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FROM THE EDITORS: THE *JOURNAL OF COUNSELING IN ILLINOIS*

Welcome to the first edition of the *Journal of Counselor in Illinois*, the new journal of the Illinois Counseling Association. As the Co-editors, we are very excited about the new look and the important messages these journal articles will bring to readers in Illinois and outside the state as well. The reconstruction of the *JCI* includes a new cover, new name, more articles, and new column headings. We hope that these changes will increase your reading enjoyment and encourage you to look forward to each issue. You will see five (5) new sections that cover different types of writing and issues. Let us briefly describe these:

- **Research:** These articles will focus on qualitative and quantitative research studies that are useful to counseling practice. Studies can include preliminary findings that will lead to larger projects. Criteria for these articles include rigorous data analysis standards and a discussion of the clinical significance of the results. There are no articles in this section for the first edition.
- **Practice:** Articles in this section will 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 and should offer ideas and techniques for immediate application to practice. We welcome two excellent articles in this first edition that fit into this section. Charles Myers denotes his experiences as a mental health counselor in Haiti, and Derrick Tovar-Murray offers a spiritually and culturally congruent approach to counseling African-Americans called NTU.
- **Professional Exchange:** These articles are designed to provide information about significant current issues and/or trends in the counseling field. Articles will include reviews of the literature and/or position papers. We are fortunate to have two articles representing this section. Stephanie Clark and Brett Zyromski share their insights for school counselor collaboration on bullying in the schools. Renate Rohde and Cynthia Couperus give us important information on how school counselors can work with undocumented youth in their schools.
- **Professional Dialogue:** These articles will stimulate dialogue, discussion, and debate related to critical issues of the *JCI* readership and includes a well-reasoned, thought-provoking article on a topic of interest. In this edition, we are pleased to feature Amy Freed's work on her personal insights into the therapeutic alliance.
- **Media Review:** These articles review current media relevant to mental health professionals.

We want to thank Robert Davison Aviles and Jobie Skaggs, the past co-editors of the ICA journal, for their contributions and commitment to ICA and to professional counseling in our state. They provided us with great transition information and assistance, along with several of the articles included in this edition. We are hopeful that the new journal will continue their outstanding efforts.

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

TONI TOLLERUD
Editor

FRAN GIORDANO
Editor

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Lessons Learned: Crisis Counseling in Haiti

Charles E. Myers
Northern Illinois University

Abstract

A personal recounting of one counselor's experience providing crisis and grief counseling in a field hospital in Haiti following the 2010 earthquake. Shared are lessons learned from the experienced and how those lessons have influenced practice and teaching.

Lessons Learned: Crisis Counseling in Haiti. January 12, 2010 started out as an otherwise average Tuesday in the small Caribbean nation of Haiti. Her citizens awoke and went about their daily chores and routines: children played and went to school, parents took care of their families and homes, and the fortunate few with jobs went to work. This all changed at 4:53 p.m., when a 7.0 magnitude earthquake struck Haiti. The epicenter was only 17 miles southwest of the capital city, Port-au-Prince, and its two million people. In just 35 seconds, the tremors decimated the area. The devastation to the Haitian people and the area surrounding Port-au-Prince was immense. More than 316,000 deaths and 300,000 injured (Radionuevitas, 2011); over 250,000 homes and 30,000 businesses were destroyed (Ksiazek, 2010). In less than a minute, 1.5 million became homeless (Doyle, 2010).

Responding to the Call

As I watched the newscasts of the extensive damage and tragic loss of human life, my heart broke for Haiti and her people. I ached to help. My opportunity to do so came through a request forwarded to me by a colleague. Project Medishare (www.projectmedishare.org) was looking for mental health professionals trained in crisis work and who had experience working with children. I responded with my credentials as a Licensed Clinical Professional Counselor and Registered Play Therapist-Supervisor with training in Disaster Mental Health Services through the American Red Cross, plus my experience with working with children and adults in homeless shelters and hurricane evacuation shelters following Hurricane Katrina.

The response to serve was great, with over 1,000 mental health professionals expressing a desire to help. Mental health teams consisted of counselors, psychologists, and social workers. Our primary role was to provide crisis counseling, psychological assessments, and referrals for the Haitian patients and their families, but we also supplied counseling and support to the 100% volunteer Haitian and non-Haitian medical staff. I made my first trip to Haiti in April 2010 and returned six week later as team leader. The lessons I learned through my experiences were profound. These lessons have had a significant influence on me as a person, a professional counselor, and a counselor educator.

Life in a Field Hospital

I would like to take a moment to describe the physical and working conditions. Project Medishare is a field hospital established in Port-au-Prince just days after the earthquake. The hospital consisted primarily of two large tents that housed an emergency room; operating room,

intensive care unit, neonatal and pediatric intensive care units, adult and pediatric wards, lab, pharmacy, radiology, and other services. With nearly every hospital destroyed in the earthquake, Project Medishare was the largest functioning hospital in Haiti, holding as many as 300 patients at a time. It is also the only critical care hospital and has the only pediatric trauma care unit in the country. Living arrangements for volunteers were stark (think M*A*S*H), with up to 200 volunteers sharing one large tent, and sleeping on army cots with mosquito netting. Yes, mosquito netting was necessary, to keep out the malaria-carrying mosquitoes and the tarantulas. Temperatures were in the 90s and 100s during the day and 80s and 90s at night. Outside showers were limited to two minutes. The mental health team was officially on duty from 7:00 a.m. to 7:00 p.m. However, crisis and death did not observe the same schedule. Each night, one of the mental health professionals was on call for emergencies. My shortest day was 16 hours, and my longest day was over 24 hours, continuing into the next day.

Lessons Learned

As mentioned earlier, our primary task was working with the Haitian patients and their families, providing crisis and grief counseling, as well as performing psychological evaluations. A major challenge in accomplishing this was the language barrier. Very few Haitians speak English. The official languages of Haiti are French and Haitian Kreyòl, but only about 10% of Haitians speak French. The majority of Haitians speak Haitian Kreyòl, a mixture of French, Arabic, English, Spanish, Taníó (indigenous native language), and West African languages. To help us with this challenge, there were a few Haitian interpreters. However, their English abilities varied and initially, they had no familiarity with counseling. In providing support, I relied on my training and experiences not only as a counselor, but as a play therapist. These skills enabled me to communicate with children and adults alike. While the interpreters conveyed the spoken content of the message, it was my ability to read and to understand the Haitians' nonverbal and para-verbal communications that informed me of their feelings and experiences, and allowed me to respond in kind. We communicated through our hearts, our voices, and our eyes. Lesson affirmed: Counseling is about the relationship, being fully present and caring.

As a play therapist, I believe the play of children has meaning. Children learn about themselves, others, and the world around them through play (Landreth, 2002). In addition, research has demonstrated the posttraumatic play of children is different from that of other children (Myers, 2008). Project K.I.D. Network (www.project-kid.org) provided a small tent and some toys for the children at the hospital. This setting allowed me to do play-based crisis work with children. One play interaction that struck me profoundly occurred when one Haitian girl created a building out of large connecting blocks and moved on to another toy. An expressionless Haitian boy, sitting off by himself, walked over, picked up the building, and shook it until it fell apart. That short play interaction demonstrated the intense, literal quality of posttraumatic play, as well as the avoidance of interaction with others and flat affect. Lessons affirmed: There is meaning in play and children with trauma do play differently.

As mental health professionals, we are moved by our hearts and are trained to develop therapeutic relationships to help those with whom we serve. During my first trip to Haiti, I met a 12-year-old Haitian girl who had lost her father in the earthquake. Near the end of the week, she told me, after having someone teach her in English, "Charlie, I love you. I want you to be my father." During my second trip, a Haitian nurse, after acknowledging for the first time since the earthquake that her husband was dead, professed her love for me. Lesson affirmed: Counseling is an emotionally intimate relationship.

My training and experiences helped prepare me for much of my trips to Haiti, but not everything. I was not prepared for the amount of death I would encounter face to face, and how intimately involved I would become. On the second night of my first trip, the Chief Medical Officer asked to me support a nurse in the intensive care unit as a Haitian man, not responding to treatment was “humanely terminated.” This was the first of nine deaths that would occur at the hospital during my first visit and five on my second one. In total, I was physically present for 11 deaths, including 6 children and babies. My heart would not let me allow someone to die alone, or not support a mother while her child died. I would hold moms as their babies died in the arms. I held, comforted, and cried with family members as they grieved the loss of their loved ones. No words were needed, our eyes said everything. Lessons affirmed: The need and importance therapeutic touch is a basic human need and it is okay to cry with your clients.

Besides daily loss of life, we also celebrated new life. My first week saw the births of 10 babies. With 10 new babies, in addition to the babies and children already in the neonatal intensive care unit and pediatric intensive care unit (NICU/PICU), the nurses needed help caring for the babies. It was here that I found balance in the death I was experiencing. After I comforted the families of those who died and placed the bodies into body bags, I would go to the NICU and find a baby to hold and to feed. Additionally, the mental health team participated in daily debriefings. Lesson affirmed: Self-care is critical in crisis counseling.

I also worked with the medical staff. All of the doctors, nurses, and other medical professionals were also volunteers. The majority of the came from the United States and Canada, but we also saw volunteers from countries across the world. All of them came from hospitals and practices where they had access to up-to-date equipment, medication, and other support, much of which does not exist in a field hospital. Much of the work I did with the doctors and nurses were helping them work through the pain and anger they experienced when losing a patient whom they would have been able to save back if they were back in their home practices. Lesson affirmed: Care is needed at all levels.

After the earthquake, Haiti was from 12th to 11th (1st in the western hemisphere) on the *2010 Failed States Index*, a ranking of the failed nations by Foreign Policy and The Fund for Peace (2010), based on social, economic, and political indicators. Haiti experiences an 85% unemployment rate (Jean, 2010), with 70% of the population living on less than \$2 a day (Disasters Emergency Committee, 2010). But while the Haitian people are poor materialistically, they possess richness of heart. Even with extreme poverty and loss of home and life, they are hopeful and positive. They are genuinely warm and caring people. They are quick to smile and to help others. Final lesson affirmed: Resiliency can happen even in the darkest of conditions.

Conclusion

My experiences in Haiti have had a profound impact on my life and my work. In two short weeks, I experienced death and birth, and grief and love. I met incredible people and forged close friendships. My experiences have influenced my work with clients, allowing me to be more present and effective. I impart these lessons to my students as well. Haiti will forever be a part of me, and I, a part of Haiti.

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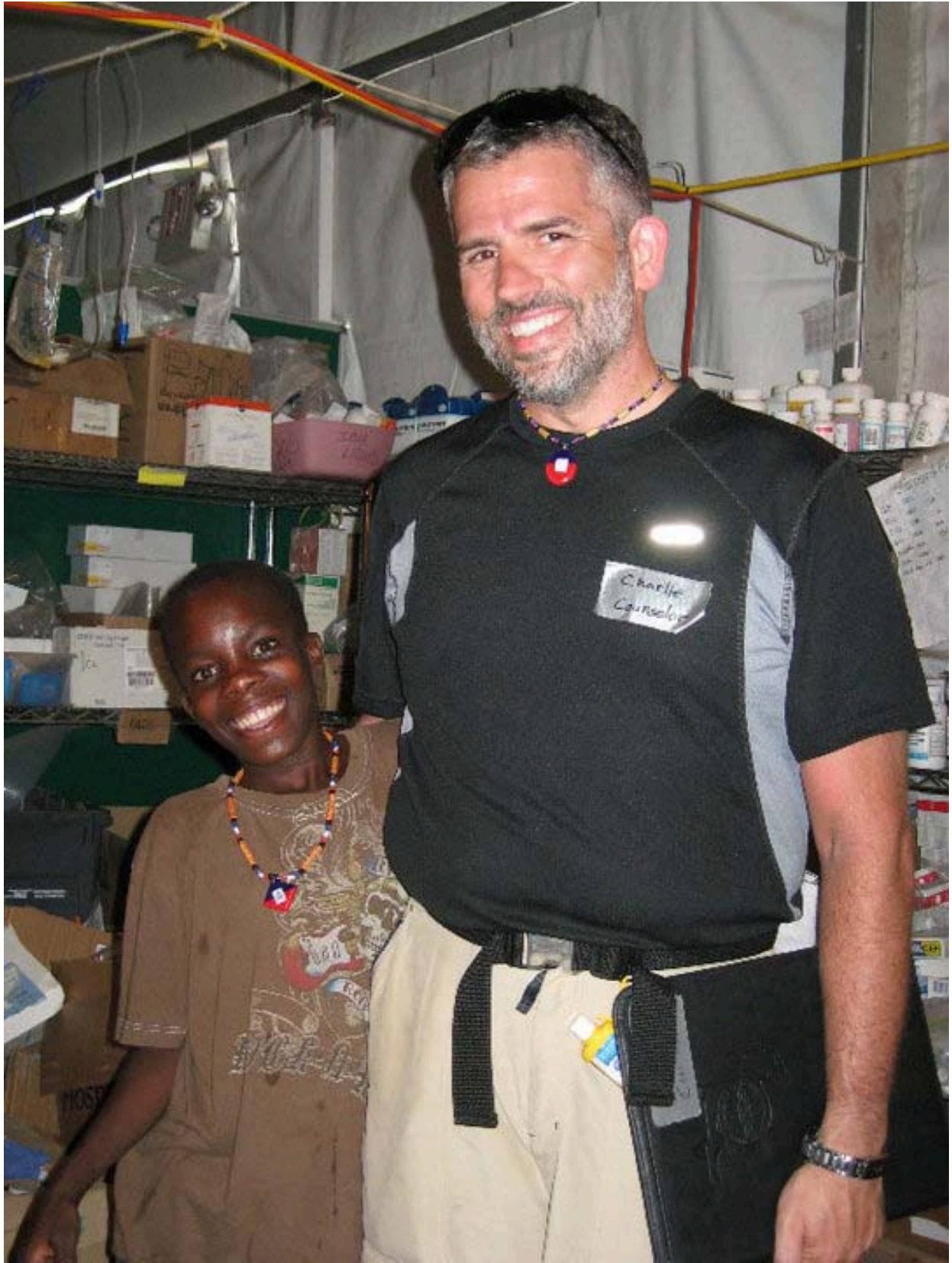
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NTU Psychotherapy Framework with African American Clients: An Afrocentric Theoretical and Spiritual Model

Darrick Tovar-Murray

Abstract

This article presents a spiritually and culturally congruent approach to counseling African Americans, called NTU. The NTU psychotherapy model is grounded in traditional African spiritual precepts, cultivated through contemporary African American experiences, and augmented by traditional Western counseling practices (Phillips, 1990). This article presents theoretical propositions on how to engage African Americans in a healing dialogue from the NTU psychotherapy framework. Finally, the article develops a hypothetical case study to demonstrate the clinical utility of the NTU psychotherapy model and how such understandings can be applied to actual clinical settings.

The term NTU pronounced, “in-too” is a word with Bantu roots that “describes a universal, unifying force that touches upon all aspects of existences” (Phillips, 1990, p. 56). It is a universal energy that is comprised of both an immanent force and a transcendent force. The immanent force refers to a spiritual energy that resides within a person’s life space whereas the transcendent force is a spiritual energy that emanates outside of oneself (Jackson, Gregory, & Davis, 2004). As a universal energy, the NTU is the essence of life and highlights the interrelatedness among the immaterial, material, and social worlds (Gregory & Harper, 2001; Jones, 2007; Phillips, 1990). Although scarce, the NTU psychotherapy framework has been integrated with other counseling models to provide culturally congruent counseling services with African Americans (Queener & Martin, 2001).

This article presents a spiritually and culturally congruent approach to counseling African Americans called NTU psychotherapy developed by Frederick Phillips in 1990. The purpose of this article is to provide counselors and other human service providers with a map of healing practices grounded in African Americans’ unique cultural experiences. This article will first present the philosophical underpinnings of the NTU psychotherapy model. Counseling techniques, client involvement, and therapeutic provisions will be addressed. Finally, the NTU psychotherapy model will be applied to a fictitious case of Malik Johnson, followed by recommendations for the advancement of future research and clinical practice. This case vignette is designed to highlight the dynamics of the NTU psychotherapy model as applied to client conceptualization and counseling interventions. The author created the case from a variety of professional experiences counseling African Americans and within the range of his own collective diverse identity and multicultural experiences. What follows next, then, is a brief and synthetic presentation of the NTU psychotherapy framework.

The NTU Psychotherapy Model

The NTU psychotherapy framework is grounded in traditional African spiritual precepts, cultivated through contemporary African American experiences, and augmented by traditional Western counseling practices (Phillips, 1990). First and foremost, NTU psychotherapy is rooted

in traditional African spiritual structures (Parham, 2008). The model holds that human beings are comprised of separate but unified forces (body, mind, and spirit) to which the transcendent energy (spiritual energy that emanates outside of oneself) gives meaning and purpose to life (Phillips, 1990). Central to this idea is the notion that all things associated with the phenomenal earth are interconnected, spiritual, and sacred creations of God (Jackson et al., 2004). Concepts such as *harmony* (life is purposeful), *balance* (unified whole), *interconnectedness* (connection of life), *affective epistemology* (experiencing emotions), *awareness* (self-knowledge), and *authenticity* (being real) are the guiding principles of NTU (Parham, 2008; Phillips, 1990).

In addition and similar to the wellness oriented, strengths-based counseling model (Myers, 2003; Myers & Sweeney, 2008; Myers, Sweeney, & Witmer, 2000; Spurgeon & Myers, 2010), NTU psychotherapy offers a more holistic spiritual view of human nature and recognizes human potential in dealing with life challenges. That is, NTU psychotherapy is a way of living that is oriented towards optimal health with the goal of aligning with the natural order of life (Jackson et al., 2004). According to Phillips (1990), the natural order of life implies that the world is interconnected and all of life is purposeful, orderly, and spiritually based (Gregory & Phillips, 1997). Therefore, NTU psychotherapy believes that psychological distress is a result of a person not living harmoniously within a shared energy (Helms & Cook, 1999) and being out of alignment with the natural order of life. Thus, a mentally healthy person is one who strives toward harmony with self and others and aims to make movement towards God and away from material desires (Parham, 2008; Phillips, 1990).

Secondly, NTU psychotherapy is generated through contemporary African American experiences and grounded in the principles of the Nguzo Saba or the celebration and sharing of the harvest of the good (Helms & Cook, 1999; Parham, 2008). At the heart and soul of the Nguzo Saba are the seven principles and practices of the Kwanzaa called the “first fruits” created by Maulana Ron Karenga in 1965 (Phillips, 1990). The first principle and practice, *Umoja*, stands for unity and teaches African Americans to share the harvest goods. Next, *Kujichagulia* refers to self-determination and educates African Americans to assert themselves in the world by honoring their ancestors. *Ujima* means collective work and responsibility as African Americans are required to build and maintain goods in their own communities. *Ujamaa* is the fourth principle and requires cooperative networking and the practice of building ecological, economic resources in one’s community. The fifth principle, *Nia*, provides African Americans with a purpose in life that calls upon them to restore their commitment to the collective tradition. Next, *Kuumba* is a principle of creativity as it is important to strive to make the world beautiful and safe. Finally, *Imani* relates to faith and requires African Americans to believe in a collective struggle (Karenga, 1965). Ultimately, the endorsement of the Nguzo Saba’s principles and practices are noted to lead African Americans to a psychological freedom by authenticating one’s commitment to self, others, community, ancestors, and their God (Constantine, Alleyne, Wallace, & Franklin-Jackson, 2006).

Finally, the NTU psychotherapy incorporates traditional Western counseling practices as tools to assist African Americans to return back to their authentic biologies (the principles of the Nguzo Saba) and to align themselves with the natural order of life (Phillips, 1990). In particular, NTU psychotherapy is akin to the humanistic schools of thought that emerged in the mid-20th century (Hansen, 2005). Analogously on a philosophical level to humanistic counseling, NTU psychotherapy represents a hybrid system of phenomenology and existentialism (Hansen, 2009), with an optimistic view about human nature. In other words, the NTU counselor uses universal

counseling skills and techniques such as valuing the dignity of all people, believing in the goodness of all humans, and viewing people as having the capacity for self-growth.

In addition and within the humanistic realm of counseling, the NTU counselor will seek to develop a person-to-person relationship with his or her African American client and recognize the sacredness of this interaction (Helms & Cook, 1999). It is through this sacred and spiritual relationship that an African American client is able to do self-investigation and understand his or her own unique defense mechanisms. This idea fits well with the philosophical underpinnings of Carl Rogers' (1957; 1987) person-centered counseling, in which the NTU counselor is seen as a conduit for healing (Jackson et al., 2004), expresses full acceptance of his or her African American client's freely emotional expressions (Phillips, 1990), and guides the counseling process based in a shared spiritual reality (Helms & Cook, 1999). Additionally and through the counseling relationship, an African American client may discover the natural order of life (purposeful, orderly, and spiritually based) and develop cognitive, emotional, and behavioral strategies for coping with life in the future (Phillips, 1990).

The Goals and Counseling Phases of NTU Psychotherapy

The goals of NTU psychotherapy are twofold. The first goal is to help an African American client spontaneously discover or rediscover his or her true nature (Parham, 2008; Phillips, 1990). That is to say, the NTU counselor will assist an African American client to function harmoniously, authentically, spontaneously, and synchronically within his or her life space (Helms & Cook, 1999). Secondly, the NTU counselor will seek to assist an African American client to live in the upward ways of his or her ancestors guided by the seven principles and practices of the Kwanzaa. To this end, the NTU counselor will use counseling techniques and skills such as self-disclosure, being real, and reframing to encourage an African American client to be responsible for self and others, and to make decisions in the best interests of the whole group (Phillips, 1990). Ultimately, the NTU counselor will restore or bring to light the natural order of life for an African American client and help him or her to restore one's spiritual system (Jackson et al., 2004; Parham, 2008).

The NTU psychotherapy model presented here also incorporates a five phase nonlinear and circular process (Helms & Cook, 1999; Jackson et al., 2004; Parham, 2008; Phillips, 1990) to accomplish the two main goals of counseling. The brief descriptions of these five phases (harmony, awareness, alignment, actualization, and synthesis) that follow only provide an introductory overview of the counseling process. For a more robust articulation of the phases please read Phillips' (1990) article entitled *NTU Psychotherapy: An Afrocentric Approach*.

In the first phase, the overriding focus of counseling is *harmony*. Harmony refers to a state of being in which a person is in confluence with life (Jackson et al., 2004). In this regard, harmony can be achieved when an individual is in-sync or in-tuned, with the self and the environment (Gregory & Phillips, 1997). The primary component of the second phase is *awareness*. NTU holds that mental health for African Americans can be achieved through insight that ultimately leads to resolving destructive behavioral patterns and existential fears (Phillips, 1990). The third phase, *alignment*, explains the movement from understanding existential fears to developing strategies to uncover life fears and other dissonant cognitions and emotions that are attached to them (Jackson et al., 2004; Phillips, 1990). The fourth phase is called *actualize*. During this phase, an African American client is encouraged to confront his or her fears and try on newly acquired behaviors in actual real life situations. These newly discovered behaviors function as new learning experiences that are incorporated into one's life space (Phillips, 1990).

The final phase of the model is *synthesis*, where an African American client is encouraged to integrate the mind, body, and spirit simultaneously and develop effective strategies for dealing with future life problems. Synthesis is achieved when an African American client accepts responsibility for his or her psychological existence, becomes aware of the self as a whole, and develops cognitive, emotional, and behavioral strategies for coping with life in the future (Helms & Cook, 1999; Phillips, 1990).

In short, NTU psychotherapy was developed by Frederick Phillips in 1990 and grounded in the Bantu's worldview. The primary architect of NTU psychotherapy is that there is a cosmic, universal force from which all of life originated. From this basic premise, NTU psychotherapy believes that human beings are spiritual and the purpose of life is to be in harmony with the natural order of life. The ultimate goals of NTU psychotherapy are to help individuals find purpose and meaning in life and to function harmoniously, authentically, spontaneously, and synchronically within one's life space. Thus, the NTU psychotherapy is similar to traditional Western counseling models and places emphases on the counselor being a conduit for a client change process. However, the NTU psychotherapy core tenant is the transcendent force, which distinguishes it from most traditional Western counseling models (Jackson et al., 2004).

The Application of NTU Psychotherapy

In this section, the NTU psychotherapy model will be illustrated more fully with the case of Malik Johnson. The case of Malik Johnson was developed from the author's professional experiences with counseling African Americans. This case was designed to highlight the dynamics of the model as applied to the overall counseling process. The author will discuss and organize the counseling process through the five nonlinear phases: *harmony, awareness, alignment, actualization, and synthesis*. Phases one through three of the NTU framework will be discussed as useful ways to begin and develop a sacred and spiritual relationship as well as to uncover fear of rejection. Finally, the author will use phases four and five to align Malik with the natural order of life (living in harmony) and assist him in developing future problem solving skills.

The Case of Malik Johnson

Malik Johnson is a 19-year-old African American man that sought counseling services to discuss fear of rejection and adjustment problems that he was experiencing at the predominantly White, state university he was attending. Malik was born and raised in a homogenous African American community in a large Midwest, urban state. He grew up in a home in which religion, spirituality, and moral sensibility were byproducts of his cultural upbringing. He also lived in an environment in which love attachments were always threatened. For example, whenever Malik failed to fulfill his father's expectations, his father would react with harsh verbal dissatisfaction. Such emotional rejection left Malik feeling and thinking that he was never good enough for his father's love.

After missing two classes and not performing well on his first exam, Malik's professor requested a face-to-face meeting to discuss how he is adjusting to college life. At the meeting, Malik explained to his professor that he is having difficulties adjusting to campus life and the recent death of his father. This adjustment can be understood as stemming from feelings of being socially and culturally alienated on campus. His professor recommended that Malik meet with a counselor regarding his adjustment and fears. At the suggestion of his professor, Malik sought guidance at the University Counseling Center.

Phase One: Harmony

Since the first phase of NTU psychotherapy is harmony, the counselor recognized that healing must occur naturally within a sacred and spiritual relationship and that Malik must learn to experience oneness with both the immanent force and transcendent force. Here the sacred and spiritual relationship can be seen as a shared reality in which Malik and his counselor are “in sync” or on the same “wavelength” with each other. This shared reality can be further delineated as an interpersonal interaction in which the counselor attempts to experience Malik’s spiritual energy by becoming an extension of his system. This means that the counselor will make every attempt at developing a relationship with Malik that is based on cooperation and harmony. Every effort will be made by the counselor to establish and foster an environment in which their spiritual energies can be exchanged. To this end, Malik should experience his counselor as someone who is invested in him rather than someone who is out to get him (Phillips, 1990).

Initially, harmony was difficult to develop with Malik because he was skeptical about the counseling process. This skepticism can be seen as a healthy response, especially for African American men who tend to culturally mistrust counseling (Townes, Cunningham, & Chavez-Korell, 2009) and to be suspicious of authority figures due to “racial microgressions” (Franklin, 2004). Malik had limited exposure to counseling within his home community; he viewed it as “something for Whites,” and was concerned about a lack of inclusion for him as an African American man. At this stage in counseling, Malik was in the immersion and emersion statuses of Helms’ (1995) Black Racial Identity model which has caused him to embrace his own race and disown previously held “White imposed” definitions of his Blackness. Although the reasons behind Malik’s reticence vary, he felt that experiencing oppression as an African American male was the main reason for his emotional inexpressiveness. In other words, Malik replied, “If I express myself emotionally to another person, I feel that I am not going to keep it real.”

In order to develop harmony and address Malik’s initial concerns regarding the counseling process, his counselor had open conversations of “the heart and soul” about race. For example, his counselor asked Malik to describe what it is like for him to be an African American at a predominantly White university. By acknowledging and having frank discussions about possible racial barriers to effective counseling, Malik began to experience his counselor’s spiritual energy and in his eyes, he was seen as real. To further embrace harmony, the counselor, for example, engaged Malik in a spiritual dialogue with honest sharing and disclosure. Within the NTU psychotherapy context, self-disclosure, if applied appropriately, has the potential to develop an authentic relationship and to facilitate a client’s honest sharing (Phillips, 1990).

As a result of the counselor’s self-disclosure, the spiritual dialogue centered on Malik’s spiritual beliefs as well as the seven principles and practices of the Kwanzaa. Malik replied, “I believe in God and he or she is important to my life.” He further went on to describe how unity, one of the seven principles of the Kwanzaa, is practiced in his family and host community. For example, Malik said, “Where I am from, people pay homage to their ancestors and this make us stronger as a whole.” What was underneath Malik’s statement of unity was a set of values such as interdependence of life that he subscribed to for healthy living. In order to experience harmony through unity with Malik, his counselor used a technique called “*Libation*” (Helms & Cook, 1999), and they poured water on the ground to pay homage to their ancestors.

Phase Two: Awareness

As Malik started to experience harmony and become comfortable in this setting, he engaged in awareness, the next phase of NTU psychotherapy. To put it simply, awareness means to have knowledge of self and others. The major task of awareness for Malik is to understand previous unconscious existential dynamics that are related to his fears and to identify the maladaptive defense mechanisms that are restricting him from relating with himself and others. At this point, the counselor focused attention on how Malik's existential fears influenced his current behaviors and how he used unavoidable behaviors to mask some aspects of reality. Another way of describing that process is discovering what the psychological gains are for Malik to think the way he thinks, feel the way he feels, and behave the way he behaves.

To aid in awareness, Malik's counselor used a counseling technique to help him change his rigid beliefs and imprecise language of "musts," "shoulds," and "oughts" to preferences which is comparable to Ellis's Rational Emotive Behavior Therapy (Ellis & Dryden, 2007). For example, instead of Malik saying, "People must like me," he was instructed to say "It would be very convenient if I was liked by others." By changing his imprecise language to preferences, Malik was able to think differently which, in turn, helped him to begin feeling and behaving differently. Through awareness, Malik was able to gain a perspective on the thoughts, feelings, and actions that are blocking him and that are incongruent with his spiritual system.

Since the affective component is considered important through this lens to the client system, transforming the client's emotional experiences is also imperative to awareness (Phillip, 1990). With this in mind, Malik's counselor facilitated access to his emotional experiences by helping him to bring unresolved feelings into the here-and-now that he was having towards his departed father. At this juncture, the empty-chair dialogue derived from Gestalt counseling in 1951 (Greenberg & Malcolm, 2002) was introduced. The empty-chair dialogue occurred when the counselor asked Malik to "Imagine that your father is sitting in front of you. See him in your conscious mind and begin having a conversation with him. Tell him how you feel about the ways in which he treated you." The outcomes of the empty-chair dialogue led Malik to learn the cognitions that he was projecting on to his father, to actively begin thinking about consequences of his actions and emotions, and reflect on possible alternative choices to living his life authentically.

The awareness phase ended with the counselor using a visual imagery technique. From a NTU psychotherapy perspective, visual imagery can be used to connect a client with his or her ancestor(s) (Phillips, 1990). For Malik, his counselor began the visual imagery by instructing him to slowly close his eyes and imagine seeing one of his departed ancestors. As Malik began to visually focus on the image, he was then instructed to have a conversation with the ancestor about his fears of rejection. After the visual imagery was completed, Malik and his counselor reflected on the conversation.

Phase Three: Alignment

In counseling, whenever Malik talked about his conflicted relationship with his departed father, his counselor noted that this would stir up powerful emotions and that he would blame others for his problems. The task of alignment, from a clinical perspective, became about Malik fully confronting his underlying dynamics, taking responsibility for self, and making movement towards the Higher Power. This type of alignment opened the doors to a deeper level of spiritual awareness and enabled Malik to confront his fears. For example, as Malik continued to describe his relationship with his departed father, he became teary eyed. His counselor noticed the tears and asked him to stay with the feelings of fear and the dissonance associated with them. Once

Malik was able to stay with his feelings, his counselor then instructed him to directly experience the fear in his body. Additionally and from a NTU psychotherapy perspective, relaxation was used to help Malik to confront his fears and to focus on his spiritual life (Phillip, 1990).

Since the act of alignment also implies taking responsibility for oneself (Phillip, 1990), the “I take responsibility for” technique or what Fritz Perls called the “language of responsibility” (Cannon, 2009) was used to help Malik recognize and accept his thoughts, feelings, and actions. Fundamental to this technique involved Malik learning to be increasingly responsible for self by replacing depersonalizing statements such as “it does me” with personalizing statements such as “I do it” (Corey, 2005, 2009). In this technique, the counselor encouraged Malik to take responsibility by asking him to make a statement about his relationship with others and then say “I take responsibility for my feelings.” In particular, Malik felt afraid that others would reject him and was encouraged to make a statement “I am afraid that others will reject me and I take responsibility for my fears”. Again, encouraging Malik to change his passive voice to a more active voice (Corey, 2005, 2009), in which he was able to develop ownership, led him to discover that a basic condition of life is to take responsibility for yourself (Phillips, 1990).

Phase Four: Actualize

As Malik and his counselor continued to openly talk about his fears, the spiritual conversations pacified him to respond in a more actualized manner---meaning to confront his fears and try on newly acquired behaviors in actual real life situations (Jackson et al., 2004; Phillips, 1990). This new dynamic in their relationship paved the way for Malik to move from talk therapy to action-oriented therapy. In order to achieve the goal of actualization, the counselor recognized that Malik must experiment with his fears in his daily living. Therefore, during the next several sessions, Malik engaged in behavioral rehearsal to help him practice his new skills. The principle value of behavioral rehearsal is to help Malik anticipate an upcoming situation and to explore possible range of actions that he may take for the event (Corey, 2005, 2009). For example, Malik role-played with his counselor effective strategies for introducing himself to other students on campus and being accepted by them. By practicing and rehearsing a particular behavioral response to a given event, Malik was able to anticipate the appropriate affects and cognitions that accompanied the behavior.

After behavioral rehearsal, homework assignments, similar to those found in Cognitive Behavioral Theory (Mackay, Barkham, Stiles, & Goldfried, 2002), were given that encouraged Malik to begin practicing being his newly acquired self within the context of his host community and on campus in a safe space. The homework was given so that others may experience Malik as a more actualized person and reinforce the positive learning acquired from counseling. From the NTU psychotherapy perspective, by creating opportunities for Malik to respond to his environment in healthy ways helped to free him from his psychological distress (Phillips, 1990).

By having the opportunity to have open discussions with others that he trusted about his fears of rejection, Malik’s anxiety subsided and his relationship with others began to improve. He witnessed people being more accepting of him and appreciative of his life experiences. Although the external environmental conditions in Malik’s life are the same, he has dynamically changed his maladapted behaviors and reconstituted positive ways of relating to self and others (Phillips, 1990). Now that Malik was liberated from his existential fears and connected with others, he was ready to synthesize the knowledge that he acquired in counseling (Jackson et al.,

2004) with the attitudinal and behavioral changes that he experienced in his social world (Phillips, 1990).

Phase Five: Synthesize

Given that Malik had an opportunity to gain awareness and make some improvements in his life circumstances, he was ready to embark upon the last phase of NTU psychotherapy, which is synthesis. For Malik, synthesis means that he must simultaneously integrate his newly acquired insights on all levels of his life---physical, mental, and spiritual (Phillips, 1990). For instance, an effective integration for Malik would require that he move beyond his past and current difficulties and incorporate a NTU health system or wellness oriented, strengths-based model into his life. To this end, synthesis means that Malik should have developed effective human problem-solving strategies for dealing with future life difficulties and should feel improvements in his life.

Application of synthesis to the case of Malik suggests that the primary task was to continue a process that would enable him to develop present as well as future healthy problem-solving skills. His counselor began this process by reviewing the content of previous counseling sessions. In other words, Malik and his counselor spent time reiterating the original problem and the underlying issues that led him to seek counseling. After reviewing the underlying issues, Malik was instructed by his counselor to reiterate his plan for dealing with problems in the present by focusing on the positive resources that he has developed. For example, his counselor asked him questions such as: “How have you been able to deal with your fears this week? What experiences did you have that led you to have a positive outcome? What is different about your behavior, thinking, and feelings? How are you taking care of yourself mentally, physically, and spiritually?” These questions are similar to the strengths-based counseling model (Myers, 2003; Myers & Sweeney, 2008; Myers, Sweeney, & Witmer, 2000; Spurgeon & Myers, 2010), and are geared towards helping Malik to recognize his personal strengths and his psychological assets. From the NTU psychotherapy perspective, the synthesis phase of counseling ended with Malik and his counselor discussing future healthy problem-solving skills. In other words, Malik was encouraged to focus on what he was going to do the next time he felt rejected by others. In response to this encouragement, he said, “The next time that I feel rejected I am going to muster up the courage to address my fears and let others know how I feel.”

Malik’s Prognosis

As a result of NTU psychotherapy, Malik’s prognosis was great despite the fact that he may still have some anxiety and fears. First, he has gained insight in his psychological difficulties (fear and anxiety). Consequently, he feels a sense of confluence with life. Secondly, his present problem-solving skills are well developed and he currently makes healthy life choices. Thirdly, he no longer tries to control life, which has resulted in him resolving some of his destructive behaviors and existential fears. Finally, he has identified healthy psychological tools for dealing with life in the future, which also reassured his synthesizing. Therefore, it is imperative that Malik continue to be mindful of his life goals, stay connected with others, and be guided by faith rather than driven by his fears.

Conclusion

In conclusion, this article provided a brief illustration of how the NTU psychotherapy framework can be synchronized with an African American client. NTU is a pluralistic approach

to counseling that incorporates both Afrocentric and humanistic properties. The NTU approach conceptualizes the mind, body, and spirit as a unifying construct and encourages actualization and synthesizing of human potential. This culturally and congruent approach to counseling was demonstrated through the case of Malik Johnson and provided the readers with a greater understanding of how spirituality can be used as a counseling intervention. As counselors and human service professionals who strive to use some aspects of spirituality in counseling, NTU psychotherapy framework will provide you with tools and techniques for service delivery. It is the belief of this author that the NTU psychotherapy model has broad clinical applicability and, with some modification for diversity, may be used across different cultural groups such as European Americans, Latino Americans, Asian Americans, and other racial and ethnic groups. In addition, since NTU psychotherapy is a holistic approach to counseling and focuses on restoring harmony, balance, interconnectedness, and authenticity, counselors and other human service providers can use this model to help clients to become aware of the self, their environment, and their psychological assets.

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Teacher and Counselor Together: Combating Bullying in Schools

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Abstract

This manuscript examines school-wide collaborative efforts to combat bullying behaviors in middle schools. The proposed response involves teachers and school counselors' collaboration within a specific organizational structure to foster wellness and safety within the school, thus developing a safe, inviting, and supportive learning environment. Implications for training and for the role of the program within a multifaceted comprehensive school counseling program are discussed.

Bullying is an issue that many students face daily in schools. Oftentimes, these incidents go unnoticed, unrecognized, or unresponded to by school personnel (Olweus, 1993; Intervention Central, 2007). Bullying is defined as an aggressive behavior with the intent to hurt, involves an imbalance of power, and is usually repeated over time (Nansel, et al., 2001; Olweus; U.S. Department of Health and Human Services, n.d.). Between 15% and 25% of U.S. students report being bullied fairly regularly and 15-20% of U.S. students say they have bullied others repeatedly (Wisconsin Clearinghouse for Prevention Resources, n.d.). Research on bullying behavior reveals that it is present in the lives of young people, regardless of culture or educational environment (Carney & Merrell, 2001; Olweus). Although the presence of bullying has long been known, research on bullying in the United States is in its early years (Hoover & Hazler, 1991; Espelage & Asidao, 2001).

This review is a unique exploration of teacher interventions to stop bullying behaviors in educational contexts. The exploration begins with a review of both student and teacher perceptions of bullying, and then attempts to organize, and synthesize existing research to better understand the issues surrounding school counselor and teacher collaboration in intervention for bullying behaviors of adolescents. The perceptions of students, teachers, and school counselors contribute to how bullying issues are understood and currently addressed in schools. Bullying serves as an obstacle for schools in their efforts to create a safe and productive learning environment for students (Wisconsin Clearinghouse for Prevention Resources, n.d.). Research indicates that bullying in schools negatively affects the school atmosphere. In order for a school to yield success in teaching young people, all members of the school community must feel safe (Bauman & Del Rio, 2006). Whole school approaches, emphasizing school counselor and teacher collaboration, are the recommended interventions for addressing bullying behaviors of adolescents.

Teachers, as well as students, may have difficulty distinguishing between what is and is not "bullying" due to the subjective nature of the action. Behavior motivation and context are key factors in determining whether an incident is a conflict or bullying (Reid, Monsen, & Rivers,

2004). Olweus (1993) suggested the difference between conflict and bullying is an “imbalance of power”. An imbalance of power must be present for a bullying situation to occur. “Power” does not only refer to physical differences, but also relates to imbalanced verbal abilities with bullies utilizing a stronger use of language, reasoning, or drive. Since power imbalances are deeper than mere physical characteristics, they are often difficult to notice. Another source of bullying could be one’s status or position, number of supporters, or knowledge of victim’s weak spots (e.g., phobias, family situations, physical challenges) (Olweus; Hazler 1996; Nansel et al., 2001).

In order to understand how teachers and school counselors can collaborate to alleviate bullying issues in educational environments, several issues are used as an outline for the discussion. First, how do adolescent students view the role of the teacher or counselor in intervening in and preventing bullying incidents at school? What are some common teacher and counselor perceptions of bullying? What anti-bullying intervention strategies involving teachers have been shown to be most effective? How can school counselors assist teachers in attacking the problem of bullying in schools?

Stakeholders’ Perceptions and Roles

A recent research review and study suggested parents, teachers, administrators, school counselors, and students perceived and understood the spectrum of bullying differently (Newgent, et. al., 2009). The authors warned the discrepancies between the perceptions of students and educators could result in students feeling unprotected and at-risk within the school environment (Newgent, et. al.). Few studies exist examining school counselors’ perception of bullying behaviors or the violence occurring as a result of bullying in schools. In a study with St. Louis schools, school counselors in suburban schools indicated violence was less of a problem compared to school counselors’ perceptions of violence in urban St. Louis settings (Chambers, Zyromski, Asner-Self & Kimemia, 2010). In addition to research addressing school counselors’ perceptions, insufficient literature exists directly addressing the role of the school counselor among educators, students, and families in regards to bullying interventions (Jacobsen & Bauman, 2007). Later, students’ perceptions of bullying and students’ perceptions of bullying will be reviewed.

Understanding teacher perceptions of bullying can be instrumental in encouraging teacher interventions in bullying incidents (Crothers & Kolbert, 2004). Student perceptions of the classroom/school climate can impact learning and academic achievement, particularly when bullying is commonplace (Yoneyama & Rigby, 2006). Effective anti-bullying programs account for both teacher and student perceptions. Through encouragement and anti-bullying efforts, students learn to view teachers as allies. In the battle against bullying, students may adopt some teacher perceptions, improving the student/teacher relationship (Root, 2005). With a stronger understanding of student perceptions of bullying, teachers can increase their sensitivity toward those affected (O’Moore, 2000).

Students’ Views of the Teacher Role

Telling teachers about victimization yields mixed responses from students. A study by Oliver and Candappa (2007) reveals that although students are typically hesitant to tell adults, they noticed a positive effect telling had on their situation. However, students believe reporting to the teacher, in comparison to other adults, may jeopardize the situation, and more negative results may ensue, especially if their disclosure about a bullying experience is not believed or

taken seriously (Sharp & Smith, 1994; Rigby 1996; Oliver & Candappa). Students believe that telling teachers makes them more vulnerable to retaliation from the bully. Little confidence appears to exist in the school's protection capabilities for victims. Another concern, along with retaliation, is whether confidentiality will be upheld (Oliver & Candappa). As with previous research, young people note their hesitancy to tell adults in general, but more specifically teachers, about bullying they are experiencing. Data suggests that students are more likely to inform their parents and friends than teachers. There is a 'culture of silence' allowing bullying to continue and thrive, particularly in secondary schools (Oliver & Candappa; Smith & Sharp).

Students' views are greatly affected by teachers' behavior management plans. If teachers are not uniform in their management of students, individuals may interpret the incongruencies as an unwritten understanding that various students are treated differently and consistent repercussions for bullying behaviors are not dependable (Reid et al., 2004). Consistent and dependable disciplinary action of school staff against bullying appears to be of great importance to students. This may be particularly critical to students transitioning through middle school and into secondary school. At the same time, young people may respond poorly to interventions that they perceive to be excessive (Oliver & Candappa, 2007). Crothers and Kolbert (2004) found that students are not as optimistic as teachers in regard to currently utilized bullying intervention techniques. Evidence suggests that students are also more likely to view teachers as less useful in bullying situations than teachers view themselves. Differences between students' and teachers' views of teacher involvement may suggest a lack of awareness on teachers' parts of the magnitude of bullying in their schools or possibly students do not report bullying behaviors due to the little amount of faith they have in their teachers' abilities to stop it (Reid, Mosen, & Rivers, 2004).

Teachers' Perceptions

Despite the pivotal role that teachers play in comprehensive anti-bullying programs, very few studies have been conducted that reflect the viewpoints of teachers concerning prevention and interventions of bullying (Crothers & Kolbert, 2004). The few existing studies suggested teachers felt that they nearly always interceded when they observed bullying, contrasting the students view reported above (Reid, Mosen & Rivers, 2004). In fact, a high majority of middle school students in the U.S. report that school staff is unaware of bullying (Baumen & Del Rio, 2006). It seems a discrepancy exists between perceptions of students and teachers regarding bullying interventions.

In a study conducted by Crothers and Kolbert (2004), teachers reported an awareness of the negative perceptions students have toward teacher interventions. Teachers perceived that students are not knowledgeable of the number of bullying incidents that teachers have successfully prevented or intervened in, thus explaining the underestimated view of effective teacher interventions. Teachers attributed the difference in students' acknowledgement of bullying, in general, to involvement. Their perceptions were based on the notion that they have direct involvement after the bullying issue has been raised. Teachers also perceived that students do not have a full understanding of bullying or their rights as individuals in order to identify aggressive behaviors they experience as bullying (Crothers & Kolbert). However, studies show that teachers have a general awareness of those who bully with an inaccurate gauge of the magnitude of bullying (Olweus, 1993; Reid, Mosen & Rivers, 2004). Teachers' perceptions of bullying rates, when compared with students' perceptions, may explain reported lower rates of teacher awareness (Reid, Mosen & Rivers).

Data suggests that teachers lack knowledge about indirect forms of bullying and may not recognize acts such as calling names, spreading rumors, staring with the intent to intimidate, or stealing others' property as bullying (Reid, Monsen & Rivers, 2004; Sharp & Smith, 1994). Some studies suggest that teachers perceive relational bullying, such as social exclusion, as less of a concern than physical or verbal bullying (Jacobsen & Bauman, 2007; Bauman & Del Rio, 2006). This perception is reflected in the data. Bauman and Del Rio reported pre-service teachers' perceived need for teacher interventions varied by 45% between bullying types while perceived seriousness of the incident varied by 71% between bullying types. Those surveyed indicated that relational bullying was less serious than physical or verbal bullying and expressed less empathy for victims of relational bullying and less need for teacher interventions in relational bullying incidents (Bauman & Del Rio). Teachers tend to address bullying that is clear and distinct, such as physical or verbal (Reid, Monsen & Rivers). Educators, caregivers, and students report difficulty in deciding whether incidents are bullying (Hazler, 1996). Teachers often witness perceived victimization but are not confident in their abilities to distinguish bullying from other conflicts, and are, therefore, reluctant to intervene (Hazler, 1997; Rigby, 1996).

Incidents involving physical aggression may appear more obvious to teachers as bullying, and therefore, they may feel that procedures for handling the situation have distinct guidelines to follow. When bullying behaviors are clearly violating defined and posted school behavior protocols, teachers can feel confident in which steps to follow to address bullying behaviors. Schools often attempt to post clearly defined school protocol to address the bullying, however, the subjective variance in the assessment of bullying as perceived by teachers often results in inconsistent responses to bullying behaviors. Relational or emotional bullying may involve an element of obscurity, making it more difficult to identify (Bauman & Del Rio, 2006). Relational bullying must also be inferred by the observer. This may explain the hesitancy that teachers may feel when using their subjective view to take action against the perpetrator (Bauman & Del Rio). The feelings of uncertainty that teachers face pose a challenge to effective interventions (Rigby).

Commonalities Among Anti-Bullying Programs

Rigby, Smith and Pepler (2004) note that a 'whole school approach' is the basis of successful anti-bullying policies in schools, and other researchers agree (Soutter & McKenzie, 2000). These policies or programs describe how the school will take action against bullying individually, in the classroom, and school-wide. They often outline approaches to discourage bullying behavior and to assist victims of bullying at school (Rigby, Smith & Pepler). The bullying intervention/prevention program developed by Olweus in 1983, which includes interventions at the individual, classroom, and school levels, is the foundation of many anti-bullying programs (Olweus Bullying Prevention Program, 2003). An authoritative adult-child interaction model serves as the foundation of the Olweus program, incorporating clear, consistent, and fair rule implementation (Olweus, 1993). Reid, Monsen and Rivers (2004) suggested it is important school staff and caregivers ensure students adhere to the rules of a comprehensive bullying prevention/intervention program by enforcing the rules in a fair and consistent manner. Within the Olweus program, student interventions are taught individually or in small groups. Teachers and other school personnel are the focus of classroom interventions while measures are taken to address the whole school atmosphere (Crothers, Kolbert & Barker, 2006).

However, many general strategies for educators to use to attack bullying exist in the literature. The following general suggestions are stated in Batsche's (1997) book chapter:

- share facts about bullying,
- provide accurate information about aggression,
- utilize a school-wide survey of bullying,
- create student behavior policies with the collaboration of students,
- offer individual and/or group counseling for students involved in bullying, which may include social skills or assertiveness training or building self-esteem,
- collaborate with parents while developing anti-bullying strategies,
- develop an understanding of objective observations of peer behavior, and
- encourage ownership in the process by communicating the expected outcomes of the anti-bullying program with teachers and students (Carney & Merrell, 2001).

In addition, the Department of Education in Ireland compiled a list of components for school bullying policies that includes:

- develop a school climate that incites open communication of bullying,
- increase the knowledge of bullying among school personnel, students, and parents,
- appropriately monitor students in all school settings,
- create protocol for documenting and reporting bullying behaviors, and
- create protocol for handling bullying incidents (O'Moore, 2000).

More specifically, most anti-bullying programs include preventative measures as well as interventions, such as developing a positive classroom environment in part through mutually agreed upon class rules and maintaining open communication with caregivers (Beane, 1999; Olweus, 1993; Rigby, Smith & Pepler, 2004; Sharp & Thompson, 1994). Creating an open classroom environment where students are encouraged to contribute to the establishment of class rules and work toward solutions to relationship issues in the class reduces bullying behaviors (Crothers, Kolbert & Barker, 2006; Olweus). Hazler (1996) emphasizes the importance of teachers allowing students to develop and take ownership in a plan of action to deal with bullying.

Teachers are also encouraged to contact parents or caregivers of bullies and victims in order to search for deeper reasoning behind the presenting bullying issue (Crothers, Kolbert & Barker, 2006). Teachers must routinely communicate with parents of students with bullying behaviors (O'Moore, 2000). Another commonality among programs involves interventions that educate and support students (Carney & Merrell, 2001). Crothers and Kolbert (2004) suggest that students have a need for a better understanding of the language required to have a dialogue about bullying. All individuals involved should have a mutual understanding of bullying as well as a shared and consistent approach to educating students and handling bullying behaviors (Soutter & McKenzie, 2000).

School Counselor and Teachers Together

The role of school counselor is important in the development of safer school climates. If bullying is less prevalent, students, particularly those in middle school, will have a more positive school experience. Some educational policies that address bullying behavior clearly imply

action on the part of the counselor, such as the guidelines set forth by the Department of Education in Ireland. They include the following: devising a support network for students negatively impacted by bullying behavior as well as those participating in bullying, collaborating with a variety of local agencies to deal with bullying, and assessing the success of an anti-bullying program (O'Moore, 2000). Further, many of the general strategies to combat bullying reviewed above will only be successful with strong collaboration between school counselors, bullying program leaders, and teachers, the front lines of bullying interventions. General strategies involve teachers and school counselors teaming together. These strategies include distributing accurate information and facts about bullying, ensuring consistent student-created behavior policies are enforced school-wide, and identifying students who could benefit from additional group counseling, social skills training, or assertiveness training. All these lead to the development of a positive, safe, and open school climate (Batsche, 1997; Carney & Merrell, 2001; O'Moore, 2000).

As the position of school counselor evolves, teacher consultation becomes a growing portion of the position (Maag, 1994). Building strong relationships between teachers and counselors requires involving teachers in creating and putting school counseling programs into action (Clark & Amatea, 2004). Teachers pursuing consultation tend to choose consultation with a collaborative nature (Hoskins, Atramovich & Smith, 2007). Teachers value collaboration with counselors and desire counselor support (Clark & Amatea). Collaborative consultation allows teachers and school counselors to take ownership in the problem at hand. By working together in this manner, teachers are less likely to feel that outsiders doubt their abilities to handle situations in their classroom (Idol, Paolucci-Whitcomb & Nevin). Not only can teachers share useful information with school counselors but they can also feel supported knowing that the school counselor is part of the same team (Davis & Garrett, 1998).

Teachers typically concentrate on individual students and their own classroom whereas counselors view the school setting holistically. For teachers, direct contact with students occurs daily. Hence, teachers may be more likely to see changes in student behavior that may imply academic or social/emotional changes or issues that need to be addressed (Clark & Amatea, 2004; Maag, 1994). Together, the school counselor and teacher can address the problem before it worsens (Maag). Regardless of the valuable information and feedback teachers can give counselors, teacher perceptions are often disregarded when school counselors revise, plan or implement guidance programs (Beesley, 2004). School counselors must design school counseling programs utilizing teachers to revise and develop counselor services (Beesley).

School counselors also are required by the American School Counseling Association's National Model (ASCA, 2005) to meet students' needs, especially those resulting in crisis, such as the consequences of bullying. Education helping students identify positive life choices (7.1), helping students overcome barriers to their development (7.2), and ensuring bullied students, as well as students that bully others, receive appropriate interventions (7.5) are vital components of comprehensive school counseling programs approach to combating bullying behaviors in schools. These comprehensive efforts should be collaborative (7.4), and can include delivery services such as classroom guidance, small groups, crisis counseling, or the facilitation of program development. Many aspects of school counseling interventions can be built with teacher partnerships as foundation aspects of the programs.

School Counselors, Teachers, and Bullying Programs

Research supports the implementation of holistic anti-bullying programs (Smith & Sharp, 1994; Hoover & Oliver 1996; Olweus, 1993). School counselors, teachers, and administration all play significant roles in the implementation and maintenance of such programs. An additional aspect of effective interventions is the commitment level of teachers to the anti-bullying efforts (Pepler, Smith & Rigby, 2004). The success of comprehensive programs relies on strong leadership and commitment from school officials, including school counselors, principals and boards of education (O'Moore, 2000; Beane, 1999; Sharp & Thompson, 1994). A complete review of bullying programs is not a focus of this review. Although many bullying programs exist, to truly integrate a holistic approach, teaming teachers and schools counselors, is suggested here. Intertwining various aspects of the Olweus Bullying Prevention Program (Olweus, 1993) with complimentary components of Tattum's Program (Carney & Merrel, 2001) will result in a clearly defined, comprehensive program, incorporating counseling approaches, conflict resolution skills, and clear, consistent and fair boundaries within the school (Rigby, Smith, & Pepler, 2004). The Olweus Bullying Prevention Program has been recognized by both the US Department of Justice (Center for the Study & Prevention of Violence, 2004) and on a national level in Norwegian schools (Olweus, 2004). Teachers and school counselors work together within the program to focus interventions within the classroom (Crothers, Kolbert & Barker, 2006), while additional measures are taken to address the whole school atmosphere.

School counselors play an important role in The Olweus Bullying Prevention Program. As professionals within the school, school counselors are called upon to design and organize groups for collaboration and consultation with teachers and parents and to deal with more serious situations (Carney & Merrell, 2001). Involvement in the school conference day and discussion meetings at the school level is vital. School counselors may contribute at PTA meetings by presenting general information about bullying, the effects, and the causes. Olweus (1993) suggests that school counselors join teacher meetings geared toward discussing bullying issues. School counselors may be able to give useful information to teachers dealing with ongoing bullying problems in the classroom. In some instances, it may be beneficial to include the school counselor in the regular teacher-led class meetings with students (Olweus). Interventions by the school counselor on the individual level are inherent in the description of the position. It is clear that the program emphasizes action on the part of teachers and parents with support from school counselors and other school officials. Evaluation of the effectiveness of bullying interventions is an important part of any intervention.

Conclusion

Research suggests a discrepancy exists between teachers and students perception of the problem of bullying (Baumen & Del Rio, 2006). Currently, students don't seem to trust the classroom environment enough to communicate their feelings of helplessness. To help students overcome the culture of silence impeding their communication of bullying (Sharp & Smith, 1994; Rigby 1996; Oliver & Candappa, 2007), teachers and school counselors need to collaborate together to implement a hybrid bullying intervention program founded on general bullying interventions (Batsche, 1997; Carney & Merrell, 2001; O'Moore, 2000), but enhanced with intertwining aspects of the Olweus Bullying Prevention Program (Olweus, 1993) and Tattum's Program (Carney & Merrel, 2001). Teachers desire consultation and support in their intervention efforts (Clark & Amatea, 2004; Hoskins, Astramovich & Smith, 2007). Increasing the collaborative partnership between teachers and school counselors offers many effective and beneficial outcomes to students. This partnership clarifies misperceptions of bullying for both

students and teachers, provides a clear, systematic approach to combating bullying in the classroom and school environments, and provides support to teachers on the front lines of bullying interventions. Additionally, it adds to creating a safe, healthy, and positive environment for students and teachers to learn and grow.

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School Counselor Advocacy: Helping the Undocumented Student

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Advocacy has had a long history in the field of professional counseling, but advocacy as it relates to the role of the school counselor has only recently received the attention it deserves (Trusty & Brown, 2005). The American Counseling Association recently endorsed the advocacy competencies and this underscores the relevance of advocacy to the counseling profession (Ratts, DeKruyf, & Chen-Hayes, 2007), and the imperative to adopt social justice advocacy has been highlighted by national organizations such as the American School Counselor Association (ASCA, 2005) and the Education Trust (2006). There are numerous definitions of advocacy, but most would agree that a comprehensive definition of “advocacy involves identifying unmet needs and taking actions to change the circumstances that contribute to the problem or inequity (Trusty & Brown, 2005, p. 259). The ASCA National Model sees advocacy as a key component in the role of the school counselor and identifies the goals of advocacy to include promoting equal access to educational opportunities for all students and eliminating barriers that would stand in the way of every student achieving his or her full potential (ASCA, 2005).

The future of undocumented students has been an issue of some controversy for the past years. There has been fierce opposition to legislation which would provide an avenue for currently undocumented students with no criminal record to obtain conditional residency upon graduation from high school if they were brought to this country before they were 16 years old (Friedman, 2007). Children account for approximately fifteen percent of the undocumented immigrants living in the United States and every year approximately 65,000 undocumented students graduate from high school. These students have lived in the U. S. for five years or longer, yet they are ineligible for a majority of financial aid opportunities and, thus, only a fraction of these students continue on to postsecondary education (Gonzales, 2009). Those that do face numerous challenges as they attempt to continue their education beyond high school. These barriers typically fall into three main areas of concern: gaining admission, paying in-state tuition, and having restricted financial aid opportunities.

Barriers to Higher Education

Admission

Many undocumented students simply assume that they cannot legally go to college in the United States. However, this is not the case:

“There is no federal or state law that prohibits the admission of undocumented immigrants to U. S. colleges and universities, public or private, nor does federal or state law require students to prove citizenship in order to enter a U. S. institution of higher education” (College Board, 2011, para. 3).

Yet, the guidelines on admissions policies at institutions of higher education vary throughout the country. Some schools require proof that students are legal residents and refuse admission to undocumented students. Some schools will admit undocumented students, but treat them as international students and do not allow them to pay in-state tuition (College Board, 2011).

Tuition

Once an undocumented student has been accepted into an institution of higher education, the next question is how much money the students will pay for their education. Many state universities charge undocumented students the out-of-state tuition rate (which is sometimes double the cost of in-state tuition), even if the student is a longtime resident of that state. Enforcing such a policy could make college out of reach financially for many undocumented students. Several states have enacted legislation which provides in-state tuition for undocumented students, but this policy lacks widespread acceptance.

Financial Aid Availability

Once an undocumented student has been accepted into an institution of higher education and has, hopefully, received the lowered in-state tuition, students then confront the barrier of funding their education. Undocumented students cannot legally receive any federally funded student financial aid including loans, grants, scholarships, and work-study programs. In many states, the students are also not eligible for state financial aid (College Board, 2011; FinAid!, 2011).

There are many sources of advice school counselors can offer students to help them with financial aid difficulties. For example, instead of completing the Free Application for Federal Student Aid (FAFSA), the undocumented student should complete the financial verification forms given by each institution since the FAFSA is a federal document. If, however, the student is legal but the parent is not, the parent can enter all zeros for the parent portion of the FAFSA.

Is Hope in Sight?

Illinois is one of ten states (along with California, Kansas, Nebraska, New Mexico, New York, Oklahoma, Texas, Utah, and Washington) that has passed legislation to allow undocumented students to pay in-state tuition under certain circumstances (College Board, 2011; FinAid!, 2011).

Federal legislation introduced by Senators Richard Durbin (Illinois) and Richard Lugar (Indiana) and Representatives Howard Berman (California) and Lincoln Diaz-Balart (Florida) would offer real hope to scores of undocumented students. The “DREAM” Act (the “Development, Relief and Education for Alien Minors” Act) was first introduced to Congress in 2001 and was reintroduced to the U.S. Senate and the US. House of Representatives on March 29, 2009. If enacted, this legislation would provide a mechanism whereby undocumented students having resided here since childhood could apply for permanent resident status if they graduate from high school and go on to college or military service (DREAM Act Portal, n.d.). The Dream Act would offer a way for 360,000 high school graduates to legally work or attend college in the U.S. and would provide incentive for hundreds of thousands of other students to finish their high school education (Gonzales, 2009).

Opponents of the bill argue that the DREAM Act would further increase illegal immigration, but a look at the effects of past legislation do not appear to support this apprehension. The 1986 Immigration Reform and Control Act granted amnesty to nearly 2.7

million undocumented immigrants. Immediately following the passage of the bill the number of individuals apprehended attempting to cross the U.S./Mexico border illegally actually declined, and findings suggest that long-term patterns of undocumented immigration from Mexico did not change (Orrenius & Zavodny, 2003).

How can school counselors help?

School counselors may not be aware of the needs of undocumented students because they do not have information on whether students are documented or not. Fear of deportation may prevent many students from volunteering such information. Counselors can make it standard practice to address the post-secondary needs of both documented and undocumented students, offering students the opportunity to obtain the necessary information without disclosure. Such information could be a standard part of post secondary planning assistance in high school. The following provides some ideas for supporting students.

Fostering trust, respect, and communication

Immigrant populations are often rightly suspicious of “official” organizations like schools. The precursors to advocacy are often trust and communication, and school counselors should make every effort to ensure that they establish strong working relationships with immigrant students and their families. Counselors and administrators should pay attention to ensuring that the staff reflects the demographics of the populations they serve and that native speakers of the language are available. School-based small group interventions can be facilitated so that students can readily establish a support network. Parent-teacher organizations can be mindful to provide information that would be useful to immigrant families. Contacts with community agencies and churches that support immigrant populations can help under resourced families with needs (e.g., food, shelter, legal aid, etc.) that must be met before the goal of higher education can gain their full attention. Counselors should also be knowledgeable about how well institutions of higher learning serve Latino students. A recent analysis done by The Education Trust (2010) shows that private institutions graduate higher proportions of Latino students on average than public institutions (65.7 percent and 47.6 percent respectively). Yet, about 80 percent of Latino students in this study attended public colleges and universities. The various institutions represent a wide disparity in the gap between graduation rates for Latino students versus white students. A counselor’s attention to this fact can help provide a better college “fit” for Latino students and greater success rates (American Enterprise Institute for Public Policy Research, 2010). College Results Online (www.collegeresults.org) is a useful resource in comparing the graduation rates of similar colleges serving comparable students and learning about colleges’ track records in graduating diverse groups of students.

Directing students to resources

The Latin American Recruitment and Educational Services (LARES) Program makes its home at the University of Illinois at Chicago. LARES seeks to empower students by offering growth and educational opportunities to Latino students. It has been in existence since 1975. LARES publishes newsletters and resource guides that can help Latino students navigate their college experience. LARES also offers a mentorship program, tutoring services, and summer workshops for interested students. Additional information can be found on their website (LARES, 2011). Students can also network with other undocumented (and documented) students by joining the on-line group Alliance Students Educating and Inspiring other Students (ASEIS).

ASEIS is an on-line group that seeks to “educate, empower, and inspire” fellow students about resources and possibilities in pursuing their education. Interested students can explore and join the group at the following URL, <http://groups.google.com/group/aseisillinois>.

Latino Youth Collective is an example of a project focused on the empowerment of undocumented students. This project, as well as others, has helpful recommendations for undocumented students applying to college. Some of these recommendations include specific suggestions for completing application forms. For example, any questions that a student cannot answer (such as the social security number of the student or parent) should be left blank. Students should answer all other questions, submit the application to the college(s), and wait for the admissions office to respond. In most cases, the admissions office will contact the student regarding any missing information, and students should then calmly and honestly explain that they do not have a Social Security number and are not permanent residents or citizens of the United States, but that they are a resident of Illinois and will graduate from an Illinois high school. Included should also be information on how many years they have lived in Illinois and with whom they have lived. Students should let the admissions representative know that they will adjust their residency status as soon as possible. They should also ask to speak with a multicultural student recruiter or anyone who specializes in working with undocumented students. If more help is needed, the students should contact the Mexican American Legal Defense and Educational Fund (MALDEF) at <http://www.maldef.org>. MALDEF has its Midwest regional office in Chicago at 11 East Adams (Suite #700). The Midwest office offers the Parent School Partnership (PSP), which has been in existence since 1989, and seeks to empower parents to become advocates for their children’s education and to become change agents in their communities.

The following organizations provide information and resources for immigrants and undocumented students:

Organization	Website URL
ASPIRA Inc. of Illinois	http://www.aspirail.org
Congressional Hispanic Caucus Institute	http://www.chci.org
Educators for Fair Consideration	http://www.e4fc.org
Federal Resources for Educational Excellence	http://free.ed.gov
Get Ready for College	http://www.getreadyforcollege.org (enter undocumented students in search field)
Illinois Coalition for Immigrant and Refugee Rights	http://www.icirr.org
Organization	Website URL
National Immigration Law Center	http://www.nilc.org
Pew Hispanic Center	http://www.pewhispanic.org
Urban Institute	http://www.urban.org/immigrants/index.cfm
U.S. Citizenship and Immigration Services	http://www.uscis.gov

Awareness of Scholarship Opportunities

While undocumented students are ineligible for federal and state scholarships, there are scholarship opportunities available for these students. Counselors should be aware of the following sites and offer assistance to interested students:

Organization	Website URL
Congressional Hispanic Caucus Institute	http://www.chci.org/scholarships
HACU National Internship Program	http://www.hacu.net/hnip
Hispanic Association of Colleges and Universities (HACU) Scholarship Program	http://www.hacu.net/hacu/Scholarships.asp?SnID=1346983282
Hispanic College Fund	http://www.hispanicfund.org/programs/college/scholarships
Hispanic Scholarship Fund (HSF)	http://www.hsf.net
La Alianza at Harvard Law School (formerly known as the JD Foundation)	http://hlsorgs.com/alianza/
LARES Scholarships	http://www.lares.uic.edu/scholarships.php
LINC TELACU Education Foundation	http://www.telacu.com
MALDEF Scholarship List (Multiple Listings)	http://maldef.org/leadership/scholarships/index.html
Migrant Scholarships	http://www.migrant.net/migrant/scholarships.htm
National Peace Essay Contest (Grants & Fellowships)	http://www.usip.org
Scholarships for Latino Students	http://www.latinocollegedollars.org
Scholarships for Hispanics	http://www.scholarshipsforhispanics.com
Scholarships for Undocumented Students	http://www.getreadyforcollege.org/pdfGR/ScholarshipsUndocumented.pdf

Complying with the Law and Supporting Educational Rights of Undocumented Students

Plyler vs. Doe, a 1982 Supreme Court case, guarantees undocumented students the right to attend K-12 public schools under equal protection provisions of the 14th Amendment. In order to comply with *Plyler vs. Doe*, schools should guard the confidentiality of immigration status and assign a school-generated I.D. number. Schools should be able to ask for proof of residency, transcripts to verify age, and immunization documentation, but may **not** refuse to enroll a child because the parent does not provide a birth certificate, social security number, or documentation of immigration status. Questions that would force a family to expose immigration status must also be avoided, and students cannot be treated differently or refused participation in programs based on immigration status. Schools must allow participation in special programs such as Headstart, Special Education, Bilingual Education Program, and the Emergency Immigrant Education Program. Schools must allow families to participate in the Free and Reduced Meal Programs and inform them, that while a social security number is asked for, it is **not** required. Schools may not contact immigration and customs enforcement (ICE) about undocumented

students nor allow ICE access to the school without a warrant or subpoena (Advocates for Human Rights, 2006).

Conclusion

Presently, school counselors are very limited in their ability to help students become documented. The school counselor can refer students to qualified immigration lawyers and resources within the community, or help families locate their paperwork in the application process, if they have submitted an application. Advocating on behalf of all undocumented students, such as contacting local representation on behalf of the DREAM Act is one action counselors can choose to do.

School counselors strive to help each student reach his or her full potential. Education is the foundation of that potential. While there may be controversy surrounding the topic of access to education for undocumented students, “. . . the American people will realize that undocumented immigrants are a valuable national resource that should be tapped rather than rejected—for reasons of pragmatism, equity, civil rights, and humanitarianism” (Drachman, 2006, p. 99). School counselors are often in the position to help undocumented students achieve their goals.

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The Emotional Power of the Therapeutic Alliance: What School Can't Teach You

Amy Freed

Abstract

This piece, prompted by my confusion about the emotions I was experiencing concerning my clients as a beginning clinician, was first written as a presentation for new therapists at the Illinois Counseling Association conference in November of 2000. It was a self-serving exercise, in a sense, because I needed answers and I wasn't able to find them from my supervisor at the community counseling center in which I worked nor from the books, articles and lectures notes from graduate school.

Once done, I thought it important to share the information with beginning clinicians so they could post it on their "mental bulletin board" for when they too began searching for answers regarding their experience and perhaps finding none. While its message is still timely for novices today, it also serves as a reminder for seasoned therapists of how important the "real relationship" is to the process of healing and how we can easily lose ourselves in it if not constantly regulated.

My clients at the community counseling center were adults between the ages of 18 and 65, presenting with a wide range of concerns from adjustment disorders to severe personality disorders. It was with these clients that I began to experience a very important component of the therapeutic alliance, the real relationship. That is, the relationship between two people, two human beings, and not simply a relationship between a therapist and a client. I was amazed at the power this relationship has and its overwhelming impact on the healing process.

This discussion of the real relationship is a composition of my experience and some literary research I have done specifically for this piece. However, I am certainly no expert. I am a beginning clinician who felt that something was missing in my training and wanted to explore it further. What I am hoping is that, after you have read this paper, you will think of your own examples, process them, and discuss them with your peers and supervisors. The purpose is to help you understand how essential the real relationship is to the therapeutic alliance and how to create and maintain its delicate balance.

We chose to enter this profession for a reason and it certainly wasn't the money. We likely entered it because we care about people. We likely entered it because we are human beings, with feelings, thoughts and concerns, who have compassion for other human beings with their own feelings, thoughts, and concerns. From my experience, it is not until we actually begin the work that we see this powerful connection between two people and how tricky it can be at some moments to find the balance between being authentic and maintaining boundaries. It is this balance that not only protects both the client and clinician but also facilitates healing.

In school, we learn about the therapeutic alliance in terms of transference, countertransference, projective identification, and various concepts that are supposed to make up

the real relationship such as trust, empathy, cooperation, mutuality, and authenticity. I will briefly explore the concepts of transference, countertransference, and projective identification, and then elaborate on the real relationship and its various dynamics.

I learned that transference is a displacement of patterns of feelings, thoughts, and behaviors, originally experienced in relation to significant figures in a person's childhood, onto the therapist. Basically, the therapist is the next relationship in the client's life. Sigmund Freud, the theorist behind the concept of transference, thought that a positive transference was the only component necessary for a successful therapeutic alliance. He more or less believed that everything significant occurring between a therapist and a client was transference, so in essence, nothing was real or in the moment.

In fact, Freud worked very hard in therapy to prevent any *real* interaction between himself and the client. His use of the couch, where the client is lying down and he is sitting upright behind him or her, avoiding eye contact, suggests an environment of separation, hierarchy, and often, domination. Freud reported that minimizing the external stimuli, allowed the therapist to be a blank screen and the client to free associate, a "spontaneous unfolding from within" (Aron, 1990). One has to wonder, though, if Freud's use of this technique was actually because he was afraid of the "real relationship." As much as the real relationship can be rewarding, it can also be scary. It has the potential, and I emphasize the word *potential*, to leave the therapist emotionally drained. Freud's unconscious thoughts about why he chose the techniques he did are for a different discussion but I will discuss the idea of the therapist's emotional vulnerability in more detail later.

I had a professor who told us that in every individual therapy session there are at least six people in the room. There is the client, the client's parents, or significant caretakers, symbolically sitting on the client's shoulders (transference) and the therapist with his or her parents, or significant caretakers, sitting on his or her shoulders. The latter is my understanding of countertransference. It is the therapist's reaction, based on his or her own "stuff," to the client's material. While I have heard countertransference defined as the therapist's response to the client's transference, for this discussion, and for my understanding in general, countertransference is to the therapist what transference is to the client. This same professor explained projective identification, a concept developed by Klein (1932), in terms of the client taking a "toxic psychological dump" into the therapist. In short, it is the idea that the client has a part of his or herself that is unacceptable and in order to get rid of it, he or she "dumps" it into the therapist who may or may not identify with this "dumped" material.

For example, I had a client who was severely abused as a child. After she had been hospitalized for suicidal ideation for the first time, I was helping her obtain some money since she had missed a week of her non-salaried job and needed to pay rent and buy food. On the day the money was supposed to arrive in the mail, a Friday, it did not come. Needless to say, my client felt helpless and worthless, congruent with her experience as a child. These overwhelming emotions were too much for her to tolerate. As a result, she ended up "dumping" these unacceptable feelings into me, yelled at me, and told me something along the lines of how I had completely failed her and how she hoped I enjoyed my dinner that night with my husband because she wouldn't have anything to eat and would be sitting all alone in her apartment. I left for the weekend feeling abused, completely overwhelmed and helpless. It wasn't until I had processed the incident that I realized that this is what she must have felt like, on a much larger scale, her whole life. After experiencing those emotions to the intense degree that I did over that weekend, I had some basic understanding of the enormity of her life experience.

Now, my professor would say that the above is the perfect example of projective identification. I agree, but here's the thing, the feelings I felt were *real*. I spent a lot of the weekend thinking and worrying about her, just like she wanted me to. I did so because I am human and I truly cared about my client. I am not sure that, if I had been conscious at the time that this was projective identification, the feelings I felt would have been any less real. They may have been less intense, and I may have been able to use the experience as a therapeutic tool sooner rather than later in our therapy, (which I will discuss further), but not any less real.

So, this leads us to the real relationship, the focus of this paper. In school, at least for me, this discussion was very a technical one, including detailed definitions of trust, empathy, mutuality, and authenticity and how they typically worked in the process. Lazarus (1993) suggested:

“Relationships of choice” are no less important than “techniques of choice” for effective psychotherapy. A flexible repertoire of relationship styles seems to enhance treatment outcomes. Decisions regarding different relationship stances include when and how to be directive, supportive, reflective, cold, warm, tepid, formal or informal. If the therapist’s style differs from the patient’s expectations, positive results are unlikely. (p. 404)

It reminds me of the children's game where you put your hand over your face and present the child with a new exaggerated expression each time you move your hand.

The lessons taught in school seem to give students the tools, but not an appreciation of the effect they can have when we use them. We understand them intellectually but not emotionally. Perhaps schools can't really elaborate on this concept because it is totally experiential and very individual, depending on the client, the therapist, and their unique interaction.

As a result, I am not sure there is an absolutely right way to discuss this topic but the authentic connection between two human beings in therapy is an important one and needs to be addressed. Future therapists need to be informed that not only is it okay to be real—to feel real emotions, to react positively or negatively in the moment, to laugh, to cry, to openly express an authentic reaction to your client—but that it is a necessary factor for successful treatment.

My face is very expressive. I couldn't be a blank screen if I tried. I once had a client who described the physical and emotional abuse he experienced as a child, and without realizing it, my eyes began to water. This experience wasn't about his transference or my countertransference, it was about one human being caring for another, hurting because a fellow human being was hurt.

However, my first reaction was that I had revealed too much of the “real” me. I was afraid I had scared the client, suggesting to him that I couldn't handle his trauma. While my reaction was genuine, my fear that I had scared my client and made him feel unsafe, turned out to be my countertransference. I felt I had failed as a therapist. The week after, I asked him about his experience concerning my crying and he reported that in actuality, not only did he feel safe, but he felt more connected to me because he knew I cared. Even though I may never had experienced abuse like his, my crying revealed that I understood, to some degree, how painful it was for him.

Aron (1996) discusses the concept of a two-person psychology. To give you some idea of this concept, Aron explains that Freud's theory and techniques were considered to be a one-person psychology. The focus was solely on the client and his or her inner world. In the 1950's,

Michael Balint coined the term “two-person psychology” to express how therapy is a “two-body experience....describ[ing] events that take place between two people” (Aron, 1996, p. 47).

Aron discusses how mutuality is the one of the most important concepts in therapy. In school, I learned that mutuality in the therapeutic relationship is the idea that the therapist and the client are working towards the mutual goal of making the client healthier. While this is definitely a part of mutuality, as we begin the work, we realize that this isn't the whole picture. There is mutual participation, mutual empathy, mutual negotiation, and so on.

Hoffman (1994) describes mutual participation as the self-expressive, spontaneous interaction of both client and therapist. He posits that just as the client is encouraged to be self-expressive and spontaneous, so too should the therapist. Therapists should feel comfortable deviating from the “book,” as he calls it, “in order to respond to [the clients] as unique individuals” (p. 192).

When this occurs, a client feels recognized as an individual with individual concerns, experiences, and feelings. In addition, the therapist is showing the client that he or she is willing to be emotionally vulnerable and not afraid of engaging in a real relationship. Specifically, the therapist is showing the client that he or she is not afraid of relating to the client as a person rather than an object. An example of this was the one I described to you about my crying in response to my client's description of his abuse and his response to my crying.

Concerning mutual empathy, Aron writes, based on a study done in by Surrey, Kaplan and Jordan (1990), that people in general have a “developmental need... for empathy and to be empathic with others” (Aron, p. 129). He quotes Ferenczi (1932) who stated:

A last, not unimportant factor is the humble admission, in front of the patient, of one's own weaknesses and traumatic experiences, and disillusionments. Indeed, we gladly allow the patients to have the pleasure of being able to help us, to become for a brief period, our analyst, as it were, something that justifiably raises their self-esteem. (p. 130)

I was working with a client who had a dependent personality disorder and incredibly low self-esteem. She felt worthless because she was treated as such by her family when she was a child and then by her husband who was, at that time, having a baby with another woman but didn't want to leave my client. In February of last year, I was in session with her when there was a knock on my door. It was the secretary, notifying me that my husband was on the phone and it was an emergency. I stepped out from the session to speak with him and to find out that his grandfather had just passed away. He was crying, which made me very emotional. After a few minutes, I went back into the session, apologized to my client for leaving, and explained the situation.

My client proceeded to comfort me and discuss her own experiences with loss, especially the loss of her grandmother, the only person who valued my client. In that period of time, my client's whole body position changed. She sat upright, but leaned in towards me to hold my hands. Her energy changed, she became more active and took control over the situation.

She returned the next week with a sympathy card for “Amy and her husband.” The next session, we talked about her experience and she reported that for that moment, someone needed her. For that moment, she was valuable and could offer something to someone because she wanted to and not because she thought she had to be loved.

Along these lines of mutual empathy, it is okay, actually it is more than okay, it is beneficial to let your clients know when you don't know what it is like to be them. I don't know what it is like to be African-American or homosexual or a pregnant teen. Sure, I know what it is

like to feel like an outsider, or to feel scared or alone, but not within those contexts. In these instances, I ask my clients to teach me about what it is like. Not only is it showing them that I don't presume to know everything, but it is showing them that even though I don't know, I care enough about them to learn. Also, it is empowering for them to be able to teach me about their experiences: it reinforces the idea that this is not a one-person psychology.

Finally, Aron discusses the notion of mutual negotiation. He provides a beautiful example of this in that a supervisee of his consults with him about a client who was suicidal and who needed, she felt, a psychiatric consultation. The therapist spent time with the client discussing this and even arguing about it. Eventually, the client accused the therapist of acting in her own best interest rather than in his. In response, the therapist reported she became more defensive and more insistent.

Aron suggested to her that she explain to her client that he was absolutely right in certain respects. She should explain that she was indeed anxious and that, as his therapist, she had certain legal, professional, and ethical responsibilities. She should tell him that she just cannot listen carefully to the client or think clearly while she is so anxious. Therefore, she would do whatever was necessary to alleviate her own anxiety, get him a psychiatric consult, inform his relatives, whatever was necessary to take care of her own anxiety. This was something the client needed to do not only for his own good, but for hers as well. At that moment, she needed him to help her keep her anxiety at a manageable level so she could be free to work at her best with him.

Aron (1996) points out that not only does this show that the therapist cares about the client but also that the client has an opportunity to help the therapist help him. In addition, it allows the client to see the therapist as a separate individual who will take care of her own needs when necessary. This too speaks to the idea of boundaries.

I had a client who would occasionally come into session very angry, agitated, and demand that I tell him I care about him. The first few times it happened, I was taken aback, and would come up with all of the interventions I was taught to come up with in school: "What is going on for you right now that you feel the need to demand this response from me?" "Where did your anger come from?" "What does my caring about you mean to you?" These types of responses just led to more of a struggle and made the client angrier and angrier. One day, my reaction to his demand was one of anger and I told him so, "I do care about you but right now I don't like the way you are treating me. I am giving you the answer you want because I feel desperate to not only relieve your anger and agitation but mine as well."

The client looked at me, surprised, and commented on the parallel process of his feeling desperate. It turned out that every time he came in demanding that I tell him I cared about him, he was coming from a visit with his adoptive parents who had been abusive to him as a child; the father physically and the mother sexually and emotionally. He reported that his father would tell him he cared about him but then turn around and smack him across the face. When he was 14 or so, his mother decided that the sexual abuse was inappropriate and pulled away from him, leaving my client to think his mother didn't care about him anymore.

And that is where I came in, he was desperate to find one person who cared about him, where the compassion was genuine and unconditional and he didn't know how to get it any other way. While his initial response to me can be considered transference, my reaction to him was real. It was my acknowledging the real feelings and thoughts in the moment that resulted in a major piece of the healing process.

From my experience, the real relationship between the client and the therapist is not only inevitable but has an important curative power. It is a relationship where a client will receive

unconditional support; where he or she can make another person angry and not fear abandonment or abuse; where he or she can help another person and feel valued; and, where he or she is recognized and responded to as a unique individual. And, it is a relationship that is mutual.

But, as Aron points out, mutuality does not automatically mean equality. Yes, we therapists are influenced, moved, and changed by our real relationships with clients, but the relationship is inherently asymmetrical because of the differences in our roles, functions, and responsibilities. As Irwin Hoffman suggests, clients need to experience the hierarchy, the sense that they are going to someone who has some expertise, in order to have hope that their situation will change.

The therapeutic relationship is like no other. It is emotionally intimate, but it is not a friendship, or a love relationship. It is educational, but it is typically more intimate than a teacher-student or supervisor-employee relationship. *In order for therapy to work for both client and therapist, the subjective experience, the real relationship, needs to occur within a clearly defined and technical intervention.* In other words, the relationship must have boundaries. Inherent in the relationship are the practical boundaries determined by role differentiation, as mentioned a few minutes ago, time schedule, fee structure, and the legal and ethical guidelines set forth by the American Counseling Association (ACA, 2005).

In addition, there are emotional boundaries that only we, as therapists, can set for ourselves. Without these boundaries, the relationship has a possibility of becoming one of merger or fusion, which is ultimately not safe for the client nor for the therapist. By allowing ourselves to be emotionally vulnerable to their experiences both past and current, which, as I have discussed, is a necessary component of therapy, there is the possibility of getting lost in their struggle, of falling into the pit with them. However, clients need something to cling to, a life raft to pull them out of their abyss. If we fall in, who will help *them* now? Who will help *us* now? There is no correct answer in terms of how to create and set these emotional boundaries. The truth is that they are different for each therapist, each client, and each interaction between the two. What I can do, however, is provide you with some guidelines, based solely on what I have found to be helpful, for you to consider in your treatment.

First, when you are just getting to know a client, make your boundaries a little tighter than you might otherwise. This, by no means, suggests you should be frigid or withdrawn: if you are, you will likely lose the client. However, it is important to know your client's needs before you allow yourself to be emotionally vulnerable.

Specifically, if your client has Axis II pathology, such as a borderline, antisocial, or histrionic personality disorder, you will most likely keep your boundaries a little tighter throughout the treatment process (Linehan, 1993). If you have ever worked with a borderline client you know they have the need and the ability to get inside of you and draw on your energy. In order for you to be open to this type of experience and be able to use it as a therapeutic tool, you need to make sure you are safely protected by the boundary of objectivity.

If I had been able to disclose my feelings in the session where I felt abused by my client, I would not have taken the dumped material home with me, and I would have let my client know that I was experiencing at least a small representation of what she experienced her whole life. I would have shown her that I, too, was emotionally vulnerable and that I cared about her and her experience. But because I was unable to be objectively aware of myself, my experience, and what was going on in the room, I fell into the pit with her. I spent the entire weekend in the abyss and only then did I know that I had gone too far.

This leads to a second guideline of needing to know yourself and what you can and cannot handle. You need to be aware of when you are feeling overwhelmed or tired and be willing to explore from where these feelings are coming from. *It is not feeling the emotions deeply that suggests you have crossed the boundary, as suggested in the above example, but rather what you do with the deep feelings once you have them. If you hold on to them you have likely stepped over the boundary.*

Third, especially in the beginning of your work as a therapist, but also as needed throughout your career, get consultation and/or supervision from a person you respect and admire so there is an objective person to help you sort through the experience. An objective, non-judgmental person will help you maintain your objectivity and help you to remember the inherent asymmetry of the relationship. Finally, the use of self-disclosure (Ivey, Ivey, & Zalaquett, 2010) concerning your feelings in the moment, and your personal experiences past and present is done with the client's experience at the center of attention. In other words, the session remains about the client and does not become about you.

The importance and value of carefully setting boundaries is obvious. Without them, you as the therapist risk compassion fatigue, or, worse yet, burnout (Figley, 2002). You need to remember that while your experiences with your clients are genuine, it is ultimately their struggle. In order to help them through their struggle you have to maintain the balance between emotional vulnerability, genuine connectedness, and strict emotional boundaries. You have to create and maintain your separateness and, probably most important, you have to help your clients be aware of your separateness. By doing so, you are allowing for the real relationship to surface and to be used as a powerful, but well managed tool, in treatment.

The therapeutic alliance, and the treatment process as a whole, is a constant and deliberate dance between processing and understanding transference, countertransference, projective identification, and the real relationship: the relationship occurring in the here and now. The real relationship is most likely the least understood, and the least recognized, because of its experiential nature and variability among different therapists and clients. While there is no ultimate truth about the real relationship, it is important for clinicians to be aware of its inevitability, its necessity, its curative power, and the consequences that can result if it is not continuously regulated.

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