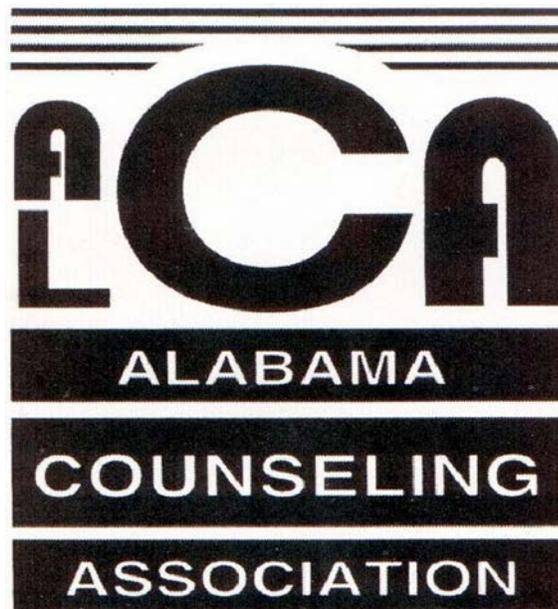


The Alabama Counseling Association Journal



- Enhancing human development through the lifespan
- Promoting public confidence and trust in the counseling profession
- Caring for self and others
- Acquiring and using knowledge
- Respecting diversity
- Empowering leadership
- Encouraging positive change

Letter from the Editor

Welcome to the Spring 2017 edition of The Alabama Counseling Association Journal. This year is taking off to a great start. There are so many current issues impacting the counseling profession including third-party payments, specifically, TRICARE.

TRICARE

In June, TRICARE released a modification to the Policy Manual section on Mental Health Counselors. The policy added the changes implemented through the FY 2016 National Defense Authorization Act. The revisions provide an alternative to the current transition period that ends January 1, 2017. The new language provides a path to the TRICARE certified mental health counselor for practitioners without a CACREP degree or a passing score on the National Clinical Mental Health Counseling Examination (NCMHCE) until 2021.

Dr. Eddie Clark

Editor



Alabama Counseling Association

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Troy University

Science Technology Engineering And Math Education (STEM), Student Drop Out And
Success: Lessons Learned Implementing An After School Program

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Abstract

The After School Success program was funded by AT & T. Funds were awarded to a University's College of Education to implement a dropout prevention program at a high school in Alabama. The goal of the After School Success program was to explore strategies to reduce dropout rates at the school and increase career and STEM awareness. Strategies implemented include an after school tutoring program and an in-school 9th grade career class culminating in a science, technology, engineering, and math education (STEM) field trip to a university. At the time the study was conducted the official dropout rates had yet to be reported; therefore, indirect quantitative measures of the effectiveness of the program were utilized. These measures include the Coddington Life Skills Inventory for Adolescents (CLES-A) (Coddington, 1999), the Rosenberg Self-Esteem Scale (Rosenberg, 2002), and a Career Class Survey and interviews.

A student's 9th grade year is a critical year of transition, during which she/he begins accumulating credits to meet graduation requirements, as well as begins taking specific courses required for graduation. These courses are content-specific, with stringent objectives to be mastered (Somers & Piliawsky, 2004). However, according to McCallumore and Sparapani (2010), the 9th grade year produces the “lowest grade point averages, the most missed classes, the majority of failing grades, and more misbehavior referrals than any other High School grade” (p. 447). The authors examined strategies for reducing dropout rates, including after school tutoring and in-school use of supervised university students to facilitate knowledge about STEM careers, along with other developmentally-appropriate knowledge relative to career and student success through an in-school career class.

Tutoring

Colleges and universities have increasingly been viewed as fertile grounds for producing volunteers to work with P-12 schools (Hetzel, Newcomb, & Fuller, 2009). Tutoring has been shown to increase students' academic success when applied to all levels of education. More importantly, when tutoring is applied to the transition years of students in the middle school years and the 9th grade year, allowing students to demonstrate academic success provides confidence equating to less of a desire for the student to drop out of school (Somers & Piliawsky, 2004). However, success is not based on a “one and done” approach but on frequent sessions of tutoring that foster trust and a connection to an individual, which can be conceptualized as building rapport (Somers & Piliawsky, 2004). Srebnik and Elias (1993) contend that education involves a social component, as opposed to simply being an acquisition of knowledge about specific content or fitting into the expectations of a school. If one subscribes to this belief, then student bonding with positive role models within the educational environment is seen as an

important factor for student learning to take place. Research suggests that two areas strongly correlated to school dropouts are poor academic achievement and inaccessibility to the school experience (Srebnik & Elias, 1993). The school experience provides students with challenging, engaging, student centered work that focuses on authentic learning. For tutoring to be effective in addressing students' needs, interventions should be ideographic or developed locally, in response to specific local needs and concerns, rather than be based on a nomothetic model considering state or national norm tests (Jones, Stallings, & Malone, 2004). For tutoring programs to be effective in addressing drop-out prevention they must provide students with hope that they can accomplish required goals and tasks, and likewise increase self-confidence in their ability to tackle schoolwork within the broader concept of social context (Usher & Kober, 2012).

Career Class

In keeping with a theoretical approach similar to the one used in tutoring, that is instilling hope in students, university students were supervised in preparing curriculum and in the act of teaching students about possible future careers in general and specifically in STEM careers. The researchers' interest in raising career awareness and in STEM careers, follows the current educational and national zeitgeist.

Interest in student career awareness, and specific interest in STEM careers, represent a high priority in the United States, according to a report from the Committee on STEM Education National Science and Technology Council (2013). Furthermore, as Sadler, Sonnert, Hazari and Tai (2012) assert, the trajectory of high school students' interest in, and entering, STEM careers is affected by the level of interest students have prior to (and especially during) their entry into high school. With these facts in mind it seems particularly appropriate to focus on developing a

program designed to increase career awareness and, especially, increase awareness and interest in STEM careers for 9th grade students.

Field Trip

The use of field trips in the K–12 learning environment is a long-standing practice (Behrendt & Franklin, 2014). The literature is replete with studies regarding field trips and the value of learning outside the classroom. As Cengelci wrote, “Learning outside the classroom helps students interpret their society, nature, and the world through concrete experiences” (2013, p.1836). Additionally, Behrendt and Franklin, in their review of the value of field trips, stated, “Students who directly participate during a field experience generate a more positive attitude about the subject” (2014, p. 235).

Implementation

Tutoring Program

The After School Success program began with planning and organization during early August and September 2013. A tutoring coordinator and three tutors were hired for the program. The coordinator was a retired teacher who previously taught many of the student participants during second grade. The three tutors were senior university students majoring in math, science and language arts education. The first 9th and 10th-grade after school tutoring sessions began at the high school in October 2013, and continued through May 2014. On Mondays through Thursdays tutors were available to students. The tutoring was not mandatory; teachers, counselors and administrators made referrals and informed parents of the tutoring program. In addition, the program was advertised on the school website and flyers were sent home with every student in the 9th and 10th grade.

Modifications to Program

The original plan for the After School Program was to provide a series of high interest lectures, speakers and seminars for students to attend after school. The purpose was to increase student knowledge and skills in STEM, technology, and academic studies. Additionally, the after school program was designed to connect high school students with university students serving as role models that provide positive support and encouragement. The after school program was offered on a volunteer basis to all students in 9th and 10th grades. A seminar in academic use of iPads was held October 14, 2014. Eleven students attended the seminar. Other seminars were scheduled, but students did not sign up for the sessions. Discussions were held with high school administrators for an alternative to the after school seminar sessions. The alternate decision was for the university students, under the guidance of university faculty, to teach the required 9th grade Career Preparedness class during a portion of the spring term.

Between March 21 and May 2, 2014, university students taught the Career Preparedness class. The class objectives are based on the Alabama State Department of Education College and Career Readiness standards. These standards align with the AT & T foundation initiatives and provided an alternative to meeting the objectives of the after school training/teaching sessions. After school tutoring remained intact with sessions after school. Only the after school training sessions were altered.

During the 9th grade career class, junior and senior university education students enrolled in a curriculum methods course taught classes on Mondays and Wednesdays. Topics included organization using technology, study-skills, social networking, digital citizenship, positive/negative digital foot printing, STEM careers, building a digital resume, applications to technical schools and colleges, and financial aid. Tuesdays and Thursdays, graduate counseling

students taught life skills, positive behavior, career interests, training/education for college and vocation education, interviewing skills, personality, digital correspondence, harassment, and respect for diversity. Each Friday of the weekly class, African American students participating in the university “Student organizations” served as speakers, sharing personal stories related to workplace behavior, personal goals, social networking, importance of staying in school, learning from mistakes and college life. The university students in these two organizations were selected to serve as positive role models providing community and university service to the high school students. All university students teaching or speaking to the career classes worked with faculty and organization sponsors to create high-interest, interactive lessons. The career class was structured with six sessions per weekday. The five-week training, with college students teaching the career classes, provided an alternative to the planned after school teaching/training sessions.

Fieldtrip to a University

To further inculcate positive behavior, staying in school, STEM careers and high school interaction with college students, 9th and 10th grade students came to the university in April for a daylong fieldtrip. Leaders of the “student organization” spoke to students in an assembly. A former university football player and current National Football League player with the New York Giants, Jerrel Jernigan, spoke to students about the importance of setting goals and staying in school. Students were divided into groups to attend sessions, with university faculty presenting STEM areas. Faculty were asked to present general information regarding STEM careers and to include both college and career technical school training leading to STEM jobs.

Methodology

Research Design

The research design used in this study was a non-experimental mixed design. The study includes descriptive, statistical, quantitative and qualitative evaluation of participants in the tutoring program and the career preparedness class.

Participants

The participants were enrolled in two public schools in the Southeastern part of the United States. Both schools are 9th through 12th grade, however only 9th and 10th grade students were included in the samples addressed in this study. The school that was sampled to form the control group had a population of 484 students, including 129 Black females, 163 Black males, 86 White females, and 91 White males. Student socioeconomic status as determined by free and reduced lunch includes eligibility 76.91% free and 5.5% reduced lunch; 82.41% of students are considered to be low socioeconomic status.

The school that was sampled to form the treatment group had a population of 603 students. The school's ethnic characteristics include 197 Black females, 156 Black males, 117 White females, and 108 White males. Student socioeconomic status as determined by free and reduced lunch includes 46.93% free and 2.81% reduced lunch; 51.74% of students are free or reduced indicating low socioeconomic status.

Instruments

Several instruments were used in the present study; however, only three were analyzed. The first was a pre-post survey developed by principal investigators utilizing the Alabama Career and College Readiness career course content objectives. The pre-post survey evaluated student increase in knowledge gained from participation in the career course. The survey was

self-reported by students to assess their opinions of what they gained from the class. This measured opinions of learned concepts from the beginning to the end of the five week-period.

The second instrument used in authors' analysis was the Coddington Life Events Sales – A (CLES), administered to assess at-risk behavior of the two groups. The CLES–A has a history that spans more than four decades and is a reliable and valid instrument (Coddington, 1999). Finally, the Rosenberg Self-Esteem Scale (Rosenberg, 2002) was administered with unremarkable results and was therefore not included in this report.

Students were familiarized with the National Center for O*NET Development. Career Exploration Tools. *O*NET Resource Center*, the Self Directed Search (Holland, 1994), and Myers-Briggs Type Indicator Form M Self Scorable (Myers & McCaulley, 1998), were assessments were used as teaching tools (not as assessment tools) with the students to open discussion relative to the objectives of the career course.

Procedures

The University Institutional Review Board (IRB) approved the original study. The approval was amended to include the study of the career class. An additional approval was sought and granted to study the service of university students teaching the 9th grade career class.

All student participants had completed informed consent forms prior to administration of any instruments. Students were tracked by lunch codes. However; the principle investigators were not given student-identifiable information by the school systems.

Analysis

A paired t-test was conducted on career class pretest and posttest results of the survey administered to students. A measure of mean and standard deviation were explored with the

results of the Coddington Life Events Scale –A in relationship to the cutoff guideline scores which suggest if an adolescent is at greater risk than the general population.

The tutoring program was evaluated in a narrative format with 9-week grade reports in Science, Math and English to measure improvement in grades of student participants.

Dropout Prevention – Coddington Life Events Scale

The dropout rate for the treatment school as reported for 2012–013 academic year by the school superintendent was 58%. This indicated a need for support programs in preventing school dropouts. This project was designed with prevention strategies for dropping out of school. 9th and 10th grade students were targeted for tutoring. 9th grade students participating in a new state required class were taught by college students in career readiness and value of staying in school. No students dropped out of 9th and 10th grade during the time period of the project.

Research indicates that 9th grade is a year of at–risk for students. Life events and a home environment are indicators of at–risk (McCallumore & Sparapani, 2010). The Coddington Life Skills Inventory for Adolescents (CLES–A) (Coddington, 1999) was administered to 9th and 10th grade students to assess life events that indicate clinical symptomology. Table 1 provides information of 9th grade students administered the CLES–A. Table 2 provides information of 10th grade students administered the CLES–A.

Table 1

CLES – A – Means, Standard Deviations, and Range of Variables of Interest

Measure	3 months M/SD	6 months M/SD	9 months M/SD	12 months M/SD	Possible Range	Observed
(CLESA) Pre- 0-432 Control Group 9 th	153./140.	201./141.	217./131.	229./134.	0-2000	0-2000
(CLESA) Post- 306 Control Group 9 th	166./77.	171./70.	194./84.	201./85.	0-2000	0-
(CLESA) Pre- 487 Treatment Group 9 th	169./133.	211./141.	230./140.	242./135.	0-2000	0-
(CLESA) Post- 588 Treatment Group 9 th	154./129.	186./150.	196./155.	207./160.	0-2000	0-
Control Group 9 th	<i>N=7</i>	Treatment Group 9 th	<i>N=7</i>			

Table 2

CLES – A – Means, Standard Deviations, and Range of Variables of Interest

Measure	3 months M/SD	6 months M/SD	9 months M/SD	12 months M/SD	Possible Range	Observed
(CLESA) Pre- 393 Control Group 10 th	118./111.	148./123.	169./144.	192./153	0-2000	0-
(CLESA) Post- Control Group 10 th	197./138.	226./151.	237./160.	247./172.	0-2000	0-548
(CLESA) Pre- Treatment Group 10 th	134./124.	162./146.	166./144.	191./148.	0-2000	0-643
(CLESA) Post- 471 Treatment Group 10 th	130./136.	153./145.	159./141.	182./138.	0-2000	0-
Control Group 10 th	<i>N=21</i>	Treatment Group 10 th	<i>N=19</i>			

In all cases, the mean score of the control and treatment groups in both pretest and posttest conditions on the CLES–A were above the 75th percentile cutoff guideline for Life Change Units. The cutoff scores for the CLES–A Interpretive Guidelines are 0–3 months 75, 0–6 months 140, 0–9 months 160 and 0–12 months 170. The pretest and posttest did not show any change in measures of at–risk behavior. Significant caution must be used in discussing the results of the CLES–A due to the small sample sizes of the two populations. In a general sense the findings implied that the adolescents in this sample were not at–risk for physical and emotional problems during the assessment period, however this is in contrast to the aforementioned, dropout rate for the treatment school as reported for 2012–013 academic year by the school superintendent, which was at 58%.

Physical and emotional problems can influence academic problems related to dropping out of school. Results from the CLES–A provide strong predictors of dropping out of school, indicating a need for more dropout prevention strategies within 9th and 10th grades.

Tutoring Program

The after school tutoring program was designed as a volunteer program and was not mandatory for high school students. Seventy-eight 9th and 10th grade students participated in the after school program. Parents of 21 students gave permission for evaluators to review grade reports in English, Math and Science. The 9 week grade reporting cycle served as evaluation periods. In review of 9 week grading reports, participant grades indicated varied improvement. Most improvement in grades was during the third 9 week period. The most declines in grades over the grading periods were the last 9 week period. Of the 21 students, 4 students received grades of C or better, with the other 17 students receiving grades in the D–F range. Overall, most participants in the tutoring program received academic credit for their English, Math and Science

classes. In the 9th grade group, 2 English students, 2 Math students and 1 Science student did not receive academic credit for their courses. For the 10th grade group 2 English students, 3 Math students and 1 Science student did not receive credit for the courses. The least improvement for all participants was in the Math classes.

The 9th and 10th grade tutoring participants' gender included 9 females and 12 males. Ethnicity reported by participants was 14 African American, 4 White, 1 interracial and 2 who identified as other. Students were in the 15 to 16 age ranges.

Student participants in the tutoring program were randomly interviewed regarding their experiences. 2 White males, 1 African American male and 1 African American female were interviewed. The information gained from the group interview implied that students did enjoy having a place to go for homework with support. Students indicated that the tutors would “stay on top” of what they were expected to do. This seemed important for participants, indicating that the director of the tutoring program would identify areas students were having trouble in and go to the teacher of record for additional information that provided support via tutors. Students repeatedly brought up how the tutors were younger than their teachers. Students felt a greater connection to the tutors and felt the information was explained in a way that they could understand. The tutors were more relaxed in how they shared the information to the students.

Four university students served as tutors throughout the after school tutoring program. This provided consistency with high school students having the same tutor. One tutor served three months and was replaced by another tutor serving five months. The other tutors served eight months. Three of the tutors were interviewed. The fourth tutor that was not interviewed unexpectedly left the area to accept a teaching position. One White female, one White male and one African American female were interviewed regarding their experiences. Tutors reported that

they perceived to help the high school students improve in content areas. Improvement in high school students study habits, organizational skills and responsibility for their own schoolwork were other areas identified by tutors. Important components identified by tutors were having a positive impact on students, encouraging struggling students, providing a comfortable environment, and watching as the high school students learned how to do things that they believed that they would never be able to do. One tutor reported personal growth from the experience stating a gain of understanding individualized instruction and improved teaching skills. Another tutor indicated the importance of the connection and collaboration with the classroom teacher in improvement of struggling students. The program was a positive, productive program for both high school students and university tutors as stated by a third tutor.

In regard to dropout prevention strategies, the tutoring program provided students opportunity for assistance in academics. The strategy to utilize college juniors and seniors in the Math, Science and English fields as tutors was positive as indicated by interviews.

Ninth Grade Career Preparedness Class Participants

The career preparedness class was required for all 9th grade students, therefore all students had the opportunity to participate. There were 105 students enrolled in the class. Eighty students gave permission for research evaluation. Table 3 provides demographic information for the 80 students in the study.

Table 3**Demographic Statistics – 9th Grade Career Preparedness Class**

Age/# of Students	Bio. Sex/# of Students	*SES/# of Students	Ethnicity/# of Students
14 / 45	Female / 42	Free Lunch / 48	African American / 45
15 / 27	Male / 34	Reduced Lunch / 1	Hispanic / 1
16+ / 4		Paid Lunch / 27	White / 28
			Interracial / 0
			Other / 2

$N = 76$ *Socioeconomic Status (Note: 4 students did not fill out all of their demographic information correctly however, they were included in the data set and this explains the difference between an $N = 76$ versus the $N = 80$ in the paired t-test.)

Ninth Grade Career Preparedness Class Instruments

Resources for teaching the career preparedness class included National Center for O*NET Development Career Exploration Tools *O*NET Resource Center*, the Self Directed Search (Holland, 1994), and Myers–Briggs Type Indicator Form M Self Scorable (Myers & McCaulley, 1998), Quick Stem Careers Guide: Four Steps to a Great Job in Science, Technology, Engineering, or Math (Shatkin, 2011), and Power Point presentations created by graduate and undergraduate students under faculty supervision addressing the following topics listed in Table 4.

The career preparedness class was evaluated with a pre–posttest survey to determine gain in career knowledge related to AT & T Aspire initiatives and Alabama College and Career Readiness career course objectives. Table 4 provides analysis of the pre and posttest data.

Table 4**Comparison of STEM Psychoeducation Pretests & Posttests (N = 80)**

	Pretest	Posttest	t-value	p-value
Digital Citizenship	2.50	3.81	-7.11	.000***
Digital Portfolio	2.36	3.37	-5.73	.000***
Digital Footprint	2.05	3.85	-10.58	.000***

Online Learning Management Systems	2.34	3.27	-5.11	.000***
Stem Careers	1.75	3.95	-12.28	.000***
Application Process for College/ Career-Technical Schools	2.71	3.55	-5.22	.000***
Interviewing for Jobs	3.22	3.88	-4.52	.000***
Workplace Behavior	4.14	4.32	-1.75	.08
Appropriate Communication	3.85	4.31	-3.51	.001***
Attending College/University	4.31	4.3	0.10	.917
Attending Junior College	2.71	2.81	-0.65	.517
Attending Career/Technical School	2.37	2.75	-2.83	.006**
Completing an Online Certification	2.31	2.60	-1.75	.084
Starting a Job After High School	3.55	3.70	-0.95	.343
Not Completing High School	1.64	1.70	-0.36	.721

* $p < .05$; ** $p < .01$; *** $p < .001$

t (degrees of freedom) = t -value, p = significance level. In our case this would be: $t(79) = -7.113$, $p < 0.000$. Due to the means of the measures and the direction of the t -value, we can conclude that there was a statistically significant improvement from the pretest to the posttest.

Ninth Grade Career Preparedness Class Results

Of the 15 measures listed in the table above, the following 9 measures showed improvement after the intervention took place. Digital Citizenship, Digital Portfolio, Digital Footprint, Online Learning Management Systems, STEM Careers, Application Process for College/ Career-Technical Schools, Interviewing for Jobs, Appropriate Communication, Attending Career/Technical School.

The measure Not Completing High School, a major strategy of the dropout prevention project, did not show improvement. The significance in Application to Career Technical Schools, Attending Career/Technical School, and STEM Careers suggested that students gained knowledge in these areas that were part of dropout prevention strategies in the project.

While the variable of Non Completing High School did not indicate significant improvement, other variables (career technical school and STEM) may correlate. Therefore, it is

possible that unexplored relationships may exist, perhaps suggesting the presence of an unknown variable.

Limitations

Data were collected from a similar high school for a control study of the 9th and 10th graders participating in the after school program. Analysis of the data suggests a meaningful difference; however, the difference in sample sizes significantly reduces any discussion of generalizability beyond these two samples. Additionally, some of the sample sizes discussed in this report may not possess significant statistical power to see large, medium or small effect sizes, which may be present in the data. There were several methodological issues that were artifacts of working within the school environment; however, as these issues are now known, future studies will prepare for these issues and overcome them. Due to lack of student participation, the original design of the study had to be modified and while the IRB approved these modifications, the study would undoubtedly have gone more smoothly if no modifications were needed. Finally, the authors theorize that the tutoring program could be more successful if mandatory during school hours, rather than after school.

Discussion and Implications

Results from the tutoring program suggest that the third 9 week grading period indicated the most improvement in student grades. The last 9 week reporting period indicate the lowest grades reported for the tutoring participants. School personnel stated that after spring testing and assessment was completed during the latter part of the school, students seemed to perform at lower levels. This could be a factor in the lowest grades reported for the students. The tutoring program can be improved by an in-school rather than after school program. Guidelines for mandatory tutoring with students who are identified as at-risk could possibly improve

participation. For evaluation purposes, a larger percentage of parent permission for review for student data would present a stronger research study. A more detailed study of the comparison school could also provide an improved research study.

Analysis of the career preparedness class indicated a significance of student learning in areas related to STEM, digital learning/citizenship (technology), application to career and technical schools and online management systems. The data indicate that the career counseling psychoeducational information relating to the career preparedness class was the most successful at-risk intervention of the AT & T funded program. Implications for dropout prevention are that 9th grade students became more aware of STEM careers and informed of how to apply to Career Technical Schools. Knowledge and skills gained by students related to technology and online management systems will be valuable to the future success of students. Using technology for online management systems (apps to help in organization of class assignments and requirements) will help students improve organization and study skills that lead to improved academics. While the results and generalizability of this study are limited it does provide food for thought for school counselors and career counselors working with this population.

The state of Alabama is moving in the right direction to improve initiatives in dropout prevention. This study suggests support for the state requirement for students to graduate with a required career course, typically taught in 9th grade. It also seems knowledge and skills gained from a career class may reinforce completion of high school.

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Intersecting Psychology and Art: Reflections from a Transdisciplinary Journey Abroad

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Abstract

This experiential study abroad offered cultural and educational opportunities for graduate and undergraduate students in counseling, psychology, and art. Through this in-depth journey, students examined the lives of three pioneers of psychology, while simultaneously exploring renowned art from the same time period. With remarkably positive feedback, the faculty directors and two doctoral students in Counselor Education offer their thoughts and reflections about the impact of this study abroad program.

Study abroad programs are popular among college students (Berg, Paige, & Lou, 2012; Bodycott, 2015; Cisneros-Donahue, Krentler, Reinig, & Sabol, 2012; Costello, 2015; Deviney, Vrba, Mills & Ball, 2014; Holtbrügge, & Engelhard, 2016; The Organisation for Economic Co-operation and Development (OECD), 2014; Salyers, Carston, Dean, & London, 2015). To illustrate, over 313,000 students received college credit for a study abroad trip during Academic Year 2014 - 2015 (Institute of International Education, 2016). Study abroad programs have increased “nearly 1,000 percent over the past twelve years” (Cisneros-Donahue et al., p. 169).

Closer to home, the annual Open Doors Fact Sheet for Alabama (2015, 2016) reported increased participation in study abroad programs from universities in the state of Alabama during the past years (i.e., 2,665 students in Academic Year 2012 – 2013; 2,702 students in Academic Year 2013 – 2014, and 3,014 students in Academic Year 2014 – 2015). These data suggest that study abroad programs continue to be important for college-aged students in Alabama, as well as nationally. With this evolving interest in travel among college students, an overview of an experiential, faculty-led program from The University of Alabama (University of Alabama Education Abroad, 2017) is offered subsequently. Two Counselor Education doctoral students and faculty offer their reflections.

An Overview of the Study Abroad Experience

This study abroad program presented diverse opportunities for graduate and undergraduate students from counseling, psychology, art, and other fields to immerse in art and psychology in Europe. There were many cultural and educational opportunities that underlined the profound influence psychology had on art and vice versa. Excursions included visits to the institutes of Sigmund Freud, Carl Jung, and Viktor Frankl and notable art museums. Other

significant opportunities included a tour of a concentration camp and visits to libraries, museums, and cemeteries.

Student Learning Outcomes

This study abroad program had broad-based learning outcomes. The student learning outcomes were to (a) expose students to major theorists of psychotherapy by visiting sites closely aligned with Psychodynamic theory (Freud; 1920), Adlerian theory (Adler, 2005), Psychoanalytic theory (Jung, 2009), and Logotherapy (Frankl, 1946); (b) listen to in-depth lectures, visit historic places affiliated with the theorists; (c) visit a concentration camp, similar to what was described in the classic book *Man's Search for Meaning* (Frankl, 1946); where psychiatrist Viktor Frankl learned to survive as a prisoner and later developed his theory; (d) discover European art and architecture, visit art museums, walking tours, and participate in other cultural and educational opportunities; (e) challenge all students to self-reflect about their life and the experiences on the trip; and (f) to ask Counselor Education students to reassess their personal theoretical counseling model after immersing in this thought-provoking cultural journey.

Responses and Reflections

While study abroad travel generally offers the chance to experience the world and to see another culture, this transdisciplinary study abroad was more extensive. This study abroad offered multiple components (i.e., experiential, historical, cultural, personal and social development components) tailored with a curriculum for counseling, psychology, and art students. In the next paragraphs, faculty offer their descriptions of each aforementioned component and the perceived impact of each, followed by student reflections.

Faculty Reflections

Experiential and Historical Components. This study abroad program offered experiential and historical components, while supporting a deeper integration of the Counselor Education students' theoretical model of counseling. Placing students in historically unique settings (within the closest proximity to the European theorists as is possible) was an aspiration from the early planning stages of this study abroad. An overarching goal of this program was to visit institutes founded by theorists, museums, and libraries founded by theorists. Throughout the journey, there were many instances when students were introduced to historical places of significance. Faculty responses follow:

- Visiting the places where theorists' lived, worked, raised their families, met patients, and were buried was profound.
- We visited Freud's office and home (now a museum). It was amazing as we realized that the initial case studies of psychoanalysis (Freud, 1920) were heard in this room.
- When we went inside the library in Carl Jung's home, we stood near the desk where the *Red Book* (Jung, 2009) was written and gazed through the stained-glass windows that inspired Jung.

To add, there were many experiential experiences on this trip, far more than we can review. Nonetheless, we believe each was more meaningful in the lived moment than could be described or read in a book. Faculty responses were:

- As we walked into Carl Jung's private library, the scent of Jung's tobacco pipe permeated the room, some 50 years after his death. To be in Jung's personal library, surrounded by his books, was captivating and surreal. This moment cannot be accurately described.
- While at the home of Carl Jung, we had an unplanned encounter with Carl Jung's grandson – as we waited outside of the Carl Jung home. Since Andreas Jung lives in his

grandfather's home, he picked up his mail and gingerly walked to the front door, and there we all were. While we startled him, we were likewise taken back as he spoke to us. He resembled Dr. Carl Jung.... For a moment, it was as if Carl Jung talking to us.

- Walking through the Sigmund Freud Museum... we saw where the Wednesday Psychological Society met... we realized that volumes of Freud's work and his practice of psychoanalysis came from within these walls.

Other experiential moments raised awareness of the atrocities and anguish faced by Jewish descendants during the time of Adolf Hitler (Ullrich, 2016). In contrast to the horrors faced by Viktor Frankl, he arose to write *Man's Search for Meaning* (Frankl, 1946). The visit to a concentration camp and likewise to the Viktor Frankl Institute exposed the horrors of the time and the contrast of hope and courage proclaimed by Frankl. Some faculty reflections were:

- Horror, sadness, cruelty, despair ...everywhere. To walk through a concentration camp changes your perspective on life.
- The Viktor Frankl Institute offers existential thoughts and a positive reframe for many frustrations.
- Frankl profoundly reminds us to have courage, persistence, and purpose, no matter what we face in this quote: "Everything can be taken from a man [woman] but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way" (Frankl, 1946, p. 12).

Cultural Component. This component of the program promoted cultural awareness and the need to understand and respect diversity. This study abroad presented the opportunity to travel and experience different cultures, languages, and countries. Then again, at a deeper level, students were subjected to the historical oppression faced by the Jews while Adolf Hitler was

Chancellor of Germany (Ullrich, 2016). Knowing that this oppression impacted the lives (and theories) of Freud, Jung, Adler, and Frankl and the artists (and art) of this time period was also applicable. Some faculty reflections were:

- The students were asked to read *Man's Search for Meaning* (Frankl, 1946) before the study abroad. Having read the book, the walk through the concentration camp was more poignant and relevant.
- Students were introspective (and as quiet as they ever were during the entire trip) as we rode up the steep incline to the concentration camp. There were mixed emotions —dread, anticipation, and curiosity.

Personal and Social Development Component.

This component offered students an opportunity to find deeper meaning in their lives. Similar to Costello (2015), we believe that study abroad programs should “bring an enriching experience to students’ academic and personal lives” (p. 50). To facilitate personal and social development, we required self-reflection activities from students before the trip started, each day during the trip, and one final retrospective review after the study abroad ended. The open-ended self-reflections that we required offered opportunities for the students to reflect on what they were exposed to each day. We also offered group debriefings, most importantly, after the visit to the concentration camp and at the end of the program before we departed.

We believe that the trip offered many opportunities for students to fine-tune their personal and social identities (Bodycott, 2015). Self-reflections, group discussions, and moments to interact individually with faculty offered such opportunities. Faculty thoughts were:

- All students had to take their personal and social identity development to a deeper level.

- Further, the counseling students had to reevaluate their personal theoretical counseling model (written in their theories of counseling course) upon return from the study abroad.

Student Reflections

Costello (2015) emphasized the importance of “hearing and learning from students’ experiences” (p. 50) after study abroad travel. Further, Costello believed such feedback from students that had traveled could be helpful for the potential students considering whether or not to travel abroad. From this viewpoint, we offer feedback from two doctoral students in Counselor Education. The doctoral students reflected on the following questions from Costello (2015): (a) What worked “well for you as a participant” in this study abroad (p. 50)?; (b) “How did this [study abroad] impact you or your studies” (p. 50)?; and, (c) “How did this [study abroad] impact your life after you returned” (p. 50)?

Student One Reflections

What worked “well for you as a participant” in this study abroad (Costello, p. 50)? This study abroad experience contributed to significant self-reflection and growth as a first-year doctoral student in Counselor Education. This was done through co-constructed experiential learning that allowed us to use our own value systems and cultures while simultaneously challenging our subjectivities. The methodology used in this study abroad encouraged self-awareness, multicultural sensitivities, sustainable learning, and deeply enriched scholarship. I believe that these domains were intentionally addressed and done so in an articulate way.

During the study abroad program, each student constructed their own meaning as we experienced the phenomena, becoming a part of our enculturation. Since experiential learning is value-based, it ultimately directed my counseling professional identity by blending clinical and

pedagogical modes of education. A humanizing pedagogy, such as this study abroad program, can create more relevant and meaningful research for students while also fostering a culture of sensitivity, empathy, and competency. I plan to incorporate a more humanizing pedagogy and empirical learning systems into my future role as a counselor educator and supervisor.

“How did this [study abroad] impact you or your studies” (Costello, p. 50)?

This study abroad animated me to consider my own subjectivities, acculturations, and reflexivity, and to question my ontology and epistemology. Personally, this study abroad provided me with the ability to have a more profound understanding of foundational theories of counseling as well as to question my own culture and identity. Not only was my professional identity transformed, but so was my personal identity. For instance, I discovered my Jewish heritage at the Mauthausen Concentration Camp. The hermeneutic existence I found myself in served as a necessary catalyst for personal and professional evolution. The introspection, emotional maturation, and cultural development from this study abroad is unparalleled in traditional classroom environments.

“How did this [study abroad] impact your life after you returned” (Costello, p. 50)?

Following my experiences and this study abroad, I have both reaffirmed and questioned my personal counseling philosophy. I realized that there was a shared experience of the human existence that surpassed idiosyncrasies, yet still a multiplicity to these experiences. My philosophical understanding of finding versus creating meaning evolved from this experience as well. When I returned home from the trip abroad, I was inspired to continue this synergistic intersection of art and psychology. I began creating a series of paintings that encompassed elements of the great theorists of psychology and components of expressive and emotive art.

There was also agency to create a piece exploring existential vulnerabilities and our own corporality.

Overall, I was moved by this study abroad. This opportunity gave me a piece of myself that I did not even know was missing. Discovering my Jewish heritage, maturing as a counselor, and reconnecting with my artistic side were all profound — each has attributed to my own human becoming and self-actualization. I plan to pursue more arts-based research regarding the intra-actions and intersections of these two fields as well as how expressive arts can be utilized in counseling.

Student Two Reflections

What worked “well for you as a participant” in this study abroad (Costello, p. 50)?

This trip allowed me the opportunity to think freely and to be transported into an environment that provided structure, support, and incentive at academic, vocational, and phenomenological levels—an opportunity to engage in the rigors of academia in ways that are otherwise impossible to achieve within the confines of the traditional classroom. It was clear upon arrival in Zurich, Switzerland, that the instructors and coordinators of the study abroad program worked diligently to provide students with a smooth transition. Meals, lodging, and all other accommodations were already established—leaving the student with an opportunity to fully embrace the cross-cultural experience of visiting a foreign country. In this way, I noticed the capacity for a study abroad program in itself to serve as a pedagogical approach and technique—one that allows students to focus solely on their academics and to be able to leave all additional markers of logistical nature to those facilitating the experience. The assignments presented in this program were intentionally crafted to seamlessly integrate themselves into not only the outlined excursions, but also into the

culture itself. Moreover, the experience felt as if my work was never complete, empowering me to maintain internal intellectual discourse upon waking and until sleeping. Last, it was the intent of the instructors to encourage students to facilitate their own learning process and to become a stakeholder in the study abroad experience (within reason). The instructors provided much space and opportunity within the student's locus of control to engage in meaningful dialogue regarding the nature of their learning. As such, students were able to identify meaningful excursions, modify assignments in ways that made them more meaningful and applicable to their focus areas, and to fully engage in methods of differentiated instruction where both affective and cognitive domains of functioning were involved and impacted by the surrounding cultural experience. It was the presence of each of these attributes that allowed me to extract significant amounts of meaning, insight, and learning throughout my experience as a participant.

“How did this [study abroad] impact you or your studies” (Costello, p. 50)?

As scholars of Counselor Education, we are often tasked with integrating foundations of empathy within our academic and vocational pursuits. We must work to experience the situations of our clients, peers, and other constituents, in order to effectively engage in our work. The traditional classroom, although effective, maintains significant limitations to learning—often promoting a two-dimensional approach to the learning and assimilation process.

This study abroad experience has completely transformed and revolutionized the way I approach my doctoral work, and the way in which I will teach future generations of counselors as a future faculty member. The instructors worked to provide students with experiences that could significantly impact the student's own sense of values, purpose, and meaning. In my particular academic situation, the works of Dr. Carl Gustav Jung, Dr. Sigmund Freud, and Dr.

Viktor Frankl have remained central to my clinical, theoretical, and academic pursuits. Although it was clear to me (and remains clear) that these three individuals would highly influence my doctoral work, a natural distance remained between myself as the student, and the overall academic production, which is to be my dissertation work. Classroom instruction on these three theoretical approaches to counseling and psychotherapy had significantly impacted me in pursuing the works of these pioneers, and additional reading and reflection of the psychodynamic and existential approaches further solidified my basic understanding of the concepts. Yet, this study abroad program offered what I consider to be a 4-dimensional approach to learning—one that allowed me to both physically and psychologically experience the works of these individuals by visiting their homes, offices, museums, and corresponding cultures. In this way, I consider the experience to be an intensive and unique approach to utilizing empathy—in ways I had not previously experienced prior to this trip. Not only did we delve deeper into the concepts and theories of Jung, Freud, and Frankl, but we ventured as close as we could to the lived experiences of these individuals at the physical, cultural, and phenomenological levels. As such, I felt an increased connection to my work, like I had not felt before—a newfound dedication to engaging in meaningful research, and in understanding the cultural contexts that existed as these men pioneered our field with their contributions.

“How did this [study abroad] impact your life after you returned” (Costello, p. 50)?

Upon return to the United States, my academic and professional approaches have differed vastly from its previous iteration. It was during this return to my academic “normal” that I began to see the auxiliary ways in which this experience was experiential and meaningful. A quick survey of my approaches and endeavors since the experience quickly reveal an increased dedication and commitment to my doctoral work, based on the information learned and the experiences had

abroad. It is difficult to describe the internal connection I maintain with Freud, Jung, and Frankl since embarking on this journey—yet this subjective sense of enhanced meaning and purpose remains critical to my continued academic efforts. In this way, my work is much *closer* to me, much more *personal*. From a vocational standpoint, I continue to maintain communication with several of the contacts established at the Carl Gustav Jung Institute in Zurich, Switzerland. This connection with faculty and corresponding administrators of the institute has bred an opportunity for me to receive the clinical instruction of my dreams by pursuing psychoanalytic training upon completing my doctoral work.

As I reflect and conceptualize the many stories heard within my therapy office, I think of these three men and the contributions they have made to our world. I continue to think of my time in Zurich and Vienna, my experience in walking through rooms filled with history regarding the pioneering of the study of the human experience. Most importantly, I now approach each academic endeavor at the 4-dimensional level—utilizing this study abroad experience as a framework for learning. As such, I regard my future teaching *and* learning to include these aspects of empathic experience that transcend the limits of the traditional classroom—a pedagogical approach that focuses on integrating physical, spiritual, cultural, and phenomenological approaches to learning. To illustrate, who could have imagined that the smell of tobacco embedded into the books of the Jung library would change the way I process similar smells upon returning to my home country? Yet, each time I become aware of a similar scent, I am transported back to the Jung estate, working with him on the journey to change the way the world views the concepts of psychology, myth, and the overall human experience.

Implications

Researchers offer encouraging reasons for college-aged students to engage in study abroad experiences (Cisneros-Donahue et al., 2012; Deviney et al., 2014; Holtbrügge & Engelhard, 2016; Salyers et al., 2015). Traveling abroad during the college years offers “professional and academic benefits, intellectual benefits, cultural benefits, and competence benefits” (Costello, 2015, p. 51). Further, study abroad programs promote “cultural awareness, competence, and sensitivity,” benefiting students after graduation as they work in an increasingly diverse world (Earnest, Rosenbusch, Wallace-Williams, & Keim, 2016, p. 78).

The student and faculty reflections offered in this paper reiterate positive reasons to study abroad, often echoing the literature. With multiple and relevant opportunities to engage in culturally-focused conversations and activities, along with the enjoyment of traveling, mentoring, and engaging with students, we strongly endorse faculty-led study abroad programs that fall within one’s area of expertise.

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Childhood Depression on the Rise: Implications for Professional School Counselors

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Abstract

The American School Counselor Association (ASCA) National Model (ASCA, 2012) specifically states that professional school counselors are to make an effort to “help students focus on academic, personal/social and career development so they achieve success in school and are prepared to lead fulfilling lives as responsible members of society”. Yet, depression continues to be “*a silent crisis in our schools and communities*” (Lebrun, 2007). This is indicated by an increase in suicide attempts and completions for school aged children (American Academy of Pediatrics, 2008), as well as an influx in prescribed anti-depressants (Dopheide, 2006). This expectation of professional school counselors is important, as they are often the first to respond to problematic behaviors via referrals from other school faculty and administrators, as well as students (Abrams, Theberge & Karen, 2005). Having the ability to recognize and assist in resolving issues is paramount. Despite the overarching negative consequences associated with an early diagnosis of depression, it is questionable whether professional school counselors are prepared to adequately identify depression in children and adolescents (Abrams et al., 2005; Carr, 2008; Cash, 2003; Zalaquett & Sanders, 2010). This article reviews the role of professional school counselors as it relates to recognizing symptoms of depression and a number of other child-related mental health disorders, the implications of misdiagnosing childhood depression and the professional standards for school counselors. In doing so, this article will also discuss the potential impact of the proposed 2020 CACREP changes for accredited school counselor programs.

ASCA (2008) defines the role of a professional school counselor as, “to help all students in the areas of academic achievement, personal/social development and career development, ensuring today's students become the productive, well-adjusted adults of tomorrow.” The ASCA School Counselor Competencies state that professional school counselors should be able to:

- IV-B-3c “Demonstrate an ability to provide counseling for students during times of transition, separation, heightened stress and critical change.”
- IV-B-4a “Understand how to make referrals to appropriate professionals when necessary.”

The definition and ethical standards highlight the critical role of professional school counselors in helping students resolve problems that affect academic success or cope with issues of developmental concerns. Often times, developmental concerns become behavioral difficulties or classroom disruptions (Benshoff & Poidevant, 1994). Problematic behavior within the classroom has the potential to significantly impact the academic achievement for the disruptive student, as well as the other students in the classroom. Given the potential impact on academic performance professional school counselors are often pressured with addressing the problematic behaviors (Adams, Benshoff & Harrington, 2007). Adding to the pressure to address problematic behaviors is the drastic increase in school violence involving children and adolescents, as well as ethical implications requiring school counselors to identify, respond to and work with students who could possibly be a danger to others (Herman & Finn, 2002). As a result, there has been a significant focus on the role of school counselors and their ability to address or provide prevention services aimed at emotional difficulties and school violence (Bernes & Bardick, 2007). Furthermore, there is a renewed focus on education and accountability, as well a new trend pushing for higher academic performance (Barna & Brott,

2011). Accountability has long since been a part of America's educational system, beginning with President Johnson's historic education law. Renewed scrutiny concerning accountability returned with the 2001 No Child Left Behind Act (NCLB) (U.S. Department of Education, 2001) which holds all educators, including professional school counselors, accountable for the academic performance and healthy development of students. Although the No Child Left Behind has been replaced with The Every Child Succeeds Act (ESSA) signed into law by President Obama in 2010, accountability remains a focus of concern. While increasing accountability for administrators and classroom teachers, this movement has also contributed to accountability expectations for school counselors and denotes the importance of articulating their role and worth as a school counselor (Dahir, 2004).

Naturally, professional school counselors are often the first mental health professional to work with students who are experiencing academic, social, emotional or behavioral difficulties (Abrams, et al., 2005; Froeschle & Meyers, 2004; Paisley & McMahon, 2001) and in theory, they are held accountable for contributing to students' academic achievement by means of promoting the personal and social development of students. Additionally, it is well documented that students who are experiencing depressive symptoms do not normally self-refer (Evans, Velsor & Schumacher, 2002) and depressive symptoms have the potential to negatively affect academic performance (Carr, 2008; Herman, Reinke, Parkin & Agarwal, 2009; Zalaquett & Sanders, 2010). This further necessitates the need for professional school counselors to be aware and responsive to potential variations in child or adolescent depression.

Implications of Misdiagnosing Depression

Obtaining a clear diagnosis of Childhood Depression can be a complex task, as typical behaviors may change or vary from one childhood developmental stage to the next (Birmaher et al., 1996a; Zalaquett & Sanders, 2010). The observed symptoms related to depression may also be similar to other childhood disorders. A study completed by Friedrich and Suldo (2010) found that when students receive services for social, emotional and behavioral issues, a disproportionately larger number of these children are identified for behavioral issues that are related to externalized disorders. In fact, 70% of the students received services for ADHD, 42% for anger and aggression and 46% for general externalizing concerns. Externalized behaviors are described by Allen-Meares (1987) as refusing to complete assignments, continued problems with peer interactions, skipping school, withdrawal, or hyperactivity. Friedrich and Suldo (2010) further reported that only a small percentage of children are receiving services for internalized disorders such as anxiety (17%) and depression (16%). Internalized behaviors are described as withdrawal, repression, low self-esteem, and guilt (Lebrun, 2007). This data is troubling since Foster, et al., (2005) report that approximately 10% of children and adolescents are diagnosed with a disruptive behavior disorder (e.g., ADHD, ODD, CD), while Huberty (2008) estimates that approximately 15-20% of children and adolescents have depressive or anxiety problems that require intervention.

There could be several reasons for the discrepancy in services provided for externalized and internalized disorders. The most plausible rationale is that school administrators are often pressed to address these externalizing behaviors in an effort to ensure the academic success of the student, as well as his/her peers (Vail, 2005b). A second explanation is that researchers have observed that externalized behaviors correlate with the *Diagnostic and statistical manual of*

mental disorders, 5th edition (DSM 5) criteria for diagnoses such as ADHD, Oppositional Defiant Disorder, or Conduct Disorder (American Psychiatric Association, 2013). It is important to note that there has also been research indicating that a display of these external behaviors could also be attributed to internalized disorders such as depression (Lebrun, 2007; Vail, 2005a). According to Cash (2003), school administrators and counselors erroneously identify externalizing symptoms as defiance, or a lack of motivation and respect for school or as behavior disorders (i.e. ADHD, CD, Behavior Disorder). Consequently, students who are experiencing symptoms as a result of an internalized disorder such as such as anxiety or depression often receive inappropriate treatment or are simply overlooked. Since literature indicates that the symptoms for depression can sometimes be convoluted, appearing similar to the symptoms of behavior disorders, it is questionable whether children are receiving appropriate treatment (Carr, 2008; Cash, 2003; Zalaquett & Sanders, 2010). Further, dependent upon the level of development, child and adolescent depression can vary in intensity, duration, and severity (Carr, 2008; Fergusson & Woodard, 2002; Vail, 2005a).

While there has been abundance of research focused on outcomes of children of depressed mothers, research outcomes for children who are depressed is still developing. The outcomes associated with childhood and adolescent depression can vary, dependent upon factors such as treatment, age of on-set, socio-economic background, gender, etc. (Lebrun, 2007; Ferguson & Woodard, 2002). Whereas all these factors influence outcomes, the most researched areas of outcomes are associated with school performance. Depression in children and adolescents has consistently been linked to negative school-related outcomes such as academic, social and behavioral difficulties (Allen-Meares, 1987; Carr, 2008; Ferguson & Woodard, 2002; Herman et al, 2009). There is also research indicating that childhood and adolescent depression

is associated with negative outcomes outside of the school environment and these outcomes have a tendency to persist into adulthood (Fergusson & Woodard, 2002; Herman et. al, 2009).

Examples of additional areas of concerns include social, behavioral, academic and co-occurring mental disorders.

Social

Children and adolescents who experience an early on-set of depression typically have diminished self-concept and self-esteem, as well as and poor social competence (Fergusson & Woodard, 2002; Lin, Tang, Yen Ko, Huang & Liu., 2008; Merrell, 2008). Lack of social competence and social withdrawal causes difficulty with peer relationships (Fergusson & Woodard, 2002; Lin et. al, 2008; Zalaquett & Sanders, 2010). As such, Vail (2005a) observed that adolescents who are depressed tend to have difficulty forming strong bonds with peers and participating in social situations. Social withdrawal may also lead to the loss of friendships or the inability to form positive peer relationships, while placing the youth at a risk of getting involved in deviant or abusive future relationships (Fergusson & Woodard, 2002).

Behavioral

There are several studies that suggest that an early on-set of depression in children and adolescents is associated with risk taking or dangerous behaviors. These behaviors may include reckless driving, vandalism, breaking the rules at school, sexual promiscuity (Kosunen, Kaltiala-Heino, Rimpela & Laippala, 2003; Wilson, Asbridge, Kisley & Langille, 2010) or otherwise getting in trouble with the law (Pesa, Cowdery, Westerfield & Wang, 1997). There is also research to support an increase in substance abuse among these populations. Research suggests that self-medicating through substance abuse may begin as early as 13 years of age (Bossarte & Swahn, 2011; Center for Disease Control and Prevention (CDC), 2009; Pesa et. al, 1997).

Bossarte and Swahn (2011) focused on the relationship between the use of alcohol and suicide attempts among adolescents. The study found significant correlations between age of first use of alcohol and suicide attempts in adolescents who have a history of major depression. Further, Ferguson and Woodard (2002) noted that when childhood depression continues into adolescence, there is a higher incidence of suicidal behavior and early parenthood.

More recent studies have begun to identify a link relational aggression and depressive symptoms such as low self-esteem and loneliness. Fite, Stoppelbein, Grenning and Preddy (2011) conducted a study to examine the association between relational aggression, depression and suicidal ideation in a child clinical population. The results of the study indicated that there was a strong correlation between relational aggression, depression and suicidal ideations. The National Institute of Mental Health (NIMH, 2007) reports that suicide is the 3rd leading cause of death in children and adolescents; this indicates that suicide due to depression is fast becoming the leading cause of death in children ages 10 to 19. Since over 2 million adolescents attempt suicide every year (NAMI, 2010), it would be beneficial to gain a better understanding of these 3 variables (relational aggression, depression and suicide).

Academic

Research indicates that emotional and behavioral problems in youth are linked to a lack of academic success (Herman et. al, 2009; Lebrun, 2007; Merrell, 2008; Nelson, Benner, Lane & Smith, 2004). More specifically, depression in children is associated with low academic achievement, lack of persistence in the face of academic challenges, decreased classroom participation, and truancy (Ferguson & Woodard, 2002; Herman et. al, 2009; Lebrun, 2007; Merrell, 2008; Nelson et. al, 2004). Seagull and Weinshank (1984) found childhood depression to be associated with low academic achievement in a group of seventh-graders. Additionally, the

lack of energy and motivation, as well as difficulty concentrating that is associated with severe depression may discourage youth from attending school or completing assignments (Allen-Meares, 1987; Herman et. al, 2009; Lin et. al, 2008). As such, when students are not participating in class or remains absent from instruction, they miss valuable opportunities to learn the academic material, leading to poor grades and decreased self esteem (Lin et. al, 2008; Seagull & Weinshank, 1984). Poor grades and decreased self-esteem has the potential to be instrumental in continuing the cycle of depression, resulting in school refusal and eventually dropout (Lee & Miltenberger, 1996; Van Ameringen et al., 2003). It is important to note that symptoms and/or outcomes of depression are not only associated with current academic difficulties, but negative outcomes also persist during post secondary education (Ferguson & Woodard, 2002). Youth who experienced an early onset of depression are likely to experience academic difficulties when enrolled in post high school education (Fergusson & Woodward, 2002; McCarthy, Downes & Sherman, 2008).

Co morbidity

There is an increased potential for youth who experienced an early onset of depression or a depressive episode to be plagued with recurrent depressive episodes or co-occurring mental illnesses (Compas, Conner-Smoth & Jaser, 2004; Copeland, Shanahan, Costello, & Angold, 2009; Fergusson and Woodard, 2002; Zalaquett & Sanders, 2010). For example, research has linked conduct disorder (CD) and ADHD with early an on-set of depression in children and adolescents (Bittner, Egger, Erkanli, Costello, Foley & Angold, 2007; Copeland et al., 2009; Reynolds, 1990). Anxiety and substance abuse disorders have also been associated with depression (Bittner et al., 2007; Copeland et al., 2009; Fergusson & Woodard, 2002), as well as attempting or completing suicide later in life (Fergusson & Woodard, 2002; Merrell, 2008).

When depression in children and adolescents is left untreated, there are long-term negative consequences that may continue to persist into adulthood (Allen-Meares, Colarossi, Oyserman & DeRoos, 2003; Auger, 2005; Fergusson & Woodard, 2002; Herman et. al, 2009). These consequences have the potential be far reaching, affecting both social and academic aspects of the child's environment, as well as their ability to form strong bonds (Vail, 2005a). Difficulties with untreated depression may also contribute to issues such as unemployment and early parenthood (Stark, 1990). Additionally, untreated depression is also associated with additional psychiatric disorders and has also been linked to an increased risk of attempted and completed suicide (Harrington, et al., 1994; Fergusson & Woodward, 2002). The data related to suicide rates for adolescents is also troubling; it is reported that just over just over 2 million adolescents attempt suicide every year (NAMI, 2010). In order for these children to become productive, contributing members of society, it is imperative that mental health professionals (school, community and private) enhance their ability to identify and treat child and adolescent depression.

Professional Standards

Professional standards dictate professional practices of counseling professionals. American Counseling Association (ACA), Council for Accreditation of Counseling and Related Educational Programs (CACREP), and ASCA identify a variety of expectations for school counselors in respect to professional standards. While all of the counseling organizations to be discussed promote the professional competence and enhancement of the counseling profession, the role of each organization is different. This section will review the focus of each organization with respect to school counselors' preparation and training related to the identification and treatment of child and adolescent depression.

American Counseling Association (ACA)

While ACA promotes the growth and enhancement of the counseling profession, this organization was also instrumental in identifying ethical standards for the counseling profession. The ethical standards provide a foundation for acceptable and ethical practices for all professionals within the counseling profession. The standards described in the ACA Code of Ethics are more global; therefore, one might say that ACA acts as the governing council to all counseling professionals. As reflected on its website, ACA's stated goal is to promote public confidence and trust in the counseling profession so that professionals can further assist their clients and students in dealing with the challenges life presents. The following sections of the ACA Code of Ethics address counseling practice:

- Section C discusses professional responsibility and practicing within boundaries of one's professional competence;
- Section E identifies the ethical guidelines for evaluation, assessment and interpretation of assessment instruments and
- Section E2 addresses the competence to use and interpret said instruments.

American School Counselor Association (ASCA)

ASCA, the guiding body for school counselors helps to facilitate school counselors' decision-making, as well as helps to standardize professional practice within the school counseling practice (ASCA, 2008). The focus of ASCA centers on student outcomes, student success and accountability or adherence to a standardized counseling model. ASCA states in the School Counselor Competencies (2008) that professional school counselors should be able to articulate, understand and demonstrate the following via responsive services such as individual

or group counseling, consultation with parents, teachers or other educators, psycho-education and through the use of referrals:

- I-A-9 “the continuum of mental health services, including prevention and intervention strategies to enhance student success;”
- IV-B-3 “provides responsive services;”
- IV-B-4b “complies resources to utilize with students, staff and families to effectively address issues through responsive services;”
- IV-B-3b “understands appropriate individual and small-group counseling theories such as rational emotive behavior therapy, cognitive behavior therapy, Adlerian, solution-focused brief counseling, person centered counseling and family systems;”
- IV-B-3c “and the ability to provide counseling for students during times of transition, separation, heightened stress and critical change.”

Council for Accreditation of Counseling & Related Educational Programs (CACREP)

CACREP is recognized by ACA as the accrediting agency for counseling education programs (CACREP, 2016). The primary focus of CACREP is the promotion of professional competence via the curriculum and standards that drive counselor education programs. In pursuit of professional competence, CACREP provides a corresponding set of standards for each counseling related field. The 2016 CACREP Standards for School Counseling states that school counselor preparation and training must be related to:

- “school counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma” (p. 31)
- “characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders” (p. 31)

- “common medications that affect learning, behavior, and mood in children and adolescents” (p. 31)
- “skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement” (p. 32)

The professional standards of ACA, ASCA and CACREP all share and support similar visions for the counseling profession. While CACREP supports the vision(s) of ACA and ASCA, there also appears to be a discrepancy between the CACREP standards and the identified curriculum in the area of school counseling. More specifically, the sections that address the school counselors’ ability to engage students and promote personal/social development are not seamlessly streamlined. For example, all three organizations indicate that school counselors should possess the ability to use theory, understand the continuum of mental health services, provide responsive services of personal/social development, understand the influence of factors such as eating disorders or childhood depression, then select appropriate assessments. In respect to identifying childhood depression or other psychopathology, the standards and the identified curriculum become quite convoluted. Although CACREP requires that school counselors have some understanding of the influence of multiple factors (e.g. abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression) that may affect the personal, social and academic functioning of students, the 2016 CACREP standards do not currently require school counselors to have direct training in or intimate knowledge of the various mental disorders (<http://www.cacrep.org>). Not requiring school counselors to have thorough knowledge of various mental disorders potentially hinders the counselors’ ability to provide adequate services. One would argue the necessity of having knowledge of precursors and symptoms of

social, emotional or behavior disorders before being able to provide appropriate and adequate prevention or intervention strategies.

Potential Impact of 2020 CACREP Standards

School counselors are fundamental to the educational system in that they facilitate maximum opportunities to learn. Twenty percent of children and adolescents experienced depressive symptoms in 2008, and that percentage is continuing to increase (Huberty, 2008; Lebrun, 2007). Experiencing depressive symptoms and not receiving appropriate treatment could potentially hinder the student's learning process. Consequently, according to recent literature, childhood depression is not always reported and children do not always receive the appropriate treatment (Carr, 2008; Herman et al, 2009; 2010, Miller, DuPaul, & Lutz, 2002; Stark, 1990; Zalaquett & Sanders, 2010).

Additional concerns are the challenges related to identifying depression in children. One important concern is the impact of depression in regards to developmental stages in children and adolescents. Researchers suggest that symptoms of depression in children and adolescents vary greatly across developmental stages (Birmaher et. al, 1998; Tisher, 2007; Zalaquett & Sanders, 2011). A major concern with variance in symptoms with respect to developmental age is the potential for symptoms of depression to mimic the symptoms of behavioral disorders such as ADHD or Oppositional Defiant Disorder (Lebrun, 2007; Tisher, 2007; Vail, 2005a). It's important to note that the DSM 5 doesn't substantively differentiate between depressive symptoms in adults and depressive symptoms in children (Carr, 2008; APA, 2013; Tisher, 2007), making the identification of depression in children and adolescents a complex task. The ambiguity related to the DSM 5 criteria of childhood and adolescent depression has the potential to cause difficulty in regards to diagnosing for even the experienced clinician. This ambiguity

may also impose an even bigger challenge for school counselors, as current CACREP Standards don't require professional school counselors to receive coursework or training related to the DSM-5.

It is reasonable to believe that the increase of children and adolescents battling depression, as well as its far reaching consequences will require school counselors' training and preparation programs to reexamine the school counseling competencies and school counselors to be more clinically knowledgeable about mental disorders such as depression. There are proposed standard revisions that will require all CACREP accredited school counseling programs to phase out the current forty-eight semester hour programs and convert to a sixty credit hour program by year 2020. This standards revision related to the initiative known as "20/20: A Vision for the Future of Counseling (2010)". The required increase in credit hours will allow programs the freedom to require school counselors to pursue coursework related to the DSM-5, as well as additional classes related to clinical practice. This indubitably will place professional school counselors in a better position to recognize symptoms of internalizing disorders and provide adequate treatment.

Discussion

The ability for school counselors to assess, identify and intervene when students are experiencing symptoms of depression is central to the academic success and overall wellbeing of the student. However, there is a paucity of research indicating that professional school counselors are adequately prepared to recognize and treat symptoms of depression within their student populations. While professional school counselors do not receive the same training and coursework as clinical mental health counselors, they are being asked to provide the same services. It was noted earlier that professional school counselors are not required to pursue

coursework related to the DSM-5. Therefore, some students might feel less compelled to pursue such coursework, neglecting to consider the values of having this experience as they prepare for their role as a professional school counselor.

However, the guiding bodies of the counseling profession have a continuous history of rising to meet the challenges associated with the profession. The future standards revisions holds great promise for the training of school counselors. It is likely that the new standards for school counselors have the potential to close the training gap that exists among professional school counselors and clinical mental health counselors.

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Options and Considerations for Using Bibliotherapy in the School Setting

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Abstract

Bibliotherapy has its roots in ancient Greece where the therapeutic benefits of reading were first recognized. Since then, bibliotherapy has been found to reduce anxiety, increase understanding, and provide universality to common childhood problems. School counselors can effectively use bibliotherapy if they make proper text selection considering the ability of the student and the content of the text. Following text selection, school counselors can use bibliotherapy to develop counseling sessions for a variety of topics and thus provide students with opportunities to identify with the characters in the book, experience emotional release, and develop problem solving skills. As a result, bibliotherapy can be a valuable tool for the school counselor to help with a variety of student issues.

Books are easily accessible to those in the school setting and are great tools to use to help children who are experiencing a crisis. As school counselors strive to meet the needs of all students in their schools, bibliotherapy is a means to provide psychoeducation in classroom guidance settings, and it can provide the basis for intimate individual or small group counseling. According to Gladding and Gladding (1991) bibliotherapy is “an interesting, diverse, and potentially powerful method for school counselors to use” (p. 12). This tool can be used with many types of students in almost limitless circumstances. In most bibliotherapy research studies, reading materials used during therapy were nonfiction. However, it should be noted that materials such as picture books and fiction, which are traditionally associated with children, are appropriate methods to engage students in all age groups (Pehrsson & McMillen, 2010). Consequently, there is an array of materials available. Counselors who wish to use this method should be knowledgeable about bibliotherapy in the following areas covered in this article: (a) origins of bibliotherapy (b) process of bibliotherapy (c) benefits and limitations of bibliotherapy and (d) special consideration when using bibliotherapy.

Origins of Bibliotherapy

Bibliotherapy is the application of books to the therapeutic process as a means of helping students deal with presenting problems (Briggs & Pehrsson, 2008; Pardeck & Pardeck, 1993). Through bibliotherapy, students identify with characters in books who are like them, thereby releasing emotions, finding direction, and exploring new ways of interaction (Cook, Earles-Vollrath, & Ganz, 2006). This method has been used for centuries, and it can be traced back to ancient Greece where “The Healing Place of the Soul” was inscribed above the door on the library at Thebes (Briggs & Pehrsson, 2008; Detrixhe, 2010; Pardeck & Pardeck, 1993). Despite its ancient origins, the term *bibliotherapy* was not coined until the early 20th century when Samuel Crothers used it in reference to the use of books as methods for healing (Detrixhe, 2010).

Bibliotherapy is an adjunctive therapy that can increase self-awareness and encourage healing (Briggs & Pehrsson, 2008). Furthermore, bibliotherapy can be used as both a proactive and a reactive therapy and can be applied in a variety of settings including classroom guidance lessons, small group counseling, and individual counseling (Cook et al., 2006).

Although bibliotherapy has its roots in classical psychology (Pola & Nelson, 2014), some view it as an extension of cognitive behavior therapy (Montgomery & Maunders, 2015).

Bibliotherapy can be used to change behavior by changing one's thoughts and perceptions (Moulton, Heath, Prater, & Dyches, 2011). There are two key components to bibliotherapy. The guiding reading portion provides the students with therapeutic support as they read the text. This is followed by the post-reading discussion, which allows the students to process all that they have read (Jack & Ronan, 2008). The use of bibliotherapy may occur in two different ways: clinical and developmental. Clinical bibliotherapy occurs in a formal setting with a counselor, therapist, or psychologist, while developmental bibliotherapy is less formal and can be used by a teacher, librarian, or nurse (Cook et al., 2006). The end result is that literature is the catalyst that helps students gain new insight and perspective (Briggs & Pehrsson, 2008).

The Process of Bibliotherapy

Many things must be taken into account when one prepares sessions using bibliotherapy. The first step in bibliotherapy is to identify the presenting problem (Cook et al., 2006; Detrixhe, 2010). Bibliotherapy should not be used until after the counselor and student have established rapport, reached an understanding and agreement on the presenting problem, and completed an initial exploration of the problem (Pardeck & Pardeck, 1993; Prater, Johnston, Dyches, & Johnston, 2006). After this initial stage, the counselor should determine the goals for the current scenario and use those goals to develop an action plan (Prater et al., 2006). When confidentiality

will allow, and it is appropriate, school counselors can consult parents and others in the school when developing goals for students.

The counselor's responsibility is to use the text to design interventions that will help the student achieve the goals of therapy. As bibliotherapy is not a stand-alone therapy, many counselors choose to combine a cognitive model with bibliotherapy. As a result, many goals are rooted in cognitive behavior therapy: (a) psychoeducation, (b) emotional understanding, (c) cognitive awareness, (d) positive self-talk, (e) exposure, (f) self-reinforcement, and (g) relapse prevention (Stallard, as cited in Bouchard, et al., 2013). These goals are critical to text selection and the strategic reading process.

In addition to using bibliotherapy adjunct to cognitive bibliotherapy, which focuses on changing how one thinks and solves problems, using bibliotherapy in conjunction with affective bibliotherapy, which focuses on emotional self-exploration, has been shown to be effective (Betzael & Shechtman, 2010). Research by Betzael and Shechtman (2010) indicated that while cognitive bibliotherapy is more direct, affective bibliotherapy speaks to the imagination of children and allows them to explore painful topics. Affective bibliotherapy allows readers to access emotions and often provides a path of release for them (Gladding & Gladding, 1991). Betzael and Shechtman (2010) conducted a study of 79 children in Israel who were living in an orphanage. The study randomly divided the children into three treatment groups to treat their anxiety and maladjustment: (a) control, (b) affective bibliotherapy, and (c) cognitive bibliotherapy. The authors found that both methods of bibliotherapy were effective in reducing social anxiety, while only the affective bibliotherapy was effective in reducing adjustment problems. Counselors should consider the needs of the student when selecting cognitive or affective bibliotherapeutic techniques.

The next step is book selection, which is closely connected to the therapeutic goals of the counselor (Detrixhe, 2010). Knowledge of the presenting problem is crucial to this step to ensure that the counselor selects the appropriate work. Several criteria must be considered to make an appropriate text selection including reading level, book content, fiction or non-fiction, and cultural considerations. The reading ability of the student should always be considered when a text is selected (Pardeck & Pardeck, 1993). Older students or advanced students who can think more abstractly may do well with more challenging texts, while younger students who are more concrete in their thinking would need a straight forward text (Cook et al., 2006). For those who have learning disabilities, bibliotherapy might cause frustration and anxiety if the appropriate text is not selected (Briggs & Pehrsson, 2008). Choosing a book that is too hard will frustrate the child, while selecting a book that is too easy might insult the student and harm the therapeutic alliance (Pardeck & Pardeck, 1993). In the school setting, it is often helpful for the one conducting bibliotherapy to consult with librarians, teachers, and others familiar with literature and the child when making a book selection (Prater et al., 2006). This helps the counselor select a text that is on the child's reading level and appeals to the child's interests.

Another important consideration when selecting texts is whether to use fiction or non-fiction. The majority of research in the area of bibliotherapy focuses on the use of non-fiction texts in conjunction with cognitive behavioral therapy (Briggs & Pehrsson, 2008; Detrixhe, 2010). Studies from the 1980s found that fictional texts were less effective than self-help books for bibliotherapy (Pardeck & Pardeck, 1993). However, Detrixhe (2010) found that fiction texts can be beneficial when used for bibliotherapy despite the fact that most associate bibliotherapy with fiction as a method that is only appropriate for children. Additionally, Borders and Paisley (1992) reported that children who received bibliotherapy using high quality children's fictional

literature experienced significant developmental growth in the problem area. Counselors who wish to select high quality literature might consider the Horn Book Guide rating (<http://www.hbook.com/horn-book-guide/>) or another rating scale when making a choice (Moulton et al., 2011).

In addition to considering the reading level, and the type of literature, the school counselor should focus on content. The book should be carefully chosen so that the content parallels the problem in the student's life (Pardeck & Pardeck, 1993; Pola & Nelson, 2014). Moulton, et al. (2011) suggested that gender, situation, and coping strategies be considered. The main characters in the books should handle the challenges that they face in realistic and positive ways (Detrixhe, 2010; Pardeck & Pardeck, 1993). Moulton et al. (2011) indicated that books with unrealistic solutions are little help.

For students in upper elementary through high school, counselors should consider using Young Adult Literature (YAL). These novels provide characters that students can identify with and use as models to recreate their cognitive thoughts about themselves and to restructure their reactions (Larson & Hoover, 2012). YAL also tends to be short, and therefore, multiple stories might be used. By exposing students to a variety of characters and situations, students come to understand thought processes and nuances of behavior (Gladding & Gladding, 1991). Larson and Hoover (2012) expressed concern that when selecting YAL for use with therapy the counselor must be aware of the controversial issues that arise and the various literary devices used in the novels. Therefore, the counselor should be careful to select texts that are not offensive or inappropriate (Briggs & Pehrsson, 2008). When possible, it is appropriate to provide choices to the students and allow them to select the books (Prater et al., 2006). By providing students with choices, the counselor allows the students to have input and ownership in the therapeutic process.

After a development of goals, selection of therapeutic technique, and careful selection of the text, the school counselor should introduce the book to the student. Sessions should be prepared in advance which contain strategic reading activities that engage the student and move the therapeutic process forward (Prater et al., 2006). Students should progress through the stages of classical psychology: identification, catharsis, insight, and universality (Pola & Nelson, 2014; Kelsch & Emry as cited in Slyter, 2012). During each stage the students interact more closely with the text and realize their connection to it (Slyter, 2012). Dialogue is also crucial during the reading and post reading (Prater et al., 2006). For this reason, use of bibliotherapy as an ancillary methodology to other more conventional counseling approaches can promote dialogue between counselor and student.

Bibliotherapy should be conducted in a supportive environment that fosters discussion and where students feel safe in sharing (Cook et al., 2006). Counselors can solicit children's thoughts on the text by asking questions like "What did you notice about the story? How did it make you feel?" (Borders & Paisley, 1992). The purpose of these questions is to create a focused discussion that helps the student to reflect on the situation and move forward (Pola & Nelson, 2014). The school counselor should strive to help the students to see that their problems are similar to those of the characters in the books (Detrixhe, 2010). This allows the students to safely explore their understanding about life and their current situation (Briggs & Pehrsson, 2008). For some children, questioning and processing orally is too intense. For these children, the visual arts can often be therapeutic (Slyter, 2012). Crafts such as collages and writing exercises like journaling can be beneficial during the process. These techniques can be used for post-reading activities and as pathways to open up discussion.

The next step is the emotional release that students should feel as they respond to the story (Detrixhe, 2010). Universalization is a major goal in bibliotherapy (Pola & Nelson, 2014). Through universalization students should come to the realization that they are not alone. This insight that follows release of tension comes as the students apply the stories scenarios and outcomes to their own lives (Slyter, 2012). The more that a reader identifies with a story, the stronger the emotional connection will be (Cook et al., 2006).

The final step occurs as students understand that they have problems in their lives, and they need to find solutions (Detrixhe, 2010). Oftentimes, students will try new behaviors or see themselves in a new way as a result of the reading (Briggs & Pehrsson, 2008). This greater understanding of themselves and “trying on” of new behaviors is evidence of successful bibliotherapeutic work.

Once the bibliotherapeutic sessions are complete, counselors should evaluate the results of the bibliotherapy. This self-reflection can be done by the counselor, by the counselor and student, or by the counselor, parent, and teacher (with parent permission), if the student is a young child (Prater et al., 2006). Parents are often great resources when using bibliotherapy with children as they can reinforce the therapy outside of the counseling sessions (Bouchard, et al., 2013). The end result should be that students demonstrate greater empathy, improved attitudes, respect for others, improved self-esteem, and greater self-understanding (Pola & Nelson, 2014).

Benefits and Limitations of Bibliotherapy

The use of bibliotherapy has been studied and often proven effective. McCarthy and Chalmers (1997) indicated that bibliotherapy is most effective when it is used to explore everyday life issues like anger, bullying, and self-value. In the classroom, bibliotherapy has been connected to improved self-concept, reading-readiness, and achievement in children (Iaquinta &

Hipski, 2006). The characters in the literature model effective coping strategies to the students allowing children to identify resources that they have both within themselves and externally (Nicholson & Pearson, 2003). Prater, Johnstun, Dyches, and Johnstun (2006) found that bibliotherapy has five major benefits: (a) students have an avenue to freely communicate their problems and concerns, (b) students are provided a venue to evaluate their thoughts and behaviors, (c) students receive information relevant to their problems and to problem solving, (d) students experience reduced nervousness and anxiety, and (e) students are provided a fun way to learn and solve their problems.

Most researchers agree that bibliotherapy is beneficial. However, Detrixhe (2010) argued that children with severe emotional, adjustment, and developmental problems are not good candidates for bibliotherapy using fiction. Iaquinta and Hipsky (2006) disagreed. These authors indicated that students who have emotional and behavioral learning needs can benefit from bibliotherapy as it helps them with their sense of self. Rather, these authors promoted bibliotherapy as a technique to teach problem solving to students who have disabilities and who are experiencing difficulties. Many children gain insight and learn how to cope with difficult problems through stories in which the characters experience similar trials (Flanagan, et al., 2013; Pardeck & Pardeck, 1993; Pola & Nelson, 2014). As an evidenced based intervention, bibliotherapy can improve one's ability to cope, overcome challenging behaviors, or seek out solutions to problems (Briggs & Pehrsson, 2008; Cook, et al., 2006; Pola & Nelson, 2014). Additionally, Bouchard, Gervais, Gagnier, and Loranger (2013) found that the gains made through bibliotherapy were consistent at the nine month mark indicating that the therapy has potential for long-term impact.

As with any therapy, bibliotherapy also has several limitations. The first limitation is the lack of research in the area as most articles on the topic focus on the theory of bibliotherapy (Detrixhe, 2010). The options for literature and therapeutic practice are so large, that it can often be difficult to study bibliotherapy in depth (Moulton, et al., 2011). The second limitation is the accessibility of literature as appropriate books may be unavailable on the presenting problem (Prater et al., 2006). The third limitation is the necessity for bibliotherapy to be used in conjunction with another therapy as it is not a stand-alone treatment (Pola & Nelson, 2014). The fourth limitation is that this method must be used with careful guidance to avoid the reinforcement of negative patterns through unhealthy projections onto the characters in the literature (Briggs & Pehrsson, 2008). The fifth limitation is that bibliotherapy is not for everyone as it requires more developed cognitive processing, and those with intellectual disabilities may not be able to process this therapy in a way that is beneficial (Detrixhe, 2010).

The final concern is that despite bibliotherapy's long history of practice, the research reported by Pehrsson and McMillen (2010) found no standardized program for instructing counselors in the methods and practices of bibliotherapy as a therapeutic technique despite the fact that a small study in Canada indicated that 79% of the counselors used books in some form for therapy. Of this 79%, roughly half of the counselors indicated that they learned about bibliotherapy on their own while the other half stated that they had received some type of formal training. Additionally, there is no national certification specifically for bibliotherapy. However, the certification offered by the National Association of Poetry Therapy states that it encompasses bibliotherapy (Pehrsson & McMillen, 2010).

Special Considerations when Using Bibliotherapy

When selecting bibliotherapy as an intervention, counselors must always be cognizant of cultural differences. Counselors must analyze the literature through a culturally sensitive lens (Briggs & Pehrsson, 2008). When possible, counselors should select books with main characters that are similar to their students in appearance and culture. This can be a challenge. Moulton et al. (2011) found that the majority of human characters in anti-bullying children's books were Caucasian. However, in many children's books the characters are non-human; therefore, counselors must take a deeper look at the text to ensure cultural appropriateness (Moulton, et al., 2011).

Much of the current research does not address how children respond to bibliotherapy based on their race, ethnicity, gender, socio-economic status, or other cultural considerations. However, some research has been conducted concerning the use of bibliotherapy to teach cultural sensitivity and diversity. Children with strong multi-cultural awareness have greater social competence than others (Hunter & Elias as cited in Kim, Green, & Klein, 2006). Bibliotherapy can help children develop this social competence by exposing children to literature about other cultures or literature with culturally diverse main characters (Kim et al., 2006). This can ignite a discussion of multicultural sensitivity and help children develop empathy for others (Kim et al., 2006).

Another multicultural consideration is children with disabilities. For children with learning disabilities including developmental delay and cognitive processing issues, reading can be a challenging activity both mentally and physically (Detrixhe, 2010; Sridhar & Vaughn, 2000). In these cases, counselors should modify the approach used in bibliotherapy to match the intellectual needs of the students. The challenge of working through a story with therapeutic

intent can also have a positive impact on intellectual development and self-esteem (Detrixhe, 2010; Sridhar & Vaughn, 2000). Bibliotherapy is also efficacious for those with physical disabilities. Children who are dealing with issues because of their disability gain an understanding and coping methods when they are able to identify with a character in a book with a similar problem (Cook et al., 2006). Furthermore, bibliotherapy is often used to help students without disabilities understand and behave in appropriate ways concerning those with disabilities (Cook et al., 2006).

Once multicultural considerations have been made, the bibliotherapeutic process can be used to investigate many child and adolescent issues. Bibliotherapy is a tool that can help children and adolescents to cope with grief (Slyter, 2012). Using bibliotherapy in grief counseling normalizes the grieving process and helps children understand that others also grieve. This in turn, provides a way that the children can connect with others (Slyter, 2012). The use of bibliotherapy for grief helps students come to a new understanding of the world and themselves as they accept their new normal and cope with their loss (Briggs & Pehrsson, 2008). Similarly, children dealing with a natural disaster who are grieving the changes that happened as a result can benefit from bibliotherapy (Pola & Nelson, 2014).

Bullying is also an appropriate topic to tackle using cognitive bibliotherapy (Gregory & Vessey, 2004) and can be used to educate bystanders and support victims (Moulton, et al., 2011). Similarly, bibliotherapy can also be used to help students without disabilities to understand their special needs peers and thus reduce bullying (Cook et al., 2006). This may begin with a counselor noticing the psychosomatic symptoms that a child has and pointing him to a book with a character dealing with a similar situation. The range of coping strategies presented in literature for bullying varies greatly; therefore, books should be selected carefully (Flanagan et al., 2013).

Finally, research by Ilogho (2011) indicated that bibliotherapy also helps improve the academic performance of students. The researcher's results indicated that an overwhelming majority of students were influenced by books, especially in the area of academics. The data further showed a significant relationship between the types of books read and the influence on academic motivation and/or achievement. Ilogho (2011) indicated that bibliotherapy should be embraced by schools as a way to help improve academic achievement. Research also showed, for those who are gifted, that bibliotherapy is an effective tool to decrease math anxiety (Hebert, 1997).

Closing Thoughts

One of the beauties of bibliotherapy is that it can be used with a variety of types of literature and is very flexible in application (Bouchard, et al., 2013). School counselors can consult with librarians, parents, and teachers to select literature that is both appropriate and helpful for children. Bibliotherapy has a variety of applications including bullying, self-esteem, anxiety, coping with divorce, grief, etc. However, counselor must carefully consider the literature and texts that will be used for bibliotherapy including the reading level, interest level, and the appropriateness of the content.

There is still much to be discovered about the role that bibliotherapy can play in school counseling. Most writings on bibliotherapy focus on theory and not research (Detrixhe, 2010). Consequently, there is a need for more practical research on the subject so that school counselors can make informed decisions about the use of bibliotherapy as a tool in their comprehensive school counseling programs.

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Deinstitutionalization in Alabama: A Mental Health Crisis

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While some might consider deinstitutionalization to be a relic of the past, it would be inaccurate at best to do so. In contrast to this widespread misguided belief, others might be uninformed as to what exactly deinstitutionalization is or why it matters. This paper will elaborate on the realities of deinstitutionalization and highlight its failure in serving individuals with severe mental illness (SMI) (Note: The term severe mental illness is an artifact of older language from the medical profession and is not used in this article in a pejorative sense). Additionally, theoretical implications and practical suggestions will be offered.

Following the closure of the North Alabama Regional Hospital in 2015, there are only three remaining state-run mental hospitals in Alabama, all located in Tuscaloosa (Bonvillian, 2015). The United States deinstitutionalization policy, which emerged in 1963 with the formation of the Community Mental Health Centers Act (CMHCA) has resulted in the permanent closure of many state-run mental hospitals nationwide (Torrey, 1997).

Deinstitutionalization consists of moving individuals with SMI out of large state institutions and then closing part or all of those institutions to treat them in community settings (Torrey, 1997). As a policy, deinstitutionalization reached its initial goal of dramatic reduction of state mental hospitals during the 1990's (Koyanagi & Bazelon, 2007). Subsequent to the more recent closure of the North Alabama Regional Hospital, it would be timely to review the professional literature and consider what option(s) are available to the people of Alabama concerning the treatment and care of the mentally ill. Furthermore, it can be argued that it is imperative to address the impacts of deinstitutionalization, both for individuals in the general population and in the jail and prison system.

One can extrapolate five specific influences on the path of deinstitutionalization are as follows: 1) the views of society about the mentally ill; 2) the impact of psychotropic medications on institutionalization; 3) legislation impacting the mentally ill., 4) involuntary institutionalization 5) and the cycle of incarceration (Torrey, 1997).

Societal Views on the Mentally Ill

Historical Societal Views

Views towards individuals with SMI in the United States of America have been an ocean of shifting tides and a topic of discussion that many would rather brush under the carpet and ignore rather than discuss as it seems there is no right or good answers. In earlier times, individuals with SMI were considered the responsibility of their families. These individuals were deemed harmless, poor, nuisances, or criminals. Accordingly, these individuals were either left to roam the streets or jailed (Linz & Sturm, 2013).

In 1773, North America's first public mental health hospital was created: The Public Hospital for Persons of Insane and Disordered Minds in Williamsburg, Virginia (Coy, 2006). By the nineteenth century, state-run mental hospitals were providing services for many of these individuals. State-run hospitals for the "mentally infirm" were deemed beneficial to the public, the individual, and the person's family.

Current Societal Views

Throughout the twentieth century, society viewed the state mental hospital as an undesirable solution for the care of individuals with SMI. There was a growing belief that psychiatric patients received better and more humanitarian treatment in community settings rather than in state hospitals far removed from their homes (Torrey, 1997). Though arguably spurious, this belief was the philosophical keystone of the emerging community mental health movement.

Impact of Psychotropic Medications

During the early to mid-1950s, Chlorpromazine (Thorazine), followed shortly after by other first-generation neuroleptics, were introduced as antipsychotic drugs. The introduction of "chemical restraints" or new antipsychotic drugs led to expanded interest and production of pharmacotherapies for mental illness, which in turn resulted in public attitudes that were founded on the belief that these new "miracle drugs" could help those institutionalized and allow them to return to the community. However, many later antipsychotic medications have fallen short of the promise of the "magic bullet", and chlorpromazine, for example, has remained virtually unchanged (Carpenter & Davis, 2012) – a testament to how little improvement has been accomplished or merely realized in the last 60 plus years of psychopharmacology (Moncrieff, 2013).

National Legislative Efforts

The national deinstitutionalization movement was a response launched following the publication of a report by the Joint Commission in 1961, *Action for Mental Health* (LeCompte, 2015). The report outlined a set of national policies to treat the individuals with mental illness in

their communities and called for the inclusion of clergy, social workers, and other non-traditional providers to serve this population (Torrey, 1997). In response, the Community Mental Retardation and Community Mental Health Center Construction Act, public law 88-164, was signed by President Kennedy on October 31, 1963 (Feldman, 2003). Public Law 88-164 called for the removal of individuals with SMI from mental institutions and to place them in less restrictive environments (community mental health centers, or CMHCs). The Civil Rights Act of 1964 followed the CMHC Act, creating both Medicaid and Medicare, and provided an avenue of coverage for the nation's poor, elderly, and persons with disabilities.

Medicaid is a funds-matching program in which state dollars spent on medical services for the poor are matched at varying rates by the federal government. The original intent was to provide an incentive for the states to spend monies on the poor to improve their condition and return them to a level of wellness at which they could lead more productive lives. However, the Medicaid program was set up to exclude services explicitly for institutionalized individuals with mental illness (Davoli, 2003). The result of this is simple; states lost the incentive to provide these services, and the individuals most in need of these services were locked out of treatment and unable to receive them.

Medicare, unlike Medicaid, is a completely federally funded program for persons with disabilities and the elderly. The rules for Medicare apply to the whole nation, instead of allowing for state-to-state variances. However, the picture under the Medicare lens is no better for the individuals with SMI. Medicare has a history of setting mental health limits for services, possibly the worst limitation of services for patients being the 190-day cap for institutional services, a cap that remains in place today despite ongoing legislative efforts (Graham, 2013).

Following the Civil Rights Act in 1964, amendments to the CMHC Act passed in 1965 allowed for funding for CMHCs through a grant process. To be eligible for a federal grant, CMHCs were to provide at least five essential services (inpatient, outpatient, partial hospitalization, emergency and consultation and education) for the catchment area of no less than 75,000 and no more than 200,000 people; ensure continuity of care between services; be accessible to the population to be served; and serve people regardless of their ability or inability to pay (Feldman, 2003). The legislation was intended to act as a strong incentive to the development of community programs, with the potential to treat individuals whose primary recourse were state hospitals. It, however, did not provide the needed services or the required oversight, and subsequently failed in numerous respects, perhaps most importantly in the provision of adequate funding (LeCompte, 2015). Over time, the funding from the federal government dwindled, and revenue initially conceptualized to come from state and local sources, robust enough to take up the slack created, did not materialize. Finally, in 1975, the National Institute of Mental Health (NIMH) established grants to provide funds for comprehensive mental health services to allow adults with SMI to live successfully in their communities (Koyanagi & Bazelon, 2007). These grants were insignificant in the face of the enormous nationwide need.

Involuntary Commitment

Involuntary commitment is the process by which individuals are court-ordered to receive mental health treatment in either an inpatient or outpatient setting. The authority of the state to institutionalize individuals is referred to as *parens patriae* or parental right (Schopp, 2003). This view of individuals with SMI allowed medical practitioners to exercise an inordinate amount of control over people who then faced mistreatment as a result (Danzer & Wilkus-Stone, 2015).

Over time, the public view of involuntary commitment shifted from that of public good to being seen as a violation of an individual's rights and freedoms.

It seems no route produces satisfactory results for the individual experiencing mental illness. Through a number of state and federal court rulings, it is now much more difficult to involuntarily commit an individual to mental health services. Bagby and Atkinson (1988) found that legislative efforts have no discernable effect on lowering admission rates for the involuntarily committed while others (Danzer & Wilkus-Stone, 2015) point out that those committed involuntarily suffer traumatization from their treatment. Individuals who are not committed are often left to their own devices until they decompensate to a point they become offenders of various crimes and enter the criminal justice system, via the cycle of incarceration.

Alabama Law Regarding Involuntary Commitment

Inpatient Commitment Requirements

(ALABAMA CODE § 22-52-10.4). (a). A respondent may be committed to inpatient treatment if the probate court finds, based upon clear and convincing evidence that:

- (i) the respondent is mentally ill;
- (ii) as a result of the mental illness, the respondent poses a real and present threat of substantial harm to self and/or others;
- (iii) the respondent will, if not treated, continue to suffer mental distress and will continue to experience deterioration of the ability to function independently; and
- (iv) the respondent is unable to make a rational and informed decision as to whether or not treatment for mental illness would be desirable.

Outpatient Commitment Requirements

(ALABAMA CODE § 22-52-10.2.). (a). A respondent may be committed to outpatient treatment if the probate court finds, based upon clear and convincing evidence that:

- (i) the respondent is mentally ill;
- (ii) as a result of the mental illness, the respondent will, if not treated, continue to suffer mental distress and will continue to experience deterioration of the ability to function independently; and
- (iii) the respondent is unable to make a rational and informed decision as to whether or not treatment for mental illness would be desirable.

The criteria determining whether an individual receives inpatient or outpatient commitment is dependent on the requirement that treatment occur in the least restrictive environment alternative necessary and available. Outpatient treatment may, therefore, be ordered at a facility when the facility agrees to treat the individual on an outpatient basis.

Emergency Evaluations

(ALABAMA CODE § 22-52-91(a)). When a law enforcement officer is confronted by circumstances and has reasonable cause for believing that a person within the county is mentally ill and also believes that the person is likely to be of immediate danger to self or others, the law enforcement officer shall contact a community mental health officer if:

- (i) community mental health officer determines the conditions, symptoms, and behavior that the person appears to be mentally ill and poses an immediate danger to self or others,

(ii) law enforcement officer shall take the person into custody and, together with the community mental health officer, deliver the person directly to the designated mental health facility.

(ALABAMA CODE § 22-52-7(b)). No limitations shall be placed upon the respondent's liberty nor treatment imposed upon the respondent unless such limitations are necessary to prevent the respondent from doing substantial and immediate harm to himself or to others or to prevent the respondent from leaving the jurisdiction of the court.

Initiating a Commitment

(ALABAMA CODE § 22-52-1.2(a) (for inpatient or outpatient). Any person may file a petition seeking the involuntary commitment of another person.

(ALABAMA CODE § 22-52-91(a) (for emergency evaluation). When a law enforcement officer is confronted by circumstances and has reasonable cause for believing that a person within the county [meets the criteria for emergency evaluation], the law enforcement officer shall contact a community mental health officer.

Commitment Procedure

When determined that a petition for commitment holds merit, a hearing is scheduled before the judge of probate. Both sides present evidence and the judge makes a decision whether to commit the respondent or not. Commitments in Alabama are limited to a maximum of 150 days for an initial decree. Additional hearings may be scheduled to review progress and possibly extend the commitment, per state and federal guidelines.

The Cycle of Incarceration

Individuals that were not institutionalized in the state-run hospitals have often run afoul of the law and found their way into the prison system. Between 1770 and 1820, it was common practice to incarcerate people thought to be mentally ill (Torrey et al., 2014). Many who were treated in hospital settings were not rehabilitated for re-entry into society. They would ultimately end up in jail, and in time receive treatment in another hospital setting, only to be released and re-incarcerated. The transition between prison and mental health settings became known as the cycle of incarceration (Torrey, 1997), and became a circumstance that increased throughout the twentieth century, and remains an issue to this day.

A change in perception towards institutionalization began to grow from efforts of those like Nelly Bly and Dorothea Dix (Gollaher, 1993), who revealed that conditions within the mental institutions were deplorable. Before 1970, however, concern was placed more heavily on the policy of placing the individuals with mental illness in jails and prisons (Torrey et al., 2014). Since 1970, concern has switched to the conditions experienced in state mental hospitals, and a public desire for alternative treatments. In Alabama, conditions became so bad within state hospitals that in the early 1970s, the state was forced to release several thousand patients due to constitutional violations resulting from the state's inability to meet minimum standards of care (LeCompte, 2015). To add insult to injury, in 1981, Alabama was court-ordered to release 1,100 inmates due to prison overcrowding and the same lack of minimum standards of care (Abrams, 2013).

Financially driven motives became another incentive for the cycle of incarceration. Early mental institutions employed cheap labor that consisted of individuals who were untrained and

questionably motivated. As standards of care improved, so did access to the financial means by which to properly staff the institutions and thereby improve conditions for the patients. The public's increasing outcry for better treatment of the mentally ill became a significant rally point but placed an enormous financial strain on the institutions and state governments.

Discussion

Deinstitutionalization has not only created voids in treatment in the United States and Alabama in particular but has also debatably created a living nightmare for all involved, from the individual with SMI, to their family, and to those forced to act in the role of caregiver. These voids must be addressed in a concrete way to protect individuals with SMI. It is crucial that we develop policies and programs for early identification of the patients who are falling through the cracks of deinstitutionalization. Deinstitutionalization was intended to give individuals with SMI better options for care as well as a better quality of life. Arguably, deinstitutionalization has failed miserably, as all we did as a society was close one institution only to lay the burden on another institution: jails, prisons, and the person's family.

One might suggest that our society has gone through considerable changes in attempts to address the issues related to individuals with SMI effectively, with very limited success. Specifically, incarcerated individuals with SMI confined without medication is about as inhumane as treatment carried out in early psychiatric institutions.

In creating a safety net, it is crucial to address issues of fraud and wasted monies originally allocated to assist individuals with SMI in gaining some form of control over their lives. We must address the issues of education and proper wages for the professionals that will

deal with these individuals on our streets and in our hospitals and prisons. Below we have outlined some specific ways deinstitutionalization may impact roles for such community leaders.

Creating a network and filling the gaps by using law enforcement personnel, emergency responder personnel, counselors and other professionals will necessitate more work as well as more training and education in developing skills as mental health crisis intervention specialists. These community leaders will also need compensation for this work, and might have a higher expectation of salary. Additionally, in creating this safety net, we must inquire whether the net will solve the problem or merely create a more compassionate workforce still faced with the issue of not being able to serve adequately or protect individuals with SMI.

Suggestions for General Society

As Alabamians we must educate to eliminate negative attitudes portrayed in society about individuals with SMI. We must promote interaction between persons with mental illness and the general public. We must advocate for effective treatment through medication, counseling interventions, and compassion. We must partner with community mental health organizations, community centers, courts, jails and hospitals to co-create a viable solution rather than perpetuate the problem. We must get involved in the training and education of individuals with SMI via vocational rehabilitation, and we must continue research until we come up with viable answers to this mental health crisis.

Deinstitutionalization, created in the spirit of compassion with the main goal of getting those affected with SMI treated in their home communities rather than large impersonal institutions has failed to deliver. Currently, the problem is so large that it is difficult to address. We as a society cannot continue along our current, ineffectual path in regards to the treatment of

individuals with SMI. Imprisoning or criminalizing mental disorders is draconic and costly. These costs incurred by our society can be fiscal, but also include a significant emotional toll on every level of society.

Suggestions for Counselors and Community Leaders

Counselors have an ethical and moral duty to educate and advocate within their communities. The American Counseling Association makes clear the avenues of direct and indirect influence in the Advocacy Competencies (American Counseling Association, 2003). Community leaders can come together with counselors of every stripe to fill in the gaps where there are limited services. Counselors can educate whole communities in the fight against stigmatic yet popular misconceptions, negative attitudes, and other myths of mental illness. Such myths and misconceptions can be explained to alleviate the fears and stigma associated with mental illness. One way to accomplish this would be to work with the National Alliance on Mental Illness (NAMI) or Mental Health America (MHA), two advocacy groups that have campaign materials available to assist in these educational and awareness efforts (Accordino, Porter, and Morse 2001).

Counselors can intervene directly by educating individuals with mental illness about adaptive skills for living within our communities, as suggested by Grob (1995). Additionally, counselors can teach self-advocacy to assist individuals with SMI in becoming more independent, and thus improve their quality of life (American Counseling Association, 2003).

Another major avenue for creating positive change through advocacy efforts is by maintaining a continuous and open dialogue with legislators, as indicated by Grob (1995), as policy changes are greatly needed in regards to the care and treatment of individuals with SMI.

An argument can be made that much of the growth and advancement we have seen over the last several decades comes as a direct result of advocacy efforts.

Implications for Law Enforcement and the Courts

Police officers serve and protect communities while dealing with scrutiny and pressure. Many officers encounter people with mental illness on a daily basis. Likewise, courtrooms are filled with defendants who might experience mental illness. Both law enforcement officers and officers of the court must be sensitive to the unanticipated results of deinstitutionalization in overcrowded jails and prisons, and issues in dealing with mentally ill individuals.

Furthermore, Alabama ranks among the top ten states in the prevalence of mental illness and substance abuse, while simultaneously ranking 46th in access to care (Mental Health America, 2016). One can surmise that these confounding stressors on law enforcement places the responsibility on the courts of this state to be cognizant and prepared for dealing with individuals who experience mental illness.

Alabama lacks comprehensive diversion programs, as well as extensive mental health courts. Diversion programs are services provided to remove individuals from the criminal justice system and toward community treatment services. Mental health courts are set up similarly on the models of divorce courts or substance use courts; that is, they are specialty courts where the court officers and staff have experience and training in dealing with the specific issues brought before them. Carr, Amrhein, and Dery (2011) as well as Harper and Finkle (2012) report on two approaches. The first approach is the pre-booking type of procedure, where officers trained in crisis management and de-escalation divert individuals from entering the criminal justice system and are put in touch with treatment services immediately. The second approach is a post-booking

procedure, where individuals plead guilty to an offense and receive community treatment instead of jail time – the primary goal being the completion of treatment. Harper and Finkle (2012) note that in mental health courts, progress is determined by the individual’s treatment plan and capacity, with no standardized intermediate benchmarks.

Current legislation regarding treatment considerations for individuals with SMI does not provide the needed support services or the required oversight and has failed in numerous respects, perhaps most importantly in the provision of adequate funding (LeCompte, 2015). One path towards battling the issue of deinstitutionalization would be for counselors to maintain a running dialogue with legislators, as policy changes are needed on many fronts (Grob, 1995). Collaboration between professionals working in mental health, members of the community, and advocacy groups is crucial in attempting to address the repercussions of deinstitutionalization, as these resources provide significant support to individuals with mental illness. Steadman, Monahan, Duffee, Hartstone, and Robbins (1984) report that the correlation between the populations of mental hospitals and prisons are linked, with a percentage drop in the former resulting in an almost exact rise in the latter. Effective community programs can limit inappropriate incarceration of individuals, use of emergency services, and lower the overall cost to the community by reducing jail populations and recidivism through effective evaluation and treatment options (Hnatow, 2015). Individuals with mental illness would also need further education to assist them in collaborating with mental health professionals, to help them be more aware of available community mental health resources, and to enhance their adaptive skills for community living. Counselors might also contribute towards sensitivity training regarding mental illness for individuals working as law enforcement officers and officers of the court, as well as in the creation and maintenance of diversion programs.

Hnatow (2015) adds to this discussion by identifying how community programs can limit inappropriate incarceration of individuals, use of emergency services, and lower the overall cost to the community by reducing jail populations and recidivism through effective evaluation and treatment options. Individuals often require support from the community or a place to stay until they are stable. Officers can be a liaison in assisting individuals with SMI to receive proper treatment.

Conclusion

When considering many of the initiatives and social concerns previously mentioned, there seems to be slow progress toward meeting the actual needs of individuals with SMI. The recent philosophy and intent emphasizing the importance of a community mental health approach and the individual's rights and freedoms seems to hold promise. However, the national deinstitutionalization movement cannot be separated from its negative repercussions.

As noted, the deinstitutionalization movement calls for the removal of individuals from mental institutions to place them in less restrictive environments with the intent of improving their outcomes. The introduction of pharmacological therapy for mental illness, in particular, antipsychotics, appeared to offer hope for treatment. While revolutionary, pharmacology was not as miraculous as hoped. Today, individuals institutionalized for mental illness are not eligible for services under Medicaid (Davoli, 2003). Additionally, those on Medicare have a 190-day cap for institutional services (Graham, 2013). One might surmise that this would not be a concern due to the funding of CMHCs, but this funding continues to remain insufficient despite the overwhelming need for their more local, comprehensive mental health care services, across the nation.

The consequences of deinstitutionalization have become the reverse of what was intended, as we have created a system in which those most in need can be left without adequate care. One such consequence is that SMI individuals can be released into sub-standard community aftercare only to be re-admitted to a psychiatric facility (an option becoming less likely due to the reduction of funding) or remanded to the correctional system is a shocking anachronism in today's age (Davoli, 2003; Loch, 2014).

The current legislation does not provide for needed services or the required oversight to support individuals with mental illness and has failed in numerous respects, most importantly in the provision of adequate funding (LeCompte, 2015). One path towards battling the issue of deinstitutionalization would be for counselors to maintain a running dialogue with legislators, as policy changes are needed on many fronts (Grob, 1995). As mentioned previously collaboration is crucial in attempting to address the repercussions of deinstitutionalization, as these resources provide significant support to individuals with mental illness. Counselors can be active partners and advocates contributing to collaboration efforts, crisis management, de-escalation, and sensitivity training regarding mental illness for individuals working as law enforcement officers and officers of the court, as well as in the creation and maintenance of diversion programs.

Alabama ranks among the top ten states in the prevalence of mental illness and substance abuse, while simultaneously ranking 46th in access to care (Mental Health America, 2016). While deinstitutionalization has been an issue in Alabama since the early 1970s, it remains a relevant issue today in 2016 following the closure of the North Alabama Regional Hospital. Members of the counseling profession must step up to their duty and responsibility towards tackling the issue of deinstitutionalization. Counselors and advocates stepping up would be in line with the avenues of direct and indirect influence in the Advocacy Competencies put forth by the ACA (2003).

Similar cautions were offered by Kliwer, McNally and Trippany (2009) several years ago, which have seemingly been ignored. It is, therefore, imperative that members of the counseling profession take on a more proactive stance in dealing with the devastating impact of deinstitutionalization.

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