -- especially after my father continued to drink after he had so much treatment. When he came home from treatment, mother would baby him. It was disgusting.
- Sometimes my father would get so drunk that he would give each of us $100. My brothers and I really liked that, and we knew that at this point he would pass out. That made us happy, but we never knew if he was going to be mean or nice.

What Might and Might Not Help Encourage Youth to Seek Treatment

How can school, mental health, and substance abuse counselors help youth who often go unnoticed and whose sense of dignity and self respect are so compromised? How can counselors validate the pain of these youth who come from every socioeconomic class and ethnicity?

There are many ways that counseling can be helpful to youth and their parents. If parents are in treatment, their children may have an opportunity to participate in family treatment. In family treatment, they may learn how to talk to their parents about their feelings. Counselors may often share additional resources with their clients, so youth may also learn that Alateen is an anonymous support group just for them. However, I worry that most of the affected youth do not receive help, and too many become victims.

It seems to me that one of the problems is that counseling cannot be helpful if substance abuse is not identified as a problem for the family. How can different types of counselors reach youth when it is not easy to identify them? It is especially problematic for school counselors. Students, especially those who families do not identify as having a substance abuse concern, may not self-identify as needing support and assistance. At first, I thought that an eye-catching poster placed in the school could inform students of available resources. But would students pay attention to a poster? When I discussed this idea with students, they shared the opinion that “the time in-between class was to socialize with friends and not to look at posters.” They also opined that “when school is out most students do not want to hang out at school and look at a poster.” Many of them seemed to perceive that being “caught” looking at the poster might bring them attention and perhaps result in being teased.

Students may feel comfortable talking to a Drug Abuse Resistance Education (DARE) officer. According to a local DARE Officer, their curriculum focuses on alcohol and drugs use. At the end of the curriculum, there is a unit where alcohol/drug problems in the home are discussed in a generic way so that none of the youth are identified. For example, the youth are instructed to say "I know someone who....." rather than feeling pressured to disclose about

their own situation. If they have questions or concerns, they may speak with the DARE Officer in private. The DARE Officer stated that youth do approach her, and sometimes, she refers them to the school counselor.

It may be important for school counselors to use methods that may easily catch youth's attention. For example, youth often pay more attention to social media such as Facebook, My Space, and You Tube. It may be important for all counselors to use entertainment to get the youth's attention. For example, counselors could be creative and develop a video, post it on You Tube and have a generic topic such as "alcohol, parental drinking" or other topics that could capture this young audience. This could be an anonymous avenue to learn from their peers and express their own feelings. It would be important that the title of the video topic be one that will attract the attention of youth and their peers. In this way, counselors can use the "voice" of youth to attract the attention of other youth.

Most importantly, no matter if the counselor is a school counselor, mental health counselor, substance abuse counselor, or other type of counselor, they all need to recognize that previous tools used to identify children of alcoholics may be out-dated. Counselors need to "think out of the box," and understand that what may have worked in the past to attract youth to a mental health message may not work in the present. As counselors, we must work to recognize the voices of our youth living in homes where substance abuse is a problem and work to overcome the treatment stigma youth may feel, so all these youth can be heard.

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