

SCHOOL COUNSELOR PREPAREDNESS FOR WORKING WITH STUDENTS & CHRONIC ILLNESS: INSIGHTS AND APPLICATIONS FROM A SERVICE LEARNING EXPERIENCE IN SOUTHERN AFRICA

Eric Davis

University of South Florida, USA

Abstract. Background. The American School Counselor Association suggests school counselors be prepared to deal with myriad forms of trauma in the school community. Included among these forms of trauma are students and families dealing with chronic illness. Despite this suggestion coupled with the increased rates of chronic illness among children, many school counselors may not be prepared to handle such issues due to lack of training, professional development, or culturally diverse experiences. **Purpose, method.** The author reviews the literature on chronic illness and school counselor preparation. To further explore this area of need, the author participated in a service learning experience in southern Africa. **Results, discussion.** The information and experiences are explored with discussion of insights and applications that can be utilized to address school counseling needs related to working with students and chronic illness in the United States.

Keywords: illness-related trauma; school counseling; outreach

INTRODUCTION

School Counselor Preparedness for Working with Students & Chronic Illness: Insights and Applications from a Service Learning Experience in Southern Africa

Chronic illness is defined as condition impacting normal routines for 3 months or more and can include such conditions as asthma, HIV/AIDS, cancer, and so forth (Merianos, Vidourek, King, & Nabors, 2015). The number of children with a chronic illness has increased by more than double from 2007 to 2013 (Nutting, 2015). Despite the fact that children are significantly affected by various forms of their own or family

members' chronic illnesses and present their responses to these events often times with behavioral, academic, and emotional problems, school counselors receive minimal preparation for responding to their needs within the school setting (Crump, Rivera, London, Landau, Erlendson, & Rodriguez, 2013; Kaffenberger, 2006; Yi, Kim, Hong, & Akter, 2016). While death and illness have become increasingly common within school communities (Servaty-Seib & Tedrick Parikh, 2014; Senyonyi, Ochieng, & Sells, 2012), the professional development of school counselors in this area is lacking (Allen, Bunt, Bryan, Carter, Orsi, & Durkan, 2002; American School Counselors Association [ASCA], 2012; Nutting, 2015). A potentially viable option for increasing and enhancing professional opportunities and developments in the counseling profession is through service learning (Gehlert, Graf, & Rose, 2014; Ockerman & Mason, 2012).

This manuscript explores chronic illness and service learning literature as related to professional school counselors. Additionally, the author will share a personal narrative detailing experiences, applications, and recommendations gained during a service learning experience in South Africa and Botswana for seeking this opportunity to learn more about school counselor preparedness when working with children who are affected by chronic illness based in two objectives. The first objective addresses the need to learn about the amount of preparation school counselors in South Africa and Botswana receive in the area of chronic illness as a means of comparison and collaboration for working with U. S. students. Considerations include: (a) the culturally specific needs that are addressed and (b) the ways in which school counselor-trainees gain experience and knowledge in community service learning. Additionally, the service learning experience explores the need to understand the role of teachers and other school personnel who work in partnership with school counselors. For instance, it was surmised that they might work collaboratively toward creating a balanced school environment in which all members feel mutually respected and empowered to face the disconnection, shame, and fear that are often associated with such issues as chronic illness (Jordan, 2000). The second objective addresses the need to learn about the actual interventions that were being utilized by school counselors and counselor-trainees when working with students facing their own chronic illness or that of a family member to enhance the training and interventions being applied in American school settings.

REVIEW OF THE LITERATURE

Impact of Chronic Illness

With the increase in cases of chronic illness for children in the United States, there is a need for school counselors to gain knowledge and experience in working with these students and the school stakeholders (Merianos et al., 2015; Nutting, 2015). Such issues can have major impacts on children. Dunning (2006) reports that chronic illness presents an experience outside of the norm for the developmental stage of both the child and family. Resulting death may foster loss of trust in the predictability of events, damage to the self-image, loss of belonging, a compromised sense of justice, and a loss of control (Graham, 2004; Yi et al., 2016). Further, the isolation which may occur for parent and children can be a major source of suffering and can result in disconnection from significant relationships such as family and friends (Jordan, 2000; Nutting, 2015).

Children may also face discrimination resulting from the stigma attached to such conditions as HIV/AIDS (Mbugua, 2004; Raath, 2005) as well as dealing with more complicated bereavement due to the disease (Wood, Chase & Aggleton, 2006). Factors of abuse, neglect, and dependence on caregivers may also create difficulty for youth facing chronic illness (Buss, Warren, & Horton, 2015). Families can also be significantly impacted by chronic illness resulting in increased stress levels related to finances, mental health, and appropriate support (Distelberg, Williams-Reade, Tapanes, Montgomery, & Pandit, 2014; Gold, Grothues, Jossberger, Gruber, & Melter, 2014; Nabors, Bartz, Kichler, Seivers, Elkins, & Pangallo, 2013). Finally, advocacy and social justice issues such as nutrition, migration, availability to community, political, and medical services further the difficulties much more (Evans & Miguel, 2007; Ford & Hosegood, 2005; Kohl-Wood & Harper, 2014; Mbugua, 2004; Nutting, 2015).

Schools and Chronic Illness

As a result of so many children being impacted by chronic illness, schools are highly affected by these issues with 97% of school counselors reporting that they have worked with students addressing chronic illness (Hamlet, Gerger, & Schaefer, 2011). These youths are experiencing a wide range of issues related to the chronic illness. Children with cancer express being fearful and concerned about returning to school as well as

a sense of loss and lack of social skills (Yi et al., 2016). Children also report increased incidents of bullying, abuse, and neglect in conjunction with dealing with chronic illnesses (Buss et al., 2015; Merianos et al., 2015; Nutting, 2015). School counselors are particularly critical in addressing these areas of concern because of the role school plays in the quality of life for students and the charge for impacting the areas of academics and personal/social areas (ASCA, 2012; Crump et al., 2013).

In cases where students have suffered the loss of the mother, this is a strong predictor of poor schooling outcomes as they are often behind in school, are less likely to be enrolled, and spending on school expenses is significantly lower (Case & Ardington, 2006; Evan & Miguel, 2007) with some even having denied admission to public schools (Mbugua, 2004). Additionally, orphans are more likely to be moved around significantly, living with a variety of households following the loss of parents (Ford & Hosegood, 2005). It may also be the case that orphans are under the care and supervision of older sibling or even head of the household themselves (Case & Ardington, 2006; Raath, 2005). It is these cases in particular where a school counselor can become an advocate for the child (Bemak & Chung, 2005; Hamlet et al., 2011; Trust & Brown, 2005).

The school counselor is in a unique position and can provide a voice to the student. This may require work beyond the school setting and includes such behaviors as phone calls, letters, negotiating with those in power, and being flexible and realistic in what can be accomplished (Baker & Field, 2004). These increased concerns combined with the substantial increases in childhood chronic illness experiences has led to the need for more impactful and culturally training experiences for school counselors. One such option is service learning.

Service Learning

Service learning is defined as a non-traditional learning strategy that utilize in-depth cultural and academic experiences within a community while providing needed services with reflective and evaluative components to enhance identities and knowledge related to social justice and multicultural skills (Dolson-Blake, Dotson, Glass, & Liley, 2010; Gehlert et al., 2014). This identity and self-awareness is of particular interest considering that while school communities have become increasingly more diverse, the school counselor population has not. Hanson and Stone (2002) reported that 83% of school personnel graduates from

nationally accredited graduate programs are White. As a result, there is a consistent call for increased emphasis on multicultural competence in counselor preparation programs (Musheno & Talbert, 2002). Moreover, contemporary scholars assert that advocacy skills should be incorporated into school counselor identity (Arman & Sherer, 2002; Bemak & Chung, 2005; Howard & Solberg, 2006; Kohl-Wood & Harper, 2014; Trust & Brown, 2005), particularly for school counselors working with socially marginalized students and their families. Service learning has shown to be an effective and meaningful strategy for building skills related to multiculturalism and social justice (Koch, Ross, Wendell, & Aleksandrova-Howell, 2014; Ockerman & Mason, 2012). In particular, service learning has been shown to be effective in aiding students in working with grieving families and reducing stress related to death-related clinical experiences (Servaty-Seib & Tedrick Parikh, 2014).

Because of the increased evidence of the effectiveness of service learning, the author utilized a service learning experience in southern Africa to increase exposure and knowledge of chronic illness with a society and culture that has experienced an abundance of working with students, families, and schools in the area. One of the most devastating chronic illnesses affecting the globe is HIV/AIDS with most incidences occurring in the continent of Africa. Almost 13.2 million children under the age of 15 have lost parents as a result of HIV/AIDS and this number is expected to increase to 25 million by the year 2010 (Stats of South Africa, 2012). Africa is affected most severely by this epidemic due to the fact that 95% of HIV/AIDS orphans reside on the continent (Mbugua, 2004). Schools in particular have been affected by the epidemic because of the increased incidents of children being orphaned, diagnosed with the disease, and increased academic, emotional, and behavioral school issues (Case & Ardington, 2006; Evans & Miguel, 2007; Otwombe, Dietrich, Laher, Hornschuh, & Nkala, 2015).

The similarities of an epidemic of chronic illness in Africa and the rise of incidents in the United States was the rationale for the author's participation in a service learning experience to learn about school counselor preparation and application of strategies for working with chronic illness in school settings. The following sections discuss what was experienced and potential interventions that were observed. Recommendations for the school counseling profession are also included.

PERSONAL NARRATIVE

As I boarded the plane for South Africa, my thoughts and feelings ran the gambit of fear, excitement, doubt, and confusion. I was not sure that I was ready to approach such a large and daunting counseling experience. According to *The ASCA National Model: A framework for school counseling programs* (ASCA, 2012), it is the school counselor's duty to meet the immediate needs of students necessitated by life events, situations, or conditions with responsive services including individual, group, and classroom counseling as well as collaboration with parents, community members, and school personnel. Despite this statement, it is common for many school counselors to feel unprepared to deal with events like chronic illness due to issues such as lack of training and experience. This was absolutely the case for me.

Even though I was aware of these issues and had read several relevant articles, participated in numerous trainings, and responded to a limited amount of chronic illness as a school counselor, it still seemed daunting that I would soon be in South Africa and Botswana working with counselors who dealt with students facing such issues as HIV/AIDS on a daily basis. How would I handle such situations? Would I be prepared to discuss these issues with the counselors and students? I also wondered about how I would be perceived by the counselors, staff, and students. Would they see me as another invader who just wanted to come into the school, snap a few pictures, say a few words, and leave – never to be seen again? Would I be accepted as a colleague? These were the questions I pondered as I walked onto the high school campus in Gaborone, Botswana. I took a deep breath and prepared myself for anything that might happen.

Fortunately, many of my fears and trepidations melted away. Upon meeting the counselors at the school, their kindness and hospitality were overwhelming. It was made clear to me that I was an honored guest and my presence was considered a gift. The campus was lovely. It was open and spread out with great courtyards, allowing students to mingle during breaks. The interactions with the students were incredible. My team member and I were allowed to conduct an impromptu session with a classroom of eleventh graders. We simply conversed about ideas that they had about the United States and the ideas we had about Botswana.

I was floored when hearing such questions as, “Do all of the teenagers act like Brittany Spears and Paris Hilton?” and “Are all schools in America really violent?” It was intriguing that my questions about HIV/AIDS were met with very little knowledge as most students did not mention that they had dealt with it personally. Overall, it reminded me so very much of my conversations with my own high school students. Students were mainly interested in learning about how to get to America, the best way to get into college, and what do I do for fun. It was so invigorating to converse with these young people from another continent!

The conversations with the counselors were even more enlightening. We began by meeting in their office with a cup of tea and some wonderful home-made bread prepared by the secretary. The counselors’ office was small and served as the school infirmary as well. However, it was welcoming and strategically placed for easy access by students and staff. We began talking and, I must admit, there was a great amount of surprise on my behalf by what was said.

It was my expectation that the school counselors would be well prepared to handling chronic illness on a daily basis. I was incredibly mistaken. Not only did they not deal with many cases of chronic illness, but they also confided in me that, due to a lack of training and experience, they did not feel adequately prepared to face such situations if they arose. Despite this limited amount of interactions with chronic illness, the counselors did discuss a variety of interventions that were utilized in such cases. In many of the instances, the counselors worked with students using puppets, music and dance, art, and story-telling as familiar and culturally acceptable means for working in the counseling process.

The literature confirms this notion stating that many counselors feel unprepared to deal with the issue of chronic illness (Hamlet et al., 2011; Kaffenberger, 2006; Servaty-Seib & Tedrick Parikh, 2014). Despite this, school counselors are often expected to be aware of such issues as post-traumatic stress disorder (PTSD) and are often seen as the most qualified member of the school staff to recognize and provide recommendations for intervention (Marotta, 2000). Even with an awareness of this information, I was still quite unprepared to hear these statements. At this point, all of the preparation and reading came into light as my personal objectives for participating in this service learning experience became center stage and were thus highlighted in that moment.

The experience was further enhanced through our learning aspect of what transpired during the visit. As a part of the trip, we participated in reflective journal writing and group process of our interactions with colleagues and students. These activities aided in transferring the knowledge to a deeper level of understanding and potential application to the school settings in the United States. Recommendations based on the experiences and literature are discussed further in the following section.

RECOMMENDATIONS FOR TRAINING

School counselors often feel unprepared to handle chronic illness issues in the school setting, reporting a lack of communication, information, and adequate training as well as unsupportive school system policies (Kaffenberger, 2006; Ot wombe et al., 2015). These concerns, echoed by the counselors in Botswana as well as personal experiences, are cursorily covered in school counselor training programs and almost completely ignored in the actual school setting. This is exemplified in the fact that almost one-third of school counselors enter the school system with no formal coursework or supervision related to crises such as chronic illness topics (Allen et al., 2002). Additionally, it is vital that potential issues are discussed prior to the onset of critical events to ensure that an adequate plan is in place to effectively handle chronic illness and death (Allen et al., 2002; Charkow, 1998; Crump et al., 2013; Merianos et al., 2015).

Cultural Aspects of Training

One aspect of training that is vital for school counselor trainees involves dealing with cultural aspects of chronic illness response. Training programs must take into account current social, economic, and political realities while responding to the developmental needs of future counselors and students in rapidly changing multicultural societies (Arman & Scherer, 2002; Dolson-Blake et al., 2010; Koch et al., 2014; Kohn-Wood & Harper, 2014). This includes educating school counselors about their duties as advocates and agents for social change as this is also an important part of the ASCA National Model (ASCA, 2012; Ockerman & Mason, 2010).

Working with School Stakeholders

School counselor trainees must be made aware of challenges related to working with parents, such as locating adequate community resources, and dealing with possible bureaucratic red tape they might face in their roles as advocates (Distelberg et al., 2014; Gold et al., 2014; Musheno & Talbert, 2002). Additionally, they need to be trained in ethical standards, ability to find and utilize resources, mediation/conflict resolution skills, knowledge of models and theories, ability to form partnerships and collaborate, and basic counselor skills such as communication, problem-solving, organization, and self-care (Hamlet et al., 2011; Trust & Brown, 2005). School counselor trainees can also receive training in dealing with social, academic, and personal issues stemming from chronic illness as well as how to aid administrators, teachers, and peers in understanding their roles in helping (Kaffenberger, 2006). Further, training programs must provide such opportunities to students through outreach and community projects, especially in regards to multicultural experiences (Dolson-Blake et al., 2010; Hanson & Stone, 2002; Ockerman & Mason, 2012).

Teachers are increasingly aware of death and illness and must be aware of the needs that must be addressed, such as providing reasonable choices to students, being aware of specific activities and holidays, assisting with schoolwork, and maintaining contact with the family (Graham, 2004; Haggard, 2005). Teachers and other school personnel must also be aware of the coping mechanisms that some students may employ while working through the issues related to the illness (Gold et al., 2014; Nicholson & Pearson, 2003; Yi et al., 2016). It is important that school personnel understand what has happened and provide support. School counselors, in particular, can facilitate students' expression of concerns related to the chronic illness. A final aspect to be considered is the impact on the teachers. These can be very trying experiences and, after a long day of handling such intense issues, teachers may also need help in dealing with death and illness through open support from colleagues and friends (Nutting, 2015; Schlozman, 2003).

Dunning (2006) emphasizes the importance of the surviving parent to the adjustment of the child to the death and bereaving process. Parents must be aware of this important role and foster healthy relationships through granting the child the appropriate distance from the dying

parent, preventing parentification with excessive caretaking duties, and accepting the child's developmentally appropriate efforts to individuate (Distelberg et al., 2014; Saldinger, Cain, Poterfield & Lohnes, 2004). School counselors are in a prime position to advocate and aid parents in such endeavors (ASCA, 2012; Bemak & Chung, 2005; Crump et al., 2013; Trust & Brown, 2005). School counselors can aid parents in dealing with a variety of issues. For example, parents may need assistance in finding community support to deal with their own unaddressed grief. Another area that may be helpful to parents is succession planning to discuss impending death. School counselors can also be trained to recognize when and how to find an alternative adult if the parent or caregiver is too grief stricken to provide adequate support and care (Charkow, 1998). Cultural competencies are skill sets of interest to school counselors globally (Arredondo, Toporek, Brown, Jones, Locke, Sanches et al., 1996; Dolson-Blake et al., 2010; Kohl-Wood & Harper, 2014).

Training Opportunities

Overall, university training programs must make the training and opportunities available for potential school counselors to gain valuable knowledge and experience in dealing with chronic illness. This can be accomplished through supportive supervisors, clear guidelines, effective models for integrating theory and practice, increased awareness of the role of the school counselor, more time to process and communicate experiences (Armam & Scherer, 2002), and redefining the program's training mission (Bemak & Chung, 2005).

School systems can help by providing school counselors, teachers, and other school personnel the opportunity to receive appropriate professional development. School counselors must be given the freedom and accessibility to students and community to provide counseling services during and after a chronic illness incident (Allen et al., 2002). It is also up to the school system to provide in-service professional development training in chronic illness and advocacy skills (Bemak & Chung, 2005). Ninety-four percent of school systems report having a crisis plan in place with 61% of these teams having a school counselor as a member (Allen et al., 2002). Yet the aforementioned suggestions are essential in creating a school environment where all members of the school community feel connected, respected, and open to sharing and learning about chronic illness (Buss et al., 2015; Servaty-Seib & Tedrick Parikh, 2014).

Individuals in training need to be proactive in their education and take risks in order to develop as culturally competent and effective counselors and advocates (Allen et al., 2002; Bemak & Chung, 2005; Gehlert et al., 2014; Kohn-Wood & Harper, 2014). Active membership in organizations, such as the American School Counseling Association (ASCA), American Counseling Association (ACA), Association for Multicultural Counseling and Development (AMCD), and Counselors for Social Justice (CSJ), and participation in service learning immersion experiences can augment students' cultural awareness and competence. It is also important that these activities are done not for a line on one's curriculum vitae but for growth-inducing experiences that increase understanding in a variety of multicultural settings.

An additional component involves training in known effective methods for dealing with chronic illness. Play techniques such as bibliotherapy, art, and puppet play can be strong methods for counseling children affected by chronic illness (Jordan, Perryman, & Anderson, 2013; Mbugua, 2004; Nabors et al., 2013; Nicholson & Pearson, 2003; Nutting, 2015; Woong, Mi, Jeongshim, Eun, Ju, Sun-Hyun, & Yong, 2016). When selecting courses, it is imperative that counselors in training select classes that will provide training and learning in understanding and utilizing such techniques as well as advocating for them if they do not exist.

This does not end with training however. Once in the school setting, school counselors must be proactive as counselors and advocates of social justice when creating, implementing, and supporting school-based interventions for all school community members affected by illness-related trauma and crisis (Bemak & Chung, 2005; Howard & Solberg, 2006; Senyonyi et al., 2012). This also includes fostering a strong relationship with all members of the school community such as administrators, teachers, staff, parents, and local organizations (Allen et al., 2002; Bemak & Chung, 2005; Otworld et al., 2015). Of particular interest are the potential relationships that can occur between school systems and colleges and universities. This collaboration can result in valuable resources, service learning opportunities, and insight into the needs for both populations (Koch et al., 2014; Musheno & Talber, 2002).

Training programs, school systems, and the counselor-trainees must share the responsibility for responding to the needs of children affected by chronic illness. Only 64% of all university training programs reported

some type of trauma preparation (Allen et al., 2002). School counseling programs need to provide adequate training experiences in the area of trauma and chronic illness. Arman and Scherer (2002) recommend a combination of course content within an experiential counseling component to provide relevant and current educational experience. It is this combination of theory and practice that makes for a relevant learning experience. Additionally, curricula can focus on high priority crisis topics, such as suicide, abuse, death, and grief (Allen et al., 2002; Hamlet et al., 2011; Merianos et al., 2015).

Further Research

Finally, there is a need for research in the area of chronic illness. One such area involves the need to understand why students are lacking experiences in service learning and involvement (Dolson-Blake et al., 2010). Is it simply related to training and lack of experiences or are there other factors that are involved? A survey of students may provide insight into this question. There are also issues involved in the service learning experience itself. What is an effective service learning model? How do you build solid, empowering, and mutually empathic relationships before, during, and after a service learning experience? What should be done following a service learning experience in regards to follow-up and continuing collaboration? These questions can only be answered by actual service learning experiences in the community both at home and abroad.

CONCLUSION

Chronic illness is an area full of questions and doubt, but also full of hope and potential. Through service learning experiences, such as the one encountered in Southern Africa, students, counselors, and educators can gain incredible insight into this area. This includes becoming aware of differing cultures and how new and different aspects can open a person's mind and conscious. They can also provide insight into the needs of counselor training programs, school counselor interventions, school system development and training procedures, and personal perspectives, thus allowing for progress and ultimately change. However, it is up to everyone as counselors, educators, supervisors, and other adults in the lives of children to take risks to allow for exploration and growth because it is the chances that are *not* taken that lead to life's deepest regrets.

References

- Allen, M., Bunt, K., Bryan, E., Carter, D., Orsi, R., & Durkan, L. (2002). School counselors' preparation for and participation in crisis intervention. *Professional School Counseling, 6*, 96–102.
- American School Counselor Association (2012). *The ASCA national model: A framework for school counseling programs*. Alexandria, VA: Author.
- Arman, J. F., & Scherer, D. (2002). Service learning in school counselor preparation: A qualitative analysis. *Journal of Humanistic Counseling, Education, and Development, 4*, 69–86.
- Arredondo, P., Toporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., et al. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 24*, 42–78.
- Baker, S., & Field, J. E. (2004). Defining and examining school counselor advocacy. *Professional School Counseling, 8*, 56–63.
- Bemak, F., & Chung, R. C. (2005). Advocacy as a critical role for urban school counselors: Working toward equity and social justice. *Professional School Counseling, 8*, 196–202.
- Buss, K. E., Warren, J. M., & Horton, E. (2015). Trauma and treatment in early childhood: A review of the historical and emerging literature for counselors. *The Professional Counselor, 5*, 225–238.
- Case, A., & Ardington, C. (2006). The impact of parental death on school outcomes: Longitudinal evidence from South Africa. *Demography, 43*, 401–420.
- Charkow, W. B. (1998). Inviting children to grieve. *Professional School Counseling, 2*, 117–122.
- Crump, C., Rivera, D., London, R., Landau, M., Erlendson, B., & Rodriguez, E. (2013). Chronic health conditions and school performance among children and youth. *Annals of Epidemiology, 23*, 179–184.
- Distelburg, B., Williams-Reade, J., Tapanes, D., Montgomery, S., & Pedit, M. (2014). Evaluation of family systems interventions for managing pediatric chronic illness: Mastering each new direction. *Family Process, 53*, 194–213.
- Dolson-Blake, K. P., Dotson, L. K., Glass, J. S., & Liley, B. D. (2012). Accountability in action: Service learning partnerships in practice. *Journal of School Counseling, 8*, 1–41.
- Dunning, S. (2006). As a young child's parent dies: Conceptualizing and constructing preventative interventions. *Clinical Social Work Journal, 34*, 499–513.
- Evans, D. K., & Miguel, E. (2007). Orphans and schooling in Africa: A longitudinal analysis. *Demography, 44*, 35–57.
- Ford, K., & Hosegood, V. (2005). HIV/AIDS mortality and the mobility of children in Kwazulu Natal, South Africa. *Demography, 42*, 757–768.

- Gehlert, N. C., Graf, A. D., & Rose, L. A. (2014). Benefits and best practices: Service learning in counselor education. *Currents in Teaching and Learning*, 7, 37–49.
- Gold, K., Grothues, D., Jossberger, H., Gruber, H., & Melter, M. (2014). Parents' perceptions of play-therapeutic interventions to improve coping strategies of liver-transplanted children: A qualitative study. *International Journal of Play Therapy*, 23, 146–160.
- Graham, A. (2004). Life is like the seasons: Responding to change, loss, and grief through a peer-based education program. *Childhood Education*, 80, 317–321.
- Haggard, G. (2005). Providing school support for the grieving child. *The Delta Kappa Gamma Bulletin*, 44, 25–26.
- Hamlet, H. S., Gergar, P. G., & Schaefer, B. A. (2011). Students living with chronic illness: The school counselor's role. *Professional School Counseling*, 14, 202–210.
- Hanson, C., & Stone, C. (2002). Recruiting leaders to transform school counseling. *Theory Into Practice*, 41, 163–168.
- Howard, K. A. S., & Solberg, S. H. (2006). School-based social justice: The achieving success identity pathways program. *Professional School Counseling*, 9, 278–287.
- Jordan, B., Perryman, K., & Anderson, L. (2013). A case for child-centered play therapy with natural disaster and catastrophic event survivors. *International Journal of Play Therapy*, 22, 219–230. doi: 10.1037/a0034637.
- Jordan, J. V. (2000). The role of mutual empathy in relational/cultural therapy. *Psychotherapy in Practice*, 56, 1005–1016.
- Kaffenberger, C. J. (2006). School reentry for students with a chronic illness: A role for professional school counselors. *Professional School Counseling*, 9, 223–230.
- Koch, J. M., Ross, J. B., Wendell, J., & Aleksandrova-Howell, M. (2014). Results of immersion service learning activism with peers: Anticipated and surprising. *Counseling Psychology*, 42, 1215–1246.
- Kohn-Wood, L., & Harper, L. M. (2014). Cultural competency, culturally tailored care, and the primary care setting: Possible solutions to reduce racial/ethnic discrepancies in mental health care. *Journal of Mental Health Counseling*, 36, 173–188.
- Marotta, S. A. (2000). Best practices for counselors who treat posttraumatic stress disorder. *Journal of Counseling and Development*, 78, 492–495.
- Mbugua, T. (2004). Responding to the special needs of children: HIV/AIDS orphans in Kenya. *Childhood Education*, 80, 304–309.
- Merianos, A. L., Vidourek, R. A., King, K. A., & Nabors, L. A. (2015). Hospital, school, and community-based strategies to enhance the quality of life of youth with chronic illness. *Applied Research Quality Life*, 10, 329–342.
- Musheno, S., & Talber, M. (2002). The transformed school counselor in action. *Theory Into Practice*, 41, 186–191.

- Nabors, L., Bartz, J., Kichler, J., Sievers, R., Elkins, R., & Pangallo, J. (2013). Play as a mechanism of working through medical trauma for children with medical issues and their settings. *Issues in Comprehensive Pediatric Nursing, 36*, 212–224.
- Nicholson, J. I., & Pearson, Q. M. (2003). Helping children cope with fears: Using children's literature in classroom guidance. *Professional School Counseling, 7*, 15–19.
- Nutting, R. (2015). The strength of children externalizing the effects of chronic illness through narrative puppetry. *Journal of Family Psychotherapy, 26*, 9–14.
- Ockerman, M. S., & Mason, E. C. M. (2012). Developing school counseling students' social justice orientation through service learning. *Journal of School Counseling, 10*, 1–26.
- Otwombe, K., Dietrich, J., Laher, F., Hornschuh, S., & Nkala, B. (2015). Health-seeking behaviours by gender among adolescents in Soweto, South Africa. *Global Health Action, 8*, 51–59. doi:10.3402/gha.v8.25670.
- Raath, H. (2005). The psychological needs of adolescents affected by HIV/AIDS: A South African study. *International Social Work, 48*, 569–580.
- Saldinger, A., Cain, A. C., Porterfield, K., & Lohnes, K. (2004). Facilitating attachment between school-ages children and a dying parent. *Death Studies, 28*, 915–940.
- Servaty-Seib, H. L., & Tedrick Parikh, S. J. (2014). Using service learning to integrate death education into counselor preparation. *Death Studies, 3*, 194–202.
- Snyonyi, R. M., Ochieng, L. A., & Sells, J. (2012). The development of professional counseling in Uganda: Current status and future trends. *Journal of Counseling and Development, 90*, 500–504. doi:10.1002/j.1556-6676.2012.00062.
- Statistics of South Africa. Census 2011 municiple report Gauten. 2012. Retrieved from www.statssa.gov.za/census/census_2011/census_products/GP_Municipal_Report.pdf.
- Trust, J., & Brown, D. (2005). Advocacy competencies for professional school counselors. *Professional School Counseling, 8*, 259–265.
- Wood, K., Chase, E., & Aggleton, P. (2006). 'Telling the truth is the best thing': Teenage orphans' experiences of parental HIV/AIDS-related illness and bereavement in Zimbabwe. *Social Science and Medicine, 63*, 1923–1933.
- Woong, S. K., Mi, Y. C., Eun, J. P., Ju, H. K., Sun-Hyun, K., & Yong, B. K. (2016). Art therapy using famous painting appreciation maintains fatigue levels during radiotherapy in cancer patients. *Radiation Oncology Journal, 34*, 135–144.
- Yi, J., Kim, M. A., Hong, J. S., & Akter, J. (2016). Childhood cancer survivors' experiences in school reentry in South Korea: Focusing on academic problems and peer victimization. *Childhood and Youth Services Review, 67*, 263–269.

MOKYKLOS PATARĖJŲ PASIRENGIMAS DARBUI SU MOKINIAIS IR LĒTINĖMIS LIGOMIS: ĮŽVALGOS IR PRITAIKYMAS REMIANTIS KOOPERUOTŲ STUDIJŲ PATIRTIMI PIETŲ AFRIKOJE

Eric Davis

Pietų Floridos universitetas, JAV

Santrauka. Mokslinė problema. Remiantis Amerikos mokyklų konsultantų asociacija, mokyklų patarėjai turėtų būti pasirengę darbui su daugybe skirtingų traumų formų mokyklos bendruomenėje, tame tarpe su mokiniais ir šeimomis, sergančiais lėtinėmis ligomis. Nepaisant šios rekomendacijos bei padidėjusio lėtinio ligų dažnio vaikų tarpe, daugelis mokyklos patarėjų nėra pasiruošę spręsti šias problemas dėl parengimo, profesinio tobulėjimo ar skirtingų kultūrinių patirčių trūkumo. **Tikslas, metodika.** Straipsnio autorius apžvelgia literatūrą apie lėtines ligas ir mokyklos patarėjų parengimą. Siekdamas labiau įsigilinti į problemos aktualumą, autorius dalyvavo kooperuotų studijų praktikoje pietų Afrikoje. **Rezultatai, diskusija.** Duomenys ir patirtys yra nagrinėjamos kartu aptariant įžvalgas ir pritaikymą, kas gali būti panaudota norint užtikrinti mokyklos patarėjų poreikius, susijusius su darbu su mokiniais ir lėtinėmis ligomis Jungtinėse Amerikos Valstijose.

Pagrindiniai žodžiai: ligos sąlygota trauma, konsultavimas mokykloje, ribų išplėtimas.

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