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CO-EDITORS NOTES: THE JOURNAL OF COUNSELING IN ILLINOIS

Welcome to the third edition of Volume One of the Journal of Counseling in Illinois. We are pleased to feature five articles in this edition that address important aspects of the counseling profession. These articles cover three of the categories for the JCI, professional practice, professional exchange, and professional dialogue. We hope you will enjoy their variety, information, and inspiration on facets of the field of professional counseling in Illinois.

The professional practice of counseling is an important aspect of our profession and represents one of the five content areas in JCI. Two articles in this publication focus on innovative approaches and techniques that offer the reader ideas for their own areas of practice. The first article by Yesko, Bakos, and Seewald offers an innovative approach to working with trauma survivors. It articulates a nine-step model that therapists can use in a group setting that helps clients to restore their situation. The authors include a case study that demonstrates the impact of this model. In a second article in the practice area, Harsy offers some sound suggestions for school counselors in Illinois. Professor Harsy points out the large student-counselor ratio in Illinois and highlights the difficulty this presents in serving students and addressing their developmental needs. Based on his experience and research, he offers ten tips for effective ways to meet student needs in spite of the ratio and the need to meet many non-counseling tasks and activities.

Professors Ockerman, Mason, and Novakovic present a compelling article in the professional exchange section that calls counselor educators to consider how they are training school counselors. They challenge programs to consider using a transformative approach to training and preparation by explaining how they did this in their own master's level program. The authors outline the steps they took that led their school counseling program to receive national recognition as a Transforming School Counseling Program in 2011. You will enjoy reading about the creative strategies and changes steeped in social justice that focuses on systemic and long-term change. This outcome addresses a big "elephant in the room" by working to eradicate the achievement gap for all students, especially those who are marginalized or underserved.

In the professional dialogue section of JCI, authors Jeon and Wickman offer readers a compelling argument that advocates for the inclusion of refugees within the multicultural spectrum, a population that is often excluded. There is a need to identify these people and to promote their strengths and positive attributes. The authors point out that advocacy is a human right, and the article offers several intervention strategies to professional counselors who work with this population. Additionally, in the final article, Oliver opens a professional dialogue that explores current issues affecting the professional identity of counselors, specifically related to Illinois. He outlines his position around the issues of licensure and certification, and posits that the new 60 hour requirement by CACREP specifically focused on the training of clinical mental health students, creates a different identity from those trained in a 48 hour school counseling program. He offers several important recommendations worth your thought and consideration.

We continue to be excited about the *JCI*, and we hope you will enjoy reading it. Our vision is for *JCI* to offer a spirit of cooperation, connection, and solidarity for the counseling profession in Illinois, where members serve in a variety of counseling roles, while providing care for others.

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Nine Steps to the Other Side of Triggered™: **Implementation of the Curriculum in a Therapy Group for Trauma Survivors**

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Abstract

In 2007, I developed Nine Steps to the Other Side of Triggered™, which is a curriculum for the treatment of trauma (Yesko, 2007). This curriculum is designed to help trauma survivors resolve triggering events in an empowering manner. Over a two-year period, I implemented the curriculum in a weekly therapy group for female trauma survivors. This article details how the nine steps of the curriculum and the accompanying visualization exercises were utilized in the group. In the first phase of the curriculum, each member connected the trauma story to the trigger story. In phase two, each member examined her relationship with the trauma story. In phase three, each member changed her relationship with the trigger story. In the final phase of the curriculum, each member created a new story of empowerment. This article details the group members' experience of working through the curriculum and provides a case example of one woman's successful journey through the nine steps.

I cannot retroactively bear witness to my client's past trauma. However, as I watch each client navigate a current trigger story in a disempowered way, I come as close as possible to understanding what happened during the trauma story to remove that power. While I cannot change the trauma story, I can help my client renegotiate the behavioral relationship with the current trigger and replace the old disempowering behaviors with new empowering behaviors.

Nine Steps to the Other Side of Triggered™ is a curriculum for trauma survivors that breaks this renegotiation process into simple, manageable steps and visualization exercises. The chart that is embedded in the article is a summary of the curriculum (Yesko, 2007). The curriculum is divided into four phases. I designed each phase to help clients understand a new curriculum component, building upon their knowledge gradually and intentionally.

I taught this curriculum to a group of female trauma survivors over a two-year period. Sessions were held in a classroom with a large dry erase board, a conference table, and plenty of room for role-play. Group members worked alongside each other in the healing process, creating opportunities for vicarious learning and mutual support. Survivors met peers who could understand and validate the pain in their lives, learning that they were not alone.

An important component of my work with this trauma group was acknowledging and addressing the theme of isolation in the lives of trauma survivors. Herman (1997) recognized that people who have suffered trauma feel abandoned, alone, and alienated with disconnection pervading every relationship. I think of this isolation as an "overarching lie," a message survivors received during the original trauma that they were alone, silenced, and helpless. When

triggered, clients re-experience the trauma through intense distress when encountering reminders, including symbolic ones, of the traumatic event (Catherall, 1992). A trigger is marked by intense distress causing survivors to once again feel isolated and alone. Doing this work in a group model helps to challenge the overarching lie that is replayed every time clients are triggered.

Throughout this article, I will use one survivor’s story to illustrate further the impact of the group model on clients. Callie is a survivor of complex childhood trauma who internalized the curriculum and applied the steps to her life. Molested at a young age, Callie went to her mother for help, but her mother did not believe her. Thus, Callie was silenced and lost her voice. Callie learned the overarching lie, and it was pervasive when she presented for group therapy. Most of our initial sessions were triggering for Callie. She sat through sessions with tears of shame streaming down her face, and she felt unable to articulate the source of her triggers. Through our work together, Callie came to recognize and articulate the connection between her silence, feelings of shame during sessions, and her childhood trauma.

Nine Steps to the Other Side of Triggered™
Curriculum Phase One: Connect Your Trauma Story to Your Trigger Story
<p>Visualization Exercise #1: The Glass Floor Between You and the Trauma Imagine your adult self standing on a glass floor with many pieces of your past trauma story below the floor. As you walk along, you are triggered by a current event. This trigger lights up the floor allowing you to see a cluster of your child parts associated with the trauma just under where you are walking. Each child part holds an aspect of your trauma story along with the feelings and behaviors linked to that particular piece of the story. As you look closer, the reactions and behaviors of one of your child parts will resemble the reactions and behaviors that your adult part is experiencing during this current trigger. That child part holds the piece of the trauma story that needs to be addressed through the nine steps.</p>
<p>Step One: Recognize that your body is triggered by a present day event and you do not feel empowered as you respond to the trigger.</p>
<p>Visualization Exercise #2: Access Your Child Part Through the Physiological Portal Imagine your adult self’s experience and behavior during the current trigger as the “physiological portal” through which you can view your child part’s experience and behavior during the related piece of your past trauma story. As you tell the story of what triggered you, track the moments when your body changes or becomes physiologically activated. What words were you saying when your body changed? What happened in your body as you said those words? The smaller, more specific part of your current trigger story that caused you to become activated is linked to what happened to you during a particular piece of your trauma story and will be the focus of the next step.</p>
<p>Step Two: Match a small piece of the current triggering event to a small piece of your past trauma story where you experienced similar disempowerment.</p>

Curriculum Phase Two: Understand Your Behavioral Relationship with the Trauma Story

Visualization Exercise #3: Rewrite the Overarching Lie

This small piece of your trauma story created a state of isolation by sending the message that you were completely alone and isolated. While this current triggered state feels isolating, there is help available now. Replace the overarching lie that you are alone with a true statement. Specifically, your current trigger is happening in the present-day at a time when you can choose to work on it in connection with your adult self and others by taking the next step. Use the next step to gain awareness of how this sense of isolation led you to deal with the trauma alone.

Step Three: Identify the limited options you had when you responded to this piece of the past trauma story.

Visualization Exercise #4: Examine the Child's Limited Options

Talk to yourself about how, in a state of isolation, with only yourself to rely on, you did the best job you could at the time to survive. You may have perceived that you had the choice to stop this part of your trauma story from happening. However, the trauma was inevitable and your only real option was to cope with the situation. Use the next step to examine how these limited choices, while protective at the time, continue to play out in your current trigger in ways that do not feel empowering.

Step Four: Discern how you use the same limited options when you respond to this piece of your trigger story.

Visualization Exercise #5: Step Out of the False Hiding Place

During this piece of your trauma story, a set of self-protective behaviors helped you cope. When you are activated by the trigger, your instincts lead you to return to these familiar behaviors in an attempt to protect yourself. Think about the ways in which the behaviors that once felt protective have become a false hiding place. Visualize yourself in this hiding place (e.g., a fort or cave). Imagine leaving this hiding place to create real safety. Use the next step to examine why your old behaviors are no longer helpful.

Step Five: Know that when you use the limited options to respond to the trigger you do not feel empowered.

Visualization Exercise #6: Tip the Scales of Justice in Favor of Change

Imagine placing this piece of your trauma story on a scale of justice. Watch the scale tip in favor of your child part using a behavioral instinct to respond to the trauma. At the time of the trauma, this instinct was necessary for survival. Now place your trigger story on a new scale of justice. Watch the scale tip in favor of finding a new way to resolve the trigger. Imagine the benefit of creating a new option outweighing the cost of relying on the old option. In this next step, harness your inner strength to envision something that you needed at the time of the trauma but did not receive.

Curriculum Phase Three: Change Your Behavioral Relationship with the Trigger Story

Step Six: Identify a more empowering behavioral response to the current trigger.

Visualization Exercise #7: Create New Options that are Not Limited

Imagine your adult self listening to your child part tell the trauma story. Your child part identifies the limited resources you had at the time of the trauma. Your adult self explains that the limited resources helped the child part survive, but they were not sufficient to resolve the trauma in an empowering manner. While the past trauma can't be altered, you do have an opportunity to resolve the current trigger. Imagine your adult self creating additional resources that can be used to resolve the trigger in an empowering manner. In this next step, visualize the adult self using the new resources to create a different response to the trigger.

Step Seven: Apply the new behavioral response to the current trigger to resolve it in an empowering way.

Visualization Exercise #8: Walk to the Other Side of Triggered

Imagine your adult self peering down into the physiological portal. Locate the child part that holds this piece of your trauma story. As you resolve the trigger story, take hold of your child part's hands. Tell your child part that while the piece of the trauma story was disempowering, it now has an empowering resolution through the current trigger. Pull your child part up through the portal and into your adult self. Tell your child part that you cannot go back to being triggered in this way because you have changed. Use the next step to tell the story of how you fulfilled your own unmet needs by working through this trigger.

Curriculum Phase Four: Create a New Story of Empowerment

Step Eight: As you fulfill your unmet needs by resolving the current trigger, allow yourself time to grieve.

Visualization Exercise #9: A Safe Place to Grieve

Imagine creating a safe place to grieve the losses connected to both your trauma story and your trigger story. First, your child part endured the trauma story. Then, your adult self suffered the impact of the trauma each time you were triggered and responded in a disempowering way. If only someone could have intervened a long time ago, those triggering events might not be part of the larger trauma story. Acknowledging your inability to change your trauma story is a critical part of the grief process. Use the next step to honor the inner strength it required to fulfill your child part's unmet needs.

Step Nine: Create a new story of empowerment that uses the fulfillment of unmet needs to overcome a current trigger.

Visualization Exercise #10: Use Your Trigger Template You started with one small piece of a trigger story and you linked it to one small piece of your trauma story. You then found an empowering way to resolve the current trigger. You still have a larger trauma story to work through and you will be triggered again by a new part of that story. However, one child part that was previously beneath the glass floor is now a newly integrated part of your adult self and is available to help you resolve the next trigger. After you work through each trigger, more of your integrated self will be available to assist. Over time, you can choose to take on larger triggers. For now, realize that this one small resolved trigger had a large impact on your healing process.

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Curriculum Phase One: Connect Your Trauma Story to Your Trigger Story (Steps One and Two)

The first phase of the curriculum, Connect Your Trauma Story to Your Trigger Story, is concentrated on helping the client understand what it means to be triggered and connecting the story of the current trigger to a piece of the past trauma.

In preparation for the work on these steps, I increase clients' awareness that during a triggering event, the adult self of the client and the child part of the client interact. First, I help clients identify segments in our sessions where we work in the present moment with the adult self of the client who is experiencing a current triggering event. Then, I help clients understand that during these moments we also simultaneously work with the child part of the client who is remembering a piece of the past trauma.

I explain to clients that during these moments, when past trauma and present triggers come together in the therapy room, we have an opportunity to rewrite their stories. To help clients understand the relationship between the past and present, I used the visualization exercise, *The Glass Floor Between You and the Trauma*, where during a triggering event, the adult part of them resides above the glass floor, while the child part remembers a piece of the past trauma just below the floor. There are many child parts clustered below the floor, signifying the various trauma components that may be activated by triggering events. This exercise helps clients to make a visual connection with the specific child part that is being activated and to learn they can address each child part individually, without becoming overwhelmed as they did during the original trauma.

Many researchers in the field of trauma acknowledge that the body can implicitly remember traumatic events (Bass & Davis, 2008; Rothschild, 2000, 2010; Siegel, 1999; van der Kolk, 1999). In the group work that I conducted, it was difficult for clients to identify when they were triggered, so we spent considerable time working through the first two steps. The first two steps are *Step One: Recognize that your body is triggered by a present day event and you do not feel empowered as you respond to the trigger*, and *Step Two: Match a small piece of the current triggering event to a small piece of your past trauma story where you experienced similar disempowerment*. In these steps, we aligned the stories of the current trigger and past trauma, narrowing our focus to pieces of each story that elicited the same physiological and behavioral response.

In Step One, I asked clients to "Recognize that your body is triggered by a present day event and you do not feel empowered as you respond to the trigger." Then in Step Two, I ask clients to "Match a small piece of the current triggering event to a small piece of your past trauma story where you experienced a similar disempowerment." In these steps, we aligned the stories of the current trigger and past trauma, narrowing our focus to pieces of each story that

elicited the same physiological and behavioral response. I used a visualization exercise, *Access Your Child Part Through the Physiological Portal*, to track the changes in their bodies as they recalled both the trigger and trauma stories. These bodily changes served as a portal through which to view the child part's behavior during the related piece of the past trauma.

First, I prompted clients to tell the trigger story. As they told the story, I periodically paused them, pointing out what I observed in their body language, affect, and behavior. When I saw them become physiologically activated, I stopped them and pointed out what I have noticed, repeating the words just spoken. Together, clients and I work to summarize the content, feelings, and meaning of this part of the trigger story. I ask them what this reminded them of, or if this seemed familiar. I then work with clients to connect the activating part of the trigger story to a part of their trauma story. Then, I ask clients to tell me this part of the trauma story. Again, I observe them as they tell the story, helping them pinpoint the part of the original trauma that caused the same physiological reaction.

Callie

As group cohesion and safety progressed, I gradually challenged members to use the classroom's whiteboard as a "live journal" to illustrate how to apply the steps of the curriculum to triggering experiences. All had taken a turn at the board except for Callie. On the day I invited her to the board, she became triggered in real-time by my request. She began wringing her hands, rocking slightly in her chair and seemed fearful, like a deer caught in headlights. I asked her if she recognized that something had changed in her body and she said yes. Noticing this shift was part of her work in the first step of the curriculum.

As Callie became triggered, I initiated the second step by prompting her to make a connection to her trauma story. I asked when she felt or responded that way before. She continued to wring her hands as she recalled a memory from school. The teacher would call her to the board, make fun of her, and would often hit her on the hands with a metal ruler. Even though she knew I would not do this to her, Callie felt like a helpless child again. I named the wringing of her hands as the physiological portal. Her hands marked the connection between her adult self who was experiencing the trigger story of being called to the board by me and her child part who was remembering the abuse of her childhood teacher.

Curriculum Phase Two: Understand Your Behavioral Relationship with the Trauma Story (Steps Three, Four and Five)

The second phase of the curriculum, Understand Your Behavioral Relationship with the Trauma Story, focuses on how limited the survivor's behavioral choices were at the time of the trauma and how these same limited behaviors are replayed in current triggers in ways that feel disempowering.

We began the second phase with a visualization exercise, *Rewrite the Overarching Lie*. Until now, clients had internalized a dominant narrative that they were alone and had behaved as if this were the truth, rather than recognizing that truth is subjective (Madigan, 2011). This exercise challenged them to rewrite this story of isolation as a story of connection that became a narrative about how trauma survivors derive strength from the energy that is created when they feel seen, heard, and valued (Brown, 2010).

Within this safety net of community and support, the group began *Step Three: Identify the limited options you had when you responded to this piece of the past trauma story*. To help the group articulate these limited choices, we distinguished between what was a choice and what was not a choice in the visualization exercise, *Examine the Child's Limited Options*. This activity helped clients conceptualize that while survivors often believe that there had been a choice between trying to stop the trauma from happening, or surrendering to it, the only real option was how they coped with the situation. This allowed members to validate each other as they named the ways they survived.

Next, in the work of *Step Four: Discern how you use the same limited options when you respond to this piece of your trigger story*, I asked clients to examine their behaviors in reaction to the current trigger and to look for similarities in their behaviors at the time of the trauma. I used the visualization exercise, *Step Out of the False Hiding Place*, to help clients understand how their once effective coping behaviors had now created entrenched behavioral patterns that they turned to in an attempt to protect themselves when triggered (Davis, 1990). I challenged the clients to use this exercise to provide the evidence for *Step Five: Know that when you use the limited options to respond to the trigger you do not feel empowered*.

Finally, members worked as a group to name the cost of continuing to use disempowering behaviors to address current triggers by using the visualization exercise, *Tip the Scales of Justice in Favor of Change*. This helped clients imagine pushing through the discomfort of changing old behaviors in order to create large payoffs by resolving a trigger. Even though this meant making difficult changes, it was worthwhile because the end result was personal power.

Callie

When triggered by being asked to go to the board, Callie recognized that her avoidance of going to the board was an attempt to protect herself by escaping into her false hiding place. Instead, she chose to reach out to the group. The group helped Callie clarify what she believed her choices were; go to the board and be ridiculed and abused in front of the class, or stay seated and be ridiculed and abused even more. In reality, the latter was not a choice because the trauma would have happened either way. Callie came to realize that what was a choice at the time of the trauma was how she coped with the abuse. She retreated into a fantasy world where she was a princess and there was no abusive classroom teacher. When triggered in group, Callie knew she was avoiding me and had the option of behaving differently. If she could find the strength to complete the exercise at the board, she would perhaps have a breakthrough in therapy. Although these steps were terrifying for Callie, the idea of making a powerful change was enough to motivate her to come out of her false hiding place to explore new behavioral possibilities.

Curriculum Phase Three: Change Your Behavioral Relationship with the Trigger Story (Steps Six and Seven)

The third phase of the curriculum, Change Your Behavioral Relationship with the Trigger Story, concentrates on the identification of what the client's child part needed but did not receive during the original trauma story, and helps the client find a way to meet this newly identified need through the current trigger story.

For all of the group members, it was important to understand that the limited options for coping in the trauma story could be expanded to include empowering behavioral changes in the trigger story. Therefore, we began work in this phase with *Step Six: Identify a more empowering behavioral response to the current trigger*. To help clients locate a new behavioral response, I used the visualization exercise, *Create New Options that are Not Limited*, asking clients to think of what their child part needed at the time of the trauma, but did not receive in order to resolve the experience. I challenged them to work together to create a newly envisioned outcome to the trauma experience that reflected a preferred story of strength (Sahin & McVicker, 2011). Then, through role-play, the adult self performs the new behavioral option for the child part by utilizing the new behavior to resolve the current trigger.

The role-play and visualization exercises helped members practice using their new strength-based story to create future possibilities for resolving present trigger dilemmas (White & Epston, 1990). They would later implement this story in their lives outside of group as they completed *Step Seven: Apply the new behavioral response to the current trigger to resolve it in an empowering way*. Finally, in order to solidify the connection between changing the behavior and fulfilling the child part's unfulfilled need, I used the visualization exercise, *Walk to the Other Side of Triggered*, where the members talked about the many ways in which the child part's unfulfilled needs were fulfilled by the adult self when the solution was applied to the current trigger.

Callie

Because the group members responded to Callie's childhood injury with support and compassion, Callie was ready to experiment with new, more empowering behaviors. Callie stated that she wished someone could have intervened in her childhood classroom to create safety for her. Therefore, she decided to find a way to create the opportunity for safety in the current triggering situation. To do so, she invited another group member to go to the board for her. Callie stayed safely in her chair and told the member what to write as Callie verbally worked through the steps. This simple act created an opportunity for Callie to take back her voice in a safe manner by choosing to navigate the trigger in a more empowered way.

Curriculum Phase Four: Create a New Story of Empowerment (Steps Eight and Nine)

The fourth and final phase of the curriculum, Create a New Story of Empowerment, centers on the client's creation of a new story that uses the fulfillment of unmet needs to resolve the trigger story while simultaneously carving out a space for the client to grieve over the past and present losses associated with the new story.

In this final phase, as the trigger and trauma stories merged into the new narrative, a shift took place in the group and members collectively began to grieve. This brought us to the next step, *Step Eight: As you fulfill your unmet needs by resolving the current trigger, allow yourself time to grieve*. The mental, emotional, spiritual, and physical cost of spending time in the disempowering cycle of behavior became painfully evident, and clients needed space to grieve all they had missed out on by responding to triggers in disempowered ways. I used the visualization exercise, *A Safe Place to Grieve*, to help members process the well of emotions that opened once the current trigger pattern was altered. As the members figuratively sat with each other on the glass floor, they acknowledged the impact of the trauma and the patterns of

disempowerment through their lives. They recognized that while the new narrative was an empowering addition to their lives, it also represented the loss of familiar coping behaviors that had created false safety. Through this exercise, clients accessed the pain and loss of this familiar hiding place and acknowledged that they needed time before this new behavior could feel healing and effective. I actively encouraged grief as “the healing process of the heart, soul, and mind; it is the path that returns us to wholeness.” (Kubler-Ross & Kessler, 2005 p,229. I encouraged each client to stay in the grief process long enough to acknowledge the loss, search for meaning, and to reexamine self-identity while incorporating the new sense of empowerment (Altmaier, 2011; McLaren, 1998).

In the last step, *Step Nine: Create a new story of empowerment that uses the fulfillment of unmet needs to overcome a current trigger*, we spent the majority of our time restorying clients’ trauma. White and Epston (1990) described the process of restorying as writing the “success story,” as opposed to the “sad tale.” In the success story, clients find strength in the trauma story and apply it successfully in the trigger story to become empowered. In restorying, clients own their courage as they remember how they replaced the dominant narrative of being alone and isolated with a new narrative of connection with others. They acknowledge their resourcefulness as they recall how they developed unique accounts with ways the trauma story could have been resolved the first time around. They embrace their ingenuity as they recount how they identified new ways of resolving the current trigger story, and celebrate their strength as they reexamine how they chose to enact empowering behaviors in response to the current trigger (Sahin & McVicker, 2011).

Callie

Callie had successfully utilized a new behavior to navigate the trigger. In looking back on her trauma story, Callie began to understand that she was actually a very smart little girl by going to the board. Specifically, she spared herself a more harsh punishment. By employing the new behavior, Callie recognized that she was now the safe adult who could intervene and provide safety for the vulnerable little girl inside of her (e.g., asking for help with the whiteboard exercise). In this restorying, Callie created a new story where she faced her fear, stayed out of isolation, and created safety in an empowering manner. While she did not have a voice as a child, she found her voice as an adult through this new, empowering story.

In creating this story, Callie recognized all the missed opportunities for empowerment that occurred because she was caught in patterns of disempowering responses when triggered. She allowed herself space to grieve, seeking support and comfort in the group. In doing so, she effectively freed herself to move forward in an empowering manner. While she did not have a voice as a child, she found her voice as an adult through this new story.

Second Year of Curriculum

By the end of the first year of the curriculum, each member used one small triggering event to work through the steps successfully. To give the steps future meaning and purpose, we used the visualization exercise, *Use Your Trigger Template*. Inevitably, clients will be triggered again by a new part of their larger trauma story and this exercise normalized this for them. It helped clients remember that this process began by linking one small triggering event to one small piece of the trauma story, and it could be repeated with other triggers.

Each time a client goes through the *Nine Steps to the Other Side of Triggered*[™], she repeatedly reaches down through the physiological portal to pull a child part into the adult self. This creates a more integrated adult self that is available to help the client more effectively resolve the next trigger. Over time, more of the trauma is gradually moved from the unhealed place of the child part into the healed place of the adult self. This gradual, but intentional, work makes the healing process surmountable, one memory at a time.

Callie

One day toward the end of our second year together, Callie's daughter told her that her teacher had made fun of her in class. Callie was triggered, but immediately was able to draw strength from her own story of empowerment to construct real options for addressing the situation. This included Callie's direct intervention with her daughter's teacher. By working through the nine steps to fulfill her own unmet needs, Callie was able to confront her daughter's teacher, meeting her daughter's needs in real time. In doing so, she realized how far she had come.

Conclusion

While I had success using the curriculum with individual clients, I wanted to determine if it was applicable to group work. The case example of Callie, which is provided in this article, is only one success story from the group. Each group member was able to successfully navigate the nine steps and create a trigger template that can be applied to future triggers.

By introducing the curriculum in a group format, I discovered several benefits of this modality. First, members could utilize each other for support. During the initial trauma, each member reported feeling alone and isolated. Members returned to this state of isolation when triggered. By working together to resolve the triggers, the members combated isolation by creating a supportive community. Another benefit was that the triggers could be addressed in "real time" when we worked with a member who was currently triggered. As the group observed a member in a triggered state, others could understand what she was like during the trauma. A final benefit of group work was that the members' were able to use role play to complete the curriculum tasks. With the help of the group, the members envisioned empowering ways to relate to the trigger and practiced the new behaviors. Finally, the members grieved together as unmet needs from the time of the trauma were fulfilled by resolving the trigger. As they supported each other, they received the comfort that they lacked at the time of the trauma.

In 2010, the students who provided research suggestions and assistance on this article, Ashley Seewald and Elizabeth Bakos, started in the Master of Arts Program in Counseling Psychology at Northwestern University. I had the privilege of serving as their Practicum supervisor and I trained them to use the curriculum with their own clients. Part of the learning process was to observe several of my group sessions. They showed a remarkable ability to replicate the steps and visualization exercises in their own work with clients. Because they had a strong grasp of the curriculum, they helped conceptualize the case of Callie and helped clarify how each step was implemented in a group setting. I am inspired by how these reflective practitioners continually learn about themselves as they apply academic material to casework. It is an honor to be part of their journey.

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Effective Strategies for School Counselors Who Manage Large Caseloads

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Abstract

Many school counselors face large caseloads with no relief in sight. In addition to seeking a reduction in their caseload, these counselors may benefit from a review of alternative strategies in order to maximize their effectiveness. Once they have exhausted these alternatives and educated their administration regarding appropriate school counselor activities, they may be able to make a stronger case for lowering the student to counselor ratio in their school.

The role of the school counselor has become better defined over the past several years as a result of the publication of the American School Counselor Association's National Model (ASCA, 2003). In spite of this clarity, many counselors continue to find their job challenging due to large student to counselor ratios. These large caseloads negatively impact counselor effectiveness (Cervoni & DeLucia-Waack, 2011). As a result, there continues to be dissatisfaction and confusion about the role of the counselor among some teachers (Reiner, Colbert & P'erusse, 2009) and administrators (Dodson, 2009).

A widely circulated report from the public policy organization, Public Agenda entitled, "Can I Get a Little Advice Here?" reported dissatisfaction with the college counseling services provided by school counselors (Johnson, 2010). The paper pointed out "the absurdly high student–counselor ratios in many public schools and the nerve-racking juggling act that counselors often have to perform." Near the end of the article the authors discussed the need to look for alternative strategies to meet the needs of students who felt that they were not being appropriately served. While college counseling is just one of the services that school counselors provide, the authors felt that, "Dramatically increasing the number of counselors and giving them more time to confer with students would seem to be imperative..."

While improving the student to counselor ratio continues to be an important issue in many schools, the purpose of this article is to discuss the "alternative strategies" that the authors of the Public Agenda article suggested. The American School Counseling Association recommends a counselor ratio of 250 students for each counselor (ASCA, 2009). However, most schools do not meet that recommendation (ASCA, 2007). As a result, students and parents sometimes express dissatisfaction with their counselors rather than the ratio that creates the problem. Additionally, counselors express concern about their changing role and the frustration that they face in trying to concentrate on appropriate counselor activities (Ruff, 2011).

On a quiet day, a school counselor may feel that they can manage the students in their caseload. On a busy day, it may seem impossible. A caseload of 300 students may be reasonable in a well-resourced school and community. However, in a school with few resources that same caseload is

disastrous. What follows are ten suggestions for school counseling staffs to consider when facing the gap between the number of students who need help and the number of counselors available.

1. ***Get help from other departments during peak periods of the school year.*** In truth, every part of the school has busy and slower periods during the school year. For instance, at the beginning of the semester every school would like to double their counseling staff. However, other departments are not as busy. The school's dean's office or library staff may see the beginning of the year as a relatively quiet period for them. Their help could be enlisted for routine tasks that have traditionally fallen to the counseling staff. Scheduling issues, lost schedules, and some orientation activities are all tasks that could be reassigned to other school staff during these busy periods. By enlisting the help of others, the counseling staff would have the opportunity to deal with more pressing issues that call for professional counseling skills.

2. ***Use interns to help with special projects.*** Rather than viewing school counseling interns as one more professional responsibility, the counseling staff would be wise to see them as additional personnel who will help them to achieve a new level of service on behalf of their department. These expectations should be discussed with prospective interns before joining the staff. However, with appropriate supervision the possibilities are endless.

3. ***Enlist the help of local agencies.*** Depending on school policy, you may find that local counseling agencies are available to assist with the needs of the school. For instance, licensed professional counselors may be able to run an additional counseling support group. If they are not already a part of the school emergency plan for school or community disasters then consideration should be given to this concept. While counseling agencies cannot have the school knowledge that the school staff does, they are useful at providing services on specific topics or during emergency situations. Building a positive partnership with a community agency is both a practical and useful strategy when addressing the needs of students and parents (Bryan & Griffin, 2010).

4. ***Use community volunteers to provide targeted services.*** Some of the services provided by the school counseling staff do not involve confidentiality. A cadre of community volunteers can provide the extra assistance that is needed for certain activities during the school year for which counselors are currently taking responsibility. Confidentiality is not needed in order to demonstrate the use of college and career search software, to distribute information at a school open house, to help new students find their way to class, or to help plan a career fair. Community members can manage or help plan a career fair. There are many ways in which well trained volunteers can assist a counseling staff. Beyond providing personnel, these partnerships with community members can enhance the counselor understanding and appreciation of the community resources as they currently exist (Noel, 2010).

5. ***Avoid duplicating efforts.*** It's a good idea to investigate whether other departments are working on similar goals. Some counselors may be surprised to find that teachers in English, health, or physical education may already be covering topics of interest to the counseling staff. The task at hand for school counselors may not be so intimidating once they find out how they can partner with staff members from other departments (Elia, DeFini & Bergmann, 2010). This

is especially useful in coordinating the implementation of school improvement goals (Muijs, D. 2010).

6. Review the data carefully and then do the research. Since counseling resources are limited, it is important to make sure that the response to a problem is more than well intended. Current technology makes this easier than ever. If adults in a school building believe that many students are dealing with a specific counseling issue, it is wise to find out who those students are and what they need so that counselors can provide a targeted and well researched response. It's helpful if counselors are prepared in advance with a system for gathering data and information that will assist them in responding to any school-wide concerns. Resources, such as, www.schoolcounselor.org/SCENE and www.whatworks.com can help counselors learn from the experience of others by providing discussion and reviews of various programs aimed at helping students. As counselors become more comfortable with the ASCA National Model they will develop their own system for continuous improvement that responds to any need that they discover by using the "closing the gap" procedures in their school counseling program (ASCA, 2003).

7. Simplify. Counselors need to continue to search for efficiencies that will streamline their tasks. In some cases this may require the counselor to learn a new computer software program or combine several projects onto one. Some information for students can be disseminated in small or large groups rather than a one-on-one meeting. Social emotional competencies can be taught in classroom groups rather than in a counseling office. Handouts for parents may be included in a principal newsletter rather than a separate mailing or email. Teachers may assist in disseminating information as well. A fresh look at the list of tasks should lead to a shorter list.

8. Ask your advisory council for suggestions. The ASCA model for school counseling programs includes an advisory council consisting of parents, teachers, community members, and students (ASCA, 2003). While every question or suggestion from an advisory council will not always provide the counselor with more time, the members of the council provide a different perspective that will help the counselor reassess programs and procedures. This will lead to more efficient actions on the part of the counselor.

9. Define priorities. While it's easy to constantly react to situations as they arise, it's important to define the school counselor's priorities. A useful first step in this process is the use of the audit provided by the American School Counselor Association (ASCA, 2004). This step by step process helps school counselors to reach agreement with their school administration regarding the philosophy, mission of their department. This can lead to a better understanding of counselor priorities.

10. Educate and ask for help. Many school administrators do not understand how effective counselors can be if they are allowed to limit their effort to appropriate activities (Bringman, 2010). Counselors are often so busy that it does not occur to them to seek help from others. After establishing a positive reputation based on ethical and compassionate behavior and educating the administration on the National Model, it is appropriate to seek out the assistance of the school administration in finding ways to complete assigned tasks. Once administrators

understand the problem or issue at hand they can be very useful advocates in getting additional help or reassigning non-counseling tasks to others in the building.

Conclusion

Many school counselors face a larger caseload than is recommended by the American School Counselor Association. While as a profession we must continue to advocate for a more favorable student to counselor ratio, it is wise for counselors to take a fresh look at assigned tasks in order to see if there are creative ways to reduce the discrepancy between student need and counselor time. Several of the strategies mentioned can be immediately implemented while some will take longer because they require the involvement of others. The good news is that the involvement of others should lead to a better understanding of the counselor's role by stakeholders in the school and community. In the end, this improved understanding of the counselor role creates an increased likelihood that a consensus will be reached regarding the need to reduce the number of students assigned to each counselor.

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The ABCs of TSC: How One Counselor Education Department Transformed its School Counseling Program

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Abstract

There is an urgent need to revise school counselor education programs to better prepare future professional school counselors to meet the challenges of today's K-12 students. Counselor educators at DePaul University recently made significant curricular and programmatic changes aligned with the Education Trust's Transforming School Counseling Initiative (TSCI). This manuscript details the steps involved with these extensive revisions and encourages other counselor education programs to consider making similar modifications.

The National Office for School Counselor Advocacy's (NOSCA, 2011) newly released, *Counseling at the Crossroads* Report offers a sobering look at the current state of professional school counseling and its preparation and training practices. This report, an analysis of over 5300 middle and high school counselors respondents, concluded "school counselors are highly valuable professionals in the educational system, but they are also among the least strategically deployed" (p. 4). This could be, in part, due to the profession's shortcomings in adequately training new professionals. According to the survey, 28% of respondents reported that their graduate level training did not prepare them well for their role as school counselors, and 56% reported feeling "somewhat" well trained for the tremendous challenges they face (NOSCA, 2011).

Clearly, school counselor educators must heed this call for action, and examine their preparation practices and training programs. Fortunately, the Education Trust, with assistance and support from the Dewitt-Wallace Reader's Digest Fund, has spearheaded a national effort to revise school counselor education programs grounded in educational reform, systemic change, and proactive leadership.

In the late 1990s, the Education Trust (2011a) launched a 5-year multi-staged national initiative to promote change in counselor education programs entitled, the *Transforming School Counseling Initiative* (TSCI). The Education Trust solicited counselor education programs throughout the country to submit innovative school counselor training grant proposals and ultimately funded six universities and their school district/community partnerships. United under a new vision, these graduate programs trained a cadre of professional school counselors to master five core functions: (a) leadership; (b) advocacy; (c) teaming and collaboration; (d)

counseling and coordination; and (e) assessing and using data (Perusse & Goodnough, 2001; Sears, 1999). Since TSCI's inception there have been 18 companion institutions that have not received funding, but have reconstructed their counselor education programs to coincide with these over-arching TSCI principles.

DePaul University's school counseling faculty recognized the insistent need to reverse the under-preparation of school counselors in the nation and in the state of Illinois, where the student-to-school counselor ratio of 667:1 far exceeds the national average of 459:1, and greatly surpasses the recommended American School Counselor Association (ASCA) recommended ratio of 250:1 (ASCA, n.d.). They, therefore, began to revise their program to align with TSCI. Beginning in the Spring 2009, and in accordance with the Education Trust guidelines (2011b), the faculty assembled an advisory council, created a mission statement, made curricular changes to both content courses and clinical experiences, garnered support from the college dean, and an urban K-12 partnership school district, and began revising recruitment and admissions processes (Education Trust, 2011b).

Advisory Council

In order to pursue TSC recognition in the most equitable and informed manner, stakeholders were invited to join the DePaul TSC Advisory Council. Stakeholders were selected based upon their affiliation with DePaul, and their knowledge of the practice of school counseling in Illinois. The advisory council consisted of four counseling program faculty, three district staff from the Chicago Public Schools, three practicing school counselors, and three program graduate students. One meeting was held during the Spring of the 2008/2009 academic year and two meetings were held in the Fall and Spring of the 2009/2010 academic year. Faculty solicited feedback from participants about the program and kept them apprised of the development of the TSC application. Discussions during the meetings primarily focused on curricular strengths and areas for improvement, the program's admissions process, and the development of a school counseling program specific mission. The program faculty also drafted the following program mission that was approved by the advisory council and is now incorporated into program materials:

The School Counseling program is a catalyst of social justice that prepares students to become professional school counselors who are leaders and agents of systemic change in their schools, communities, and profession. Graduates of our program are equipped to address barriers to academic achievement through teaming, collaboration, using and assessing data, counseling, leadership and advocacy. The program emphasizes eradicating the pervasive achievement gap for underserved and marginalized populations, thus ensuring that all students receive the knowledge, skills and attitudes to become productive world citizens.

Curricular Changes Based on the New Mission

Given the aforementioned mission of the school counseling program, and through consultation with the advisory council, the authors then redesigned three fundamental school counseling content courses, *Contextual Dimensions of School Counseling*, *Delivery of Comprehensive Developmental School Counseling Programs*, and *Career Counseling for School Counselors*, and made significant changes to the practicum and internship experiences. Formerly, assignments and activities included in the content courses focused on analyzing hypothetical

school scenarios. In reassessing the course objectives, the authors refocused them with an emphasis on professional identity and social justice, while simultaneously creating meaningful opportunities within actual local schools (Ockerman & Mason, 2012).

Contextual Dimensions of School Counseling

Revisions to objectives for the first core course centered on familiarizing students with the profession's history and evolution, as well as developing a sound understanding and application of the *American School Counseling Association* (ASCA, 2005) *National Model* and the *Transforming School Counseling Initiative* (Educational Trust, 2011a). Specifically, the authors revised curricular content and instruction to emphasize TSCI's five core functions (Musheno & Talbert, 2002; Paisley & Hayes, 2003): (a) Leadership, (b) Advocacy, (c) Teaming and Collaboration, (d) Counseling and Coordination, and (e) Assessing and Using Data (Ockerman & Mason, 2012; Perusse & Goodnough, 2001; Sears, 1999).

The major assignment in the first course focused on creating, administering, and analyzing a needs assessment for a local school. Students self-selected into different school groups and worked collaboratively with school counselors to create, administer, and analyze a needs assessment. Thereafter, students analyzed and disaggregated the data generated from the needs assessments and created recommendations outlining counselor initiatives and interventions aligned with the ASCA (2005) National Standards and the competencies of TSCI. Students presented all data and recommendations in a final group presentation to the class and compiled them into a professional binder and CD. The binder and CD were then given to the school counselors to review prior to the commencement of the following course (Ockerman & Mason, 2012).

Delivery of Comprehensive Developmental School Counseling Programs

Student school groups remained consistent in the second course. All students met with school counselors on-site to review the needs assessment completed in the preceding course and to solicit their feedback. Given these conversations and the data collected during the previous academic quarter, students designed a comprehensive developmental school counseling program (CDSCP) based on the ASCA (2005) National Model, TSCI principles (Education Trust, 2011a), and the Recognized ASCA (ASCA, 2005) Model Program (RAMP) protocol. Student groups delivered presentations highlighting the critical components of their final CDSCP, and prepared binders and a CD to be given to their schools. Importantly, the school counselors with whom they had partnered for two consecutive quarters attended the final presentation and gave critical feedback to the students (Ockerman & Mason, 2012).

Throughout the quarter, each student also visited a community agency within their assigned school community and wrote a reflection paper about how the visit helped to add to their knowledge base about the school counselor's role and to shape their own emerging professional identity. Students created and compiled community mapping directories, detailing the services and contacts of the agencies, and gave to their schools in both paper and electronic formats.

Students also developed a parent/caregiver newsletter to share with the school community via either paper copies or digital distribution. Information presented in the newsletter was determined in concert with the school counseling staff and by the identified needs

highlighted from the needs assessment. In many cases, newsletters were translated into Spanish as schools served primarily native Spanish-speaking families (Ockerman & Mason, 2012).

Career Counseling for School Counselors

Curricular changes were also made to the school counseling career counseling course. The original course concentrated on career theory and individual career interventions, and it had the same content and format for all of the counseling program's concentrations areas. The newly revised course, *Career Counseling for School Counselors*, was modified specifically for the school counseling concentration and focused on college and career development of students in K-12 grades, and the role of the school counselor in creating and implementing college and career development programming.

The content of the revised course is grounded in the tenets of the ASCA (2005) National Model, TSCI (Education Trust, 2011a), and the National Office of School Counselor Advocacy's *Eight Components of College and Career Readiness Counseling* (NOSCA, 2010). Students taking the course learned to promote college-going cultures in K-12 schools with a focus on social justice and equity for all children.

A major assignment in the course is a service learning opportunity that involves stakeholder collaboration, and provides valuable information about careers and education for parents. Students in the course met with parents in the community to teach them how to use an internet-based, state-endorsed, career guidance website, *What's Next Illinois*, with their children. Students provided a short lecture and discussion about parental support in career development, followed by directions on how parents can help their children learn about careers and educational requirements using the website.

In order to spotlight the role of the school counselor as a leader in promoting career and college readiness, students in the course also attended a college counseling informational session provided by counselors at a local school. Students then wrote a reflection about the information provided in the session, and their perceptions of how the audience received and understood the information.

Practicum and Internship

Curricular changes were also made to the clinical experiences at DePaul beginning in the school counseling practicum course. In order to give students the opportunity to learn how to create an environment of counselor visibility, where stakeholders learn about the role of the counselor, students attended a school-wide event at their practicum site in which parents, faculty, staff, and others were present. At this event, students provided information (i.e., pamphlets, handouts) about counselor services at the school and in the community. Additionally, they introduced themselves to stakeholders, answered questions, and discussed their role in the school.

The culminating project at the end of the internship experience, entitled the *Closing the Gap Project*, gave students the opportunity to practice and demonstrate leadership and advocacy skills in a school setting. Students used data to identify an achievement gap in the population of students at their internship sites, created and implemented an intervention designed to close the identified achievement gap, and collected data to determine the effectiveness of their intervention. At the end of the internship, students presented their findings at a poster conference

on campus, to which a variety of program students, practitioners, and community stakeholders were invited.

Letters of Support and CE/Collaboration

As a requirement of the TSC application process, letters of support are needed from the dean of the college and from a partnering school district. Program faculty therefore set-up a separate meeting with the dean in Fall of 2009 to share the plans to pursue TSC companion status and to explain the significance of the distinction to the program, department, college, and the university. The dean encouraged the initiative and signed a letter of support for the application. As a result of this meeting, program faculty secured funds to attend the TSC conference in San Diego in February of 2010. It was at this conference that three faculty were able to spend time consulting with counselor educators from other institutions who had already received TSC status.

Additionally, the School Counseling program at DePaul has been honored to benefit greatly from a long-standing partnership with the Chicago Public Schools (CPS). All school counseling faculty serve on a CPS-Counselor Educator Collaborative, which meets several times a year to discuss issues and trends for district school counselors, as well as for school counseling graduates coming out of multiple university programs in the city. Furthermore, with changes that have already occurred within the three core school counseling courses, there has been an increase in the number of program students who are involved in pre-internship field experiences with CPS school counselors (Ockerman & Mason, 2012). Even with a transition in district staff overseeing school counselors in CPS in the midst of our TSC application process, our program was fully supported by the district and continues to be supported as additional changes are implemented (DePaul Distinctions, 2011; DePaul Media Release, 2001). As required by the TSC companion school application process, a letter from the district was provided to demonstrate the strength of the partnership between DePaul and CPS.

Plans for Changing Admissions

It is clear that while the curriculum has been updated to more accurately align with the cutting edge directions and best practices in the field, the admissions criteria lag behind. DePaul's Counseling program is fortunate to have a consistent record of applicants over the years, even during challenging economic times, with an approximate average of 55 students graduating per year. The School Counseling program represents the largest concentration area of all three of the program's tracks, which include School Counseling, Community Counseling, and College Student Development. While the reputation of the program appears to be strong, program faculty acknowledge a primary issue when considering changes to the admissions process; the need to evaluate potential students on TSC-related competencies at the point of application (Hanson & Stone, 2002; House & Sears, 2002; Martin, 2002). Currently, applicants are assessed with a combination of materials including a personal statement that asks for reflection on several different field-related prompts. The personal statement prompts are the same regardless of the concentration area in which the applicant may be most interested. Additionally, the current prompts reflect a more distinctly mental health-driven perspective. Since faculty are involved in the review of applications, it has become clear that some applicants, who express a specific interest in the school counseling concentration, apply to the program with

an outdated understanding of the school counselor's role. Our next step in updating the admissions process is to change the application prompts. Potential questions that have been drafted include the following: 1) *Describe how you enact leadership and advocacy in your current personal or professional activities*; 2) *Describe how professional counselors might need to use data and evaluation to support their programs*; and 3) *Describe your views on the role of collaboration in the work of professional counselors*.

By changing the prompts in the personal statement portion of the application, the faculty hopes to draw candidates who already identify with some of the TSC components prior to their entry into the program.

Conclusion

In November 2010, an application packet detailing the aforementioned changes, along with an Action Plan (see Appendix A) was sent to the Education Trust for review. In February 2011, DePaul was awarded TSC companion status, the first program in Illinois to receive this honor. Responses to these curricular and programmatic changes have been overwhelmingly positive. In particular, school counseling graduates seem to appreciate the focus on creating action and justice-oriented projects during their training. This sentiment was exuberantly expressed by a DePaul school counseling alumni and current CPS school counselor, Michelle Dluzak:

Along with another DePaul student, I created a gay-straight alliance at a high school, but only after doing research to determine the needs of the students. We met with students once a month for six months, then compared before and after. The program did make a difference, and the group is still in place. That was an amazing experience. (DePaul Distinctions, 2011, para. 8)

Other graduates of our program have been able to connect their learning to their current daily practice in schools. As enthusiastically stated by Kathryn McAuley, a DePaul school counseling graduate:

At DePaul, we were expected to ask: 'How can I make changes for the good?' Now, as a counselor at Kelvyn Park High School [in CPS], I'm developing programs that fit with the school's goals for the students. For example, I've created three small groups to address students' needs for better study habits, stress management, and grief management. This is not a 9-3 job: I'm making a difference in my students' lives. (DePaul Distinctions, 2011, para. 7)

Additionally, the collaborative partnership with CPS has proven to be productive. Barbara Karpouzian, Director of K-12 Counseling and Advising at Chicago Public Schools, recognized this mutually beneficial partnership by stating:

[DePaul graduates] are passionate about serving our schools. They understand that the paradigm has shifted and that we live in a high-tech, data-driven world with identifiable achievement gaps that need to be addressed. It is my goal to ensure that we hire quality counselors. Our principals will receive a portfolio of DePaul resumes with my recommendation for employment. (Action in Education, 2011, p. 4.)

It is our hope that other counselor educators will consider using our work as a roadmap for aligning their preparation programs with educational reform movements. University faculty have the awesome responsibility of fostering leaders, advocates, and collaborators prepared to

make systemic, equitable, data-driven decisions to meet the demanding needs of today's K-12 students.

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Appendix A: Action Plan

Academic Year 2008-2009			
Quarter	AUTUMN	WINTER	SPRING
Activities	<p>School counseling faculty to discuss feasibility and desire for TSC companion status</p> <p>Research application process and contact National Office for TSC</p>	<p>Attend TSC Academy in February</p> <p>Identify and invite members of DePaul TSC Advisory Committee</p> <p>Secure letters of support from partnering school district, SOE dean</p>	<p>Contact Advisory Council to schedule meeting</p> <p>Convene Advisory council for first meeting to give an overview of TSC application and begin building vision/mission</p> <p>Collecting of sample mission statements and application documents from current TSC companion schools</p> <p>SC faculty begins draft of</p>

			application
Evidence/ Outcomes	School counseling faculty meeting minutes Phone conference with TSC Director Peggy Hines	Conference attended Advisory council identified and invited Letters of support secured from Chicago Public Schools	Email communications SC faculty meeting minutes Advisory council meeting held May 7th Meeting minutes Sample application documents from other institutions Application draft

	Academic Year 2009-2010		
Quarter	AUTUMN	WINTER	SPRING
Activities	SC faculty continue to meet and work on draft Contact Advisory Council to schedule meeting Convene Advisory council to review applications components, sample documents and draft SC faculty compile and application Send application out to Advisory Council for review	SC faculty to review feedback from Advisory Council Finalize application and send to Advisory Council for last review Submit application to TSC Director prior to TSC conference in February Attend TSC Academy in February Report back to Advisory Council on TSC status and conference highlights	SC faculty reviews current curriculum/program structure Contact other companion schools about effective changes to program SC faculty reviews program structure of other TSC companion schools Contact Advisory Council to schedule meeting Convene Advisory Council to review potential curriculum changes
Evidence/ Outcomes	Email communications SC faculty meeting minutes Meeting minutes	Email communications SC faculty meeting minutes Review comments from	Email communications Documents from other companion schools Suggested curriculum or

	Draft of application	Advisory Council	program change outline
	Final draft of application	Submitted application	Draft of curriculum or program changes
	Review comments from Advisory Council	Notification of companion school status	Curriculum changes proposed

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Using Multicultural Theory to Advocate for Refugee Populations

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Abstract

This article uses multicultural counseling theory as a rationale for including refugees in the counseling realm. The article begins with a description of how four factors-- public interest, research trends, media portrayals, and exclusion of multicultural counseling--influence public perception of refugees. The article then recommends approaches toward advocating for refugee populations at the individual, school/community, and public levels.

Among refugee host nations, the United States accepts more refugees who have fled because of war, fear of execution than any other country, or poverty (Birman et al., 2008); the number of refugees has remained consistent at about 2.5 million since 1975 (Singer & Wilson, 2007). Refugees currently comprise 10% of all immigrants to the United States; they form distinct foreign-born groups, especially in many US metropolitan areas (Singer & Wilson, 2007). From about the 1970s to the early 1990s, influenced by the Vietnam War, Cambodian genocide, and collapse of the former Soviet Union, the refugee population has drawn the US public's attention. Since the mid-1990s, however, public interest in this population has begun to wane and fade from public awareness.

Currently, refugees are not only beyond the public interest but are portrayed by the media as a traumatized, helpless population in spite of their significance and strength. In this article, we explore factors affecting public recognition of this population and its stereotypes. In addition, we discuss advocacy strategies for this population based on the American Counseling Association's (ACA) Advocacy Competency Domains (Lewis, Arnold, House & Toporek, 2003).

Factors Influencing Perception of Refugees

Public Interest

One interesting aspect of the public's attention to refugee populations relates to political interest. For example, Cold War refugees to the West were welcomed as political heroes and courageous people who stood up against oppression (Pupavac, 2008). In the public's eyes, these refugees were regarded as intellectuals, moral thinkers, and outstanding artists who could not express themselves in oppressed communist societies. Conversely, refugees from Southeast Asia and Africa were depicted in a totally different light, presented as victims of war, famine, and genocide. Accordingly, Southeast Asian and African refugees now are recognized as a traumatized, helpless, and ultimately pathetic population (Pupavac, 2008). In sum, public

perception of and attitude toward various refugee populations contains inherent bias. Regarding this discrimination, Pupavac (2008) asserted, “we should not idealize past treatment of refugees and ignore how racist assumptions undermined refugee’s rights” (p. 274).

Research Trends

A number of studies regarding refugee populations have contributed to a more compassionate refugee image. According to a literature review by Summerfield (2000), researcher interest in the psychological trauma of people who are refugees has emerged since the mid-1980s. This research has found that people who are refugees experience posttraumatic stress, depression, anxiety, schizophrenia, psychotic reactions, substance abuse, and suicide with greater frequency than the general public (Sack, Clarke, & Seeley 1995; Keyes & Kane, 2004; Schweitzer, Melville, Steel, & Lacherez, 2006). Even though these well intended scholarly efforts have revealed inherent difficulties with a benevolent goal of better understanding and treating this unique population, the excessive focus on trauma has shaped and reinforced negative refugee stereotypes. Little research shows counter-representations or the significance of this population in the US (Pupavac, 2008). This research trend may have influenced and informed the dominant image of refugees as troubled victims, bringing pity rather than respect or admiration for this population (Pupavac, 2008).

Media Portrayals

The impact of media (films, television shows, news reports, etc.) on the perception of refugees is difficult to overstate. To date, popular media have inculcated predominantly negative images into public consciousness (e.g., *Gran Torino*, *The Hangover Part II*, *The Last Airbender*, etc.; Media Action Network for Asian Americans, n.d.). Media reports on refugees generally parallel the aforementioned research findings. As described above, most research for this population has focused on traumatic experience and its consequences for refugees. Similarly, media representations tend to portray refugees as subjects for compassion or even pity. We suspect that such exhibitions give viewers a chance to indulge in sympathetic feelings toward a less fortunate group, which unfortunately serves to perpetuate stereotypes. In general, photographic exhibitions, published books, and fundraisers dedicated to refugees follow the same trend.

Exclusion of Multicultural Counseling

In the counseling sector, refugees currently are not included as a distinct diversity category. Given the field's current emphasis on multicultural counseling (e.g., Astromovich & Hoskins, 2009), which “recognizes the broad scope of dimensions of race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious/spiritual orientation, and other cultural dimension” (American Psychological Association [APA], as cited in Robinson-Wood, 2008, p. 4), we believe the refugee population constitutes an unrecognized continuation of multicultural counseling. Despite increasing evidence demonstrating this underserved population's unique counseling needs, refugees receive far less attention in research and practice than other diverse groups, such as ethnic minorities and LGBT clients. Refugees’ unsolved problems still remain and even have worsened over the past 10 years (Korkut, 2010).

When counselors fail to include refugees in the multicultural spectrum and further fail to advocate for their rights, refugees will remain invisible to the public. Giving a voice to this population corresponds not only to the call for multicultural counseling, but follows the ACA Advocacy Counseling Advocacy Competency Domains.

Advocacy for Refugees

To bring attention to advocacy strategies for refugees, this article follows the dimensions of the ACA advocacy competencies developed by Lewis, et al. (2003), which are based on multicultural counseling theory. Specifically, the ACA model promotes counselors advocating at three level of increasing size--individual, school/community, and public. Each level has two tiers, acting *with* and *on behalf of* clients.

Individual Level of Intervention

Refugees are required to screen their self-designated image, because they are vulnerable to influence by the negative reputation promoted by media and public opinion. Although refugees may be considered capable and confident in their home countries, a number of research results and media publicity may promote refugees accepting negative stereotypes of themselves, inadvertently or not. For individuals to adopt this inferior view may be counterproductive in counseling in that doing so can result in refugee clients confining their potential in order to conform to expected roles. Furedi (as cited in Pupavac, 2008) wrote, "in adopting the sick role, individuals accept that their capacity to function is impaired and that, therefore, their ability to exercise individual autonomy is significantly impaired" (p. 280). Counselors thus need to help refugees inspect how they see themselves and which roles in their host nations these clients accept. Such an inspection does not mean negating traumatic experience, its consequences to mental health, or vulnerability. Rather it indicates helping refugee clients see beyond their difficulties and recover their former self-perceptions from their home countries prior to displacement and relocation. For this population, strength-based counseling seems the most logical and effective approach (Bacigalupe, 2009). Refugee individuals and families may thus be able to find their voices and assert their rights to their host nations.

School and Community Level of Intervention

To advocate on behalf of refugees at the school and community level, counselors need to collaborate with school counselors and authorities from community agencies. First, counselors need to work on embracing this population, based on egalitarian concepts. Refugees are no longer seen as an unwelcome population, but are community members. For this shift in perspective for school and community members, education about how negative bias toward refugees was formed can be useful. At the same time, education about discriminatory attitudes--including feelings of sympathy and pity--toward this population, can be beneficial, especially as most current refugees are from Africa and Middle and Southeast Asia and are exposed to biased treatment (Ferris & Winthrop, 2010).

In addition, counselors as advocates can emphasize multicultural counseling for this population. Particularly, multicultural awareness is required in school settings because refugee children and adolescents who attend a community school may have specific needs. Community

agencies also offer out-reach services that take into account refugees' differences because most are unfamiliar with counseling services. Tutoring for English skills, initiating projects to give refugees vocational training and offer job opportunities, and locating markets in which refugees are able to sell their agricultural products can be examples school- and community-based outreach services.

Public Level of Intervention

Media coverage can play a significant role in breaking through indifference and discriminatory attitudes toward the refugee population. Furthermore, campaigns and exhibitions about refugees as talented and skilled individuals (cf., Pupavac, 2008) can be effective ways to change public awareness. In addition, professional counselors can use their expertise to re-focus public attention, perhaps by presenting research results about refugees or educating the public. To raise public awareness, Flowers and Chodkiewicz (2004) recommended that actions by professionals, the judiciary, minor political parties, and various legislative bodies could have significant effects on arousing public awareness and promoting changes in government policies. When advocating for refugee populations, Korkut (2010) noted that:

Protecting refugees is not charity or an act of kindness that depends on our will. Protecting refugees is a moral responsibility and legal obligation. It is for this reason that we need to exert more effort to avoid disasters that would force people to leave their countries, lead to human rights violations, armed conflict and stifle economic prosperity. (para. 13)

Conclusion

Advocacy for refugees grounds its rationale in human rights. Sympathetic identification with refugees, albeit well intended, make refugees a population who may require endless social support. A sympathy-based helping model also limits refugees' capacity for self-efficacy and personal agency. In contrast, we contend that considering refugees a distinct multicultural population requires a counseling approach based on rights and awareness of strengths.

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Exploring Issues Affecting Professional Identity of Illinois Counselors

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Abstract

Professional identity has long been a source of contention among counseling professionals. The development of professional identity for Illinois professional counselors is no different. The present article outlines the author's position regarding the most critical issues affecting the professional identity of Illinois counseling professionals. Issues surrounding licensure/certification, portability, and school and clinical mental health legislation are discussed along with recommendations for bringing resolution to these issues to benefit the practice of professional counseling in Illinois.

A wealth of discussion surrounding the professional development of Illinois school and clinical mental health counselors has permeated numerous professional meetings, conference workshops, and idle conversations between counseling professionals over the years. To date, however, there has been a clear void of professional dialogue regarding professional identity via counseling literature targeted to Illinois counseling professionals. The purpose of the current text is to serve as a catalyst for the documentation of professional exchange regarding the topic of professional identity among Illinois counselors. Thus, the following manuscript outlines the author's position regarding the current state of professional counseling in Illinois including critical concerns for Illinois counseling professionals, with corresponding implications of inaction to remedy these concerns, and recommendations to promote sustainable professional change.

Critical Concerns for Illinois Counselors

Licensure/Certification Issues

With a lack of legal protection, the term “counselor” often elicits a considerable amount of ambiguity for both professionals and lay people alike. States, however, circumvent this issue by allowing only qualified individuals to obtain licensure and certification through state-level credentialing boards. These state licensure and certification boards often look to academic accreditation bodies to determine adequate levels of counselor preparation necessary to deem candidates appropriate for licensure or certification upon graduation. Therefore, it is evident that the adherence to standards set forth by the accreditation bodies has a profound impact on the educational attainment, training, and, in turn, professional identity of counseling professionals.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP), in its latest version of accreditation standards (2009), has made a clear distinction regarding what it views to be adequate training for school versus clinical mental health counselors. New guidelines for clinical mental health counseling programs, which now require 60-semester hours of coursework, provide evidence that the accreditation body views clinical mental health preparation as separate and distinct from school counseling programs, which still require 48-semester hours to meet accreditation standards. While this distinction may appear

rather innocuous, it has significant implications for Illinois, which has traditionally allowed for a rather seamless transition from school counselor certification to the professional clinical license.

Yet, while the ability of students graduating from accredited school counseling programs to obtain clinical licensure may prove to be more difficult, it is not the only issue raised by the change. CACREP's decision to increase the clinical mental health requirement also indirectly impacts the discussion of Illinois counselor professional identity. Prior to CACREP's modification, counseling students who were undecided between school or community counseling, or those who were ambitious in the pursuit of both licensure and certification, were generally told the same thing by well-informed counselor educators. The advisement usually reflected something as follows: "If unsure (i.e., or pursuing both licensure and certification), it may be wise to pursue the school counseling program emphasis." This well-intentioned advice, however, was not necessarily reflective of what is best for the individual trainee, but rather an exercise of pragmatism on the part of the counselor educator. This is due to the rarely-spoken "loophole" that exists in Illinois licensure and certification rules which allows students completing school counseling programs to count their school-based practicum/internship experiences towards initial clinical licensure (i.e., LPC) upon graduation. Clinical mental health counseling students, however, cannot count their clinical mental health counseling practicum/internship hours toward school counselor certification upon graduation due to the requirement stating that internship hours must be earned "in a school setting..." (Illinois State Board of Education, 2011, p. 21). While this discrepancy in state licensure/certification requirements for school and clinical counselors may appear to be insignificant, it presents major ramifications regarding the professional identity of Illinois counselors.

This "loophole" can be argued to have a significant effect not only on how counselor education programs tend to advise students, but also on how programs design their curricula to produce the most competent, and ultimately, employable practitioners upon graduation. Certain programs, for example, have taken the position that they best serve school counseling students by promoting their pursuit of clinical licensure in addition to certification. While such a practice may indeed make programs more appealing to potential trainees, it also affects the clarity of the trainee's professional identity. Those who have worked in both school counseling roles and as clinical practitioners will often be the first to proclaim distinctions between the two roles. Most would not expect a clinical mental health graduate to be able to enter a school setting and implement a comprehensive guidance program including guidance curriculum, individual student planning, responsive services, or conceptualize their role in terms of systems support in compliance with ASCA's recommendations (ASCA National Model, 2008). Conversely, most would also find it reasonable not to expect a school counseling graduate to be well-versed in conducting diagnostic interviews, navigating the Diagnostic and Statistical Manual, treatment planning, or collaborating with other clinical treatment staff (i.e., psychologists, clinical social workers, psychiatrists, or other clinical staff members).

School Counseling Mandate

Another key factor affecting the professional identity of Illinois counselors is the lack of legislation necessary to mandate the need for school counseling personnel. Currently, 31 states require the employment of trained school counseling personnel at some level within a school district (Sable & Plotts, 2010). Unfortunately, Illinois is one of the 19 states that does not require school counseling personnel to deal with the psychosocial, social-emotional, and academic and

career planning needs of Illinois students. The implications of this position may be profound for Illinois students and may affect the state's ability to serve as a regional leader in education. While certainly not indicative of a causal relationship, it should be noted that, during the 2008-2009 school year, Illinois ranked worst in the nation in terms of dropout rate (Stillwell, Sable, & Plotts, 2011). The National Center for Education Statistics (Stillwell et al., 2011) reports that the state's rate of dropouts for grades 9-12 was 11.5 percent. While alarming, that statistic is particularly illuminating when analyzed even further. Black students in the state had a dropout rate of 20 percent, where the next highest rated state was Arizona with 10.1 percent. In fact, Illinois had the highest dropout rates for every visible racial/ethnic group in the study (Stillwell et al., 2011). Although not the only indicator of academic achievement, the state's dropout rate does point to the need for modification in the state's policy related to academic and career planning, social/emotional development, and psychosocial development, which are areas consistent with the charge of comprehensive guidance. The failure to mandate school counseling personnel in Illinois schools may not only have national implications regarding education, but may also promote troubling consequences for surrounding communities throughout the state (Western & Pettit, 2010).

According to the American School Counselor Association (as cited in Sable & Plotts, 2010), of the five states that border Illinois (i.e., Wisconsin, Iowa, Missouri, Kentucky, and Indiana), only Kentucky shares in Illinois' failure to mandate school counseling at the K-12 level. Kentucky, however, boasts a dropout rate of 2.9 percent (Stillwell et al., 2011), and a student-to-counselor ratio of 459 to 1 compared to Illinois ratio of 672 to 1 (Sable & Plotts, 2010). This ratio represents the fifth highest disparity in the nation behind California, Minnesota, Utah, and Arizona respectively. It is reasonable to hypothesize that this disparity impacts Illinois' substantial dropout rate. While far from ASCA's recommendation of 250 students to each counselor, Kentucky still far exceeds Illinois' commitment to school counseling, even in spite of failing to mandate the practice. The combination of high student-to-counselor ratios and the lack of a state mandate (i.e., along with mandated funding) compounds to have a detrimental effect on high school completion; an indicator of economic and community stability (Western & Pettit, 2010). The impact of failure to complete high school is clear when examining incarceration statistics. It is estimated that more than two-thirds of Black male dropouts will spend time in state or federal prison during their lifetimes (Western & Pettit, 2010). While the effect of school counseling on high school completion is believed to be tremendous, there are also indirect effects to the education system due to the lack of a state-wide counseling mandate.

The state's current position on school counseling only adds to the stress of non-counseling school personnel (i.e., teachers, administrators, and para-professionals) by increasing the district's reliance on these individuals to deal with counseling-related concerns. The additional burden on non-counseling school personnel to supplement the role of the absent counselor is problematic for both students and school personnel alike. Students do not receive the services they need and school personnel, who lack training in counseling, are simply unable to fulfill the roles for which they are competent and trained in addition to dealing with social and emotional issues. Therefore, regardless of title (e.g., Dean of Students, Star Guide, Gear Up Leader, etc.), these administrators, teachers, and para-professionals are simply ill-prepared to adequately confront the complex student issues that come before them. This practice of attempting to by-pass the role of school counselors is also likely a key contributor to the inflated rate of students who become high school dropouts.

Also, in a much more indirect manner, the practice of utilizing non-counselors to fulfill counseling roles serves to cloud the professional identity of Illinois counselors even further by limiting the need for school counselors state-wide. This leads to qualified school counselors not being able to find employment in the state which, in turn, leads to the tendency for these school counselors to pursue clinical licensure with little-to-no additional training. These individuals, who typically identify as school counselors, often find themselves counting the days until they can find employment as a school counselor and rarely ever develop professional identities as clinical mental health counselors. This realization, however, in no way discounts the possibility for individuals who identify as school counselors to also identify as clinical mental health counselors. Instead, the argument is simply that if state licensure and certification boards hold CACREP accreditation in such high regard when it comes to determining qualifications of potential applicants for credentialing, then these boards should also take CACREP's lead in making distinctions between the practice of school and clinical mental health counseling. CACREP's latest standards provide clear evidence that the accreditation body views professional identities of the two counseling emphases as distinct, therefore the state-level credentialing boards should follow suit and minimize the suggestion of "loopholes" in state credentialing practice by making the process consistent between disciplines.

Peripheral Concerns

While Illinois counselors face a number of issues affecting their ability to practice in school and clinical settings (e.g., Medicare reimbursement, Medicaid payment schedules, school counseling mandate, scope of practice issues, and so on), several issues may also indirectly affect the ability of Illinois counselors to effectively serve their clients and students. Issues of license portability and scope of practice also permeate the discussion of professional identity of Illinois counselors.

Portability of Licensure. The ability to take one's credentials across state lines is imperative for an individual's professional livelihood and helps to bolster the legitimacy of the profession on a national scale. With this ability comes the freedom to pursue employment opportunities and spread professional expertise, whether this occurs across neighboring state lines or across the country. Ever-increasing requirements for professional licensure dictate the need for consistency between states in terms of both educational requirements for licensure and state-level reciprocity. Of course, stating this represents the proverbial form of "preaching to the choir" when being expressed to counseling professionals. This is evidenced in the American Counseling Association's 20/20 initiative, which outlines a set of tangible objectives for the counseling profession as a whole (Rollins, 2007). One of the primary objectives of the 20/20 initiative is to see licensure portability come to fruition on a national scale by the year 2020 (Kaplan, 2012). Similar to professions like law and medicine, it is believed that counseling licensure portability will do a great deal to foster professional identity nationally.

Yet, while licensure portability by the year 2020 may seem like a promising goal, Illinois has several important decisions to make regarding licensure requirements in the meantime that will shape the profession for years to come. With the realization that CACREP has increased clinical mental health requirements and that the 20/20 initiative's goals are impending, it seems that the Illinois licensure board has the daunting task of determining if and when to increase requirements in order to match the forthcoming changes. Unfortunately, while this seems to be a matter up for debate, the realities of portability are not so simple. With growing sentiment in the

counseling profession that the major accreditation and certification bodies, along with the American Counseling Association, are intimately intertwined in their efforts, it is only reasonable to conclude that should states choose to foster portability, requirements will be based on CACREP's standards of practice. This conclusion, while not surprising, illustrates the power of accreditation in education. Thus, if CACREP indirectly influences the direction of licensure portability, then proactive state credentialing entities will need to make modifications accordingly.

While Illinois has traditionally held the reputation of being reasonable regarding the portability of licenses from other states, the effects of delayed action in increasing licensure requirements to match CACREP's standards will likely prove detrimental to Illinois counselors and their professional identities. For example, imagine the fallout that would ensue if Illinois counseling program graduates were limited to work only in their home state. Fortunately, the likelihood of this occurring is minimized by the fact that CACREP-accredited programs will ensure, at minimum, that their graduates will have the requisite amount of semester hours completed upon graduation.

Scope of Practice. Another key issue that resides on the periphery of Illinois counselors is the legal scope of practice that can be employed by trained counseling professionals. Specifically, regarding counselor scope of practice is the issue of diagnostic privileges for the Illinois professional counselor. While diagnostic privilege is clearly outlined in the licensure rules for Licensed Clinical Social Workers, Licensed Psychologists, and Psychiatrists in the state, rules regarding the scope of practice for Illinois counselors carry a considerable amount of ambiguity. The term "diagnosis" does not appear in either the Illinois counseling rules or state statutes governing the practice of professional counseling. Rules governing the practice of making diagnoses should be explicitly stated by state credentialing agencies due to the amount of liability the practitioner carries when making such decisions. Diagnosis, and the ability to diagnose, is arguably the key factor in the process of developing adequate treatment modalities for those served by counselors. To not have the ability to make these clinical determinations means that counselors will need to refer to other professionals to make the diagnostic determination, which will ultimately shape the direction of treatment. This is not to say that counselors do not already engage in the practice of diagnosis on a consistent basis, but rather it begs the question of the legality of such a practice. One case of negligence regarding this practice would have detrimental effects on the profession statewide.

Another issue related to diagnostic scope of practice for Illinois counselors is that, if counselors are legally free to diagnose, then they should also be trained in diagnosis and treatment planning as part of their educational experience. Currently Illinois does mandate training in psychopathology for counselors seeking licensure. However, an additional course in the use of the Diagnostic and Statistical Manual would promote the trainee's ability to engage in the practice of making diagnoses and formulating treatment plans for clients, a common practice of Licensed Professional Counselors.

Recommendations

Although the challenges to Illinois counselors' professional identities presented herein may seem overwhelming, the reality is that each state, along with the national collective of counseling professionals, has improvements to make in order to foster growth as a profession. The state of Illinois has a great deal to offer would-be counseling professionals. For example,

Illinois boasts strong statewide counseling associations, a wealth of CACREP-accredited programs throughout the state, licensure and certification boards that are welcoming of practitioners from other states, and a wealth of counselor education professionals that hold professional stature among colleagues both nationally and abroad. Therefore, readers of this document should feel encouraged in their efforts to make modifications to the aforementioned “issues” affecting professional identity of Illinois counselors. To this end, the author presents the following recommendations to bolster professional identity of Illinois counseling professionals by remedying the critical issues presented herein.

Licensure/Certification/Portability

Regarding licensure and certification, and the resulting “loopholes” that exist, the author recommends increasing communication between the state licensure and certification boards. Effective communication between both parties will promote consistency in learning and experiences among individuals who wish to become licensed, certified, or both within the state of Illinois. These entities must work together to accomplish the goal of promoting counselor competency rather than allowing training requirements to be circumvented due to inconsistency in the rules governing the two entities.

Additionally, as programs shift semester hour requirements to reflect current CACREP standards, it may be wise to recognize the already fragile condition of the school counselor (i.e., with no state mandate for services) and opt not to raise school counseling semester hours to be in line with clinical hours. The current requirement of 48-semester hours already well outpaces school administrator educational requirements and any increase could effectively persuade qualified applicants toward careers other than counseling.

Regarding portability, the recommendation is simple. Illinois must be proactive in the quest to promote portability for licensed professional counselors. Therefore, the state must stand firmly behind what is indeed the inevitable need to increase hours to reflect CACREP’s 2009 standards. Waiting to make this modification will only make the change more difficult in the long-term. The benefits of meeting the current standards are twofold. First, the state ensures that those who graduate will be more likely to find employment elsewhere, promoting additional candidates to pursue licensure in the state. Also, the requirement of additional educational requirements allows the state, should it choose, to promote additional training in diagnosis and treatment planning, a much needed addition.

School Counselor Mandate

The need for a state-wide school counseling mandate is profound. It is doubtful that Illinois stakeholders (i.e., legislators, citizens, taxpayers, etc.) wish to be known for their state touting the highest dropout rate nationally for students regardless of race, the highest dropout rate (20%) for Black students, and the fifth highest student-to-counselor ratio in the nation. These statistics indicate that a lack of effort on the part of state officials may be to blame for such paltry indicators of academic success. With that said, Illinois counseling professionals, regardless of clinical or school identification, must mobilize and collectively support efforts to see such a mandate take shape. The multitude of ramifications resulting from the shortfall of qualified school counseling professionals, and the subsequent stress added to educational and community-

systems, compels Illinois counselors (i.e., school and clinical mental health) to treat this issue as the top priority for remediation in the state.

Scope of Practice

Scope of practice guidelines for licensed professional counselors must be clearly demarcated in rules and regulations governing the profession. In promoting their understanding of what is expected in clinical practice, and subsequently, their professional identity as counselors, clinicians should be fully aware of legal ramifications regarding diagnostic privilege within their state. The lack of discussion, attention, and overall clarity that surrounds this issue is both puzzling and unsettling. Current practice promotes additional ambiguity regarding professional identity of Illinois counselors and serves as a detriment to widening the scope of practice of counselors within the state.

A Call to Action

This manuscript, in outlining the author's position, takes aim at several critical issues affecting the professional identity development of Illinois counselors. These issues, while not exhaustive, do outline a set of objectives for Illinois counseling stakeholders to explore. While several of these issues will inevitably come to a resolution of some sort (i.e., portability, decision to increase educational requirements, and decision to adhere to CACREP's standards), others will likely not see resolution due to a general lack of awareness regarding their existence (i.e., school mandate ramifications and scope of practice issues). With the aforementioned strengths of Illinois counseling being as they are (i.e., strong counseling associations, strong leadership, etc.) it is imperative that these strengths be utilized to promote the changes outlined herein.

Therefore, each of these issues need to be intentionally reflected upon and explored within the context of state and local associations. Action plans that develop out of these associations can then begin to take shape to deal with these issues in order of perceived priority. These associations, through their leadership, can then communicate findings and further recommended actions to their constituents as deemed appropriate, all the while making the process as transparent as possible.

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