
TAHEAD

Texas Association for Humanistic Education and Development



Our Mission

The mission of TAHEAD is to promote positive human growth and development through counseling, education and advocacy. To this end, the association provides for the exchange of information about humanistically-oriented counseling, administration and instructional practices, and encourages cooperation with related professional groups interested in the development of the individual.

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LOOKING FOR VOLUNTEERS for TAHEAD booth at TCA Conference 2019. Inquire if you are interested, financial incentives will be provided.

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From the President



Dr. Wannigar Ratanavivan

Welcome from the Texas Association for Humanistic Education and Development!

Welcome from the Texas Association for Humanistic Education and Development! We are excited to share with you TAHEAD's second newsletter. Our theme for this newsletter is *humanism and social advocacy*. As humanistic counselors, we value therapeutic relationships and the dignity of our clients to thrive and function in their social and cultural contexts. Not only do we empower our clients to make positive changes in their lives, but also we advocate for them to overcome their barriers and gain access to necessary resources.

Advocacy can be done at different levels: client/student advocacy, systems advocacy, and social/political advocacy (ACA advocacy competencies, 2003). We, as humanistic counselors, can act as an agent of change by joining counseling organizations, support our organizations to lobby legislators and other policy makers, and maintain connection with our communities and

clients. Consistent with Texas Counseling Association's 2018-2019 theme of *commitment, connection, and change*, TAHEAD works together with TCA and other divisions and chapters to promote important change in public policy and in the counseling profession.

This newsletter includes brief articles relating to humanistic counseling and advocacy in individual and societal levels. We hope that you will find these articles inspiring and relatable to your experiences. With this upcoming TCA's professional growth conference in November 2019, we invite you to join us at TAHEAD's exhibitor booth and the annual membership/business meeting to build connection, exchange information and resources, and get the latest news of the division and membership benefits. TAHEAD will not be able to grow without your support. We would like to thank you all of you and hope that you will enjoy our second issue of the newsletter.

TAHEAD is a division of TCA that aims to promote positive human growth and development through counseling, education, and advocacy.

Message from the TCA Director



Dr. Joshua Watson

The Texas Association for Humanistic Education and Development (TAHEAD) is a division of the Texas Counseling Association. Affiliated with the Association for Humanistic Counseling national organization, TAHEAD provides a forum for the exchange of information about humanistically-oriented counseling practices and promotes changes that reflect the growing body of knowledge about humanistic principles applied to human development and potential. To fulfill its mission, TAHEAD relies on the volunteer service of counseling professionals across the state who share a common interest. For those individuals interested in getting involved, TAHEAD offers several opportunities to do so. In addition to elected offices, the division has a variety of committees on which members can serve. Interested individuals are encouraged to contact the TAHEAD

president, Dr. Wannigar Ratanavivan (wannigar.ratanavivan@tamucc.edu) to express their interest in getting more involved in service to the division. We also recently began identifying emerging leaders who receive mentorship and are included in planning division activities.

So why should you get involved? For me, the answer is simple...to make a difference. When you are involved in TAHEAD you can help shape the trajectory of the division and make an impact. Members who become involved report greater satisfaction and find more value in their membership as well. Plus, serving in TAHEAD helps our clients and communities through the various program offerings and charitable activities the division sponsors. After hearing about these great opportunities, you may be wondering if division leadership and service is right for you. In a word, yes! The TAHEAD extends opportunities to participate to all its members, be they practicing professionals or counselors-in-training. Everyone has unique skills and abilities to contribute. It is this sharing of talent that helps TAHEAD thrive. I hope to see you take a more active role and become one of the next generations of TAHEAD leaders!

In the Age of Zero Tolerance Immigration Policies: Family Separation and its Impact on Attachment

By Jose L. Tapia-Fuselier, Jr. and Nicholas Tapia-Fuselier

According to the Pew Research Center, there are approximately 11 million undocumented immigrants living in the United States (Krogstad, Passel, & Cohn, 2017); over 850,000 are children under the age of 16 (Migration Policy Institute, 2014). Undocumented immigrants are individuals living in the U.S. without citizenship, current visas, or valid resident or work permits (Passel & Cohn, 2014). However, research shows that undocumented immigrants make important contributions to their communities and in many ways become “cultural and economic citizens of the U.S.” (Castro-Salazar & Bagley, 2010, p. 34).

Without inclusive, comprehensive immigration reform at the federal level, undocumented immigrants face unique challenges in the U.S. The current political climate includes toxic debates around immigration reform (Hulse, 2018), a potential end to the Deferred Action for Childhood Arrivals (DACA) program (National Immigration Law Center, 2018), and a sustained fight against sanctuary cities (Chokshi, 2017). Most recently, the current administration’s hard line, zero-tolerance immigration policies have led to involuntary

immigrant family separation (Montanaro, 2018).

In April of 2018, the U.S. Department of Justice announced a “zero-tolerance policy for criminal legal entry” (U.S. Department of Justice, 2018). This policy enabled the forced separation of nearly 3,000 immigrant children from their parents during a six-week period in April and May (Rizzo, 2018). Children were initially held in Customs and Border Protection (CBP) facilities that have historically been criticized for troubling conditions and child maltreatment, and then moved on to other locations coordinated by the Office of Refugee Resettlement (Domonoske & Gonzales, 2018). Following outcry from activists alongside bipartisan condemnation, President Trump signed an executive order that stopped his own administration’s policy of family separation. Although many of these families have been reunited, there are hundreds that have been deemed “ineligible” of reunification. Predominantly, in over 450 cases, the reason for ineligibility is because the parent(s) have already been deported from the United States (Katz & Lind, 2018). The crisis created by the forced

family separation policy is still ongoing. For those immigrants directly impacted, the trauma may be lifelong.

Texas accounts for approximately 1.65 Million undocumented immigrant residents (Passel & Cohn, 2014). Although we believe that all counselors should have adequate competencies in serving and supporting this population (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015), it is particularly consequential in Texas given the amount of people aforementioned. The purpose of this piece is to illustrate the critical connection between involuntary separating undocumented immigrant families and the impact on attachment.

Attachment

In 1969, John Bowlby developed attachment theory which ushered in a new wave of understanding the nature of parent-child relationships. Attachment theory is a well-supported lens for development across the lifespan, the therapeutic process, and mental health outcomes. Bowlby (1988) believed each infant is born with a behavioral system to ensure survival and fitness of the human species (Thompson, 2016, p. 334). After birth, infants seek proximity to their caregiver when they are distressed, alarmed, or perceive danger (Thompson, 2016, p. 334). Everyone seeks attachment to a primary figure which creates an attachment behavior system (i.e. internal working model (IWMs)) and

gives rise to specific attachment needs (Bowlby, 1982/1988). Through early interactions, children form IWMs which are cognitive representations that influence interpersonal and psychological functioning (Macinnes, Macpherson, Austin, & Schwanauer, 2016). The primary attachment figure must be responsive, attentive, and available to the child when the attachment needs are expressed. Bowlby (1982/1988) described this process as the road to secure attachment which would provide the child internal resources to manage distress, sadness, and other emotions. Additionally, Bowlby viewed attachment to caregiver as a vital part of fostering healthy developmental processes.

Social and Emotional Health

Currently, there is a serious social and public health crisis in child maltreatment (i.e. psychological abuse, neglect, and abandonment; Lo, Chan, & Lp, 2017) which impacts the social and emotional health of children. During the time of family separation policy, there were increased reports of child maltreatment at immigration detention centers. This context is important for clinicians to consider when providing treatment to undocumented children who have experienced complex trauma. Conceptualizing trauma through an attachment lens provides a framework for clinicians to use when conducting initial assessments with undocumented

clients. Often, family separations bring forth feelings of loneliness, depression, fear, and anxiety (Medway, Davis, Cafferty, Chappell, & O'Hearn, 1995). Clinicians must evaluate the developmental stage of the child at the time of the trauma, length of time in dangerous or threatening environment, and the type of maltreatment the experienced by the child (Creeden, 2004). The parent-child attachment relationship, which provides emotional regulation and is vital to overall development for children (Kindsvatter & Tansey, 2018), is severely disrupted during involuntary separation of families; feelings of abandonment and rejection can arise (Suarez-Orozco, Bang, & Kim, 2011).

Children are at risk for inability to regulate emotions, interpersonal and intrapersonal issues, and difficulties managing traumatic stimuli (Santa-Maria & Cornille, 2007) if attachment security is interrupted for long periods of time (Kindsvatter & Tansey, 2018). During detainment, the child may develop a temporary attachment figure that appears responsive in providing care and meeting the child's needs. If children are continuously exposed to neglectful and rejecting responses from temporary attachment figures, they will develop a belief of being unlovable and unworthy of care (Cassidy & Mohr, 2001). The child's emotions and behavior are altered with experiences of

abandonment, loss, or inconsistency in relationships (van Ecke, 2005). Attachment theory is comprised of four styles of attachment: *secure*, *anxious*, *avoidant*, and *disorganized*; the latter three are classified as insecure attachment strategies that can be evoked upon perception of fear or danger. *Anxious* attachment and *avoidant* attachment are considered organized insecure attachments. Insecure attachment styles create potential risk factors for psychiatric disorders (i.e. PTSD and personality disorders; Macinnes, et al., 2016; Santa-Maria & Cornille, 2007) and poor methods of emotion regulation (Lo, et al., 2017; van Ecke, 2005).

Secure attachment relationships have shown to increase feelings of security, self-esteem, and social competence (Bowlby, 1982/1988; Creeden, 2004). Avoidant attachment is characterized as emotions and needs being rejected or ignored by the caregiver which results in self-rejection of emotions to maintain balance and acceptance from relationships (Bowlby, 1982/1988; van Ecke, 2005). Avoidant attachment style has been linked to externalizing tendencies (i.e. substance use and conduct issues; van Ecke, 2005). Anxious attachment is characterized as inconsistent care, sometimes absent, and possibly needy regarding the caregiver which results in a hypersensitivity to relationships (Bowlby, 1982/1988). In

disorganized attachment, there is no sense of a strategy of organization in getting needs met, relating to internal emotions, or to people (Bowlby, 1982/1988; Kindsvatter & Tansey, 2018). The categorization of disorganized can often be seen with children who experienced physical abuse or neglect (van Ecke, 2005).

Advocacy

IWMs, which impact attachment styles, are the most vulnerable as children. However, there are opportunities to intervene to improve long-term social and emotional health (van Ecke, 2005). Clinicians attempting to assist children process trauma must consider the level of support, structure, and containment (Creeden, 2004) within and out of therapy. Treatment for undocumented children who experienced maltreatment after separation must consider evaluating additional processes such as, auditory processing, expressive/receptive language, executive functioning, mobility, and mental health (Creeden, 2004). Through therapy, children can begin to update IWMs and develop secure working models of self and others (Kindsvatter & Tansey, 2018). Additionally, holistic services such as financial assistance and affordable care options should be explored and provided. Families who experienced reunification reported their children having a range of behavioral problems

(Kwong & Yu Yu, 2017). Focus of treatment upon reunification should aim to improve and strengthen the parent-child relationship (Kwong & Yu Yu, 2017; Medway et al., 1995). Parents may also experience trauma which may require additional support services in working with the child or family (Santa-Maria & Cornille, 2007).

Finally, we would be remiss if we did not recognize the political commitment that comes along with serving, supporting, and advocating for our clients who are undocumented immigrants. More specifically, there are ways to engage in advocacy outside of the counseling room. This includes urging local, state, and federal representatives to prioritize policies that are inclusive, humane, and prioritize the emotional and physical well-being of undocumented clients.

References

- Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment*. New York, NY: Basic Books (Original work published 1969)
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge
- Cassidy, J., & Mohr, J. J. (2001). Unsolvability fear, trauma, and psychopathology: Theory, research, and clinical considerations related to disorganized attachment across

- the life span, *Clinical Psychology: Science and Practice*, 8(3), 275-298.
- Castro-Salazar, R., & Bagley, C. (2010). "Ni de aqui ni from there". Navigating between contexts: Counter-narratives of undocumented Mexican students in the United States. *Race, Ethnicity and Education*, 13(1), 23-40.
- Chokshi, N. (2017). *Texas governor signs a ban on sanctuary cities*. Retrieved from <https://www.nytimes.com/2017/05/07/us/texas-governor-signs-ban-sanctuary-cities.html>
- Creeden, K. (2004). The neurodevelopmental impact of early trauma and insecure attachment: Re-thinking our understanding and treatment of sexual behavior problems. *Sexual Addiction & Compulsivity*, 11, 223-247.
doi:10.1080/10720160490900560
- Domonoske, C., & Gonzales, R. (2018). *What we know: Family separation and 'zero tolerance' at the border*. Retrieved from <https://www.npr.org/2018/06/19/621065383/what-we-know-family-separation-and-zero-tolerance-at-the-border>
- Hulse, C. (2018). *No room for debate: Senate floor fight over immigration is a bust*. Retrieved from <https://www.nytimes.com/2018/02/15/us/politics/senate-immigration-debate.html>
- Katz, L., & Lind, D. (2018). *Your questions about the family separation crisis at the border, answered*. Retrieved from <https://www.vox.com/2018/8/1/17631632/family-separation-border-policy-deadline-questions>
- Kindsvatter, A., & Tansey, M. (2018). Attachment disorganization in childhood. *The Family Journal: Counseling and Therapy for Couples and Families*, 26(2), 143-149.
doi:10.1177/1066480718775738
- Krogstad, J. M., Passel, J. S., & Cohn, D. (2017). *5 facts about illegal immigration in the U.S.* Retrieved from <http://www.pewresearch.org/fact-tank/2017/04/27/5-facts-about-illegal-immigration-in-the-u-s/>
- Kwong, K., Yu Yu, Q. (2017). Prolonged separation and reunification among Chinese immigrant children and families: An exploratory study. *Journal of Child and Family Studies*, 26, 2426-2437.
doi:10.1007/s10826-017-0745-1
- Lo, C. K. M., Chan, K. L., Lp, P. (2017). Insecure adult attachment and child maltreatment: A meta-analysis. *Trauma, Violence, & Abuse*, 1-14.
doi:10.1177/1524838017730579

- Macinnes, M., Mackpherson, G., Austin, J., & Schwanauer, M. (2016). Examining the effect of childhood trauma on psychological distress, risk of violence and engagement, in forensic mental health. *Journal of Psychiatry Research, 246*, 314-320.
doi:10.1016/j.psychres.2016.09.054
- Medway, F. J., Davis, K. E., Cafferty, T. P., Chappell, K. D., & O'Hearn, R. E. (1995). Family disruption and adult attachment correlates of spouse and child reactions to separation and reunion due to operation desert storm. *Journal of Social and Clinical Psychology, 14*(2), 97-118.
- Migration Policy Institute (2014). *Profile of the unauthorized population: United States*. Retrieved from <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/US>
- National Immigration Law Center. (2018). *DACA*. Retrieved from <https://www.nilc.org/issues/daca/>
- Passel, J. S., & Cohn, D. (2014). *Unauthorized immigrant totals rise in 7 states, fall in 14*. Retrieved from http://www.pewhispanic.org/files/2014/11/2014-11-18_unauthorized-immigration.pdf
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and Social Justice Counseling Competencies*. Alexandria, VA: American Counseling Association
- Santa-Maria, M. L., & Cornille, T. (2007). Traumatic stress, family separations, and attachment among Latin American Immigrants. *Traumatology, 13*(2), 26-31.
doi:10.1177/1534765607302278
- Suarez-Orozco, C., Bang, H. J., Kim, H. Y. (2011). I felt like my heart was staying behind: Psychological implications of family separations and reunifications for immigrant youth. *Journal of Adolescent Research, 26*(2), 222-257.
doi:10.1177/0743558410376830
- Thompson, R. A. (2016). Early attachment and later development. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment* (pp. 331-348). New York, NY: Guilford Press
- U.S. Department of Justice. (2018). *Attorney general announces zero-tolerance policy for criminal illegal entry*. Retrieved from <https://www.justice.gov/opa/pr/attorney-general-announces-zero-tolerance-policy-criminal-illegal-entry>

van Ecke, Y. (2005). Immigration from an attachment perspective. *Social*

Behavior and Personality, 33(5), 467-476.

Gun Violence and the Counselor's Role as a Humanistic Social Advocate

By Odunola Oyeniya and Liesl M. Hecht

Humanistic theorists believe in a holistic view of human nature, which posits that damage in one area of life leads to incongruence and a damaged whole. Humanists practice understanding how contextual factors interact with an individual's perceptions, beliefs, and worldviews (Chávez, Fernandez, Hipolito-Delgado, & Rivera, 2016). Social change occurs when there is a shift in social structure, beliefs, patterns, and/or practices over time. Counselors can advocate, and practice social justice acts in order to promote social change. Rogers-Sirin (2017) described social justice as addressing discrimination, inequality, and other societal beliefs and practices which can contribute to an individual's mental health issues.

Humanistic social advocates are responsible for becoming aware of the hardships faced by community members. Through service, counselors can act on societal issues for the betterment of their community (Chávez et al., 2016). A specific problem that warrants the attention of counselors is

to address their role regarding the prevention and devastating effects of gun violence in primary and secondary schools (Warnick, Kim, & Robinson, 2015). Various factors interplay into understanding how we can aide in the prevention and aftermath of school shootings. The importance of social change, the current need for social change in our society, and ways to act as a social change advocates are explored.

Importance of Social Change

Striving for social justice is the responsibility of society, and the counseling profession is especially dedicated to social change. Social change can influence every aspect of our world from government structures, to how people interact with the environment and one another. Pushing for social change in counseling is significant because it addresses the root of client problems and assists clients in living self-fulfilling lives (Motulsky, Gere, Saleem, & Trantham, 2014). Also, of importance, is the alignment of social change with counselors' professional code of ethics. The *ACA Code of Ethics*

(2014) states counselors must engage in advocacy and address issues of equity at the individual, group, societal, and institutional levels (American Counseling Association, 2014; White & Levers, 2017).

Mansoori-Rostam and Tate (2017) stated social change helps counselors develop the counseling and advocacy skills necessary to address social injustices in the schools, agencies, and communities where they live and work. While advocating for social change, counselors can help reverse individual and community biases and prejudices. In addition, counselors, can take a stand against intentional and unintentional oppression and discrimination of minority groups, or anyone who is being treated unethically (Hoover & Morrow, 2016). Counselors can help individuals gain the self-awareness needed for empowerment and positive social transformation. Specific to the issue of gun violence, social change allows counselors to work with the community police force and other community leaders in the prevention of future school shooting occurrences. Counselors can aide in addressing the mental health needs after these devastating events.

Reasons Social Change is Currently Needed

According to Stewart, Coll, and Osguthorpe (2013) a student's developmental system is comprised of

positive and negative behaviors. Positive actions were correlated with academic success, support from adults, student involvement and engagement, and positive peer and adult relationships. Undesirable performances have been associated with academic failure, lack of supportive networks, antisocial peer relationships, and hyperactivity. Students who are lacking the support necessary for satisfactory behaviors may be more likely to acquire patterns of aggressive behavior such as destruction of property, biting, hitting, kicking, and sexual harassment. Other consequences include resentment or anger towards others, academic struggles in school, and/or a lack of healthy relationships (Bell & Robinson, 2013).

Counselors can outline ways a teacher can interfere, in a mental health promoting manner, with the trajectory of a student who is struggling academically. This can be done by inspiring tutoring and mentorship, using a peer pal system to foster healthy communication and social skills between peers, and facilitating group friendship skills. In addition, counselors can work with parents and families to increase familial involvement and help students feel connected both at home and at school (Rowell & Hong, 2018).

As social change agents, counselors have a responsibility to become aware and act for the good of

their community (Chávez et al., 2016). At present, there is a need to help prevent gun violence from occurring and to help America's youth recover from gun violence that has already occurred in schools. The American Counseling Association has recognized a need for counselors to have resources addressing the after effects of school shootings by providing post-trauma resources (<https://www.counseling.org/news/updates/2018/05/21/gun-violence-trauma-aca-offers-free-resources-for-counselors>) for counselors.

Context Specific Interventions

Making a positive impact can be accomplished at different levels of service. Counselors traditionally advocate for the advancement of mental health, wellness, respect of individual differences, and human development. Chávez et al. (2016) suggested advocating needs to occur at not just an individual level, but also in the greater community contexts.

Students who are experiencing anger and have tendencies toward violence may feel victimized within the larger society. In order to help at risk youth from further developing these behaviors, counselors can attempt to aid through various contexts. Community members not directly involved with gun violence, survivors, and other members who are not aware of the signs that could precede a violent outburst would

also benefit from advocacy efforts. Counselors can advocate and promote fairness at the community, family, and individual levels by utilizing different resources and methods.

Community Level

Chávez et al. (2016) discussed the importance of highlighting an individual's right to be involved with community decisions and events. At a community level, a parade and community BBQ for nonviolence could be arranged. Community events could provide psychoeducation in the form of presentations, pamphlets, and distribution of resources on related topics. Also, psychoeducation about what factors can contribute to aggressive and violent behaviors among adolescents could be addressed during these events. Policies currently under review could be explored to encourage involvement in decision making that could potentially affect members of the community. Counselors can provide ways to promote social and emotional connections between community members within the educational context as well.

Family System

Counselors can assist students in developing more positive constraints in their lives by acting as mentors and reinforce student involvement in extracurricular activities such as local clubs and teams. Counselors can

communicate with parents and guardians about ways to enhance family involvement in school activities and create a positive school climate in which students celebrate their differences. In doing so, parents teach children to establish healthy relationships within the family unit and beyond, helping children grow into happy, well-adjusted and successful youth (Anderson, 2014).

Individual Level

In alignment with a humanistic approach, counselors can assist individuals in developing their self-awareness which can provide them with the ability to gain a new perspective on past events. Greater insight can help them gain congruence in various areas of their lives. Counselors can educate and provide access to viable resources that could help individuals through difficulties (Chávez et al., 2016). They can assist individuals in recognizing and building upon their strengths to help achieve future goals (Williams, Bryan, Morrison, & Scott, 2017). Also, counselors can assist individuals in communicating their thoughts and concerns, which can help curb incidents of school violence (Maras, Thompson, Lewis, Thornburg, & Hawks, 2015).

Conclusively, it is important to encourage counseling professionals to see themselves as social change agents, which also raises their value as mental health resources to society. The importance of social change, the current

need for social justice in our society, and ways to act for the betterment of the community were provided. Humanistic social justice can occur in a multitude of ways, in various contexts, and with many different targeted populations. Small actions amount to big changes, a counselor can make informed decisions about which level(s) and societal issue(s) they would prefer to make advocacy efforts.

References

- American Counseling Association (2014). *ACA code of ethics*. Alexandria, VA: Author.
- Anderson, J. (2014). The impact of family structure on the health of children: Effects of divorce. *The Linacre Quarterly*, 81(4), 378-387. doi:10.1179/0024363914Z.00000000087
- Bell, C., & Robinson, E. (2013). Shared trauma in counseling: Information and implications for counselors. *Journal of Mental Health Counseling*, 35, 310-323. doi:10.17744/mehc.35.4.7v33258020948502
- Chávez, T. A., Fernandez, I. T., Hipolito-Delgado, C. P., & Rivera, E. T. (2016). Unifying liberation psychology and humanistic values to promote social justice in counseling. *The Journal of Humanistic Counseling*, 55, 166-182. doi: 10.1002/johc.12032

- Hoover, S. M., & Morrow, S. L. (2016). A qualitative study of feminist multicultural trainees' social justice development. *Journal of Counseling & Development, 94*, 306-318. doi: 10.1002/jcad.12087
- Mansoori-Rostam, S. M., & Tate, C. C. (2017). Peering into the "black box" of education interventions and attitude change: Audience characteristics moderate the effectiveness...and then only toward specific targets. *Journal of Social Psychology, 157*, 1-15. doi: 10.1080/00224545.2016.1152211
- Maras, M. A., Thompson, A. M., Lewis, C., Thornburg, K., & Hawks, J. (2015). Developing a tiered response model for social-emotional learning through interdisciplinary collaboration. *Journal of Educational & Psychological Consultation, 25*, 198-223. doi:10.1080/10474412.2014.929954
- Motulsky, S. L., Gere, S. H., Saleem, R., & Trantham, S. M. (2014). Teaching social justice in counseling psychology. *The Counseling Psychologist, 42*, 1058-1085. doi: 10.1177/0011000014553855
- Rogers-Sirin, L. (2017). Psychotherapy from the margins: How the pressure to adopt evidence-based-treatments conflicts with social justice-oriented practice. *Journal for Social Action in Counseling & Psychology, 9*(1), 55-78.
- Rowell, L., & Hong, E. (2018). Academic motivation: Concepts, strategies, and counseling approaches. *Professional School Counseling, 15*(3), 158-171.
- Stewart, R., Coll, K., & Osguthorpe, R. (2013). Family background of beginning education students: Implications for teacher educators. *College Student Journal, 47*(4), 627-634.
- Warnick, B. R., Kim, S. H., & Robinson, S. (2015). Gun Violence and the Meaning of American Schools. *Educational Theory, 65*, 371-386.
- White, C. P., & Levers, L. L. (2017). Parent-teacher engagement during child-centered pedagogical change in elementary school. *Children & Schools, 39*, 15-23. doi: 10.1093/cs/cdw044
- Williams, J. M., Bryan, J., Morrison, S., & Scott, T. R. (2017). Protective factors and processes contributing to the academic success of students living in poverty: Implications for counselors. *Journal of Multicultural Counseling & Development, 45*, 183-200. doi: 10.1002/jmcd.12073

Promoting Social Advocacy through Humanistic Counseling

By Mary Christine Ritter and Betty Ko

A Model of a Humanistic Approach to Counseling

Humanism is the key stone of counseling (Hanna & Bemak, 1997). Without the establishment of a therapeutic relationship as a foundation for counseling, it is difficult to encourage the client's progress. Counselors use the humanistic approach to cultivate and sustain the therapeutic relationship. Figure 1 presents a humanistic model of counseling that is loosely based on Adler's phases of psychotherapy as presented in Corey (2017, pp. 108-117).

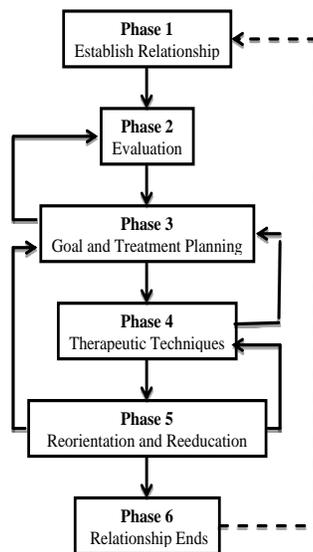


Figure 1. A Humanistic Model that adapts and expands upon the Adlerian and Person-Centered approaches to counseling. Feedback loops (–) are represented which may be followed as appropriate to the client process. The (–) represents the case where a client has ended therapy, but later faces a new challenge.

Establishing the therapeutic relationship (Phase 1) is essential to the counseling process. During this phase, the counselor cultivates a positive rapport with the client, establishing the necessary and sufficient conditions of therapy. According to Rogers (1979),

It is that the individual has within him or herself vast resources for self-understanding, for altering the self-concept, basic attitudes, and his or her self-directed behavior – and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided. (p. 98)

The therapeutic relationship is egalitarian, based on cooperation, trust, respect, confidence, and collaboration. It requires the counselor to exercise empathic understanding, as well as unconditional positive regard and acceptance of the client. Maintaining the nature and quality of this relationship is key to the therapeutic process.

Client evaluation (Phase 2), plays an important role in clarifying client issues and building rapport. Rogers believed testing and assessment ran contrary to his person-centered (PC) approach because they externally define

the person (Corey, 2017). His focus was creating unconditional positive regard and cultivating conditions that facilitate client self-growth (Corey, 2017). Contemporary PC theorists believe testing may be appropriate provided the process is engaged collaboratively for the sole benefit of the client (Watkins, 1993).

Goals and treatment planning (Phase 3) focus on collaboratively establishing goals and developing a treatment plan congruent with the client's issues. This phase is completed prior to the use of therapeutic techniques in order to enhance the therapeutic relationship and facilitate interventions. Towards the end of Phase 3, a psychologically safe environment has been cultivated, with the client attaining a greater sense of freedom and comfort with the therapist.

Applying therapeutic techniques (Phase 4) consists of encouraging client self-understanding and insight while seeking meaning and perusing topics related to the goals and treatment plan. The therapeutic process involves engaging in stimulating and challenging dialogue and using activities and homework. Counseling techniques that may be used include active listening, summarizing, reflecting feeling, clarifying, reflecting meaning, paraphrasing, and being present for the client (Corey, 2017; Erford, 2018). The client begins to interpret the therapeutic

experience as necessary for personal growth and self-actualization. Additionally, expressive arts therapy and cognitive behavioral techniques can be integrated into treatment.

Reorientation and reeducation (Phase 5) involve reorienting the client's lifestyle choices and social interests. The client is reeducated through encouragement, personal challenge, and the exploration of new possibilities. The counselor supports the client as the client moves towards cultivating a more authentic self and more meaningful existence.

Finally, as the relationship works towards a conclusion (Phase 6), the counselor and client discuss how to respectfully end the relationship while still encouraging a continuity of self-awareness and personal development. Topics include assessing which goals have been met, how to cope after the relationship has terminated, when to end the relationship and what to do if the client feels therapy is needed again. A feedback loop (Fig. 1) exists for situations where the client feels the need to return to therapy after a hiatus.

The Role of Social Advocacy in the Humanistic Model

Social advocacy is playing an increasingly important role in the therapeutic process, so much so, that it is taught to counseling students. Additionally, the American Counseling

Association (2014) has identified 43 social advocacy competencies. Advocacy is the process by which counselors act to alter the broader environment of their clients. These actions may occur at the microscale, meaning at the individual or client level, and range up to the macroscale, or public and institutional arena. Social advocacy starts when counselors connect their personal growth with a desire to challenge the status quo for those unjustly affected by structural oppression (Hays & Erford, 2018). Oppression can occur within various social systems and be manifested as structural racism, sexism, heterosexism, classism, ableism, and ageism (Hays & Erford, 2018).

Social advocacy plays an important role in the humanistic model presented (Fig. 1). The counselor's goal is to understand the client from their phenomenological perspective (Halbur & Halbur, 2019) and to develop an authentic relationship with the client. During Phase 1 (Establish Relationship), the counselor becomes acquainted with the client's identities, circumstances (i.e., environment), strengths and resources.

Advocating for the client begins during Phase 2 (Evaluation) when assessment of the client's issues begins. Social advocacy in this phase takes the form of affirming the client's experience, while gaining insight and working towards establishing treatment goals.

When looking for insight, the counselor should pay attention to socioeconomic, political and cultural aspects of the client's belief system and environment. The counselor should also look for client concerns or behavior that might indicate exposure to oppression.

During Phase 3 (Goal and Treatment Planning), the counselor and client set goals for treatment. Social advocacy in this phase continues to be oriented toward the individual and involves helping the client to clearly identify issues. Social advocacy-oriented treatment goals may include the client's learning self-advocacy skills, practicing mechanisms for responding to microaggressions in a manner that avoids conflict, and identifying external barriers that inhibit development of the client as a person. Phase 3 provides an opportunity for the counselor to identify and acquire any services needed by the client. Empowering the client should remain a central goal of counseling throughout therapy, especially when the client feels oppressed, disenfranchised or marginalized.

During Phase 4 (Therapeutic Techniques) the therapist and client use techniques to address treatment goals. There are many techniques that could be used depending on the counselor's theoretical orientation and the client's receptivity. For situations where the client is learning a new skill (e.g., self-advocacy skills, coping mechanisms),

cognitive behavior therapy might be used. A client may also develop a self-advocacy plan. When a client is just becoming aware of a social injustice, Roger's (1979) Person-Centered Approach to counseling might be used. Throughout Phase 4, the counselor encourages the client's progress.

During Phase 5 (Reorientation and Reeducation), the client applies learned skills to their life and embraces personal strengths as they seek greater social interaction and meaning in their life. The main social advocacy role of the counselor in this phase is to encourage the client to practice skills the client has learned and to follow through on a self-advocacy plan. Issues related to equity, access, and empowerment continue to be addressed as the counselor attempts to help the client to optimally adjust to functioning in society (D'Andrea, 2011).

As a social advocate, counselors play an added role outside the conventional therapeutic relationship, especially if they become aware of community and institutional inequities and/or barriers. This role focuses on a more public and/or institutional spectrum of social advocacy. Counselors may engage in formal activism through letter writing, public speaking, participation in political parties and/or action committees. Counselors may choose to join forces with an existing community

organization for a specific social advocacy goal. Counselors may bring institutional barriers to light, engage in day-to-day problem solving, or even make simple choices that help people. One example involves See the Triumph (www.seethetriumph.com) which is a social advocacy project that supports intimate partner violence through the social media (Murray & Crowe, 2016). Counselors who recognize the basic humanistic tenet that people's personal, relational, and collective development is more fully realized within a supportive environment (D'Andrea, 2011) will best be able to serve as social advocates.

Conclusion

Humanism and social justice counseling emphasize wellness, shared understanding and human development, and can be used to promote client welfare and a healthier society (D'Andrea, 2011). The humanistic model presented in Figure 1 is a launching point for a counseling student starting practicum or internship. Its purpose is to help students learn to develop and nurture the therapeutic relationship while enabling them to meet multicultural needs and attend professional concerns through social advocacy. The therapeutic relationship requires counselors to be authentic, to demonstrate unconditional positive regard, to exhibit acceptance and congruence to their client, and to have an accurate empathic understanding. The therapeutic relationship enables the

counselor to meet the needs of multicultural populations and encourage their development of self-advocacy skills. Social justice counseling and humanistic advocacy together address client empowerment and equity and contribute to cultivating a more just and healthier society (D'Andrea, 2011).

Once the counselor or student intern has mastered the therapeutic presence and its maintenance through the therapeutic process, he or she may explore growth opportunities. The humanistic model (Fig. 1) could be personally refined into a brief model, similar to the solution-focused brief therapy as presented in Corey (2017). The counselor may also consider attending advanced trainings in a theory of interest, such as Gestalt Therapy, the person-centered approach, existential therapy or a therapy outside of humanism.

References

- American Counseling Association. (2014). *2014 Code of Ethics*. Retrieved from <https://www.counseling.org/knowledge-center/ethics>
- Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Boston, MA: Cengage Learning.
- D'Andrea, M. (2011). Expanding the Understanding of the Complementary Nature of Humanistic Principles and Social Justice Practices in Counseling and Education. *The Journal of Humanistic Counseling*, 50(2), 133-134. doi: 10.1002/j.2161-1939.2011.tb00112.x
- Erford, B.T. (2018). *Orientation to the counseling profession* (3rd ed.). New York, NY: Person Education.
- Hanna, F. J., & Bemak, F. (1997). The quest for identity in the counseling profession. *Counselor Education & Supervision*, 36, 194-207. doi: 10.1002/j.1556-6978.1997.tb00386.x
- Halbur, D.A. & Halbur, K.V. (2019). *Developing your theoretical orientation in counseling and psychotherapy* (10th ed.). New York, NY: Pearson.
- Hays, D. G., & Erford, B. T. (2018). *Developing multicultural counseling competence: A systems approach*. New York, NY: Pearson.
- Murray, C.E. & Crowe A. (2016). Counseling Advocacy Competencies in Action: Lessons Learned through the See the Triumph Campaign. *Journal for Social Action in Counseling and Psychology*, 8(1), 53-69. doi: 10.1002/j.1556-6676-2001.tb01985.x
- Rogers, C.R. (1979). The foundations of the person-centered approach. *Education*, 100(2), 98-107. doi:10.1080/14779757.2010.9689072

Watkins, C.E. (1993). Person-centered theory and the contemporary practice of psychological testing.

Psychology Quarterly, 6(1), 59-67.
doi: 10.1080/09515079308254493

Breaking Down Walls: Building Rapport with At-Risk Adolescents

By Benjamin Robertson and Amanda Faucher

Adolescents, especially at-risk adolescents, possess a unique set of challenges that can make building rapport and developing a therapeutic relationship particularly difficult. Counselors can be more successful with this population by having awareness of those challenges and learning specific ways to relate, increase sensitivity, and use population-specific language.

At-Risk Students

The National Center for School Engagement (NCSE) (2018) defined at-risk youth as those whose futures are implied to have a less than optimal outcome. One can be considered at-risk if they are any of the following: homeless or transient, involved in drugs or alcohol, a victim of abuse (sexual, physical, or emotional), mentally ill, neglected at home, living in stressful family situations, lacking social or emotional support, and/or involved with delinquent peers.

Every year, over 1.2 million students drop out of high school in the United States, ranking the United States

22nd out of 27th in graduation rates among developed countries. In the United States, high school dropouts commit about 75% of crimes ("11 Facts about high school dropout rates," n.d.). 12% of high school dropouts are unemployed. Children from low-income families are more likely to have sex before the age of 16, become a gang member, get into fights, steal something worth more than \$50, and run away (Office of the Assistant Secretary for Planning and Evaluation, 2009).

Building Rapport

A therapeutic relationship is arguably the most important part of the therapeutic process. As a complex interaction, building rapport is the first step of this process. Teenagers will pick up on indifference or frustration exhibited by a helping professional. A genuinely caring professional is likely to yield much better results than a professional whose experiencing indifference or burnout (Clark, 2013). Another key point to be mindful of is that adolescents can be seen in different

stages depending on their age and/or developmental level. For instance, someone who is 17 years old may have radically different goals and experiences when compared to someone who is 13 years old. It can be an important distinction to make when considering the initial steps and sessions while working with adolescents. Being able to meet the client, where they are at, their specific developmental level, can bring about a foundation for understanding and deliver a true connection that establishes a positive environment for progress. When working with a challenging population, it will be essential for the counselor to engage in self-care, peer debriefing, supervision, or other tools necessary in ensuring the counselor is properly engaged.

Remember, "therapy is not done *to* the client, but rather *with* the client" (Clark, 2013, p. 229). The client should be actively involved in his/her treatment plan (Clark, 2013). Counselors should evaluate for personal biases as it could be tempting to give advice and/or lead a seemingly-misguided client in a particular direction.

The Therapeutic Alliance

Shirk and Karver (2011) suggested being flexible with therapy sessions if using a manual or structured style in order to remain client-centered and focused on expressed emotions. Pressuring the client to discuss troubling experiences is something that

should be avoided. Instead, allow it to flow naturally. Being flexible might also mean being creative when trying to work with the at-risk population.

Creative approaches to traditional therapies are rapidly making headway in the counseling profession. Working with at-risk adolescents will often mean taking an interest in the things they enjoy and place emphasis on. Many at-risk adolescents have incorporated music into their culture, for example, and could subsequently be beneficial to use in therapy due to its powerful and influential nature. Rap therapy, developed by Don Elligan, uses themes in rap music to encourage self-reflection and communication regarding beliefs and emotions that clients may connect to lyrics (Elligan, 2000). If after an initial assessment, this is something that might be of interest to the client, the therapeutic alliance can be strengthened by client validation and the non-judgmental, active listening of music, while encouraging the clients to dig deeper than what he/she hears initially (Elligan, 2000).

There can be an observation of how the therapeutic alliance exists and is sustained through interactions between the therapist and the client. As cited in Clark (2013), the therapist uses certain interpersonal dispositions that contribute to the wholesomeness of the therapeutic alliance. These expressions can be akin to genuineness, kindness,

and acceptance. The client can also contribute with an openness to therapy, engagement, and amicability. Moreover, when the client and the therapist agree on goals and the direction of treatment then the therapeutic bond is strengthened (Clark, 2013).

For therapists, using genuineness or even transparency with at-risk adolescents can bring about a sense of trust and openness that may help adolescents feel more comfortable sharing personal information. Naturally, when time passes and the therapeutic alliance fortifies, the progress towards goals can be achieved more easily. Adolescents are in a unique time in their lives where they are continuing to develop in many facets. As they develop, they encounter unfamiliar situations that can be difficult to navigate and may cause some apprehension due to stigmas or previous experiences. This is why it can be extremely important for a therapist to explicitly exhibit acceptance when working with adolescents, especially those at-risk. The respect that can be given from therapist to client can do much for the enrichment of the therapeutic alliance.

Conclusion

It can be a challenge to build rapport with at-risk adolescents, but as postulated by Labouliere, Reyes, Shirk, & Karver (2017), the positive effects that may come about as a result of a strong

therapeutic alliance can inspire clients to put forth effort and take responsibility in trying to achieve their treatment goals. This can particularly be crucial for adolescents as they are learning to take on more responsibility with the impending actualization of adulthood not far in the distance. Not only can it help at-risk adolescent clients take more accountability for their treatment progress, but it may also be a life lesson that provides an opportunity to develop skills related to taking initiative for one's responsibilities.

References

- Clark, C. M. (2013). Irreducibly human encounters: Therapeutic alliance and treatment outcome in child and adolescent psychotherapy. *Journal of Infant, Child, and Adolescent Psychotherapy*, 12(3), 228-243. doi: 10.1080/15289168.2013.822751
- DoSomething.org (n.d). 11 Facts about high school dropout rates. Retrieved from <https://www.dosomething.org/us/facts/11-facts-about-high-school-dropout-rates>
- Elligan, D. (2000). Rap therapy: A culturally sensitive approach to psychotherapy with young African American men. *Journal of African American Men*, 5(3), 27-36. doi:10.1007/s12111-000-1002-y
- Labouliere, C. D., Reyes, J. P., Shirk, S., & Karver, M. (2017). Therapeutic alliance with depressed adolescents: Predictor or outcome? Disentangling

- temporal confounds to understand early improvement. *Journal of Clinical Child & Adolescent Psychology*, 46, 600-610.
- National Center for School Engagement (2018). Serving at-risk youth. Retrieved January 7, 2019 from <http://schoolengagement.org/school-engagement-services/at-risk-youth/>
- Office of the Assistant Secretary for Planning and Evaluation. (2009). Vulnerable youth and the transition to adulthood: Youth from low-income families. Retrieved from <https://aspe.hhs.gov/basic-report/vulnerable-youth-and-transition-adulthood-youth-low-income-families>
- Shirk, S. R., & Karver, M. S. (2011). Alliance in child and adolescent psychotherapy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness*. New York, NY: Oxford University Press. doi: 10.1093/acprof:oso/9780199737208.003.0003
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Submissions for the Newsletter

We are interested in hearing from our members, graduate students, clinicians, educators, and researchers. An email will be disseminated to all members for submissions for our next edition.

TAHEAD Board Members

Joshua C. Watson, Ph.D., LPC, NCC, ACS is a professor and chair in the department of counseling and educational psychology at Texas A&M University-Corpus Christi. He is serving as TAHEAD director. Dr. Watson has over 18 years of clinical experience working in a variety of community mental health and private practice settings and has been active in various professional organizations. In addition to being a Past-President of the Association for Assessment and Research in Counseling (AARC) and former member of the American Counseling Association (ACA) Governing Council, he currently serves as Editor for the *Journal of College Counseling* and is an elected member of the Texas Counseling Association Board of Directors. A renowned scholar, Dr. Watson has authored over 90 publications and presented at state, national, and international professional counseling conferences. In recognition of his contributions to the profession, Dr. Watson has received numerous awards including the David K. Brooks Jr. Distinguished Mentor Award, Arthur A. Hitchcock Distinguished Professional Service Award, American College Counseling Association (ACCA) Outstanding Contribution to Professional Knowledge Award, and the Ralph F. Berdie Memorial Research Award. In 2018 he was named an ACA Fellow, an honor bestowed upon less than one percent of the ACA membership.

Wannigar Ratanavivan, Ph.D., LPC, NCC, is serving as the president of TAHEAD. She is currently a clinical assistant professor in the Department of Counseling and Educational Psychology at Texas A&M University-Corpus Christi and a licensed therapist at Bayview Behavioral Hospital. She has worked with adolescents, adults, and seniors in a psychiatric inpatient setting and integrated the humanistic approach into her practice. Her research interests include at-risk youth and trauma, humanistic counseling, motivational interviewing, multiculturalism, and positive psychology and wellness.

Richard J. Ricard, Ph.D. is currently a Professor of Counseling & Educational Psychology at Texas A&M University-Corpus Christi. He is serving as TAHEAD senator. Dr. Ricard has been teaching in Counselor Education for over 20 years. His research focuses on program evaluation and implementation of evidence-based counseling interventions in schools (DBT; MI). He also has interests in Mindfulness based approaches to wellness and Stress Management.

Erika A. Mendez, Ph.D., LPC is the past president of TAHEAD and editor of the TAHEAD newsletter. Dr. Mendez is a Licensed Professional Counselor working with children and adolescents at an emergency shelter for unaccompanied immigrant children, where she incorporates humanistic principles in her daily work with

clients. Dr. Mendez is passionate about working with marginalized populations and providing outreach to her community. Dr. Mendez's research interests include multiculturalism, advocacy and social justice, counseling outcomes, assessment and instrument development, and ethical issues in counseling.

Pedro J. Blanco (P.J.) is an Associate Professor in the Department of Counseling at Tarleton State University. He is serving as TAHEAD board member-at-large. He has specialized training and experience in working with children using play therapy in community agencies as well as in the school system. P.J.'s primary teaching areas are Play Therapy, Counseling Skill Development, Child and Adolescent, and Group Counseling. He is a Licensed Professional Counselor Supervisor, Registered Play Therapist Supervisor, and a Certified Humanistic Sandtray Therapist. As a humanistic therapist, P.J. believes strongly in the importance of providing developmentally appropriate treatment. He has over ten years of play therapy experience and has conducted and published multiple research projects in the public school system.

Jose Tapia-Fuselier is the emerging leader and Coordinator of the TAHEAD newsletter. Jose (pronouns: he, him, his) is currently pursuing his doctoral degree in counseling at the University of North Texas. He has served clients with disabilities in public and private rehabilitation settings as well as, in private practice. He now serves clients

across the lifespan with a focus on disability in three languages: English, Spanish, and American Sign Language. His clinical focus is working with marginalized and under-represented populations. His research interests include bilingualism in counseling and supervision, couples counseling, and intervention-based counseling for people with disabilities across the lifespan.

Ajitha Chandrika Prasanna Kumaran is a doctoral candidate in the Counseling and Educational Psychology Department at Texas A&M University-Corpus Christi. She is serving as TAHEAD president-elect. Ajitha is from India and has traveled to the U.S. to pursue a Ph.D. in Counselor Education. She has a bachelor's degree in Psychology and Master's degree in Applied Psychology from India. She is currently working as a school counselor intern at the Early Childhood Development Center and has co-taught counseling graduate courses (Introduction to Counseling, Group Counseling, and Practicum). Additionally, she is the president of Chi Sigma Iota Theta Alpha Mu Chapter. Her research interests include Emotional Intelligence and Mindfulness among elementary school students; Positive Psychology dimensions among geriatrics; and Achievement Motivation among elementary school students. She has presented at state and national conferences.

Diane Herrero, Ph.D., LPC is the secretary of TAHEAD secretary. Dr. Herrero was graduated from Texas

A&M University – Corpus Christi with a Ph.D. in Counselor Education. She is a Licensed Professional Counselor (LPC) and adjunct faculty in Counseling at Texas A&M University – Corpus Christi. She was born and raised in Robstown, Texas and has experience treating children, adolescents, and

adults with diverse backgrounds and ranges of mental health issues. She is passionate about working with underserved populations, making a difference, working for social change, advocating for the marginalized, and giving back to the community.

TAHEAD Information

Why join TAHEAD?

We serve to focus the counseling profession on the developmental growth model of working with people. We promote humanistic principles and ideals. We encourage the nurturing and valuing of each individual that comes to us seeking counseling or education. As an organization, we provide a conceptual framework for counseling in working with people. We seek to serve a vital role in the direction of the Texas Counseling Association, but more importantly, we seek to serve a vital role with our clients and students.

Join Us!

TAHEAD Membership Fees for Student and Professional members is \$10.