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A Review of Rural and Urban School Counseling: Exploring Implications for Successful Post-Secondary Student Outcomes

Jennifer M. Toby, Cheryl W. Neale-McFall, and Eric W. Owens

Professional School Counselors (PSCs) are critical in students' career development. However, their ability to be successful is influenced by the location in which PSCs work. The purpose of this review was to explore the unique barriers of rural and urban school counseling and how these barriers may affect PSCs' ability to provide career counseling. Additional research is necessary in this area, as well as advocacy to prepare students for the 21st century workforce.

Keywords: rural school counseling, urban school counseling, barriers, post-secondary counseling, 21st century workforce, advocacy

Professional school counselors (PSCs) play an important role in preparing students for post-secondary transitions by guiding them in their academic, career, and personal/social development (Carlson & Knittel, 2013; Collins, 2014; Feller, 2003; Gysbers, 2013; Lapan, Kim, & Kosciulek, 2003; Wahl & Blackhurst, 2000). Developing the career readiness of students requires an array of interrelated tasks that typically include the challenging processes of self-awareness and sparking an interest in a career or future path. In order to meet these lofty goals, PSCs must have appropriate training, available resources, individual guidance, and a manageable caseload. These options may not be available given the barriers that exist in school systems, which are often related to whether the school is located in a rural or urban setting (Holcomb-McCoy & Mitchell, 2005; Imig, 2014; Morgan, Greenwaldt, & Gosselin, 2014; Savitz-Romer, 2012; Sutton & Pearson, 2002; Worzbyt & Zook, 1992). This examination presents two critical issues: (a) the overall role of the school counselor in preparing students for college and careers, especially given the changing needs of a 21st Century workforce, and (b) how the setting (i.e. rural versus urban school district) influences the counselor's ability to successfully do so. In order to further explore these two issues, this examination includes an overview of the school counselor's role in post-secondary planning, prevalent characteristics of rural and urban school counseling settings, and recommendations for how school counselors can overcome the barriers to successful post-secondary counseling. This review also explores career counseling and the changing workforce, specifically the need for post-secondary counseling in Science, Technology, Engineering and Math (STEM) careers.

The School Counselor's Role in Post-Secondary Planning

PSCs are tasked with a variety of responsibilities; this analysis focuses specifically on post-graduation transition issues. In order to familiarize students with options and build effective counseling relationships with students, the PSC engages in multiple activities to further the process of post-secondary transition. For example, identifying student interests, encouraging students to ask questions, initiating career days and college fairs, creating a career curriculum, and remaining current on research and available resources are just a few of the tasks that PSCs complete in order to make sure students are ready and able to compete in the 21st century workplace (Feller, 2003; Gysbers, 2013). The importance of the role that PSCs play in Feller (2003) states that today's workforce is "expected to be more competent in communication, math, computer technology, self-management, problem-solving, and decision-making skills" (p. 263-264).

Jennifer M. Toby, **Cheryl W. Neale-McFall**, and **Eric W. Owens**, Department of Counselor Education, West Chester University of Pennsylvania. Correspondence concerning this article should be addressed to Jennifer M. Toby, Department of Counselor Education, West Chester University of Pennsylvania, West Chester, PA. 19383 (e-mail: jt823023@wcupa.edu).

Helping students to identify their skills and interests is just one step in the post-secondary process. Assisting students in successfully planning for their future after graduation can be overwhelming for many school counselors, especially given the number of other counseling and non-counseling related responsibilities that are asked of school counselors (Morgan et al., 2014; Wahl & Blackhurst, 2000). influencing post-secondary student outcomes, such as their attending a two or four year college, enlisting in the military, attending a technical program, or entering the workforce, cannot be understated. Lapan et al. (2003) argue, "the transition from high school has been understood as one of the most difficult developmental challenges confronting adolescents" (p. 329). Dellana and Snyder's (2004) study also highlights the significant impact that PSCs can have on students' post-secondary attitudes. They surveyed more than 400 high school students and found that a robust, positive correlation exists between the quality of counseling that students receive and those students' future outlooks (Dellana & Snyder, 2004).

Eccles, Vida, and Barber (2004) found that early college planning was an important predictor of high school course enrollment, academic performance, and successful full-time college attendance. In addition, providing students with college and career counseling services, such as individual or group counseling, career fairs or parent programs, and career assessments, appear to have a positive impact in reducing the total number of disciplinary incidents in Connecticut schools (Lapan, Whitcomb, & Aleman, 2012). Although research strongly suggests the importance of school counseling services, Young (2004) estimates the national average ratio of students to school counselors is 479 students for every one school counselor. Additionally, large PSC caseloads have been found to be a pivotal reason for deficient college counseling services being provided to high school students in the United States (Public Agenda, 2010).

The literature surrounding counselor preparation begs two important questions. First, are school counselors able to prepare students for the difficult process of decision-making regarding their careers? Second, are school counselors confident in their ability to instill career readiness? In a qualitative research study conducted by Morgan et al. (2014), nine secondary counselors from diverse backgrounds, settings, and years of experience were interviewed and asked to discuss their feelings of preparedness and perception when counseling students regarding career-related issues. Each qualitative interview consisted of nine questions that included topics such as: experiences in counselor training programs, models of delivery for career development, training, and feelings of competence. From the results, counselors who were interviewed did not feel that they were well prepared to successfully counsel students regarding career concerns (Morgan et al., 2014). Four themes emerged from the interviews related to this sense of being unprepared, including: (1) feeling incompetent, (2) not developing sufficient practical experience with career counseling in their graduate training programs, (3) the importance of having colleague networks, and (4) feeling the need for more training specific to career counseling (Morgan et al., 2014). The results of this study suggest that given the host of other responsibilities they must address, PSCs feel that they are not able to effectively prepare students for post-secondary decision-making.

While factors such as confidence and training may increase a counselor's effectiveness, (Morgan et al., 2014), there are also many external factors that have the potential to limit counselors' abilities. Some of these external factors include financial barriers, scarce resources, community and familial influences, low student aspirations, large caseloads, and limited connection to colleagues with whom to collaborate. Research has shown that these challenges vary when rural and urban school districts are compared (Holcomb-McCoy & Mitchell, 2005; Imig, 2014; Morgan et al., 2014; Savitz-Romer, 2012; Sutton & Pearson, 2002; Worzbyt & Zook, 1992). The following describes research findings related specifically to both rural and urban school counseling.

Rural School Counseling

While all PSCs play important roles in the development of their students, the literature identifies specific factors that are related to the experience of school counselors in rural school settings. Feelings of isolation, lack of resources and funding, parental and community influences, and uncertain separation between work and private lives are a few of the challenges facing rural school counselors. In turn, these negative factors may adversely impact the PSC's ability to prepare students for post-secondary planning (Morrissette, 2000; Sutton & Pearson, 2002; Worzbyt & Zook, 1992). One characteristic of the rural school counseling experience that appears often in the research is the feeling of isolation (Morrissette, 2000; Sutton & Pearson, 2002).

In a qualitative study conducted by Sutton and Pearson (2002), 19 rural school counselors were interviewed, both individually and in a focus group format. The goal of the study was to assess the overall role and experience of the rural school counselor. Two identifiable themes emerged from this study. First, school counselors in rural settings often feel isolated, particularly if they are young, unmarried PSCs. The second theme that emerged from the study was PSCs

feeling of being overwhelmed as a result of multiple responsibilities and large caseloads. The latter theme was linked to the notion that the PSC might be the only counselor at the school or in the area. "A large, resource-rich school may be able to designate one counselor specifically to coordinate college application or work with special needs students. In the small, understaffed school the realities of limited resources demand that the counselor, or few counselors, take responsibility for the total range of student needs" (Sutton & Pearson, 2002, p. 271).

The rural school counselor is left to balance many demands, such as consulting and collaborating with teachers and parents, creating school counseling curricula, responding to crisis situations, and providing mental health counseling in the community (Morrissette, 2000; Sutton & Pearson, 2002; Worzbyt & Zook, 1992). After meeting these varied demands, PSCs have little or no time to focus on students' individual interests and career aspirations. Morrissette (2000) conducted a phenomenological study that included seven rural school counselors from the northwestern United States. This study also identified isolation as a central theme of the lived experience of rural PSCs. Being the only counselor in a school leaves the PSC with few opportunities to consult and collaborate with colleagues. Additionally, participants in this study were serving in many different roles because they may have been the only counselor in a school or district, and many of these districts experienced a scarcity of available community resources (Morrissette, 2000). While PSCs in rural communities may feel isolated professionally, they conversely feel as though they lack privacy due to the close-knit communities in which they live (Morrissette, 2000). This often leaves school counselors with complications in drawing professional boundaries and maintaining work-life balance (Morrissette, 2000; Sutton & Pearson, 2002).

Feelings of isolation and boundary confusion are also related to college and career decisions made by students who are attending rural schools. For example, growing up and living in an isolated community often limits students' exposure to the vast world of work and the array of post-graduation opportunities that are available (Lapan et al., 2003; Sutton & Pearson, 2002). In their study, Lapan et al. (2003) sought to evaluate School-to-Work Opportunities Act curriculum strategies, where stakeholder support and students' satisfaction were examined. This study surveyed 884 students in grades eight through twelve and incorporated an instrument that included questions on parents' educational attainment, students' grades and interests, career development, work-based learning, job shadowing, and student satisfaction. A key finding of this study was that a significant relationship exists between students' career development and support of school stakeholders, including school counselors. Specifically, students felt more satisfied with their educations and felt prepared for post-secondary transitions (Lapan et al., 2003)

The research conducted by Lapan, et al. (2003) indicates that support from school counselors, teachers, and parents plays a significant role in educating students about existing careers as well as matching students' interests with their abilities, which is another factor associated with students' satisfaction in post-secondary decision-making. However, the role that familial influence plays should not be minimized. Carlson and Knittel (2013) explain that high school students often report that family plays a significant role when identifying career interests. Similarly, Sutton and Pearson (2002) found, through interviews with rural school counselors, that students often lack knowledge about careers and educational opportunities that exist outside of what is expected or normed in their communities. Students living in rural communities are also more likely to stay close to family, remain in close proximity to their hometowns, and are often encouraged by their parents to stay home and avoid opportunities that would require them to move away (Sutton & Pearson, 2002). Lapan, et al. (2003) found that rural adolescents tend to have lower expectations regarding college attendance and more often enter the workforce immediately after graduation.

While beginning a career immediately upon graduation from high school is often viable and desirable, it is imperative that these decisions are not made because students are unaware of the alternatives. The role of the PSC is to ensure that students do not enter the workforce immediately upon graduation from high school merely because they were not aware of other options, felt intimidated by the thought of applying for college loans, or simply had no one to talk to about their career aspirations. However, the data regarding college attendance and students in rural schools are clear. For example, Griffin, Hutchins, and Meece (2011) found that rural youth are less likely to have access to guidance services and are therefore less likely to engage in post-secondary preparation activities such as college campus visits and career exploration (Provasnik et al., 2007).

These findings highlight the crucial role that the PSC plays in the life of a student. In light of such studies regarding the rural school counselor, the question can be raised, are rural school counselors being set up for failure? Worzbyt and Zook (1992) write, "Staggering workloads, low salaries, meager resources, shortage of staff development opportunities, a high rate of administrative turnover, and difficulties attracting needed personnel are just some of the factors that plague small rural schools" (p. 344). These are the

very factors that make it difficult, if not impossible, for school counselors to provide thorough, effective, and comprehensive post-secondary counseling and career preparation in rural schools.

These findings provide a framework for understanding the factors that influence rural PSCs experiences with post-secondary counseling and preparing students for the decision-making process that inherently comes with graduation. While the experience of the rural school counselor is certainly challenging, unique characteristics of the urban school counseling experience have also been identified in the literature.

Urban School Counseling

Urban school counselors are not without their own challenges. One key finding from the literature examines college attendance and socio-economic status in urban districts. Savitz-Romer (2012) found that families with higher incomes have children who are more likely to attend college. The literature suggests this opportunity gap is of particular concern to urban students, who are more than two times as likely to attend high-poverty schools and attend schools that often graduate less than half of their students (Hill, 2012; Lee, 2005). Research also shows that the high-poverty schools often found in urban areas are marked by limited resources, low post-secondary aspirations from students, and high drop-out rates, making the post-secondary counseling process challenging at best (Lee, 2005; Savitz-Romer, 2012). PSCs in these schools also face school and community violence, high rates of teacher and administrative turnover, absenteeism, diverse family concerns, and a lack of parental involvement (Green, Conley, & Barnett, 2005; Holcomb-McCoy & Mitchell, 2005; Lee, 2005). These challenges are exacerbated by the need to address social and emotional crises, state-testing responsibilities, and curriculum lesson planning.

Savitz-Romer (2012) conducted a qualitative study that investigated the particular challenges facing urban school counselors. Eleven female participants were included in this study and each school counselor possessed at least three years of experience and worked in a school where at least 60% of the student population were eligible for free or reduced lunch. A number of themes emerged from this study including: low student expectations, lack of student motivation, lack of time due to students having children of their own, issues of homelessness, and immigration matters. Other familial factors that prevented students from considering post-secondary education included a lack of understanding about college and its various processes, a lack of experience in attending college, not being able to afford tuition, and the necessity of having children earn income for the family (Savitz-Romer, 2012). The participants reported that this lack of familial support led to the PSC playing a significant and influential role in a student's decision to attend college. However, the school counselors also reported that they were concerned that their excessive involvement may have discouraged students' independence and growth. The counselors also indicated that it would have been beneficial if their graduate programs had focused on urban school counseling and the specific characteristics and challenges that exist in these settings (Savitz-Romer, 2012).

Holcomb-McCoy and Mitchell (2005) conducted a study that focused on the role of the urban school counselor and the identification of the most prevalent issues that exist in urban schools. One hundred and two surveys were completed by urban school counselors, and the three most common tasks these PSCs engaged in were: (1) group and individual counseling, (2) consulting with teachers and parents, and (3) completing administrative work. In this study, the average PSC caseload was 362 students, with as many as 1,800 students per counselor. This study further highlights the challenges of urban school counseling, which may inhibit urban school counselors from providing effective career counseling to students.

Overcoming the Barriers to Successful Post-Secondary Counseling

As reviewed here, the literature describes the different challenges facing school counselors who work in rural and urban locations. However, despite the differences, some common trials face PSCs regardless of their geographic location. One challenge that affects both rural and urban school counselors is working in high-poverty schools with limited resources (Green et al., 2005; Hines, 2002; Lee, 2005). For example, research indicates that low-income students are less interested in school and are twice as likely to have mental health issues (e.g. anxiety, depression, and behavioral concerns) than are their middle-class peers (Amatea & West-Olatungi, 2007). Others studies have also found a direct relationship between economic hardship and mental health concerns for children and adolescents (Rodriguez, Nichols, Javdani, Emerson, & Donenberg, 2015). Such barriers only serve to exacerbate the difficulties school counselors have when providing students with career counseling and planning. The goal surrounding post-secondary counseling, regardless of setting, is to make sure students are aware of their options.

The literature does suggest a number of interventions that can help PSCs to be change-agents

for their students. Advocacy, leadership, collaboration, and consultation have been highlighted as instrumental in overcoming the inherent challenges previously mentioned for professional school counselors (Amatea & West-Olatungi, 2007; Eschenauer & Chen-Hayes, 2005; Lee, 2005; Worzbyt & Zook, 1992). Worzbyt and Zook (1992) suggest that taking a leadership posture is one way PSCs can be more successful. As Worzbyt and Zook (1992) describe, "The leadership challenge is about how leaders can get extraordinary things done in organizations by capitalizing on the opportunities available to them" (p. 345). Successfully working with available resources, even when they are lacking, is particularly salient for school counselors. Many of these counselors are facing financial and time constraints for providing all students with successful post-secondary counseling services. Assuming a leadership role might include activities such as risk taking, being creative, inspiring others to be excited about the future, collaborating with stakeholders, supporting others, and recognizing the skills and abilities of colleagues (Worzbyt & Zook, 1992). In addition to being an advocate and leader, Lee (2005) argues that school counselors also have a responsibility to be culturally competent and understanding of the diverse population of students with whom they work.

By being leaders and advocates, especially in high-poverty locations, school counselors can help to promote better communication and collaboration with all stakeholders, including families, community leaders, school board members, and political affiliates. School counselors can also positively influence student success and achievement by challenging the homeostatic systems in which schools operate, systems that often struggle to close achievement and opportunity gaps (Amatea & West-Olatungi, 2007). School counselors are encouraged to be leaders, advocates, and collaborators, which are lofty goals; however, their role helps to ensure that student needs are being met, including those related to career development.

Career Counseling and the Changing Workforce

In addition to the many challenges already described, the world of work is constantly changing and school counselors need to stay abreast of these changes in order to provide quality counseling services to their students. While the 21st century workforce continues to change, so too do the career skills required of today's workforce, skills that will be quite different than what was expected of graduates in the past. Many of these shifts in career readiness and necessary skills are related to growth in fields related to STEM (Berube, 2014; Carlson & Knittel, 2013). As technology develops at its breakneck pace, it is imperative that PSCs are aware of the rapidly changing world of work and the skills required in this burgeoning career field (Carlson & Knittel, 2013; Schmidt, Hardinge, & Rokutani, 2012).

The research suggests that school counselors can be of great assistance in preparing students for STEM careers (Carlson & Knittel, 2013; Schmidt et al., 2012). Some STEM-related interventions available to PSCs include administering assessments, staying current on STEM-related careers, matching students' interests to available courses and careers, and talking to students individually about their interests, skills, and goals (Carlson & Knittel, 2013; Schmidt et al., 2012). While these sound like basic counseling interventions, successful outcomes may not be easy when multiple barriers exist, such as low funding, limited resources, large caseloads, low student aspirations, and limited external support.

A critical element in the development of students who are prepared for STEM-related careers is the availability of advanced coursework (Carlson & Knittel, 2013; Schmidt et al., 2012). Carlson and Knittel (2013) state, "academic coursework in high school lays the foundation for future success in STEM-rich careers. Engagement in a comprehensive and rigorous academic program increases student academic esteem and skills that lead to future success in a competitive, global workplace" (p. 117). The gender-related biases often found in STEM-related careers make the availability of advanced coursework for female students even more important (Berube, 2014; Carlson & Knittel, 2013). The ability for success in advanced coursework may not always be possible however, especially in cash-strapped schools with limited resources.

Providing students with information on STEM fields is becoming an important aspect of career counseling. Schmidt et al. (2012) write, "It has become increasingly apparent that school counselors need to increase their awareness of 21st-century career opportunities, particularly STEM-relevant information" (p. 27). However, just as PSCs face challenges in providing post-secondary counseling, the current research on STEM counseling illustrates many of the same difficulties. These challenges include lack of time, lack of training on STEM careers in graduate programs, parental influences, and large caseloads (Schmidt et al., 2012). These negative factors are only intensified when a school cannot afford to offer AP courses, or there simply is not sufficient interest in STEM-related coursework to justify the resources required.

The importance of advocacy and stakeholder collaboration is no less important when working with students who may be interested in STEM-related careers. School counselors are encouraged to share STEM information with parents, which is particularly significant given the vital role parents play in their

children's post-secondary interests (Carlson & Knittel, 2013; Schmidt et al., 2012). Carlson and Knittel (2013) discuss the critically important role PSCs play when talking to students about STEM-careers, not just college bound students. This is imperative when working with minority students, who are less likely to pursue STEM careers, and rural students who are more likely to enter the workforce right after high school (Berube, 2014; Lapan et al., 2003; Schidmt et al., 2012).

Conclusion

Berube (2014) writes, "…although the problems with urban inner-city schools are more well-known, surprisingly, rural schools have many of the same problems" (p. 19). The literature supports this statement, and further demonstrates that while research has been done on the positive and negative characteristics of being a school counselor in rural or urban settings, additional research is necessary. For example, qualitative analyses regarding the availability of resources would be helpful for better understanding the challenges rural and urban PSCs face. Also, little research currently exists that can be used to directly compare the role that school location plays in the ability for PSCs to counsel students on career-related issues. Future investigation is needed comparing rural and urban school counselors' experiences in career counseling, as well as their ability to successfully prepare students for post-secondary transitions. The literature also suggests the need to better understand how Counselor Education programs are preparing future PSCs in career counseling, specifically related to differences in rural and urban settings. As the research indicates, these specific limitations for both rural and urban schools inhibit the counselor's ability to successfully implement appropriate career planning and preparation interventions, including preparation for flourishing STEM careers. Further study is also needed to determine if Counselor Educators are preparing future counselors for these challenges.

The job of a professional school counselor is not an easy one. With the many responsibilities PSCs have and the varied roles they play, simply making it through the day is often considered a success. However, our students deserve more, especially when it comes to career counseling and guidance. Preparing for a career is the cornerstone of professional school counseling, yet has fallen to the wayside in many of our schools. As we examine the literature related to the challenges PSCs face in providing career counseling, there is little need to wonder why. However, students are in desperate need of assistance when planning their futures, and our society can only benefit from a well-prepared workforce where employees are pursuing meaningful careers. This is even more vital as the needs of the 21st century workforce continue to evolve. As evidenced here, those needs differ depending on whether a student happens to attend a rural school or an urban one, and as a profession, we need to be more aware of these differences and how to best address them.

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Defining School Counselors' Roles in Working with Students Experiencing Homelessness

Stacey A. Havlik and Kara Brown

School counselors play critical roles in removing the barriers faced by students experiencing homelessness. Despite having the skill set to address all students' academic, career, and emotional needs, their roles related to homelessness lack a clear definition. Therefore, the purpose of this paper is to propose the five main roles of counselors in their work with students experiencing homelessness: (a) identification, (b) needs assessment, (c) advocacy, (d) coordination of programs and referrals, and (e) counseling interventions.

Keywords: homeless students, school counselors, homeless education, homelessness, at-risk issues

Students experiencing homelessness are entering schools at increasing rates (National Association for the Education of Homeless Children and Youth, 2010). School counselors, as leaders in the school, have critical roles in providing the necessary supportive systems, programs, and interventions to ensure that they overcome the barriers these students face in their education (American School Counselor Association [ASCA], 2010). Although a recent national study, using a random sample, suggested that the majority of school counselors (82%, n = 356) have students experiencing homelessness on their caseloads, their counseling roles with these students remain largely undefined (Gaenzle, 2012). Therefore, the purpose of this paper is to specify the roles, responsibilities, and knowledge necessary for school counselors to support children and youths experiencing homelessness. Developed from the documented needs of students affected by a loss of housing, as well as ASCA's (2012) suggested roles, the authors recommend that the roles and responsibilities of school counselors working with students experiencing homelessness fall into five areas: (a) identification, (b) needs assessment, (c) advocacy, (d) coordination of programs and referrals, and (e) counseling interventions. By tuning into these areas, school counselors can work more effectively to support students' needs.

Children and Youths Experiencing Homelessness

There are a variety of circumstances that may qualify a child or youth as homeless. This paper will follow the federal definition, which describes homelessness as those individuals who lack a "fixed, regular, or adequate nighttime residence" (United States Department of Education [USDE], 2004, sec. 725). This includes, but is not limited to, children who are staying with others due to loss of housing, have inconsistent housing, are awaiting placement into foster care, are living in motels, camps, shelters, or those who are abandoned. Section 725 of this definition also includes children who are living in other areas that are not considered as adequate housing. (USDE, 2004).

According to the National Center for Family Homelessness ([NCFH], 2014), one in every 30 children experience homelessness in the United States. This includes children who are without a physical home, as well as children who are living in temporary housing. Homelessness itself presents problems for any individual as a result of not having a stable home environment. However, children faced with homelessness are at an increased risk for experiencing direct or indirect violence, physical health concerns, delays in developmental milestones, and other associated problems (Kilmer, Cook, Crusto, Strater, & Haber, 2012; NCFH, 2014). These concerns may be due to the lack of support and resources that are typically associated with homelessness. For instance, parents experiencing homelessness face increased stress within their own lives and in their interpersonal relationships, which makes it difficult for them to

Stacey Havlik, Department of Education and Counseling, Villanova University; **Kara Brown**, Career Development Center, Gwynedd Mercy University. Correspondence concerning this article should be addressed to Stacey Havlik, Department of Education and Counseling, Villanova University, 800 E Lancaster Ave. SAC 356, Villanova, PA 19085(e-mail: Stacey.havlik@villanova.edu).

provide the emotional and physical support needed by their children (David, Gelberg, & Suchman, 2012). Many families facing homelessness are also single parent households, which puts more stress and pressure on one parent to provide for the family (David et al., 2012). Moreover, children experiencing homelessness may also lack additional social supports (NCFH, 2014). Because homelessness is often stigmatized, children may be ignored or even criticized about their homeless status by their peers (Tompsett & Toro, 2010). Without these social supports, children experiencing homelessness may feel socially isolated and withdrawn, thus potentially leading to depressive symptoms, anxiety, and antisocial behaviors (Anooshian, 2003; Sulkowski & Michael, 2014; Tompsett & Toro, 2010).

The loss of housing may also have negative physiological impacts on children. Whereas children facing homelessness have an increased risk for depression and other mental health disorders (Anooshian, 2003; Hughes et al., 2010; Sulkowski & Michael, 2014), they are also at risk for physical health problems. For example, they are more likely to get sick than their peers with consistent housing (Hart-Shegos, 1999) and experience obesity and hunger due to the lack of nutritional value in cheaper food (Chiu, Dimarco, & Prokop, 2013). The impact of homelessness on children is clearly extensive and impacts all facets of a child's life.

Children and youths experiencing homelessness have unique challenges in the educational system. They face lower expectations and perceptions from teachers and administrators (Powers-Costello & Swick, 2011); demonstrate lower academic achievement and classroom engagement than their consistently housed peers (Cutuli et al., 2013; Fantuzzo, LeBoeuf, Chen, Rouse, & Culhane, 2012); and perform below average on math and reading tests (Cutuli et. al., 2013). Data suggest that less than 50% of students experiencing homelessness across grades three through eight met or exceeded state proficiency in reading and math during the 2012-2013 school year (National Center for Homeless Education, 2014). Moreover, data suggest that students experiencing homelessness have lower standardized tests scores in math as they move up in the grades (National Center for Homeless Education, 2014).

In order to address the educational issues faced by students experiencing homelessness, the McKinney-Vento Homeless Assistance Act was signed into law in 1987 (National Center for Homeless Education, 2008). In its broad definition, the act seeks to provide students experiencing homelessness with the same educational opportunities as their consistently housed peers (National Center for Homeless Education, 2008). The McKinney-Vento Act requires local educational agencies (LEA) to address barriers to students' education, such as transportation and enrollment, and to identify a local liaison for students experiencing homelessness for each school (USDE, 2004). Local liaisons, or homeless liaisons, as they will be referred to in this paper, are responsible for communicating between the students experiencing homelessness, their families, the school, and other members of the community that may be involved in students' cases (National Center for Homeless Education, 2008). The McKinney-Vento policies provide a platform for educators and families to ensure that students experiencing homelessness have the same access to their education as their peers with consistent housing.

To ensure that the requirements under McKinney-Vento are effective in removing barriers for students, a support system is necessary. With rising numbers of students experiencing homelessness entering schools across the country, schools are challenged to provide environments where students' unique needs are addressed. Educators must be attuned to the unique social, emotional, and academic barriers faced by students experiencing homelessness and find ways to support their educational development. One critical stakeholder, who has the skills and training to serve students facing a loss of housing, is the school counselor. School counselors can work with students and families experiencing homelessness to meet their unique needs.

School Counselors and Homelessness

School counselors are leaders in schools who address the academic, personal/social, and career planning needs of all students (ASCA, 2014). They deliver direct services at the school level such as group counseling, individual counseling, or classroom lessons (ASCA, 2012). Further, they engage in indirect services for students, such as coordinating programs, providing referrals, or building collaborative partnerships with other stakeholders. School counselors offer valuable services to meet the needs of students from all backgrounds, including one of the most vulnerable; students experiencing homelessness (ASCA, 2012). Due to the availability of school counselors during the school day and their unique skill sets, they may be the first line of support in providing the services necessary for students experiencing homelessness. In order to do so, it is important that school counselors' roles in serving students with housing losses are clearly defined (Havlik & Bryan, 2015). ASCA (2010) provides a brief position statement suggesting how school counselors should support students experiencing homelessness. They recommend that school counselors: (a) advocate for students and collaborate with their parents/guardians to reduce barriers related to school enrollment and

academic success; (b) establish educational and preventive programs for homeless parents and children; (c) collaborate with school and community personnel and coordinate appropriate support services; (d) increase stakeholder awareness and understanding of the McKinney-Vento Act, and the rights of homeless students; and (e) advocate for appropriate educational placement (ASCA, 2010, p.7). In these roles, counselors can intervene with students presently facing concerns, but can also provide preventive services that address the potential issues faced by children and youths experiencing homelessness (Baggerly & Borkowski, 2004).

These roles highlight the importance of school counselors engaging in systemic support for students experiencing homelessness and understanding McKinney-Vento. However, despite ASCA's position statement and the importance of their work, research still indicates that the roles of school counselors in working with children experiencing homelessness lack specification (Havlik & Bryan, 2015). In order to help counselors understand how they can more effectively support students experiencing homelessness and to clarify and expand on ASCA's position statement, the authors recommend that counselors have five roles related to their work on homelessness: (a) identification, (b) needs assessment, (c) advocacy, (d) coordination of programs and referrals, and (e) counseling interventions.

Identification

The United States Department of Education (2004) requires that schools record the number of students experiencing homelessness and have a plan to identify them. However, because of the various definitions of homelessness (USDE, 2004) and students' frequent moves between schools (Cunningham, Harwood, & Hall, 2010), determining which students are experiencing homelessness is a daunting task. Although the primary responsibility of identifying students experiencing homelessness may ultimately fall upon the homeless liaison (USDE, 2004), it could be possible that school counselors, as confidants and points of contact in the school, are the first educators with whom the student or family shares their housing status. Therefore, it is imperative that they are part of this process.

Identifying students and families experiencing homelessness requires that school counselors understand the various definitions of homelessness described under McKinney-Vento, as well as impart this knowledge to others who may help in identifying students. Families and students may be reluctant to identify themselves to the school due to the stigma that surrounds homelessness (Kidd, 2003). Families may also be unaware that they qualify for services under McKinney-Vento. For example, families who are "doubled-up" or those forced to move into another's home due to their lack of their own housing, may not know that they could qualify as homeless by the federal definition and receive support through the legislation. These reasons may help explain why the identification of students experiencing homelessness is one of the most commonly cited challenges in meeting the students' needs (National Association for the Education of Homeless Children and Youth [NAEHCY], 2010).

To help with identifying students, school counselors must approach families and students in a non-judgmental way. NAEHCY (2011) recommends avoiding using the term "homeless" initially, as the stigma behind it may lead families or children to avoid asking for help or identifying as such. Further, they suggest that counselors widely disseminate information about the McKinney-Vento Act, as well as homelessness, to school staff and communities. This way, stakeholders can be made aware whether or not they qualify to receive support. Counselors are also encouraged to build a relationship with their school's homeless liaison so that whenever they suspect a student is experiencing homelessness, they can contact them immediately and begin determining what services are necessary. The homeless liaison can then determine whether students are facing any specific barriers that can be addressed by the McKinney-Vento policies (USDE, 2004). School counselors could also encourage teachers to share when they suspect a student may be experiencing homelessness. Early identification is critical in ensuring that students receive the necessary services to be successful in school.

Needs Assessment

After identifying students who are experiencing homelessness, school counselors can determine specific needs through a needs assessment (Strawser, Markos,Yamaguchi, & Higgins, 2000). The purpose of the needs assessment is to ensure that individual needs are met, as well as to record needs to provide continuity of services if a student transfers. Havlik, Brady, & Gavin (2014) described four areas of need for students experiencing homelessness as reported by school counselors: (a) survival and healthy development (i.e., basic needs), (b) systems and services for emotional connection, (c) academic services and supports, and (d) access to and knowledge of services. Through assessing needs in these four areas, school counselors can determine how to provide the best support possible.

Using the first area to determine which basic needs are being met is an important starting point. Since students experiencing homelessness may lack food, clothing, and shelter (Aviles & Helfrich, 2004;

Buckner, 2008) counselors could privately ask students (and/or parents) about the safety of their housing and whether they have enough food and clean clothing available. Second, school counselors might ask students what specific services, such as counseling interventions, they are receiving (if any) for emotional support. Knowing this information is important, because Bassuk, Volk, and Olivet (2010) suggested that approximately 80% of families experiencing homelessness need supportive services such as mental health supports. However, children and youths experiencing homelessness may not receive the mental health services they need because of a lack of: health care, transportation to therapy sessions, and knowledge about available resources (Hudson et al., 2010). School counselors could assess the use and availability of these resources, as well as determine students' supportive parental and peer relationships through observations at the school between students and friends, as well as through interactions with family members.

Along with emotional supports, students experiencing homelessness may need additional services to achieve academic success (Cutuli et al., 2013; Fantuzzo et. al., 2012). Counselors could determine academic needs (e.g. appropriate class placement, availability of internet at home, access to a computer and school supplies) and whether students would benefit from programs such as tutoring or mentoring. Lastly, counselors can determine what services students can access, such as tutoring or academic support, and whether or not they have transportation to and from school. Since transportation may hinder students' attendance in school, school counselors can determine whether students have reliable and safe transportation.

Using the four central areas of need as a guide, counselors can sit down with any student who is identified as homeless and, in a nonjudgmental and supportive fashion, explore each area to determine where their needs fall. Creating a checklist that is unique to the school may also be helpful to ensure that each area is assessed. For instance, one school may need to determine whether students have transportation vouchers to take public transportation. Another school may have to determine if students can afford school uniforms. Counselors may also have to go beyond the student, and contact local shelters to determine other specific student needs and the outsides services they are already receiving (Strawser et al., 2000). Based on the needs assessment, counselors can direct students and parents to services, discuss how to meet needs with the homeless liaison, or provide specific interventions.

Advocacy

Advocacy is a critical role for school counselors serving students experiencing homelessness (ASCA, 2010). Advocating for students experiencing homelessness requires that counselors understand the McKinney-Vento Act and its implications. Through clearly understanding the policies, counselors are a voice for its effective implementation. For example, school counselors must understand the enrollment and transportation requirements under the McKinney-Vento Act to help students enroll in school quickly and get to and from school and after-school programs (Havlik et al., 2014). For schools where enrollment procedures hinder students from starting, such as those schools that require certain paperwork (e.g., a lease or deed) that a family may not have, school counselors can be the voice to ensure that if they are identified as homeless and may have these requirements waived. Counselors can also advocate to help students experiencing homelessness remain at their schools of origin or transition smoothly to a new school if it is in their best interest.

School counselors can further advocate by ensuring that others are educated on the unique circumstances and issues surrounding homelessness so that students are identified faster and services are provided more efficiently (Kidd, 2003). They can also provide professional development for teachers and administrators to work with students experiencing homelessness. This may include training teachers to analyze their classroom policies to determine if any hinder the growth of students, such as attendance and homework policies (Maribel, 2014; Murphy & Tobin, 2012; Strawser et al., 2000). For example, if there is no flexibility in a late policy for homework, it may hurt a student experiencing homelessness whose reason for a late submission is due to a transportation issue. The teacher may need to work with students to support them by making the standards more equitable for all students.

Advocacy also includes ensuring that schools secure funding for supportive programs. School counselors can request funding from the school or district for field trips or other school activities so that students experiencing homelessness are not inhibited in their school engagement (Mizerek & Hinz, 2004). Counselors can apply for sub-grants under the McKinney-Vento Act to support funding for additional programs at their schools (USDE, 2004). When funding is not available, counselors could work with administration to host a clothing, food, or school supply drive within the community to address basic needs (Yamaguchi, Strawser, & Higgins, 1997). Advocacy is a critical role in ensuring that students experiencing homelessness are on an equal playing field as their peers.

Coordination of Programs and Referrals

After counselors understand the specific needs of the students experiencing homelessness in their schools, they can then begin to determine the types of specific programs or interventions that may be deemed necessary to support students' academic, career, and personal/social development. Because counselors work across different systems to support students (McMahon, Mason, Daluga-Guenther, & Ruiz, 2014), they rely on collaborating with other stakeholders such as school social workers, homeless liaisons, community members (Havlik et al., 2014), and other outside agencies (Murphy & Tobin, 2012) in providing support.

While they may not personally implement all of the interventions, school counselors may help to develop programs, check on progress, and ensure that the programs are effectively supporting students. Examples of programs may include tutoring programs, which have been shown to positively influence failing grades (Grothaus, Lorelle, Anderson, & Knight, 2011), or mentoring programs (Gaenzle, 2012; Grothaus et al., 2011). School counselors may coordinate the logistics of the tutoring or mentoring sessions and evaluate the effectiveness of such programs. Furthermore, finding ways to get students involved in community programs may instill hope and improve students' mental health status (Lynn et al., 2014).

To successfully coordinate services, school counselors must understand the resources in their communities and build relationships with them prior to engaging in collaborations or providing referrals. School counselors could conduct visits to community resources so that they know how each resource supports student needs. Coordinating partnerships with other resources should also include ensuring that resources are lasting for students and are not just temporary (Miller, 2011). Since school counselors have many other responsibilities, the role of coordinating of services is essential to ensuring that all stakeholders can help provide support.

Emotional, Academic, and Career Counseling Interventions

Essential to the role of the school counselor in serving students experiencing homelessness is providing counseling services. Students experiencing homelessness may face emotional issues such as anxiety and depression (Hughes et al., 2010; Sulkowski & Michael, 2014). Depending on their living circumstances, they may not be able to access mental health counselors to support their needs. Fortunately, school counselors are trained to provide personal/social counseling to support the emotional development of all children and youths (ASCA, 2012). School counselors can address many of the emotional needs that children and youths experiencing homelessness face through supportive counseling interventions.

Underlying the counseling relationship is the importance of building trust (Hill, 2005). For students experiencing homelessness, trust building is the first step in helping them feel that they can share and express their concerns and needs (Daniels, 1995). Individual counseling interventions should include strength-based approaches that enhance students' self-esteem and foster resilience (Grothaus et al., 2011). Approaches should focus on helping students to develop self-worth and to identify their strengths (Kidd, 2003; Walsh & Buckley, 1994). Areas to emphasize during sessions may include developing social skills and providing general emotional support (Walsh & Buckley, 1994; Yamaguchi et al., 1997). One potentially effective approach for counseling students experiencing homelessness is through play therapy, which allows students to process experiences and emotions in a safe and supportive environment, thus positively impacting their educational development (Baggerly & Jenkins, 2009; Baggerly, 2004).

Counseling activities for students experiencing homelessness should not be limited to individual sessions, but may also include small groups and classroom lessons on topics such as self-esteem, social skills, and stress management (Strawser et al., 2000). Teaching problem solving skills may also help students to become more resilient when faced with adversity related to their experience of homelessness (Grothaus et al., 2011). Further, school-wide behavioral management systems may encourage positive behaviors in students experiencing homelessness (Baggerly & Borkowski, 2004). Such school-wide interventions may impact how other students treat students experiencing homelessness and make the school feel safer. It is critical for school counselors to ensure that the school environment is emotionally supportive for all students (Murphy & Tobin, 2012).

With all of the strains that accompany homelessness, the emotional and basic needs of students experiencing homelessness often overshadow their academic needs (Havlik et al., 2014). Mentioned less frequently in the literature is the academic and career counseling that is necessary for students experiencing homelessness. School counselors providing academic counseling to students experiencing homelessness can first ensure that students are appropriately placed in courses that challenge them, while allowing them to be successful (ASCA, 2010). They may need to provide additional supports such as homework help (Yamaguchi et al., 1997), individual student planning (Baggerly & Borkowski, 2004), teacher consultation, or other preventative programs (Grothaus et al., 2011). Since many children and youths

experiencing homelessness may not consider college as an option due to finances or academic difficulties, school counselors can have regular conversations with students and families to provide information about admissions, financial aid, and housing (NAEHCY, 2011). Students attending four-year institutions may need information on summer and break housing, because they may not have a stable home to come back to when school is not in session.

In general, attending to the counseling needs of children and youths experiencing homelessness is important to ensuring their academic and social success. As such, since the emotional health of students experiencing homelessness may be profoundly impacted by their living circumstances, school counselors must recognize when referrals are necessary. When students' counseling needs are beyond their expertise, or when students need more in-depth psychotherapy, school counselors must have community agencies that are accessible and affordable to which they can refer. Overall, school counselors' roles in serving students experiencing homelessness can help provide the support necessary for them to overcome the many barriers they face in the school system. Through being intentional with their approaches and having a support system available, school counselors can be available when help is needed.

Discussion and Application

In addressing the needs of students experiencing homelessness, school counselors are key leaders in the school who provide important services (ASCA, 2010; Gaenzle, 2012). Using the five roles described above, they can facilitate a system of support to help to ensure that the needs of students experiencing homelessness are being effectively addressed in their schools. Through identification, needs assessment, coordination of programs, advocacy, and counseling interventions, school counselors can clearly define their roles in their work with students experiencing homelessness and provide consistency in the services and referrals that students receive. In this section, we discuss how school counselors can apply these roles, as well as recommendations for counselors to overcome challenges such as identification, and how they can further their training. We conclude by recommending future research on this topic, and provide a case example of the role of a school counselor working with students experiencing homelessness.

Since every school is unique and homeless circumstances vary based on the specific school location and populations (NCFH, 2014), school counselors can use the roles described as a flexible template to tailor based on the specific needs of their homeless populations. The programs they coordinate and implement in their community and schools will vary depending on what is available and who is willing to help. Since school counselors tend to have large caseloads (College Board, 2012), with a lot of students facing various challenges, they rely on working with other stakeholders to provide collaborative services. In the beginning of every school year, school counselors should meet with the homeless liaison assigned to their school, as well as other key stakeholders, such as social workers, school psychologists, lead teachers, and administrators to clearly define each individual's roles in serving students experiencing homelessness and meeting the McKinney-Vento requirements.

When students identify as homeless, there should be a system already in place with individuals aware of their roles. For example, a school social worker may be valuable in advocating for access to housing, determining preschool placement, or helping students experiencing homelessness connect with programs in the community (Jozefowicz-Simbeni & Isreal, 2006). Whereas, the homeless liaison may have the full responsibility for keeping track of the identity and records of students experiencing homelessness at the school and coordinating transportation (USDE, 2004). Further, administrators could assist in ensuring the McKinney-Vento policies are met, help to build partnerships with community agencies, and raise funds to support basic needs. School counselors can take the lead in helping to coordinate the various roles of all stakeholders.

Due to the stigmatization surrounding homelessness, identifying students experiencing homelessness may present a barrier to providing support. Youths experiencing homelessness have reported feeling embarrassment or shame related to their lack of consistent housing (Harter, Berquist, Titsworth, Novak, & Brokaw, 2005). If they feel embarrassed, they may avoid school completely. School counselors may need to be persistent in building relationships and trust with students so that they understand the counselor and other stakeholders are there to help. This may be an opportunity for school counselors to provide professional development for teachers and school staff on how to build trusting relationships with students and help to meet the needs of students experiencing homelessness in the classroom while upholding their confidentiality. Furthermore, students may be more forthcoming with their homeless status if they are in a school that provides a trusting environment with limited bullying or peer scrutiny.

To further support students experiencing homelessness through providing services and counseling interventions, school counselors must utilize their needs assessments to determine specific programming and plan approaches that are need and

evidence based. For instance, recent research indicated that interventions focusing on developing executive functioning skills (i.e., organizational and planning skills) (Piehler et al., 2014), as well as cognitive behavioral approaches, have been shown to be effective with youths experiencing homelessness (Altena, Brilleslijper-Kater, &Wolf, 2010). Further, developing preventative programming is also important so parents and children are supported (Nabors, Proescher, & DeSilva, 2001).

In order to work most effectively in the recommended roles, school counselors must first increase their own knowledge and training on homelessness. Fulfilling these complex roles and responsibilities requires that school counselors educate themselves, and that counselor educators ensure that counseling students have this knowledge prior to going into the field (Gaenzle, 2012). Resources on homelessness are readily available for those who would like to be better prepared. For example, school counselors can consult with organizations such as the NAEHCY, the National Center on Family Homelessness, or the United States Department of Education for more specific information on students experiencing homelessness. They can also visit the Facebook or Twitter pages of organizations such as NAEHCY or the National Center for Homeless Education for up-to-date information on policies and programs available for students experiencing homelessness. Further, organizations such as NAEHCY hold conferences each year on issues specifically related to homelessness and education. States also often offer conferences at a low cost for those working with children and youths experiencing homelessness. Through being informed and having knowledge, school counselors can provide better services and be more prepared to meet the unique needs of students.

Future research is needed on how school counselors can best serve children and youths experiencing homelessness. This may include conducting a national study on homelessness and school counseling interventions to determine what types of counseling programs and interventions are most effective in meeting the needs of students experiencing homelessness. Student voices should be included in the research to uncover what services are most beneficial for them and how the school counselor can best support them. More research is also needed on the challenges that school counselors face in addressing the needs of students experiencing homelessness across the country in different settings. Finally, investigating the training that school counselors receive on homelessness in their graduate programs would provide insight on how to better prepare counselors to work with this population of students.

Case Example

Here is a case example of how a school counselor may address the needs of students experiencing homelessness. Charlotte is a middle school counselor. Although she has been working at the same school for over ten years, only recently she has noticed an increase in the number of students experiencing homelessness enrolling in the school. She observes that the students experiencing homelessness on her caseload are often late to school or absent, and have trouble keeping up with their work and making friends. In order to meet the needs of students experiencing homelessness on her caseload, Charlotte learns more about the McKinney-Vento act, identifies partners in the school and community who can help, and enhances the interventions and services she provides for these students.

Identification

Charlotte first partners with the homeless liaison (assigned to the school social worker), at her school to identify students experiencing homelessness. Together they post flyers in the main office and in local shelters and apartment complexes, and send information through email to school staff with the definitions of homelessness and individual rights under McKinney-Vento. They also hold a professional development workshop for teachers and staff on the signs of homelessness so that they can help identify students. Lastly, she posts links about McKinney-Vento and the rights of students experiencing homelessness on the school's website.

Needs Assessments

When students are identified as homeless, Charlotte meets with them individually (and confidentially) to build a trusting relationship. When she first meets with a child facing a loss of housing, she refrains from using the term "homeless" and instead has a gentle conversation with the child about where they are living and their safety. She ensures that the school counseling office is a safe place they can come if they need help or want to talk. She also checks into students' academic progress and attendance to determine if they are enrolled in appropriate courses and if they have any educational needs that are not being addressed. She continues to follow-up with identified students throughout the school year. As with any at-risk children, she informally observes them in the hallway, lunchroom, and classroom to see how they are faring socially and if they need additional personal/social support.

Advocacy

After learning that McKinney-Vento policies allow students experiencing homelessness to start in school without all of the necessary paperwork, Charlotte talks to the school registrar to learn more about the enrollment process at the school and determines if there are procedures hindering the timely enrollment of students experiencing homelessness. She also encourages teachers to examine their late assignment and exam policies and consults with them to determine how they can allow for some flexibility for students in unique housing situations. To help provide additional academic support for students experiencing homelessness, she decides to apply for a sub-grant through the state to get transportation for students who do not have it for after school programming.

Coordination of Programs and Counseling Interventions

Charlotte already facilitates an array of programs and interventions to meet the needs of students across her caseload. For example, she runs counseling groups at her school for students who are behind academically, as well as for those who would like to enhance their social skills. She ensures that those students identified as homeless, who need additional support, have access to these groups. She also works collaboratively with homeless liaisons, social workers, school psychologists, and mental health services to provide a system of support for the emotional and behavior needs of students experiencing homelessness within the school. Outside of the school, Charlotte partners with the local church to run a school supply and clothing drive, the nearby community resource center to get students involved with an afterschool program they run, and the local college to bring in tutors and mentors for a study hall program run during school hours. Although all students are able to be part of these programs, when students are identified as homeless, she ensures that they are promptly connected to appropriate programming.

Preparation

Lastly, in order to enhance her preparation to serve students experiencing homelessness, Charlotte contacted her homeless liaison for training opportunities and plans to attend the state conference on homelessness and education in the near future. Each year, before the school starts, she also refreshes herself on the McKinney-Vento requirements and determines how the school can better serve students experiencing homelessness. Through all of the above actions, she is better prepared and the students she serves feel more supported.

Conclusion

School counselors are key stakeholders who are positioned to address the needs of students experiencing homelessness. By being intentional in specifying their roles and responsibilities, they can provide a supportive system for students and advocate to help remove the barriers they face. Their specific roles when working with students experiencing homelessness include assisting with identification of students and families experiencing homelessness, assessing students' needs, advocating for the effective provision of services, coordinating programs and referrals, and providing counseling interventions. Through facilitating counseling interventions that address academic and emotional needs, as well as coordinating programs, school counselors can have a clear impact on students experiencing homelessness.

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Case Conceptualization for Depressive Disorders: Improving Understanding and Treatment with the Temporal/Contextual Model

Lynn Zubernis, Matthew Snyder, and Kelsey Davis

Understanding and treating depressive disorders can be challenging because of the complex etiology and multiple layers of influence surrounding depression. In this article, we introduce a model of case conceptualization that facilitates a comprehensive understanding of client issues and the contextual factors that influence their development, course and treatment, and describe the utilization of the Temporal/Contextual Model (Zubernis & Snyder, 2016) in treating DSM-5 disorders. The Temporal/Contextual (T/C) Model takes a holistic approach to case conceptualization, making it widely applicable and useful with a variety of theoretical orientations and for a wide range of client problems. The T/C Model can help counselors improve their accuracy, efficiency and effectiveness in treating these common presenting problems.

Keywords: depressive disorders, case conceptualization, DSM-5, Temporal/Contextual Model, depression

Case conceptualization is crucial to effective counseling, providing the lens through which counselors encounter their clients and the template through which we understand their challenges and strengths. Neukrug and Schwitzer (2006) define case conceptualization as a tool for observing, integrating and understanding a client's feelings, thoughts, physiology and behavior. The process requires counselors to think integratively, formulating and testing hypotheses which take into account the diverse information gathered. Seligman (2004) describes case conceptualization as critical to understanding the client's needs and situation. Once that understanding is in place, the case conceptualization serves as a blueprint for how to interact with a client. The process of case conceptualization is considered a core competency for counselors (Betan & Binder, 2010; Sperry, 2010).

Case conceptualization allows counselors to make sense of the flood of information which clients often bring to their first session, to discriminate important from peripheral information and to formulate a hypothesis about core issues and the mechanisms which are sustaining them (Stevens & Morris, 1995). The case conceptualization also helps the counselor develop an explanation of how the client's issues developed and a cultural formulation of the problem which allows an understanding of how gender, ethnicity, socioeconomic status, sexual orientation and other factors impact the client's situation. Another important aspect of the process is assessing the client's readiness for change (Prochaska, DiClemente, & Norcross, 1992).

The way in which a counselor conceptualizes a client's situation impacts the course of counseling (Anderson, 1997; O'Hanlon & Weiner-Davis, 1989). For example, if the counselor is aware of the client's strengths and resources from the start, the client too is likely to be more hopeful about the possibility of change. Conceptualizing skills enable the construction of a model that represents the client's world and experiences. It is only from this understanding that counselors can effectively help clients change.

Counselors recognize the importance of case conceptualization; however, most existing models of case conceptualization were developed for use with a specific theoretical orientation. In contrast, we developed the Temporal/Contextual (T/C) Model, a holistic, atheoretical model which can be used with a wide range of presenting problems. The model is comprehensive, making it useful for understanding disorders such as depression, which are multi-faceted and often involve a complex etiology and a wide range of symptoms. Individuals may gain weight or lose weight, sleep too much or hardly at all, experience

Lynn Zubernis, **Matthew Snyder**, and **Kelsey Davis**, Department of Counselor Education, West Chester University of Pennsylvania. Correspondence concerning this article should be addressed to Lynn Zubernis, Department of Counselor Education, West Chester University of Pennsylvania, 1160 McDermott Drive, West Chester, PA, 19383 (email: lzubernis@wcupa.edu).

extreme restlessness or extreme fatigue. Feelings of hopelessness, helplessness, guilt or self-blame may be a part of the disorder. There may be few physical symptoms or the client may suffer from chronic pain, stomach disruption, or severe headaches. Relationships, work, school and daily life may all be negatively impacted. Thus, it is critical to have the means to make sense of the many facets of depressive disorders in order to facilitate effective treatment. We developed the T/C Model to help counselors increase both their effectiveness and efficiency.

A visual flowchart and worksheet make the model easy to use in practice, even for beginning counselors. In keeping with a collaborative model of counseling, the T/C Model can be shared with the client and is useful as a tool for self-understanding and goal setting.

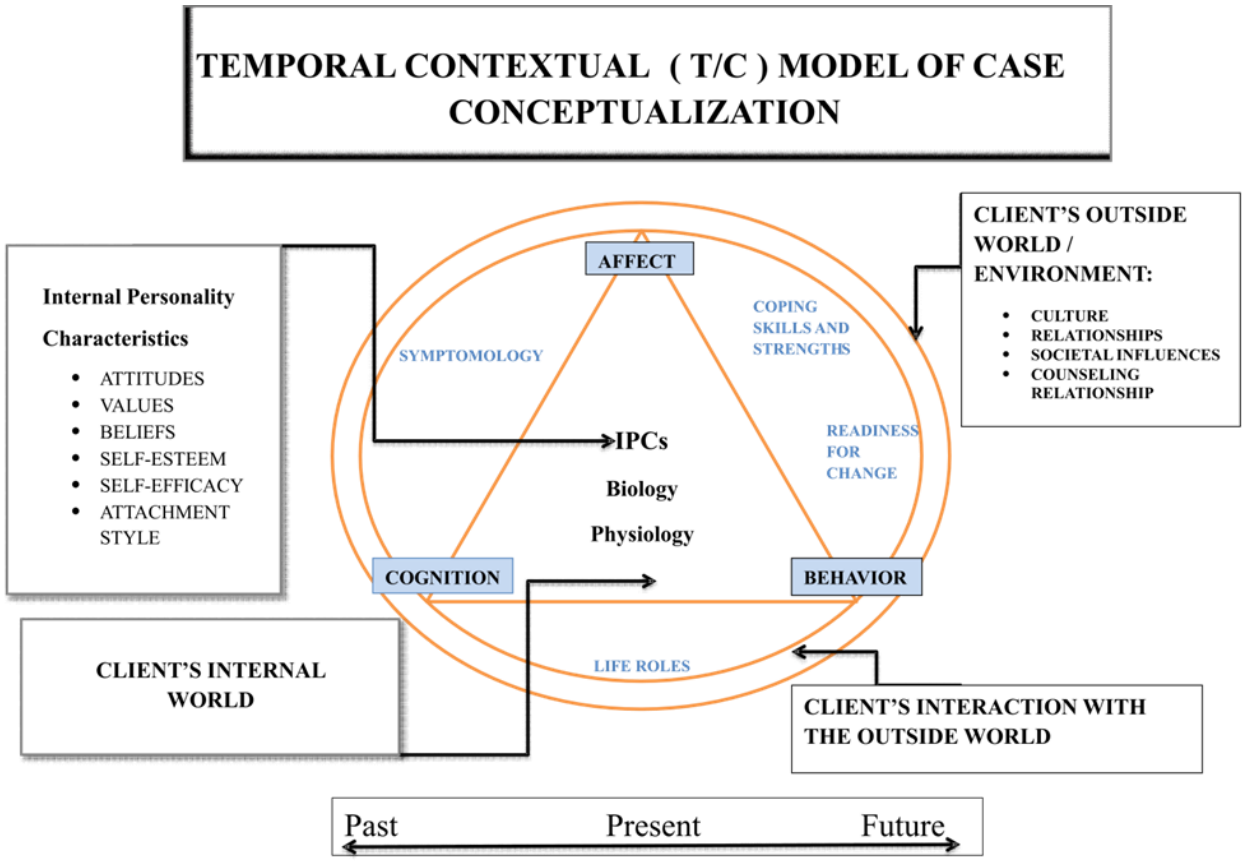

FIGURE 1
TEMPORAL CONTEXTUAL (T/C) MODEL OF CASE CONCEPTUALIZATION

The T/C model highlights the client's internal world, including attitudes, values, and belief systems; the client's external world, including environment, relationships, and culture; and the interaction between the internal and external worlds (behaviors, symptoms, readiness for change, coping skills, and life roles). The timeline in the model focuses on both past experiences and future goals in addition to an assessment of present functioning. The T/C Model also reminds counselors to gather information on strengths, resources, coping skills and supports, so that the counselor can empower the client in the face of the hopelessness, helplessness and self-blame. Following are the components of the model.

The Triangle

In the visual layout of the T/C Model (Figure 1), the triangle represents the three major elements of human experience: behavior, cognition, and affect (emotion) (Greenberger & Padesky, 1995). Behavior includes eating, sleep, activity level, and the counselor's in-session observations. Cognition encompasses the way in which the client takes in and interprets information, as well as beliefs about self and others. Affect includes emotional regulation and expression. The three elements have reciprocal relationships with one another (Bronfenbrenner, & Morris, 1998; Bronfenbrenner, 1981).

The visual layout of the T/C Model locates the domain of the client's internal personality constructs ("IPCs") -- values and beliefs, self-concept, world view, attachment style, self-efficacy and self-esteem, and the

domains of the client's physiology and biology within this elemental triangle. Physiology and biology include genetic predisposition, temperament, stress reactivity and neurotransmitter function, all of which may be implicated in depression. There is interactivity between these domains and the elements of human experience surrounding them as well as between the domains and elements themselves. Finally, the points of the triangle—behavior, cognition, and affect—connect to the outside world. The T/C Model emphasizes the relationship between constructs, which helps counselors understand and empathize with their clients. An example of this interaction can be seen in the uncovering of a client's hot thoughts (Beck & Beck, 2011). A "hot thought" is one that causes an emotional reaction, usually based on the current environmental stimuli and the individual's attitudes, values, and beliefs regarding the meaning of that stimulus. In this example, beliefs (IPCs), constructed from both temperament and experience, directly influence affect. The client's environment and experience have formed the IPCs, which in turn impact how the client perceives and copes with environmental events.

The Inner Circle

The inner circle represents the boundary between the client's internal and external worlds; the client interacts with the environment and the environment is in turn impacted by the client (Bronfenbrenner, 1981). The inner circle includes somatic and psychological symptoms, as well as the client's coping skills, strengths, and readiness for change (Prochaska & DiClemente, 1982; 1986). The inner circle also includes an understanding of the client's life roles, which are influenced by learned beliefs and values (Clark, 2000). Many of us negotiate multiple roles that sometimes conflict, leading to significant stress and putting strain on coping ability.

The Outer Circle

The outer circle includes environmental influences that impact the client (and are in turn impacted by the client). The client's relationships, including the client/counselor relationship, are located here, along with cultural norms and socioeconomic data (Clark, 2000; Bronfenbrenner, 1981). The reciprocal relationship is once again evident, as environmental factors impact the client's personality development (Greenberger & Padesky 1995) and may also motivate the client to seek counseling, if risk factors overwhelm coping ability.

Timeline

The timeline includes past events and relationships which may have shaped current personality, identity and beliefs, some of which may be maladaptive (Corey, 2009). The timeline facilitates a focus on the future in terms of goal setting. In addition, the timeline can be utilized to increase the client's understanding that events in that the past can be interpreted differently in the present, which can change dysfunctional beliefs and negative thinking styles.

The T/C Model is particularly useful for developing a case conceptualization in working with clients faced with complex disorders such as depression. In the next section, we review the DSM-5 diagnostic criteria for depression; finally, we discuss the application of the Model to case conceptualization for depression, using a case example to enrich the discussion

DSM-5 Depressive Disorders

Everyone feels sad from time to time when life is particularly stressful or we are faced with losses. Most of the time, feelings of sadness are transitory. Depression, however, is longer lasting, often manifesting with cognitive and behavioral difficulties and persistent sadness. Depression has a significant impact on day to day activities, interfering with the person's academic, vocational or relational life, or the ability to concentrate, eat or sleep (American Psychiatric Association, 2013). Symptoms include depressed mood most of the day nearly every day, which can be described as "feeling flat" or without feelings. Clients may lose or gain weight, sleep too much or have difficulty sleeping at all, and have changes in energy level ranging from restlessness to extreme fatigue. Physical symptoms may include chronic pain, gastro-intestinal problems, and headaches. Cognitive symptoms such as hopelessness and helplessness are common, and clients may blame themselves for their symptoms. Because of the multi-faceted nature of the disorder, people may lose interest in maintaining relationships or doing the things they used to find enjoyable, and may consider or attempt suicide.

Etiology and Risk Factors

Depressive disorders have a complex etiology. These disorders are not caused by a single precipitating factor, but are impacted by genetic, biological, chemical, psychological, social and environmental influences. Because depression is multiply determined, the 'cause' is not always easily ascertained, making the case conceptualization process critical.

Biological and Genetic Factors

Certain mood disorders tend to run in families. A close relative of someone diagnosed with Major Depressive Disorder has a two to four times higher risk for depression, suggesting a genetic contribution to the disorder (Tsuang & Faraone, 1990). MRI scans show differences in people with depression, and neurotransmitter imbalances have been found to contribute to depressive symptoms. Certain temperament types are also associated with risk of depression, including high levels of negative affect (American Psychiatric Association, 2013).

Cognitive Factors and the Role of Experience

A history of environmental stressors and losses, which may include abuse or trauma, can lead to the development of an explanatory style which is unrealistically negative. This negative filter creates a pessimistic view of both self and others that impacts identity and self-esteem, and is also a risk factor for depression (Beck, Rush, Shaw, & Emery, 1979). In addition, certain current environmental stressors may serve as precipitating factors for an episode of depression, especially major life transitions such as divorce, partner death, job loss or retirement. For children and adolescents, the experience of bullying may be a trigger for a depressive episode. Even expected developmental transitions such as puberty, getting married, childbirth or adult children launching can be a precipitant of depression (Cassano & Fava, 2002).

Cultural Considerations

While individuals of all cultural backgrounds, genders, ages and ethnicities may experience depression, there are differences in prevalence and symptomology. Research has shown that, in general, members of disadvantaged ethnic groups do not have an increased risk for psychiatric disorders such as depression (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005; Riolo, Nguyen, Greden, & King, 2005). There are, however, differences in how the symptoms present, the likelihood of seeking treatment, co-morbidity factors such as drug and alcohol abuse, and the probability of depressive symptoms becoming severe, debilitating, and chronic in nature (Breslau et al., 2005; Alegría et al., 2008; American Psychiatric Association, 2013).

The most striking relationship can be seen with respect to depression and socioeconomic level. The data from the National Health and Nutrition Examination Survey conducted by the U.S. Department of Health and Human Services found that 15% of those living under the federal poverty line reported moderate to severe symptoms of depression, compared with just 6 % of those living above the poverty line (Pratt & Brody, 2014). Again, no significant difference was found in depression rates by race when controlling for socioeconomic level.

There are some significant gender differences in relation to the onset of depression. Females are 1.5 to 3 times more likely to be diagnosed with Major Depressive Disorder in adolescence, and tend to report more sadness, feelings of guilt and worthlessness. Males, on the other hand, report more anger, irritability, sleep problems and fatigue (Cyranowski, Frank, Young, & Shear, 2000; Silverstein et al., 2013). Physiological and hormonal changes due to menstruation, childbirth and menopause, as well as cultural norms which can lead to role conflict and stress, may be an explanation for the higher prevalence of depression in women (Rubinow, Schmidt, & Roca, 1998).

The literature on differences with regard to depression and ethnicity or culture are less clear. Some research data finds that the prevalence of Major Depressive Disorder is significantly higher in Whites than in African Americans and Mexican Americans (Riolo et al.,, 2005). These findings, however, may be due to the stigma associated with depression and mental health issues in certain cultures and ethnic backgrounds. When depression does impact African Americans and their families, it tends to go untreated for longer periods of time and be more severe and debilitating than in non-Hispanic Whites (Williams et al., 2007). For example, roughly 25% of African Americans seek mental health care, compared to 40% of Whites. This reluctance may be impacted by lack of health insurance, distrust or misdiagnosis, treatment options in the community, and a lack of African American mental health professionals (Alegría et al., 2008). On the other hand, some research has suggested that a strong ethnic identity can be a factor contributing to resilience and coping in African Americans (Williams, Chapman, Wong, & Turkheimer, 2012).

With regard to age differences, children with depression may exhibit symptoms of anxiety or irritability instead of sadness, may refuse to attend school or may act out behaviorally. Adolescents may struggle with identity issues of ethnicity and sexual orientation, and substance abuse and eating disorders often co-occur. Suicide is also a significant risk (Weissman et al., 1999; Shaffer at el., 1996). For the elderly, medical conditions such as hardening of the blood vessels can contribute to depression, as well as more frequent experiences of loss. The risk of suicide among white males over 85 is higher than other age groups. (Luoma, Martin & Pearson, 2002).

Counseling is an effective treatment for mood disorders for a wide range of populations, from children to older adults, clients living in poverty and people with disabilities (Kazdin, 2008; Kazdin at el., 2010). Interventions may need to be adapted, however, so it is important to assess clients' specific challenges. The information included in the T/C Model facilitates this process and helps counselors be sensitive to client differences.

Comorbidity

Effective case conceptualization also takes into account the possibility of co-occurring disorders, which can be precipitating factors for depression or can make the course and treatment of depression more complicated. The breadth of the T/C Model facilitates a thorough understanding of all the factors impacting the client, allowing accurate assessment of comorbid disorders. The most common co-occurring disorders with depression are anxiety disorders, including post-traumatic stress disorder (PTSD), panic disorder, social phobia, generalized anxiety disorder and obsessive-compulsive disorder (OCD) (Regier, Rae, Narrow, Kaebler, & Schatzberg, 1998; Devane, Chiao, Franklin, & Kruep, 2005). The environmental experience of trauma can be a risk factor for depressive disorders, with over 40 percent of people who developed PTSD also experiencing depression in an NIMH study (Shalev et al., 1998). Clients dealing with depression may also self-medicate with drugs or alcohol (Conway, Comptom, Stinson, & Grant, 2006). As assessed in the biological/physiological and cognitive domains of the model, chronic or disabling medical conditions can be risk factors for developing a depressive disorder, since these conditions can create a sense of hopelessness and helplessness (Cassano & Fava, 2002).

Case Conceptualization for Depression Using the T/C Model

A multi-faceted case conceptualization is critical when working with clients struggling with depression. In the biological/physiological domain, problems with appetite, sleep, activity level and concentration are relevant. Somatic symptoms, including chronic pain, headaches, and stomach problems may also be present. It is important to consider family history of mood disorders, timing of depressive episodes (recurrence at a particular time of year, for example), and whether the depression may be related to the menstrual cycle or childbirth for women.

In the cognitive domain, the clients' customary ways of seeing themselves and others may be a risk factor for developing depression. As discussed previously, a negative explanatory style, as clients view self and others through a negative filter, increases vulnerability for depression. An important component of case conceptualization for clients with depression involves the uncovering of strengths and resources, since these are often invisible through a negative filter. Clients may also struggle with guilt and shame, have low self-esteem, or express a sense of hopelessness and helplessness that can lead to suicidal thoughts or intent. Assessing suicidal ideation is a critical part of the case conceptualization.

Relevant factors in the client's environment include both current and past stressors, such as loss, relationship problems, financial stress and academic or vocational difficulties. The use of the timeline reminds counselors to consider the impact of past events on current functioning, as well as to consider the client's vision of the future as an aid to goal setting.

Finally, the incorporation of an exploration of culture in the T/C Model takes into account factors such as gender roles, ethnicity, cultural values and beliefs, and socioeconomic status, all of which inform the counselor's understanding of the client and the development of a plan of treatment.

From Case Conceptualization to Intervention

Research identifies several theoretical approaches which can help clients dealing with depression, including cognitive behavioral, client centered, and interpersonal therapy, with few differences in effectiveness found (Castonguay & Beutler, 2006; Norcross, 2011). The majority of clients who receive counseling show improvement and are able to resume a normal level of functioning (Baldwin, Berkeljon, Atkins, Olsen, & Nielsen, 2009; Stiles, Barkham, Connell, & Mellor-Clark, 2008; Wampold & Brown, 2005). Counseling is an effective treatment for children and adolescents (Weisz, McCarty, & Valeri, 2006; Kazdin et al., 2010) and for older adults (Alexopoulos at el., 2011; Areán et al., 2010; Bohlmeijer, Smit, & Cuijpers, 2003).

Medication has also been found to be an effective treatment for depressive disorders, targeting brain chemicals which are out of balance (Robinson, Berman, & Neimeyer, 1990), and the combination of medication and counseling can be particularly effective (Arnow & Constantino, 2003; Friedman et al., 2004; Pampanolla, Bollini, Tibaldi, Kupelnick, & Munizza, 2004; March et al., 2004).

Specific aspects of the comprehensive case conceptualization developed with the T/C Model are particularly helpful to counselors as they consider appropriate interventions and how to put these into place. For example, problem solving interventions and

supportive therapy are helpful for older adults with depression (Alexopoulos et al., 2011; Areán, et al., 2010), so a focus on the cognitive aspects of the model and the client/counselor relationship are therefore critical. Older adults also benefit from reminiscing and engaging in a life review, which is facilitated by the timeline's focus on the past (Bohlmeijer et al.,, 2003).

The data gathered and organized by the Model can also facilitate decision making as counselors select the most appropriate and effective interventions. For example, if the T/C Model conceptualization identifies cognitive distortions and dysfunctional beliefs which are contributing to the client's depression, the counselor may want to consider cognitive behavioral therapy. Cognitive models of depression emphasize the impact of core beliefs and cognitive schemas (Beck et al., 1979). According to Beck, these beliefs about the self and others develop from early experience and create a negative filter; the timeline in the T/C Model ,with its emphasis on past experience, is useful when working from a cognitive theoretical lens. The T/C Model helps the counselor identify dysfunctional beliefs and "hot thoughts" (thoughts connected to strong affect), which can then be challenged in CBT. The visual layout of the T/C Model (see Figure 1) and its collaborative use can help the client identify problematic beliefs, understand their etiology, and help develop goals for change. More flexible, positive ways of thinking reduce hopelessness and depressive symptoms.

The T/C Model also emphasizes an understanding of the client's relationships, both past and present. Problematic relationships contribute to depression; reworking past relationship difficulties and developing the skills to maintain healthier current relationships can be an effective route to change. If the T/C Model conceptualization suggests a problematic pattern of relationships, Interpersonal Therapy, also an empirically supported treatment for depression, may be beneficial (Lemmens, DeRubeis, Arntz, Peeters, & Huibers, 2016). Family systems treatment is also useful for treating depression, uncovering the ways in which family relationships may create a vulnerability for depression or sustain depressive symptoms (Titelman, 2014). Because the T/C Model conceptualization includes the client's environment, an understanding of family roles and relationships is developed which facilitates both of these approaches. Clients exist in interconnected networks and relationships, making change more sustainable when the environment is also changed. The emphasis on values, beliefs and life roles learned within the family makes the T/C Model a good fit for family systems treatment.

Finally, the incorporation of biological and physiological factors in the T/C Model assists counselors whose clients would benefit from medication. The client's learned beliefs and values surrounding the use of medication are relevant; the counselor gains an understanding of these beliefs through use of the model, and can then address any which might make compliance an issue.

The T/C Model is not only useful for explicating the client's challenges; the Model is specifically designed to identify existing strengths, coping skills and support systems. A client dealing with depression may lose sight of any positives in their lives, viewing past, present and future through a negative filter. The T/C Model's visual nature assists the counselor in bringing these positive aspects to awareness in a powerful manner, contributing to the development of hope. Together, counselor and client identify experiences of success and uncover strengths, allowing clients to set goals for the future and develop a more positive identity.

The following is a fictitious case example of how a case conceptualization using the T/C Model could be developed with a client dealing with depression.

The Case of Finn

Finn, a 32-year old man, finally sought counseling after feeling 'down' for some time. He sits slumped in his chair and does not make much eye contact. His clothing is somewhat dishevelled and he has a few days' growth of beard. Finn speaks softly and hesitantly as he tells the counsellor that he just doesn't care anymore. He has been having episodes of uncontrollable crying, and has been avoiding seeing friends or family. Even going to work is hard, as he feels extremely fatigued. Especially in the morning, Finn also has stomach pain, and finds he has little appetite. His girlfriend is very worried, and has encouraged him to seek help, as have several of his friends.

While Finn is able to tell the counselor that his friends are worried, he also says that he doesn't think his friends really miss him that much, as they never did really enjoy his company. He's even beginning to doubt that his girlfriend wants to be with him, although she repeatedly tells him that she does.

He has similar doubts about work, and has called in sick several times in the last month. His job as an accountant requires a high level of concentration, which Finn just does not feel capable of recently. He's convinced that he's going to be fired, and says that he's always been a failure; it's just a matter of time. When the counsellor asks how long Finn has been feeling this way, he says "as long as I can remember. My dad always said I'd screw things up. I'm supposed to be the strong one, the successful one. I'm his only son."

Finn shares that as the only son of a working class Mexican American family, he feels like he isn't "much of a man" at this point. His mother is pressuring him to

get married, but he does not think he can hold onto a job that would allow him to support a family. Finn's parents, while still married, have had a troubled relationship for years. Their religious beliefs do not allow divorce, but Finn is well aware that his father has had several extramarital relationships and drinks heavily on the weekends. His mother had to leave the family twice when he was young to go stay with her mother, though no one would tell him why. He recalls many instances of her sobbing in her bedroom and telling him not to come in when he knocked.
Near the end of the session, Finn sighs and says "everyone would be better off if I wasn't here."

The first step in working with this client is for the counsellor to organize the data gathered using the T/C Model. The following is an example of a T/C Model Case Conceptualization Outline prepared by the counselor working with Finn.

T/C Model Case Conceptualization Outline

(* The counselor needs more information in this area)

Presenting Problem: Depression, isolation, suicidal ideation

Internal Personality Constructs and Behavior:
Self-efficacy: feels hopeless, doubts efficacy in relationships and at work
Self-esteem: low, feels paralyzed by depression and hopelessness
Attitudes/Values/Beliefs: Strong sense of responsibility; belief that men are supposed to be "strong" and successful "breadwinners"; raised with strong religious convictions
Attachment Style: possible insecure attachment impacted by maternal depression and paternal alcohol use

Biology/Physiology/Heredity: male, 32, stomach pain, loss of appetite, fatigue, family history of depression, temperament (negative affect), medical history*

Affect: depressed, hopeless, ashamed, bouts of crying

Cognition: Difficulty concentrating; belief that people only spend time with him because they're obligated
Hot Thoughts: "My friends don't really miss me." "My girlfriend doesn't want to be with me." "I'm a failure."

Behavior: bouts of crying, isolating, missing work, visibly distraught, disheveled, poor self-care

Symptomology: stomach aches, fatigue, trouble concentrating, appetite changes, crying, withdrawal

Coping Skills and Strengths: has friends, stable romantic relationship, professionally successful

Readiness for Change: contemplation stage – ambivalent about change but willing to consider; impacted by hopelessness

Life Roles: only son, believes he should be the breadwinner, wants to be a husband

Environment:
Relationships: conflicted relationship with father and mother, relationship strain with girlfriend
Culture: Hispanic American, traditional values around marriage, men as breadwinners, divorce
Family Norms and Values: Belief that men are supposed to be strong and successful breadwinners; family culture of secrecy around mental health challenges and infidelity
Societal Influences: gendered beliefs about masculinity, social pressure toward marriage, social pressure for job success

Timeline:
Past Influences: father's criticism and drinking, mother's unavailability due to depression
Present Influences: work stress, isolation, depressed mood, fatigue, difficulty eating and concentrating, conflicted relationship with father, pressure from mother to be married
Future Goals: resume friendships, healthy relationship with girlfriend, attend work regularly, increase confidence at work

Integrated T/C Model Conceptualization for the Case of Finn

The complexity of the course, etiology and symptomology of depressive disorders is clear in the case of Finn as we apply the T/C Model. The Model first assists with formulating a diagnosis. Incorporating the timeline's lens on the present, Finn exhibits many of the symptoms which suggest a diagnosis of depression, including withdrawal from friends, bouts of crying, problems with appetite and concentration, fatigue and hopelessness. His physical complaints, disheveled appearance, and body posture also corroborate the diagnosis. Finn's suicidal ideation is also commonly associated with depression. The detailed picture of Finn's current situation and functioning which the T/C Model allows the counselor to paint makes a diagnosis clear. The next step is to develop an understanding of etiology as well as factors maintaining Finn's depression.

Using the timeline to review factors in Finn's past

which might have contributed to his current depression, we can identify cultural and family norms and values which have had an impact; specifically, Finn has absorbed his family's gendered beliefs about what is expected of a man, including marriage and job success, which have likely been influenced by the family's religious and cultural background. Finn's role as an only son makes these expectations more intense; both of his parents continue to make their expectations clear, which has not given Finn the psychological space to challenge these beliefs even as an adult. The persistence of these problematic cognitions in the present is seen in Finn's "hot thoughts", which are connected to his feelings of failure, sadness, and hopelessness. Identifying these dysfunctional ways of thinking suggests that a cognitive behavioral approach might be beneficial to challenge their realism and help Finn understand that these are learned beliefs.

The model also encourages an examination of how the client's history has contributed to self-esteem and identity. In Finn's case, his father's criticism, alcohol use and infidelity and his mother's depressive episodes and periodic absence may have resulted in insecure attachment. As a result, Finn's self-esteem and self confidence in adulthood may be easily shaken – in this case, by doubts about his work success or relationship problems with friends or his girlfriend. An understanding of these impacting factors makes clear the importance of a strong therapeutic relationship and the development of trust and rapport. In addition, the presence of a family history of both depression and alcohol suggests the possibility of a biological component; the counselor and Finn may want to consider medication as a part of treatment.

The T/C Model also illuminates the client's strengths. In this case, while Finn's relationship difficulties are clear, so are his successes. He has friends who care about him enough to be worried and a girlfriend who is sticking by him and encouraging him to get help. He has been academically and vocationally successful and until recently has been motivated to work hard at his job. While Finn is expressing doubt about whether he can feel better – or possibly about whether he deserves to feel better – nevertheless, he agreed to come in for counseling and has been open with the counselor about his thoughts and feelings. The counselor can build on these strengths, using this awareness to challenge irrational beliefs about how others feel about him and to remind Finn of the support system he has in place and encourage him to use it. The counselor will want to empower Finn as well, reminding him of his successes and demonstrated intelligence.

Conclusion

Depressive disorders remain a common problem, disrupting clients' lives with a detrimental impact on productivity, economics, parenting and relationships. As counselors, we need workable, effective tools to enhance our understanding of the multiple ways in which disorders such as depression develop, are sustained, and are treated. We also need the means through which to understand our clients holistically, allowing us to treat the whole person using whatever theoretical approach is most effective.

One of the strengths of the T/C Model is that its comprehensive conceptualization organizes the information the counselor has gathered, allowing the counselor to develop a thorough understanding of the client. In addition, the model highlights information that is missing, allowing the counselor to go back and investigate other relevant data that will be useful in making sense of the client's world. The T/C Model is thus a beneficial tool for initial assessment as well as an ongoing, evolving framework for both client and counselor to come to a deeper and more accurate understanding of the client's challenges, strengths and life context.

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The Role of Mindfulness in Reducing Trauma Counselors' Vicarious Traumatization

Charles J. Jacob and Rebecca Holczer

In a sample of mental health clinicians working primarily with trauma survivors (n = 71), self-reported mindfulness qualities correlated with lower levels of self-reported vicarious traumatization. Participants completed two questionnaires: (1) the Trauma Attachment and Belief Scale (TABS), which assesses the presence of vicarious traumatization, and (2) the Cognitive and Affective Mindfulness Scale–Revised (CAMS-R), which assesses mindfulness qualities. Results indicated that clinicians with higher CAMS-R scores (i.e., higher self-reported mindfulness qualities) had significantly lower TABS scores (i.e., lower levels of self-reported vicarious traumatization). The findings suggest that trauma-focused counselors should engage in mindfulness activities routinely to increase awareness of internal processes and decrease the likelihood of experiencing vicarious traumatization as a result of exposure to clients' trauma-related narratives.

Keywords: vicarious traumatization, counseling, mindfulness, awareness

Vicarious traumatization - counselors' cognitive disruptions as a result of empathizing with clients who have experienced trauma (McCann & Pearlman, 1990) - can cause a change in counselors' belief systems of self, others, and of the world in general (e.g., lack of trust, increased cynicism; Culver, McKinney, & Paradise, 2011). In counseling, much research has indicated the benefits of implementing self-care to address resulting psychological stress in practicing clinicians and clinicians in training (Abel, Abel, & Smith, 2012; Lawson & Myers, 2011; Myers, Mobley, & Booth, 2003). However, self-care demonstrates questionable outcomes in alleviating symptoms of vicarious trauma in practicing clinicians (Bober & Regher, 2006).

The purpose of this research is to explore the utility of mindfulness qualities in clinicians who work with trauma survivors in order to prevent the onset of vicarious traumatization. The literature reviewed suggests that (a) developing the counselor's ability to utilize mindfulness is connected to the prevention of vicarious traumatization, (b) the humanistic nature of counseling may play a role in the development of vicarious traumatization (i.e., recognizing the boundaries between individual experiences and the experiences of the empathy recipient), and (c) mindfulness qualities may help clinicians learn to increase self-other awareness and decrease anxiety or stress in response to exposure to clients' stories about trauma.

Vicarious Trauma

The effects of trauma work on clinicians, particularly its resulting psychological symptoms (also known as secondary traumatic stress; Bride, Robinson, Yegidis, & Figley, 2004), have been widely studied. Among the identified detrimental outcomes of trauma work for clinicians is vicarious traumatization, which is less of a resulting psychological symptom and more a change in belief systems about the self, others, and the world in general (Culver et al., 2011; McCann & Pearlman, 1990). While vicarious traumatization may naturally occur as a result of exposure to trauma narratives, scholarship suggests that it results in pervasive and long-term negative psychological effects (Culver et al., 2011; McCann & Pearlman, 1990). Previous research has explored the concept of vicarious traumatization as it pertains to clinical work with clients who have experienced natural disasters (Culver et al., 2011) and family violence (Ben-Porat & Itzhaky, 2009), as well as with sexual offenders (Moulden & Firestone, 2007). Outcomes of vicarious traumatization in clinicians include increased suspicion of others, decreased vulnerability with others, a need to

Charles J. Jacob and **Rebecca Holczer**, Department of Psychology, La Salle University. Correspondence concerning this article should be addressed to Charles J. Jacob, Department of Psychology, La Salle University, 1900 West Olney Avenue, Philadelphia, PA 19141 (e-mail: jacob@lasalle.edu).

reinforce personal safety precautions, feelings of helplessness, cynical views and beliefs regarding human nature, denial or emotional numbing, and a desire to define causality (Culver et al., 2011; McCann & Pearlman, 1990). Negative effects reported include depression, feeling drained in interpersonal relationships, and low self-esteem (Hunter, 2012). In addition, empathic engagement with a traumatized client has been correlated with symptoms of posttraumatic stress in the counselor (Jankoski, 2010; Schauben & Frazier, 1995).

Development of Vicarious Traumatization and Awareness of Internal Processes

The outcomes of vicarious traumatization are more apparent than the internal processes that precede it, though the end product is a substantive change in cognitive schemas. For some clinicians, the experience of working with trauma survivors evokes an emotional response that is intense enough to compromise self-other awareness. To illustrate, Jankoski (2010) conducted a qualitative assessment in which child welfare workers described connecting to clients' stories to such a degree that their conceptualizations of the world appeared almost indistinguishable from the experiences of their traumatized clients. As participants in the study reported,

> I am not the same person today as I was when I started this job . . . I'm not able to be intimate with my husband. I just think of the kids who have been hurt by their own fathers . . . We don't live in a safe world, I keep my kids close . . . I won't allow my girls to sleep over at a friend's house. It really causes problems at home . . . I walk down the mall and see a man holding a child and I think, "perp." I see another man holding a child's hand, and I think, "perp." (p.113–114)

The deleterious effects of such a strong emotional reaction to, or connection with, client narratives are likely twofold. Clinicians become less capable of practicing effectively (Cummins, Massey, & Jones, 2007; Han, Lee, & Lee, 2012), and there exists the likelihood of serious disruptions in interpersonal functioning, such as changes to core beliefs regarding justice in the world and a lack of trust in others (Culver et al., 2011; Jankoski, 2010). In either case, research has focused on methods of reducing disruptions after the fact (Cummins et al., 2007) rather than on preventative practices that could potentially reduce the likelihood of distress.

Humanism and the Client-Focused Cognitive Schema

In a purely client-focused cognitive schema, core beliefs regarding the function of empathy and/or humanism, that is, accepting the client fully and recognizing the subjectivity of experience, (Hansen, 2006) may cause the objectivity of the counselor to become lost to the subjective connection with clients' experiences. Specifically, the counselor's core belief regarding the importance of humanism in counseling (e.g., Wampold, 2012) may result in a loss of objectivity in session. The outcome is an overidentification with client narratives such that impartiality becomes difficult, or the clinician begins to develop a lack of trust for others (Jankoski, 2010).

As Rogers (1957) indicated, counselors' ability to empathize with others relates to the therapeutic alliance, regardless of the clinicians' theoretical orientation (Feller & Cottone, 2003). However, a lack of awareness of internal processes (i.e., meta-observations of inner dialogue and emotional responses) and external processes (i.e., the physical experience of being with the client), as well as a lack of attention to personal wellness, leads to personal distress or even ineffective clinical practice later (see Cummins, Massey, & Jones, 2007 for a detailed review). In order to effectively regulate emotions and avoid distress, while showing empathy or engaging in an empathetic relationship, counselors need to be as aware of their own experiences as much as they are of their clients' (Decety & Jackson, 2004).

One of humanism's basic tenets is the counselor's capacity for compassion, which is contingent upon the ability to effectively understand and relate to others' emotions (Hansen, 2006). Rogers (1957) conceptualized empathy as one of the basics principles of effective counseling. In the following excerpt from his seminal article on the necessary conditions for therapeutic change, Rogers summarizes the process of empathy:

> To sense the client's private world as if it were your own, but without ever losing the "as if" quality–this is empathy, and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it. (p. 243)

Based on Rogers's conceptualization and the humanist ideals of the profession, the counselor's emotions are an integral part of the therapeutic process. However, it can be problematic when the barriers of the *as if* process of empathy become less clear within the counselor's cognitive schema, resulting in the dilution of the

counselors' awareness of his or her internal experience as separate from the emotions of the client. The emphasis on others is one important component of developing empathy; however, empathy also requires a self-other awareness to effectively regulate emotions and avoid distress (Decety & Jackson, 2004).

This is not to suggest that a humanistic approach is problematic in and of itself, but rather to point out that a counselor's ability to practice objectively has an impact on treatment outcomes. The notion of self, may, in some cases, be lost in the humanistic facets of the profession or the empathetic process, with Cummins and colleagues (2007) suggesting that counselors should engage in continual self-monitoring. Williams, Hurley, O'Brien, and DeGregorio (2003) argue that a lack of self-awareness is likely a precursor to countertransference reactions among practicing counselors. Additionally, counselors who are able to be more objective and judicious in their use of specific treatment approaches are more likely to produce better outcomes with clients as a result of treatment (Owen & Hilsenroth, 2014). When counselors develop cognitive schemas that embrace humanism to the point that objectivity is lost, the outcome may be detrimental to both client and practitioner.

Mindfulness Qualities and Vicarious Traumatization

Perhaps the most succinct definition of mindfulness is "the state of being attentive to and aware of what is taking place in the present" (Brown & Ryan, 2003, p. 822). Mindfulness is different from simple concentrative techniques, as the goal in the latter is single-minded attention. In contrast, mindfulness is a basic level of attention to all thoughts that enter conscious awareness. It is not the suppression of thoughts and feelings or simple relaxation. Instead, it is an exercise in mental discipline intended to maintain a sense of nonjudgment and awareness of all thoughts, feelings, and emotions, as well as to reduce stress and anxiety responses (Brown, Marquis, & Guiffrida, 2012). In addition to its usefulness in the area of self-care, mindful awareness has become a topic of interest in counseling and counselor education literature as a method for improving overall clinical practice (Brown et al., 2012).

Researchers have examined the connection between mindfulness practice in counselors and various aspects of the counseling process. For example, Greason and Cashwell (2009) analyzed the relationship between mindfulness, attention, empathy, and counseling self-efficacy in counselor trainees. The results showed that mindfulness was a predictor of counseling self-efficacy, attention was a mediator of that relationship, and mindfulness was a predictor of empathy. Additionally, a small sample of clinicians who had previously worked with trauma survivors indicated that maintaining a sense of awareness and acceptance of the present helped them accept limits related to their ability to effect change, as well as to maintain clarity of self and other (Harrison & Westwood, 2009).

Awareness, or the ability to monitor the internal as well as the external environment, (Brown & Ryan, 2003) is a key component of mindfulness and counseling. Sommer (2008) recommended that instructors and supervisors make an effort to increase mindful awareness of the process and effects of vicarious traumatization in clinical work. In examining the outcomes of vicarious traumatization, Han, et al. (2012) have highlighted the importance of teaching clinicians how to differentiate between a potentially detrimental phenomenon such as emotional contagion (i.e., *catching* the emotions of others; Hatfield, Rapson, & Le, 2009) and the more ideal notion of empathic concern. Empathy requires "the examination and objectification of the self" (Han et al., 2012, p.451), and increased awareness of the present may help to prevent *catching* the emotions of others.

Counselors benefit from awareness with regard to both personal wellness and alliance building with clients. Fauth and Nutt-Williams (2005) examined the importance of in-session awareness as a function of effective psychotherapy. Clients participated in 20 to 30 minute sessions with graduate counselor trainees, followed by completion of a process review of the session, as well as quantitative measures of impact on clients and in-session awareness of counselor trainees. The results suggested that increased awareness of internal states is not only an asset as perceived by counselors, but is also related to clients' feelings of connection with the counselors. Building from these studies, the utility of mindfulness as a preventative measure against vicarious traumatization warrants further exploration.

Methods

This study sought to examine the extent to which mindfulness qualities (e.g., awareness of internal processes, focus on the present, acceptance) prevent the development of vicarious traumatization in clinicians working primarily with traumatized clients. An online survey consisting of two self-report questionnaires, one assessing mindfulness and one assessing vicarious traumatization, was developed and distributed to listservs for organizations of trauma professionals.

Participants

Participants were recruited from trauma-professional organizations including the International Society for Traumatic Stress, as well as through institutions in the northeastern United States that were directly involved in the treatment of trauma. The required sample size for power of .90 with a medium effect size (f^2 = .20, α = .05) with one predictor is 68. A total of 80 participants agreed to participate in the online survey, though 9 sets of participant data were deleted due to missing data, with a final sample of 71 participants. The sample was 80% female, with an average age of 37.43 years (*SD* = 11.05). The majority of the sample identified as heterosexual (88.8%) and European American (85%), followed by African American (3.8%), Asian American (2.5%) and Middle Eastern American (2.5%). The participants identified themselves as mostly clinical psychologists (52.5%), followed by social workers (16.3%), licensed professional counselors (12.5%), marriage and family therapists (7.5%), and certified drug and alcohol counselors (1.3%). The average number of years working with trauma was 9.52 (*SD* = 8.30), with an average of 23.43 active clients per participant at the time of the survey (*SD* = 17.25). Clinicians reported spending an average of 62.42% of their clinical time working with trauma (*SD* = 23.99) and working in the following settings: outpatient clinic (30%), trauma specialized setting (27.5%), private practice (20%), hospital or medical setting (20%), college counseling center (6.3%), forensic setting (5%), substance abuse rehabilitation setting (2.5%), educational setting (2.5%), residential facility (1.3%), and women's outreach center (1.3%).

Measures

Trauma Attachment and Belief Scale. The Trauma Attachment and Belief Scale (TABS; Pearlman, 2003) is an 84-item self-report questionnaire that was designed to measure the psychological impact of traumatic life events across the domains of safety, control, trust, esteem, and intimacy. These areas are further divided across the respondent's perception of self and others, to yield a total of ten subscales. Items are scored via a six-point Likert scale from 1 (*disagree strongly*) to 6 (*agree strongly*). The subscales of the measure are (1) Self-Safety, (2) Other-Safety, (3) Self-Trust, (4) Other-Trust, (5) Self-Esteem, (6) Other-Esteem, (7) Self-Intimacy, (8) Other-Intimacy, (9) Self-Control, and (10) Other-Control. The TABS has been demonstrated to be reliable. Internal consistency and test-retest reliabilities for the total score are good (.96 and .75, respectively). Further, it isolates the cognitive components of vicarious traumatization that distinguish vicarious traumatization from other constructs such as secondary traumatic stress and burnout (Jenkins & Baird, 2005).

The Cognitive and Affective Mindfulness Scale–Revised. The Cognitive and Affective Mindfulness Scale–Revised (CAMS-R; Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007) is a 12-item self-report instrument that assesses mindfulness qualities of individuals across the domains of attention, present focus, awareness, and acceptance. Items are scored via a four-point Likert scale from 1 (*rarely/not at all*) to 4 (*almost always*). The overall CAMS-R scores have been shown to have acceptable levels of internal consistency and discriminant validity, but not the subscales (Attention, Present Focus, Awareness, and Acceptance). As such, the total CAMS-R score is used to assess mindfulness qualities of the individual, with higher scores indicating a greater propensity for mindfulness qualities.

Results

Because CAMS-R scores were significantly correlated with TABS scores, r = -.63 ,p < .001, linear regression was used to assess the impact of clinician-reported mindfulness qualities on the development of vicarious traumatization. The total variance explained by the model was 34.4%, $F(1, 69) = 36.18$, $p < .001$. As CAMS-R scores increased, total TABS scores decreased (*beta* = -.59, $p < .001$). Subscales of the TABS were not explored because of problems with multicollinearity; specifically, all subscales were correlated significantly at $\propto$.01.

Exploratory analysis was conducted to examine the main characteristics of the sample that correlated with higher scores on the TABS and the CAMS-R, though professional identity was the only variable that demonstrated a significant relationship with either. A one-way analysis of variance was conducted to explore the impact of professional identity on development of vicarious traumatization. Subjects were divided into seven groups according to indicated professional identity: Psychologist, Mental Health Counselor or Licensed Professional Counselor, Social Worker, Marriage and Family Therapist, Certified Drug and Alcohol Counselor, Multiple Professional Identities (e.g., licensed both as a counselor and a psychologist), and Other. There was a statistically significant difference at the p = .05 level in TABS scores for the seven professional identity groups, $F(1, 72) = 2.31$, p = .05; however, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .15. Mean TABS

scores were highest for individuals with multiple professional identities (M = 194, SD = 37.42), followed by social workers (M = 191.46, SD = 10.38), licensed professional counselors (M = 189.25, SD =13.23), psychologists (M = 158.79, SD = 6.07), and marriage and family therapists (M = 152.75, SD = 18.71).

A one-way analysis of variance was conducted to explore the impact of professional identity on mindfulness qualities of the clinician. There was a statistically significant difference at the p = .05 level in CAMS-R scores for the seven professional identity groups,: $F(1, 74) = 4.17$, $p < .001$, and the actual difference in mean scores between the groups was larger than with vicarious traumatization scores. The effect size, calculated using eta squared, was .25. Mean scores were highest for individuals with multiple professional identities (M = 44, SD = 4.76), followed by marriage and family therapists (M = 42, SD = 2.38), psychologists (M = 38.23, SD = .75), licensed professional counselors (M = 35, SD = 1.68), and social workers (M = 33.31, SD = 1.32).

Discussion

The findings of this study suggest that mindfulness qualities of practicing trauma clinicians have an impact on the likelihood of developing vicarious trauma. Specifically, increased reports of mindfulness qualities among practicing clinicians significantly predicted a decreased report of traumatization symptoms. The data overall suggest that clinicians who work with survivors of trauma and who perceive themselves as having qualities of mindfulness are less likely to experience disruptions to notions of self that may lead to the development of vicarious traumatization.

Additionally, while not an intended focus of the study, professional identity had a significant correlation with the development of vicarious traumatization. However, the effect size for the difference among varying professions was larger for mindfulness qualities. Participants who identified as having more than one professional identity were more likely to report having mindfulness qualities and to report symptoms of vicarious traumatization.

Implications for Practicing Clinicians

Teaching clinicians to make use of mindfulness practice may reduce stress in session that will improve later awareness and interpretation of their own affect and emotional responses. Vicarious trauma is maintained in the aftermath of trauma exposure, and accuracy of recalled information worsens with time; however, in the cases of information that is emotionally intense, individuals tend to have greater faith in the accuracy of this information, even when the memories in question are inaccurate or have degraded (Talarico & Rubin, 2003). In clinical practice, gaps in recall of information may occur in the days, weeks, or months between sessions, suggesting that training in accurate, or more objective, recall of information acquired during session may be an asset in reducing the likelihood of later cognitive schema adjustments. This may be particularly true following sessions that are emotionally taxing for the counselor.

One of the complications of working with trauma survivors is the stress accompanying this work, resulting in clinician reports of emotional drain (Hunter, 2012). Schure, Christopher, and Christopher (2008) suggest that regular or daily mindfulness practice is an asset for practicing clinicians in general, and particularly for stress reduction. According to the authors, this can include myriad activities related to the practice of mindful awareness, such as yoga, Tai Chi, or regular meditation practice. For example, Qigong, an ancient Chinese practice involving a combination of movement and meditation, was associated with increases in mindfulness among counseling students (Chrisman, Christopher, & Lichtenstein, 2009), and even brief yoga practice (e.g., 60 minutes a week for 8 weeks) was correlated with mindfulness in a nonclinical sample (Shelov, Suchday, & Friedberg, 2009).

Counselors who practice mindfulness have sustained long-term benefits as well. In a follow-up study of graduate counseling students who had participated in a mindfulness-based training program, 13 out of 16 randomly selected students continued to engage in some type of formal mindfulness practice an average of four years after completing the training program (Christopher et al., 2010). Counselors reported lasting benefits including a sense of openness, increased awareness, and increased self-compassion as a result of this training. Insofar as the following excerpt illustrates the group experience, they also noted stronger boundaries related to self and the longevity of these benefits:

> I think that I can tend to get overwhelmed by other people's emotions and through the class I think I really learned to be able to separate people's emotions and be strong in my own sense of self in that moment. To be just fully aware of what I'm experiencing and being able to separate what other people are experiencing. (Christopher et al., 2010, p. 333)

These results are comparable to those of Schure et al. (2008), who found that students who participated in mindfulness training reported improved emotional strength and the ability to detach from emotions. Furthermore, students reported having more peace in

their lives and trust in themselves in addition to an increased capacity for empathy (Schure et al., 2008).

Though the findings of this research were significant, increased awareness of stress responses may not be universally beneficial in preventing changes to cognitive schemas. Talarico and Rubin (2003) found that while flashbulb memories (i.e. emotionally intense memories related to a specific event such as a trauma) worsen over time in much the same way as other memories, the individual's confidence in the accuracy of memories is more constant. Accordingly, mindfulness practice to cope with vicarious traumatization may not have a direct impact on core beliefs for all clinicians because confidence in accuracy of recalled information may not be malleable.

There also exists the risk of counselors trying too hard to curb symptoms of vicarious traumatization through mindful awareness. While Fauth and Nutt-Williams (2005) found support for the benefits of counselor self-awareness as perceived by clients and counselors alike, clients rated the counseling relationship less positively when counselor efforts to manage self-awareness (e.g., thought stopping, self-coaching, relaxation in the moment) increased. This suggests that there may be an additive effect, with a lack of self-awareness having similar detrimental effects to excess self-awareness.

Limitations and Future Research

One of the challenges of assessing mindfulness is that there are myriad scales that assess various components of mindfulness. For this study, the CAMS-R was used because it provides a general assessment of basic mindfulness qualities inherent to the individual (Feldman et al., 2007). However, the Philadelphia Mindfulness Scale is more specifically designed to assess acceptance and present-moment awareness (Cardaciotto, Herbert, Forman, Moitra, & Farrow, 2008) and the Toronto Mindfulness Scale examines constructs such as curiosity and decentering (Lau et al., 2006). One limitation is that the study addressed self-reported mindfulness *qualities*, not actual mindfulness *practices*. Future exploration of the impact of mindfulness qualities on vicarious traumatization should explore the various facets of mindfulness, as more specific aspects may account for the benefits detected in this research.

Conclusion

Empathy has been established as an integral part of counseling, but awareness of internal and external processes is worthy of further exploration given the potential for counselors to acquire maladaptive cognitive schemas regarding self, others, and the world. In cases where the client's presenting issues are related to trauma, counselors can lose sight of the self-other awareness required to avoid development of maladaptive cognitive schemas. Whereas traditional self-care activities have lacked efficacy according to some studies, mindfulness may aid in the process of identifying and ameliorating the effects of vicarious traumatization. If clinicians are more mindful in their clinical work, they may gain increased awareness of the internal processes leading up to vicarious traumatization. This, in turn, may help to prevent or ameliorate maladaptive cognitive schemas in clinicians as a function of exposure to emotionally charged client narratives.

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Defining Child Abuse for Professional Counselors as Mandated Reporters in Pennsylvania under the Newly Amended Child Protective Services Law

Richard Joseph Behun and Julie A. Cerrito

It is important that all counselors maintain their professional and ethical responsibilities by being knowledgeable and compliant with local laws and regulations (ACA Code of Ethics, 2014). Included among those laws and regulations are mandated reporting practices. This examination outlines the most significant changes in the Child Protective Services Law (CPSL) that relate to defining child abuse with a specific focus on how those changes affect professional counselors as mandated reporters across the Commonwealth of Pennsylvania.

Keywords: child abuse, mandated reporting, physical abuse, sexual abuse and exploitation, serious mental injury, neglect

No child is immune from abuse. In fact, children can become victims of abuse in a variety of settings, including both the school and the community. Child abuse cuts across all geographic locations and impacts all socioeconomic levels irrespective of race, culture, or religion. Recognizing the prevalence of child abuse, lawmakers in all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico have created child abuse laws in an effort to both define child abuse and the individuals who are mandated reporters in suspected cases of child abuse. The purpose of this examination is to provide an overview of how child abuse is defined nationally while offering an extensive elaboration on selected child abuse laws found in the Pennsylvania Child Protective Services Act, also known as the Child Protective Services Law (CPSL).

The CPSL may be unknown or unfamiliar to the professional counselor, particularly due to recent changes in the law. It is important to note that this writing is not intended to be a comprehensive review of the CPSL, but merely an introduction for some and a refresher for others. Specifically, this analysis will begin with a statistical overview of child abuse both nationally and at the state level. In addition, explanations of the most recent amendments to the CPSL that went in to effect as of December 31, 2014 will be discussed with a specific focus on the transition to new child abuse definitions which provide a clearer and stricter set of rules for defining child abuse in Pennsylvania. Examples will be integrated throughout the text to assist in understanding the new amendments and how they pertain to the helping professions. Finally, implications for professional counselors as mandated reporters across Pennsylvania will be discussed.

Child Abuse Statistics

At the federal level, based on a 2014 collection and analysis of data through National Child Abuse and Neglect Data System (NCANDS), an estimated 3.6 million child abuse allegations were made in the United States (including the District of Columbia and the Commonwealth of Puerto Rico) involving approximately 6.6 million children (U.S. Department of Health and Human Services, 2016). It is important to note that 17.7% of the child abuse referrals came from educational personnel, 5.6% came from mental health personnel, and 11% came from social services personnel. Of the 6.6 million children referred to child protective services nationally, 3.2 million children received either an investigation or alternative response (e.g., family was provided with social services).

NCANDS data for 2014 (as cited in U.S. Department of Health and Human Services, 2016) indicate that approximately 702,000 children, or 19.2% nationwide, received substantiated dispositions and

Richard Joseph Behun, Department of Psychology and Counseling, Marywood University; **Julie A. Cerrito**, Department of Counseling and Human Services, The University of Scranton. Correspondence concerning this article should be addressed to Richard Joseph Behun, Department of Psychology and Counseling, Marywood University, 2300 Adams Avenue, Scranton, PA 18509 (e-mail: behun@marywood.edu).

were found to be victims of abuse based on the child abuse laws of the state in which the child resided. Additionally, 2.5 million children investigated were either determined not victims of abuse or received unsubstantiated dispositions based on a lack of sufficient evidence according to the laws of the state in which the child resided. Child abuse victims consisted of both boys (48.9%) and girls (50.7%) and the majority included the following three races or ethnicities: White (44.0%), Hispanic (22.7%), and African-American (21.4%). In most cases, the individual who committed child abuse included a parent (91.6%) in comparison to a non-parent (12.6%). Based on this nationwide data, the younger the child, the more vulnerable he or she was to fall victim to abuse (e.g. 24.7% of victims were younger than 3 years). A gradual decline in child abuse can be seen from birth to age 18.

At the state level, research based on a collection and analysis of data through the Pennsylvania Department of Human Services (2015), indicated that an estimated total of 29,273 reports for suspected child abuse were received in 2014, with 3,340 or 11.4% of suspected cases found to be substantiated. This increase in child abuse reports rose in 48 of Pennsylvania's 67 counties, which resulted in the highest number of child abuse reports received on a statewide level in any given year on record (Pennsylvania Department of Human Services, 2015). School personnel acting as mandated reporters accounted for the highest number of child abuse reports; although, the highest number of substantiated reports originated from mandated reporters in social service agencies. In general, mandated reporters (e.g., professional counselors, psychologists, and social workers) accounted for 76% (22,253) of all reports of suspected child abuse and 79% (2,621) of all substantiated dispositions (Pennsylvania Department of Human Services, 2015).

In the Commonwealth of Pennsylvania, according to the Pennsylvania Department of Human Services (2015), child abuse reports found to be substantiated under Pennsylvania law included 65% (2,186) girls while 35% (1,154) involved boys. Abused children in Pennsylvania ranged in age from birth to 18 and were comprised of the following percentages according to age: <1 (6%), 1-4 (16%), 5-9 (25%), 10-14 (31%), 15-17 (20%), and 17 (1%). In 2014, 61% (2,314) of children abused in Pennsylvania were abused by a parent; 16% (586) were abused by a non-parental relative; and 23% (874) were abused by individuals to which they were not related. Overall, male perpetrators of child abuse (72%) were much greater than the number of female perpetrators of child abuse (28%). The ages of abusive fathers fell within the range of 30-39; while abusive mothers were within the range of 20-39. When children were abused by a relative other than a parent, that relative was typically between 10-19 years old.

On a federal level, NCANDS (as cited in U.S. Department of Health and Human Services, 2016) categorizes data received from the states into one of four injury types: neglect, physical, sexual, and other. Nationally, 75% of abused children were categorized as victims of neglect, 17% were victims of physical abuse, 8.3% were victims of sexual abuse, and 6.8% of victims were coded as some other type of abuse (U.S. Department of Health and Human Services, 2016). Over 14% of child abuse victims were included in more than one category.

In the Commonwealth of Pennsylvania, child abuse falls into one of the following four categories: physical abuse, serious mental injury, sexual abuse or exploitation, and neglect (23 § 6303). Statewide, 29% of abused children were victims of physical abuse; serious mental injuries accounted for less than 1% of abused children; 60% of victims were sexually abused; and 6% of abused children were neglected (Pennsylvania Department of Human Services, 2015). While these four categories have historically been present in the CPSL, recent amendments to the CPSL have, in many ways, clarified the definitions of child abuse as outlined by the statutes. The law now provides more specific definitions for mandated reporters to use when determining whether or not an individual's behavior constitutes child abuse. So what exactly is "child abuse" and how is it defined by the Pennsylvania Legislature?

Defining Child Abuse

The federal Child Abuse Prevention and Treatment Act (CAPTA), provides guidance to States by identifying a minimum set of acts or behaviors that define child abuse and neglect. CAPTA defines the term child abuse and neglect as, at a minimum, "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm" (CAPTA Reauthorization Act, 2010, §3). In Pennsylvania, the guidance given on the federal level can be seen in the CPSL, however, the newest amendments to the CPSL enact a much higher standard in Pennsylvania and a more comprehensive way of defining child abuse. Specifically, in Pennsylvania, under the CPSL, child abuse is defined as occurring when an individual intentionally, knowingly, or recklessly causes injury (i.e., physical, mental, sexual, or neglect injuries) through a recent act or failure to act as stated under 23 PA § 6303. Child abuse can also occur in certain circumstances when an individual

unreasonably restrains or confines a child (depending on the method, location, or duration of the restraint or confinement) or causes a child to be in the presence of an operating methamphetamine laboratory. Additionally, child abuse can occur if an individual interferes with the breathing of a child or otherwise strikes or slaps a child under one year old. For an comprehensive definition of child abuse in Pennsylvania, see § 6303(b)(1)(1-8) of the CPSL.

It is important to note the culpability in the law requires the person accused of abusing a child to have acted "intentionally, knowingly, or recklessly when causing the injury or harm to the child or creating a risk of injury or harm to the child" (23 PA § 6303). In simple terms, it is understood that children will suffer accidental injuries or inadvertently be put in unplanned situations that may have caused injuries. In those unintended cases, Pennsylvania law will not consider an injured child to have been the victim of abuse.

Physical Abuse

The CPSL defines physical child abuse as "causing bodily injury to a child through any recent act or failure to act" (23 PA § 6303) or "creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act (23 PA § 6303). It is important to note that the law describes "recent act" as having occurred within two years of when the child abuse took place. Under the definition of physical child abuse, for example, a 15-year-old child could disclose to a counselor that he was beaten by his father so badly when he was 9-years-old that he suffered a broken arm. Because this abuse occurred outside the statute of limitations of 2 years, it is not mandated that it be reported. A secondary example may be a seven-year-old child who reveals information to her counselor about a methamphetamine laboratory in the basement of her home. This disclosure creates a "reasonable likelihood" that this child may incur bodily injury due to explosive drugs being made in the home and should be reported.

With physical abuse, it should be noted that the previous law, prior to the most recent amendments, stated that the child would have had to suffer "serious bodily injury." Serious bodily injury is "that which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ" (23 PA § 6303). The new CPSL law removes the word "serious", and uses the terms "bodily injury" as more general and inclusive terminology. Therefore, the broader and more inclusive term bodily injury requires the child to experience an "impairment of physical condition or substantial pain" (23 PA § 6303) without further description referring to the degree of injury. In other words, the child only needs to experience an impairment of physical condition regardless of how significant or non-significant that impairment may be. Moreover, the child only needs to experience "substantial pain" as opposed to "severe pain" as stated in the past.

With lowering the standard to bodily injury as opposed to a much greater offense of serious bodily injury, cases of suspected child abuse became easier to identify. Substantial pain is possibly easier to personally identify with than serious bodily injury might be. This means that the ability of the mandated reporter to understand an impairment of physical condition, or a child experiencing substantial pain, allows for a much clearer distinction when considering the decision making process. It would also allow for a greater degree of reporting.

Serious Mental Injury

The CPSL states that child abuse also is "causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act" (23 PA § 6303). Prior to the new amendments, the mandated reporter was only required to report when an individual was the direct cause of serious mental injury. The expansion of this definition now includes individuals who substantially contribute to serious mental injury. Additionally, further expansion of this definition expands beyond an act or failure to act but now further includes a series of such acts or failures to act.

The law defines serious mental injury as "a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment" (23 PA § 6303). In children, these psychological conditions include chronic and severe anxiety, agitation, depression, social withdrawal, psychosis, or a fear that the child's life or safety is threatened (23 PA § 6303). Additionally, serious mental injury can occur when a child's ability to accomplish age-appropriate developmental and social tasks is impaired.

Sexual Abuse or Exploitation

Sexual abuse in Pennsylvania is defined as "causing sexual abuse or exploitation of a child through any act or failure to act" (23 PA § 6303) or "creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act" (23 PA § 6303). Sexual abuse includes the employment, use, inducement, persuasion, coercion, or enticement of a child to engage in sexual conduct or to assist another in perpetrating these acts (23 PA § 6303). The law includes a number of examples of such conduct which

can be found in 23 PA § 6303 under defining "sexual abuse or exploitation."

Sexual abuse law in Pennsylvania underwent very little change in the CPSL because sexual crimes against minors have long been clearly defined under the Pennsylvania Crimes Code, 18 PA § 3121-§3127 (relating to sexual offenses); § 4302 (relating to incest); § 5902 (relating to prostitution); § 6312 (relating to sexual abuse of children – child pornography); § 6318 (relating to unlawful contact with a minor); and § 6320 (relating to exploitation). An in-depth legal review of sexual offenses and other sexually related crimes can be found in the Pennsylvania Crimes Code, 18 PA § 31 (2016).

While the laws surrounding sexual abuse are well defined, confusion often exists for those mandated to report abuse that is related to sexual activities between children. The CPSL states that the law, "does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child's age" (23 PA § 6303). In other words, sexual activity between two children who are 14 years of age or older is not considered sexual abuse, provided it is (a) consensual, and (b) occurs between two individuals who are at least 14 years old and whose ages are no more than four years apart.

What was once commonly known as statutory rape (18 PA § 3122) in Pennsylvania was repealed in 1995 and replaced with statutory sexual assault (18 PA § 3122.1). Statutory sexual assault occurs when an individual engages in sexual intercourse with a child under the age of 16, the individual and child are not married to one another, and the ages of the individuals are more than 4 years apart (18 PA § 3122.1). In other words, statutory sexual assault only comes in to consideration when a child is either 13, 14, or 15 years of age and the other individual is more than 4 years older than the child. For example, a 14-year-old (freshman in high school) could legally engage in consensual sexual intercourse with an 18-year-old (senior in high school) but not with a 21-year-old (senior in college).

If a person engaged in sexual intercourse with a child under the age of 13, it can be considered rape, even if the child agreed to consent (18 PA § 3121). Usually when one thinks of rape, the thought of forcible compulsion (18 PA § 3121) or the threat of forcible compulsion (18 PA § 3121) comes to mind. However, this is not always necessary for a rape to occur. Mandated reporters must know that there are other forms of rape to which children (under the age of 13), or even adults for that matter, cannot consent. It is considered rape when the complainant is unconscious or unaware that the sexual intercourse is occurring (18 PA § 3121) or that the complainant's judgment is substantially impaired by some sort of drug or intoxicant (18 PA § 3121). It also can be considered rape in Pennsylvania if an individual engages in sexual intercourse with a child who suffers from a mental disability, which would render that child incapable of consent (18 PA § 3121).

Neglect

The law defines serious physical neglect as an act "committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury, or impairs a child's health, or development or functioning" (23 PA § 6303). More specifically, neglect occurs when a person causes bodily injury to a child or impairs a child's health or functioning due to failure to supervise a child egregiously, repeatedly, or for a prolonged period of time, while considering the child's age and development (23 PA § 6303). Neglect is no longer something that has to be repeated or for a prolonged period of time. An egregious act of neglect, under the amended CPSL, need only take place once. Additionally, the failure to provide a child with essential clothing, shelter, food, or medical care also meets the legal standard for neglect. An important aspect to be considered is that different standards exist in terms of what is deemed to be acceptable, or even tolerable, in society. Standards of hygiene and living, for example, vary considerably from household to household and across ethnic, racial, and religious groups. Counselors, as mandated reporters, need to be mindful of this and pay close attention to cultural factors as they consider cases of neglect.

Upon closer examination of this law, neglect is the only category of abuse that requires the act of neglect to be committed by a perpetrator as specifically defined in the CPSL (23 PA § 6303). In other words, a stranger with no relationship or responsibility to a child could not be considered a perpetrator of neglect to that child. In the CPSL, the term perpetrator is defined by an expansive list of family members or others with various relationships to the abused child. Also included are those individuals outside of the home who are considered responsible for the child's welfare (23 PA § 6303). Another consideration is that children 14-18-years of age can be considered perpetrators and be held accountable for committing acts of child abuse (23 PA § 6303). However, it must also be noted that children can only be held accountable for actually committing the act of child abuse and not for failing to report it. An inclusive list of individuals who can be considered perpetrators can be found in 23 PA § 6303 under the definition of "perpetrator."

Implications for Professional Counselors as Mandated Reporters

"Professional counselors in Pennsylvania have long been considered mandated reporters, and as such, have a legal and ethical responsibility to report instances of child abuse to the proper authorities" (Behun, Owens, & Cerrito, 2015 p. 79). Counselors following the ACA Code of Ethics (2014) are further aware of their ethical responsibility to be knowledgeable of and in compliance with local laws and regulations (Section C.1.). It is equally important for professional counselors to be familiar with the legality of child maltreatment in addition to understanding their mandated reporting responsibilities when it comes to suspected child abuse. For a detailed description of the mandated reporting responsibilities of professional counselors in Pennsylvania, including reporting procedures and required training, please see "The amended Child Protective Services Law: New Requirements for Professional Counselors as Mandated Reporters in Pennsylvania" (Behun, et al., 2015).

For professional counselors working in the Commonwealth of Pennsylvania, it is of utmost importance to understand that they are only reporters of suspected child abuse and not investigators. Professional counselors, acting in the capacity as mandated reporters, are not the individuals to determine whether or not child abuse has actually occurred. In simple terms, "the mandated reporter is only responsible for having reasonable cause for suspicion that child abuse has occurred and, in turn, reporting information to the proper authorities" (Behun et al., 2015, p. 81) who will in turn follow up with an investigation. As a mandated reporter in Pennsylvania, professional counselors do not need conclusive evidence or physical proof that abuse has occurred as long as there is reason to suspect child abuse may have occurred (Behun, et al., 2015).

Mandated reporters who willfully fail to make a report under the CPSL can face penalties under Pennsylvania law (23 PA § 6319). The penalty is increased for multiple offenses. Mandated reporters also need not worry about making an allegation that is later found to be unsubstantiated if the report of suspected child abuse was made in good faith (23 PA § 6318). Professional counselors, acting in the capacity as mandated reporters and making a report in of suspected child abuse in good faith, are immune from civil and criminal liability if the report receives an unsubstantiated disposition.

Conclusion

It is clear that the recent changes made in the definition of child abuse, according to the newly amended CPSL, have attempted to provide clarity and uniformity with respect to what constitutes child abuse in the Commonwealth of Pennsylvania. It is important to recognize, however, that even with such changes, there still remains an implicit risk for human interpretation and error in judgment, even for the most skilled counselors and human service professionals. Counselors can readily recognize the legal and ethical obligation they have as mandated reporters, but they must also be familiar with the recent changes in the CPSL and how that impacts their work with children, adolescents, and young adults. Additionally, it is important that counselors understand that they need not have concrete evidence in order to make a report of child abuse. They only need to suspect that child abuse has occurred. It is with this fundamental understanding that counselors and human service professionals can better protect clients from the harm that results from child abuse.

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JPCA Test to Earn CE Credit

Note: Earn 2 Free Continuing Education Credits by reading selected articles in this issue. Read the articles identified below and answer 7 of the 10 questions correctly to earn 2 CE credit.

A Review of Rural and Urban School Counseling: Exploring Implications for Successful Post-Secondary Student Outcomes (pp. 2-8)

1. According to the literature, rural school counselors are likely to experience which of the following challenges:
☐ a. lack of resources and funding
☐ b. feelings of isolation
☐ c. difficulty separating work and private lives
☐ d. all of the above

2. Lapan, Whitcomb, and Aleman (2012) found that college and career counseling services reduced _____ in Connecticut schools.
☐ a. dropout rates
☐ b. disciplinary incidents
☐ c. peer conflicts
☐ d. unexcused absences

Defining School Counselors' Roles in Working with Students Experiencing Homelessness (pp. 9-19)

3. Which one of the following is NOT recommended as a way that school counselors can help to identify students experiencing homelessness?
☐ a. Disseminate information on the McKinney-Vento Act to staff and communities.
☐ b. Approach families in a non-judgmental way.
☐ c. Be direct and use the term "homeless" when working with families to ask them about their loss of housing.
☐ d. Build a relationship with the homeless liaison for the school.

4. According to the article, what federal legislation is most important for school counselors to know in order to advocate to remove the barriers faced by students experiencing homelessness?
☐ a. McKinney-Vento
☐ b. No Child Left Behind
☐ c. IDEA
☐ d. Every Student Succeeds

Case Conceptualization for Depressive Disorders: Improving Understanding and Treatment with the Temporal/Contextual Model (pp. 20-

5. Taken from Beck's model of cognitive counseling, the Temporal/Contextual model of case conceptualization defines a "hot thought" as:
☐ a. One that causes an emotional reaction, usually based on current environmental stimuli and beliefs about those events
☐ b. One that causes a physiological reaction, including blushing, sweating and the sensation of warmth
☐ c. One that is based on logic and disconnected from emotional response
☐ d. One that is based on hormonal reactions to stress, usually accompanied by feelings of depression and anxiety

6. Depressive disorders:
☐ a. Are caused by a single precipitating biochemical factor
☐ b. Are not impacted by genetic or biological influences
☐ c. Are not influenced by environmental events and stressors
☐ d. Are multiply determined with a complex etiology

The Role of Mindfulness in Reducing Trauma Counselors' Vicarious Traumatization

7. All of the following have been identified in past research as outcomes of vicarious trauma in clinicians except
☐ a. decreased vulnerability with others
☐ b. cynical views and beliefs regarding human nature
☐ c. suicidal ideation
☐ d. feelings of helplessness

8. Which of the following is a potential detriment to increases in awareness of stress responses on behalf of practicing clinicians working with trauma survivors?
☐ a. the clinician may work too hard to manage self-awareness and unintentionally damage rapport with the client
☐ b. the clinician will experience difficulty recalling important information
☐ c. the clinician's awareness will result in an increase in depressive symptoms
☐ d. the clinician's awareness will result in a decrease in self-esteem

Defining Child Abuse for Professional Counselors as Mandated Reporters in Pennsylvania under the newly amended Child Protective Services Law

7. Nationally, 75% of abused children were categorized as victims of

- ☐ a. neglect
- ☐ b. physical abuse
- ☐ c. sexual abuse
- ☐ d. emotional abuse

8. Which of the following provides guidance to States by identifying a minimum set of acts or behaviors that define child abuse and neglect?

- ☐ a. U.S. Department of Health and Human Services
- ☐ b. Child Abuse and Neglect Data System (NCANDS)
- ☐ c. Administration on Children, Youth, and Families
- ☐ d. Child Abuse Prevention and Treatment Act (CAPTA)

☐ I certify that I have completed this test without receiving any help choosing the answers.

Feedback

Please rate the following items according to the following scale:

5 – Superior 4 – Above Average 3- Average 2 – Below Average 1 – Poor

	Superior	Above Average	Average	Below Average	Poor
The authors were knowledgeable on the subject matter	☐5	☐4	☐3	☐2	☐1
The material that I received was beneficial	☐5	☐4	☐3	☐2	☐1
The content was relevant to my practice	☐5	☐4	☐3	☐2	☐1
This journal edition met my expectations as a mental health professional	☐5	☐4	☐3	☐2	☐1
How would you rate the overall quality of the test?	☐5	☐4	☐3	☐2	☐1

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2. Manuscripts should be typewritten, double-spaced (including references and extensive quotations) with 1" margins on all sides.
3. **Title Page:** Identify the title page with a running head. The title page should include title (not more than 80 characters), author, affiliation, and an author's note with contact information. Author's note should be formatted exactly as it appears in this example:

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12. An electronic copy of the manuscript should be e-mailed to the editor: Dr. Richard Joseph Behun (pcajournal@gmail.com).

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