2023 PROCEEDINGS OF THE

OXFORD SYMPOSIUM IN SCHOOL-BASED FAMILY COUNSELING

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Judith Howard, PhD. & Meegan Brown, PhD., Queensland University of Technology

Paper 7: **Addressing Trauma in Context: Domain Relevance in Resilience Services**

Richard E. Cleveland, PhD., Georgia Southern University

Foreword – Proceedings 2023

Dear readers,

Welcome to the fourth School-Based Family Counseling (SBFC) Oxford Symposium proceedings.

The world changes rapidly. We are witnessing dramatic changes that affect all areas of our lives. The 2023 articles proceedings highlighted some of the changes taking place in our world. *New technologies* change the characteristics of our relationships. In times of crises such as COVID-19, technology has become increasingly crucial to maintaining connections. Still, at the same time, it requires technological skills and tools, and some people are left behind. *Climate change* impacts all forms of our life. In the Western world, sustainability raises awareness, looks for solutions, and raises the question of how children experience their world. Lately, the *epidemic of young children's suicide* has become a national public health crisis in the USA. It reveals the helplessness of parents and educators in the face of the harsh stigmas towards suicide. *The massive Emigration* waves following a war or economic crisis became common. The immigrants encounter difficulties in acquiring a new language and culture and face a new identity.

It all raises the question, "What can we do better?" The answer reflected in the articles sheds light on two crucial needs: (1) education needs to take a step forward and strengthen values of nonjudgmental, care for human beings, and foster new narratives toward sustainability, and (2) the need for collaboration between educators, families, and students.

Educational counselors have a central role in the school system. They can help manage traumatic situations and enhance the connection between school and home during routine times and crises.

We want to thank the authors for sharing their research, experiences, and knowledge with us. The proceedings were peer-reviewed, and we greatly

appreciate the work of the professional reviewers. We hope our readers find the articles in these proceedings fruitful and informative.

Editors,

Nurit Kaplan Toren

Celina Korzeniowski

We are all migrants now: Connections and Disconnections in a post-COVID World

Maria C. Marchetti-Mercer, Prof. Department of Psychology, University of the Witwatersrand

ABSTRACT

In March 2020, the world as we knew it came to a halt because of the COVID-19 Pandemic. Millions of people were suddenly isolated and quarantined in their homes under strict lockdown restrictions. Borders were closed, and international travel was impossible. Our basic need to interact with other people was significantly impacted, and we were instantly socially and professionally isolated. For several years, transnational migrant families have been using technology to maintain relationships with their loved ones from whom they are geographically separated. Information Communication Technologies (ICTs) such as WhatsApp, Zoom, Facetime, and Skype are some of the applications that have been increasingly used to maintain these connections. Migration research has shown technology has aided in the so-called "death of distance". Before the availability of technology, migration meant almost permanent separation from one's country of origin and the end of many established relationships with those left behind. Not only does technology have the potential to alleviate this, but the ease of international travel has also helped to lessen some of the losses associated with emigration. However, in the months that followed the initial 2020 lockdowns, we all became migrants in some ways. We were separated from people in our lives and could not travel, in some instances even beyond the boundaries of our neighborhoods, let alone countries. While we may have been using technology for personal and professional reasons before the pandemic, overnight, ICTs became the primary and often the sole tools to maintain connections with the outside world. Not only were we separated from our social networks, but we also had to rely on technology to continue our work as mental health practitioners and, in many instances, as teachers and supervisors. In the context of School-based Family Counseling (SBFC), children

and families and their relationships with the school system were acutely impacted by lockdown restrictions and concurrent social and academic isolation followed. Therefore, the potential of ICTs to overcome distance and deliver strong and supportive transnational networks needs to be interpreted and analyzed in the context of our own experiences as mental health practitioners following the COVID-19 pandemic. In this paper, I will draw parallels between the use of technology in migrant transnational families and our own experiences during the pandemic. I will highlight the lessons learned from this unprecedented period in history and how these may make us consider our social and professional lives as SBFC professionals in a transformed manner.

INTRODUCTION

The COVID-19 pandemic was initially detected in Wuhan, China, in December 2019, and it quickly spread globally. Many countries imposed strict policies such as movement restrictions, self-isolation at home, and prohibiting large gatherings to curb its transmission. In South Africa, a rigorous lockdown was enforced on March 23, 2020, which included home isolation and limited public outings for essential needs. Non-essential businesses closed, and face-to-face learning in schools and universities was halted, leading to a shift to online classes.

The impact of lockdowns varied depending on each country's specific circumstances. In the case of South Africa, a country with significant socioeconomic disparities, the COVID-19 restrictions disproportionately affected those living in impoverished areas. Many families lost their breadwinners to COVID-19, resulting in hunger and financial stress for those already living in the poverty line. Unemployment rates surged, and individuals with chronic medical conditions faced challenges accessing healthcare due to transportation and social distancing restrictions. Additionally, cases of gender-based violence increased during the lockdown, and mental health problems soared due to illness, loss, loneliness, and isolation (Bonheim, 2023).

The educational landscape was also significantly affected, with schools and universities resorting to online platforms for teaching. However, this posed challenges for students from economically disadvantaged backgrounds, as access to technology and reliable internet was limited in many areas. As pointed out by Madianou (2020), "the opportunities afforded by communication technologies are asymmetrically distributed" (p.1). Therefore, the reliance on technology for distance learning activities impacted learners and students from poorer backgrounds. In the South African case, this digital divide means that many South Africans do not have access to reliable internet in their homes and cannot afford data as the costs are exorbitantly high. In the case of South African universities, students were provided with laptops and data so that they would not be excluded from educational activities.

Maintaining social ties, primarily through Information Communication Technologies (ICTs) during COVID-19, was a relatively new experience for most of us. Still, this form of social interaction was already quite prevalent amongst "transnational" migrant families. Long before the pandemic, many migrants regularly used technology-mediated communication to maintain connections with non-migrating family members despite geographical distance (Aguila, 2009; Baldassar et al., 2016; Lobburi, 2012). Baldassar, in her extensive work on transnational families and care practices, has argued that in today's globalised world, care and intimacy often transcend time and distance through technology (Baldassar, 2016). Transnational families, friends, and partners can maintain relationships through the virtual exchange of care, including financial, practical, and emotional support (Baldassar, 2007). Providing emotional support virtually involves engaging in emotional labour by scheduling phone calls, celebrating special occasions together virtually, and sharing photographs as examples (Baldassar, 2007; Di Leonardo, 1987). Although the use of technology during the COVID-19 lockdowns and as a result of migration have their peculiarities, they both involved making creative use of technology to maintain connections between loved ones despite physical separation

In this paper, I will briefly explore how transnational families traditionally use technology and the advantages and disadvantages associated with this type of virtual interpersonal communication. I will then show different ways technology was used during the COVID-19 pandemic, focusing on specific areas such as social relationships, therapeutic practices, and the educational and mental health impact on school learners and university students. The crucial role played by the digital divide, especially in underresourced communities will be highlighted to illustrate how the pandemic impacted people in different ways.

I will then highlight what I consider to be the relevant connections between the migrant experience and our social experiences during the pandemic and how we can apply the lessons we learned during this unprecedented period in history to our professional work.

Transnational families and ICTs

In the past 15 years, I have carried out extensive work on the impact of emigration on family life in the South African context. While studies on migration have highlighted different aspects of how leaving one's country profoundly impacts family life, one aspect has become particularly salient in the course of my research, namely how technology has become increasingly crucial to maintaining relationships despite geographical distance.

The concept of transnationalism was developed by Schiller, Basch and Blanc-Szanton (1992), who described a new type of migrating population that has at its disposal networks, activities, and ways of life that reflect both their host countries and their countries of origin. Their work heralded a transnational turn in migration studies that foregrounds the shared 'social field' of ongoing connections between home and host communities. A transnational perspective broadens the focus on those who emigrate and the whole family, including those left behind, acknowledging the "continuous relationship" these families maintain despite emigration (Bacigalupe & Cámara, 2012). The accessibility to international travel has eased physical separation and the development of new communication

technologies as opposed to old ways, such as writing letters and expensive telephone calls (Marchetti-Mercer, 2017).

ICTs have played a crucial role in this process. Already in 2006, Wilding commented, '[T]he use of ICTs is important for some transnational families in constructing or imagining a "connected relationship" and enabling them to overlook their physical separation by time and space – even if only temporarily' (p.132). Horst (2006) reiterated that the ability to hear a person's voice and to exchange communications in real-time is experienced as paramount by migrants and their families to maintain relationships.

Bacigalupe and Lambe (2011) argue that, "ICTs now link 'millions to share information and memories, exchange wealth and products, organising events, and much more. They are a splendid opportunity to maintain legacies, create new memories, and establish a coherent identity and continuity for family members" (p. 22).

Madianou and Miller (2013) speak of 'polymedia' environments, in which the ability to choose between different types of ICTs (see also Baldassar & Merla, 2014a) affords people a variety of experiences of different kinds of co-presence across distance. For example, access to an 'always on' device such as a smartphone can provide a sense of constant ambient co-presence with distant loved ones, even when no messages or calls are exchanged (Madianou, 2016).

Baldassar, Baldock and Wilding (2007) have examined how these interactions through technology allow for mutually supportive relationships despite distance. Merla, Kilkey and Baldassar (2020) also discuss how migrant children can use technology to continue relationships of care towards their elderly parents.

However, some authors have argued that human relationships still need some form of physical contact to be nurtured, and this need cannot be substituted totally by the use of technology (see, for example, Marchetti-Mercer, 2012, 2016, 2017; Mulder & Cooke, 2009). Relationships maintained mainly through

technology may create an "illusion of intimacy" (Marchetti-Mercer, 2016, 2017; Wilding, 2006) as they can never be a sufficient substitute for physical contact (Aguila, 2009). Several elderly participants in one of my previous studies lamented their inability to be part of their grandchildren's daily experiences (Marchetti-Mercer, 2017, Marchetti-Mercer& Swartz, 2020). This was particularly evident when communicating with young children who found it difficult to use technological means when connecting with their grandparents. There was also a sense that physical touch was essential in human relationships. Phrases such as "You cannot hug a computer" or "a computer has such sharp edges to hug" reflect the great sense of sadness experienced by those who are not able to connect with their loved ones physically (Marchetti-Mercer, 2012; 2017).

Another relevant issue needed to moderate some of the enthusiasm attached to the potential of ICTs to be the 'death of distance' (Baldassar, 2007b, p. 401) is that it can sometimes be limited by the very real inequalities of differential access. This refers to the digital divide, which describes the unequal access that exists in terms of technology and the internet, reflecting social and economic inequality.

The question we must then ask is, under what conditions is technology most likely to deliver an adequate sense of co-presence across distance? What are the intersectional factors, including the degree of internet access, digital tools, and level of digital literacy required? What is the impact of factors such as age and physical capacity, the migration and family life cycle stage, the density of support networks, gender, birth order, regional background, class, and ethnicity? Some degree of physical presence and interaction is always needed to meet our human need for interaction, as Marchetti-Mercer (2017) argues.

Baldassar (2016a, 2016b) argues that it is not helpful to set up virtual and physical co-presence in competition or even to attempt to assess whether virtual co-presence can approximate physical forms of being together. Instead, we should consider how co-presence forms in transnational family relations are co-constitutive and inter-relational (Baldassar, 2016a). This can be done by exploring

how physical forms of co-presence during visits and virtual forms of co-presence online together contribute to building family relationships across distance.

In recent research examining the experiences of African migrants who moved to South Africa to seek better economic opportunities, it was glaringly obvious how economic disparity played a crucial role in restricting people's ability to maintain contact with their families back home. In a situation of economic precariousness, money for smartphones or data is not a priority (Marchetti-Mercer, Swartz & Baldassar, 2023).

I will now reflect on the experiences during the COVID-19 lockdowns significantly as they impacted educational and therapeutic settings.

The use of ICTs during the COVID-19 pandemic

Maintaining social connections

During the COVID-19 pandemic, technology assisted in several interpersonal and social spheres, providing social support, reducing boredom and loneliness, and serving as a general buffer for many stressors (Brooks et al., 2020; Norbury et al., 2021; Shah et al., 2021).

Lockdown measures compelled individuals to seek alternative ways to sustain relationships, giving rise to the crucial role of technological platforms in upholding social connections amid the pandemic. Applications like WhatsApp and video calling play a vital role in preserving relationships. At the same time, textual communication, featuring emojis and gifs, served as a medium for conveying emotions and humour, fostering closeness in virtual interactions. This virtual co-presence often generated a sense of togetherness as individuals actively initiated interactions, expressing care and support despite physical separation (Bonheim, 2023).

However, these efforts were not without their challenges. While technology helped bridge interpersonal gaps caused by lockdowns, it often fell short of fully replicating the authenticity of in-person connections. The yearning for physical touch, body language, and shared experiences remained tangible, exposing the limitations of virtual interactions. Connectivity issues and intrusive video calls further presented challenges, potentially disrupting meaningful conversations (Bonheim, 2023).

The accessibility of virtual communication also brought about challenges in maintaining boundaries. People often struggled with message flooding and difficulty in prioritizing responses, resulting in overwhelming situations. The blurring of work-home boundaries became evident as remote work altered the delineation between personal and professional life. Testing physical space boundaries within family homes also led to interruptions during virtual communication (Bonheim, 2023).

Therapeutic work and teletherapy

Technology also influences how people conduct their professional activities. One of the most daunting aspects of this professional shift was the sudden implementation of such virtual practices with almost no preparation and planning in the highly stressful context of an unexpected pandemic, which created great anxiety and fear in most people's lives. Specifically, in the case of mental health professionals, this meant having to move their therapeutic work online.

While teletherapy was not new before the pandemic's beginning (Burgoyne & Cohn, 2020), many professionals had not used this form of psychotherapy. However, the strict lockdown restrictions meant that there was no choice if therapeutic relationships were to be continued (Burgoyne & Cohn, 2020). Several challenges were encountered during this transition, apart from the unfamiliarity with doing therapy online, such as the discomfort related to how that may impact the therapeutic process and relationships. Lack of collegial contact due to working from home was also widely experienced.

"....The use of technology had a profound impact on this [personal] connection and how its influence on the therapeutic dynamic fundamentally changed their therapy experience (Morgan et al., 2022, p. 7).

On a practical level, the total dependence on technology again raises questions about connectivity, internet availability, and the cost of data. These are very salient issues in South Africa and impacted many psychotherapy clients during this time.

Some of the participants of a study carried out by Morgan et al. (2022) experienced alienation while doing therapy online via a laptop. They reflected that they felt as if they were watching the therapeutic process from a third-person perspective. Some also highlighted the lack of depth of a two-dimensional image and relating to another human being through the lens of technology. All participants spoke about the powerful impact sharing the same physical space has on facilitating connections with their clients. This highlights the concept of embodiment in psychotherapy and using technology in general. For example, Garcia et al. (2022) note that there are compelling questions about whether online therapy can support the implicit nonverbal and embodied aspects of the therapeutic relationship. While online, the screen predominantly emphasizes the face, neglecting other body parts. As a result, people become less aware of their whole body and its posture, leading to misunderstandings of hand gestures and other movements(Garcia et al., 2022).

For clients who had attended psychotherapy before the lockdown, the researchers discovered that the transition to the online format did not significantly alter the therapeutic relationship. This stability can be credited to the therapeutic relationship that was previously formed during face-to-face sessions (Garcia et al., 2022).

Moreover, although it could be argued that online therapy eliminates the time spent commuting through traffic to see a therapist, rituals linked to the therapeutic process remain essential. These include the act of driving or travelling

to therapy, preparing for, and reflecting on the therapeutic session, as opposed to simply finding a space to use one's phone or laptop, "The relevance of having a transition process from everyday life settings to therapy sessions and back in order to prepare internally for the session and to assimilate the experience" (Garcia et al., 2022, p. 201).

Educational institutions

When lockdowns were implemented, all face-to-face activities at South schools and universities ceased (as was the case in most of the world), and all were forced to switch to emergency remote education (ERE) immediately. While it was initially thought that this would last only for a short period, this lasted well into 2021 and even to some extent in 2022. Remote education profoundly affected the academic activities of schools and universities(Jakoet-Salie & Malarobe, 2023). In South African universities, many students had to return to their families in the country's more rural areas where internet connection is often limited and unreliable. As already mentioned earlier, the costs associated with computers, smartphones, and data are often beyond the means of the large majority of Black South Africans. These circumstances made online learning highly challenging. Many universities supplied these students with data and laptops, but implementing this process took time and was not always seamless. This adverse experience was also evident in other African countries such as Ghana(Baidoo-Anu et al., 2023) and Nigeria (Azubuike et al., 2021)

Academics at universities, especially those engaged in training psychotherapists, counsellors, psychologists, and social workers faced a particular challenge. The professional training of these students shifted online, including most supervision activities. This transition was not a carefully planned curriculum or training change; instead, it was a sudden and abrupt change that significantly affected the core philosophy guiding our training methods.

Similar challenges were experienced in schools where online learning was implemented overnight. At the beginning of the pandemic in 2020, in an article published in the Lancet, Van Lancker and Parolin described this as "a social crisis

that will have long-lasting consequences for children in low-income families" (p. 244). These words highlighted the educational and psychological impact of removing children from the classroom and the larger learning community into the more isolated context of home learning. The stark disparity between public and private schools was highlighted as children from poorer communities were more deeply impacted by their living conditions. Those living in overcrowded homes or environments with little or no access to electricity or the internet found the move to online learning quite devastating. Psychosocial issues in communities and families were exacerbated during the pandemic as many people lost their jobs and access to disposable income also became reduced (Greyling, et al., 2021). The lack of ICT resources in many public schools and educators' lack of knowledge and skills to use ICT may also have impacted their ability to achieve the expected curriculum outcomes in the online space (Mukuna & Aloka, 2020).

What is also particularly relevant from a School-Based Family-Counseling perspective is that the move to online learning created much stress for families. Parents with young children working from home found themselves overseeing their children's learning activities while simultaneously having to manage their work tasks. Frequently, this additional strain fell on women, who had to balance their professional responsibilities, assume the primary role in household tasks, and become their children's primary educators and tutors. In the case of economically disadvantaged families, the move to remote learning was catastrophic for many children, not only educationally but also as the digital divide became even more glaring, and the educational gap between learners from low and high socioeconomic backgrounds was further highlighted. Additionally, the closing down of schools also impacted the physical well-being of children and adolescents from impoverished families and environments. In South Africa, millions of children rely on school feeding schemes, often providing their only proper daily meal. Consequently, food security for children from lower-income groups was also a severe repercussion of the school lockdowns.

These changes in educational environments had severe repercussions on the mental health of children and adolescents, which will be discussed below.

The impact of COVID-19 on child and adolescent mental health

As a result of the pandemic, the mental well-being of children and adolescents was negatively impacted, and this had implications for their caregivers, families, and communities. Sharma et al. (2021), in a UNICEF report examining systematic reviews and studies covering more than 130,000 children and adolescents across 22 countries, highlight several key areas regarding the mental health impact of the pandemic. First, Government-mandated lockdowns and school closures in response to the pandemic significantly disrupted the daily lives of children and adolescents. This led to increased time spent at home, limited freedom of movement, a shift to online learning, and reduced or no physical interaction with peers. Although this isolation offered the potential for stronger family connections, it also posed risks of losing peer support, community networks, and access to education and social interactions. In the case of poorer communities, children and, more often than not, female children may have ended up taking on more household chores, further limiting their ability to study(Cheshmehzangi et al., 2022a; 2022b). Gender-based violence also increased during this period, making women and girl-children more vulnerable (Ndlovu et al., 2022). The overall trauma experienced by the loss of parents, family members, friends and other significant people may also have impacted children and their families (October et al., 2022)

According to Sharma et al. (2021), there were elevated levels of depression, fear, anxiety, anger, irritability, negativity, and conduct disorders, as well as increased alcohol and substance use and sedentary behaviours compared to the period before the pandemic. Specifically, children and adolescents with pre-existing conditions were affected by the changes brought about by the pandemic, as highlighted in Drane et al. (2020). Individuals with neurodevelopmental conditions, such as ADHD and autism spectrum disorder, as well as those with health conditions like HIV, diabetes, and cancer, exhibited heightened concerns regarding the risks of COVID-19. Additionally, children in low- and middle-income countries (LMICs) such as South Africa or conflict-affected settings encountered challenges linked to widespread poverty, displacement, and gender inequalities. These difficulties contributed to increased levels of depression and

challenges in adapting to online education during the pandemic. Furthermore, disruptions in mental health services and other forms of support for children with pre-existing conditions occurred during COVID-19, resulting in severe consequences for those with pre-existing mental health conditions. Consequently, children and adolescents who had previously experienced adverse childhood experiences and maltreatment, such as abuse, neglect, and family dysfunction, were at an increased risk of stress and anxiety symptoms during the pandemic.

On a positive note, spending more time at home with families and utilising technology to connect with people outside the home were identified as factors that improved social connectedness and provided protection against anxiety. However, as pointed out earlier, this was only the case for those with access to the necessary devices. This contributed to the overall well-being of children and adolescents during the pandemic, and as mentioned earlier, some positive perceptions were noted regarding increased time spent with family.

Discussion

The potential of ICTs to overcome distance and deliver solid and supportive interactional networks needs to be interpreted and analyzed against the context of the issues discussed above.

Suppose one views migration as a physical separation where migrants are disconnected geographically and physically from their families and significant others. In that case, it becomes evident that the COVID-19 lockdowns created a similar "migrant experience" for most people. Migration also potentially causes the rupture of many vital relationships, such as the family and other social and professional bonds. The pandemic had a profound impact on most people, both personally and professionally. In the context of academia and professional therapeutic training, it was not easy to continue with professional activities.

Moreover, we all experienced our own personal struggles during this time related to the fears linked to the Coronavirus, anxiety about possible infection, and even the possibility of death. Many people have stories of fear and personal losses

during this time. As the pandemic progressed into 2021, social and interpersonal contexts became more fractured, and vaccine debates became prominent in our individual and social spaces. Most universities have implemented mandatory vaccinations before allowing students and staff to return to campus. Therapists grappled with dilemmas regarding whether to conduct face-to-face sessions with clients depending on their vaccination status. Moving back into one's different professional roles was challenging and often felt like a "migration" after months of isolation, returning to the "normal" world, which no longer existed. As schools and universities returned to face-to-face activities, the academic and social impact of the pandemic on young people soon became evident. This is particularly relevant to consider in the context of School-Based Family Counseling as it has impacted our professional experiences and those of our clients and their families.

Initially, academics and students hesitated and were reluctant when contemplating an initial return to campus. Some individuals favoured sticking to the digital technology they had already mastered to continue their teaching and learning processes. The benefits of digital tools for flexible learning have become ingrained in students. In university settings, students have adjusted their schedules, with some opting for more remote residences or engaging in employment opportunities that do not align well with traditional face-to-face lectures (Kerres & Buchner, 2022).

From a psychosocial perspective, the impact on children and adolescents was even more pervasive as many social and interpersonal skills developed in a school context, such as interacting with peers and teachers, were seriously impacted. The over-reliance on technology and excessive exposure to screen time are likely to have exacerbated this. In the final analysis, the global impact of COVID-19 on learner and student learning has been significant and probably further widened the disparity in educational outcomes between the more and less privileged youth (Middleton, 2020; Soudien et al., 2022; Tang, 2022)

As in the case of migrants, our interpersonal lives are now characterized by several connections and disconnections. In this new post-COVID reality, we must acknowledge the critical role that technology can play in maintaining interpersonal

connections and supporting educational and psychotherapeutic practices. After all, what would we have done without WhatsApp, Zoom, and Facebook (and, very notably, Netflix!) during the pandemic? Had COVID-19 occurred thirty years earlier, the social and psychological impact of the pandemic would have been even more devastating. However, we must ask whether the "death of distance" described by Baldassar (2007) in the context of transnational families genuinely occurred during the pandemic. I would argue that it is crucial to exercise caution and avoid viewing technology as a miraculous remedy for addressing distance physical separation. Firstly, concerns about distance are less significant for individuals deemed "normal." In contrast, distance presents a tangible and practical challenge for those residing in bodies requiring more immediate physical care and assistance (Swartz & Marchetti-Mercer, 2019). Consequently, the use of technology holds potential challenges for people with disabilities, young children, and older adults. These individuals may have struggled to use technology to maintain contact with their loved ones during the lockdowns.

In the aftermath of the pandemic, we must recognise the importance of physical presence when it comes to social and professional relationships, educational practices, and therapeutic work. While technology may have allowed most of us relatively easy communication with people not living with us during the pandemic, it did not address our inherent need for local embodied relationships, nor did it contribute to the maintenance and development of local deep bonds, with all the complexity that close relationships imply. The mundane, comforting interactions that are part and parcel of our close relationships, such as having a cup of coffee with a friend, hugging a child, and having tea with colleagues, were missing throughout an extended part of the pandemic. These experiences were often exacerbated for those who contracted the virus and were quarantined or even hospitalised and unable to see their loved ones. There are many heartbreaking stories of people who died of COVID-19 in hospitals and could only say goodbye to their families over a mobile phone.

"Distance" also means different things to different people depending on their socioeconomic status. In a recent book by Marchetti-Mercer, Swartz, and

Baldassar (2023) on African migrants and their use of technology, it was evident that distance is often defined by resources rather than by actual geographical miles or kilometres (Rafaely et al., 2023). For millions of people in South Africa and other parts of the world, their lack of economic privilege prevented them from using the technological tools that most of us relied upon during the pandemic. One can argue that the digital divide was very evident during the pandemic and specifically affected areas of functioning such as social relations(Long et al.,2021) and education (Abduu-Anu et al., 2023; Golden et al., 2023; Mathrani et al.; Tang, 2022 and mental health (Saladino et al., 2020) and this was even more of the case during the pandemic. While the term " we are all on the same ship" was widely used at the beginning of the pandemic, it soon became evident that was not the case when looking at vulnerable groups and communities (Cheshmehzangi et al., 2022a; 2022b). In fact, social and educational exclusions were amplified during the pandemic.

However, we must also acknowledge that the pandemic had some positive consequences for mental health professionals and, in our case, for School-Based Family Counseling practitioners. One cannot deny that the importance of mental health has been brought to the foreground unprecedentedly. The UNICEF report mentioned earlier points out, "The COVID-19 crisis has underscored the depth of the global mental health crisis, including among children and adolescents." (Sharma et al., 2021, p. 8). This may be an unprecedented opportunity for SBFC practitioners who already have an in-depth understanding of the different contexts that impact a child's functioning, such as school, families, and the community, as well as how important it is to consider these when working with children (Gerrard, 1996). In the aftermath of the pandemic, the distinctive dynamics of various interpersonal contexts interacting with and influencing each other have been underscored. The significance of social interaction and connection has been brought to the forefront. The discussion on mental health now emphasizes the diverse needs of families and the crucial relationship between schools and families that require protection and support.

Ultimately, the era shaped by COVID-19 draws attention to the importance of ensuring that school-going children and adolescents have access to digital technology for learning, communication, and personal development. Moreover, digital technologies have become effective and hopeful means for providing mental health and psychosocial support services. Hence, it is crucial to devise innovative, evaluated, and ethical strategies and interventions that can be expanded to provide mental health support to a broader population, including children, adolescents, and their parents and caregivers (Sharma et al., 2021).

It is essential to consider that while the digital divide is a global phenomenon, it has different meanings depending on the geographical and cultural context (Cheshmehzangi et al., 2022a; 2022b). As we are still witnessing the socio-psychological aftermath of the pandemic in many of our diverse educational and therapeutic domains, we need to consider the specificities of our contexts. In some instances, skill training in both educators as well as learners and students is essential as well as enhancing the distribution of digital services, especially in unresourced communities.

In some instances, we are still witnessing the consequences of the pandemic on areas such as social relations, mental health practices and education. Many people have changed their working styles, and remote work has become more prominent in many professions, with companies allowing more flexible working models. Hybrid forms of educational practices have been developed and incorporated in schools and universities; many mental health professionals have chosen to continue offering teletherapy as an alternative practice.

As SBFC practitioners, we have an essential role to play at this time as we renegotiate our work. The pandemic has shown us that we can be much more flexible in our professional practice than we had ever considered before. We learned that distance could be navigated through technology, which has impacted the nature of our long-term therapeutic work. The importance of families, schools, and communities, which are at the core of our work, was further highlighted during the lockdowns. Hopefully, this will underscore the relevance of the theoretical lens used by School-Based Family Counseling in the context of the mental health field.

At the commencement of the 20th Oxford Symposium for School-based Family Counseling, it was hoped that the participants' deliberations would contribute to the ongoing process in this field.

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World-Caring Attitudes and Practices for Green Transition and Children's Wellbeing in Daycare in Times of Climate Crisis

Anne Maj Nielsen, Ph.D.

Ditte A. Winther-Lindqvist, Ph.D.

Dorte Kousholt, Ph.D.

Marie Kolmos, Ph.D.

Dept. Educational Psychology, Danish School of Education, Aarhus University

ABSTRACT

Climate change impacts all forms of life in our world, and we are rapidly approaching the narrowing window of opportunity to enable climate resilient development (IPCC, 2022). The challenge in education is twofold: to disrupt unsustainable routines, habits, values and lifestyles that the former and current generations have largely maintained; and to nurture World-Care in children, parents, and professionals, without becoming overwhelmed by the damage caused by unsustainable lifestyles. The challenge for current educators is to be believable and trustworthy role models to children and thus embody more hopeful ways of responding than eco-anxiety and despair (Kelsey, 2014). The project "Green Transition and World-Care" is a study of potentials for developing hopeful and caring green transition pedagogies in early years' education and care facilities. This paper introduces this project, as well as concepts relating to World-Care, research methods with professionals, children and parents, and preliminary results.

In line with school-based family counseling interventions, this project focuses on prevention of climate anxiety and promote sustainable and world-care practices in Danish Early Childhood Education and Care (ECEC). It involves professionals, school staff, children and parents.

INTRODUCTION

Climate Crisis and Our Mutual World

The global climate situation is out of balance, and the UN International Panel for Climate Change (IPCC 2022, 2023) calls for necessary major changes to humans' and societies' ways of living, economy, production, and orientation towards the more-than-human world. For years, research has called for green transition and more sustainable ways of living, producing and consuming (Brundtland, 1987). But only within the last decade has it become a concern in education, and only in recent years it is part of the curriculum of Danish Early Childhood Education and Care (ECEC). Increased awareness of the unsustainable current state of affairs comes with a potential high price of anxiety and hopelessness (Wals, 2017). Avoiding anxiety and hopelessness is a difficult task for educators who are eager to help children and contribute to solving their problems (Macias & Ribera, 2020). When faced with the problems of climate change and loss of bio-diversity, many adults – parents and educators alike – shut their eyes and avoid the issue rather than engage with it (Scoffham & Rawlinson, 2022).

Adults of the former and current generations in the Global North have largely maintained and further developed what has proven to be unsustainable routines and habits. Values such as participating in the wealthy lifestyles associated with Western societies provide opportunities for vast consumption. This consumption involves such concerns as advanced technology and use of data, extensive travel by airplane and private cars, fashion clothing, and a food culture involving high amounts of meat and animal products. This lifestyle has become a new normal for many in the western middle class, dominating the formation of cultural values: what is expected of life, what is regarded a good life, and what to dream for as a young person and as a family. This lifestyle has an inbuilt, careless and exploitative attitude to what we term 'nature', including the more-than-human world: other forms of life, other species and their habitat (Plumwood, 1993). As recent decades have shown, and as the green movement has tried to put forth, this carelessness

with regards to 'nature' is consequently also a carelessness to all forms of life, including human life and livelihood. The present attitude in the Global North is diagnosed as a systemic level of banality permeating "our everyday carelessness" (The Care Collective, 2020, p. 5), and a devastating consequence of neoliberalism for the present global situation.

From the point of view of psychology, major changes toward a green transition relate to people's learning and development of values, habits, beliefs, concerns and practices in and towards the environment and the more-than-human world (Alving & Rasmussen, 2020; Bozhovitz, 2009; The Care Collective, 2020; Wals, 2017). Upbringing and education, therefore, play a central role in changing and adapting to new living conditions in the coming generation. Then, in developmental psychology, it's important to understand the beginning of sustainable attitude formation during the early years and determine the basis for acquiring sustainable values, habits, and concerns in the future generation.

We, therefore, need to investigate the potential for significant changes in early childhood education, considering a broader concept of care and taking a critical approach to the development of human needs. A broader conception of care includes the human and more-than-human world, and engages the research works of care-feminist philosopher Joan Tronto (1993) and care-ethics by Knud Løgstrup (1956). Engaging a critical discussion about the formation of human needs, we use cultural historical and socio-cultural theorizing, closely aligned with the life-philosophy of care-ethics (Løgstrup, 1993; Vygotsky, 1998).

Learning from Care

There has been a strong emphasis on learning in ECEC, and this is certainly true in the Danish context. But it has also been a broader trend in educational programs in the Western world in recent years (Löfdahl & Folke-Fichtelius, 2015). In curricula around sustainability, this focus on learning translates into a programme of learning about 'our environment'; however, learning about the environment, nature and our own effects on it is not sufficient to make more sustainable choices

and lifestyles (Wals, 2017). Learning about nature as our external environment, something detached from the human realm, lays the ground for further exploitation of resources of our mutual world, and, in the neoliberal systems of economy and individualization, carelessness permeates our cultures, habits, and attitudes (The Care Collective, 2020). We therefore, need a world-caring ethics and pedagogy that can foster new narratives, values, practices, and habits reflecting our inter-dependency with the environment so that learning can happen on a basis of caring.

A world-caring ethics contests the strong values and interests of the neoliberal Global North. Care ethics argue that care is so much more than dyadic love between parent and infant (Tronto, 2017). The vocabulary of care we suggest in this project is based on the definition proposed by Fisher and Tronto (1990, p.40): "Caring includes everything that we do to maintain, continue and repair our 'world', so that we can live in it as well as possible. That world includes our bodies, selves, and environment, all of which we seek to interweave in a complex life-sustaining web".

A World-Caring Pedagogy

In early life throughout the entire life-course, we all need, give, and receive care (Bowlby, 1994, 1998; Tronto, 1993). It is an ethical demand to care for the wellbeing and development of the other, and care is simultaneously cooperative and dialogical (Løgstrup, 1956). Caring well must be based on an attentive attitude to and understanding of the potentialities for the other to live as well as possible.

Care is essential as a condition for development, well-being, and learning in early life. Our traditional understanding of care in psychology often focuses on care for human beings only, and primarily as something infants receive from their parents (mainly the mother). This is essentially an anthropocentric stance that values the autonomous, independent adult agent, disguising our co-dependence on each other and on our natural resources (Plumwood, 1993). What is essential if we want to maintain, continue, and repair our world is that we not only care for the other, but also for our mutual world. We therefore align with a more collectivist and feminist idea of 'care' that acknowledges our interdependency with other forms of life and

our shared habitat, hoping that new understandings, values, and educational practices will develop from that.

The world-caring pedagogy is based on a life-philosophical and cultural psychological ontology, implying human needs as biologically based and socio-culturally produced in human communities (Løgstrup, 1993, Vygotsky, 1998). From this approach, human needs are not regarded merely as inbuilt biological dispositions destined to unfold in particularly individual ways; rather, they are also seen as socio-culturally produced in societal and cultural niches, reflecting changing norms and ideals. Those ideals become internalized and psychologically active as motives (Bozhovitz, 2009), and experienced as personal and individual (Vygotsky, 1998). For new understandings of human needs and for educational practices to develop in a more sustainable direction, we need new mental tools, and our project offers such tools in a World-Care vocabulary.

To propel our shared understanding of the complexities of care, we specify four different and related domains of care:

- **We-Care** is the first and primary caring domain; it is care as we become affected by the needs, emotions, and actions of each other, and care for our being and belonging in a community.
- **Self-Care** is the domain of upholding one's livelihood as participant in our world.
- **Other-Care** is the domain caring for other humans, including strangers and the unborn.
- **World-Care** is the domain of caring for the external world of living beings and natural phenomena, defined as a global caring attitude towards the more-than-human.

The differentiation is useful to analyse and understand potentials for care, and experiences of dilemmas and conflicts, and how to potentially deal with them in more world-caring ways. Each caring domain centres on caring for something special: for 'us' (We-Care), for 'myself' (Self-Care), for 'someone' (Other-Care), and for the more-than-human (World-Care). The four domains of care may overlap,

in which case "We-Care, Self-Care, Other-Care and World-Care" – or combinations thereof - are fulfilled in the same activity and context. However, two or more domains of care may conflict with each other, and the attempts to care well may then be experienced as difficult, challenging, and conflictual. Figure 1 below illustrates how the domains may overlap (centre) while each domain may also be singled out compared to the others, or only partly overlap one or two of the other domains.
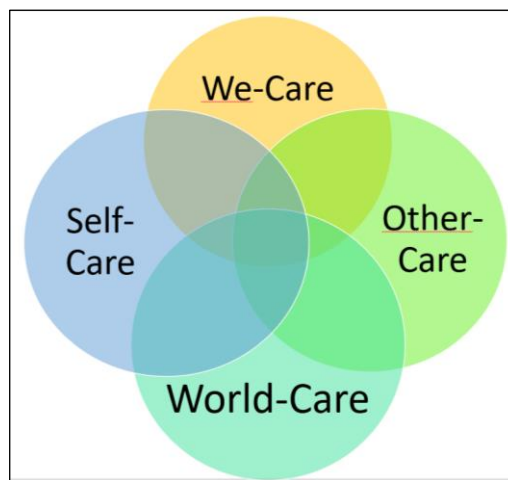

Fig. 1. The model of the four domains of care

The visual model is inspired by a similar dialectical model developed by Norwegian colleagues on the topic of sustainability featuring four dimensions that similarly contradict or overlap with each other (Grindheim et al., 2019). Each caring domain stands at the forefront when focus is on the central aim of that particular domain. The dynamic and potential interplay between caring domains consequently leads to reflection on conflict between, and exclusion and inclusion of, one or more domains in concrete actions of everyday life, and with regards to central routines and activities of practice in ECEC. The World-Care vocabulary is a contribution to a more detailed and nuanced language of care; this vocabulary and the interconnections among the caring domains is further developed and specified in the analysis of empirical findings.

Aspects of Caring Well

There are different aspects to consider to care well within the four domains (see Table 1). One aspect is about responsivity to the current well-being of us, of oneself, of somebody else, and of the more-than-human in the here-and-now situation (Winther-Lindqvist, 2020). This aspect of Responsive Care is essential to care for the needs of the present. In a developmental perspective, however, it is essential for good care with active moral imagination to support development and care for future needs: the aspect of Proactive Care with Moral Imagination (Winther-Lindqvist, 2020). Every subject responds embodied and affectively to the needs and articulations of us/we, self/me, somebody/you, and the more-than-human/it. The aspect of Embodied Responsivity conceptualizes caring, and careless affective and pre-reflective immediate situated response (Nielsen & Petersen, 2021). This subjectively experienced embodied and affective aspect is a cornerstone for relational responsivity, and the pre-reflective responsivity can be qualified and developed to a deliberate intentional caring orientation and response in a caring community of practice, thus contributing to a heightened Relational Awareness (Nielsen, 2021b; Nielsen & Petersen, 2021).

Caring communities of practice in ECEC are conditioned by the civilizing aims of maintaining a certain 'order', which support and yet limit the experiences of personal freedom, development, and responsibility of particular participants (Gulløv, 2017; Hansen et al., 2020). Such experiences relate to the aspect Civilizing Ambiguity and may unfold as uncertainty in defining good care and prioritizing attempts to care well for we, self, somebody, and/or the more-than-human (Kolmos, 2019). At the practice level, the professionals as well as parents and children in daycare collaborate around common matters of concern to them from different positions and perspectives. What to care for, who to care for, how and when are therefore contested issues, and potentially conflictual due to the differing perspectives on the common matter (Kousholt, 2019).

Table 1. Aspects of care as they potentially intersect with each caring domain

Domains of care: **Aspects of care:**	We-Care	Self-Care	Other-Care	World-Care
Responsive Care: *Caring for wellbeing in the present*	Our need to care for now	Situated care for own livelihood	Care for the imagined needs of the other now	Care for the maintaining of the more-than-human now
Proactive Care, moral imagination: *Caring for development,* future opportunities for living as well as possible	Our future opportunities to imagine and care for	Care for imagined own future livelihood	Care for imagined future opportunities of the other	Care for imagined future livelihood of more-than-human
Embodied Responsivity: *Immediate situated affectivity response, caring or careless*	Intersubjective affective and situated response-with care/care-lessness	Affective experience of oneself, and care/careless	Affective experience of the other, and care/careless	Affectivity responses to the more-than-human
Relational Awareness: *Deliberate intentional caring orientation & response*	Our deliberate intentional caring orientation & response	Deliberate intentional orientation → care for self	Deliberate intentional orientation → care for other	Deliberate intentional care for the more-than-human
Civilizing Ambiguity: *Institutional practices to discipline and civilize*	Balancing our personal needs vs. community limits/norms	Balancing my personal needs vs. community limits/norms	Balancing needs of the other vs. community limits/norms	Balancing care for the more-than-human vs. community limits/norms

Dilemmas / conflictual practices: *People in shared societal life deal with common matters (i.e., education, family) from different positions and perspectives.*	Conflictual practices (CP) between domains & our present/future needs/life & death	CP between domains & present/future needs of self/nature = life & death	CP between domains & present/future needs of the other/nature = life & death	CP between domains & present/future needs of the more-than-human /nature = life & death

Method

Research questions and methods

The World-Care study of potentials for developing hopeful and caring green transition pedagogies in ECEC facilities covers the following three research questions:

1. What narratives of nature and the natural environment, sustainability, and green transition are 2-5-year-old children introduced to in everyday life of ECEC from professionals, parents, and cultural products?
2. What professional resources are needed to provide for better world-care in ECEC?
3. How to encourage and foster a caring attitude towards the non-human world, including biodiversity and sustainability without overburdening young children with ecoanxiety and powerlessness?

To answer questions 1 and 2, our chosen methods encompass ethnographic fieldwork (in two of 11 involved facilities), individual interviews with selected members of staff in facilities, and research circles (RC) with the daycare facility managers and one or two staff members from each facility and two researchers. In RC, participants together explore and share ideas and reflections about the topic (Holmstrand & Härnsten, 1995, Holmstrand, 1997). In seven RC with facility staff, we encounter some of the narratives of nature and the natural environment, sustainability, and green transition that professionals are occupied with and want to introduce to children in everyday life at home and in ECEC (part of question 1), and the staff members' ideas of resources needed to provide for better World-Care in ECEC (question 2). Parents in the facility boards participate in RC-work with two researchers to explore narratives of nature and green transition that children encounter at home. The RC method differs from a focus-group interview as the RC includes sharing of knowledge by all participants, not only practitioners sharing their knowledge with researchers. The RC includes descriptions of ECEC practices by practitioners (i.e. 'how did we work with sustainability issues since the last RC'), their mutual sharing of ideas and inspirations, introduction of research knowledge about the theme of the day by one of the researchers, reflections among practitioners about how the presented research can contribute to their practice, and planning of their dissemination of RC insights in their facilities as well as plans for their documentation of practices to give the researchers before the next RC.

Question 3 necessitates knowledge about the children's present ideas about our world as the basis from where a potential caring attitude towards the non-human world is growing; to facilitate this knowledge, we asked the following question: how do children in Danish ECEC experience 'their/our world'? The focus on caring attitudes and hope are pivotal in a developmental psychology perspective for mental health and potential agency of children growing up in the era of climate crisis. For example, in Australia, where drought, wildfires and flooding have impacted the population for the last ten years, even very young children are anxious about climate and the future (Sommerville & Green, 2015, p. 1):

This blue circle is my world. The green part is Australia where I live. The anchors are holding onto the world because there is rubbish on Australia. The world is supposed to move slowly but it is moving really fast to get rid of all the rubbish so the anchors have to hold it in place and only the rubbish will fly off. (Clayton Cole, 4 yr., Kurri Kurri Preschool).

To study how children, experience their world, we conducted visual and object-elicited interviews with 33 4-5-year-old children in groups of three or four peers (April 2023). Visual interviews, in which children are invited to draw and narrate a topic, were chosen because young children may know more than they can articulate in language; in sensory articulations, they can reveal more of their experienced knowledge and understanding than in spoken words (Gallagher, 2012; Nielsen, 2013, 2014). In a drawing, children specify what they tell about, have experienced, become aware of, and understand, and thus drawing interviews specify children's articulations of their experienced worlds and everyday lives.

As facility staff members' ideas and attitudes to 'nature' may influence the narratives children encounter in ECEC (question 1), we conducted a survey with staff members at the beginning and will do so again at the end of the project. We apply this variety of methods to answer the research questions based on nuanced knowledge about practices in daycare and attitudes of participants (children, management, staff, and parents) (see Table 2).

Table 2. Overview of research methods and timeline in project World-Care.

Research methods with professionals, children and parents	2023	2024	2025
Visual interviews with children	Pre	Post	Analyse and write final articles and book
Survey: Attitudes to 'nature' (all staff and leaders / 11 facilities in project in a suburban Danish community)	Pre	Post	

Research circles in area H (5 facilities)/K (6 facilities): Can we (and if yes, how do we) practice and nurture World-Care? Two researchers, leaders & 1-2 staff from facilities in area.	3	3	
Learning circles with all staff in each facility → prioritizing world-caring practices and documentation of practices	3	3 + Praxis conference	Final re-search confe-rence
Ethnographic field study: World-Care in practice at two facilities.	4 months		
Research circles and interviews with parents (values & habits/environmental issues)	1	3	

Analysis

At the present stage of the project, we have preliminary analysis of parts of the qualitative material comprising written descriptions and RC's minutes, descriptions and photo-documentation by staff-members of ECEC practices, and descriptions and photos from visual and object-elicited interviews with children. We apply a phenomenology-based descriptive, thematic and theory-informed analysis (Braun & Clarke, 2006; Giorgi, 2009; Nielsen, 2018; Winther-Lindqvist, 2018). The analytical process resembles a dance back and forth between five procedural steps: firstly, we describe the general impression; secondly, we describe in more detail selected situations and include citations; thirdly, we closely examine selected situations and the various sensory and associative aspects of them; fourthly, we compare descriptions and identify themes across material; and fifthly, we reflect on and discuss how themes may be conceptualized related to other research-based knowledge and theory (Nielsen, 2018, 2021a). As the project is still ongoing, the analytical procedures are only in their beginning phase, and we have not yet conceptualized the essential structures of the thematized phenomena at a generalized theory level.

Results

Preliminary Results

Research Circles in spring, 2023:

The participants in RC as well as the other staff in the involved daycare facilities are eager to share mutual inspiration to care for nature in the facilities, such as involving children in making flower beds/building insect hotels in the playgrounds, planting peas, studying transformation of caterpillars to butterflies, studying birds, and engaging children in encountering other forms of life. The staff appeared to organize and narrate the sensory available and close environment and its 'natural phenomena' as vulnerable small species for which children and staff can care. Staff also involve children in waste sorting narrated as practices to care for our mutual world, in which things ought to be in the right place to avoid pollution. The staff members articulated frustrations including: lack of support for local green transition initiatives at the community level; scarcity in professional resources that makes it difficult or impossible to reach their ambitions for care in the four domains; high workload in facilities that makes it very difficult to balance self-care and other-care, and high workload and scarce resources that restrict staff with necessary responsive care and limit the opportunities for proactive care. Furthermore, participants in RC shared reflections about the above-mentioned frustrations in relation to World-Care. For example, the price for activities with small animals in the facilities may be difficult as caring for the diverse species and their needs may contrast with the needs and understanding of very young children. Participants in RC engage in analyses of their everyday practices, and they appear to apply the vocabulary of four different caring domains to conceptualize and understand some of the experienced challenges and potentials.

Visual and Object-Elicited Interviews in spring, 2023

The children participated in groups of three or four peers and were offered good drawing implements. These implements afforded drawing activities, and the participants enjoyed drawing and inspired each other. During the interview, as an

inviting and open conversation about the experiences and ideas of the participants, the drawings served as emerging objects of reference to ask further questions, and simultaneously the drawings iterated and specified the children's ideas (See photo 1 for an example).
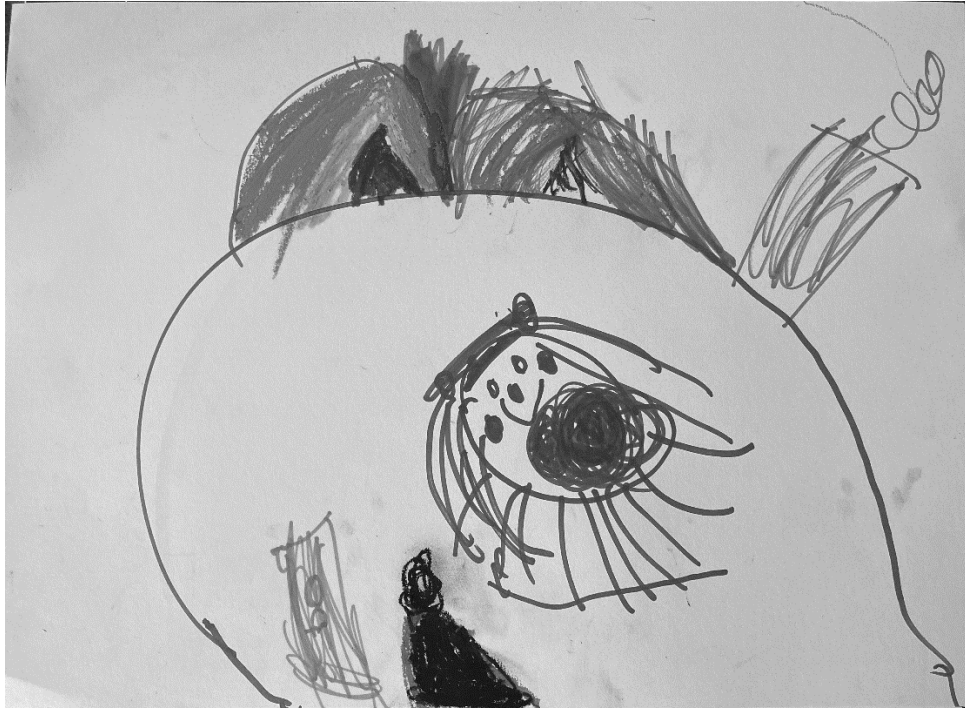

Photo 1: Drawing during interview - A ladybird transformed into a black triangle (at bottom) in the house of the drawing girl and her little sister.

The children were asked to draw and narrate how they experienced their everyday lives, what they liked to play, what weather they liked, which animals and plants they knew, what the animals they knew about would like to eat, and what they liked to eat themselves. Overall, the 33 Danish children in groups found that "sunny weather is best, rain can also be fun - thunder and storm is a bit scary. There are no dangerous animals in Denmark (except perhaps the killing slugs?). We, humans, must care for the small animals!" There were no direct signs of ecoanxiety found in either the drawings or narratives of the children who participated in spring 2023.

After the drawing interview lasting about 30 minutes, each group was invited to participate in an object-elicited interview. They were presented with objects representing things and living beings available in their everyday lives, such as

plants, houses, domesticated animals, wild animals, and insects. The object-elicited interview was chosen as a method to elicit how cultural artefacts – representing something afforded children's actions, associations, ideas, and imagination – articulated and performed in their actions with the objects (Gibson, 1986; Vygotsky, 2004). With this method, we could observe which worldviews, attitudes, and values children performed with the provided objects.

In our introduction to children in the groups, we presented a green and a grey/pink blanket with the following: "*Here are some objects. Which ones are made by nature and which ones are made by humans? Place the objects made by nature on the green blanket, and the objects made by humans on the other*". This prompting led to group activities in which it was clear how the categorization of nature/human-made was easy for 5-year-olds, while 4-year-olds negotiated many opportunities. Considerations included: is a plastic-tree or plastic-animal made by nature or humans? What belongs together in our world – such as tree-house-garden, and humans doing horse riding? What is fair? (see photo 2 for an example).

Photo 2: Objects arranged by children placing plants and many animals tother in 'nature', and the house, car, and people together with the horse to ride, and after some discussion the apple made of plastic – in 'what is made by us humans'.

The object-elicited interviews made apparent that the children understand 'nature' and caring for natural phenomena in line with the practices and narratives in ECEC, also involving cultural products for children such as picture books.

Summing up

The present and global climate crisis calls for a caring ethics, like the necessary solidarity and care demonstrated by School-based Family Counseling practitioners and researchers during natural disasters and the Covid pandemic and related social and personal critical experiences (Adegoke et al., 2022; Le Brocque et al., 2022, Korzeniowski, 2022; Laundy et al., 2022). In addition, the climate crisis calls for world-caring attitudes and practices for hope and green transition agency in future generations. Ethical practices for caring well for children in early years and involving them in ethical caring for our mutual world is pivotal for the development of hopeful caring agency in future generations. However, educational settings like ECEC facilities and parents, as well as researchers, struggle to find new ways of conceiving of our common world and our human place in it. In order to provide for better care, and in order to protect children from eco-anxiety and hopelessness, we study how the ideas of care suggested in the World-Care project work as mental tools for adults, and may contribute new narratives and practices to believe in and work towards. The World-Care project entails research in collaboration with practice with the aim of developing caring green transition pedagogies. The project contributes to two dimensions:

- ➢ Philosophical and theoretical understanding of care in our ontological interconnectedness with all forms of life and our natural world.
- ➢ Collaborative practice-based knowledge and understanding of care, World-Care, sustainability and green transition that work in everyday practices.

Also, the World-Care project makes two main contributions:

- ➢ It supports the transition to a greener world and world-care values by providing initial educational steps that can be further developed through formal learning in primary school and beyond.

> ➢ It contributes to School-based family counseling by introducing a renewed vocabulary of care, to understand and support World-Care in ECEC and school, with the goal of preventing eco-anxiety in children, teachers, and parents. It also aims to facilitate the green transition through caring interventions that encompass World-Care in both home and educational settings. When the project ends in 2025, recommendations for educators about how to practice World-Care, foster connectedness and hope, and promote healthy habits will be part of the results.

Ethical considerations

Our research complies with the protective rules of GDPR and more situational ethics negotiated together with participants, both adults and children, throughout the empirical investigation.

Thank you

We are grateful for the co-operation with day-care centres, management, staff, and parents as well as Fredensborg Municipality, also a partner of the UNESCO CHAIR of Danish School of Education.

Funded

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"It Only Takes a Phone Call": One family's narrative of a youth lost to suicide and suggestions for system transformation.

Morgan Ocheltree - Maddi's mother.

Bailey Ocheltree - Maddi's older sister

Scarlett Ocheltree - Maddi's younger sister

Reece Perez - Maddi's aunt

Sherry Squibbs - LMFT, MA in Counseling Psychology, Maddi's great-aunt

ABSTRACT

This paper provides an overview of current literature regarding the public health crisis of youth suicide in the United States. According to the Center for Disease Control, suicide is currently the second leading cause of death in the U.S. among youth aged 10-19 years. Because suicidal behavior among children and adolescents is complex and rarely caused by a single factor, it necessitates a comprehensive and multi-system response. This paper provides a narrative of one family's lived experience of youth lost to suicide and illuminates the importance of collaboration between a child's interpersonal networks, including the child's family, peer group, school personnel, and community resources, to effectively address suicidal behavior. This paper will cover contributing factors to suicide, barriers to help-seeking behavior, and provide suggestions for prevention, intervention, and postvention as viewed through the lens of the School-based Family Counseling meta-model.

Introduction

An Overview of Youth Suicide in the United States

The tragedy of youth suicide is a national public health crisis in the United States. Suicide is currently the second leading cause of death for children and early adolescents 10-14 years of age and adolescents and young adults 15-24 years of age in the U.S. (Centers for Disease Control, 2023). Since 2007, the rate of suicide

in the 10-14 age group has nearly doubled, increasing from 6.8 per 100,000 in 2007, up to 11.0 in 2021 (Curtin & Garnett, National Center for Health Statistics, 2023). In 2021, 22% of U.S. students seriously considered attempting suicide, 18% made a plan and 10% made an attempt, with 3% of those making an attempt that resulted in injury requiring medical care (Youth Risk Survey, Data Summary and Trends Report, 2021). Female students were statistically more likely than male students to consider attempting suicide, to formulate a plan and to make a suicidal attempt. Male students, however, were more likely to die by suicide. LGBQ+ students were more likely than their peers to seriously consider attempting suicide.

Statistics are useful for determining the scope of the problem, where and how resource allocation needs to occur, and for the identification of best practices for preventing and intervening in youth suicide. However, it is important to remember that for every suicide statistic, there is a personal story behind it. This paper will illustrate contributing factors to suicidal behavior and barriers to help-seeking behavior and offer suggestions for system transformation with an emphasis on the School-based Family Counseling Meta-Model. The narrative of the death of Madison Ocheltree to suicide on May 24, 2019, will be offered as an example of how suicide impacts the family, community, and systems connecting with youth.

Suicide is a topic many people avoid due to the stigma attached to it. Joiner (2005), in "Why People Die by Suicide," noted, "Suicide may be the most stigmatized of human behaviors." The reasons for stigma are many and varied. They include the belief that suicide is fully under an individual's control and that it is a character flaw or a selfish act. There is the belief that suicide only happens to "other" families, and there is a tendency to blame the victim or the victim's family. There are also strong cultural and religious beliefs surrounding suicide. Additionally, as Miller (2021) noted in his book on child and adolescent suicidal behaviors, "Young people who are suicidal are not only suffering from the emotional suffering that results from mental disorders such as depression that typically underlie suicidal behavior but also from the stigma and shame often experienced by suicidal youth."

The stigma associated with suicide leads to serious consequences-perhaps most significantly, it can be a taboo topic that causes people to avoid talking about

it. Moreover, youth and their families may resist seeking help or prematurely discontinue mental health services that they were receiving. Other repercussions of stigma include fear of being discriminated against or being negatively labeled. Families may feel increasingly isolated, and experience feelings of shame and trauma. All these repercussions can impact one's work and school functioning and their relationships with others. The stigma surrounding suicide is best countered with education, open discussion, and understanding. When members of the community begin to understand that suicide is an attempt to escape overwhelming pain, then they will be better equipped to provide compassion and support rather than judgment and intolerance.

The Emotional Impact

Madison (Maddi) Ocheltree was only twelve years old when she took her own life. Throughout her life, she was an avid fisher-woman, soccer player, and a straight A student. She was seemingly always happy and had big dreams to accompany her even bigger heart.

In 2018, she and her family went to Disneyland for the first time. In March of 2019, her family took a professional family portrait as a family of six. It was the first and last professional portrait they would ever take together. In April, the Ocheltrees began spring family camping trips and in early May of 2019, Maddi and her family went on their annual trip to Clearlake, California, for a Catfish Derby. Due to her love for fishing, Maddi especially looked forward to this trip each year. She placed on the leaderboard for a time during that last derby, making it even more memorable.

On April 5, 2019, Maddi met with an academic counselor regarding a message to a friend about her intent to die by suicide in May. Her parents did not receive communication from the school that the session had taken place, she was deemed not at risk for suicide, and she was not referred to a mental health professional with qualifications to evaluate her risk for suicide. There were no records of follow up with Maddi after the session.

On Friday, May 24, 2019, while her parents grocery shopped, they received

a phone call informing them CPR was being performed on their daughter. The last conversation they had with Maddi occurred just under an hour earlier, discussing whether they needed to pick up cat food. A short time later, she was found by her two younger sisters, who sought neighbors' assistance in calling 911 and administering aid. Her parents returned home as an ambulance arrived, as they were only minutes from home. Within those minutes, their world came crumbling down. In an instant, their daughter was gone. Forever.

Why lead with an introduction to Maddi, when her story is so tragic? Maddi's tragic story is shared for the purpose of making an emotional impact on the way one reads this journal article. Suicide is a devastating, highly personal tragedy that is not to be viewed lightly or comfortably. Youth suicide not only deeply traumatizes immediate family, but also profoundly affects surviving youth and families in the community, educators, other school personnel, and first responders. When a youth is lost to suicide, everyone loses the potential of that individual and what they may have contributed in their lifetime. Maddi had dreams of becoming a police officer. She will never establish a career, raise a family, or even simply graduate from high school. She will never again be part of the fishing community, or contribute to her soccer team. Maddi will now only live in the traditions of her family, through their memories and heartache.

Contributing Factors to Suicide

Joiner (2009), in "Interpersonal Theory of Suicide," stated, "Individuals are at increased risk for suicide if they both desire to die by suicide and they have the capability to do so." According to Joiner, "perceived burdensomeness" and "failed belongingness" are necessary conditions for the desire for suicide to develop. Additionally, The American Foundation for Suicide Prevention, (AFSP, 2020) indicates some of the risk factors for suicide include undiagnosed and untreated mood disorders, anxiety disorders, substance use disorders, disruptive behavior disorders, traumatic brain injury, peer and family interpersonal problems, adverse life experiences, prolonged stress such as bullying, poverty, inequities such as racism and sexual minority identification, exposure to another person's suicide,

history of prior suicide attempt and access to means, particularly firearms. While entirely eliminating risk factors may be difficult, much can be done to enhance protective factors in youth. These protective factors may include enhancing a sense of belonging and connectedness, assisting youth with developing problem-solving and coping abilities, helping youth to develop a positive sense of self-efficacy, ensuring the availability of physical and mental health care in a multi-tiered system that emphasizes prevention so that resources are available for the individuals who may require more intensive services and ensuring removal of access to means (firearms/weapons/medications).

Comprehensive Mental Health Systems in Schools

Suicide in youth is complex and therefore, must be addressed in a multi-tiered and collaborative manner between all systems that connect with youth. Schools are the logical and natural setting in which to provide prevention, intervention and when necessary, postvention services. "Comprehensive, integrated, multi-tiered school mental health systems are associated with improved student academic and psychosocial outcomes" (Hoover, 2019). These mental health systems help to create a protective culture of safety and emotional support and may reduce stigma around mental health, normalize mental health literacy and help-seeking behavior, and lead to increased levels of engagement of family members, students and school personnel. "Schools with positive school climate and integrated social and emotional learning are more likely than comparison schools to achieve higher standards of school safety, including less bullying, less student isolation, more positive peer and teacher-student relationships, and less weapon threat and use in schools," (Hoover, 2019). Within this supportive environment, students may be less likely to experience the isolation, failed belongingness, burdensomeness, and social alienation that may lead to suicide. Individual students, who are struggling with mental health symptoms and suicidal behavior, will be much more apt. to seek and obtain timely mental health services and resources. Furthermore, families who seek mental health services, often experience financial and transportation barriers as well as time constraints due to

employment. Access to mental health services within schools helps to mitigate these barriers. According to the guide, "Advancing Comprehensive School Mental Health: Guidance From the Field," youth are six times more likely to complete evidenced-based treatment when offered in schools than in traditional, out-patient, community-based settings.

The School-Based Family Counseling Meta-Model

The School-Based Family Counseling Meta-Model is well-suited to address the public health crisis of suicide in youth. This model does so by emphasizing prevention, yet allowing for intervention services when individual students require more intensive services. "The SBFC Meta-Model enhances student engagement, which can be described as a sense of belonging and being part of a school family," (Libbey, 2004). It has a culturally and linguistically appropriate "whole-school approach in which all stake-holders are welcome, respected, and given the message that they are a necessary component to the school family" (Gerard, et al, 2020). The model encourages an infrastructure underpinning student interactions and relationships, through use of a cohort model and/or cooperative learning. It may encourage development of positive relationships between students and staff, staff and parents, and administrators and the staff they lead. Additionally, as noted in School-Based Family Counseling For Crisis and Disaster: Global Perspectives, "actively involving students in the design, promotion and implementation of mental health and substance abuse programs within their schools and local community would offer support for their own mental health needs and help to dispel stigma and discrimination surrounding mental health (Gerard, et al, 2020). Interventions addressing individual symptoms and behavior are clearly needed, however they will not sufficiently mitigate the crisis of suicide in youth. Research indicates "interpersonal/environmental/social changes are needed to sustain improvements over time (Advancing Comprehensive School Mental Health Systems: Guidance From the Field, 2019). Consequently, to create a lasting reduction in suicidal behavior among youth, broad systemic change must occur in

which students, families and school staff that serve them receive ongoing support in a culture of safety, caring and trust.

Communication and Building Relationships

One of the most important aspects in any household, school, or community, is to build relationships with open communication prior to the need for difficult conversations. When communication is open and strong relationships are formed, these conversations can be handled with composure, honesty, dignity and respect. In a whole-school approach, administration and leaders wholeheartedly believe in addressing student needs *proactively*, whether related to academics, physical, or mental well-being. The first step in building communication channels between school and family is to identify a model by which training can be implemented. The School Based Family Counseling Meta-Model (Gerard, et al, 2020) provides a simple and effective approach for doing so. By using the School Based Family Counseling Meta-Model, with flexibility for tailoring prevention and intervention to specific schools, communities, or individual situations, an effective support system can be designed, where responsibilities and roles are clear and appropriate parties are informed and involved. The model illustrates how essential a family/school relationship is, using a family-base and a school-base, with quadrants for both prevention and intervention strategies. Each base should work both independently and interdependently so when one base lacks resources, the other can support the student.

Both school and family should be cognizant of the importance of communicating concerns surrounding a student to other systems connected to the student. This is the key to effectiveness. If a student is in community-based therapy, for example, parents or caregivers must make the school aware of pertinent information and ideally, the therapist should be working with the school to address relevant needs of the child, with parental consent. For example, does the student suffer from mental health symptoms or do they have trauma triggers an educator should know about? With awareness, an educator may be better prepared to accommodate a student in the event a lesson may trigger emotional reactions.

School personnel need to also communicate with parents or caregivers with the goal of ensuring the well-being of the child. If a child is referred to the school counselor about a concern, parents need to be informed so all parties are working in a collaborative manner on behalf of the student.

When conversations are open, nonjudgmental, and focused on building the self-worth of students and social-emotional skills, youth will be encouraged to openly address their mental health concerns, and possibly mitigate suicidal behavior. "By helping youth to build confidence, self-esteem, and self-worth, you are directly helping them develop internal skills that protect against suicidal thoughts and actions." (Moss-Rogers, & O'Brien, 2021) This also helps empower students to support each other, enforcing the idea that we train the community.

Potential Obstacles

Of course, there are obstacles to effective provision of services. However, it's important not to focus on "*what can't be done"* but rather "*what **can** be done*" to navigate around obstacles. Some obstacles pertain to culture and location. Religion, family values, and peer group influence vary across cultures and communities, which in turn foster personal opinions and feelings about suicide and mental health. Many view suicide as an unapproachable topic and even when accepted as a true concern, may find the topic to be extremely uncomfortable and shameful.

Some of the most significant obstacles are funding and who will be assigned responsibility. Programs and services cost money a school or family may not have. For instance, in California, state minimum wage is $15.50 per hour, (California Department of Developmental Services, 2023). Someone looking for individual or family therapy may easily pay $250 per hour for a therapist and upwards of $500 per hour or more for psychiatric specialties. In a state where quality mental health care is not easily found and even more difficult to obtain with health insurance, the outlook is grim. Training is costly as well and could be hindered further by inadequate staffing levels.

Though obstacles are very real and daunting, failure to find solutions will

arguably result in higher costs both socially and economically when a student dies by suicide. For example, there are often subsequent intervention steps needed for surviving parties after a suicide. Drug and alcohol addiction may be present when mental health struggles fail to be treated. Liability on the part of mandated reporters who neglected to take appropriate action could result in job loss, suspension or termination of credentials, or even criminal or civil suits. Ultimately the community pays the price. The biggest loss, however, is the loss of the individual who died by suicide and what they may have contributed to the world in their lifetime. Regardless of the obstacles, suicide in youth is preventable and policies and procedures must be implemented to mitigate this public health crisis. A concerted effort must be made to ensure communication and collaboration between the systems (family, school, community) that serve the student.

Limitations of Educators and the Landscape of American Education

While barriers are a hurdle we face in education, they are not impossible, nor should they be the reason we don't improve the educational system for our youth. Teachers play a crucial role in student's lives, spending hours with students annually, which equate to time that can be invested in building relationships with students. As a result, teachers notice when something is unusual with a student. Educators are expected to go beyond their job descriptions in situations they are untrained for, and most are willing to do so if they have a concern for a student. The need for streamlined protocols, and more importantly, effective implementation regarding mental health and suicide prevention are necessary to put resources and knowledge in the hands of our educators so when situations arise, teachers know how to keep students safe.

There is no doubt teachers are overextended, but understanding limitations of what teachers are trained and educated to do, coupled with a need for more mental health and suicide prevention programming in schools, should drive

professional developments, curriculum, and policy. While some states in the U.S. have procedures and protocols in place for suicide prevention, according to the American Foundation for Suicide Prevention, 48% of our states do not have these programs, which means almost half of American teachers are left to improvise as they attempt to handle delicate situations without proper resources. This is particularly dangerous as it opens teachers up for ramifications, which could include job loss, loss of teaching credentials, or even legal issues. These risks have translated to educators who are not only unsure of what to do in the event of a mental health concern, but fearful of making the wrong decision. Only 5 of America's 50 states have laws in place requiring school personnel to contact a parent or guardian when a student is a suicide risk (American Foundation for Suicide Prevention, 2022). How can families help their children if they aren't aware of such a large concern for their child's wellbeing?

In American education today, teachers are seeing not only a lack of coping skills and empathy from their students, but they are also seeing a stark rise in mental health issues. "Even before the Pandemic, schools were reporting earlier onset, increased prevalence, and greater intensity and complexity of student mental health needs." (US Dept of Education, 2021) This only underlines the need for training for school personnel to help direct students to the services they need.

What can we do better?

While there are some challenges ahead of educators, understanding the importance of both communication and relationships will be paramount in creating a bridge leading to clarity and support for the student. Students need to feel connected to a strong school community, and as educators we can help foster the culture of the schools we teach in. "Supportive relationships and community connectedness can help protect individuals against suicide despite the presence of risk factors in their lives" (Suicide Prevention Resource Center, 2020). Some of that environment could include virtual mental health provider sessions for students who may benefit from such services during school hours as a way to narrow the gap to mental healthcare access, particularly in rural districts lacking resources.

The creation of comprehensive suicide prevention and intervention procedures and programs are vital in our schools. According to the National Library of Medicine, "Although more research is needed to develop and test promising school-based suicide prevention programs, policymakers recognize that schools play a key role in suicide prevention." If suicide prevention and intervention can be fine-tuned in the educational system, there would be less of a need for postvention. "Suicides are preventable with timely, evidence-based and often low cost interventions. For national response to be effective, a comprehensive, multi-sectoral suicide prevention strategy is needed" (World Health Organization, 2021). Educators cannot wait for mental health curriculum, policies, or professional developments to catch up to the need. Often, they have to act immediately. In the meantime, the best and most practical thing educators can do is to effectively and immediately communicate their concerns so that all necessary parties are informed.

When Prevention and Intervention Fail

Postvention is the step no one wants to find necessary, but one for which everyone should be prepared. When prevention and intervention fail, it's important to have a plan in place to help survivors move through their trauma and grief, and in some cases may even become prevention for those who have lost a loved one to suicide.

Postvention can be a multitude of different policies, rules, or requirements put in place by a school to be prepared to support and assist those who have lost someone, especially those close to the trauma. The role of the school in a child's life is crucial in more ways than simply just education. Students connect with and develop with the people around them in school settings more so than almost any other setting in their lives. Postvention would be incredibly helpful for students throughout all schools to get the help they need after losing someone they know or someone with whom they're close to suicide, and there are a number of ways to address it. It's best to have a standardized approach in place, prior to the need for postvention. A school postvention protocol could mean the difference between successful progression through grief and trauma or another life lost to struggle. The five steps below are a fair representation of how to build a protocol (Miller,

2021):

1. Providing resources for those affected by the suicide
2. Facilitating coping strategies
3. Preventing possible imitative suicide behavior or 'contagion' effects
4. Identifying the ongoing needs of members of the school community
5. Returning the focus of the school to academic instruction

When returning the focus of the school back to academic instruction, it's important to offer ongoing support to those who may need further help. For example, survivors may have triggers impeding their ability to absorb lesson material in the same manner as other students. Continuous family and school communication surrounding the student's well being can help keep all parties informed on progress and potential hurdles the student may face for their remaining school career. Simply implementing the steps and considering the work complete is not realistic or compassionate. The rate by which school-aged children consider and even attempt suicide within a year after being exposed to a schoolmate's death by suicide is extremely disturbing. According to a study done in school-aged children (Swanson, 2013), 15.3% responded having experienced suicidal ideation after losing a schoolmate to suicide within the past year, versus 3.4% of those having not been exposed to a death by suicide within the past year. Students in 14-17 year age groups increased similarly, according to the cross-sectional analysis of the study. In the same study, rates of suicide attempts also increased in children who had been exposed in the past year, further supporting the position that postvention is crucial in the immediate aftermath of a suicide.

Conclusion

In summary, suicide among youth remains a public health crisis in the U.S. and continues to increase at an alarming rate. Despite an enormous amount of research and literature regarding best practices, in too many schools throughout the U.S., protocols are either not present or if present, inconsistently implemented.

Avoiding the difficult topic of suicide will do nothing to increase other's awareness, reduce stigma, or mitigate suicide's destructive impact. In order to decrease youth suicide, we must talk about it and take action by ensuring universal implementation of policies and procedures addressing youth suicide in schools. Schools are the natural and logical setting in which to implement suicide prevention, intervention and when necessary, postvention. Educators, however, are under enormous pressure due to limited funding, time and support as well as increased expectations related to academic growth. Going forward, we must emphasize physical and mental health, increase training and support for school personnel, and enhance communication and relationships between all systems that connect with youth. The School-based Family Counseling Meta-Model is uniquely positioned to do so with its emphasis on prevention and the interconnected systems of school and family.

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Resilience and Inhibiting Factors Affecting Immigrant Parents' Involvement in Their Children's Education

Nurit Kaplan Toren, Ph.D., Oranim College of Education
Nofar Levi, Oranim College of Education

ABSTRACT

Migration is a challenging life event. Sometimes, due to absorption difficulties in the new country, immigrant parents are not available to fulfill their parental roles; their ability to devote attention to their children diminishes significantly, and they feel emotionally unavailable to them.

Partnership between parents and educational staff is very important for the children's psychological well-being and learning processes. However, with the move to a new country, immigrant parents whose complex personal and familial situation consumes many resources do not always feel as though they are partners in their children's learning.

Studies have focused on risk factors following immigration to a new country. Little attention has been devoted to new immigrant parents' personal support resources. The aim of the present study was to learn about the experiences of new immigrant parents in education and school contexts using a subjective, salutogenic approach out of the wish to investigate the parents' personal resilience factors and resources that can strengthen their ability to withstand stress and crisis situations that are typical of the move to a new country.

In light of this aim, the present study discussed the following questions: How do new immigrants from the Former Soviet Union (FSU) perceive their parental role in school contexts? How do they perceive their relationship with the school? How do they interpret the messages that the educational staff wish to convey to them?

Participants were four parents who had immigrated from the FSU to Israel as adults and had children in the sixth grade. Data collection was performed via in-depth semi-structured interviews.

Despite the language barrier and asymmetry in the parents' relationship with the teachers and the education system, the study findings revealed three central resilience factors: a) parents' feeling of agency, expressed in their ability to define goals, to act to achieve their goals, and to take responsibility for their children's education; b) parents' funds of knowledge, i.e., knowledge, worldviews, and competencies that drew on

accumulated life experiences and enabled them to navigate in social contexts and to assist their children, and c) preservation of their native language.

The discussion focused on the need to raise the educational staff's awareness of the unique difficulties experienced by immigrant parents and the need to be respectful and to provide a culturally sensitive response.

INTRODUCTION

Immigrant parents' educational involvement

Parents' educational involvement has long been considered a significant factor in improving children's schooling outcomes (Kaplan Toren & Kumar, 2024). Parental involvement refers to the role of parents in their children's education in school and at home. Parents can show their involvement in various ways, ranging from setting expectations for their children, talking to their children about school, helping with homework, meeting with teachers, attending school events, volunteering at school, and taking part in school policy-making (Seginer, 2006). In recent decades, researchers have distinguished between home-based and school-based parental involvement. Home-based involvement strategies refer to parents' engagement in educational activities at home, whereas school-based involvement strategies include participation in volunteer activities at school, communication between parents and teachers, and involvement in school governance (Epstein, 1987; Hoover-Dempsey et al., 2005; Kaplan Toren, 2013). High levels of parental involvement have been shown to correlate with children's self-evaluation and academic achievement (Kaplan-Toren, 2013), more positive attitudes toward school, and lower dropout rates (Paul et al., 2021).

Immigrant parents experience difficulties as they navigate through the school system. Their educational involvement may be impaired by long working hours, low socioeconomic status, and language difficulties (Ceballo et al., 2014). Moreover, immigrant parents may also face sociocultural barriers to educational involvement. They may feel unwelcome by the school, lack the confidence to interact with teachers, and may be unaware of school norms (Sibley & Dearing,

2014). Specifically in relation to immigrant parents' involvement, Carreón et al. (2005) noted that parental engagement needs to be understood through parents' presence in schooling, regardless of whether that presence is in a formal school space or in more personal, informal spaces including those created by parents themselves. In other words, parental involvement is a dynamic behavior depending on the context. Traditionally, schools have put in place structures and activities intended to support parental involvement, e.g., parent–teacher association committees, teacher–parent conferences, school festivals, parents' volunteer activities, and field trips (Pena, 2000). However, parents' practices, beliefs, and motivation depend on their cultural capital, material resources, social network, and personal life orientation (Yahya, 2016). As immigrant parents structure their new lives in an unknown culture, they need to develop a new understanding about the world, establish new social networks, and acquire new forms of cultural capital including learning a new language (e.g., Hebrew in Israel). Regarding schooling, immigrant parents need to learn how to access educational services for their children (Carreón et al., 2005).

New-immigrant parents' personal support resources

Two claims are reported in the literature regarding immigrant parents' successful engagement with school. The first results from parent–school interaction (Carreón et al., 2005). For example, one of the most essential factors that promote immigrant parents' involvement is the teacher's personality (e.g., patience, flexibility) and availability (Yakhnich, 2015). The second claim is that it is based on parents' personality traits. In other words, parents' personal and social resources in the family environment promote positive development and protect children from the negative effects of the migration process (Leyendecker et al., 2018). One personal resource of parents is their agency; namely, the quality of their engagement as actors. Theories of agency tend to focus on a person's life's routine (acquired patterns of action), purpose (motivation "forces"), or judgment (engagement with the situation in the here and now). The definition of agency is usually associated with active striving, taking initiatives, or having an influence on one's own life (Eteläpelto et al., 2013). Individuals practice agency when they construct their

knowledge and use metacognitive and reflective processes that are activated via self-control and self-management in their learning and problem solving (Prawat, 1996).

Characteristics of immigrants from the Former Soviet Union (FSU)

The mass immigration to Israel from the former Soviet Union in the 1990s was preceded by Mikhail Gorbachev's more liberal rule and the loosening of anti-migration policy toward the end of the previous decade. Most immigrants arrived in the early 1990s, and by the early 2000s, one million immigrants from the FSU were living in Israel. This phenomenon is often referred to as the "Russian immigration," even though significant numbers of immigrants came from Ukraine. Some of the immigrants chose the segregation strategy—preserving their original culture and rejecting the Israeli host culture. Others (mainly the political leadership, younger people, and those who felt connected to their Jewish identity) chose the integration strategy, meaning involvement in the local Israeli culture while preserving their culture of origin.

Data on FSU immigrants' employment and education provide an indication of their socioeconomic status and integration process in Israel (Lieberman, 2018). In 2006, the labor force participation rate of all FSU immigrants, either salaried or self-employed individuals aged 25–54, was 84.6% and, by 2016 had risen to 90.1%. Research reveals a profound difference between immigrants' main occupations in 2006 and in 2016. For example, in 2006, the rate of craftsmen in industry and construction (welders, locksmiths, etc.) was 29.1% and, by 2016, had decreased to 11.6%. A marked decrease was seen also in the rates of unprofessional workers from 12.8% in 2006 to 4.8% in 2016. In contrast, the number of white-collar workers increased, e.g., the rate of managers rose from 1.6% in 2006 to 6.8% in 2016 and the rate of employees in academic positions almost doubled, from 14.7% in 2006 to 27.1% in 2016. Employment in sales, services, and clerical work remained static at approximately 20%. Regarding education, between 2006 and 2016, FSU immigrants had a relatively high education level. In 2006, the rate of immigrants with an academic degree was 37.2% and in 2016 was 42.2%.

Study Aims

Most immigrant parents from the FSU perceived education as the key to their children's adaptation to Israeli society. Believing that a good education was a significant factor in their children's future success, they motivated them to learn (Yakhnich, 2015). Immigrant students' optimal integration in school requires cooperation between the students, their families, and the school staff. However, this cooperation cannot be taken for granted. Immigrant parents' cooperation with school is affected, among other things, by cultural gaps, conflicts regarding the roles of teachers and parents, and knowledge of educational norms. Parents play a significant role in their children's integration and academic adaptation. The present study explored FSU immigrant parents' attitudes toward school and teachers in Israel, what they know about their children's school life, and their personal strengths that served as resources for supporting their children's academic adaptation.

Method

Participants

Participants were four parents (three fathers and one mother) who had immigrated from the FSU (Russia and Ukraine) to Israel as adults and had children in the sixth grade (11 years old). Their ages ranged from 33 to 53, they had been living in Israel for between 5 and 23 years, and their socioeconomic status was low (see Table 1). Most of the students in the children's elementary school had come from immigrant families from the FSU or Ethiopia.

Table 1. Participants

Inter-viewee number	Gender	Age	Family status	Country of birth	Years in Israel	Education	Employment
1	Father	42	Married	Russia	5	PhD	Occasional jobs
2	Mother	33	Single	Russia	10	Engineering degree	Cleaner

3	Father	53	Married	Ukraine	23	High school	Maintenance worker
4	Father	37	Married	Russia	7	High school	Storekeeper

Instruments and procedure

Data collection was performed via in-depth semi-structured interviews. The interview included 37 questions regarding three main subjects: (1) Parents' perceptions of school and the education staff, e.g., In your opinion, does the school know enough about your culture of origin? What, in your opinion, is the school's role? Would you like to change certain things at school? (2) Parents' knowledge of their children's school life, e.g., Which subjects does your child like and dislike at school? How, in your opinion, is your child doing at school, academically and socially? (3) Parents' involvement, e.g., In which school activities have you participated? How did you deal with social, emotional, or academic difficulties experienced by your child at school? Are you familiar with the content of your child's various school subjects?

Interviews were recorded, transcribed, and, if necessary, translated into Hebrew. Data were analyzed for this article using classic qualitative thematic analysis techniques.

Results

Based on the theory of parental involvement (Epstein, 1987; Hill & Tyson, 2009; Hoover-Dempsey et al., 2005), two main themes emerged from the research findings: home-based and school-based parental involvement—and each theme was divided into subthemes. Home-based subthemes: parent–child relationships, parents' perception of their role, parents' agency, and funds of knowledge. School-based subthemes: parent–teacher relationship and parents' perceptions regarding school.

Home-based parental involvement

Home-based parental involvement was found to be a significant anchor for the children's development and functioning (Kaplan Toren & Seginer, 2015). Parents' role perception is one of the antecedents of parents' involvement (Hoover-Dempsey et al., 2005). Parents' role perception is based on their beliefs about what they should do in relation to their children's education, their beliefs regarding child rearing and child development, their expectations and experiences, as well as their beliefs regarding appropriate supportive roles at home for child education (Green et al., 2007). In general, parents with an active role perception are more involved in their children's education (Hoover-Dempsey et al., 2005).

Regarding to home-based parental involvement, the parents who participated in this study held an active role perception (Figure 1). Aware of their children's difficulties and needs, they saw themselves as advisers on how to deal with problems that arose at school. Interviewee no.1 said: "*I tried to teach my daughters to be independent and to deal with these problems alone*." Some of the advice was based on the parents' own experience. Interviewee no. 2 said: " *I let my daughter face the teacher alone, as we were taught in Russia*."

The parents also perceived themselves as role models and responsible adults.

For example, one strategy mentioned by parents was based on the need to set limits for their children. Interviewee no. 1 said: "*We set educational limits at home. It is important to us that our daughter adhere to those limits*."

Parent–child relationships were portrayed as positive. The parents reported that their children were open and told them about what was happening at school. Parent–child relationships were characterized by **trust**. As Interviewee no. 1 said: "*We trust her [his daughter] that if she says everything is fine [then] everything is fine*."

Knowledge based on parent–child communication was reflected in the following quote by Interviewee no. 1: "*She [his daughter] always updates me about how she is doing before the parent–teacher conference, so I am always ready to hear what the teacher has to tell me. I always know everything in advance and come prepared. There is nothing new; no surprises*."
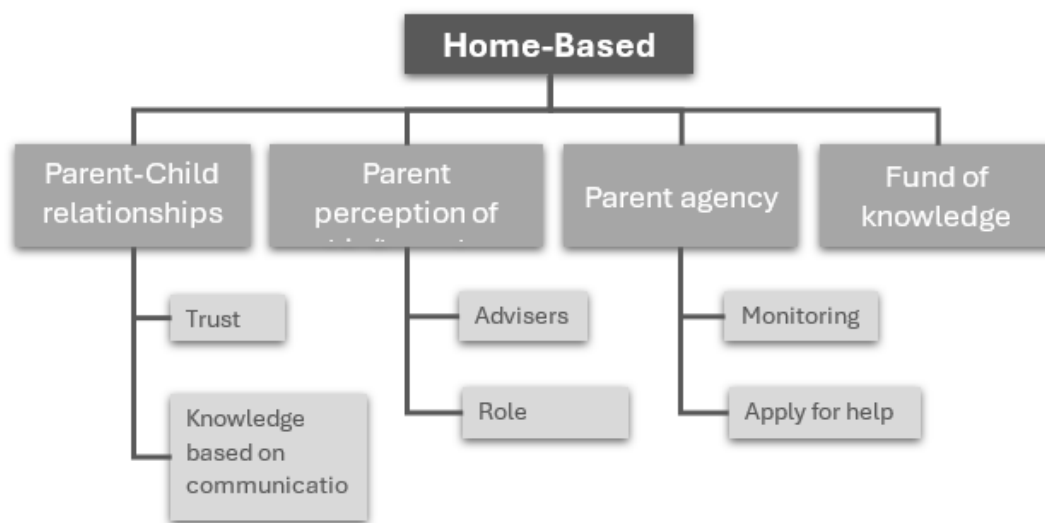
Family funds of knowledge, which are rich and valuable, might be subtle and need to be uncovered with care. Parents' and children's funds of knowledge are linked to their background experiences, cultural practices, stories, and interests (McDevitt, 2016). For immigrants, one important fund of knowledge is their native language, which they strive to preserve. Interviewee no. 1: "*At home the language was Russian, we [the parents] speak only Russian, and with our daughters we spoke only Russian. When our daughters began speaking more Hebrew, it was very important to us that they remember the Russian language, so we constantly asked our daughters to speak only Russian at home.*"

A powerful resource that was revealed in this study was **parental agency**. The participants' interviews shed light on parents' patterns of action. They took the initiative and monitored their children's schooling. Interviewee no. 2 said: "*I keep track of my daughters and see if they are doing well or not, so that I can help them if need be.*" The parents also apply for help for their children. For example, Interviewee no. 1 said: "*Her learning difficulties were referred to the assistant teachers at the school. They . . . helped our daughter, both in terms of language but also academically, so that she would have no gaps. My wife used to help a lot with math, and we also sent her to an English and math class where they also helped her progress.*"

One parent reported going to extraordinary lengths to help his daughter**,** as moving to a different residential area to help his daughter socially. "*We dealt with all my daughter's difficulties and complaints, mainly by moving to a new house. We moved to a better neighborhood so she could go to a new school. We felt that the population in the previous school was disadvantaged and difficult, and we didn't want our daughter to attend that school anymore, with people who made her feel so bad.*"

In sum, evidently, the parents were attentive to their children's feelings and difficulties and acted to make things easier for their children in the attempt to provide them with the best conditions for growth and development in the new country.

Figure 1. Home-based parental involvement

Figure: Home-Based — Parent-Child relationships (Trust, Knowledge based on communicatio), Parent perception of... (Advisers, Role), Parent agency (Monitoring, Apply for help), Fund of knowledge

School-based parental involvement

School-based parental involvement reflected the barriers and difficulties facing immigrant parents (Turney & Kao, 2009). Regarding school-based parental involvement, two subthemes emerged: parent–teacher relationships and parents' perceptions regarding school (figure 2). In both subthemes, the emotions were negative. **Parent–teacher relationships** were characterized by a **lack of trust**. The parents felt that the teachers ignored their rights. Interviewee no. 4 said: "*The teachers took away our right to make decisions about what is good for my child. They treat us as the ones who have to raise the child physically, and in everything else, we are not involved at all. When we talk to them [as much as we are able], we always feel that our words are not taken seriously, and we are not treated as though we have rights regarding our child.*"

The parents stated that they had not approached the teachers of their own accord. Interviewee no. 4 said: "*Until now, we have not initiated any contact with the teachers and there was no such initiative on their side, only at the parent–teacher conference.*" Moreover, the parents claimed that the **school ignored** their Russian culture. Interviewee no. 2 said: "*The school does not know anything about Russian culture and it seems that the school does not want to make space for other cultures. I feel that my daughter's Russian identity is being erased and obscured, and that is also why it is very important to me to keep our Russian culture at home and make*

sure that she [the daughter] speaks Russian, hears Russian, eats Russian food, etc. …"

The parents did not feel the need to be involved in school, as illustrated by Interviewee no. 1: "*We have our own lives. We respect the school and hardly interfere. I feel it is completely unnecessary.*"

The **parent-teacher conference plays a central role in parent-teacher** relationships. However, the immigrant parents experienced anxiety surrounding this meeting and, therefore, tried to avoid it. Interviewee number 4 said: "*Before the parent–teacher conference, I feel a little worried that I won't understand exactly what the teacher is telling me. I know that, in practice, I can't really do what she really wants for the child. It's not really possible because I don't fully understand what she's talking about and what he [the child] is learning.*" The sense of not understanding the conversation and of not being understood by the teachers was also reflected in the next quote by Interviewee no. 2: "*My feeling during the parent–teacher conference is not pleasant, because when I am not understood, and I do not understand [the conversation], I need an interpreter throughout the meeting.*" All the parents complained about the lack of an interpreter.

In sum, the immigrant parents who participated in this study expressed negative emotions and attitudes regarding their relationships with Israeli schools. However, this study sheds light on the FSU immigrants' strengths and personal resources that they utilized to help their children cope at school in Israel. These powerful resources were reflected in the immigrant parents' involvement at home.

Figure 2. School-based parental involvement
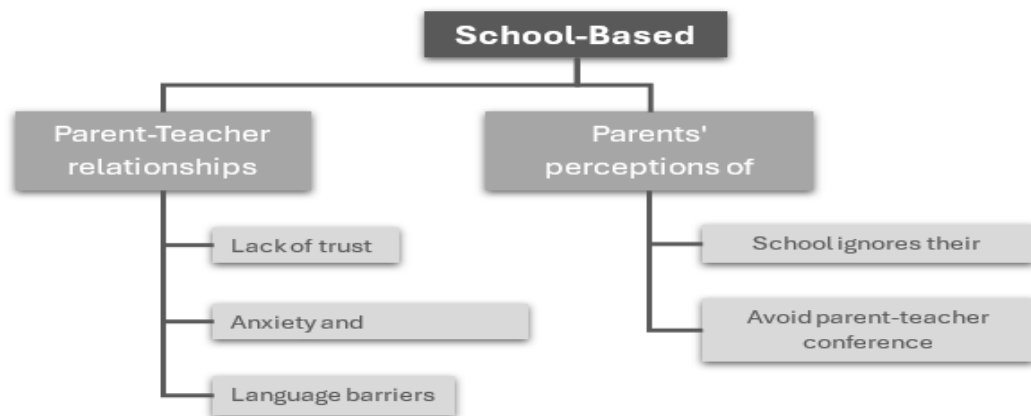
Discussion

The advantages of parental involvement are consistent across different races and cultural groups (Hill & Tyson, 2009). Nonetheless, immigrant parents reported more barriers to involvement in their children's education than native-born parents and were less likely to be involved in school (Turney & Kao, 2009). Norheim and Moser (2020) identified frequent barriers for immigrant parents, including language, asymmetrical power relations, cultural differences, and parent–teacher disagreements. In a similar vein, the parents who participated in the present study reported barriers that characterized their relationship with the school. One of the most significant was the language difficulty, which influenced (a) parent–school communication and (b) parents' ability to help children with homework and to understand the school curriculum and requirements. In addition, the immigrant parents experienced cultural gaps in their relationship with the school, resulting in low motivation for cooperation and involvement. The parents felt alienated and received the impression that the school was making no effort to get to know or relate to their culture. It is well known that teachers should understand the communities in which their students grow and know how to establish respectful and trusting relationships with students' families and utilize this knowledge to support their students' learning (Zeichner et al., 2016). Research showed that school-family miscommunications tend to reinforce existing prejudices and undermine constructive efforts by teachers and parents to build relationships concerning the child's interests (Bryk & Schneider, 2002).

Findings indicate that parents acted mainly at home. They set expectations for their children, organized out-of-school activities, helped their children to solve problems and make decisions, and took responsibility for their children's education. These personal resilience factors of the parents must be nurtured and strengthened.

In light of our findings, we suggest that school-based family counselors distinguish between home-based and school-based parental involvement. It is important for counselors to be aware of the immigrant parents' barriers to engaging with school and to develop roles for them that will increase their confidence to get involved (e.g., by translating documents and correspondence into the immigrants' language, employing bilingual staff, using interpreters during parent–teacher conferences).

Both the school and the parents have the children's best interests at heart. The key to a significant parent–school partnership is both parties' ability to collaborate from an equal position to accomplish a shared goal (Epstein, 2018). For this to succeed, a trusting and respectful atmosphere is necessary. Zeichner et al. (2016) suggested a typology for understanding the myriad approaches to teacher–family–community relationships. This typology consists of three approaches: (a) *Involving family and community*. In this approach, school staff share their knowledge and expertise with families (e.g., school expectations, specific school curriculum, ways to support children's learning outside of school, and effective communication with teachers). The goal of this approach is to increase academic performance. (b) *Engaging family and community*. According to this approach, teachers and school staff are not the only knowledgeable participants. This approach stresses the knowledge that families and communities can impart to teachers. The goal of this approach is to create opportunities where teachers can develop an understanding of students' families' and communities' "funds of knowledge" (González, Moll, & Amanti, 2006) (c) *Working in solidarity with families and communities*. Underlying the solidarity approach is an understanding that educational inequalities exist. This approach suggests encouraging schools to incorporate lived experiences, untapped insights, and knowledge of non-dominant parents and families.

Zeichner et al. (2016) argue that differences between the three approaches are intrinsically linked to conceptions about the causes of educational inequity and how teacher–family–community relationships might address them. School counselors need to be aware of the educational inequity, especially among immigrant parents and their children, and therefore, to focus on the advantages of home-based parental involvement, reflected in parents' strengths and resources and their actions at home. School counselors can help by encouraging staff members to recognize the important contribution of immigrant parents in their ability to support their children's learning processes from home and to support their home-based parental involvement. These issues can be addressed through prevention and intervention activities with school staff, parents, students, and other community members (Carter & Evans, 2008).

In sum, when we think of school-parent engagement programs, we need to remember that there is no one-size-fits-all program. Therefore, reorientation toward adult (teachers, educational staff, and parents) learning and development can lay the foundation for family and community ties (Mapp & Kuttner, 2013).

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Systemic SBFC Practice in the Digital Age

Kathleen Laundy, PsyD, LMFT, Past AAMFT Topical Interest Network Family Therapy in Schools Chair, Oxford Symposium in SBFC Fellow, Central Connecticut State University Adjunct Faculty

Kimberly Welk, LMFT, AAMFT TIN Treasurer

Eileen Klima, LMFT, MA, AAMFT TIN and Global Disaster Leader

Anne Rambo, PhD, LMFT, AAMFT TIN Chair

ABSTRACT

Digital technology has become increasingly utilized in School-Based Family Counseling in the past few years, especially since the COVID pandemic. This paper highlights several ways the AAMFT Family Therapy in Schools Topical Interest Network team has harnessed digital technology on several systemic levels to address variables contributing to student achievement and resilience. It addresses how digital technology currently affects several working models of school-based family counseling in the US and worldwide.

Introduction

The Family Therapy in Schools Topical Interest Network (TIN) was established five years ago by the American Association for Marriage and Family Therapy. It was designed to promote school-based family counseling in US Schools and support its membership and growing practice. As its first TIN chair, Kathleen Laundy worked with a growing team of fellow MFTs to develop regular telehealth meetings with school-based mental health clinicians across the United States. The bimonthly meetings are designed to address such topics of concern as social justice, student attendance, teacher burnout, and the growth of collaborative

school-based teams to support and boost student achievement. Drs. Laundy and Ralph Cohen from Central Connecticut State University (CCSU) partnered with Oxford Symposium in School-Based Family Counseling soon after the TIN's inception to showcase SBFC initiatives across the US and beyond. Oxford Symposium in SBFC leaders such as Ralph Cohen, Brian Gerrard, Michael Carter, Michael Kelly and Emily Hernandez have all been featured speakers in their bimonthly Zoom meetings.

As the Covid pandemic struck over the next three years, the Family Therapy in Schools TIN used its Zoom telehealth technology to grow to over 550 members across the US and Canada. Reliance on technology to address pandemic-related school-based stressors and successes helped the TIN to support school-based clinicians across the US and Canada, as well as helped Oxford Symposium in SBFC relationships to continue to develop and prosper. This paper highlights the different systemic areas where our TIN has grown and flourished with the assistance of digital technology.

Meeting Unmet Needs in Rural Wisconsin

While school-based family counseling programs have existed for several years, programs that offer telehealth have developed and grown primarily since the COVID pandemic. At the same time, statistics suggest that mental health needs and access for children and adolescents in the US have grown to a crisis level (Abrams, 2023; National Council for Mental Wellbeing, 2022). Many areas of the US, including upstate rural Wisconsin, lack child and adolescent providers, and those areas that do have providers experience significant wait lists. The challenge of how to provide services to those areas with limited access and ensure that services are provided by well-trained therapists is growing. The COVID-19 pandemic showed us that telehealth became a significant opportunity to meet the need for access.

Adding to this concern are school shootings which are becoming all too common, with 51 shootings occurring in 2022 (Education Week, 2023). According to the Annual Youth Risk Behavior Survey, a collaborative effort between the Department of Public Instruction and the Center for Disease Control, depression and anxiety among children and adolescents are also at an all-time high (Centers

for Disease Control and Prevention, 2022; Wisconsin Department of Public Instruction, 2022). In addition, 18% of students participating in that survey reported experiencing suicidal ideation within the past 12 months. Even more alarming was the 48% of students within the LGBTQIA+ population who reported experiencing suicidal ideation within the past year.

The model discussed in this paper was developed in rural Northern Wisconsin as a pilot project initiated by Cooperative Education Service Agency (CESA 7) during the summer of 2021. CESA 7 includes 28 rural and socio-economically deprived school districts who were returning to school in Fall of 2021. The opportunity to have school-based family counseling was initially made available that year to all 28 schools by the private practice clinic, Kimberley Welk and Associates, LLC. Initially, seven districts expressed interest. One has since left the program.

The initial work team included the CEO of the clinic, Kimberley Welk, the School-Based Mental Health program director of the clinic, and the principals of the schools who expressed interest. The program developed a telehealth model with the schools, with one visit per month being on-site. While statistics report that most mental health clients are helped and/or satisfied with one in-person visit per quarter or less (Gerhart et al., 2023), the schools and students in this project continued to request in-person monthly visits. This extra visit allowed Welk and her team to create relationships with several school personnel involved in the project, thus showing commitment to these communities and building trust with them.

All seven districts are in small rural towns, where everyone knows everyone, and trust of outsiders is often lacking. It quickly became apparent that the development and process of this program must include the building of relationships at a multi-systemic level. It was obvious to the team that this would require a years-long commitment, starting with the most immediately affected parties, including the identified client, the school, and the clinic itself. Then, we needed to extend the team's systemic work to include local health care professionals, law enforcement and child protective services, as well as those providing additional funding sources. None of this systemic work could or would

be developed in a linear pattern, and all systemic layers of these districts needed to be considered.

Six school districts immediately committed to the provision of services. It was there with the clinical staff that the building of relationships started, being led by Welk's team and the head of each school within the districts. Within the clinic, the question essentially became how to ensure quality provision of services to children, families and educators. This became an opportunity for the clinic to develop and provide quality systemic care, as well as a strong training ground for interns and post graduate students working on their licensure. The clinic leaders also realized that training was needed for the providers, particularly in telehealth, which was just emerging as a clinical resource at that time.

Within the first two years, the clinic secured funding to certify all child and adolescent telehealth providers. It also provided training in the use of eye movement desensitization and reprocessing (EMDR) with children and adolescents and via telehealth, as well as trauma focused cognitive behavioral therapy (TF-CBT) and other ongoing trauma training. The clinic incorporated these individual services into its services with families and school staff.

At the same time, it was important for both the schools and the clinic to identify those staff relationships that had to immediately be established and nurtured for the academic upcoming year. These were identified as the staff who would become the liaison/contacts, including school administrators, IT staff, and designated educators. The above SBFC elements were established in preparation for the return of the students in fall.

The question was then posed, "Is this all that makes up the definition of clients?" We realized that preparation for this group also needed to include relationships with individuals, parents and the school staff, which the clinic staff worked to establish. That systemic process continues today, as the clinic currently tackles the issue of educators leaving schools at unprecedented numbers, and clinic staff struggling to address what supports schools' needs. The team embodied the school-based family counseling model of working systemically with all school-based members.

While the building of these relationships continues, we also work to build broader multi-systemic relationships with physicians, psychologists, child protective services, law enforcement, the community, and local, state, and federal government agencies. They too are integral parts of the continued systemic success of the model.

Our work is funded through multiple sources. In Wisconsin, clinical interns and residents at certified outpatient mental health clinics with appropriate credentialing are allowed to bill Medicaid, the state funded insurance. In addition, as we emerged from the COVID pandemic, the governor of Wisconsin provided the opportunity for certified mental health clinics to apply for and receive state funded grants. Our clinic received the "Atypical Behavioral Health Grant", allowing us to ensure training for interns and residents, technology for the school sites and remodeling of the school sites to ensure that they were trauma centered and felt safe and secure for the clients. The clinic also received a "Culturally and Linguistically Appropriate Services" grant, ensuring that all populations that the clinic works with have access to documents and communication in their first language. In this grant, interpreters are made available, and our staff continues to receive cultural training. In the future, the clinic will also be working with the schools to develop better data collection sources, support resources specific to educators, and secure additional funding sources to support all the needs of the school districts.

Disastershock Outreach Program

AAMFT has supported our Family Therapists in Schools Topical Interest Network (TIN), helping provide and build mental health services to school systems within the United States. The Covid-19 pandemic created an opportunity for the Family Therapy in Schools' TIN to harness technology to build broader systemic relationships internationally with school-based professionals, as well as with high school and college students who are interested in working in the mental health field. The Family Therapy in Schools TIN concurrently developed a collaboration with the Oxford Symposium on School-Based Family Counseling through its Distastershock Global Response Team (DGRT), (Disastershock, 2023).

Disastershock is an international humanitarian organization, dedicated to providing coping resources to children and families around the world who are affected by disaster-related stress. It is an all-volunteer organization, with members from 27 different countries participating. When a disaster occurs, whether natural or human caused, Disastershock's goal is to provide practical resources on how to cope with disaster- related stress for persons affected. Because children are particularly affected by disaster, Disastershock members seek effective ways to bring SBFC resources to parents and schools so that children can be helped.

Technology has made it possible to share materials written in 33 different languages. The Disastershock team holds regular Zoom meetings with professionals from Africa, Asia, Australia, Europe, North America, and South America. They meet to participate in workshops and discuss and share best practices, research, education, problem solving and the dissemination of psychological first aid materials.   They seek to connect with countries that have suffered recent disasters, obtaining first-hand information on what is happening, and finding out ways that they can support both immediate coping strategies and the ongoing healing process.

For example, they met via Zoom with educators in Ukraine who had to evacuate their homes and cities to find shelter and protection from the bombing and the Russian invasion. They also met with therapists from Turkey who were working in the refugee camps working with the earthquake survivors. Most recently, they met with first responders who are dealing with the devastating fires in Lahaina, Maui, Hawaii. Disastershock has also developed an Ambassador program that is made up of high school and college age youth from all over the world. They meet regularly on Zoom and are working on a program to correspond with international high school students in disaster-affected communities.

Technology contributes to the building of third order systemic change in several ways. Through technology like Zoom and Google Meet we can reach out to people almost anywhere

in the world. We can see and hear each other in real time, which provides the opportunity to offer an empathetic listening ear to victims of trauma when they need it most. An example of this

would be an incident where a Disastershock member in the United States was in contact with a woman in Israel who was hiding in a bomb shelter, hearing the air raid sirens and the sound of jets flying overhead. We were able to witness her fear firsthand and offer emotional support and hope in the moment it was needed most. It was a digital lifeline during a traumatic moment in her life. Technology has connected the world in new ways. It allows us to relate to others as

fellow human beings and understand the need for safety and security. It provides a measure of

hope for individuals and families that will extend into the future.

Challenges for the Future

Unprecedented challenges are facing all professionals who work in schools. Educational attainment continues to be an important driver of social mobility in the US (de Alva & Christensen, 2020) and 90% of K-12 students in the United States attend public schools.

(Bouchrika, 2023). This combination of factors makes public school education of major interest and concern in the US. It can also be a target for politicians seeking social change, in one direction or the other. For instance, in Florida in 2023, the governor and state legislature have outlawed classroom discussion regarding sexual orientation and gender (Contomo, 2023),   as well as discussions of race that could be construed as critical race theory (Calvan, 2021).

Meanwhile, in Georgia, the Atlanta school district has publicly criticized such measures (Herring, & Esteves, 2021). These types of controversies affect both teachers and staff, including school-based family counselors. It can be difficult trying to negotiate the needs of students in the face of controversial regulations and debates.

Along with these newer issues, the problem of school gun violence remains, as mentioned previously in this paper. It has become the norm for children as

young as kindergarten age to practice active shooter drills. And, thus far in 2023, there have been twenty-seven school shootings resulting in injuries or death (Education Week, 2023). The disturbing effect of this on school climate and child mental health is well documented (Laundy, Rambo, and Alvaro, 2022; Rambo, et al, 2019).

Despite these challenges, the number of school-based family therapists and other mental health clinicians nationwide is growing. Our own research from polling members indicates that most states are now permitting the hiring of family therapists directly by school districts, and all states at least utilize contracting with area professionals and agencies to provide such services, as described above in Wisconsin. Still, school-based family counselors are a new development, compared to the long-established presence of school guidance counselors, psychologists and school social workers. Many may find themselves the only school-based family counselor in their school, or perhaps in their district.

For this reason, and given the intense pressures described earlier in this section, it has been a goal of AAMFT's Family Therapists in Schools to reach out and offer support to school-based family therapists throughout the United States. As we have expanded technology-based services to our email newsletter outreach to members. In addition, we now offer a free online support group through Facebook, to all providing family therapy or counseling in the schools. In three months, this group has grown from 2 to 171 members. As the school year begins across the United States, we anticipate continued growth, continued lively discussions, and mutual support. We have also added an Instagram account for the same purpose. Our goals are to increase diversity of membership, and to increase support for all providing family therapy in schools, regardless of credential. There may never have been a more challenging time to be a school-based family counselor, but there certainly has never been a more important one.

Summary

The AAMFT Family Therapy in Schools Topical Interest Network was established to support the health, achievement, and resilience of students in schools across the US. Using digital technology, steeped in systems theory, and dedicated to collaborative health care, our TIN leadership team has observed significant growth in the use of digital technology to support students in the US over the past three years. This paper illustrated the range of systemic levels where our AAMFT clinicians are offering digital services to students, families, and educators in schools. Despite the challenging times we are experiencing in the post-pandemic era, the authors support the growth of digital technology to encourage student achievement and resilience, family support and professional collaboration in this digital age, as well as provide necessary and important support to family therapists working in the school context.

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Trauma-Informed Education and the Role of the School Counsellor

Judith Howard, PhD. Queensland University of Technology,

Meegan Brown, PhD. Queensland University of Technology,

ABSTRACT

Now, more than ever, in a world of stress, disadvantage, and unpredictability, schools can struggle to manage the confronting needs and behaviours of some of our most disadvantaged and vulnerable learners - those suffering complex trauma. This trauma stems from repeated interpersonal harm, including physical, emotional, or sexual abuse, neglect, and experience of family or other relational violence. Research clarifies that complex trauma can impact child development (bodies and brains) throughout the early childhood and schooling years and, if not resolved, this impact can extend into adulthood and can influence future caregiving styles and behaviours of victims. There is now a growing international reassessment of classroom, education site, and education system approaches for supporting and managing the needs and behaviours of trauma-impacted students and there is a tangible "thirst" for trauma-informed knowledge and practice among educators (including school counsellors) across Australia and beyond. This paper will explain complex trauma and will discuss the vital work of school counsellors in trauma-informed education. It also discussed how the School-Based Family Counselling Model could be used by trauma-informed school counsellors. Findings from an Australian study exploring trauma-informed education and the role of the school counsellor and a model for embedding trauma-aware education content in a Master of Education (School Guidance and Counselling) program will be shared.

Literature Review

Complex Childhood Trauma

Complex childhood trauma is now clearly explained through abundant evidence, particularly from the field of neuroscience, as three things:

- First, it is the harm that occurs when vulnerable and victimised children experience repeated and damaging relational harm at the hands of those who should be loving, nurturing, and protecting them.
- Second, it is the concerning neurobiological response that results from this harm, that can overwhelm young nervous systems during rapid and important periods of childhood development.
- Third, it is the wide-ranging and longer-term impacts that trauma-affected nervous systems can have on development and functioning, and these are the impacts that educators are dealing with in classrooms worldwide.

These impacts can lead to concerns with memory, executive function, emotional regulation, relating and bonding, feeling safe, language development, and therefore, with behaviour and learning. These concerning outcomes can continue throughout the schooling years and if not resolved, can extend into adulthood. Unresolved complex trauma can have a serious and negative impact on education and life outcomes for victims (Letkiewicz, et al., 2021; Young-Southward et al., 2020). In adulthood, there can also be an unfortunate impact on the capacity for safe and effective caregiving, which can lead to the intergenerational transmission of this type of trauma (McDonnell & Valentino, 2016).

Trauma-Informed Education

Trauma-informed education is an informed way of thinking, believing, planning, and acting in schools to more effectively address concerns and enhance outcomes for trauma-impacted learners, their classmates, and those who are busy

trying to educate and support them. Trauma-informed education is not a program or an extra piece of work for busy educators and trauma-informed educators do not need to be experts in neuroscience or psychology. Indeed, one of the key foci of trauma-informed education is to enhance the personal and professional wellbeing of those adults working hard to deliver inclusive education programs (Christian-Brandt et al., 2020). Educators just need to be aware of complex trauma and its impacts and be supported to respond in a purposeful and informed manner.

As the three main areas of impact from experiencing complex trauma are students' perceptions of safety, their capacities for relationships, and their capacities for emotional regulation, these are also the three main areas of focus for a trauma-informed education response. Schools can embed strategies and responses to:

- help students feel safe coming to school, being at school, being in learning and other spaces within the school, and being with people within these spaces.
- provide the relational "medicine" that can effectively address some of the impacts of trauma on the capacities of students to attach and bond to adults and their peers.
- provide trauma-impacted students with repeated opportunity for co-regulatory activity, where students work with adults to calm their emotions, with the goal of this repeated activity leading to an enhanced capacity for emotional self-regulation.

(Howard, 2022).

The Role of the School Counsellor in Trauma-Informed Education

Although the research literature examining the role of the school counsellor in trauma-informed education is sparce, available literature does suggest that the areas of trauma-informed work undertaken by school counsellors is diverse. Indeed, the title of *counsellor* in this context can be misleading as much of the work of school counsellors extends far beyond the practice of counselling or even the individual support of trauma-impacted learners. In general, school counselling is understood as a "multifaceted profession that requires a unique skill set" (Tang, 2020, p. 1) that can involve the delivery of a diverse range of services within the

school setting (Ormiston et al., 2020). Work in trauma-informed education is no different, as school counsellors can be involved in a broad range of activities to address the needs and concerns of trauma-impacted learners (Costa, 2017; Howell et al., 2019; Rumsey & Milsom, 2019). Yet, we know that the school counsellor resource is limited and there are often school-based decisions that direct the work of school counsellors based on what are deemed as school priorities. This work may, or may not, involve trauma-informed education practice.

The diverse areas of trauma-informed education work that can be delivered by school counsellors is discussed by various authors. Rawson (2021) states that school counsellors are well placed to a) distribute evidence-based material to educators regarding the impact of complex trauma and the means to address this impact, b) support development and application of trauma-informed school policies and practices, and c) to advocate for the support and inclusion of students with trauma-related needs in schools, particularly with regards to the ways that student discipline and student support are considered or applied. O'Gorman (2018) proposes that the role of the school counsellor should include work "to address the threats to academic functioning posed by the impact of trauma that may present as mental health or complex behavioural concerns" (p. 563) and that this work should extend to family-based therapies. Some authors recommend that the array of activities led by school counsellors should be planned and delivered within a multi-tiered framework, that considers a) universal, whole-of-site staff training and processes (Tier One), b) targeted supports and interventions (Tier Two), and c) intensive interventions for individual students (Tier Three) (Berger, 2019; Berger & Samuel 2020; Dorado et al., 2016; Rawson, 2021; Reinbergs & Feffer, 2018). Allison and Ferreira (2017) advocate that mental health and wellbeing support in schools should include prevention and early intervention to support students impacted by trauma and Costa (2017) suggests that this support should be led or at the least, supported, by school counsellors. Martinez, et al. (2020) suggest that school counsellors have a substantial role in supporting the mental health and wellbeing and school functioning of students in the child protection system and who are living in out-of-home care. It is also suggested that school counsellors are well equipped to support the personal, professional, and mental wellbeing of their

school colleagues who are working with trauma-impacted students and that they can help prevent school personnel from experiencing professional burnout or vicarious trauma, or address these when they do occur (Berger & Samuel, 2020; DuBois & Mistretta, 2020). Overall, it is agreed that school counsellors, are well qualified and skilled to do this work due to their specialised knowledge, training, and experience (Berger & Samuel, 2020; Costa, 2017; O'Gorman, 2018).

Other areas of trauma-informed work that can be led by school counsellors are more focused on systemic influences that can enhance or hinder the education experiences of trauma-impacted students. School counsellors can collaborate with families, support organisations, and community groups to enhance trauma-informed support of students. They can support the development and implementation of trauma-informed policies and practices in education settings, and advocate for the support and inclusion of learners with trauma-related needs, particularly with regards to the ways that student discipline and student support are considered or applied (Rawson, 2021).

School Based Family Counselling and the Trauma-Informed School Counsellor

In supporting trauma-impacted learners, school counsellors can draw upon understandings of the impact of trauma and implement trauma-informed practice at the child, school, and family levels. Therefore, trauma-informed school counsellor practice can address some or all of the quadrants of the School Based Family Counselling (SBFC) model, which in turn has capacity to address the six strengths of SBFC – systems focus, strength based, partnership with parents, multi-culturally sensitive, child advocacy role, and promotion of school transformation (Soriano & Gerrard, 2018).

The role of the school counsellor in implementing the SBFC will vary internationally depending on their role within the school. For example, in Queensland, Australia the school counsellor working in state schools do not focus

directly on family prevention or intervention. Below is an example of how a school counsellor in Queensland may use the SBFC to inform their work.

A trauma-informed school counsellor at the **school prevention** level can advocate and lead the school to take a whole school approach to trauma- informed practices by ensuring policies are developed through a trauma-informed lens; staff receive training and ongoing support in implementing trauma-informed practices; work from strengths; students are taught the impact of stress on their brain and nervous system and taught strategies to self-regulate (Howard, 2022).

At the **school intervention** level, the trauma-informed school counsellor can support student complex behaviour by drawing from neuroscience and working from a strengths-based approach rather than utilising behaviourist methodologies (Howard, 2022). Approaches that the school counsellor can undertake include check-in/check-out support for students, case management, individual and small group counselling, collaborating with families and teachers to develop student support plans, and supporting students to develop self-regulation strategies (Howard, 2022).

At the **family prevention and intervention** level, the school counsellor can develop relationships with families to support their child to be engaged and successful at school and provide support with referrals to external agencies for family support and intervention. While at the **community** level, the school counsellor can work collaboratively with the community to develop trauma-informed and culturally safe partnerships.

To be able to do this important work effectively, school counsellors themselves need to be skilled in trauma-informed practices.

Findings from an Australian Study

A small scale, mixed method, mostly qualitative study in Australia (Howard et al., 2022) drew from the words, experiences, and insights of school counsellors (n=26), to identify categories of practice in which they were involved and those

that (if they could) they would prioritise. It also identified barriers to this work and supports that could overcome any barriers for them to do the work that they prioritise. The study explored five areas of work (categories) in trauma-informed education that are discussed in the research literature, including: a) working directly with trauma-impacted students, b) working to support school personnel to enhance capacities to work with trauma-impacted students, c) working systemically to support whole-of-school, trauma-informed practice, d) liaising with school communities to support trauma-informed practice, and e) liaising with support agencies to support trauma-informed practice.

Study findings were consistent with much of the research literature on this topic and showed that, despite a growing emphasis on trauma-informed school practice, the role of the school counsellor can be inconsistent across sites and systems. This may not be a bad thing, as dedicating school counsellor time and effort towards activity that is prioritised to address the identified needs of particular schools is a wise investment of the school counsellor resource. However, there can be influences on the work of the school counsellor that can limit or prevent them from being involved in trauma-informed education practice including those areas of work that they feel should be prioritised. Overall, participants suggested that a common (yet flexible) framework for trauma-informed school counsellor practice would be helpful so that practitioners have a defined and shared understanding of how to work effectively.

Findings from the study suggested that, although school counsellors were keen to be involved in and potentially lead aspects of trauma-informed education practice, they felt that they could not, and should not, do this alone. It was suggested that expecting the school counsellor to lead this work alone, due to their expertise or training in therapeutics, mental health, and or trauma-awareness, is likely to lead to *burnout* for counsellors and ineffective outcomes for students. Interviewees described a collaborative approach, in which the school counsellor was part of a larger school team consisting of members who encourage and support each other in their efforts for trauma-informed education (Balch & Balch, 2019).

Participants strongly emphasised that systemic processes and professional development for school personnel regarding trauma-informed education should be organised and provided by education systems and supported by school leadership (Berger et al., 2020). They suggested that it should be mandatory for school and system leaders to engage in professional development in trauma-informed education to enhance commitment for this work. They suggested that system-wide trauma-awareness would ensure that everybody, including school leadership, is talking from a consistent (therapeutic) language and if this happened, outcomes of the work of the school counsellor would be maximised.

Some participants recommended greater time allocations within their roles and greater staffing allocations of school counsellors to prioritise this work. It was mentioned that schools with high numbers of trauma-impacted students may require a differentiated allocation of the school counsellor resource as an inadequate allocation can prove to be risky. A systemic model to identify and support school counsellors who could specialise in and lead trauma-informed education work across schools within geographic areas was recommended and it was suggested that this could allow for career progression for some practitioners who are identified as having strengths to lead this work.

Study participants suggested that training in trauma awareness should be part of the annual mandatory professional learning that occurs for all school counsellors. They recommended more specific training for school counsellors who are early in their careers or new to trauma-informed education. Participants also recommended increased opportunities for school counsellors to meet with their supervisors and their school counsellor peers, to discuss and problem-solve their work in trauma-informed education. Participants also suggested that their work in trauma-informed education could be enhanced by greater access to material resources, such as quality, professional learning packages for school personnel, rather than depending on school counsellors to develop these resources. They also felt that access to a shared, professional library on trauma-informed education would be beneficial.

Study findings highlighted that school counsellors can be vulnerable to vicarious trauma and supervision provision needs to be available to mitigate this risk. Interviewees emphasised the importance of self-care, particularly when repeatedly exposed to stories of trauma that have been experienced by students and to the emotional and behavioural dysregulation of students and staff members. They suggested that it is important that steps are taken by schools and schooling systems to protect and enhance the personal and professional wellbeing of school counsellors (Berger & Samuel, 2020). It is important to note that the bulk of research exploring vicarious trauma tends to examine the experiences of non-school professionals, including mental health and social workers, and there is a need for further investigation into the experiences of school counsellors to be protective of their wellbeing (Berger & Samuel, 2020; DuBois & Mistretta, 2020; Howard, et al., 2022; Parker & Henfield, 2012).

School Counselling Preparation Programs

To support school counsellor's wellbeing, and to enhance the education experience of trauma-impacted students, it is important that school counsellors are well trained in trauma-informed practice during their school counselling preparation programs. However, there is a dearth of research literature in Australia and beyond that examines this aspect of school counsellor preparation. It is unknown the proportion of school counsellor preparation programs that offer learnings in trauma-informed practice, but what is known, is that this type of training is inconsistent across training organisations (Wells, 2022). For example, in the United States, many school counsellors report that they have received no training in this area within their school counselling preparation programs (Wells, 2022). If training in trauma-informed practice had been received during a program, it was perceived by students as minimal and inadequate and lacking the important aspect of cultural awareness deemed as necessary to support the needs of diverse students and communities. What is also concerning is that many school counsellors report receiving minimal on-the-job training in trauma-informed practice or cultural awareness (Wells, 2022). These findings reinforce the

importance that all school counselling preparation programs need to embed learning regarding trauma-informed practice as well as cultural awareness.

At the Queensland University of Technology (QUT), this gap in trauma-informed and cultural awareness training in school counselling preparation programs is being addressed. Throughout the QUT Master of Education (School Guidance and Counselling), learnings regarding trauma-informed practice and cultural awareness are embedded in each unit of learning (for example: "Introductory Counselling" "Advanced Counselling", "Psychoeducational Assessment", "Professional Practice", etc.). Students in this course (who are currently teachers working in schools) are taught about the impacts of trauma and how to embed trauma-informed practice as part of a whole-school approach. This includes strategies to support all students and their teachers (Tier One), targeted interventions for identified students impacted by trauma, including approaches to assessment (Tier Two), and extensive support for identified students impacted by trauma (Tier Three). As this is an Australian school counselling preparation program, Aboriginal and Torres Strait Islander perspectives are embedded by using the *Aboriginal 8 Ways of Learning Pedagogy* (New South Wales Department of Education, 2023). As school counsellors are susceptible to vicarious trauma, self-care is also explicitly taught throughout the units. This includes teaching strategies that students can use if they become emotionally triggered before or during a session with a student. Trauma-awareness and cultural-awareness are also key considerations during individual and group supervision sessions with the course supervisor, during the "Professional Experience" unit which occurs toward the end of the course. This unit involves trainee school counsellors engaging in school practicums under the mentorship of practising school counsellors as well as supervision sessions with the course coordinator to unpack learnings gained during the practicums. Often these supervision sessions can focus on the trainee school counsellors' experiences or understandings regarding working with trauma-impacted students at their practicum sites.

Summary

A trauma-informed response by educators, education sites, and education systems is needed now, more than ever, to respond to the multifaceted impacts of being a child or young person who is living with the impacts of complex and other types of trauma. The recent COVID-19 pandemic has instigated a growing global conversation about the responsibilities of schools to better support and educate students who have lived with, or continue to live with adversity. The role of the school counsellor is paramount in this conversation. There is a growing need to inform school counsellor practice with understandings about the neuroscience underpinning the experience of trauma, and trauma-informed responses that can occur both inside and outside of the counselling room. School counsellors are well-placed to contribute to protective practices to prevent or minimise the harm of trauma, and responsive practice to help trauma-impacted students feel safer at school, manage better their relationships at school, and become more effective with their emotional regulation. One way this can be achieved is through the School Based Family Counselling model. To ensure school counsellor practice is trauma-informed and effective, it is vital that counsellor preparation programs and ongoing professional development offerings for school counsellors are embedded with quality learnings about this area of work that includes the important aspect of cultural awareness.

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Addressing Trauma in Context: Domain Relevance in Resilience Services

Richard E. Cleveland PhD, LPC, NCC, ACS, MHFA-I, Georgia Southern University

ABSTRACT

Whether delivered before, during or after traumatic events, resilience and recovery services rely heavily on the domain in which the individuals experiencing mental injury reside. Attending to the environmental context in disaster/crisis response ensures relevant care for affected individuals. Applied to preventative resilience services, this same focus can help overcome reticence and potential stigma associated with mental injury, mental illness, and/or mental health services. This manuscript highlights parallels and intersections between mental health/resilience services provided in both educational (i.e., United States public education) and first responder (i.e., United States fire, law enforcement, and military) environments.

INTRODUCTION

Within the United States, the term "first responder" can include many different rescue professionals, including firefighters, law enforcement/police officers, emergency medical service (EMS) personnel, crisis dispatch operators, hospital and emergency nurses, military personnel, etc. (HSDL, 2014). Arguably, the majority of the time this term is used regarding the civilian population it is explicitly referring to fire service and law enforcement personnel. First responder fire service and law enforcement/police agencies are expected to provide immediate response to crisis events 24 hours a day, 365 days a year. As a result,

first responders are the men and women responding to such crises any time of day, any day of the year.

Although research exploring first responders has a notable history, only recently has scholarship (as well as public attention) shifted to focus on the lived experiences of first responders themselves and the toll such work has on their overall health and wellness (Garner et al., 2016). Within the literature, the term "Tactical Athlete" has emerged to describe individuals serving as firefighters, law enforcement/police officers, and/or military operators. Driving this term is recognition of critical assumptions including: (1) similar to professional athletes, tactical athletes (i.e., first responders) regularly train, albeit in physical, cognitive, and tactical domains in order to best respond to crisis events; (2) similar to professional athletes, tactical athletes must accept that minor to serious injury may occur from the execution of their duties; and (3) similar to professional athletes, the profession of a tactical athlete is all-encompassing requiring significant lifestyle change (Porter & Henriksen, 2016; Turner et al., 2018).

A stark difference between these two groups however is the stress experienced by tactical athletes. More specifically, the intensity and frequency of high-stress incidents to which tactical athletes are exposed and the potential resulting trauma. The general public largely recognizes the stress and potential trauma which can result from high-stress tragedies. Such incidents often receive much attention in news, media, and community communications bringing increased awareness not only to the tragedy but the subsequent response, outcome, and participating first responders (tactical athletes) who were called upon to act. Lesser known is the potential trauma which may result not from large-scale crises, but rather continual exposure to "smaller" high-stress incidents. These incidents, sometimes referred to as potentially traumatic events (PTEs) in the literature, expose individuals to stress which though arguably less severe, can accumulate over time. The subsequent trauma from these high-stress events can be instantaneous or slow-moving with the affects manifesting immediately or over time with long-lasting consequences (Gerrard et al., 2020). To take an example from nature, a crashing flood may cause a severe mudslide. Similarly, a small

stream consistently eroding away at the soil can precipitate the same mudslide, albeit after the passage of a significant amount of time. Both cases result in devastation just as both cases have the same destructive culprit: water. The destructive culprit for tactical athletes is the stress resulting from a career of responding to PTEs. Just like our hillside, the stress tactical athletes face may be sudden, extreme, and clearly visible (e.g., active shooter incident; deaths in a structural fire; combat engagement, etc.), or may be intermittent, "less" intense, and relatively unnoticed by civilians/citizens (e.g., domestic disturbance calls; medical response/transport; security/perimeter patrols; etc.) (Rudofossi, 2007).

The toll upon tactical athletes from this "erosion" is clear. It is estimated that for every 6 months of service, law enforcement officers are exposed to a minimum of 3 potentially traumatic events (PTEs) (Patterson, 2001a; 2001b). Firefighters and emergency medical technicians suffer from higher rates of depression, anxiety and PTSD than the general population (Jones, 2017; Jones et al., 2018). Lewis-Schroeder et al. (2018) estimated that law enforcement officers specifically experience 6%-32% higher prevalence of post-traumatic stress disorder (PTSD) that the general population. A meta-analysis conducted by Berger et al. (2012) found that approximately 10% of all firefighters and law enforcement officers experience some form or manifestations of PTSD. These findings, in addition to others, have even given rise to a new theoretical conceptualization for the diagnoses of PTSD amongst first responders recognizing the context of the high-stress environments and incidents these tactical athletes experience: Police & Public Safety Complex PTSD, or PPS-CPTSD as defined by Rudofossi (2007). One of the critical elements of PPS-CPTSD is the recognition of potentially traumatic events (PTEs) as being just as detrimental as singular, large-scale, high-stress incidents. Clearly, our first responders are in need of mental health support.

Unfortunately, compounding the already complex milieu of stress tactical athletes are exposed to from traumatic and/or potentially traumatic events (PTEs) is the stigma commonly associated with mental health, mental health services, and mental health support – a stigma powerful enough that many prefer avoidance to actually addressing the problem (SAMHSA, 2018; Maskaly & Ivkovich, 2023).

More than merely the problem of a few individuals, the obstacle of stigma associated with mental health for tactical athletes is widespread and well documented in the research (Buhrig, 2023; Drew & Martin, 2021; FEMA, 2020; Henderson et al., 2016; Henson et al., 2022; Ricciardelli et al., 2021; Velazquez & Hernandez, 2019). Elements of this stigma are undoubtedly connected, if not rooted, in masculinity and stoic cultural aspects of the tactical community (Bikos, 2021; Edwards & Kotera, 2021; Quinlan, 2021). Yet to dismiss this stigma as unfounded perceptions is too simplistic an assessment. For many tactical athletes, worries and anxieties associated with the potential to lose their career can cause the stigma associated with revealing mental injury just as stressful as the experienced incident(s) (Edwards & Kotera, 2021). Tactical athletes may fear revealing symptoms or concerns resulting from mental injury may incline professional clinicians (especially those not familiar with the demands of emergency services' environments) to diagnose them as "unfit for duty" thus closing off the entire career field/profession. On the surface level, this results is an active distrust of mental health clinicians. More tragically, this fosters a culture where tactical athletes engage in unhealthy strategies to manage the impairment from mental injury (e.g., productivity loss, alcohol abuse, divorce, suicide, etc.) (Haugen et al., 2017). Successfully combating the stigma surrounding tactical athlete mental health and addressing the mental injuries which can occur from constant exposure to potentially traumatic events (PTEs), requires a perspective that views the responder as more than just an isolated individual. Rather, what is required is a paradigm that situates the individual within the various environments or systems (e.g., home with family, at the station/firehouse, in the public providing emergency services, etc.) they navigate and the dynamic interactions taking place. Here we see the first of many overlaps between the worlds of tactical athletes and public education. More specifically, how this inter-disciplinary overlap can help practitioners helping individuals and families in both client populations.

Inter-Disciplinary Overlap

As illustrated at the beginning of this article through narrative, the overlap in client populations between tactical athletes/responders and public education (P-

12) students is not merely theoretical, but a reality. Arguments may be made regarding the validity and generalizability of this sample size of $n = 1$ (i.e., perhaps the author's journey and client caseloads are anomalies). However, recognition of demographic and contextual shifts within P-12 public education suggests otherwise. For example increased rates of P-12 students presenting with symptoms of Adverse Childhood Experiences (ACEs) and subsequent trauma (Murphy & Sacks, 2019; Offerman et al., 2022); increased rates of student-student violence (IES, 2023); subsequent local and/or national government response of embedding law enforcement within schools, such as officers designated as "School Resource Officers" (SROs) in the United States (Preston, 2022); and other examples. Acknowledging and building upon this overlap presents mental health/wellness clinicians with four considerations relevant to practice with either client population.

Trauma is Real

In both tactical athlete and P-12 student client populations, individuals may disclose potentially traumatic events (PTEs) with a frankness and openness not seen as frequently with other clients. For P-12 students it might be argued that some (not all) may not possess or have refined more "adult" developmental and social expectations. In such cases, child/adolescent clients may disclose rather stressful incidents with an almost cavalier attitude unaware of the social implications/expectations (e.g., "you're not *supposed* to talk about that"). Yet this same attitude of frankness is often present with tactical athlete clients who by and large present as full grown, functioning adult humans. Whereas with P-12 students frank openness regarding trauma may be a result of non-awareness, here with tactical athlete populations it is associated with coping. Whether demonstrated as callousness or humor, blunt recognition of stress and the incidents causing trauma serve as "culturally appropriate" mediating interventions for many tactical athletes (Dangermond et al., 2022; Miller, 1995). Clinicians who are unfamiliar with either population or too narrowly view the relevance of these behaviors, may be initially shocked and more importantly may miss key opportunities to establish therapeutic

relationship. Critical in serving both populations is recognition that the trauma is real, and addressing the potential hurt from such trauma may require less therapeutic "digging" or "dancing" as compared to other client populations.

A second overlap between these two worlds is an acknowledgement of the inadequacies of response/intervention-only approaches. This is not to say that responsive services or targeted interventions have no place within mental health/wellness services. On the contrary, due to the traumatic situations and/or potentially traumatic events (PTEs) they are exposed to, both tactical athletes and P-12 students are frequently the recipients of immediate care response services such as crisis counseling, Mental Health First Aid (MHFA), etc. Better stated, as meaningful and necessary as responsive mental health services may be, their restorative and healing potential is greatly magnified when aligned with both preventative and after-care services. Isolated or stand-alone services may have little to no therapeutic relationship to build on. Similarly, clients too overwhelmed by the enormity of the trauma being experienced may not be able to fully engage with the care provided at time of crisis. While multiple variables may influence or contribute towards the "siloing" of services, including lack of resources, rural geographical location, or limited governmental infrastructure (to name only a few), the fact remains that such compounding factors can actively limit the potential for sustainable post-traumatic growth.

As just articulated, the previous overlap identified a distinct deficiency when mental health/wellness services are provided via response-only modalities. A third overlap discovered between the worlds of P-12 student and tactical athlete populations, is the validity of helping paradigms based upon a continuum perspective. Specifically, the theoretical perspectives of ecological systems theory as well as dynamic-scaling support systems.

Directly combating response/intervention-only approaches focused solely on the individual, an ecological systems theory perspective (Bronfenbrenner, 1979) views the individual within their ecosystem and the various sub-systems (e.g., micro-system, meso-system, exo-system, etc.) which the individual navigates. Espousing this paradigm is well documented in P-12 research and literature,

especially when aligning/coordinating student support via family-school-community partnerships (Stanley & Kuo, 2022). Similarly, School-Based Family Counseling (SBFC) includes ecological systems theory as a key element for addressing students' and families needs (Gerrard, Carter, & Ribera, 2020). Sadly, this embrace of systems theory as applied towards mental health/wellness is not nearly as prevalent for tactical athlete populations which is surprising considering the incredible stressors placed upon family members of tactical athletes (Miller, 2007). However, recent work holds promise exploring ecological systems theory approaches for work with military families Masten (2013), law enforcement Forber-Pratt et al. (2021), and even addressing resilience with emergency management (i.e., Natural Disasters) (Boon et al., 2012).

Just as ecological systems theory provides a continuum of environments in which to support both P-12 and tactical clients, dynamic-scaling support systems provide a continuum of care: both in terms of frequency and intensity. Two prominent models within P-12 educational environments are Multi-Tiered Systems of Support, or MTSS, (Goodman-Scott et al., 2019) and Response to Intervention, or RTI (Van Norman & Sturgell, 2023). Both approaches provide practitioners with a dynamic-scaling approach for intervention: that is to say, practitioners scale the necessary amount of intervention to need to be demonstrated, observe to see changes, and then respond with increased support (i.e., no change in demonstrated need), maintain support (i.e., demonstrated need has begun decreasing), or extinguished support (i.e., need no longer demonstrated). The MTSS and/or RTI approach is not delegated to academics only, as the approach can include behavioral health as well as inter-related academic-behavior needs (Charlton et al., 2023; Roberts et al., 2023).

By pairing these two paradigms (i.e., ecological systems theory and MTSS/RTI) the resulting approach acknowledges and incorporates the various domains having influence upon the individual *while simultaneously* adjusting continuous support to the level/intensity of presented need. As already outlined multiple times, the majority of tactical agencies (e.g., fire service, law enforcement, military) do not espouse an approach towards mental injury that is multi-tiered or

scaled in response. Quite the contrary, for many agencies the observed response is to ignore the concern until it can no longer be hidden, and then refer the need to practitioners outside of the agency.

We close this section outlining inter-disciplinary overlaps by turning our attention to the School-Based Family Counseling (SBFC) approach (Gerrard et al., 2020). For clinicians practicing within the P-12 environment, this may be no surprise whatsoever. SBFC practitioners know trauma is real. SBFC not only acknowledges trauma within the lives of P-12 students, their families and communities, but actively supports the application of SBFC in guiding trauma-care for victims of disaster across the globe through the Institute for School-Based Family Counseling Disastershock Global Response Team (Disastershock, 2018). Similarly, SBFC actively combats the limitations of response-only interventions through ecological systems and MTSS/RTI theoretical perspectives providing practitioners with multiple points of support along the micro-macro level spectrum through which to provide dynamically-scaled support. For practitioners working with tactical athlete populations however, the relevance and power of the SBFC approach might be a welcome surprise as it was for the author. Perhaps lynch pin to the application of SBFC to tactical athlete populations is viewing the tactical athlete working group as a "family".

Although family systems theory allows great flexibility in recognizing and defining "family" (Gladding, 2021), perhaps a more appropriate term applied to tactical athlete working groups would be "para-family" (Guerney & Guerney, 1988). Here membership within the para-family is not governed by biology, but rather through shared living/working, shared goals, and a shared culture specific to the group. The realities of tactical athlete or first responder work often demand prolonged hours of working together towards common goals, oftentimes dire in nature and extreme in circumstance. Similarly, tactical athletes may share meals, resting/sleeping periods, and rely upon each other to provide active protection for themselves and their family members. These factors interact to provide an experience that parallels family activities as much as the buildings themselves (e.g., firehouse, police station, military barracks) become the place where "family"

occurs, offering a degree of both safety and acceptance. Ingram, Terrill, and Paoline explored police culture and behavior noting that in addition to the creation of a population-specific culture (i.e., "police culture"), the emergent culture of the working groups exhibits notable influence over individual officers (2018). Further research suggests that the culture and relationships resulting from the tactical athlete para-family may even, at times, trump that of the biological/legal family. It may be no surprise that biological/legal family members are often viewed by tactical athletes as "trusted others" to whom they can turn when experiencing mental injury and the stress/trauma associated with the injury (Tjin et al., 2022), but interestingly O'Toole, Mulhall, and Eppich (2022) found that many tactical athletes (i.e., law enforcement) more frequently turn to peers (or *para-family* members) before family members, and only then seek outside and/or professional help. Thus conceptualizing and identifying first responder response units as "families" or para-families (e.g., firehouse shift, police unit, military platoon) illuminates parallels in SBFC theory and application of the SBFC metamodel itself. Specifically, the axes of *Prevention* ⇔ *Intervention*, *School* ⇔ *Family*, and overarching influence of *Community* remain relevant for tactical athlete populations once the paradigm shift of recognizing first responder units as para-families is accepted.

As alluded to with the previous point regarding para-family relations potentially overriding family relations, the recognition of tactical athlete working groups as para-families is considerable. It is similarly important to note the implications of applying the SBFC metamodel to tactical athlete populations carry more practical significance than merely switching labels (e.g., "school" = "agency", "family" = "unit", etc.). Recognition of the working unit as para-family is merely the foundational step. As noted many times, the stigma associated with mental injury/illness within tactical athlete populations is substantial. Unfortunately, most tactical agencies foster this stigma explicitly and/or implicitly through the services they provide as well as *how* such services as delivered. Accepting the premise of tactical units as para-families and changing the labels on the metamodel is not enough. A sobering illustration of how the majority of tactical agencies currently serve tactical athletes mental health/resilience needs see no

acknowledgement of family (e.g., "*keep your family business private*"); no recognition of community (e.g., "*if we engage the community with this, they'll lose trust in our agency*"); and no place for assistance at the unit level (e.g., "*refer to administration to find out what outside services are available*"). Just as disturbing, the SBFC continuum of response (i.e., prevention ⇔intervention) has been removed as most agencies only provide responsive services, and even then the "service" provided is merely a referral to an outside provider.

It has been the intention of the author to outline the sobering realities tactical athletes (i.e., first responders) face in terms of mental stress and trauma, as well as the obstacles hindering effective means of intervention and support. Equally important has been the intention to highlight important intersections or overlaps between disciplinary worlds of P-12 education research and tactical athlete research. Thus far the areas of trauma, dynamic-scaled continuum paradigms (i.e., MTSS/RTI), and School-Based Family Counseling (SBFC) have been presented as viable means of enacting meaningful care for both client populations. Accepting these approaches, we now turn to how practitioners might characterize or present successful interventions through domain relevance.

Considerable attention with mental health/wellness practitioner literature is devoted to the call for cultural competence on the part of the clinician. Practitioners are expected to pursue cultural awareness and cultural understanding to guide their work with various client populations (American Counseling Association, 2014; Sue & Sue, 2008). To view culture only along racial/ethnic lines however is dangerously limiting (Benson, 2006). The call for utilizing a cultural "lens" with clinical work is just as relevant for tactical athlete populations and their respective cultures (Quinlan, 2021) as with any other client population. Furthermore, such a perspective must extend beyond the clinician's cognitive and therapeutic understanding and permeate their interventions. Once again, finding commonality with the world of P-12 education, we find calls for the creation and use of not merely culturally appropriate, but culturally *relevant* interventions (Seligman & Reichenberg, 2014; Smith-Adcock & Tucker, 2017). Interventions that acknowledge the culture of the tactical athlete domain and appear relevant for tactical athletes, hold potential to overcome stigma and distrust so prevalent within

the first responder community. We close this article with examples of how practitioners might apply domain relevance when working with tactical athlete client populations. For illustrative purposes, one example utilized by the author with tactical athlete client populations is infusing mindfulness practices within tactical training activities.

Application of Domain Relevance

Derived from Buddhist teachings, mindfulness as a reflective practice is regularly utilized as an intervention in conjunction with multiple theoretical orientations and/or treatments (e.g., Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy, Dialectical Behavior Therapy Acceptance and Commitment Therapy). Mindfulness exercises and activities themselves need not be inherently Buddhist however (Koenig, 2023), and are able to align with other faith/religion traditions or remain secular in nature. Mindfulness-Based Tactical Instruction (MBTI) utilizes core elements of mindfulness situated within tactical instructional culture (Cleveland et al., 2018; Cleveland, 2019). Applied to fire service clients, mindfulness breathwork using guided meditations, are introduced as "SCBA Breath Training" (i.e., Self-Contained Breathing Apparatus) embedded within training exercises at the firehouse and relevant for firefighters to maximize the oxygen within their breathing canisters. For work law enforcement clients, mindfulness non-judgmental awareness practices are introduced as "Situational Awareness" exercises embedded within defensive tactics (DT) training and/or firearms proficiency training. Working with military clients, mindfulness stress reduction practices are introduced as "Combat Breathing" infused within operator physical training (PT) exercises. Immediately following PT workouts, operators incorporate guided breathing techniques (e.g., box breathing) into cool-down activities to reduce heart rate, increase oxygenation to the bloodstream, and focus attentional awareness.

While many of these exercises are applicable to all tactical athlete client populations, practitioners should take care to attend to distinct nuances between services. For example, while mindfulness breathwork using guided meditations may be beneficial for all tactical athletes, firefighters will more readily identify

with "SCBA Breath Training" whereas law enforcement officers may lose interest as the very name of the practice may not seem relevant. Paired with a strengths-based and solution-focused approach (Pooley & Turns, 2022), Mindfulness-Based Tactical Instruction (MBTI) holds promise as a viable tool for providing research-based intervention for tactical athletes by embedding practices that demonstrate domain relevance; ethically "disguised" as a meaningful part of regular training activities.

Conclusion

Tactical athletes (fire service, law enforcement, military service) are exposed to high stress and trauma via potentially traumatic events (PTEs) throughout the regular completion of their expected job duties. As more attention is brought to the toll this exacts upon tactical athletes' wellness and resilience (Blumberg et al., 2022; Edwards, 2023), support for these men and women extends beyond public awareness motivating researchers to explore various means for providing mental health/resilience services that span the continuum of high-stress incidents: pre-action, during-action, and after-action. Slowly, tactical agencies are beginning to pursue support services aimed at the unique challenges tactical athletes face with offerings such as Employee Assistance Programs (EAPs), Wellness Initiatives, Stress Management Education, Vetted Counseling Services, Annual Wellness Checks, Peer Support, and In-Agency Mental Health Providers (Crowe et al., 2022). Sadly, none of these services may be utilized if they are unable to overcome the distrust and stigma tactical athletes regularly associate with mental health (Horan et al., 2021).

Aligning the disciplines of tactical athlete research with P-12 public education research, this manuscript has outlined key intersections that hold promise for clinicians looking to serve tactical athlete client populations and/or their families. Most notably, School-Based Family Counseling (SBFC) and the SBFC Metamodel can provide practitioners with a paradigm that, infused with domain relevance, can establish successful intervention that garners continued trust and therapeutic rapport. While this speaks to the versatility of the SBFC approach,

perhaps more importantly it demonstrates the solid truths which provide a foundation for the metamodel and its use across multiple environments with various client populations.

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