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FROM THE EDITOR

When the editor of a professional journal implores the members of that profession to read the journal, or any professional journal, he or she is “preaching to the choir.” And yet, I find myself in that position. I have run into members of our organization and many other mental health providers who struggle to keep up with the ever growing body of knowledge that helps us to provide the best services possible services to our clients. I know it is difficult for me as well. At the same time, I have run into members of our organization who had no idea that we have a journal. Given the work our review board does and the work of those who format, proof, and edit the journal, I ask that you encourage your fellow members and other mental health professionals to take a look at this publication. It is, in my opinion, a quality state journal that provides the reader with thoughtful information. The three articles in the current edition are examples of good work that will inform your practice and impact your counseling students.

Joel Lane has written an excellent article that reviews the ethical implications of bartering for mental health services. Bartering has a long and difficult history in the ethics of the profession. We must also acknowledge, as Joel points out, that if we are to be sensitive to the differing needs and cultural issues of our clients, bartering for services will continue to have a place in the profession.

Our second article looks at poverty’s powerful impact on families. It limits educational opportunities, influences family safety, and impacts decisions concerning food, utilities, and shelter. This colors the view a counselor might have when working with this population. Yet, there are strengths and “treasures” to be found within the family that lives in poverty. Strengths and treasures that are often overlooked. Drs. Cholewa & Smith-Adcock present a model for conceptualizing counseling families in poverty that will improve your practice and empower your clients.

Finally, Drs. Reiner and Hernandez present a thoughtful article about the direction of professional school counseling. Are they educators with a background in counseling or professional counselors who work to impact the social/emotional, career, and educational needs of students. They seek to offer a thoughtful answer.

Finally, this is my last edition as editor. I thank the editorial board and my two graduate assistants, without whom this journal would never be published. They are simply the best! Sincerely, Perry C. Francis

The Ethical Implication of Bartering for Mental Health Services: Examining Interdisciplinary Ethical Standards

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Abstract

The present paper discusses literature concerning the practice of bartering for counseling, psychological, or social work services in lieu of traditional monetary payment. The author contrasts the language concerning the practice of bartering found in the respective ethical codes for each profession, and presents literature describing both risks and potential benefits of bartering arrangements. The primary risks of bartering include liability concerns and the potential for harmful or exploitive dual relationships. The primary benefits are that bartering makes mental health services available to those who cannot afford traditional fees, and allows for a culturally relevant compensation method for those whose cultural backgrounds emphasize the practice of bartering.

The Ethical Implications of Bartering for Mental Health Services: Examining Interdisciplinary Ethical Standards

Across disciplines, helping professionals are charged with offering services, without discrimination, to a diverse client base with respect to gender, sexual orientation, religious beliefs, cultural background, and socioeconomic status (American Counseling Association, 2005; American Psychological Association, 2002; Clinical Social Work Federation, 1997; National Association of Social Workers, 1996). This obligation leads some professionals, in an effort to serve as many clients as possible, to agree to enter into unorthodox bartering agreements with some clients who either cannot afford the professional’s fees or whose cultural background emphasizes the use of barter transactions (Thomas, 2002; Zur, 2008).

With the exception of the Psychology profession (American Psychological Association, 2002), the ethical standards of the various helping professions discourage the practice of bartering because of the resulting dual relationship it creates between practitioner and client (American Counseling Association, 2005; Clinical Social Work Federation, 1997; National Association of Social Workers, 1996). These standards, however, also offer guidelines to determine when such an arrangement might be appropriate. Literature on the subject of

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bartering is both scarce and polarized, as most seem to think the practice either is ill advised and should be entirely avoided (Canter, Bennett, Jones, & Nagy, 1994; Gutheil & Gabbard, 1993; Woody, 1998), or has therapeutic potential that, when used sparingly, outweighs the risks (Croxtton, Jayaratne, & Mattison, 2002; Hendricks, 1979; Hill, 2000; Syme, 2006; Thomas, 2002; Zur, 2008).

Given the emphases on multiculturalism and social justice within the counseling profession, counselors would benefit from a discussion outlining the benefits and risks associated with the practice of accepting barter for services. Toward this end, the proceeding discussion reviews the ethical codes of several helping professions as they pertain to the practice of bartering, and examines relevant literature. The purpose of this article is not to advocate for or against the practice of bartering, but rather to review current bartering practices in the literature and provide professionals with information needed to make informed decisions concerning the incorporation of bartering into their scopes of practices.

Glossary of Terms

There are several constructs in the proceeding discussion warranting definition. In the context of this paper, "bartering" is used to describe the use of goods and/or services as payment for mental health services. The term "mental health services" is used to describe a service such as personal counseling, career counseling, psychotherapy, psychiatric evaluation, social work, or any other service used to improve cognitive, emotional, or relational functioning. The use of the terms "therapy" and "psychotherapy" are meant to describe the practice of any of the aforementioned disciplines, while the term "therapist" refers to any professional practicing psychotherapy.

Comparing Multidisciplinary Ethical Codes

Bartering is a topic discussed in each of the respective ethical codes of the American Counseling Association (ACA; 2005), the American Psychological Association (APA; 2002), and National Association of Social Workers (NASW; 2008). These associations differ in the strength of the language of bartering guidelines from more restrictive (NASW) to more permissive (APA). The ACA's (2005) stance is that:

Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract. (para. A.10.d.)

The NASW Code of Ethics (2008) uses stronger language discouraging the practice of bartering, stating:

Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with

clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship. (para. 1.13b.)

The Clinical Social Work Association (CSWA; Clinical Social Work Federation, 1997) Code of Ethics has similar language, but adds that bartering arrangements "may only involve goods, as opposed to services, in exchange for treatment" (Sec. V, para. d.).

The APA's (2002) stance on bartering is the least restrictive of the three associations and seems to leave the decision of whether or not to barter largely to the discretion of the psychologist: "Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative" (p. 1068). It is worth noting that the previous revision of the APA Code of Ethics contained considerably different and more restrictive language concerning the topic (cf. APA, 1992).

For purposes of comparison, a dissection of the ACA's (2005) stance demonstrates the following conditions for ethically entering a bartering relationship: 1) the arrangement must not be exploitive, 2) the arrangement must not be harmful, 3) the arrangement must not be unfairly advantageous to the counselor, 4) the arrangement must be at the client's request, 5) there must be an accepted precedence for such an arrangement within the community, 6) the arrangement must be openly discussed with the client, and 7) the arrangement must be mutually agreed upon in writing. Conversely, the NASW (2008) seems more discouraging of bartering, particularly when the client barter services as opposed to goods. The NASW also asserts that the bartering arrangement must be essential, implying that inability on the part of the client to pay the social worker's fee is a necessary component. Clearly, the APA is the least restrictive of the three associations, stating only that the arrangement must not be exploitive or clinically inadvisable. This presumably allows 1) the therapist to initiate the idea of a barter, 2) the arrangement to be made absent of a written agreement, 3) the lack of community precedence for such an arrangement, and 4) the arrangement to be made even in the absence of financial need on the part of the client.

Complications of the Bartering Arrangement

Woody (1998) took a strong stance against the practice of bartering and stated that it is ill advised insofar as it, among other things, exposes the practitioner to various liability concerns. In the event of a lawsuit, it would be relatively easy for a client to bring claims undermining the appropriateness of the arrangement, such as lacking mental competency at the time of a verbal or written

bartering contract or feeling pressured to reach a bartering agreement as a result of the inherent power differential between psychologist and client.

Additionally, Woody (1998) pointed out that the nature of all dual relationships contains the potential for change as the course of therapy progresses, and therefore any dual relationship, even those that are not initially harmful, are at risk for becoming harmful at some point during therapy. As a result, according to Woody, it is impossible to accurately determine whether any bartering arrangement is contraindicated. Furthermore, many client situations that are contraindicated to the practice of bartering are not always immediately apparent to the counselor at the outset of therapy, which is, presumably, when a bartering arrangement would be agreed upon. As an example, the symptomology consistent with personality disorder diagnoses are not always apparent at the outset of therapy, and yet bartering is almost always clinically contraindicated for individuals suffering from a personality disorder (Woody, 1998).

Other authors (Canter, Bennett, Jones, & Nagy, 1994; Koocher & Keith-Spiegel, 1998; Peterson, 1996) expanded upon this idea, asserting that the pervasiveness of mental health services clientele with deficits in appropriate boundary maintenance is sufficient to deem all service-to-service bartering to be clinically contraindicated. In all but rare exceptions, services potentially of value to a counselor, psychologist, or social worker necessitate varying levels of intimate interaction with the professional's personal life. Examples of service barterers in the literature included house painting (Peterson, 1996), babysitting (Canter et al., 1994), musical instrument lessons (Hendricks, 1979), office assistance (Thomas, 2002), automobile repair (Zur, 2008), income tax accounting (Haas, Malouf, & Mayerson, 1986), and full body massages (Hendricks, 1979). Such services expose the counselor to the client in complex ways that can be problematic for clients who are seeking therapeutic services due to problems that often involve inappropriate boundaries in their personal lives.

Further complicating the issue is the potential for therapist dissatisfaction with the service being bartered (Syme, 2006). It is possible that clients may not fulfill their agreed-upon obligations (Thomas, 2002) or may perform work that the therapist views as substandard (Woody, 1998), and these potentialities make for complex and problematic therapeutic interactions (Zur, 2008). In these situations, the therapist may feel that voicing dissatisfaction or disengaging from the bartering agreement would interfere with therapy (Zur, 2008), and therefore feel pressured to continue with the arrangement despite the dissatisfaction. Such complexities and pressures could easily harm the therapeutic relationship, resulting in a multidisciplinary consensus that service-for-service bartering should be avoided (Canter et al., 1994; Croxton et al., 2002; Haas, Malouf, & Mayerson, 1986; Koocher & Keith-Spiegel, 1998; Peterson, 1996; Syme, 2006; Woody, 1998).

Potential Benefits for Clients

These objections notwithstanding, several authors have contended that there are potential benefits of bartering that justify its occasional use. Many individuals in need of therapy services are unable to afford the fees. Compounding this issue are the recent economic hardships and the increase in the unem-

ployed that have resulted in many individuals in need of therapy but lacking the income or insurance to cover the expense of weekly therapy sessions. This has led some authors (Hill, 2000; Thomas, 2002; Zur, 2008) to contend that refusing to barter can be a form of discrimination that prevents all but the affluent from receiving the treatment they need.

To illustrate the disparity that can exist between the need for counseling and the monetary means to secure it, Thomas (2002) described his clinical work as a neuropsychologist specializing in the treatment of individuals with mild brain injuries. The individuals he reported treating often appear to have normal functioning capabilities because of the mild nature of their injuries and therefore are frequently expected to function effectively in society without extra accommodations. As a result, many of these individuals frequently are unable to maintain employment since employers hold them to the same performance standards as other employees. For these uninsured and unemployed individuals, Thomas has made occasional use of bartering agreements.

Other authors (Croxton et al., 2002; Hill, 2000; Syme, 2006; Zur, 2008) mentioned the cultural implications of accepting barter. In some rural or agricultural communities, bartering with neighbors and with community professionals is common practice. Therapists within those communities should be allowed to barter as long as all necessary ethical precautions are taken (Croxton et al., 2002). In working with culturally diverse clients, Syme (2006) noticed that accepting barterers from those for whom bartering is a culturally emphasized practice can be therapeutically beneficial in that it portrays the practitioner as valuing of the client's background.

Zur (2008) asserted that accepting handmade goods produced by a client (e.g., paintings, sculptures, meals, etc.) can be empowering because it sends a message that the client is capable of producing something of value. Zur recalled a specific example in which an artist traded him a painting in exchange for 10 therapy sessions. According to Zur, having the painting hanging in the office during their sessions was one factor contributing to a deep therapeutic connection with that client. Thomas (2002) agreed, stating that he has often noticed enhanced client investment in the treatment process when the client is producing goods that are used to pay for therapy sessions.

It is important to note that each of these proponents advocated taking specific precautions whenever considering making a bartering arrangement. These precautions are consistent with the stipulations expressed in the ethical codes and are meant to protect both the client from potential exploitation and harm and the therapist from ethical or legal liability. Some of the general precautions include: 1) considering the potential complications as well as transference or countertransference issues that may arise prior to agreeing to the bartering arrangement (Zur, 2008); 2) engaging in open dialogue with the client about the risks and potential complications prior to an agreement (Thomas, 2002); 3) seeking agreement by both parties in the forms of a written contract outlining the bartering terms and an informed consent (Hill, 2000; Thomas, 2002; Zur, 2008); 4) involving the client as an active member of the negotiation process (Zur, 2008); 5) agreeing to revisit the dialogue openly at any point either party feels the terms of the agreement are not being satisfactorily met (Thomas, 2002); 6) declining barter opportunities with clients for whom present-

ing concerns suggest the possibility of the presence of Borderline Personality Disorder (Zur, 2008); and 7) allowing the bartering arrangement to be openly and regularly scrutinized by the therapist's professional colleagues (Hill, 2000; Thomas, 2002).

It appears that bartering arrangements, when agreed upon in accordance with the ethical codes of one's profession and after considering these precautions, possess the potential to be therapeutically advantageous for certain clients, particularly those for whom the expense of session fees is prohibitive. Gutheil and Gabbard (1993) asserted that boundary crossings possess the potential to be therapeutically harmful, neutral, or helpful, depending upon contextual factors (it should be noted, however, that Gutheil and Gabbard seemed to discourage all forms of bartering on the grounds that they are confusing and that clinicians could avoid them simply by agreeing to a reduced fee or to pro bono services).

Bartering Arrangements and Ethical Decision-Making

In weighing whether a barter proposal constitutes a potentially helpful boundary crossing as opposed to an ill-advised boundary violation, clinicians may benefit from considering both ethical principles and also various ethical decision-making models. The ethical principles outlined by Kitchener (1984), including Beneficence (contributing to the well-being of others), Nonmaleficence (doing no harm), Justice (striving for fairness in dealings with all people), Fidelity (promoting honesty and integrity), and Autonomy (holding oneself responsible), could uniquely apply to each case and prove to be the grounds for which a bartering agreement is either agreed to or declined. Ethical decision-making models, such as the approach articulated by Tarvydas (1998), may prove helpful as well. Of particular utility in this regard is the work of Pope and Keith-Spiegel (2008). These authors developed models specifically for making boundary-related decisions, understanding common logical errors related to boundary dilemmas, and for intervening when boundary violations become problematic.

Pope and Keith-Spiegel (2008) encouraged a decision-making process in which consideration is given to: 1) best- and worst-case scenarios of both crossing and not crossing the boundary; 2) research concerning the particular boundary issue; 3) ethical codes, laws, and legislation; 4) the feedback of one or more colleagues; 5) one's own uneasiness about the dilemma; 6) careful description of informed consent to the prospective client; 7) referral to another professional if one feels ill suited to work with the client or boundary situation; 8) informed consent specifically relating to the boundary violation; and 9) careful case note documentation of the violation, including theoretical rationale for doing so. The authors also asserted that common errors in navigating this decision-making process included the beliefs that: 1) extra-therapeutic events do not impact the work done in therapy, 2) boundary-crossing behaviors carry the same implications for clients as they would with non-clients, 3) clinician and client understandings of boundaries are similar, 4) any given boundary violation is equally helpful or harmful for all clients, 5) the impact of a boundary violation is singular and immediate, 6) clinicians will be able to anticipate all potential

benefits and risks of the violation, and 7) self-disclosure is necessarily therapeutic. Finally, Pope and Keith-Spiegel articulated the following suggestions for boundary violations that become problematic: 1) carefully monitor the situation, 2) "be open and nondefensive" (p. 648), 3) seek honest feedback from one or more colleagues, 4) "listen carefully to the client" (p. 649) and do not make assumptions regarding their feelings about the boundary violation, 5) attempt to empathize with the client's viewpoint, 6) consider the steps outlined by Pope and Vasquez (2007) if the violation results in a formal complaint, 7) keep thorough records related to the violation, and 8) consider apologizing. The steps in these processes highlight the need for continual self-reflection, consideration of contextual factors, thorough verbal communication with clients, and clear documentation anytime a bartering arrangement is being considered or has been agreed to.

Conclusions

Despite differing viewpoints regarding whether or not bartering is a viable option, as well as its general discouragement in the Code's of Ethics for counselors (ACA, 2005) and social workers (Clinical Social Work Federation, 1997; NASW, 2008), there are specific, albeit limited, conditions under which bartering is permitted. There are considerably fewer limitations placed upon psychologists (APA, 2002) for entering into such agreements. Even those who are most outspoken against bartering (e.g., Woody, 1998) agree that it offers a means for clients who would normally be unable to pay for mental health services to engage in therapy. Proponents of bartering arrangements assert that fear of lawsuits is what keeps therapists from considering the idea and that, by refusing to barter on the basis of fear, these therapists are not practicing in accordance with the ethical standard of beneficence because they are denying services to those who would benefit from them but cannot afford their services (Thomas, 2002; Zur, 2008). Clearly there are risks associated with bartering, and professionals should weigh all options when considering the sometimes difficult decision of whether or not to accept barter.

To more thoroughly understand the nuances of such a decision, helping professionals would benefit from future bartering research efforts. A potentially helpful direction in this regard would be to qualitatively examine groups of professionals who have utilized bartering arrangements. While authors of existing literature have offered several accounts of both helpful and harmful bartering experiences, the tendency has been to do so in brief case example formats. By rigorously analyzing detailed accounts of bartering agreements and their outcomes, researchers could potentially identify contextual factors indicative of positive and negative bartering experiences. Professionals would then be more ideally positioned to recognize the potential for problematic bartering agreements and to make increasingly informed decisions compared to what is currently possible.

This literature review has sought to empower professionals with information relevant to the process of considering the acceptance of barter from clients. Regardless of profession, all mental health clinicians are encouraged to carefully and systematically consider the ethical, contextual, and relational

factors present in any potential bartering arrangement. It seems that engaging in bartering with clients, when done so: 1) sparingly, 2) in accordance with one's professional code of ethics, 3) in accordance with the aforementioned precautionary guidelines, and 4) in adherence to boundary-related ethical decision-making models, allows the counselor, social worker, or psychologist the opportunity to offer treatment to a more diverse socioeconomic and cultural client base.

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**Counseling Families in Poverty:
Moving from Paralyzing to Revitalizing**

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Abstract

Counseling families in poverty can be a daunting process if one only focuses on what is lacking. Taking such a deficit approach is limiting not only to the counselor but also can serve to disempower the clients. This paper presents a strengths-based approach for counseling families living in poverty that emphasizes relational processes and the excavation of resources and resilience. More specifically, recommendations are presented that recognize the contextual factors of families living in poverty and that stress the therapeutic relationship, counselor self-reflection, an unassuming professional stance, and taking on of an advocacy role.

Counseling Families in Poverty: Moving from Paralyzing to Revitalizing

Zachary comes running up ahead of his mom and sisters to wrap me in a great six-year-old hug. He has a huge smile on his face, and I notice that both he and his sisters are wearing the same clothing that they had on last time I saw them. It's 40 degrees outside, but all three of them only have on sweat-shirts and Zachary's toes are poking out of his boots. However, not a hair is out of place on any of their heads, and Zachary proudly pulls out his homework from his worn backpack. He says, "Guess what? I wrote all my letters. Want to see?"

Zachary is one of 16 million children living in poverty in the United States (DeNavas-Walt, Proctor, & Smith, 2011). Though the U.S. is one of the most prosperous countries in the world, 9.2 million families were living in poverty in 2010 (DeNavas-Walt et al., 2011). Moreover, while children only account for 24.4 percent of the population, 35.5 percent of the people living in poverty are children (DeNavas-Walt et al., 2011). With such staggering numbers, professional counselors are likely to work with families facing obstacles because of

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strained financial situations. Therefore, as professionals, counselors must ask themselves if they are prepared to work with families living in poverty.

Families living in poverty may show up for counseling in schools, agencies, and other institutions without their basic needs of food, clothing, shelter, and safety being fully met. Though professional counselors are usually developmentally or wellness based in theoretical orientation, in practice, they may find themselves discouraged when working with families who live in poverty. Thus, in the midst of linking families to much needed resources, they may focus solely on what the family is lacking and the multiple problems they face versus identifying and building on existing strengths. Furthermore, many counselors are often not of the same social class or economic status as families living in poverty, so their middle class worldviews, biases, and expectations for change modifies their perceptions of non-middle class behaviors as divergent from the norm. This in turn negatively influences their choice of counseling interventions and limits counseling outcomes (Liu, Soleck, Hopps, Dunston, & Pickett, 2004). In doing so, they may inadvertently paralyze themselves and the family.

Limited research in professional counseling literature addresses how to counsel families in poverty. In 2002, Brown noted the absence of research and literature counseling families below the poverty line, asserting that existing approaches do not address the specific needs of this population. Moreover, in the last ten years, much of the counseling literature on this topic has been focused on working with low-income students and families within a school context (i.e. Amatea & West-Olatunji, 2007; Amatea, Smith-Adcock, & Villares, 2006; Sheely-Moore & Bratton, 2010) or on parenting practices (i.e. Adkison-Bradley, 2011; Kelch-Oliver, 2011; McWey, 2008). In the few outcome studies available, there also is indication that many barriers exist for low-income families in utilizing traditional counseling services (e.g., transportation), which can lead to a high counseling drop out rate (e.g., Lyon & Budd, 2010; Schwarzbaum, 2004; Toporek & Pope-Davis, 2005). Therefore, a paucity of literature and outcome research on counseling the poor has led many to question how the counseling process should differ when working with families that are poor versus with those who are not experiencing economic hardship. Also, what should counselors be aware of and how should they position themselves to work effectively with families living in poverty?

In 2011, Foss, Generali and Kress answered Brown's (2002) call and proposed a model that calls for a strengths-based, multilevel counseling approach for use with individuals living in poverty. In their CARE model, the authors identified four areas of focus with individuals: (a) cultivating a positive relationship; (b) acknowledging the realities of the poor; (c) removing barriers for healthy development; (d) and expanding strengths. Though the CARE model proposed a social justice-oriented, strengths-based approach to working with individual clients living in poverty, it was focused on individual counseling rather than the family context. Crises, such as poverty, can impact family functioning as a whole and the relationship amongst family members (Malia, 2007; Russell, 2012; Walsh, 2003). The purpose of the current manuscript, therefore, is to review current literature on counseling families living at or below the poverty line and to extend the recommendations of Foss and colleagues for counselors working with families.

Review of the Literature

Much of the literature on working with clients living in poverty is from psychology and sociology and often focuses on remediating maladaptive characteristics, or that which is lacking from or wrong with individuals and families (e.g. Galea et al., 2007). The client, whether an individual, couple, or family, is often viewed as incapable of meeting their own needs and thus necessitating the intervention of experts so that “compensatory support” can be provided (Sousa, Ribiero, & Rodrigues, 2007). Compensatory support may take the form of provision of financial or informational resources or intervention programs that specifically address one or more of the identified deficit areas.

Similarly, in psychological research, families living in poverty have been discussed in terms of their lack of resources, children in poorer health (Wood, 2003), higher rates of depression (Galea et al., 2007), and the increased probability of antisocial behavior and child externalizing behavior (Dubow & Ipolito, 1994; Mrug & Windle, 2009). Within counseling research, for example, low-income couples have been discussed in terms of their psychological distress, as having less marital satisfaction, and as needing parenting intervention (Dakin & Wampler, 2008; Eamon & Venkataraman, 2003). While it is crucial to articulate, prioritize, and address families’ needs when they are living in these conditions, it becomes problematic when the family members, or their counselors, cannot see beyond what they are lacking and fail to assess their existing strengths (Toporek & Pope-Davis, 2005).

Some researchers have noted a tendency amongst many adults, including graduate counseling trainees, to take a glass-half-empty view of poor as many hold negative views of low-income individuals (Lott, 2001; Russell, Harris, & Gockel, 2008; Toporek & Pope-Davis, 2005). These negative views often result in pathologizing and stereotyping families living in poverty, as well as attributing causes of poverty to the family members’ dispositions and family factors (Toporek & Pope-Davis, 2005). Families living in poverty have alternatively been described in counseling and related literature as “dysfunctional,” “multi-problem,” “under-organized” and “multi-stressed” (Sousa et al., 2007; Waldegrave, 2005). For example, negative characterizations are exemplified in the experiences of many low-income parents in public schools. School personnel tend to typecast low income parents, especially mothers, as apathetic, uncaring regarding education, incompetent, lazy, and irresponsible (Lott, 2001). The expertise they have concerning their child is invalidated based on a biased perception of single motherhood and poverty (Bloom, 2001; Russell et al., 2008). This negative labeling and pathological view gets both explicitly and implicitly communicated to the family members, which can leave them feeling as if they created their own problems or that they lack the ability to change them (Holcomb-McCoy, 2004; Kiselica, 2004).

By viewing families living in poverty in terms of what they are lacking, counselors and other service providers may assume that they know what the client needs and thus try to rescue a struggling family. As Paulo Freire asserted, “they do not listen to the people, but instead plan to teach them how to ‘cast off the laziness which creates underdevelopment’” (1989, p.153). Thus not only

might they silence the family, but by taking on this expert role, albeit in trying to “help,” counselors might actually exacerbate feelings of helplessness and hopelessness in the family. According to Liu et al., (2004), these feelings of bleakness may be a result of middle-class, college-educated-based counseling theories and interventions that rest in middle-class values and ideals. According to scholars in the counseling profession, many individuals and families living in poverty and those of minority status may resist counseling that is geared toward middle class mental health and individualistic ideologies (Cavaleri et al., 2006; Lewis, Lewis, Daniels, & D’Andrea, 2003; Myers & Gill, 2004; Sue & Sue, 2007, Toporek & Pope-Davis, 2005). Consequently, if the counseling profession is going to truly “help” families living in poverty, counselors must avoid reverting to deficit-based approaches and should instead venerate the lived experiences and strengths of these families.

There are few counseling outcome studies citing best practices with low-income populations. Amatea and West-Olatunji (2007) reported that only nine articles in the *Journal of Counseling and Development* up until that time had focused on clients living in poverty. Of the existing research, there is evidence suggesting a strengths-based approach may be effective (e.g., Gill, Barrio-Minton & Myers, 2010; Sheely-Moore & Bratton, 2010). For example, in their study of low-income rural women’s spirituality, Gill and colleagues (2010) found spirituality and wellness to be linked, citing the importance of strengths-based interventions with low-income clients. Similarly, in an exploratory study of the effectiveness of a strengths-based child-parent relationship training using play with low income parents, researchers found that those receiving the training reported a statistically significant decrease in total behavior problems and parent-child relationship stress, as compared to a control group (Sheely-Moore & Bratton, 2010). While both of these studies emphasize the promise of strengths-based approaches for counseling parents from low-income families, the first focuses on women and the other focuses on parent training. In recent literature searches, we have not found any other counseling outcome research that specifically addresses strengths-based interventions for families in poverty.

Conceptualizing Families in Poverty using a Strengths-Based Approach

Foss and colleagues’ CARE model (2011) is a humanistic, strengths-based counseling approach. In this stage approach, the first stage consists of relationship development centered on minimizing the macro-level power differences, maintaining cultural competence and communicating respect for client strengths. The second stage focuses on honoring the realities of living in poverty including the daily challenges and the psychological, social and emotional toll it may take on a client. The third stage, removing barriers, involves not only removing barriers that impede individuals ability to receive counseling but concrete solutions and crisis intervention strategies. The final stage of the model stresses the expansion of strengths, including primary and secondary coping strategies, from a wellness perspective (Myers & Sweeney, 2008). While the CARE model is an important addition to counseling literature, it focuses primarily on individuals. When discussing strengths of persons living in poverty, we

maintain the importance of also looking at resources at the familial or relational level.

In examining family resilience, Walsh (2003) emphasizes the relational nature of strengths and resources and the importance of looking beyond individual characteristics to relational processes. Walsh's resilience framework stems from systems theory, and thus she notes that the processes extend beyond the parent-child processes to relationships between siblings, the couple, and extended family. Walsh's framework is based in three family resilience processes: family belief systems (e.g. making meaning of adversity, positive outlook, and spirituality), organizational patterns (e.g. flexibility, connectedness, social and economic resources), and communication/problem-solving (e.g. clarity, open emotional expression, and collaborative problem solving). That said, it also is important to keep in mind, particularly with families living in poverty, that no single model exemplifies functioning for all families and their situations (Walsh, 2003). What is deemed healthy functioning must be reviewed in context, based in part on the family's values, structure, resources, and life adversity. With respect for the lack of a singular model of healthy family functioning, the framework Walsh proposed is based in a firm belief in the family's ability to recover and grow out of challenges. Consequently, Walsh's framework is used to inform some of the recommendations presented in this article.

Recommendations for Counselors Working with Families Who Live in Poverty

Using a strengths-based paradigm provides a framework from which counselors can work effectively with families living in poverty. This process can be conceptualized as a *treasure hunt* as the counselor and the family work together to discover the many treasures embedded within the family. It includes the following components: counselor self-evaluation and reflection, advocacy, relationship-building, unassuming curiosity, and a relational strengths search that culminates in a new, co-constructed story.

“Counselor, know thyself-in-relation.” In order to be effective within the counseling profession, many counselor educators feel that every counselor must take part in an ongoing self-reflective process. This self-reflective process is emphasized within multicultural counseling literature (Sue & Sue, 2007) particularly with regard to ethnic and cultural differences, but it is also important to consider economic differences between the counselor and the families. The counselor needs to attend to his/her own partiality regarding social class and classism and how his/her own previous social class and classist experiences and those of the client may factor into counseling (Liu et al., 2004). Foss et al. (2011) and Toporek & Pope-Davis (2005) echo Liu et al. and also prompt counselors to examine their stereotypes and biases regarding their conceptualizations of the causes of poverty. When working with families in poverty, a counselor must go even further and explore his/her own values concerning what constitutes “appropriate” family processes, structures and recognize the personal and cultural basis of such views so as not to project them on to his/her clients. An honest look at the counselor's own family experience may enhance awareness of how it may influence his/her ability to co-create new stories that

are based in strengths and resources.

A large part of this self-reflection will include looking beyond the middle class definitions of family strengths, resources, and success (i.e. treasures). This includes recognizing the uniqueness of each family's treasures and honoring the ways each individual family has endured, thrived, and “struggl[ed] well” (Walsh, 2003). Some of what mainstream society has deemed to be symptoms of poverty are not symptoms but can actually be reframed as something to be respected and honored. For example, many school professionals, including school counselors, often denigrate parents of low income for not being involved in their child's education, when in truth the parents are working two to three jobs so that they can put food on the table and provide their children with opportunities. It may be that the parent has delegated an aunt or uncle, or even a sibling to take on the educational leadership role in their absence. Thus, though they may not attend parent-teacher conferences, the treasures exist in the parents' deep investment in the future of their children and the mobilization of their kin network as a social resource (Walsh, 2003). The process of putting on strength-focused lenses will look differently for each individual counselor and each family he/she works with. However, the counselor's ability to co-create empowering stories with the families is dependent on the counselor's ability to self-reflect and stretch beyond his/her own culturally based definitions of what constitutes strengths or *treasures*. The groundwork has been laid as Walsh (2003) has identified key process in family resilience (e.g. making meaning of adversity, positive outlook, connectedness, and open emotional expression).

Relationship is key. Research has shown repeatedly that the relationship between the counselor and the client(s) is a key factor in positive counseling outcomes (Sexton & Whiston, 1994; Wampold, 2001). The establishment of both rapport and a trusting relationship are particularly crucial when working with families that have been oppressed and marginalized, as are many poor families. When counseling within the family context, it is particularly unique in that the counselor must forge a relationship with each individual, the subsystems in the family (parents and siblings), and the family unit as a whole (Pinsof & Catherall, 1986). Therefore, the counselor must engage in what Butler, Harper and Brimhall (2011) call multipartial interaction, giving voice to each member's experience and strengths without focusing on consensus but rather, equally validating each person's account with dynamic neutrality. The relationship-building process is unique for each counselor and will vary in the counselor's work with one family to the next. Nonetheless, there are certain additional areas that may be beneficial to address when working with families living in poverty.

One such area involves verbally broaching the ethnic, cultural, and economic differences between the family and the counselor (Day-Vines et al., 2007). In many cases the counselor has never been through much of what the family experiences on a daily basis, and the family is cognizant of these differences. By acknowledging the dissimilarities within the relationship, space is created for the family and the counselor to discuss them so that they do not negatively impact the treasure hunt. It also can have the effect of increasing the family's trust in the counselor because he/she has affirmed the variations in

their experiences instead of negating them. One qualitative study found that acknowledging class differences between the clients and counselors contributed to the positive experience of therapy, and the counselor's failure to do so negatively impacted the relationship (Thompson, Cole, & Nitzarim, 2012).

Establishment of trust will be further enhanced by the counselor's willingness to self-disclose and become involved in the life of the family. Research has shown that in cross-cultural client counselor relationships, counselor self-disclosure is preferred by clients (Cashwell, Shcherbakova, & Cashwell, 2003; Thompson et al., 2012). Therefore, it may be important for the counselor to disclose to families in poverty about his/her own financial struggles, his/her own successes, failures, and relationships. The relationship may also include the counselor involving him/herself in the life of the family by attending family functions or accompanying a family member in applying for a job. While this self-disclosure and extra-counseling activities may not seem ethical by traditional standards, section A.5.d. of the American Counseling Association's Code of Ethics (ACA, 2005) notes the potential benefits of some counselor client-interactions that go beyond the traditional counseling relationship. However, the counselor must be able to present a rationale and document the potential benefits and consequences to the client in order to substantiate such interactions. These interactions should be monitored carefully to ensure that it is in the client's best interest and ongoing client counselor dialogue is maintained regarding the mutual acceptability of the interactions on both the family members' and counselor's part (Kocet, 2006; Moleski & Kiselica, 2005).

Unassuming curiosity. A way of enhancing the therapeutic relationship is through a counselors' open-hearted, unassuming curiosity. Regrettably, as is the case when working with families living in poverty, counselors may quickly assume the expert role (Bryan, 2009). In taking on an early directive role, the counselor may view his or her educational background and role as an authority figure as permission to dictate to the family what the focus of counseling should be (Madsen, 2007), and doing so can immobilize the family. Thompson et al. (2012), for example, noted that low-income clients valued counselors who worked toward an egalitarian relationship where power was not exerted over another. Within a strengths-based framework, family members are invited to tell their own story of their lives, their struggles and successes. In doing so, they may begin to recognize how they do more than bounce back from struggles, but rather are "bouncing forward," further equipping themselves to face new challenges (Walsh, 2002)

To identify strengths or *treasures*, the counselor takes a stance to "appreciate the meaning of clients' ways of being in the world" (Gorman, 2001, p. 10) and works as an "appreciative ally," thus allowing the family to see the counselor as someone who is "on their side" (Madsen, 2007; p. 9). The family is given their rightful opportunity to be seen as no less human, but as a significant family, with an important story to tell. Low-income individuals have reported the importance of their counselor providing them the opportunity to tell their unique story and showing that they cared (Thompson et al., 2012). Foss and colleagues (2011) call this "acknowledging the realities of poverty" and assert the importance of empathizing with the individual's experience of economic injustice and structural barriers. In working with families, this process includes examining

the collective experience of family members, extended kin, and generational stories. Furthermore, the counselor does not presuppose that success for the family is upward mobility and attaining the middle class standards of living (Liu et al., 2004); instead, he/she trusts the family's knowledge of their own experience and expertise, and thus the counselor and the family collaboratively identify the areas in which they would like to work (Foss et al., 2011; Johnson, Wright & Kettering, 2002; Madsen, 2007).

Counselor as an advocate. A mutual narrative also can be created in relation to how the counselor sees his/her role as a counselor to families in poverty. This role extends further than trying to enact change with families, but to trying to enact change in the entire environment or system in which both the counselor and the families are a part (Holcomb-McCoy, 2004; Keys, Bemak, Carpenter, & King-Sears, 1998; Lewis et al., 2003). Many of the difficulties that these families are facing result from unemployment, racism, and poor housing; thus, the troubles are symptoms not of the families themselves, but of broader social problems (Goodman et al., 2004; Waldegrave, 2005).

It is important not to ignore the contextual factors that are involved in the situations of families in poverty. Through advocacy the counselor can impact public policy and challenge harmful political, social, and economic forces that are impacting the families (Keys et al., 1998; Lewis et al., 2003; Waldegrave, 2005). Foss and colleagues (2011) suggest advocating for flexible scheduling, financing transportation, in home therapy, and establishing clinics in high poverty areas. Additionally, families may specifically need advocacy with regard to access to neighborhood resources, the welfare system, school policies which may negatively impact the children, and healthcare.

Another example of counselor advocacy is to promote a change in the language and beliefs that surround families in poverty. The counselor can advocate for the families to be re-conceptualized in a more strengths-based light and be recognized as treasure-laden, versus treasure-deprived and a burden on society. In this advocacy role, however, the counselor needs to remember that the fight must be fought "with, not for" the families (Friere, 1989). In this way, the counselor becomes not only an advocate for the family, but also part of a supportive social network.

Revitalizing: A treasure excavation. Part of the process of the families overcoming the situations with which they are dealing, involves helping them create a new story built upon the existing story that has preceded their entrance to counseling as well as the interactions within the counseling sessions. Thus, the family is able to re-conceptualize themselves from a multi-problem family to a multi-strength family that can identify the various ways they have faced and overcome challenges to date, and are thus equipped to continue to do so. At times the family's particular situation may require the counselor to work alongside the family in acquiring basic resources that will enable the family to move themselves out of crisis mode (Thompson et al., 2012; Vandergriff-Avery, Anderson, & Braun, 2004) and towards creating a new reality. As articulated by Maslow (1954), there are certain areas, usually biologically based (i.e. food, clothing, shelter), that need be fulfilled before moving toward working on what he calls "growth needs." The counselor's partnership with the family to obtain the basics further connects them in an alliance so that the "growth

needs” can be attended to in the form of a re-storying treasure hunt (Foss et al., 2011).

Recognition of their strengths and resources may be difficult for families living in poverty because society may have blindfolded them to the many ways they have shown resilience and strength as a family unit. The news media has bombarded the poor with negative messages, and often the family has internalized this language and the negative social interactions, thus creating a negative reality in which to exist (Kendall, 2011; Waldegrave, 2005). Therefore, some families may need some initial assistance in beginning to identify many of the treasures that are already encompassed with each individual family member, the family as a whole, and the community. These strengths will be different for each family, but with co-construction with the family members, this initial unearthing of the “jewels” and “nuggets” will reveal further strengths and resources, including their ability to tap into resources, social supports, or other positive characteristics.

The process of excavating a family’s strengths and resources can have a very empowering impact on the family and can instill hope for the future (Lewis et al., 2003; Snyder, Ilardi, Michael, & Cheavens, 2000). However, the work does not stop once the strengths and resources have been revealed. The next step involves the family and the counselor collaboratively expanding and building upon the family’s strengths (Foss et al., 2011; Lietz, 2006). Part of building on the already existing strengths may include working together to generalize these existing strengths to other areas in the family’s life. An example of this could be a family’s demonstration of unity and support for one another surrounding the death of a loved one. Together, the family and the counselor can then brainstorm about other areas where this cohesion may be beneficial (i.e. when a sibling is struggling with a peer group or when a family member gets a new job). This strengths-building process may even include laying out a framework for how the family can be there for each other in future challenging times. It is in the course of identifying strengths and extending these to new situations that a new story is being created. This new story enables the family to begin to picture themselves in a new way, a way that empowers them and gives them agency to enact changes and move toward achieving their self-determined goals.

Case Example: Zachary’s Family

Zachary, the young boy described at the outset of this manuscript might traditionally be seen as a six-year-old whose family lacks sufficient resources. Labeling Zachary and his family in terms of what they do not have may keep one from noticing all that he and his family do have. If one looks deeper using the recommendations set forth in this article, and spends time with the family, one can see that Zachary is a friendly and happy child, as are his two older sisters.

As described in the recommendations, prior to and within the counseling sessions, the counselor worked hard to examine her own biases and explore how her own socio-economic privilege impacted her worldview. In counseling sessions, the counselor created space for the family to express their story by following the family’s lead. In doing so, the family enumerated many of Walsh’s

(2003) resilience processes. Together the family and the counselor expanded on these *treasures*. For example, while in counseling the mother got a part time job as a certified nurse’s assistant. As such, the siblings had to go through the morning routine without their mother. Initially, chaos, fighting, resentment, and disorganization ensued. However, the counselor examined how things were working with the family, expanding on the excavated family treasures of connectedness and collaborative problem solving (Walsh, 2003). The family’s resilience during tough times had become evident as they elaborated their story of losing their father and husband.

Utilizing family strengths such as connectedness and collaborative problem solving in subsequent counseling sessions, the family shared feelings of both frustration and determination, and collectively developed a morning routine that worked for everyone. Therefore, every morning his family works hard to make sure that Zachary gets to school on time, that his hair is combed neatly, and that his homework is completed and ready to be turned in. He may not have new, clean clothes or a backpack, his mother might not be there every morning to make his breakfast and get him ready for school, but Zachary has a resilient and dedicated family, and is adored by students and teachers alike for his easygoing attitude and big heart. Which is more important?

Conclusions and Implications

Moving from a deficit view of families in poverty to viewing the family through a strengths-based lens allows the counselor and the family to co-construct a new story that emphasizes the treasures embedded within the family. The new story changes the language in which the families describe themselves, and hopefully can begin to change the language in which others describe families in poverty as well. This process of revitalization amongst and within the family builds upon the strengths-based work of Foss and colleagues (2011) by focusing on families and their relational strengths. With the recommendations set forth in the current manuscript, it is the authors’ hope that counselors will be inspired to work with poor families in such a way that the family can begin to rekindle hope, recognize and expand on their existing treasures, while working together to create new ones.

Lastly, given the limited outcome research on counseling families who live in poverty, future research must be conducted examining the effectiveness of this and other strengths-based approaches (e.g., Foss, et al.). Furthermore, strengths-based approaches hold particular promise in making counseling culturally relevant and accessible to families who live in poverty. Though families living in poverty are resilient, there appear to be real barriers to making counseling services accessible to them. Future outcome studies should examine both counseling effectiveness (e.g., improved family functioning, decreased stress, or healthy child adjustment) as well as whether strengths-based interventions improve on the availability and utilization of counseling and decrease the dropout rate seen in prior studies. Research is needed that focuses systematically on the biases and barriers that contribute to paralysis as well as approaches that revitalize the effectiveness of counseling families who are struggling against poverty.

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Are We Going in the Right Direction? Concerns about School Counseling

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Abstract

School counseling as a specialty area within the profession of counseling is, in the eyes of many, experiencing a crisis of identity. The crisis, however, truly lies with school counselors struggling to fit the mold impressed upon them by external forces which often contradicts their educational preparation as counselors. We make two main points. First, academic achievement is not the most important domain for the school counselor to place their focus. Rather, personal/social and career development are the areas that school counselors should seek to impact. In addition, school counselors are principally counselors and not educators.

Are We Going in the Right Direction? Concerns about School Counseling

School counseling is at a crossroads. External pressures, such as education reform, the development of a single counselor identity, and serving the needs of all stakeholders, are exerted on school counseling. In 2009, the *Journal of Counseling and Development* published a special edition specifically asking, "Where lies the future?" for school counselors (Dahir, 2009). School counseling, as a specialization of the counseling profession, appears to be experiencing a crisis of identity. Historically, school counselors viewed their role as mediating the physical, personal, social, and behavior obstacles impeding students' academic success (Erford, 2011; Schellenberg, 2008). Currently, there is an attempt to shift school counselors to become education reform leaders focused on academic achievement of youth (Erford, 2011; Schellenberg, 2008). The departure from the traditional role of the school counselor seems to be re-designing the school counselor as an academic interventionist (Baker, 2001). Essentially, the crisis appears to be centered on whether school counselors are

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educators (with knowledge of counseling theories and techniques), or counselors (working within an educational environment), and whether academic achievement or holistic student development is the primary focus of school counselors. The future of school counseling may depend on which road is selected during this crisis of identity. While it has been acknowledged that there is more than one possible pathway in the future development of school counseling (Dahir, 2009), we believe that the American School Counselor Association (ASCA) has selected an avenue of identifying school counselors as educators primarily focused on academic achievement that could be potentially devastating to school counseling.

Background

School counselors clearly have responsibilities to the counseling profession and to the students of the schools in which they work. This past decade, school counselors were pressured by ASCA leadership to change their role within schools. This intentional role change seems to be influenced by education reform efforts, and how ASCA leadership has interpreted the call for change.

Role and Identity

Historically, over the past century, role ambiguity has been a central issue for school counselors, yet the ASCA leadership has suggested, "professional identity is not a central concern to ASCA" (Kraus, Kleist, & Cashwell, 2009). Perhaps it is in the opinion of ASCA leaders that they have sufficiently met their goal to "create one vision, one voice for school counseling programs" (ASCA, 2005; ASCA, 2012). The question remains, whose vision and voice? The vision and voice does not seem to be aligned with the other counseling organizations, including the American Counseling Association (ACA), which is the largest organization that represents counselors, and a parent organization of ASCA. ACA has been working to establish a professional identity that can be shared by all counselors, no matter their specialty (ACA, 2010; Kraus et al., 2009, p.60), including school counselors. The 20/20 representatives, which included such groups as CACREP, NBCC, Chi Sigma Iota, and the divisions of ACA (including the ASCA leadership), identified seven principles "critical to the mission of continuing to move the counseling profession forward" (ACA, 2010). The Principles were endorsed by 29 of the organizations that represent the specialty areas, in addition to the certifying and accrediting bodies, within the counseling profession. ASCA, however, declined to support the seven principles, but indicated that if the statements were to be operationalized, and ASCA believed that the statements represented the views of ASCA, that they would sign on at that time (R. S. Wong, personal communication, July 30, 2009). After the seven principles were adopted by the other counseling organizations, the 20/20 representatives used the Delphi Method to create a visioning statement, "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2010, para. 5). The visioning statement seems to be inclusive of ASCA's Developmental Domains (Academic, Career, and Personal/ Social), yet, at this time, ASCA has not supported this definition of counseling, perhaps

because the ASCA leadership has currently decided that they do not identify as counselors. Rather than focusing on school counselor identity, the executive director and leadership of ASCA place more importance on convincing school counselors that they should focus on academic achievement, and see themselves as in this business of *educating* youth, instead of assisting youth. The vision of positioning school counselors to focus on academic achievement, and to view themselves as educators, seems to be influenced by ASCA leadership's interpretation of a series of reform efforts.

Education Reform

Education has been undergoing tremendous change over the past three decades, which appears to have been initiated with *A Nation at Risk* (Gardner, 1983), a report in which the federal government called for education reform because the US appeared to be academically falling behind other industrialized nations. In the past, the US Government saw school counselors as "sociopolitical instruments to achieve national goals" (Erford, 2011, p. 25). For example, the National Defense Education Act (NDEA, 1958) led to the preparation of hundreds of secondary school counselors to help identify students talented in mathematics and the sciences. In fact, the NDEA provided tax-exempt funding for the preparation of school counselors (Baker, 2001) with the belief that school counselors would deliver on the goal to propel the nation to the moon. Several decades later, *A Nation at Risk* (Gardner, 1983) never specifically recognized school counselors as part of the solution of the national goals (Schwallie-Giddis, ter Maat, & Pak, 2003). Feeling left out of *A Nation at Risk* (Gardner, 1983), ASCA commissioned the development of National Standards for school counselors (Schwallie-Giddis et al., 2003).

Subsequent legislation to address *A Nation at Risk* (Gardner, 1983) included several re-authorizations of the Elementary and Secondary Education Act (ESEA). The re-authorizations called for measuring student success (Erford, 2011) and eventually led to the No Child Left Behind (NCLB) Act, which called for accountability in schools. Once again, school counselors were not specifically included in NCLB or the re-authorization of NCLB. The government's lack of focus on school counseling left counselors to wonder if either a) school counselors were not viewed as part of the educational solution, or b) school counseling was valued for the unique mental health focus that they provide to students within the educational environment, and therefore were not targeted for change. It is this intersection at which school counselors find themselves. On the one hand, are school counselors *educators* whose ultimate goal is to assist in the academic achievement of school youth (Baker, 2001)? Or, are school counselors *mental health practitioners* who function in an educational system, but whose objective is the development of the whole student: to help students develop personally and socially, develop their individual careers, and to recognize the relevance of academic success as an expression of personal growth and self-knowledge?

The American School Counselor Association's Reform

The American School Counselor Association (ASCA), a division of the American Counseling Association (ACA), chose to respond by interpreting *A Nation at Risk* (Gardner, 1983) and NCLB legislation as a concern that school counselors were not seen as part of the solution (Schwallie-Giddis et al., 2003). School counselors, who have a long history of struggling with an identity that others recognize and respect, were encouraged by ASCA to consider themselves “educators” rather than “counselors” (ASCA, 2008). In fact, ASCA defines school counseling as “a certified licensed *educator* trained in school counseling with unique qualifications and skills to address all students' academic, personal social and career development needs” (ASCA, 2008; Kraus et al., 2009, p. 60). Many of the branch divisions of ASCA have developed their own models, which are directly related to the National Model. It is not clear that the members of ASCA (or their branch divisions) or non-members share this view or have any input into these identifying decisions. In fact, one study found that school counselors were well aware of their state model (based on ASCA's model), but few had selected to implement it (Poynton, Schumacher, & Wilczenski, 2008). Contributing to ASCA's selection of this interpretive path are the Education Trust's Transforming School Counseling Initiative (TSCI; Education Trust, 1997) and the ASCA National Standards (1997). The former argued that school counselors were serving to maintain the achievement gap and further stated that counselor educators were not preparing school counselors for the real job (Erford, 2011).

ASCA National Standards

In 1997, the National Standards were developed for ASCA (Campbell & Dahir, 1997). The Standards were based on a national survey of 1127 ASCA members, representing a response rate of 56.4% (Dahir, 2004). The study revealed that 82% of respondents believed that national standards should be developed, and 83% believed that national standards were necessary. Respondents believed that if standards were developed then they should provide opportunities for all students (95.4%), should address counseling, consultation, and coordination (91.8%), should reflect the belief that all children can learn (91%), and should be connected to the mission of the school (89.6%). When respondents were asked if the standards should be based more on theory or practice, the majority (66.7%) responded that the standards should be based on practice. The resulting nine standards focused on student development in three domains: academic, personal/ social, and career.

Transforming School Counseling Initiative

In the late 90's, the TSCI developed and distributed the new vision for school counseling (Education Trust, 1997). The TSCI called for school counselors to move from serving students on an individual basis to focusing on systemic change (Erford, 2011); furthermore, the TSCI directed school counselors to move away from a mental health focus to an academic achievement focus. The Education Trust's proposed reform for school counseling was a three-phase process. The first phase focused on developing a new vision of school counsel-

ing (1995-1996) by establishing an advisory board. They described school counseling as having “...focuses on educational equity, access, and academic success, with a concentration on interventions that will close the achievement gap between poor and minority children and their more advantaged peers” (Perusse & Goodnough, 2001, p.102). The second phase involved funding 10 universities (with counselor education programs) to develop implementation plans for preparing school counselors under the New Vision. Phase III provided \$450,000 to six programs over a three-year period through the DeWitt Wallace Reader's Digest Fund (Burnham & Jackson, 2000). There were also 24 other counselor education programs that were selected to transform their counselor preparation programs, although they did not receive funding (Perusse & Goodnough, 2001). ASCA's leadership decided to incorporate the advice of the Education Trust and moved school counselors toward an academic achievement focus.

The ASCA National Model

The TSCI, the National Standards for School Counselors, along with existing school counseling models (Gysbers & Henderson, 2000, 2002, 2006; Johnson & Johnson, 2001; Myrick, 1997, 2002), were used to develop the *ASCA National Model: A Framework for School Counseling Programs*® (2005). The Model was intended to be developmental, comprehensive, and results-based (Dahir, Burnham, & Stone, 2009) while also incorporating the TSCI themes: advocacy, collaboration, leadership, and systemic change (ASCA, 2005; ASCA, 2012). Interestingly, the National Standards, a foundation of the Model, gave equal weight to the Personal/ Social, Career, and Academic domains (Campbell & Dahir, 1997); yet, the school counselors surveyed clearly identified personal/ social development as more important to the role of the school counselor (Dahir, 2004). Furthermore, ASCA members thought that National Standards should address counseling, consultation, and coordination (Dahir, 2004). Moreover, the comprehensive and developmental models that were used as a foundation for the model, supported direct services, including counseling. In fact, Myrick's model suggested that school counselors should spend between 15-40% of their time engaged in counseling (Myrick, 1997). Yet, the consistent message that ASCA has conveyed is a clear focus on academic achievement. ASCA under-emphasizes what is clearly important to ASCA members, and other school counseling experts, by placing an emphasis on academic achievement rather than personal/ social or career development issues.

School Counseling at the Crossroads School Counselors as key members of a system

The school counselor plays a significant role in assisting in the affective development of students, which in turn, allows teachers to educate students. That is, school counselors are an important part of the delivery of, and experience with, affective education to help young people develop the affective side, an important part of the learning process (Baker & Gerler, 2004). In fact, it has been argued, “twenty-first century school counselors are in a powerful and pivotal position to effectively demonstrate how the complement of academic rigor

and affective development is the formula to student success” (Dahir, 2009, p. 3). Although, over promotion of school counselors focusing on academic rigor is flawed; Brown and Trusty (2005) suggested that school counseling programs promise more than they can deliver on academic achievement. Thus the role of the school counselor in the school, and in the greater social system, is one that is significantly shaped by the personal, social, and affective needs of the students in any given school. In fact, it has been argued that if school counselors are to remain relevant, they must recognize the centrality of the counseling portion of their work and the increasing mental health needs of the young citizenry of this country (Mainzer, 2010). Whiston (2002) argued persuasively that school counselors should not abandon students in the areas in which they require assistance. She contended that school counselors are well suited to providing mental health services to students in school settings, and that if they do not perform this task, someone else will. If ASCA continues to follow their current trajectory, school counselors will have moved from a position of responding to student needs to a position of responding to the needs of the educational establishment, which currently only seems to value academic excellence.

Desirable School Counseling Role Responsibilities

Wrenn (1962, as cited in Gysbers, 2001), Roeber (1963, as cited in Gysbers, 2001), and Stripling and Lane (1966, as cited in Gysbers, 2001) emphasized the centrality of the role of individual and group counseling in the work of the school counselor. In a recent study of 1,244 school counselors in the state of Alabama, school counselors saw their role as that of performing counseling (Dahir et al., 2009). The highest overall k-12 means were: counseling students individually about personal/social issues (a mean of 4.69 out of 5); decision making skills; counseling students who have behavioral problems in classes; personal problems that affect grades; managing emotions; consulting with parents, teachers, and administrators. The activities that were rated the lowest were program management and academic development. Clearly, school counselors saw themselves as performing counseling tasks that are different from the educational functions of the teacher and the administrator in a school setting. The findings were consistent with the findings of Scarborough and Culbreth (2008), who found that school counselors wanted to be engaged in activities that led to positive student outcomes, and to spend less time engaged in non-guidance related activities. Indeed, Scarborough and Culbreth found that high school counselors had a strong desire to engage in counseling, consultation, coordination, and curriculum activities. In a study of ASCA members, Perusse and Goodnough (2005) found that both elementary and high school counselors, ranked individual counseling, group counseling, and consultation with parents and teachers as the three most important content areas of counselor preparation; presumably these content areas reflect the most central work that school counselors engage in at the elementary and high school levels. Aside from how school counselors view their role, even teachers believed that school counselors should engage in one-student-at-a-time therapeutic counseling, and felt that school counselors should be doing more of this type of work (Reiner, Colbert, & Perusse, 2009).

The crystal ball: What does the future look like?

According to Whiston (2002), school counseling is in a critical position and has the capacity to flourish or wane through current academic reform. Some (ASCA, 2005; ASCA 2012; Green & Keys, 2001) have suggested that school counselors need to align their program with school improvement goals or be replaced by reading teachers or social workers (Green & Keys, 2001). Sink (2001), on the other hand, questioned the causal relationship that some have drawn between the implementation of comprehensive school counseling programs and improved academic performance. In fact, he argued that we should not hold school counselors accountable for increases in traditional markers of academic achievement. Rather, school counselors should focus their attention on the areas of student development that are consistent with their training: personal and social developmental changes, career planning, responsive services, program implementation, and school climate. Currently, school counselors are placed in an unrealistic position of trying to fulfill the variety of expectations placed by stakeholders (Paisley & McMahon, 2001). Some (Green & Keys, 2001) argue that providing more indirect services to students allows counselors to impact more students (i.e., manage large caseloads), while others suggest that an over emphasis on indirect services may lead to counselors not being recognized for the services they provide (Whiston, 2002). School counselors were faced with a similar lack of recognition in the 1930's when the role of the school counselor was at risk for being "absorbed into curriculum revision" and essentially eliminated as a specific role (Gysbers, 2001).

In considering the future of school counseling, Whiston (2002) suggested school counselors make tough decisions about the role responsibilities that they need to relinquish in an effort to more effectively serve students. We propose that school counselors should refocus their energy on mental health services in schools. Failure to support students in the areas in which we receive the most training may lead to the "belief that school counselors are not 'real' counselors" (Whiston, 2002, p.5). If school counselors fail to deliver the mental health services, which they were trained to provide, schools may hire other individuals to provide counseling services (Whiston, 2002). Given that social workers are hired by school districts to provide mental health services, it is clear that schools do value both mental health and instructional services in school settings. Perhaps, school counselors have not clearly articulated the extent of their mental health training to the satisfaction of the educational establishment, which leads schools to look to other professions to provide counseling services. While we are not saying that social workers not be staffed in schools, we are arguing that they should not be replacing school counselors; both school counselors and social workers support the mental health of students by providing unique, complimentary, and necessary services.

Despite the known mental health and career development needs of youth in schools, the Education Trust TSCI hoped to move school counselors away from a mental health focus to an academic achievement focus (Erford, 2011); the Education Trust has seemingly convinced ASCA to follow this pathway. The TSCI message is not entirely problematic; while the Education Trust identified that academic achievement for all students was the ultimate goal, perhaps the

intent was to move school counselors beyond just the principles of social justice to actively advocating for change within the complicated and political educational structure of schools and districts.

School counselors, by the virtue of their training, are indeed prepared to identify problems and collaborate with others to find solutions. School counselors sit on a gold mine of quantitative and qualitative data and are privy to micro (individual) and macro-level (district/ community) strengths and weaknesses. Furthermore, school counselors are trained to interact with individuals and groups to support change. Closing the achievement gap between disadvantaged and advantaged students creates access and opportunities for all students to work toward achieving their life goals, and school counselors are in a position to advocate for change that can impact their students for a lifetime.

While the Education Trust's TSCI message, about closing the achievement gap, proposes some real benefits for the future of our youth, limiting social justice and advocacy to only an academic focus seems to contribute to underserving disadvantaged youth in a holistic manner. Furthermore, school counselors may simply side-step advocating for educational equity, access, and academic success to a practice of simply ushering ALL youth in to higher education. Convincing all young adults that academic success and attending college is the *valued* pathway may contradict the underlying value of counseling which involves asking students to reflect on their personal strengths, abilities, interests, values, and goals and to make decisions that they believe will lead to a fulfilling life.

Providing youth with the ability to both attend and succeed in higher education should remain the goal rather than simply placing all young adults into college. Using data to determine the systematic barriers that impede student success, providing career education and counseling, and remaining connected to students as individuals will ensure that school counselors are in a position to help all youth address any of the barriers in their lives. Interpreting the TSCI message as a call to send all youth to college could lead school counselors down a familiar path; in the past many students were told that they were not "college material", and they perceived that message to mean that their school counselor did not have faith in their abilities. Will the new perceived message be, "my school counselor did not care to help me figure out what I wanted to do with my life, they just sent me to college and hoped I would figure it out there, while I incurred tens of thousands of dollars of debt"?

A Dark Future

ASCA has an opportunity to reinterpret education reform efforts (*A Nation at Risk*, NCLB, TSCI, etc.) and change their agenda; but if they do not, we foresee a future of fragmentation beyond the relationship with other counselors, to a fragmentation within the school counseling specialty, and ultimately a systematic elimination of school counseling positions in schools. According to Gysbers (2001), school counseling may become fragmented with school counselors focusing on providing services based in their preferred area of interest, whether that be academic, personal/social, or career. Such fragmentation would certainly contribute to continued confusion amongst school counselors and other stakeholders if, within the school counseling specialty, counselors individually selected their preferred services. We fear that schools will begin to follow a de-

centralized model more commonly seen in colleges, where personal social counseling is provided separately from academic advisement and career services. While fragmentation and specialization makes the role more simplistic and clear, it also diminishes the opportunity to view and serve students holistically. Dividing school counselors into sub-specialties may be additionally detrimental to students, as often students will see their school counselor about a benign issue (i.e., schedule change, college information) as a cover to discuss significant issues in confidence without others' (peers, teachers, and parents) awareness. Having to see the "mental health counselor" may dissuade students from seeking the assistance they need from fear of being stigmatized.

Reflecting on the decentralized college/university model, mental health centers are staffed with individuals who have the clinical training to serve students' mental health needs, and are often comprehensive, in that they combine the services of counselors, social workers, and psychologists, but sometimes counselors are left out of this model. Individuals with business backgrounds often staff career centers; those individuals likely have little training in career development concepts or in the counseling process. Finally, academic advisors simply provide information to students about how to graduate within their major with little connection to other aspects of students' lives (McArthur, 2005). In fact, the change may have already begun. Many high schools have already moved to staffing career centers with business teachers. Some high schools have also moved toward hiring academic deans, who provide school counseling services while adding discipline to the repertoire without a school counseling or administrative degree (Gutierrez & Sokolowski, 2010). Even those who have sung the praises of such a direction for school counseling have found that students have expressed discomfort with the dual roles of disciplinarian and counselor, and have suggested that these professionals need to attend more to the mental health and emotional development of students (Gutierrez & Sokolowski, 2010). Recognizing a gap in affective education, in the state of New York, for example, nine State Commissions, including the Education Department and the Office of Mental Health, recommended that teachers be trained to infuse social and emotional development into the classroom (New York State, 2008, p.6). Perhaps the reason is that teachers have to address more social and emotional issues because school counselors are focusing on academic interventions. And, finally, counseling services are being contracted out with greater regularity to external mental health agencies. Given the current trajectory, we fear that the entire specialty of counseling, currently known as school counseling, stands to be lost.

Conclusion

School counselors are on the brink of a decision: What do we believe is in the best interest of children and young adults? We choose the work of counselors: addressing the social/emotional and career development of the children in our schools, as well as advocating for equity and access in education; focusing on these areas may lead to academic achievement, but academic achievement is not the sole goal. If we do not focus on the holistic development of youth, school counseling may experience a divorce into academic advisors and men-

tal health contracted workers. Education reform, fueled by NCLB, is a hot topic in school counseling and across the educative enterprise. The politics of education have profoundly impacted the manner in which educational and mental health services are provided to students in school settings across the country. ASCA proposed that using their model, with its emphasis on accountability and student academic success, will allow school counselors to demonstrate their worth and, thus, ensure the maintenance of jobs of school counselors. The government, however, has decreed that mental health services in schools are essential to the development of young people throughout their educative experience. ASCA seemingly never considered this path. Instead, ASCA has chosen to focus on an educators' role with a targeted focus on academic achievement. Consider this: Schools can provide a holistic education where teachers focus on academic achievement and learning and school counselors support the social, emotional, and career development of students. The emphasis is on the word "can." Each of these domains impacts the other, and it is this collaborative effort that we call "school" and "education."

School counselors need to expect their roles to change as society changes (Herr, 2001; Paisley & McMahon, 2002); it has been our history, and will be our future. In sum, school counselors have a choice. It is true that the context of school counseling has certainly changed throughout the past fifty years. The question, however, remains as to whether school counselors will choose to support a suggestion to identify primarily as educators, remaining fixated primarily on the academic needs of students. Or, on the other hand, will school counselors choose to more predominantly focus on the whole student's needs, personal/social, and career development, and facilitate the growth of an educational establishment that understands the context of the student in the academic development of the individual student? Perhaps prior to another entity making such a decision for school counselors, it is the school counselors themselves who should decide. While education is in a period of flux, school counseling should take the opportunity to boldly state the role of school counselors. Our main emphasis is on the personal/ social and career development of youth, while serving as a resource broker of academic services, not an academic interventionist. Our role with academics is to help youth see the relevance of education in their lives, to connect them to resources, and to support them in their decision-making processes about short and long-term goals. Our main process is through facilitation, whether it be through individual or group counseling, classroom presentations, or large group presentations. Ultimately, we use our counseling skills to help youth develop holistically with the ability to pursue fulfilling lives.

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- **The Michigan Counseling Association** is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession.

Founded in 1965, MCA is the state's largest association exclusively representing professional counselors in various practice settings.

By providing leadership training, publications, continuing education opportunities, and advocacy services for all members, MCA helps counseling professionals develop their skills and expand their knowledge base.

The central mission and purpose of the Michigan Counseling Association is to enhance human development throughout the lifespan and to promote the counseling profession. Additionally, the association purposes shall be:

- to promote and advance the interests of counseling services in the State of Michigan;
- to provide an organization through which those engaged in counseling services can exchange ideas, seek solutions to common problems, and stimulate their professional growth;
- to establish and improve standards of professional services in counseling services;
- to assume an active role in helping others in educational institutions and in the community to understand and improve counseling services;
- to conduct activities designed to promote the professional growth of counseling services in the State of Michigan;
- to disseminate information and to focus public attention on and promote legislation affecting counseling services in the State of Michigan; and to encourage the formulation and growth of Chapters and Divisions.



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OUR NEW EDITOR

Dr. Jennifer Bornsheuer is the new Assistant Professor in the Counseling Department at Oakland University. In 2005, she received her B.A. in Psychology from the University of North Texas and then her M.S. in Counseling and Development from Texas Woman’s University in 2007. Recently, she completed her Ph.D. in Counselor Education from Sam Houston State University in 2012. The title of her dissertation was “Conservative Christian Parents Perceptions of Child Parent Relationship Therapy.”

Dr. Bornsheuer has over 5 years of clinical experience working with children, adolescents, and families in community settings. Her research interests include the use of Child Parent Relationship Therapy (CPRT) with children and parents, the use of play therapy and filial therapy with children who have experienced trauma, the inclusion of religious and spiritual beliefs in the counseling process and counseling programs, qualitative methodology, application of Adlerian theory and methods in supervision, and mentorship of women in graduate counseling programs. Dr. Bornsheuer has authored and co-authored numerous articles; made professional presentations at national, state, and local conferences; and has been very active in state and national counseling organizations. She has received several awards including the Emily Oe Counseling and Development Play Therapy Award and Scholarship, the Outstanding Practitioner Award from the Beta Kappa Tau chapter of Chi Sigma Iota, the Outstanding Counselor Educator Award – Doctoral Student, and the Excellence in Writing Award from Sam Houston State University.