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EDCO 508 – Green

Progressive Case Study Scenario

Presented Case Study:

Jenna is a popular 15-year-old high school junior. Your colleague and the school's gym instructor, Ms. Harsh, has asked you to meet with Jenna due to concerns that she may be suffering from multiple eating disorders. She tells you that Jenna spends unusually long periods of time in the bathroom every day after arriving to class after lunch. Additionally, she has received numerous reports from a few girls that they have heard Jenna heaving into the toilet on more than 1 occasion. An active member of the Associated Student Body (ASB) on campus and this year's student-body-elected Homecoming Queen, Jenna is outspoken and well-known on campus. You pull up her schedule for this semester and note that she has taken on 2 club positions in addition to ASB and her ongoing extracurricular activities. The only time you meet with Jenna is when you are helping her pick out classes for the next semester. During these sessions, she does not talk much about her personal life or studies, but rather, her friends in Dance Club and the news about Prom Committee. She has C's in all classes except for Art, where she has an A, and has perfect attendance. Her younger sister, Casey, also attends the same high school as a freshman student. When asked about Casey or her household, Jenna is never confrontational and automatically becomes cold with her answers.

Using the case study scenario, I will evaluate Jenna's wellbeing as a student, and attempt to answer the 4 essential questions covered in the course, beginning with: How can the role of the school counselor facilitate Jenna's well-being?

By using a school counselor's judgments on Jenna's scenario, it is clear that it is not only her physical wellbeing that is taking a dive. As a school counselor candidate, I will start by examining Jenna's wellbeing on an ICOPPE scale. In their journal of wellness and fairness, Duff, Rubenstein, and Prilleltensky (2016) state that interpersonal wellbeing "has strong positive correlations with longevity, resilience, physical health, mental health, overall well-being, and life-satisfaction. (p.129).

Jenna's interpersonal wellbeing is made up of the relationships she builds with people from school, mainly those that associate her as being part of the "in" crowd. From the case study, we can draw that Jenna's home life and her need to uphold her reputation on campus may be a catalyst for her physical wellbeing. Her overall wellbeing numbers are most likely rated at very low on the ICOPPE, with her psychological and physical wellbeing being the lowest.

A school counselor will be able to dissect Jenna's own Webs of Wellness (Prilleltensky, Prilleltensky 2006) by directly approaching Jenna with questions regarding her personal life. By using his/her resources, the school counselor should direct Jenna to see a school psychologist with concerns for her mental and physical health. The collective effort will be a step in the right direction to help Jenna with getting the professional help she needs. In their article, Prilleltensky and Prilleltensky describe personal wellness as being based on a number of sources. "Our needs for health, control, optimism, empathy, and emotional nourishment are a precondition for psychological wellness." (p. 16).

Jenna's may be lacking the attention and nourishment that she desires from her family. She may be looking to her social status as a way to achieve interpersonal wellbeing. Because the eating disorder is affecting her personal wellness and psychological wellbeing, she will need to speak to a school psychologist to take the next steps to recuperation. This step is a protective factor that the school counselor should take, and brings me to the second essential question: How can a school counselor/program have an impact on Jenna's risk and protective factors for well-being?

By outlining the ROWS assessment looked at in Jane's case study (Prilleltensky and Prilleltensky, 2006 p. 27), the school counselor will consider that Jenna's risks are: her physical health, her grades, her overload of school activities, officer positions, a lack of family support, and a low level of emotional support. Meeting with Jenna early on and discussing her school and activity load is the first step in helping dictate the risk and protective factors for her well-being. By evaluating her social circles, the school counselor may notice that she has a hard time juggling her school schedule along with her activities. The counselor may also be able to deduce that Jenna might not like being at home because of the overload of her school responsibilities. Jenna's weaknesses as assessed by the ROWS are: her need to fulfill her campus reputation and fit in with the "in" crowd, and her fear of opening up to others about her problems.

The third essential question asks: How can a school counselor/program prioritize Wellness, Justice and Equity on behalf of Jenna?

The ASCA National Model (American School Counselor Association, 2012) incorporates advocacy and collaboration as major themes in the counseling framework. In Jenna's case, the school counselor should evaluate the counseling program and outside resources for students suffering from psychological disorders. If there are limited female-focused/support groups for students to build self-esteem, the counselor should make a collaborative effort to work with stakeholders and the school psychologist to develop a program for students going through eating disorders like Jenna so they are not voiceless. To prioritize justice, the school counselor should keep trauma-informed practices in mind (group therapy, club/committee advisors and student check-ins) to develop success strategies with advisors, stakeholders, and the community.

In Jenna's case, it will be important for the school counselor to establish trust by holding a one-on-one session with Jenna, and then later on, with her sister Casey. Once Jenna recognizes that she needs help, it is important to bring her parents in for an intervention. This collaborative approach would influence her overall wellbeing by allowing the whole family to be transparent with one another. Depending on the degree of seriousness, the school counselor could even direct Jenna and her family to a family therapist.

The final essential question asks: How can a school counselor/program address implicit/explicit bias and privilege impacting Jenna's well-being?

It may be that Jenna's solution to escaping the pressures of school, home, and popularity by giving in to bulimia/and/or anorexia. An assumption is that Jenna turns to this outlet because the ideal body image gives her the mentality she needs to help her succeed in the school and social activities she partakes in. An implicit bias that a counselor may have can be Women and Media. To eliminate this bias, the counselor should gain more background on eating disorders to give him or herself more knowledge on the biological and environmental factors that are affecting her. An example of explicit bias would be the school counselor assuming that, based on Jenna's popularity and the outpour of attention she receives from her "friends," she must be happy. To effectively eliminate this bias and privilege associated with it, the counselor must consider the ROWS, 5 S's, and ICOPPE assessment to gain objectivity and a better insight to work with his/her students. Lastly, the school counselor would take affirmative action by making sure Jenna does not feel alone with her struggles by using indirect and direct student services for her therapy.

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Running head: PROGRESSIVE CASE STUDY SCENARIO

Progressive Case Study Scenario Presented Case Study:

Jenna is a popular 15-year-old high school junior. Your colleague and the school's gym instructor, Ms. Harsh, has asked you to meet with Jenna due to concerns that she may be suffering from multiple eating disorders. She tells you that Jenna spends unusually long periods of time in the bathroom every day after arriving to class after lunch. Additionally, she has received numerous reports from a few girls that they have heard Jenna heaving into the toilet on more than 1 occasion. An active member of the Associated Student Body (ASB) on campus and this year's student-body-elected Homecoming Queen, Jenna is outspoken and well-known on campus. You pull up her schedule for this semester and note that she has taken on 2 club positions in addition to ASB and her ongoing extracurricular activities. The only time you meet with Jenna is when you are helping her pick out classes for the next semester. During these sessions, she does not talk much about her personal life or studies, but rather, her friends in Dance Club and the news about Prom Committee. She has C's in all classes except for Art, where she has an A, and has perfect attendance. Her younger sister, Casey, also attends the same high school as a freshman student. When asked about Casey or her household, Jenna is never confrontational and automatically becomes cold with her answers.

This paper is the second segment of the progressive case study scenario and will analyze and answer the 3 Essential Questions addressed in Units 5,6 and 7. The first Essential Question asks: How can the role of the school counselor/program enhance well-being through restorative justice in schools with and without restorative justice (RJ) programs?

RJ can be applied to Jenna even if her behavior has not broken any school discipline rules. Because of the sensitivity of Jenna's situation, the restorative justice process begins before she assumes responsibility of her eating disorders. RJ targets the student's mentality and their healing process. The counselor's role is useful in understanding what factors may have pushed Jenna's self-esteem to go down the road of purging herself. Commonly, students who are confronted about their eating disorders are often in denial. As the National Eating Disorders Association (NEDA) states, "in many instances, the child is terrified to surrender the one coping skill they have found to be effective for them." (NEDA, 2015). Instead of approaching students like Jenna and confronting them with the observations and transferring her to the mental health

treatment process, it is important to target student suffering with disorders through a soft and not punitive process. To avoid making Jenna feel like an “outpatient,” the school board and counselor should start with building empathy and help her ease into the process of becoming healed through the counseling program’s outside referrals. Once she begins the inpatient or outpatient process, the school counselor should continue to communicate with Jenna and check-in with her on a regular basis. The RJ program and school counselor should dissect Jenna’s environmental and cultural factors to offer her right solutions to her treatment. For example, if it is the stress of taking on too many extracurriculars, the counselor should offer Jenna help with balancing her schoolwork. Regarding her feelings of family conflict, the counselor should consider Jenna’s home setting and work with her family on creating mediation and a healthy pathway for her to be able to be at home more. If it is Jenna’s circle of friends who are influencing her to believe her body isn’t “good enough,” then the counselor can offer Jenna advice on how to avoid these types of relationships at school in addition to advocating on methods to reach positive self-love.

With these solutions in mind, we can look at the 2nd Essential Question: How can the role of school counselor/program facilitate well-being regarding awareness and efforts to address the impact of trauma in schools, and how to avoid re-traumatization?

The counselor’s role is crucial to connecting Jenna and other students with eating disorders with the right indirect/direct resources. To address the trauma, the school counselor will need to work with a trained mental health professional or team who understands the early signs and symptoms, causes and effects of eating disorders. To avoid re-traumatization, the school board and mental health team should collaborate to create support groups and workshops at school that allow students that suffer from eating disorders with ways to seek help. The

counseling team and program should display transparency and empathy with the programs and keep RJ in mind.

Another way to facilitate awareness and avoid re-traumatization is through the intervention process. In Jenna's situation, the intervention should be held between Jenna and her family as it is mainly her issues at home that cause her to look at self-harm as an outlet. The counselor should develop ways with Casey, her sister, and parents, through the intervention process that can create a stable and more productive home life for Jenna. The counselor may even consult or refer the family to work with a family counselor. In the case that Jenna is unwilling to seek help, the counselor may use her family members to encourage her to do so.

Now let's spin Jenna's story in the direction that after a school counselor voices her concern for her condition, her family is in denial that she has not developed an eating disorder. NEDA describes this as a "pushback" from the family about the presence of a potential mental health problem in their child. (NEDA, 2015). The school counselor's role can facilitate well-being by asking Jenna privately what type of support he or she can provide while she is at school. This can be in the way of eating lunch with her or holding an informal 10-minute chat with her every day at a certain time. An organization called F.E.A.S.T suggests the following on working with parents who are unreceptive:

It is best if the school is clear about what services they can provide and who at the school will be a family liaison so the family has the opportunity to develop a supportive relationship with a school staff member, usually the school counselor. The school should work with the parents to decide collaboratively on the next steps the school will take with the student and family. The goal of this is to try to get the parents to acknowledge the problem and accept the school as a partner in the treatment. (F.E.A.S.T, 2012).

The last Essential Question asks: How can the role of school counselor promote well-being through resilience and create trauma-informed schools?

One way the counselor can use his or her role to promote wellbeing in students is looking knowing how to use the Delivery and Accountability components of the ASCA National Model. Let's take, for example, as stated in the first case study paper, the counselor's implicit bias of Jenna's idea of women and media. One method is by providing curriculum at schools that teach the importance of nutrition. The curriculum should increase the awareness of eating disorders, risk detection factors, and the strategies to take if you or a peer recognizes the signs or symptoms. Another method is by providing staff with specific guidelines on referrals when they suspect of a student suffering from an eating disorder. Mentioned earlier, having a support group at school would play a part into discouraging a student like Jenna from feeling alone. Maybe the school can even consider inviting guest speakers to coach students about disorders.

Another possible direction of the scenario could be that she is purging because peer pressure. Jenna's Dance Club friends may be telling her that she is not thin enough to be in the club. This is a form of bullying or harassment. The school counselor's role should be able to identify these risks and hold a school-wide bullying workshop or mandatory class session that creates a culture of body positivity and includes a message about bullying others due to their weight and size. The counselor should consult with board administration to ensure bullying and anti-harassment rules and protocol at school. In addition, the counselor should ensure that students of all sizes are encouraged to participate in school activities and clubs. This can be done by making sure the images and text in school textbooks do not include any discriminatory content of any body types.

The last method is knowing when normal "school stresses" are no longer normal. This can be done by creating a healthy school environment where counselors are conducting regular student check-ins, assessing student data and attendance factors, and student athletes as well. The

counselor can work with staff members such as Ms. Harsh in eliminating student weighing and BMI measurements in physical education classes. Finally, the case study mentions that the school counselor only meets with Jenna when picking out her class schedule every year. The lack of student-counselor relationship may also be determined as factor to the lack of support in her life. One step in the Delivery component in ASCA states, “help students get to know themselves better.” (ASCA National Model, 2012). This process is implemented by guiding the student in understanding their strengths and interests. The counselor can, and should guide Jenna by building rapport, forming a relationship, and identifying risk factors through student assessment.

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This paper is the third segment of the progressive case study scenario and will analyze and answer the 2 Essential Questions addressed in Units 8 and 9, beginning with: How can the role of the school counselor enhance well-being through college readiness?

Given that Jenna is a junior in high school, she is somewhat exposed to the college application process, either through her parents, peers, and/or school staff, especially her school counselor. As a junior that is suffering from an eating disorder, attending college may be incredibly difficult may even impact her recovery. Mirror Mirror, an organization on eating disorder help, states the following:

For a student who suffered from an eating disorder prior to college, the lack of external guidance away from the home environment can be detrimental to recovery. Without strict recovery protocols in place, eating disorders can flourish and for some, the potential for relapse is high (Muhlheim, Mirror Mirror, 2015).

Jenna's school counselor must consider that college may trigger her current eating disorders and follow through with consistent treatment and a detailed safety plan that Jenna, her family and her

college of choice can collectively work on in order to ensure that she maintains a healthy wellbeing even upon high school graduation transitioning into college.

Alternately, the school counselor can also look for signs of readiness and consider that Jenna might not be ready to start college at this time. Depending on the severity of her disorder and her treatment plan, the school counselor should suggest for Jenna to either 1) hold off on the application process, 2) Continue with the application process, but after accepting, communicate with the chosen school on attending at a later time 3) Continue with the application process to motivate Jenna and build resiliency. As an educational advocate, the counselor should assist Jenna with the application process, or even pair her up with a mentor. The counselor should also note the following about Jenna's recovery: If Jenna is able to eat meals independently and maintain a consistently steady weight, does this mean that once she starts college, she will be able to keep it up? One solution that the school counselor can implement towards the student's success is by making an action plan,

The American School Counselor Association's National Model (ASCA NM) outlines the importance of having an action plan. ASCA NM states the curriculum action template "helps school counselors create an effective plan to help students develop the knowledge, attitudes and skills appropriate for their developmental level within the domains of academic, career and personal/social development" (ASCA NM, 2012). Organizations such as F.E.A.S.T. (Families Empowered and Supporting Treatment of Eating Disorders, offer sample college transition contracts for school staff to gain insight into the criteria for effective student transition to college.

Another factor for college readiness may also be family support. The second segment of the case study mentioned an alternate scenario of Jenna's parents being in denial of her eating disorder. Therefore, the school counselor must reevaluate how his or her role can enhance her

wellbeing. Gaining the support of Jenna's family may be difficult if her parents are not receptive to the idea of therapy. As an important advocate in her life, the school counselor should build a relationship with Jenna's parents and find common ground on working to help with Jenna's recovery. In addition, it's crucial for the counselor to continuously keep in contact with Jenna even after the high school transition to make it known that he or she is an active support system in her life.

Now that there are several plans listed for Jenna's college readiness based off the level of transition, how can the role of the school counselor enhance well-being through career readiness? As any other student in the high school population, Jenna may not have any desire to go to college but may have ideas towards the type of career she wants to go into. The school counselor can utilize career resources within the community for any trade schools or programs that will be useful towards assisting Jenna's functional role in the workplace. It might even be helpful for the school counselor to bring a career advisor or a workshop to Jenna's site of therapy, depending on the severity of her eating disorder. The counselor should assist Jenna's transition to college and career by using the SPEC wellbeing. (SPEC, which stands for Strengths-based, Primary prevention, Empowerment, and Community Change.) In Jenna's case, the counselor's role to enhance wellbeing would be highly effective in Quadrant 1 of the SPEC (Prilleltensky, 2009) and consider if each step to help the student is consistent and transformative with the values that support SPEC practice, such as prevention, empowerment, and strength.

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