The Illinois Counseling Association is a partnership of associations representing professional counselors who enhance human development.
The Journal of Counseling in Illinois Welcomes Two New Co-Editors

Welcome to Volume 5:1 of the Journal of Counseling in Illinois! We are excited to share winter 2019 edition with ICA readership. As co-editors, we would like to thank the Illinois Counseling Association for its continued commitment to rigorous academic scholarship at the state level. Additionally, a special thank you goes out to the editorial board for their outstanding volunteer contribution to the editorial process. Without their tireless commitment, the blind peer review necessary to promote scholarly quality and integrity would not be possible.

Co-Editor Bios

Ken Oliver, PhD., LPC has served as a clinical mental health counselor in mental health, residential, and educational settings for nearly 20 years. A St. Louis native, Dr. Oliver currently serves as Professor, Division Chair for the School of Education, and Program Director in the graduate counseling program at Quincy University in Illinois and is a Licensed Professional Counselor in Missouri. He has served on several ACA-division journal editorial boards and has previously served on the Board of Directors for the Schultz Foundation (i.e., formally the ICA Foundation). He is married and the father of one boy and two girls.

Katherine M. Helm, PhD is a professor of psychology and director of Graduate Programs in Counseling at Lewis University where she teaches a wide range of graduate counseling courses in the clinical mental health counseling. Dr. Helm is a licensed psychologist and regularly sees individual and couples clients. Dr. Helm supervises masters and doctoral practicum and internship students. Her scholarly contributions are in the areas of individual and couples counseling, sexuality issues and education, counselor training and supervision, multicultural issues in counseling, the treatment of trauma for sexual abuse, pedagogy of multicultural courses, and cultural competency training. Dr. Helm has counseling and consultative experiences in psychiatric hospitals, community mental health, college counseling centers, and other agency settings.

CO-EDITORS NOTES: THE JOURNAL OF COUNSELING IN ILLINOIS

In this edition of the Journal of Counseling in Illinois, we are pleased to present four timely and relevant articles on several important counseling-related topics. The first article by Debra Majewski explores the concept of parentification and outlines potential causes and ramifications of parentification in adulthood. The author identifies several treatment considerations, both preventative and reactive, intended to assist clinicians when working with parentified adults. An illustrative case study also provides a wealth of context for the reader’s consideration.

The second article by Kara Wolff and Jessica Clevering endorses the utilization of system justification theory as a mechanism by which to promote multicultural and social justice competencies in counselor education and beyond. The article explores deficits in current multicultural counselor education training and provides a clear rationale for the use of system justification theory as a potential barrier to the legitimate promotion of social justice. Through this lens, however, the authors postulate that counselor educators will be better equipped to identify and remedy these barriers in their trainees. The article provides a thought-provoking
analysis of current methods and an alternative model to reach students who struggle with conceptualization or implementation of social justice competencies.

The third article by Miranda Parries introduces readers to the benefits of experiential learning, via study abroad, on various counseling-related competencies. The author describes a qualitative study of several students’ experiences with study abroad and the wealth of learning that can be directly applied to counselor education in general. The author makes a strong case for infusing experiential learning into counselor education to promote the far reaching benefits that transcend the classroom and clinical experience.

The forth article by Beverly Chia Maier, Anthony Peterson, and Shirley Hoffman describes a single case study depicting the benefits of an evidence-based employment program with a veteran suffering from a traumatic brain injury. The article outlines several potential ramifications of veteran unemployment and builds a case for evidence-based programs targeting this population. This article will prove useful for any clinician working with veteran populations, either directly or contingently.

The broad scope of topics in this edition provides the reader with a well-balanced view of critical issues facing counselors in Illinois and beyond. Counseling practice, education, and research are all explored along with a wealth of valuable information and inquiry to support future questions related to these topics. We hope these articles raise questions and spark curiosity to further explore these and other related areas of scholarly interest and inquiry.

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Journal of Counseling in Illinois (JCI) Sections and Guidelines for Authors

The Journal of Counseling in Illinois is dedicated to increasing the quality and quantity of professional dialog among Illinois counselors by publishing articles concerned with contemporary issues for mental health professionals.

Sections:

**Research:** These manuscripts focus on qualitative and quantitative research studies that are useful to counseling practice. Studies may be small in nature and can include preliminary findings that will lead to larger research projects. These manuscripts may include program evaluation studies. However, all studies must adhere to rigorous data analysis standards. In these manuscripts, the review of the literature provides the context and need for the study, logically leading to the purpose and research questions. The methodology includes a full description of the participants, variables and instruments used to measure them, data analyses, and results. Authors are expected to discuss the clinical significance of the results.

**Practice:** These manuscripts focus on innovative approaches and techniques, counseling programs, ethical issues, and training and supervision practices. They are grounded in counseling or educational theory and empirical knowledge. Some evidence of effectiveness in practice is provided. The goal of this section is to offer ideas and techniques for immediate application to practice.

**Professional Exchange:** These manuscripts are designed to provide readers with information about significant current issues and/or trends in the counseling field. These manuscripts may be reviews of the literature and/or position papers. Relevant areas include diversity, accreditation, licensure, certification, counselor function, needs of special client populations, supervision issues, issues effecting Illinois counselors, issues effecting divisions, regions, or chapters, and other timely topics.

**Professional Dialogue:** These manuscripts are written to stimulate dialogue, discussion, and debate related to critical issues of interest to the JCI readership. Initial submissions will include a well-reasoned, thought-provoking manuscript on a topic of interest and the names of two potential contributors who will respond/react to the concepts in the original manuscript.

**Media Reviews:** These manuscripts are written to review current media relevant to mental health professionals. Each review must include information about how the reader may access the media and background of author relevant to materials being reviewed. Authors may submit reviews on media they have written or developed themselves.
Reviews must be informational and scholarly in nature and cannot be advertisements for the media.

**Manuscript Preparation:** All manuscripts should be prepared according to the Publication Manual of the American Psychological Association (6th ed.). Authors should consult the APA Publication Manual for guidelines regarding the format of the manuscript, abstract, citations and references, tables and figures, and other matters of editorial style. Tables and figures should be used only when essential. No more than three tables and two figures with each manuscript will be accepted. Figures (graphs, illustrations, line drawings) must be supplied as camera-ready art (glossies prepared by commercial artists) whenever possible. If electronic artwork is supplied, it must be a minimum resolution of 600 dots per inch (dpi) up to 1,200 dpi. Halftone line screens should be a minimum of 300 dpi. JPEG or PDF files are preferred. (See APA Publication Manual, pp. 150–167 for further details on figure preparation.) Figure captions are to be on an attached page, as required by APA style. JCI does not publish footnotes. Instead, incorporate any footnotes into the text or include an endnote.

Authors must also carefully follow APA Publication Manual guidelines for nondiscriminatory language regarding gender, sexual orientation, racial and ethnic identity, disabilities, and age. Lengthy quotations (generally 500 cumulative words or more from one source) require written permission from the copyright holder for reproduction, as do reproductions or adaptations of tables and figures. It is the author’s responsibility to secure such permission, and a copy of the publisher’s written permission must be provided to the Editor immediately upon acceptance for publication.

**Manuscript Length Limitations:** Each manuscript submission is limited to no more than three tables and two figures. In total, manuscripts submitted to the Research section must not exceed 20 pages, including references. Manuscripts submitted to the Practice, Professional Exchange and Professional Dialogue are not to exceed 15 pages. Media review manuscripts are not to exceed 10 pages.

Manuscript titles are limited to 80 characters. Abstracts are limited to 75 words. Any submissions that do not adhere to length limitations may be returned without review.

**JCI Editorial Review:** Manuscripts are reviewed by at least two editorial board members. Manuscripts typically undergo revision before final acceptance. The Editors make final decisions regarding publication.

JCI has a completely electronic manuscript submission and review process. Electronically submit as attachments one copy of the manuscript with authors’ names and affiliations on the cover sheet, along with a letter briefly describing the topic of the manuscript and identifying the appropriate JCI section to oliveke@quincy.edu and/or helmka@lewis.edu. The subject line of the e-mail message must state “JCI: manuscript submission.”
JCI expects authors to follow the ACA Code of Ethics (ACA, 2014) regarding publication, including authorship, concurrent submission to only one publication, and informed consent for research participants, and piecemeal publication of research data. In a cover letter, authors should include statements indicating that they have complied with specified ACA ethical standards relevant to their manuscript.
# TABLE OF CONTENTS

## Volume 5 Number 1 Winter, 2019

Co-Editor’s Welcome ......................................................... Page 2

Journal of Counseling in Illinois (JCI) Sections
and Guidelines for Authors ........................................... Page 4

Table of Contents .......................................................... Page 7

**Articles**

Parentification: Causes, Consequences, and a Case Study
*Debra C. Majewski* ......................................................... Page 8

System Justification Theory and Multicultural Training in
Counselor Education
*Kara E. Wolff and Jessica B. Clevering* ......................... Page 19

Experiential Learning during Study Abroad:
A Phenomenological Case Study
*Miranda M. J. Parries* .................................................. Page 28

Evidence-Based Supported Employment
Leads to Recovery: A Case Study of a
Veteran with Psychiatric Disability and
Traumatic Brain Injury
*Beverly Chia Maier, Anthony Peterson, and Shirley Hoffman* .......... Page 40
Parentification: Causes, Consequences, and a Case Study

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Abstract

This article describes the phenomenon known as parentification, including causes and consequences, and includes a detailed case study with an adult who was parentified as a child. Research has indicated that parentification is associated with increased risk of psychopathology in adulthood. In counseling, parentification is often overlooked as clients present with symptoms related to other disorders such as depression or anxiety. There are hallmark signs however, that could indicate further assessment to inform treatment.

Family functioning and child rearing practices are diverse and unique based on a wide variety of variables that include culture, tradition, socioeconomic circumstances and other important factors (Minuchin, 1974; Perosa & Perosa, 1993). In Western culture, childhood is often seen as a time best utilized for development where children should be protected by their adult caregivers until they become adults capable of making decisions for themselves (Becker, 2007).

One aspect of healthy family functioning has been identified as the separation-individuation process that occurs in adolescence (Kerr & Bowen, 1988). This process usually occurs gradually, and is the result of the connection the child feels with his or her parents and as part of the family unit, and the eventual task of developing into an adult who functions autonomously as an individual. According to Patel, Steingut, Vasquez, Trimble, Pituch, and Freeman (2018) autonomy is associated with desirable forms of motivation, in addition to engagement and well-being. Conversely, interference in healthy development of autonomy is associated with a poorer sense of well-being, and less desirable motivation. Autonomy is imperative in the development of the ability to act on the individual’s values and interests. Establishing a sense of self-worth, self-respect and self-knowledge allows one to appreciate differing points of view and possess the capacity to reason and debate. Positive identity formation is a critical element in the successful completion of this process and has been linked to overall healthy psychological functioning (Perosa & Perosa, 1993). Successful individuation can be facilitated by the setting of appropriate boundaries within the family structure (Boszormenyi-Nagy & Spark, 1973; Hooper, DeCoste, White, & Voltz, 2011; Jankowski, Hooper, Sandage, & Hannah, 2013).

Problems can occur when parent-child boundaries are violated with regards to children assuming parental roles. This specific boundary violation is identified as parentification (Boszormenyi-Nagy & Spark, 1973; Byng-Hall, 2008; Hooper et al., 2011; Jankowski et al., 2013). There are many causes and contributors within the family structure that add to this dynamic including personal and environmental stressors, and dysfunction. These can include depression and other mental illnesses, unemployment, physical illness, substance abuse, single-parent and/or low-income families, families with multiple jobs, divorce and incarceration (Burton, 2007; McMahon & Luthar, 2007).
Understanding Parentification

Parentification can be both beneficial and detrimental to normal childhood development. Parentification generally occurs in two distinct patterns, with the child performing either instrumental (e.g., preparing meals, managing household chores, or handling financial matters) or emotional (e.g., acting as peacemakers in the family, or providing emotional support or companionship for a parent) roles and responsibilities that are usually assumed by the adults (Hooper et al., 2011; Khafi, Yates, & Luthar, 2014; Williams & Francis, 2010). Parentification occurs along a continuum, with most children experiencing some form of parentification in minor and acceptable ways, such as occasionally helping with siblings.

This type of situation is rarely harmful to children even though it may overwhelm them at the time. The other end of the spectrum however, will have some children experiencing extreme forms of parentification. These variables are primarily dependent on family circumstances. In families with a parent who is ill, it would not be unusual to depend on the child to provide additional assistance to the parent but could be detrimental to the child. The enduring nature of the requirements and the perceived unfairness of the experience appear to be primary determinants of the effect it will have on the child (Jankowski et al., 2011; Williams & Francis, 2010).

For some who have experienced instrumental parentification, positive outcomes have been noted. Many children who assist parents with household responsibilities experience increases in self-reliance, self-confidence, and socialization skills (Jankowski, et al., 2013; Khafi et al., 2014). When these tasks are experienced as negative it appears to be linked to a third factor, which is perceived unfairness within the family system and whether the child felt appreciated. Another factor related to coping is how well the child regulated his or her negative emotions (Jankowski, et al., 2013). Khafi et al. (2014) point out a surge of terms such as “burdened,” “spousified,” and children with “filial responsibilities” to create distance from the pathology normally associated with parentified children. Historically, emotional parentification is associated with negative outcomes that have far-reaching outcomes into adulthood (Boszormenyi-Nagy & Spark, 1973; Byng-Hall, 2008; Hooper et al., 2011, Jankowski et al., 2013; Khafi et al., 2014).

Emotional parentification occurs as the result of a role reversal where the child becomes the affective stabilizing force within the home for the parent(s). This occurs in a variety of ways such as the child acting as a confidant for a heartbroken or frightened/overwhelmed parent or the child that is required to make important decisions for the family before they have adequately matured. Very young children can exhibit behavior that will divert attention away from a troubled marriage, either in public or at home to de-escalate the situation (Boszormenyi-Nagy & Spark, 1973, p. 155). When these types of boundary violations occur, healthy separation-individuation is sometimes not achieved resulting in unhealthy psychological functioning (Boszormenyi-Nagy & Spark, 1973; Byng-Hall, 2008; Hooper et al., 2011; Jankowski et al., 2013, Perosa & Perosa, 1993).
Common Causes of Parentification

Families entering counseling reported circumstances that fostered an environment which made it likely that their children would be susceptible to becoming parentified (Byng-Hall, 2008). These circumstances tend to fall into several main categories including, but not limited to the inability of the parent to offer adequate care due to intra-marital conflict, substance abuse, mental or physical illness or disability, the absence of a parent through divorce or death, parents who are drawn into trans-generational family scripts, and parents who exhibit insecure, ambivalent, and/or disorganized attachment styles (Byng-Hall, 2008; Khafi et al., 2014).

Cultural characteristics may moderate the effects of parentification, especially as it relates to the distribution of parent-child tasks (Khafi et al., 2014). Families from African, Latin, and Asian descent tend to value interdependence and role flexibility thereby increasing positive outcomes in shared family tasks (Khafi et al., 2014). Tasks such as dressing/undressing, cleaning and cooking, which are instrumental, are usually easier for children to assume (Byng-Hall, 2008; Khafi et al., 2014).

Byng-Hall (2008) suggests that while European-American families tend to value independence and autonomy, African-American families tend to emphasize intergenerational family support built on a foundation of family reciprocity and group survival, so requiring tasks that would be seen as enmeshment or negative by European-Americans, are culturally supported and appreciated in African-American families. Perceived fairness must be factored into the equation when examining the effects of parentification (Byng-Hall, 2008; Khafi et al., 2014).

Tasks such as offering emotional support to a grieving parent or becoming a substitute ‘partner’ are generally more difficult and damaging. Gender differences tend to exist in these circumstances, with girls more likely to assume parental roles than boys (Byng-Hall, 2008; Khafi et al., 2014).

Parentification appears to affect academic and career choice as well with those scoring higher on parentification measures showing higher enrollment in psychology as opposed to engineering courses. In a study by Lackie (1983) of 1577 social workers, two-thirds had histories of parentification. These findings evidence the cultivation of sensitivity and caring for others, but also the pattern of obligation to help others. The risk is a carry-over of perfectionistic tendencies which can result in burnout due to not meeting their own needs, and the inability to be an objective helper (Early & Cushway, 2002; Glickauf-Hughes & Mehlman, 1995).

The child who is parentified is exposed to adult roles and responsibilities, but it goes beyond performing instrumental or emotional tasks. This experience becomes a foundational element in the child’s development in that the child begins to see himself or herself in an adult capacity and develops a personal expectation to perform tasks as an adult would or could (Hooper, et al., 2011; Wells & Jones, 2000). A child’s perception that he or she must take on the role of the adult is often beyond the child’s cognitive and emotional development (Earley & Cushway, 2002). Children may experience feelings of being overwhelmed or angry in situations where they are expected to perform adult tasks and can feel empty despite the outward appearance of competence. Further, if they are unable to perform these tasks as efficiently as adults, they may perceive failure, leaving them with a deep sense of inadequacy that extends into adulthood (Byng-Hall, 2008; Hooper, et al., 2011; Jurkovic, 1998; Wells & Jones, 2000).

One potential theoretical underpinning related to parentification is Erik Erikson’s (1963) developmental theory which is comprised of eight stages that span the lifetime. Each stage is comprised of a psychological “crisis” that must be resolved for the individual to continue healthy
development into the next stage. Several of the crises to be resolved include autonomy, initiative, industry, and identity. Successful completion of each stage depends upon a variety of factors related to the developmental level of the child and can include the adequate and independent performance of tasks. Other stages are dependent on interaction with other children involving structured play and teamwork (Sokol, 2009). When tasks are too difficult or the child is not able to interact with peers, this puts them in jeopardy of unsuccessful completion of these stages. Failure to successfully complete these stages can lead to the experience of shame, doubt, guilt, inferiority and identity confusion which have all been shown to be negative effects associated with parentification (Earley & Cushway, 2002; Sokol, 2009).

The loss of normal development usually acquired through traditional activities of youth such as playing with peers, focusing on school activities, dating, and building friendships, coupled with the social isolation that is often experienced due to the added burden of additional family responsibilities can lead to depression, anxiety, conduct disorder, becoming compulsive care-givers, low self-esteem, co-dependency, anger related to trauma, and other forms of pathology or relational dysfunction (Boszormenyi-Nagy & Spark, 1973; Byng-Hall, 2008; Hooper et al., 2011; Khafi et al., 2014; Wells, Glickauf-Hughes, & Jones, 1999, Valleau, Bergner, & Horton, 1995).

**Prevention and Treatment of Children and Adults Who Were Parentified**

In families or adults in therapy where presenting symptoms indicate the threat or existence of parentification, several preventative and treatment options exist. A case study reported by Haxhe (2016) indicated recognition of the mother’s history and unmet needs, awareness of the burden the mother was placing on the child, and helping the mother connect her inner emotional experiences with those of her daughter. This enabled the mother to have greater empathy for the daughter and begin the process of creating stronger boundaries in the mother/daughter relationship.

A study by Nuttall, Valentino, Wang, Lefever, & Borkowski (2015) showed a correlation between maternal knowledge of infant development and warm responsive interactions between mother and infant. With regard to prevention of parentification, the authors recommended the inclusion of infant development information into childbirth classes. This suggestion was the result of their study that found that three times as many participants attended these types of classes, compared to parenting classes that did include this information. This study also found a relationship between a history of maternal parentification and lower parenting quality (Nuttall et al., 2015). This finding could indicate assessment opportunities in therapy with families where a history of parentification is suspect in an effort to provide preventative interventions for children in the family unit.

Van Parys, Bonnewyn, Hooghe, DeMol, & Rober (2015) identified several key interventions in working with adolescents who had experienced parentification as a result of parents with depression. The children in the study expressed experiences regarding the inability to discuss the “elephant in the room” which was the parent’s depression, and the family’s neglect to focus on the emotional needs of the developing child. The children stated that all attention was focused on the needs of the family and they expressed guilt at the desire to talk about their own experiences and needs. The children also expressed feelings of difficulty and confusion related to individuating or “finding themselves” and developing their own identities as they had been so closely linked to the needs of the family unit. Understanding this possibility offers
opportunities for the counselor to create space for the adolescent in therapy to explore these dynamics of guilt, loneliness, self-expression, and self-discovery. The researchers caution that children at this age may use silence as a “protective shield” that helped them navigate a difficult family situation. They recommend helping the adolescent find support outside the family, reflect on his or her own identity, deal with his or her own emotions, get distance from the situation, and find ways to appropriately express emotion (Van Parys et al., 2015).

Working with an adult who was parentified as a child requires first recognizing parentification as the source of the presenting symptoms (Byng-Hall, 2008; Jankowski, et al., 2013). According to Hooper et al. (2011) clients come to counseling presenting with a variety of complaints ranging from substance abuse to mood and personality disorders. There are a few hallmark characteristics that can help the clinician differentiate parentification from other experiences. One is the individual who has difficulty individuating from their parents which may contribute to self-defeating or narcissistic characteristics. Another is a splitting, or polarized presentation of self, that has become a way the individual protects himself or herself from being hurt and from anxiety. Lackie (1999) described this as having two identities; one as being extreme empathy; almost angelic, and the other as resentful, yet bound by loyalty. This splitting behavior may have served a purpose as a child when many demands overwhelmed him or her. As an adult client in therapy, the counselor may see an individual who goes above and beyond, almost pathologically so, self-sacrificing to care for others. What may not be as evident is the angry, overwhelmed and exploited individual, who, bound by loyalty, attempted to keep this side hidden. (Byng-Hall, 2008, Wells & Jones, 1998). Codependency and the sense of shame and guilt, and inadequacy, could be a sign of an individual who did not have his or her needs met as a child and felt as though they failed to meet the needs of others and could necessitate a discussion and/or assessment related to potential parentification (Wells, Glickauf, & Jones, 1999).

A thorough family history can uncover evidence of parental inability to adequately provide care for the now-adult client (Byng-Hall, 2008; Jankowski, et al., 2013). Several assessments specifically designed to measure levels of parentification are available. Two of the most common include the Parentification Questionnaire (Jurkovic & Thirkield, 1998) and the Parentification Scale (Mika, Bergner, & Baum, 1987). Counselors should be aware that adults who were parentified are at an increased risk for poorer psychological functioning and should assess accordingly. Understanding the construct, causes and consequences of parentification are helpful in designing a treatment plan for the adult dealing with the fallout of having been parentified (Hooper et al., 2011).

**Case Study: Working with a Parentified Adult**

It is my contention that there are four primary therapeutic goals in working with a client who has been identified as having been parentified:

1. Educate the client about the concept of parentification including the causes, consequences and the treatment options.
2. Assist the client in addressing their self-image, particularly based on roles and tasks that were required of them before they had the cognitive, physical and emotional development necessary to successfully complete them, which may have led to mistaken beliefs about their abilities.
3. Process the various family dynamics that may have led to the parentification to foster understanding.
4. Facilitate affect regulation if necessary.

This client LD was a 29-year-old Hispanic female. LD presented with symptoms of nervousness, excessive worry, difficulty concentrating and making decisions, sleeplessness, distractibility, and fatigue. She also stated that she drank too much, and suspected she may be an alcoholic. She was diagnosed with Generalized Anxiety Disorder and Unspecified Alcohol-Related Disorder. Her biopsychosocial assessment revealed that she was engaged to be married in the upcoming year to her partner, a 30-year-old female. She also reported a close relationship with her mother who lived next door.

LD was currently working on her graduate degree. She presented with no signs of unusual speech, thought, auditory, or visual abnormalities. Her affect and mood appeared appropriate for the circumstances. She reported no medical issues or history of mental illness in her family of origin.

During exploration LD disclosed she had very little self-esteem and confidence. This self-disclosure was puzzling given her good grades and successful relationships. Although she presented as a smart, attractive and engaging young woman, she stated that she believed herself to be inadequate. LD shared that she had an unusually close relationship with her mother. She stated that she spoke with her mother several times per day and assisted her mother with almost all her needs, including shopping, visits to doctors, general housekeeping and upkeep, and emotional support. Considering this relationship pattern with her mother, coupled with her anxiety and deeper sense of inadequacy, deeper exploration of her parental relationship was indicated to determine or rule out parentification as a causal factor in her distress.

Upon further exploration it was discovered that Mother (hereafter referred to as Mom) was capable of taking care of her own needs, but LD felt a deep sense of responsibility toward Mom. Most telling however, was the emotional relationship LD shared with Mom. LD claimed this began very early in life as her biological father left soon after LD was born. Mom was devastated and turned to LD for comfort and companionship. To LD, this type of relationship style was her normal and she stated it never occurred to her that there were other ways that mothers and daughters engaged.

An additional component to LD’s story was her exhaustion and growing resentment at having to devote so much time and attention to her mother. She described feeling torn between obligation and being overwhelmed by her mother’s needs. She worried that she would one day “lose her cool” and have an angry reaction toward her mom. When probing for LD’s insight into her awareness of this dynamic, she did not appear to have made a connection between the inappropriate childhood relationship and the overwhelming and enmeshed adult relationship she had with her mom.

As LD began to process her history, she began to understand what the boundaries surrounding an appropriate parent-child relationship might look like, including the adult taking responsibility for nurturing the child instead of the other way around. She realized that it would have been more appropriate for mom to confide her adult needs, fears, desires, and other adult content with other adults rather than with LD. She also processed her experience of being required to perform adult duties and activities that were beyond her abilities to accomplish with a sense of confidence and self-efficacy. An example of this was that LD provided emotional support to her mom the way a confidante or good friend would. She also helped run the home at a level that was beyond her developmental stage, which included heavy housework, shopping, cooking for her mom, brother and herself, and helping make major decisions.
Once LD understood the dysfunctional nature of her role in her childhood home, she examined how these experiences may have contributed to the issues that were now the focus of clinical concern. She began with the expectation on her mom’s part that LD perform the role of confidante and friend, rather than a daughter. She considered how having the expectation that a four, eight, or even sixteen-year-old girl could provide emotional support to an adult could be detrimental, with the resulting fall-out being a sense of inadequacy for LD. LD was encouraged to consider that she experienced these feelings as a child when there was no realistic way to have the cognitive, mental, verbal, or emotional development to interact at a level that would be effective, and this likely lead to her feelings of failure. Similarly, when asked to consider the duties and responsibilities around the house that she was required to do, LD confirmed that her inability to complete these tasks satisfactorily left her with deep feelings of worthlessness. She realized that she frequently felt she could not do enough to help her mom feel better, either emotionally or instrumentally.

This revelation allowed LD to explore her feelings of not being able to do enough or do an adequate job. Further, through counseling she began to understand her parentification might be the source of her deep and persistent anxiety and the reason she continues to be so enmeshed with her mom. She also concluded her current overwhelming and obligatory relationship with mom may also be evidence of diffuse boundaries; another hallmark of parentification. It appeared LD not only had no idea how to set these necessary boundaries but was worried about damaging the relationship with her mom.

At this point part of the work LD had to accomplish was to find a way to overcome the cognitive distortion that she was still a child, and she was without healthy choices in an unhealthy relationship with an adult with more power. She was encouraged to consider that as a child she did not have the voice or tools to set the necessary boundaries or limits she needed to protect herself, and she did not have the necessary resources to deal with the consequences of being rejected if she refused her mom’s requests. However, now as an adult, she has all the tools and resources she needs to cope with the consequences that could occur as a result of making choices that allow her to structure her life in a way that feels healthy and balanced. LD stated that she had not looked at her situation in this way, and this paradigm shift was extremely beneficial for her as she moved forward.

Over the course of therapy, LD clearly recognized the symptoms and signs of parentification within herself, and in the relationship with her mom over the years. She stated that she has a very loving relationship with her mom and can understand how this happened, but also realized that she needed to set boundaries with mom. As she examined the level of communication and affection she had with her mom, and the fact that mom is capable of being more independent, LD grew more confident in her ability to discuss some of the boundaries she wanted to set in their relationship. She also processed potential angry feelings she might have toward her mother regarding what happened, but LD appeared to see mom’s choices as having no malicious intent and did not feel anger as much as a desire to change the patterns that currently exist. LD processed a variety of ways she could verbalize her message without alienating mom until she felt comfortable with her planned confrontation.

Ultimately, LD did have a series of conversations with her mom resulting in much healthier boundaries. To her surprise, Mom was also somewhat relieved. Mom stated that she too felt enmeshed and unsure of how to disentangle from the overly close relationship she created with LD. Mom worried LD was dependent on her and would feel abandoned if she pulled away. Both women had grown up, but did not know how to discuss their changes without
taking the risk of hurting the other. At last report, LD shared that their relationship is more comfortable, she has much more time to give to her new wife and home, and her relationship with her mom has never been more transparent and honest.

**Conclusion**

In practice, counselors can and should be aware of opportunities to assist families in the prevention of parentification. If prevention is not possible, then counselor awareness and knowledge of the causes and consequences of parentification can make it more likely to become a routine part of the assessment and treatment process of adults who were parentified (Byng-Hall, 2008).

Awareness of the increased risk of psychopathology for those who have experienced parentification is a valuable tool in determining treatment. Understanding the potential benefits of parentification is important as well (Byng-Hall, 2008). In clients who present with emotional distress, cognitive distortion related to worthiness, co-dependency, and compulsive care-giving, parentification as a contributing stressor may be a consideration (Byng-Hall, 2008; Hooper et al., 2011). In working with an adult who has been parentified and is expressing negative effects, it can be helpful to inform the client about parentification (Byng-Hall, 2008; Wells et al., 1999).

Subsequently, issues related to self-image can be addressed, particularly as parentification relates to the mistaken belief that s/he could or should have been able to perform required tasks as adequately as an adult when s/he was a child. Further, the counselor and client can process the family dynamics that may have led to the parentification, and work with emotional regulation as well (Jankowski et al., 2013; Van Parys et al., 2015; Wells et al., 1999).

In the aforementioned case study, treatment for this client was successful because the patterns of cognition, emotion, and behavior were recognized quickly and parentification was identified as the primary stressor driving the symptoms. Specifically, these patterns were anxiety, drinking, lack of self-esteem, concerns about being good enough, and an over-involved relationship with her mother. Educating the client about the dynamics of parentification helped this client step back from her situation and see how these patterns developed. This allowed her to consider the circumstances at the time and have compassion for her mother and herself. This process helped her understand that as a child she was not prepared to effectively perform the tasks required of her, which led to self-forgiveness and increases in her self-esteem. It also helped her see that changes in the relationship with her mother were necessary. Through exploration of her deep feelings of guilt, anger, anxiety, depression, low self-esteem, and inadequacy she was able to reach a point where she felt stronger and independent enough to set the necessary boundaries to create healthy distance from her mother. This case study highlights an example of remediation of parentification.

While it is not recommended that clinicians be overly focused on identifying parentification in clients with emotional distress and psychopathology, parentification is likely far more prevalent than it is represented in literature. Being open to this particular family dynamic paves the way for creative processes in healing as well as prevention (Byng-Hall, 2008, Hooper et al., 2011).

**References**

and policy on “young carers” in the UK, Australia, the USA, an Sub-Saharan Africa. 
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System Justification Theory and Multicultural Training in Counselor Education

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Abstract

The American Counseling Association’s endorsement of the Multicultural and Social Justice Counseling Competencies (MSJCC) incorporates a clear position of social justice advocacy into the professional identity of counselors (Ratts, Singh, Nasser-McMillan, Butler, & McCullough, 2016). This article uses the social psychological theory of system justification as an interpretive lens to understanding resistance to adopting a stance of social justice advocacy. System justification theory asserts that when unjust systems are perceived as invulnerable to change people are less likely to acknowledge their injustice (Jost, Banaji, & Nosek, 2004). Thus, highlighting the vulnerabilities of oppressive systems and offering viable alternatives to counselors in training should increase counselor self-efficacy towards social justice advocacy (Gushue & Hinman, 2018; Shepherd & Kay, 2012).

The 2016 endorsement of the Multicultural and Social Justice Counseling Competencies (MSJCC) by the American Counseling Association offers an opportunity for counselor educators to further the dialogue around training in issues of multicultural competence (Ratts, Singh, Nasser-McMillan, Butler, & McCullough, 2016). In endorsing the original Multicultural Counseling Competencies (MCC) it was clear that the American Counseling Association recognized the importance of multicultural training for counselors (Arredondo, et.al., 1996). The MSJCC broadened the expectations of the MCC for counselors to include a clear position of social justice advocacy in their work. However, this ideal may be complicated by internal psychological processes such as motivated avoidance and the tendency to justify systems (Gushue & Hinman, 2018; Jost, Banaji, & Nosek, 2004; Jost & Kay, 2005; Shepherd & Kay, 2012). For example, Shepherd and Kay (2012) demonstrated the tendency to justify systems by presenting their participants with complicated social problems (i.e. climate change and economic issues) - they found that their participants were motivated to avoid learning more about the issue and instead placed their trust in governing authorities.

As societal injustice is a complicated problem, counselor educators need to be aware of the ways that training on the MSJCC may be undermined by these system-justifying inclinations. This motivation to avoid complicated problems can lead counselors in training to resist the self-awareness necessary for a commitment to systemic social change. It is important for counselor educators to understand the nature of this avoidance so that they can develop teaching strategies that effectively promote the social justice advocacy called for by the MSJCC.
The MSJCC offer a framework for counseling that engages the notion of intersectional identities within systemic and structural contexts. This paradigm reflects the research that has linked aspects of identity (e.g. racial, socioeconomic status, gender) with mental health outcomes and health disparities (Anderson, 2013; Ratts et al., 2016). These competency guidelines also acknowledge that individuals operate within larger systems and structures (Alexander, 2012; Rothenberg, 2016). The MSJCC ground counseling practice in:

(a) understanding the complexities of diversity and multiculturalism on the counseling relationship, (b) recognizing the negative influence of oppression on mental health and well-being, (c) understanding individuals in the context of their social environment, and (d) integrating social justice advocacy into the various modalities of counseling. (Ratts et al., 2016, pp. 30-31)

These guiding ideas stress the importance of understanding both the counselor and client’s marginalized and privileged identities in context. Clearly, the inclusion of social justice advocacy calls for counselors to develop knowledge of systemic oppression and change processes.

This is an important direction in counselor training and education as it reflects a shift in focus from the original MCC to include the intersectional nature of identity and social justice action. By linking multi-culturally competent practice with social justice advocacy, the MSJCC expand the counselor’s professional identity into arenas that require an active dismantling of oppressive social structures. This integration of advocacy is a recognition that competent counselors need to understand the ways in which systems of oppression operate. While the integration of advocacy into the role of the counselor is not new to the field (American Counseling Association, 2014), the MSJCC codifies it as a part of the work of a counselor who demonstrates multicultural competency.

The social justice advocacy component requires counselors to actively increase their knowledge of systemic injustice. The competencies suggest that counselors should engage in developing an understanding of how racism, sexism, heterosexism, and other systemic injustices impact both groups and individuals within contemporary culture (Bonilla-Silva, 2014; Johnson, 2006). This challenge, which is at the core of the MSJCC, requires that counselors move from an appreciation of diversity to a more active role in dismantling oppression (Ratts et al., 2016).

The charge to counselors to become active in dismantling oppression entails a charge to counselor educators to train counselors on how to do so, which creates its own challenges. Students in counseling programs enter training for a variety of reasons. Many have found that they are good listeners and enjoy connecting with people on a deeply relational level. While some express a sense of social responsibility as part of their desire to pursue counseling, not all have a well-developed sense of social justice advocacy (Brown & Arthur, 2014; Middleton, Erguner-Tekinalp, Williams, Stadler, & Dow, 2011). Further, many demonstrate little understanding of the systems of oppression that operate on national and global levels (Rothman, Malott, & Paone, 2012). A lack of common language and understanding around racism, sexism, classism, heterosexism, and other systemic injustices becomes evident in the classroom when students are expected to embrace social justice advocacy as part of the role of the counselor (Collins, Arthur, Brown, & Kennedy, 2014; Flynn, 2015; Malott, Paone, Schaefle, Cates & Haizlip, 2015).

Previous research on motivation towards engagement in social issues has suggested that a significant barrier to active participation in social justice concerns is confrontation of one’s own internal biases or unearned privileges (Boatright-Horowitz, Marraccini, & Harps-Logan, 2012).
However, another barrier is an active avoidance when social justice concerns appear complex, urgent, or serious. Shepherd and Kay (2012) found that when the world’s reliance on oil was described as urgent or complex, people were much more likely to endorse statements like, “I would rather not know just how serious those problems are” (p. 270) than when they were described as less complex and less urgent. If counselors in training avoid social justice advocacy because they view it as too complicated they will not be able to reach the competencies put forth in the MSJCC.

**Challenges in Multicultural Training**

Since the publication of the MCC researchers have examined the best ways to promote the development of counselors’ identification with multicultural competency (Castillo, Brossart, Reyes, Conoley, & Phoummarath., 2007; Dillon, et al., 2015; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009; Rothman, et al., 2012; Worthington, Soth-McNett, & Moreno, 2007). In the process, researchers have noted that internal psychological barriers can emerge for counseling trainees. After receiving coursework in multicultural and social justice-oriented counseling, Collins and colleagues (2014) reported that some counselors in training expressed a “lack of buy in” regarding social justice ideals. Some of the reasons students did not embrace the coursework were: “a lack of willingness or interest,” “resistance to acknowledging privilege and biases,” and “ethno/culture centric attitudes” (p. 157).

Gushue and Hinman (2018) found that White participants in multicultural training may experience an initial external motivation to perform in a culturally competent manner however, after the training or course was completed they no longer felt that motivation. These researchers explained that participants may be motivated to “make the ‘correct’ choice” and appear non-racist while actively participating in a multicultural training program but that this perceived social pressure does not translate into a longer term commitment to social change (Gushue & Hinman, 2018, p. 147). Given the importance of counselors adopting and identifying with the MSJCC in their professional practice it is imperative for counselor educators to develop ways of addressing these challenges. In a study of racial identity, Jordan, Lovett, & Sweeton (2012) suggested that counselors further explore theories from social and cognitive psychology that might help to inform multicultural training.

**Exploring System Justification Theory**

One such social psychology theory is System Justification Theory (SJT). SJT provides some insight into the psychological hurdles that are faced in translating the MSJCC into practice. SJT adds to the understanding of students’ motivated avoidance by suggesting that “people actively defend and bolster existing social arrangements, often by denying or rationalizing injustices and other problems” (van der Toorn & Jost, 2014, p. 414). Within this theory a “system” can apply to any arrangement in which social groups are embedded ranging from government structures to family constellations. According to the theory, people have a need to positively view the systems of which they are a part. Being a part of a system bestows a sense of order and losing that sense of order can be threatening (Jost & Banaji, 1994). To maintain that sense of order, people are inclined to rationalize the status quo even when it results in costs to their own interests (Jost & Banaji, 1994). Also, the more a system is perceived to be stable, and
the more individuals feel dependent on a system, the more likely they are to justify that system and rationalize the status quo (Jost & Banaji, 1994; van der Toorn & Jost, 2014).

This is the case even when individuals hold marginalized identities within the system (Shockley, Wynn, & Ashburn-Nardo, 2016). People who hold a high status in the system justify the system to condone the social order and their position in it. For example, men who are paid more than women doing the same work may rationalize that the pay differential is merit-based. People who hold low status in the system justify the system in order to resolve a sense of ideological dissonance. For example, women may experience internal conflict as they consider themselves as individuals, their identity as belonging to a gender that is financially disadvantaged, and the publicly reinforced view of a fair economic system based on individual effort. In order to resolve the dissonance this creates, women may validate the system as fair in order to maintain a sense self within the larger social order and maintain the hope of advancement through individual effort (Jost & Banaji, 1994; Jost & Kay, 2005; Shockley, et al., 2016).

**Psychological Barriers to Multicultural Training**

Multicultural education interventions (both graduate and undergraduate) have been well-researched (Boatright-Horowitz, et al., 2012). Some of these interventions focus on White students with the goal of raising a sense of guilt and empathy about racism (Case & Rios, 2007; Garriott, Reiter, & Brownfield, 2016; Paone, Novella, & Stovall, 2015; Soble, Spanierman, & Liao, 2011; Neville, Gallardo, & Sue, 2015; Neville, et al., 1996; Vaught & Castagno, 2008). Although these studies have demonstrated success at increasing White empathy and guilt, little research has explored whether such emotions translate into intentions to act against systemic racism. In fact, SJT would suggest that all people have the tendency to justify the systems in which they are embedded and it is perceptions of the systems’ stability, not emotion, which can predict differences in levels of justification (Gaucher & Jost, 2011; Napier & Jost, 2008; Jost, et al., 2004). It is a sense that something can be done, not guilty feelings, which empowers people to stop justifying unjust systems (Shepherd & Kay, 2012).

SJT theory also explains Shepherd and Kay’s (2012) findings that when faced with complicated social issues, rather than seek out additional education, people tended to feel more dependent on the system and justified its practices. Shepherd and Kay (2012) found that this was particularly true when people reported having a lack of knowledge about a particular system (i.e. government structures or economic policies). They also found that when people feel uninformed about a threatening social issue they are more likely to avoid learning new information about it. This appears to be partly due to the desire to continue to trust the social system and not integrate any information that might disrupt that trust. Shephard and Kay (2012) noted that participants demonstrated motivation to actively avoid any knowledge that might cause them to question individuals they perceive to be social authorities.

Counselors in training are charged with understanding the ways in which the structures of current systems (e.g. education, criminal justice, mental health) result in discrimination and oppression (Alexander, 2012; Bonilla-Silva, 2014; Parmar, Novella, & Stovall, 2014; Ratts et al., 2016). Exploring the ways in which systemic oppression is perpetuated by larger entities is complicated and requires challenging the status quo. By asserting social justice advocacy as a component of competency, the MSJCC requires counselors to be exposed to the injustices of complicated systems that often provide a sense of order and structure. For example, with regard
to systemic racism, SJT may help to explain the prevalence of colorblind racial ideology among majority group members; the belief that "everything is already equal in the US" (Neville et al., 2015). Such an ideology is maintained through the tendency to justify the existing system (Dover, Major, & Kaiser, 2014). Counselors are not exempt from this cultural socialization. Counselors who hold a colorblind racial ideology see the system as fair in relation to race. This perception of a just system insulates them from having to struggle with a sense of powerlessness in a complex system. Using SJT as a framework for understanding the challenge of training counselors in social justice advocacy can provide educators with some direction.

**SJT as a Change Agent in Multicultural Training**

Research within SJT suggests that when people are presented with the possibility of change, they are less likely to justify the existing system (Gaucher & Jost, 2011). It appears that presenting a system as changeable and not inevitable is one of the key factors to helping individuals adopt an intention to challenge the oppressive structures of the system (Kay & Friesen, 2011). This may explain why Collins and colleagues (2014) found that an expressed barrier for counseling trainees in adopting social justice ideals was a lack of personal agency. Participants in the study reported that they experienced a “sense of powerlessness to effect changes” on a systemic level (p. 157). This powerlessness was associated with hesitancy to speak up regarding necessary changes to programs and policies. Gushue and Hinman (2018) also noted that when action-oriented motivation to change is cultivated participants were more likely to openly explore their own biases and potentially take risks rather than simply give the perceived right answer. Interpreted through an SJT lens, the action-orientation and empowerment that led to more successful outcomes would be associated with perceiving the system as capable of being changed.

One way to present the system as changeable is to expose people to alternative systems. When people are made to feel as though their participation in the system can impact change, they also demonstrate greater self-efficacy (Stewart, Latu, Branscombe, & Denny, 2010). Based on the findings from SJT, counselors in training need to first encounter the systemic nature of injustice within the U.S. and then be offered alternatives to the current structures. Presenting workable alternatives should decrease the threats of system inescapability and low personal control which often lead to system justification (Kay & Friesen, 2011).

Training programs in counselor education can highlight the ways in which systemic injustice operates and then offer alternative examples of how social systems can operate with inclusivity and justice. For example, educators could give detailed examples of other countries that approach systems like mental health or criminal justice differently than the systems present in the United States. Case studies of non-profit organizations that have implemented programs that address institutionalized mental health disparities could be presented. Additionally, practicing counselors who have created unique alternatives to traditionally oppressive structures could be highlighted and interviewed. Such examples would demonstrate a range of possibilities available to counselors in training.

The goal of providing alternative systems is to undermine the psychological tendency to rationalize the status quo by empowering counselors with the belief that systems can change. In order to reduce system-justifying tendencies in counseling trainees, educational interventions need to be aimed at helping students to see themselves in the role of a change agent. After exposure to some alternative examples students could then develop proposals aimed at
significantly changing a current unjust system or structure. The act of brainstorming concrete challenges to current injustices should serve to further cement the principles of the MSJCC. In order to continue to reinforce these ideas and empower students, counselor educators can initiate role-play opportunities that require students to practice engaging in these topics with clients. Further integration of this approach into clinical supervision will model the behavior that is needed by counselors. For example, supervisors can prompt supervisees to identify the systems of privilege and oppression while also supporting exploration of how those systems might be challenged. Such strategies may allow counselors in training to feel less threatened by exposure to systemic oppression and more empowered to do the work of advocacy.

Conclusion

The endorsement of the MSJCC by the American Counseling Association codifies the importance of social justice advocacy in the identity of a professional counselor (Ratts, et.al, 2016). In order to best implement the ideals expressed in these competencies counselor educators can draw on research in social psychology that demonstrates the tendency of individuals to resist change and rationalize the status quo (Jost, et al., 2004; Sheperd & Kay, 2012). In developing teaching strategies to promote systemic change counselor educators should be mindful of the need to present clear alternatives to unjust systems as a means of enhancing trainees’ self-efficacy towards social justice advocacy.

References


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Experiential Learning during Study Abroad: A Phenomenological Case study

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Abstract

In order to explore the experiential learning facets of a two-week study abroad program, participants were asked to maintain travel journals. A phenomenological analysis approach was applied to this case study to explore the content of the participants’ travel journal entries. Several codes were identified that related to the experiential learning tenets of self-direction, critical reflection, and transformative learning.

The need to increase cultural sensitivity and awareness for counselors in training reflects the values of the American Counseling Association and changes in the US population. Students, in order to adhere to the American Counseling Association’s ACA Code of Ethics (2014), should recognize cultural components of client circumstance that affect treatment issues related to developmental and cultural sensitivity, confidentiality, communication, nondiscrimination diagnosis, and assessment (ACA, 2014; Standards A.2.c, B.1.c., C.5., E.5.b., E.8). By experiencing another culture, students have the opportunity to incorporate theoretical perspectives in real time.

Immersion within another culture gives students the opportunity to engage in a holistic process that employ their ways of thinking, feeling, perceiving and behaving. It is important for counselors-in-training (CITs) to become knowledgeable about the relevant racial and ethnic issues and challenges in order to deliver services to a diverse body of clients effectively (Sheely-Moore & Kooyman, 2011). Immersion activities are one strategy put forth as a way to both increase CITs exposure to diverse individuals and to expand their worldviews (Sheely-Moore & Kooyman, 2011). These activities give CITs the opportunity to interact with groups that they have not previously had the chance to interact with, thus broadening their assumptions and expectations (Sheely-Moore & Kooyman, 2011).

Previous studies posit that study abroad experiences are the best way to gain perspectives on other cultures (Gerstein and Ægistdottir, 2007) and that these experiences provide transformative learning opportunities (McDowell et al., 2012) through which students are challenged to broaden and reframe their previous points of view resulting in their becoming more inclusive (Mezirow, 1997). Long term, these experiences have positive effects on CITs’ clinical ability to express increased empathy with diverse clients (Barden & Cashwell, 2014).
Purpose of the Study

This study explored participants’ statements regarding their experience in a two-week study abroad program focused on social and cultural issues in counseling in order to ascertain if experiential learning, i.e., learning that is transformative and personal to the learner, took place. In particular, we wanted to learn what types of experiences, interactions, and reflections participants would note and indicate as significant and how these experiences, interactions, and reflections contribute to experiential learning. As an exploratory case study, the questions lent themselves to be investigated via qualitative inquiry to describe the lived experiences of the participants during this event. A phenomenological approach (Van Manen, 1990) was utilized to sort through the entries and then to interpret how the included entries reflected experiential learning; specifically how participants shaped their own learning, employed critical reflection, and were transformed.

Methods

Participants

This convenience sample of participants was recruited due to their participation in this study abroad experience. The trip took place over a two-week period and was located in the Tuscany region of Italy. Participation on this specific trip and being a student of the university counseling program were the primary requirements for inclusion. The typical number for a case study, which ranges from four to six participants (Wertz, 1985), was met with three for this study; a fourth student attended the trip, but later rescinded consent to participate in the study. The participants were comprised of three female students who identified as White. Their ages ranged from 27 to 37 and only one participant had previously traveled outside of the United States. All students were enrolled in the Clinical Mental Health specialty of the Counseling program and had completed at least one full academic year.

Primary Researcher’s Background

The primary researcher noted her background and biases related to the present study prior to data collection. She was a previous study abroad participant during her own counselor training. The primary researcher was an assistant professor in the participant’s counseling program and was the official faculty leader of the study abroad program. With regard to her biases, the primary researcher posited that the participants would have the opportunity to engage in experiential learning through their involvement in this trip. The coding team for this study consisted of a primary researcher and three master’s level Clinical Mental Health students trained in the National Institute of Health Protecting Human Participants research protocol; the coding team members did not participate in the study abroad trip. Team members were also trained and reviewed the principles of qualitative coding. As part of the qualitative approach to this case study, the coding team members were required to acknowledge and bracket their biases. None had previously participated in a study abroad experience.
Procedure

As this study focused on the effects of a specific event, a case study approach was chosen. A case study is a type of qualitative research in which data is gathered about a single individual, program, or event for the purpose of learning more about an unknown or poorly understood situation (Leedy & Ormrod, 2013). As a phenomenological case study, a range of one to six participants is recommended to establish a case (Wertz, 1985). Prior to the trip, participants had the opportunity to review the informed consent document. Agreement was represented by signing the documents. After giving consent, each student was provided a composition style journal. The journals were labeled with identifying letters (A, B or C); pseudonyms based on the journal letter identifiers- Anna (A), Bella (B), and Carla (C) were created later and are used in the results and discussion section. Students were asked to refrain from labeling their journals with names or other identifiers. Each journal contained an enclosure to remind the participants of potential topics that would be appropriate to include in the journal, the purpose of the journal, and a place to include demographic information. Participants were urged to include statements that detailed observations and thoughts/reactions related to the following: expectations versus realities of traveling outside of the US, the institute seminars, the daytrips, interacting with peers on the trip, and any realizations about the Italian culture/system that they might have. These statements, and particularly the participants’ reactions, are relevant to evidence of challenges met. They also demonstrate the reframing of the participant’s point of view. Demographic information included age, gender, previous trips outside of the US, Bachelor degree area, and proposed counseling population. Journals were submitted within two weeks of the trip return. Though all four of the student participants signed informed consent documents, only three submitted their travel journals post trip.

Data Collection

Journal entries were photocopied from their original written form for accuracy and review and distributed to the coding team. The coding team was trained by the primary researcher in the principles of qualitative coding prior to being granted access to the participants’ journals. The coding team, with the primary researcher, reviewed the entirety of each travel journal for significant statements as part of the open coding process. For the purposes of this study, significance was determined by recurrence of a topic, the description of the entry, references to the social and cultural issues subject matter as related to counseling and interpersonal interactions and the relevance of the entry to the included prompt.

After reviewing the first two journals independently, the coding team discussed discrepancies in identified statements for each journal to determine significance. After identifying significant statements, the team developed initial codes. Initial codes were determined and the coding team reviewed statements and established their fit into the initial coding frame. This continued with each journal until coding frame consensus was reached for all three journals. After the initial coding frame was determined, an independent auditor was enlisted to reduce bias and assure trustworthiness (Denzen & Lincoln, 2003). The auditor was an African American female doctoral candidate had a background in counseling and was previously trained in qualitative research. After receiving copies of the original journals, the auditor provided feedback about the coding and that feedback was considered until a consensus was reached with the coding.
Five rounds of coding resulted in the identification of four superordinate themes related to their perceptions of the study abroad experience: (1) anxiety, (2) cultural observations, (3) positive interpersonal interactions, and (4) positive self-reflections and thoughts (Table 1). Table 1 presents the numerical coding of the themes with the corresponding subthemes. To preserve anonymity, pseudonyms have been assigned to relay the results.

Results

Anxiety of Entering the Unfamiliar (Code 1)

Navigating unfamiliar territory. The participants of this study had little individual travel experience and had to navigate this obstacle through planning and then action. This code of navigating unfamiliar territory falls under the superordinate theme of anxiety based on included statements. Carla, who traveled alone, noted that she “knew it [would] be an experience choosing to travel all on my own” (1.1.1). She expressed relief during a subsequent entry: “I was nervous being totally alone and unfamiliar with the country or language… a few people were friendly enough to assure me that I was on the right path.” Despite having some reservations about being a solitary traveler, Carla chose to embrace the experience and received positive interactions from those she interacted with.

Anna noted that having a travel partner made the process easier. She stated that she “was a little worried about leaving the country at first; I kind of expected the worst” and “having someone to travel with made it easier.” From the very beginning of the trip, including the planning stages, participants had the opportunity to make decisions that spoke to their needs and desired experiences—a hallmark experiential of learning.

Concerns about personal limitations. Worries about how personal limitations could affect their experience on the trip fall under the superordinate code anxiety. Bella indicated some concern over her physical health (1.2.1), but reminded herself that her “Doctor ok’d this trip, [provided] I rest when needed.” Another participant, Carla, expressed concern about her anxiety and its effect on her experiences on the trip (1.2.2). She noted that her anxiety kept her “somewhat isolated and inhibits friendships and even work and school connections that could help me in the future” (Carla, June 3). She also expressed her concerns about how she came across to others, stating that “I hope I have not appeared too aloof, stuck or weird at times for taking quiet time and exploring …on my own…. .” The concern about how personal limitations might have an effect on this trip was recurrent.

Cultural Observations (Code 2)

Expectations. The code of expectations falls under the superordinate code of cultural observations. Due to the short duration of the trip, excursions and seminars began right away. It is also during this time that the realities of immersion into a different culture, different customs, and among people with different views on life are in the forefront. Entries from participants about culture ranged from surprises, like Bella’s statement that “I was surprised at the number of people who knew English” (2.1.1), to revelations, such as the following statement made by Anna. She noted that “The people here are very tolerant for stupid Americans that know nothing…no one yelled at me once when I made a mistake, though one man tapped me on the shoulder and gave me the stink eye” (2.1.2).
Negative view of differences. Statements regarding cultural observations also included those that were not positive in nature. Some comments were related to cultural practices related to everyday living, such as Bella’s statement about dining. Her statement was, “Dinner was way too long. I could not imagine doing that every night. I mean hours for dinner…?! Who has time for that?” (2.2.1). This is an example of frustration with a simple difference. The most frequent subjects of the negative cultural observations were related to Catholicism and religious practices. Participants made statements about the abundance of religious artifacts, including churches, on display in various locations, with Bella noting that, “…Catholicism is everywhere and on everything. You cannot escape it” (2.2.2). Carla stated “I’m fine if I never see any Catholic religious memorabilia ever again” (2.2.2), referring to the numerous religious artifacts that she was exposed to during the trip. Other negative statements were about how saints were displayed and the number of religious souvenirs that were available for purchase.

Amid these negative criticisms, were statements that demonstrated a perceived difference in how the participants viewed and practiced religion versus those in the culture in which they were immersed. Anna stated, “I felt like I didn’t belong there because I wasn’t showing the right amount of respect & reverence… made me evaluate my own religious position” (2.2.3). Similarly, Carla noted that “…though I am not religious, to see so many solemnly visiting and paying respects to Francis of Assisi and kissing the feet of a … statue that was in the Basilica…” (2.2.3). These comparisons represent the participants’ process of reacting to being exposed to another culture and developing a sense of reality outside of their own practices.

Positive Interpersonal Interactions (Code 3)

Positive feedback from peers. Positive feedback from peers falls under the superordinate theme of positive interpersonal interactions (3.1.1). Several statements about positive experiences with specific individuals were included in the travel journals. Anna indicated “…comments from others about my strengths pepped me up. I’m really hard on myself from time to time…."

Effort to interact. Statements were also included about the intentional steps taken to connect with peers, while others focused on describing the connections themselves. Anna wrote about her efforts to engage with other trip participants, noting that she “stretched [herself] a lot this trip and [got] to know some really sweet people” (3.1.2) and she took the time to “talk more with some of the other students and …trying to sit and walk with other people.” Anna made a similar statement about her experience of “[branching] out more…deepening connections with other participants.” Other statements about connections with specific students were included, underscoring the intensity of the connections made and felt during this experience.

Recognition of similarities. Also, of note, were the reflective statements about positive group interactions (3.2.1). Bella wrote, following participation in several impromptu group collaborations that included music and worship, that “It was surreal to see so many races, ethnic groups and denominations worshipping the same God collectively” (3.2.1) and she also noted a “deep passion and appreciation for the various degrees of talent of our collectively expressive group.”
Positive Self-reflections and Thoughts (Code 4)

**Resilience.** Learning about their strengths and potential falls under the theme of positive self-reflections and thoughts (4.1.1). Anna noted the following about her increased resilience: “I am learning a lot about my own resilience [and] just myself in general. This experience altered me completely and I am so thankful for this opportunity’ (4.1.1). She repeated this sentiment in a similar statement in a subsequent entry. Carla was inspired by the possibilities of stretching herself in previously unthought-of ways. She stated that “…this trip has got me really thinking about my future after graduation and the prospects of living abroad” and she was intrigued by “the idea of the rest of my life being filled with travel and new adventures” (4.1.2).

**Perspective of privilege.** Bella included statements that demonstrated a perspective of gratitude for her opportunities and privileges. She noted that “Yes, it is late and yes, we are tired, but we are lucky to be learning at every moment” (4.2.1) regarding her experiences of this study abroad trip. About her freedoms as a US citizen she said, “I feel blessed to have had the freedom to seek the faith of my own choices outside a set cultural norm.”

**Development during the trip.** Several statements focused on what participants had learned about themselves and the personal growth that they perceived. This is in line with the theme of positive self-reflection and thoughts. Some statements were about the experience in general, such as the following from Anna and Bella “This experience has been amazing” (Anna) and “I know this entire experience has changed me. I am better/healthier for it (Bella) (4.3.1).” Both Anna and Bella included statements about the skills and information that they learned to improve their personal wellness. Carla noted that the experience of the trip had “… taught me so much and made me aware of areas in which I still need to explore and grow. It proved that I am capable of navigating international travel on my own and showed some strengths I didn’t know I had in me” (4.3.2). Bella included an entry alluded to the idea that taking this trip was an important step in her self-care and would have positive consequence for both her and those that are or will enter her life. Bella’s statement was, “Life is hard and having time to work on me has been long overdue. I now see how important this is to my overall well-being. I will be learning to do this (get away) more often and with purpose… for me, my family, and future clients” (4.4.1).

**Discussion**

Participation in this trip led to significant findings regarding the implications of experiential learning via study abroad. The experiential aspect of this undertaking spoke to not only the increase and personalization of subject learning for the participants, but the process of participating facilitated personal growth as well. The identified codes from the travel journals reflect aspects fundamental to experiential learning. Of particular note are the instances of self-direction, transformative learning, and critical self-reflection.

**Self-direction**

Through the experience of this trip, participants had the opportunity to immerse themselves in another culture. Whether traveling alone or in groups, students were cognizant of their unique space as other: the comments that illustrate these instances appear as anxiety (Code 1) statements that reference the ability to read signs and be understood, being unfamiliar with the area, and general worries about being out of their own country. Participants are experiencing the
Acculturation process via their status as sojourners (Berry, 2006). The term sojourners refers to those temporarily residing in regions or countries other than where they were born. Acculturation is the process that involves changes that take place due to making contact with groups, people or social influences that are culturally different from one’s own (Gibson, 2001). As the participants were residing in the Italian countryside for two weeks, they had some opportunity and need to determine to what extent they would adopt or reject the values, customs and beliefs of their home and host cultures. According to Berry’s model of acculturation (2006), receiving culture acquisition and heritage culture retention operate distinctly. Participants could and did adopt certain customs (scheduling, time orientation, dining habits, etc.) while maintaining aspects of their own (putting together their own Protestant worship service, speaking English). Decisions on residency, (i.e., choosing not to reside in a tourist-saturated city, but in a guest house near a small village) forced a measure of cultural assimilation. This experience of acculturation is similar to the experience of the diverse clients that CITs are likely to work with. Immersion activities such as this also provide the added benefit of affording participants with the opportunity to have the experience of being foreigners (Canfield, et al., 2009) and developing an understanding of that position in a society.

Transformative Learning

The statements made in response to Italian customs and culture were a mix of positive and negative. Differences in gender roles, developmental expectations, and religions were all described in comparison to what participants saw as their Southern American norm. As this was the first or second trip outside of the US for participants, they experienced exposure to other states of being and ways of living. These experiences are parallel to how Helms’s (1995) White Identity Model describes the contact stage. The participants’ experiences differed from the model, as they did not result in the same progression toward guilt and shame. However, the individuals did have to process whether to incorporate the new information and experiences or to reject and judge them. In some cases, individuals will look for situations and others who make them feel comfortable (speak English) and are reluctant to acclimate to a new way of being. The results indicated that the participants did make an effort to connect with others.

While resistance is an indicator of being in the contact stage, some positive statements refer to revelations associated with the disintegration status. In a statement related to positive self-talk, Anna notes that being a part of the trip is having an impact on how she sees herself in the world. She writes that the experience is “…really broadening my sense of how things are different around the world. I also realized how privileged I am to be an American [sic] and have different things on my mind (worries, etc.) (Code 4). Despite the cognitive and emotional difficulty of being immersed in a culture with different values than their own, participants were able to view the experience as one of value.

Critical Self-reflection

Through generating entries in their travel journals, including and beyond responding to the study prompts, participants were asked to engage in critical reflection through the two-week period of the trip. Keeping a journal during this experience required the participant to review their actions, interactions, thoughts, responses and cognitions regarding the information received through the seminars, their engagement with the environment and their own emotional state.
These reflections on the part of the participants included statements that examined and discussed their anxieties about the experience (Code 1), the ways that they were living prior to the trip (e.g. values and privileges) (Code 2), the ways in which they interacted with others (e.g. making an effort) (Code 3) and finding strengths and areas of growth (e.g. being able to successfully step outside of their comfort zones) (Code 4). Participants also noted possibilities and capabilities not previously imagined prior to this experience: travel, living abroad, healthier ways of living and lifestyle.

**Future Research**

**Implications for Educators**

Using study abroad as an experiential learning tool has several implications for counselor educators. Based on the statements made by the participants, using this approach allows students to experience, at least in part, the process of acculturation, cultural identity development through exposure and, most importantly, self-directed learning. Because there was the opportunity for so much independent learning, participants were privy to a unique experience as it relates to their exposure to the local culture. Through living in a local area, rather than in a tourist-saturated environment, students were able to increase their amount of exposure. In the local area, students had to adjust their schedules and expectations in order to access food and participate in daily living activities. Students were also required to navigate the language barrier in order to interact with the local residents and merchant, giving them a glimpse into what it is like for immigrants.

Through exposure to the local customs, students were forced to examine their own positions and potentially move through their own identity development. This process of self-reflection is important to counselors in training as a key element to working with diverse populations in the field.

**Implications for Counselor Educators**

As an effect of the way the trip was organized, learning began at a time and manner of their choosing. Since participants had the freedom to travel in a time and manner that they saw appropriate, they had the option of having a traveling companion or plunging headfirst into learning as solitary travelers. This gave the participants the immediate self-direction of their learning. While on the trip, rather than having lectures, students participated in debriefing meetings after the whole-group seminars to discuss their learning related to theories associated with the text for the course. In an effort to allow the primary focus of the trip to be the experience, more time for independent experiences within the day’s excursions was allowed, as well as free time in the local area. Participants were at liberty to go alone, pair up, or create groups that could visit or revisit museums, monuments, or local culture. The debriefing meetings gave students the opportunity to discuss, not only their perceptions of the experience and themselves, but to delve into the application of the theoretical material to their trip context. There was also the opportunity for critical self-reflection. This was evident during the debriefings and through after-trip assignments.
Limitations

This case study looked at a small number of participants all hailing from a specific area in the US. The sample group was also homogenous, all identifying as white female graduate students. The participants in this case study identified as white and, though not Italian speakers, may have encountered less resistance than a more ethnically diverse group may have (Rudmin, 2003). The participants, though not Catholic, were from a culturally Christian location and could visibly pass as Italian. It would be helpful to recreate this experience with a larger, more diverse group of participants. Though the case study group was small, the participants had the opportunity to become part of a larger group, which, though providing a lot of opportunity to interact and dialogue, did not provide a completely immersed experience similar to those who are part of longer or individual study abroad experiences. It is also important to note that small groups, which students had the option of becoming a part of, can serve to create a sense of safety, but they can also serve as a barrier from interaction with the local culture group. This is similar to cultural enclaves found in various locations, where members of the same cultural group settled within or near the enclave and thus are able to resist acculturation and retain the culture and customs of their homeland (Schwartz, Pantin, et al., 2006). The experience should allow for the group experience, but give and promote the opportunity for individual experience and processing.

In reviewing the events leading this study abroad experience, there are some significant areas for improvement. An imperative alteration would be to require class meetings prior to and upon return from the trip. However, there were several planning meetings and constant contact with the participants, the bulk of the course and learning took place during the trip itself. It would be beneficial to create a theoretical foundation for participants prior to leaving for the trip in order for them to have a clear set of expectations and a better understanding of the goals of the experience. Further, stretching out the class time related to the course would reduce the level of stress and load placed on students to complete the entire course in a mere two weeks. This trip was used as a substitute for the Social and Cultural Issues in Counseling course offered by the counseling program. As an alternative, the same requirements and CACREP standards were included into this two-week course as in the standard course, which allotted 16, 2.5 hours class meetings over an eight-week session. By spreading out the information, starting with the theoretical foundations and the multicultural and social justice competencies, students can enter into the experience with a starting point based on theory and research, rather than simply personal experience. While the personal interpretation and worldview will always color an experience, it is crucial to prepare them to enter into a new setting just they are prepared to work with diverse clients prior to the work actually beginning.

While students can gain significant insight into information regarding social and cultural issues related to counseling via coursework and brief immersion activities, the opportunity to engage in a prolonged format contributes to their opportunity to engage in experiential learning. Through the examination of student thoughts and reactions during the two-week study abroad experience, we identified several themes related to experiential learning. The themes of anxiety, cultural observation, positive interpersonal interactions and positive self-reflection, and thoughts connect to the important aspects of experiential learning: self-direction, transformative learning, and critical self-reflection. Each of these elements help students to create knowledge that is relevant and lasting. This knowledge will in turn, likely create more aware and reflective counselors.
References


### Table 1

**Coding Frame**

<table>
<thead>
<tr>
<th>Code and Superordinate Themes</th>
<th>Code and Master Theme</th>
<th>Code and Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anxiety</td>
<td>1.1 Concerns about the unfamiliar</td>
<td>1.1.1 Traveling abroad</td>
</tr>
<tr>
<td></td>
<td>1.2 Concerns about personal limitations</td>
<td>1.1.2 Wanting support</td>
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<tr>
<td></td>
<td></td>
<td>1.2.1 Physical concerns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2.2 Mental health concerns</td>
</tr>
<tr>
<td>2. Cultural observations</td>
<td>2.1 Exceeded expectations</td>
<td>2.1.1 People knew English</td>
</tr>
<tr>
<td></td>
<td>2.2 Negative view of differences</td>
<td>2.1.2 No one yelled at me</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2.1 Difference in practices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2.2 Abundance of religious artifacts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2.3 Difference in own religious position</td>
</tr>
<tr>
<td>3. Positive interpersonal interactions</td>
<td>3.1 Positive feedback from peers</td>
<td>3.1.1 Positive comment from others</td>
</tr>
<tr>
<td></td>
<td>3.2 Recognition of similarities</td>
<td>3.1.2 Effort to interact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2.1 Positive group interactions</td>
</tr>
<tr>
<td>4. Positive self-reflections and thoughts</td>
<td>4.1 Recognition of strengths</td>
<td>4.1.1 Resilience</td>
</tr>
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<td>4.2 Perspective of privilege</td>
<td>4.1.2 Possibilities for the future</td>
</tr>
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<td></td>
<td>4.3 Development during trip</td>
<td>4.2.1 Gratitude for opportunities</td>
</tr>
<tr>
<td></td>
<td>4.4 Self-care and wellbeing</td>
<td>4.3.1 Change for the better</td>
</tr>
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</table>
Evidence-Based Supported Employment Leads to Recovery: A Case Study of a Veteran with Psychiatric Disability and Traumatic Brain Injury

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Abstract

This paper provides a four-year qualitative, single-case study, of Evidence-Based Supported Employment (EBSE) (Becker and Drake, 2003) in the continued recovery of a combat Veteran, Mr. Phillips (Mr. P.), who has been coping with multiple psychiatric disabilities and a traumatic brain injury (TBI). EBSE is a clinical intervention that offers vocational services to individuals with disabilities. Unemployment is associated with low-self-esteem, anxiety, depression, and an increased frequency of alcohol consumption (Dutta, Gervey, Chan, Chou, & Ditchman, 2008). In contrast, employment is associated with personal well-being and the fulfillment of basic human psychological needs (Vornholt, Uitdewilligen, & Nijhuis, 2013). EBSE assists individuals with disabilities by providing support for employment to improve their quality of life.

In contrast to traditional psychosocial rehabilitation that consists primarily of didactics in a classroom setting, EBSE provides rehabilitation services in a real-world setting based on individuals’ self-defined employment goals. This case study explains EBSE as a cost-effective mental health intervention that was provided in an unstructured community setting. This case study suggests that recovery is more likely achievable when a clinically trained Vocational Rehabilitation Counselors (VRC) delivers employment services and work in partnerships with Veterans in community settings.

Becker and Drake (2003) explained that employment is a major component of recovery. Before deinstitutionalization in the 1950s, people with serious mental illnesses (SMI) were viewed as unemployable. If an individual with SMI wanted to work, it was believed that the individual must be trained prior to job placement; which was referred to as the train-place model (Corrigan, Mueser, Bond, Drake, & Solomon, 2008). Becker and Drake (2003) also reported that group homes, day programs, and sheltered workshops were funded by state and federal governments in communities after de-institutionalization. Corrigan et al. reported that people with SMI were capable of work with support from their community and did not need to work in a segregated environment away from their non-SMI peers and under supervision. Over the last five
decades, vocational rehabilitation gradually evolved from sheltered workshops to competitive employment.

Becker and Drake (2003) proposed Evidence-Based Supported Employment (EBSE) and the Individual Placement Support (IPS) model based upon research findings. IPS, a vocational rehabilitation intervention model, that forms the basis of EBSE, was introduced as a guideline for vocational interventions in the mental health field under the name ‘Place-Train Model’ (Corrigan et al., 2008). Corrigan and colleagues further explained that IPS has certain principles: competitive employment - people must have a job in the community, as well as, be paid a minimum wage; zero exclusion - the position has to be open to all individuals interested in working, regardless of the severity of disability; client preferences - jobs have to be tailored to the individual’s preferences and skills; rapid job search - job development should be initiated within 30 days; the VRC is integrated with mental health treatment team; systematic relationships with employers have to be developed based on the individual’s preference and strengths; unlimited, individualized support is in place for the individual and their employer; benefit counseling meetings that inform individuals of available resources (i.e. transportation, vocational training, health insurance, etc.) to assist them with meeting vocational goals.

EBSE is a cost-effective practice in ongoing empirical studies, (Corrigan et. al, 2008) but some researchers reported no significant differences in employment outcomes for people with psychiatric disabilities who receive an EBSE compared to those that received traditional employment services (Marrone, Burns, & Taylor, 2014). However, work is not only a means of increasing income. It is also strongly associated with basic psychological health (Vornholt, Uitdewilligen, & Nijhuis, 2013) such as personal well-being, enhanced social interactions, a structured lifestyle, and a purposeful existence. So, employment, per se, should not be the only determinant of success.

Veterans with disabilities are more likely to have a higher employment rate than civilians with disabilities. Further, many Veterans with psychiatric disabilities have needs that go unmet because of delays in service delivery (Frain, Bishop, Tansey, Sanchez, & Wijngaardeec, 2013). Additionally, Smith (2015) reported Veterans with disabilities were more likely to receive less care, due to delays in service delivery, than civilians. Evidence-based practices, such as EBSE, became a major trend in the vocational rehabilitation field due to its proven cost-effectiveness and patient-centered approach (Parlettaa & Waghorn, 2016). Although EBSE has been utilized for several years, some questions remain. What needs to be done to increase the effectiveness of rehabilitation services when combat Veterans with multiple disabilities reject traditional psychosocial rehabilitation provided in traditional counseling settings? How can their needs be met when they do not want to come to a hospital?

Combat Veterans with psychiatric disabilities experience more difficulties than non-combat Veterans with psychiatric disabilities regarding reintegration to civilian employment (Kukla, Rattray, & Salyers, 2015). Furthermore, psychiatric disability has been associated with negative stigma including interpersonal difficulties and bad attitudes at the workplace (Bakken-Gillen, Berven, Fong Brooks, & Resnick, 2005). Kukla and colleagues (2015) also explained that Veterans with disabilities experience psychosocial adjustment problems, shorter job retention and poorer self-concept, which are key factors shaping vocational success. Research is needed to explore service delivery to Veterans who have previously rejected traditional psychosocial rehabilitation treatments and experience employment barriers due to psychosocial adjustment.

Many vocational counselors employed at Veterans Affairs Medical Centers (VAMCs) have a master’s degree in Rehabilitation Counseling. Rehabilitation Counseling is based on the
tenants of positive psychology (Sung, Muller, Ditchman, Phillips, & Fong, 2013) as it promotes psychosocial adjustment and well-being, as opposed to focusing on maladjustment and dysfunction. Similarly, EBSE focuses on an individual’s strengths rather than weaknesses. Therefore, EBSE was used in the following case study which provided recovery coaching in a real-world setting and provides disabled Veterans the tools and techniques to manage symptoms in daily life rather than eliminate or fix symptoms.

Case History

Mr. Phillips (Mr. P.), is a thirty-nine-year-old, service-connected, Caucasian male, he has never been married, was a combat Veteran, and was referred by a case manager to EBSE at a large federal medical center. Mr. P. served in the United States Marine Corps for nearly nine years until he incurred multiple combat-related injuries on the left side of his body. More than ten surgeries were performed to address his nerve and orthopedic injuries subsequent to his separation from the military in 2002. Eighteen months of critical care hospitalization were followed by multiple suicide attempts and seizures. Mr. P. has been diagnosed with Bipolar Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder (PTSD), TBI, a brain tumor, and continued shoulder pain. There was no known family history of mental illness. Prior to his referral for EBSE services Mr. P. had a suicide attempt while experiencing a major depressive episode and PTSD.

Upon separation from the military Mr. P. became a prospector in the Western United States and spent a considerable amount of his time underground, in isolation, as a gold miner. Mr. P. initially distrusted mental health care providers at the Department of Veteran Affairs and did not actively seek mental health treatment. He met a woman, who later became his girlfriend, at a PTSD conference and relocated to a suburb to be near her. Mr. P. lived with his two dogs in a rented basement apartment with limited income.

Mr. P.’s social relationships were very limited as isolation proved to be his primary coping mechanism. His girlfriend lived two blocks away, but he saw her every other week. “I guess we were together because we had many things in common. She had PTSD just like me. I wanted to help her and I tried my very best, but I was sometimes still depressed. Our relationship was on and off all the time. I guess our disabilities brought us together.” Mr. P. maintained very sparse contact with his family although he identified his mother as his most significant support. He had not visited his family for three years prior to his referral to the EBSE program.

Mr. P. initially received case management services from an intensive case management service at a federal medical center. He was additionally referred to couples therapy, individual therapy, and to the a psychosocial rehabilitation and recovery program, as well as, the EBSE in the Therapeutic Supported Employment & Services (TSES). He appeared apathetic to these services, frequently missing appointments and/or requesting discharge immediately after admission. Mr. P. explained, “The therapy room is not for me. I know what I need. I am not interested.”

Mr. P. demonstrated poor coping skills at a variety of work places. He has held several unrelated jobs since his relocation to the Chicago area: a federal police officer, assistant manager at a home improvement store, an employee at a coffee shop, and a warehouse worker. Mr. P. was always promoted very quickly upon the start of a new job, but his goal was to work for the federal government. He said, “I am more comfortable in hospital and military settings. I want to work in the Human Resource Department to hire the right people to care for Veterans.”
Presenting Problems

Mr. P’s treatment team faced multiple challenges. He was discharged from many programs due to minimal participation in treatment and a pattern of “no show and no call” for scheduled appointments. Mr. P’s presenting problems were: isolation; hopelessness; limited coping skills at workplace; lack of reliance on others.

**Isolation.** Mr. P. obtained a therapy dog and has since adopted a second one. He explained: “I want my dog to have a friend. I am more comfortable with animals than humans. My dogs are my children. I sometimes only go out when I walk my dogs.” Whenever the VRC visited him, his curtains were typically closed in his basement apartment and the lights turned off.

**Hopelessness.** Mr. P. explained why he chose to be a prospector; “I spent more time underground than above the earth. I felt less threatened underground. Sometimes, I wished the channel would cave in. I was in and out of jail for bar fights. I was not going to take [anything] from anybody. In fact, I hoped I died.”

**Limited Coping Skills at Workplace.** Failed job retention revealed Mr. P.’s inadequate coping skills. After leaving his prospecting career, Mr. P. changed jobs frequently. When Mr. P. was admitted into the EBSE program, he was working the third shift in a warehouse and attending college part-time. “I was not supposed to do lifting, but I didn’t care. I did it because I needed the money.” However, very soon, he also quit this job because; “I needed to go to school.” He later withdrew from school due to his significant memory impairment, sleep disorder, and the need for additional surgeries. It was noted that although Mr. P. often experienced conflicts at his workplace, he continued to secure employment. This demonstrated his motivation to work.

**Lack of Reliance on Others.** Mr. P.’s self-identity remains associated with his status as a combat Marine. It was difficult for the treatment team to monitor his progress and provide successful interventions because he often missed scheduled appointments. Mr. P. explained, “They don’t know what I need. They cannot fix my problems.” He rarely returned telephone calls making it extremely difficult to schedule and deliver EBSE services. The most commonly used Motivation Interviewing techniques initially proved ineffective, as well. Mr. P. was aware of the pros and cons of his behaviors, but continued to be resistant to change.

**Intervention**

As mentioned earlier, Corrigan et al. (2008) explained EBSE is based on Individual Placement and Support (IPS) model which include eight principles: zero exclusion, vocational services integrated within a mental health treatment team, competitive employment, benefits counseling, rapid job search, systematical job development, follow-on supports that are not time-limited, and adherence to individual preferences.

Immediately following his enrollment into the EBSE program, a job search was initiated, but Mr. P. was hesitant to accept job offers. According to Becker and Drake (2003) increasing face-to-face contact has shown itself to be a positive factor in establishing a therapeutic relationship and employment outcomes. In an effort to improve the therapeutic alliance with Mr. P., the VRC eventually discontinued telephone calls in lieu of frequent visits to his apartment. When Mr. P. did not answer the door, the VRC would call to his dogs from outside of his windows. This tactic proved effective and he eventually began to open his door.
Mr. P reported his ideal job as a human resource-related position, which would not physically exert him. He continued to pursue this as his self-directed vocational goal. However, Mr. P. rarely completed any applications for such jobs. If an application was completed, he did not follow through or showed hesitation for accepting a job offer.

The VRC continued to encourage him to navigate his own path at a level in which he felt most comfortable. The VRC provided counseling grounded in positive psychology approaches. Instead of monitoring stressors and exploring factors of failure of employment, the VRC monitored and focused on protective factors and acted as a support system. Mr. P. was encouraged to recognize his capabilities and focus on his strengths. Gradually, Mr. P started to return the VRC’s telephone calls or request an appointment. He began to reveal more of his history, dreams, and goals. The change in Mr. P’s responses to VRC suggested a trusting therapeutic relationship was established.

Mr. P. was very patient with his dogs. He explained; “I am more comfortable with animals than humans.” As evidence of this, he completed an oil painting of the dogs which hangs in his apartment. Next to the painting hung a large set of deer antlers. When the VRC commented on the quality of the paintings Mr. P. replied, "I am glad you like them. I have never taken an art class, but I paint sometimes. I like hunting.”

In an attempt to capitalize on his self-identified strengths and preferences, his interest in working with horses was examined. Shortly after inquiring about his interest, Mr. P. and the VRC were outside of a hippotherapy facility in the deep snow of winter and Mr. P. expressed in interest in working with horses. We immediately returned to his apartment because we did not have an appointment with the stable. Mr. P. was asked to outline the action steps of this new vocational goal. He was instructed to email his VRC his vocational goal and expressed interest in the job. Mr. P. had an interview with the stable two days later, and as we walked into the facility he took a deep breath and said; “Ah, I feel like I am at home; the smell and the horses. I grew up with horses.”

Mr. P. began his new career as a horse groomer working eight hours a week and earning $9.00 an hour. After he began the new job, he was infrequently home, which had a positive impact on his socialization. Mr. P. explained, “Come to the stable if you need to see me. I volunteer there maybe six or seven days a week. I sometimes don’t go home after my shift. I’ve met some nice people there and I am happier now.” He had begun to volunteer sixteen to twenty hours a week and returned to school on a part-time basis.

Mr. P. started to make goal-directed life choices because he desired continued recovery. It was also about this time that he separated from his girlfriend. He explained, “She is not good for me. I am trying so hard to put my life together, but she brings me down. She would cry, drink, and then call me. I don’t need unhealthy relationships. I am feeling much better now. I want to live like a normal person.”

As additional career avenues were explored, his VRC noticed that he had begun to paint and build furniture. Mr. P. was encouraged to do more painting and also participate in an art competition. He often called to report; “I want to show you something. You will like it.” His engagement with the staff suggested that he was less avoidant of treatment and, in fact, more appropriately utilizing the clinical services and staff that were available to him.

In less than two months, Mr. P. began accepting additional work hours. Based upon his excellent work performance, extensive knowledge of horses, and leadership qualities, he was promoted to the position of horse leader and stable manager. Mr. P.’s employer provided
reasonable accommodations that allowed him a flexible schedule to accommodate his continuing education, and the time to take breaks when needed.

Despite his success, Mr. P. began to have conflicts with co-workers. He reported being significantly angered by these conflicts. When the VRC asked about the conflicts, Mr. P. answered in a high pitch, “I am going to take him down. I don’t care!” The manager reported to the VRC; “We all love him but I am afraid. He was very angry when he talked to me.” The VRC immediately visited the site and encouraged the employer and Mr. P. to communicate directly whenever the strain of the job proved overwhelming. This outcome from this intervention demonstrated the employers willingness to be a part of the Mr. P.’s support system. The VRC observed that subsequent interpersonal difficulties were generally resolved quickly and without incident.

Mr. P continued to pursue positive social interactions with others and formed a relationship with a female co-worker who later became his fiancée. Unfortunately, due to the progressive nature of his traumatic brain injury, he was forced to resign from his position due to the increasing severity of his medical conditions and the need for continued surgeries. For these same reasons he opted to withdraw from school.

Despite these setbacks, therapeutic vocational interventions continued. Mr. P. was encouraged to turn his artwork into a source of income. The idea of self-employment was explored. His eyes were bright again. “I started to sell some electrical works to my neighbors when I was fourteen.” This was the first time he had shared this information. Frequent meetings followed. Further counseling sessions included specific questions and sought the best strategies to insure his success. What can he make? What will people buy? Who will buy his artwork? Where is the potential customer? What are the local and state business regulations? What materials does he require to make his products? Does he have inventory or also be open to customized orders? Does he want to sell at a store or through the Internet? By addressing these issues, Mr. P. succeeded in securing a store contract for his woodworks. He has expanded his business by selling his woodworks through the Internet and social networks. At Mr. P.’s request, the VRC taught his fiancée, about the Internet domain and how to start an Internet business. His fiancée constructed a website for Mr. P.’s products.

Mr. P. has since relocated from his basement apartment and now resides in Chicago with his fiancée and two dogs. His garage was full of logs, machines, and half-finished woodworking projects. Mr. P. continued to occasionally no-show for appointments, but he asked for help from doctors or someone in his support system based on his needs.

In the summer of 2015, he proudly reported, “I took my fiancée, some friends, her parents, and my parents camping this year. We are going to be married next year. I will be a stay-at-home Dad for our kids and work in my garage. Perhaps I will go back to the stable. I still don’t like humans, but I sometimes talk to my neighbors. I am taking my medications and I am a happier person.”

Prior to spring of 2016, Mr. P. decided to postpone his wedding stating, “I need to take care of myself first. I don’t feel able to get married now. I am receiving individual therapy now and it helps. My mom and some people blamed me for making this decision, but I know what is good for me and what is not good for me. I want to be healthy and then move on.”

Mr. P. visited VRC in the spring of 2017 after several months of his discharge from the EBSE program. Mr. P. explained, “If you are writing a case study, you must mention that I have stopped drinking because I am working and I like my life now. I drank before because I didn’t
like my life. Now, I am living with my dogs. I have two beds of vegetables and a bed of flowers. I have more than twenty customers on the waitlist for my woodwork.”

Discussion

The above case study illustrates that, despite multiple psychiatric and physical disabilities, Mr. P. has made significant progress over the course of multiple years in his quality of life and community integration through the provision of EBSE services. EBSE instructions were consistently utilized to help him develop his interests, his self-discovery, and build a flexible career. Recovery is a collaborative process between the patient and the providers and is guided primarily by the patient’s self-identified goals and desires.

Mr. P. explained the meaning behind his recovery. He stated multiple times throughout the course of his treatment, “I know what is good for me and what is not good for me”. Mr. P’s identified goals were informed by his strengths and served as the cornerstone of his treatment plan. Corrigan et al. (2008) reported there are five components of mental health recovery: personal confidence and hope; willingness to ask for help; identification of goals and success orientation; reliance on others; and symptom management. It is evident that Mr. P.’s personal confidence and hopes have been increased after receiving EBSE services. His isolation has been significantly reduced through his engagement in healthy relationships and he has engaged in a cooperative partnership with his mental health treatment team.

More than 30% of Veterans who have returned from Afghanistan and Iraq have psychiatric disabilities (Ben-Zeev, Corrigan, Britt, & Langford, 2012). According to Livneh and Antonak (2007), the stages of acceptance of disability are: shock, denial, anger/depression, and adjustment/acceptance. Most individuals move back and forth across the different stages. The VRC provided counseling and coaching to Mr. P., all the while considering his current position within the acceptance of disability stage. The counseling skills utilized were simply based on Rogerian therapy: empathy, unconditional regards and congruence. Mr. P. not only progressed to the stage of acceptance in his own path in a real world, non-clinical, unstructured, setting, but also developed strengths and coping skills necessary to live a self-fulfilled existence.

The EBSE program in which Mr. P. was enrolled has consistently maintained a 50%-60% competitive employment placement rate between September 2013 and July 2017. This suggests that an appropriately fully trained VRC who is a certified rehabilitation counselor (CRC) by the Commission on Rehabilitation Counselor Certification (CRCC) may play a significant role for Veterans’ recovery. A skilled VRC does not simply “help people to find a job” but also acts as a recovery coach in a real-world setting. This is the crux of this professional discipline. The VRC in this case study also received extensive education and training in recovery principles and motivational interviewing skills. The VRC is a Licensed Professional Clinical Counselor (LCPC) in Illinois and a CRC. This may suggest that a CRC with clinical training increases the effectiveness of recovery and that psychosocial rehabilitation can be achieved in a community setting with the VRC’s clinical supports.

Conclusion

The above case study illustrates the efficacy of EBSE rehabilitation services to a combat Veteran with acquired psychiatric and physical disabilities. Utilizing a strengths-based focus, trust-building, and the development of a respectful partnership allows Veterans the ability to
choose his or her own goals and receive the supports necessary to achieve these goals. Diversity and cultural concerns of Veterans should be considered. Veterans are capable of leading fulfilling lives upon their return to the civilian sector. Veterans deserve a holistic approach to mental health care that includes the utilization of EBSE interventions in the community especially when a Veteran may not have fully benefited by more traditional mental health treatment approaches. In such cases, EBSE is a logical alternative.

This case study serves to challenge mental health practitioners to consider EBSE as a holistic and effective mental health intervention for those with multiple psychiatric disabilities, co-occurring, and physical disabilities population. Many Veterans’ mental health and career needs are unmet because these needs cannot be met within the hospital or office setting. When mental health funding issues arise, EBSE, offered within the community and by a clinically trained VRC, can be a viable treatment option. Additionally, the authors wish to address the importance of the level of clinical knowledge and skills acquired by CRC professionals. The limitation of this paper is that it is a single case study for which the results may vary based upon the Veteran’s functional status, motivation, strengths, and abilities. Future research should continue to explore EBSE’s use with Veterans on a large scale.

References


