

The role of community Intervention in School-Based Family Counseling

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Abstract

This article describes the role of community intervention in School-Based Family Counseling (SBFC). While many SBFC interventions focus solely on the school and the family, it is important for SBFC practitioners to know how to advocate for children, families, and schools with the community. Children can be negatively impacted when their families experience challenges with community organizations such as hospitals, government agencies, law enforcement, and other community entities. By acting as a child/family advocate with the community, the SBFC practitioner can reduce community obstacles that impede families, and help mobilize community resources that benefit children, families and schools. A revision to the SBFC Meta-model that incorporates community is described. SBFC case studies in the literature that illustrate community intervention are reviewed. Recommendations are made for improving SBFC community intervention practice and research.

Keywords: community intervention, community resources, School-Based Family Counseling

“The problems in the schools are but a reflection of the problems in society; the solution to those problems lies in understanding the systemic nature and interdependence of schools, families and communities.” (Dear,1995)

The Role of Community Intervention in Traditional Mental Health Approaches

In traditional mental health approaches, such as family therapy, psychology, school counseling and social work, there are varying degrees of emphasis on the importance of community intervention. Although not all of these disciplines give strong emphasis to community intervention, within each of these disciplines there are some mental health practitioners who consider community intervention very important.

The importance of community intervention for family counselors is found in books like *Reaching Out in Family Therapy: Home-Based, School, and Community Interventions* (Boyd-Franklin & Bry, 2000), *Family Therapy as Socially Transformative Practice: Practical Strategies* (St. George & Wulff, 2016), and *Enlarging the Therapeutic Circle: The Therapist's Guide To Collaborative Therapy With Families & Schools* (Sherman, Shumsky, & Roundtree, 1994).

There are many advantages for the therapist and child under his or her care to expand on the world inside the child's head and to go beyond to the total context in which the child lives and interacts.

Obviously, children inhabit many worlds: home, extended family, streets, playgrounds, school community, and religious institutions. They are imbued with the culture and ethnicity of the family, neighborhood and larger society. (Sherman, Shumsky, & Roundtree, 1994, p. 1).

Community Family Therapy (CFT) emphasizes linking family therapy techniques with developmental and motivational theories, community mental health, social work, economic development, and community mobilization strategies in order to help low-income, urban families. CFT emphasizes having both the client and the therapist become involved at the same 3 levels of engagement. At level 1 the client strives for personal and family change and growth, while the therapist strives for personal growth and maturation. At level 2 the client strives to access community resources and the therapist collaborates with community resources to help clients. At level 3 the client develops skills in leadership and civic action while the therapist engages in civic action and volunteer services in the community (Rojano, 2004). The well-known family therapist Cloe Madanes has stated that the most important quality for a family therapist to have is to be a social activist (personal communication, August 4, 2003).

Community intervention has long been a core skill for social workers (Crisp & Beddoe, 2012; Glisson & Dulmus, 2012). The National Association of Social Workers (NASW) emphasizes a core social work skill as: "helping communities or groups provide or improve social and health services." (National Association of Social Workers, "Practice", n.d). The NASW definition of school social work also emphasizes community intervention:

School social workers are an integral link between school, home, and community in helping students achieve academic success. They work directly with school administrations as well as students and families, providing leadership in forming school discipline policies, mental health intervention, crisis management, and support services. As part of an interdisciplinary team to help students succeed, social workers also facilitate community involvement in the schools while advocating for student success. (National Association of Social Work, "School social work", n.d.)

In community psychology there is an emphasis on making second-order changes that change the larger system (e.g. community organization or social institution) in which an individual is located. This is in contrast to first order changes that emphasize helping the individual adjust to his/her environment/community situation.

As an example of how these methods differ, consider homelessness. A first-order change to "fix" homelessness would be to offer shelter to one or many homeless people. A second-order change would be to address issues in policy regarding affordable housing. ("Community psychology", n.d., 3.2)

In the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for school counseling, Contextual Dimension standard k emphasizes the school counselor understanding community resources and referral sources. Practice skill standard h emphasizes "skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement." In recent years the school counseling literature has seen an increasing number of articles emphasizing the importance of school-community partnerships (Bryan, 2005; Bryan & Griffin, 2010; Dotson-Blake, 2010; Griffen & Faris, 2010; Moore-Thomas & Day-Vines, 2010).

Often school counselors will coordinate outside groups that wish to help with student needs such as academics, or coordinate a program that teaches about child abuse or drugs, through on-stage drama (Schmidt, [35] 2003). "School counseling", (n.d.)

The purpose of this brief review is to indicate how traditional mental health approaches embrace some degree of community intervention. This is to provide a broader context for understanding the importance of community intervention in SBFC, which is an approach that may be practiced from the base of any of the mental health disciplines.

The Importance of Community Intervention in SBFC

The SBFC approach is fundamentally a systems approach to helping children. It emphasizes the importance of assessing all the systems that impact children. In the text *School-Based Family Counseling: Transforming School-Family Relationships*, community intervention is listed as an important SBFC skill (Gerrard & Soriano, 2013).

SBFC emphasizes that students are part of multiple systems: family, school, peer group, and the larger community. Family and school, however, play a critical role especially at the primary and middle school levels. These represent critical periods where change can be more easily implemented to help children. They are also the levels where appropriate interventions can have optimal positive results. What is unique about the SBFC systems orientation is its emphasis on family systems theory which is change focused and connected to practical family counseling techniques for implementing change. Likewise, family systems theory recognizes the interdependence of various systems in our society—be they the school, the family, or the community context—as well as the vulnerability of the child depending on these systems for his/her development. Because of the flexibility of family systems theory, it can also be used to conceptualize relationship dynamics in the “school family.” (Gerrard & Soriano, 2013, p. 8)

In the SBFC literature there are numerous examples of community intervention. Kruczek & Young (2013) described a crisis intervention in a school following a destructive tornado. The school counselor worked with a local hospital to facilitate an injured student’s transition back to school. Morotti (2013) described a grant-funded collaborative effort between the Copper River School District (CRSD) and the Professional School Counseling Program at the University of Alaska, Fairbanks to create a culturally responsive k-8 guidance program in the relatively isolated CRSD. In order to build trust with families and community two counselors hired by the grant went to live in one of the smaller CRSD communities where they actively participated in community life by attending community events and collaborating with Native elders in organizing an After School Club. These contacts built community trust which laid the foundation for the guidance program being accepted in the community. Laundry, Cohen & Bishop (2013) described how they engaged in political and legislative action in getting the State of Connecticut to approve the licensure of MFT’s to work in schools. Their community intervention also involved holding “town meetings” throughout Connecticut in order to build community support for the involvement of MFT’s in schools.

Pomerantz (2013) described a school consultation intervention he made with a school that many parents, students, and community church leaders felt had teachers who discriminated against students of color. Using a video made by students describing their negative experiences with teachers, this consultant was able to secure an agreement with principal and teachers that they would collaborate with the community church leaders and parents to eliminate discrimination at the school. Goodell (2012) described a project in the Yucatan peninsula where the researchers involved parents and community in a project designed to help Mayan youth succeed at school. Over 80% of the youth participating in the project have gone on to university. A core element in the project was the active involvement of the entire community. Goodell has described how meetings with the mayors of the town

where the project took place succeeded in obtaining his support for the project to the extent that they provided space for the student computer café and frequently helped drive parents and students to project events. In addition, the SBFC professionals made friends with an administrator at the nearby Universidad Autónoma de Yucatán. This administrator, in collaboration with the Yucatan Project staff, has facilitated many of the project's 120 high school graduates to attend the university.

Gerrard (2013) has described the SBFC "Mission Possible" program at the University of San Francisco where MFT students have provided counselling to over 15,000 children and families in the San Francisco - Bay Area over a 30 year period. This university-schools collaborative project has depended on 80% of its operating income coming from relatively low fees charged to participating schools. However, without the additional 20% of the income, which comes from grants from community agencies, and community fundraising events, the program could not function. Adams-Langley & Everts (2013) described the Place2Be program which provides SBFC services to 257 schools throughout the UK. A key element in the success of this program has been the ability of staff to generate an annual income of approximately US \$19 million (for 2016) of which 40% comes from schools and 60% comes from the community (companies, trusts and charities, local and central government grants, training, fundraising, and donations). Without this community fiscal support the Place2Be program would have difficulty functioning. With this community fiscal support the Place2Be program has become the largest known SBFC program bringing mental health services to more than 105,000 students and their families in England, Scotland and Wales. In addition the patron of the Place2Be program is the duchess Catherine Middleton. Having a notable "community" patron like this certainly helps with fundraising.

Without community funding support, large scale SBFC programs cannot operate for long. It is important to note that for most of the SBFC projects described above, the project would likely have not succeeded without some form of community support.

Community Intervention in the SBFC Meta-model

The SBFC Meta-model was developed by Gerrard & Soriano (2013) as a visual aid to help mental health practitioners formulate a SBFC case conceptualization (see Figure 1). The SBFC meta-model can be used to conceptualize mental health interventions across 4 quadrants: School Intervention, Family Intervention, School Prevention, and Family Prevention. Within each quadrant are listed general classes of intervention independent of any theoretical orientation, for example, in the School Intervention quadrant are listed: Teacher consultation, Principal Consultation, Group Counseling, and Crisis Intervention. There are many approaches to group counseling (behavioral, person-centered, structured, unstructured, etc.) but the SBFC Meta-model only indicates that group counseling could be used here. What makes this model a meta-model is that mental health practitioners having different theoretical or discipline orientations can use it to formulate a SBFC case conceptualization. The essence of a SBFC case conceptualization is that it always considers the possibility of interventions involving school *and* family. The advantage of the SBFC Meta-model over the popular systems model developed by Bronfenbrenner (1979), lies in its utility for case conceptualization through the identification of specific mental health intervention and prevention strategies. To make the importance of community intervention more explicit in the SBFC Meta-model, we propose the addition shown in Figure 2. Examples of how community interventions could relate to the 4 quadrants are shown in Figure 3 and in Table 1.

THE SBFC META-MODEL

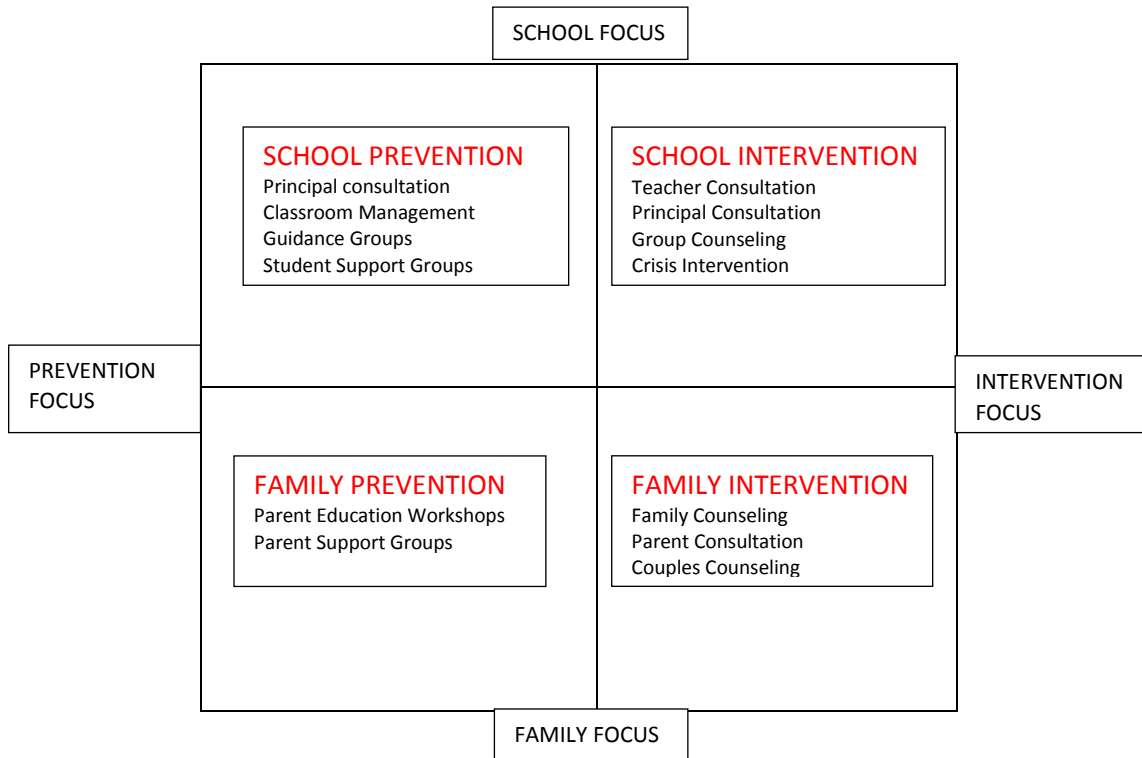


Figure 1: The SBFC Meta-model

THE SBFC META-MODEL



Figure 2: The SBFC Meta-model Showing Community Linkage

The SBFC Meta-Model

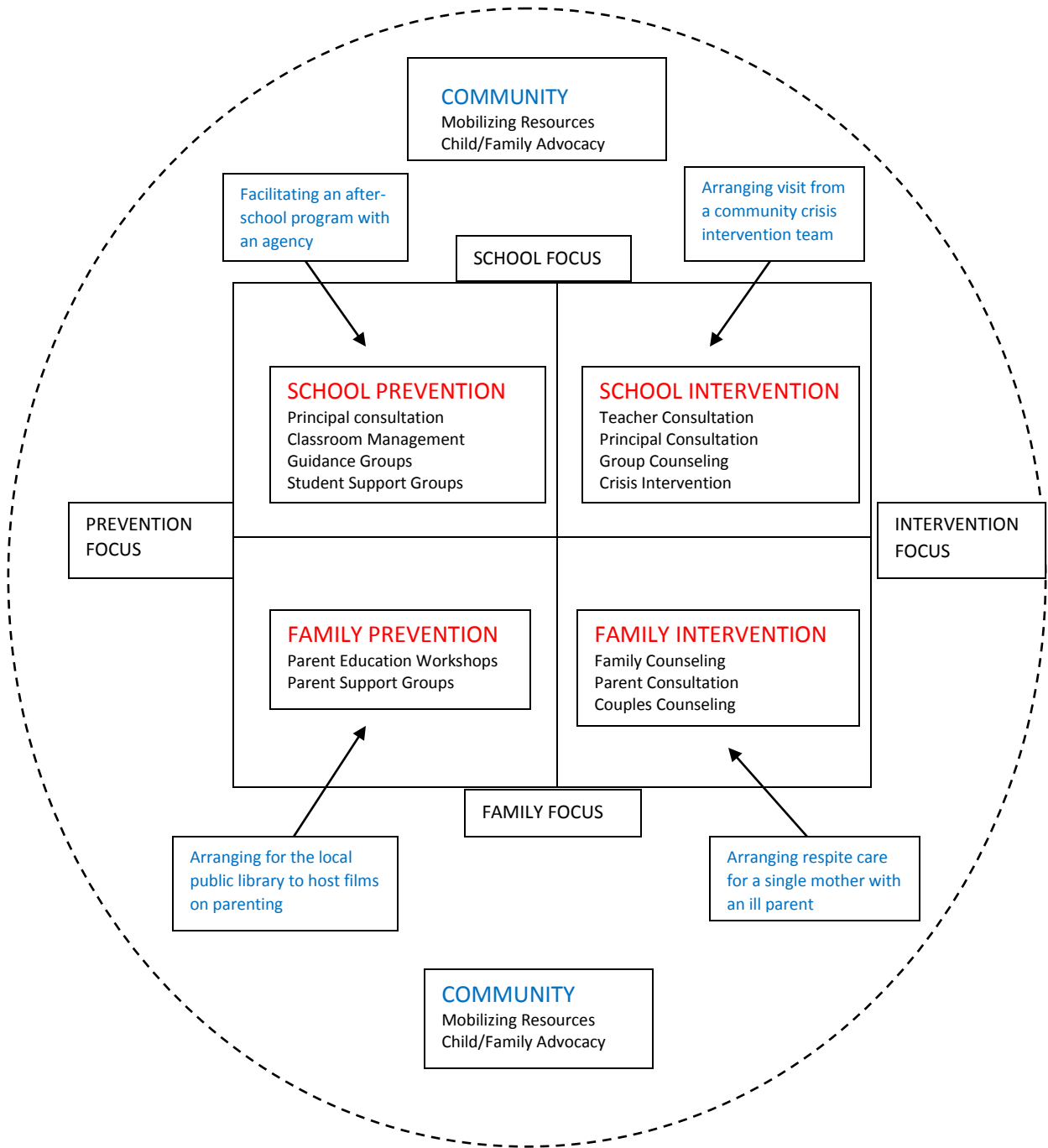


Figure 3: The SBFC Meta-Model Showing Examples of Community Involvement

Table 1. Examples of SBFC Community Interventions

SBFC Meta-model Quadrant	Challenge	Example of Community Intervention
School-Intervention	Students needing grief/loss support group	SBFC practitioner arranges for agency specializing in grief groups to facilitate a group at the school site
	Teacher has severe marital problems which affect his teaching	SBFC practitioner makes referral to a couples therapist in the community where the teacher lives
Family-Intervention	Family is in shock at a parent's cancer diagnosis and feels intimidated about dealing with the medical system	SBFC practitioner goes to the hospital with the family and acts as an advocate
	A student is in trouble with law enforcement	SBFC practitioner accompanies family to family court to advocate for the student and family
School-Prevention	School lacks after school programs	SBFC practitioner involves local Rotary Club in sponsoring supervised sporting activities
	School lacks anti-bullying program	SBFC practitioner facilitates school applying for a small grant to pay for a national organization to provide a whole school workshop on preventing bullying
Family-Prevention	Unemployment is a major stressor for students' families	SBFC practitioner arranges for a government employment center to provide a career information evening at the school
	A parent needs additional support but cannot afford agency counseling	SBFC practitioner facilitates parent attending a Recovery International support group which has no required fee

Community intervention is an important part of the SBFC approach. SBFC community involvement has two important goals: protecting children, families, and schools from harm, and mobilizing resources for children, families and schools. Families frequently encounter community obstacles that negatively impact the family and, therefore, the children in the family. Similarly, schools may be negatively impacted by the community where poverty, racism, and gang activity may affect school functioning. In these situations the SBFC practitioner will act to help the student, family, and school to find ways to effectively deal with the community obstacles. In addition, students, families, and schools frequently need community resources to solve their problems and function more effectively. In these situations the SBFC practitioner will advocate for the student, family or school to mobilize community resources.

For the SBFC practitioner who wishes to implement a community intervention there are several challenges. First, the practitioner may not have had adequate training in community intervention in their academic program. That is, they may have only been exposed to a lecture on its importance, rather than a competency based assignment requiring even a minor community intervention. Second, SBFC practitioners who are more introverted, may find it difficult to challenge bureaucratic authority in order to advocate for a child, family, or school. Adequate training and a commitment to social justice advocacy for children and families are an antidote. SBFC practitioners who have not had adequate training in community intervention, may benefit from reading books like *Pedagogy of the Oppressed* (Freire & Ramos, 1986) to acquire a broader social justice systems perspective. Books like *Community psychology: linking individuals and communities* (Kloos, Hill, Thomas, Wandersman & Elias) and *Reaching out in family therapy: Home-Based, school, and community interventions* (Boyd-Franklin & Bry, 2000) will be helpful to the SBFC practitioner in planning specific community interventions. A broader issue is how far should a mental health training program go in emphasizing community activism and advocacy for its students? On one end of the continuum we have programs that emphasize that healing takes place in the mental health professional's office. At the other end of the continuum is the program that emphasizes community intervention and activism to remove institutional obstacles that undercut the mental health of children and families. This is a controversial issue worthy of much discussion.

Finally, it is recommended that SBFC practitioners publish case studies on their community interventions with students, families and schools. Conducting randomized control group trials is difficult in community intervention. However, single subject research designs and qualitative and social action research are useful alternative strategies for furthering SBFC community intervention research.

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