Schools Fall Short: Lack of Therapeutic Continuum of Care in Public Schools

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Abstract: Public schools usually provide mental health counseling as a service during the school year. However, most do not provide counseling throughout school breaks. The risks from interrupted care may become more evident when summer break arrives. This may pose great risk for students, especially those with a history of attachment difficulties, who may decompensate over the lengthy summer break without consistent therapeutic support. This paper discusses school-based counseling, its effectiveness, and what happens when counseling services are disrupted, especially in the case of a student with attachment issues. I will use a case study to illustrate the decompensation of one student over the summer break and why it is vital that public schools offer continued mental health counseling throughout the summer months.

Keywords: attachment theory, school-based counseling, insecure attachment, behavioral disabilities, special education, affect regulation, solution-focused therapy, disrupted therapeutic care, therapeutic alliance, gangs, summer break

My office is located in a quiet wing of a middle school building. I am a child study team school social worker whose primary job is to provide supportive mental health counseling to general and special education students. I also provide case management to special education students. I collaborate with outside therapists, speech and language specialists, probation officers, child protective services, law enforcement, guidance counselors, occupational therapists, school psychologists, learning consultants, teachers, and administrators to provide the best services for my clients. School counselors assist students in developing skills that will help them be successful in the world. School counselors offer skills training, individual and group counseling, crisis intervention, and work with teachers, parents, and administrators (Allen-Meares, Montgomery, & Kim, 2013). School counselors can produce positive changes with students and bring changes within the school environment. A counselor can be an ally, advocate, and someone they can trust to go to in the school for help. School-based counseling is successful in aiding in children's distress, implementing changes, and making a difference in children's lives (Cooper, Fugard, McArthur, & Pearce, 2015; Allen-Meares et al., 2013; Rupani, Haugheya, & Cooper, 2012).

My new client, Kyle, a 13-year-old African American male, was due to come in for his first session. Kyle was a new student in the Behavioral Disabilities Program, a self-contained special education classroom. Kyle appeared at my door and looked hesitant as his teacher, Mr. S, accompanied him into my office. “He's refusing to come for counseling. He says he doesn't like or trust women. He said he does not want counseling and is not going to participate.”

As there were no male counselors in my school building, his only option was a female counselor. Kyle was dressed in his school uniform, a neatly pressed white shirt and pants. He sat down in the chair in front of me with his head hanging down between his legs, his eyes averting my gaze.

I introduced myself as the school social worker and said, “That's okay if you do not want to talk

right now. Perhaps we can just sit together for a few minutes while I explain what school-based counseling is and what it can do for you, if that is okay with you."

Without looking up, Kyle slightly shrugged. The teacher gave me the thumbs-up sign, along with an eye roll, and left my office, leaving us alone together. I explained that counseling is a place where students could discuss and receive help for problems that they have at home or in school. I said that it is also a place where students can feel comfortable to say anything because it will be kept confidential unless students are going to hurt themselves or others or if someone is hurting them. The silence was heavy as I continued talking; there was no response from Kyle.

I tried to think of a way that I could get Kyle talking, so I decided to bring up the reason he was placed in the Behavioral Disabilities Program.

I leaned forward and quietly said, "So the reason you are in this new program and counseling is because you were involved in a pretty violent fight in the school building. The other student was hospitalized as a result. There have been numerous consequences for you as well. Can you tell me what caused you to attack this student?"

Kyle shrugged, clenched his fists, then looked up, finally making eye contact with me. I was startled because he suddenly seemed to have a fire in his eyes.

"Because he said something about my mother. Nobody, and I mean nobody, says anything about my mother. He does not know what she did to me. No one here does," Kyle said.

Those words sent chills down my spine as Kyle promptly got up, turned around, and left my office.

Imagine experiencing repeated loss, rejection, and abandonment during the most important developmental years as a child. Consistent loss can have far-reaching effects throughout one's lifespan (Bowlby, 1988; Schore & Schore, 2010). Attachment theory states that relationships early on in life shape us and affect us emotionally and socially over our lifetime (Bowlby, 1988; Schore & Schore, 2010). Those who have a difficult attachment history may have difficulties with relationships and a consistent therapeutic relationship is key to helping. A clinical relationship can remediate damage sustained from previous relationships, help the client form better relationships, and enable the client to handle life's demands better (Bowlby, 1988; Mallinckrodt, Gantt, & Coble, 1995; Schore & Schore, 2012).

School-based counseling can be a very effective resource for students with emotional or behavioral difficulties (Cooper, et al., 2015; Allen-Meares, et al., 2013; Rupani, et al., 2012). Schools may be the only place where students receive mental health services. Therefore, school counseling can be a vital resource for children. School-based counseling may offer a way to bypass client resistance by offering counseling in a convenient location. I believe that it reduces the stigma of seeking outside counseling services, since students are given a pass within the school day to come to my office. It is also convenient for guardians because they do not have to go through the hassle and expense of outside counseling. However, the problem arises when the

summer break comes and students are left with two and a half months of no counseling support.

The purpose of this paper is to discuss school-based counseling, its effectiveness, and the problems that can arise with no consistent therapeutic support during the summer break, especially with students with attachment issues. Public school districts do not usually provide hours for counselors during the summer months to provide counseling to students. What happens to these students then? Because students form an attachment to their counselor, it makes sense and is important for students to continue with that same counselor throughout the summer without having to start fresh with a new person. It is especially vital for students who have difficulties with attachment to have a counselor that they can see regularly and have as a consistent secure base. There is no literature about the consequences of lack of continuum of school-based counseling throughout the summer months. This is a call to social workers and school personnel to do research on this topic. The case study of Kyle, a student with a history of attachment difficulties, will illustrate these points.

Methodology

In this paper, I use the case study method to illustrate the importance of public school districts providing school-based counseling throughout the summer months. It is a useful way of gaining insight into a person's intimate experience. The case study method is utilized to gather information by studying different phenomena in a real-life context (Meyer, 2001). It also allows researchers to obtain a holistic view of events or phenomena (Noor & Mohd, 2008). The case study gives a rich and compelling example that exemplifies a point. The need for school-based counseling in the summer is best illustrated by using the case example of Kyle. This is a case example and it is not intended to be generalizable or a systemic analysis. It is used to highlight a particular area of practice. I also used pseudonyms and disguised the case material.

Kyle

May 2012

The study hall classroom was bustling with chatter as 25 sixth-grade students were talking about the latest daily gossip. The teacher recounted the events of that morning. The teacher was taking attendance, with his focus on the computer screen and away from the students. Suddenly, there was a loud crash and the sound of desks sliding across the floor and bodies hitting the ground. Before anyone could intervene, a fight had broken out between two students, Kyle and Billy. Kyle jumped on top of Billy and punched him repeatedly in the face. There was blood everywhere. Students were screaming, but no one made a move, because everyone stood paralyzed while they watched the gruesome scene unfold. The teacher first frantically pressed the buzzer for security and then attempted to intervene. Once security arrived, it took three adults to get Kyle off Billy. Billy's left side of his face was shattered and bloodied. Later, doctors assessed that he had a broken eye socket. After Billy was taken to the hospital via ambulance, Kyle was taken to the principal's office.

The principal asked, “What made you so angry that you would do that to Billy?”

Kyle shrugged his shoulders, and said, "Because he called my mother a whore and said she should never have had me. He has no idea. I just lost it."

Because of the severity of the incident, Kyle had to attend a 45-day interim placement at an out-of-district school for students with severe behavioral disabilities. That placement was filled with students involved in gangs. During that time, he became involved in gang activity. His locker was searched, and he had gang paraphernalia and knives. He was fascinated by gang activity and the gang lifestyle, possibly trying to follow in his father's footsteps. His father had been heavily involved with gang activity and had been in and out of prison for ten years. Because of the nature of the incident, a superintendent suspension hearing took place. A result of that hearing was that Kyle had to undergo a Child Study Team evaluation. The result of that evaluation yielded a classification of emotionally disturbed, which made him eligible for special education and related services. Our consulting neuropsychiatrist also diagnosed him with oppositional defiant disorder. He was placed in the Behavioral Disabilities Program, housed at the middle school. The Behavioral Disabilities Program is a special education program where students with behavioral disabilities are kept separate from the other students in the building by staying in one classroom all day. They are bused to and from school on a separate bus and leave slightly earlier than the rest of the school. They have one special education teacher all day and their class size cannot go higher than six. They also receive weekly school-based counseling.

As a result of the fight, Billy's family brought charges against Kyle, and he received probation and court-ordered anger management counseling. His probation officer was very involved with his case. She said that he was classified as a high risk to re-offend because he refused to participate in the anger management counseling sessions. Reportedly, he sat with his head lowered, hanging between his legs, for the eight sessions, and he never uttered one word.

When speaking with her one day, she said, "I had the father when he was on probation too. He was very involved with one of the more dangerous gangs in our area. He is out of prison now and I would like to think is trying to live life on the straight and narrow. I hope that you can help Kyle to stay on the right path and not choose the path that his father chose to take."

Sept. 2012

Kyle entered the Behavioral Disabilities Program and met me, his school counselor and case manager. Our first meeting was a quiet one, as Kyle was mostly silent, sitting with his head lowered, hanging between his legs. Kyle lived with his guardians who were his paternal grandparents, Mr. and Mrs. M. I called Mrs. M, a sweet woman in her 70s, and explained that he was not enthusiastic on his placement or counseling. She said, "Listen, honey, Kyle is not a bad kid. But he is a tough kid. I am going to tell you his sad story." She gave me a summary of Kyle's background, which was filled with abuse, neglect, and repeated abandonment. His parents split up when he was a baby, and he lived in deplorable conditions with his mother. During this time, he experienced abuse and neglect at the hands of his mother, who was a drug abuser. His father was in and out of prison, heavily involved in a gang, so he was not around. He was removed by the Division of Child Protection and Permanency and placed with his paternal grandparents. His father was recently out of prison and living with them, but he was not involved. Kyle's mother had three other sons, 12, 10, and 7 years old, who all lived with their

paternal grandmother in South Carolina. They had a different father than Kyle. She also had two daughters, 5 and 2 years old, with another man, who currently lived with her. Kyle had difficulty with the fact that he could not live with his mother, yet the daughters were able to live with her. He also had difficulty with the fact that she was not consistently in his life. Mrs. M spoke about how close Kyle was to his grandfather. Mrs. M said, "Kyle and his grandfather are like two peas in a pod. They are very close. However, he does not trust women because of his mother. Good luck with him. You're going to need it."

My Work with Kyle

Oct. 2012-June 2013

Mrs. M was right. It took about two months before Kyle finally lifted his head up and began to open up with me. Those months seemed like they dragged on forever since most of those sessions were spent in silence. Kyle would come into my office, sit down in the chair with his head hanging down between his legs, in complete silence. I felt like I was doing nothing, but that is how the attachment bond began to grow. It grew because I was there with him, not giving up on him, even though we were sitting mostly in silence. My work with him took patience and persistence. But I never gave up on him. He saw that I was not going anywhere and that I was consistently there for him.

During our sessions when he was silent, I said, "Kyle, you do not have to talk, but I need you to know that I am not going anywhere. I am going to be here for you in school every day."

Eventually, over time, his walls began to come down. I remember the first day he finally began to speak to me. He just began talking about the bond with his grandfather and how much their relationship meant to him.

"My grandfather took me to church this weekend. Everyone loves him in the community. He's cool," Kyle said.

Our therapeutic alliance began to build from there.

I modeled appropriate affect and a secure base for Kyle within the walls of the school. As a theory, classical attachment theory is concerned with the notion of a secure base. In the therapeutic relationship, the therapist can model and become a secure base (Ainsworth, 1989). It is important to create a sense of safety and security for the client. Establishing a safe and secure relationship with the therapist can affect other relationships in the person's life (Hollidge & Hollidge, 2016). Once the therapist gains the client's trust, a sense of safety and security will follow. Trust and a secure attachment will then enable the therapist to have access to the client's emotions and then work can be done. A therapeutic relationship may help to repair the damage of insecure attachment and in turn help the client to cope with stressors of everyday life (Schore & Schore, 2012). The client can then begin to explore memories and to reconstruct the lived past and form a better future with better experiences and relationships.

Over time, Kyle developed a very close bond and attachment to me as his counselor in school. I

also knew he was involved with a gang, but he would not admit to it. Whenever I asked, he would give me a knowing smirk and say, “Nah, I'm not into that stuff.” I was very involved with his probation officer in reporting his behaviors in class and with school work. We worked as a team. If he was not complying with something on my end, she could reinforce it as a part of his probation requirements. I also was involved with his child protective services worker and kept him informed of his progress in school. It was important that he develop more appropriate attachments, as opposed to turning to a gang, which could be used in the place of an attachment figure. Perhaps seeing me as an attachment figure, and maintaining that attachment, could potentially dissuade gang involvement because he would not be looking for another attachment figure. Seeing Kyle being attracted to the gang lifestyle already was frightening for me to witness. I had seen many students be lured into the false promises that the gangs offer. Those students wound up either in jail, permanently injured, or dead. It is very upsetting to hear of these students once they have graduated from middle school. I always think, was there something more I could have done while they were under my care? These students had such promise and it was wasted. I did not want that for Kyle. I wanted him to rise out of what had been a less-than-ideal upbringing, with gang influence already, and become successful.

In working with Kyle, I used solution-focused therapy. Kyle's main goal was to get out of the Behavioral Disabilities Program. To achieve that goal, we worked on smaller goals along the way. Kyle needed to improve his behavior to get out of the program and back into mainstream classes. We worked on coping skills, anger management skills, and stress reduction techniques. He learned the skills taught to him and implemented them in an appropriate manner. For example, Kyle would have difficulty ignoring people who were trying to get a rise out of him. While being in the Behavioral Disabilities Program, it is difficult to ignore the other students, as they are all there for behavioral issues. In working with Kyle, I helped him identify triggers for anger. Kyle could identify that other students talking about his mother would set him off. One day, another classmate, Jeremy, started jumping up and down on the floor pretending to jump on Kyle's mother's face to antagonize him. He laughed the entire time he did it, taunting him, by saying, “Look at your momma, laying on the floor. That is her face I'm jumping on!” Normally, this would enrage Kyle, such as with the incident that got him into this program. However, I had been working very closely with Kyle on how to regulate his emotions and anger. So when this incident presented itself, Kyle employed the tactics that I taught him. Kyle was instructed that if he became annoyed or frustrated with the other students, to become aware of his body and his anger warning signals. Kyle's warning signals were his heart racing, sweaty palms, and clenching his fists. Once he could identify problem situations and physiological changes occurring in his body, he would then be able to begin implementing strategies to calm down. Some strategies included removing himself from the situation by asking for a safety officer to walk him around, asking to go to my office, deep breathing, and progressive muscle relaxation. Outside of school, he was participating in martial arts as a way of reducing stress. During this incident, he just calmly asked to see me and walked over to my office. He wound up punching the bookcase in my office to let out some frustration. However, he said, “It is better than punching Jeremy's face.” He was right! He was praised for using the coping skills and strategies learned, as this was a huge step for him. It was also a step in the right direction to achieving his goal of getting out of the Behavioral Disabilities class and into mainstream classes again.

I also used Kyle's strengths and the strengths of his social support system. Great focus was placed on Kyle's paternal grandparents, as they were a great source of strength, stability, and comfort for him. It is not the norm in our district to have parents or guardians who are very involved. However, Kyle's grandparents were willing to work with him at home as well. Mrs. M and I would have weekly conversations about Kyle. I kept in very close contact with her. During one of our conversations, she mentioned to me that she and Mr. M were very involved in their church community. I suggested that perhaps it would be a positive thing to try to get Kyle involved in that community. I thought that perhaps he could be around some positive influences. Mrs. M said, "I am trying to get him more involved in our church community. Mr. M and I are active members of the church community, so I think that having him attend church and getting involved with good influences would help him." In working from a strengths perspective, Kyle's strengths are that he is very intelligent, and he has the capacity and love for learning. Kyle was working on or above grade level and had a high average full scale IQ score. He learned the skills taught to him and implemented them in an appropriate manner.

Kyle did very well in the Behavioral Disabilities Program. There were no behavioral problems at all during his first year in the program during seventh grade. In the middle of the school year, I started to transition him to in-class resource classes, as his academic ability was very good. In-class resource classes are classes taught by both a general and special education teacher, containing a mix of general and special education students. At the end of the school year, it was recommended that he transition fully out of the Behavioral Disabilities Program.

A Tragic and Unexpected Loss

June 2013
One warm spring day, I received a phone call from Mrs. M. She was very somber and having a difficult time speaking and getting words out.

She managed to tell me, "Mr. M died last night. He had a heart attack with no warning and now he is gone. Kyle will not be in school for a while."

I sat there, speechless for a minute, trying to find the words to say. I knew that the only thing that I could do was to offer my support. I offered to come to the house and do a home visit. His teacher, Mr. S, came with me. We sat in the car for a few minutes to compose ourselves, knowing this was going to be emotional. When we rang the doorbell, Mrs. M, looking disheveled with puffy eyes and a tear-streaked face, answered the door. We walked into the dark house, which had no lights on, and into the kitchen. When Mrs. M turned the light on, I was amazed by what I saw. Every surface in the kitchen, including most of the floor, was filled with food!

Mrs. M took note of my reaction and said, "Our friends, family, and members of our church have been really good to us. We are very grateful."

We sat at the kitchen table, while Mrs. M told us some stories about Mr. M, while waiting for Kyle to come downstairs. When he finally appeared, Mrs. M asked him what had taken him so

long.

“I was pressing my shirt.”

Mr. S said, “It's just us! You didn't have to get so dressed up just for us.”

Kyle replied, “My grandpa always said to look your best. So, that is what I was doing.”

We then went outside to sit on the porch with him, and he did not do much talking at all. He just sat there, head hanging down between his legs. After some time, we needed to leave.

He gave each of us a hug and said, “Thank you for coming.”

Several days later, the family held the viewing. Numerous staff members and students attended. During the viewing, Kyle became so emotionally upset, that he ran out of the main area of the church and locked himself in the bathroom for a half hour. One of the students came running to find a staff member and stumbled upon Mr. S. Mr. S talked to him through the door.

“Kyle, you need to come out, buddy. We're all here for you.”

After some time, he finally opened the door, but pushed past the crowd of people who had gathered, including Mr. S, and ran out into the night. Mr. S ran after him in hot pursuit and finally caught up to him at a local park. He collapsed on Mr. S's shoulder, his entire body shaking uncontrollably while he was sobbing.

“Why?” he repeated over and over again.

Mr. S held onto him, hugging him, trying to console him.

“I know, buddy. I know. We're all here for you no matter what.”

Mr. S eventually got Kyle back to the church and with his grandmother.

The day of the funeral, Mr. S and I arranged a bus to take the entire Behavioral Disabilities class and staff to Mr. M's funeral. It was a beautiful sunny day that day. The sunlight streamed through the Baptist church, which was alive with life and joy. It was a beautiful service. The patrons were singing, dancing, and telling stories to celebrate the life of Mr. M. However, during this celebration of life, Kyle sat forward, hunched over, with his head hanging down between his legs, the entire time. We were not sure if he noticed that we were even there. At the end of the service, all of us went up to Kyle and the rest of the family to express our condolences. At that point, Kyle turned to each of us, shook each of our hands, and said quietly, “Thank you for coming.” Kyle was part of our school family. When one of us was grieving, all of us were there to support him or her. After the funeral, it took a while for Kyle to come back to school. When he did come back, it was evident that something had changed in him.

The Aftermath

With the school year rapidly ending, there would be no counseling in place for Kyle over the summer during a very critical period of his life. I gave Mrs. M outside counseling referrals, asking her to please follow up in the summer, as I felt that Kyle would be at a high risk for choosing bad options, such as gangs, to comfort him without having therapeutic support. She assured me she would get him a counselor. I thought about him every day that summer and worried about how he was doing with the loss.

Sept. 2013
The first day of school, I telephoned Mrs. M. She said that the summer break did not go well.

"I was feeling so overwhelmed with grief myself, that I was never able to get that counseling for Kyle. I'm so sorry. I feel like what happened to Kyle this summer was my fault because I did not get him help," she said.

I asked her what had happened.

"Oh he got involved with the wrong crowd, honey. He would come home late smelling like alcohol and marijuana, or sometimes he would not come home at all. He was stealing money from me too."

This was especially disappointing for me to hear, as Kyle had said to me, "I will never touch drugs or alcohol because of what my mother did to me while she took that stuff."

What Mrs. M said next caused me to feel a deep sadness.

"I am afraid that I just don't have the strength to care for him by myself. I cannot control him. As a last resort, I am thinking of sending him to live with his other grandmother in South Carolina."

Since his probation had ended prior to summer break, the probation officer no longer had any say over consequences for his actions.

A few weeks into the school year, a student reported the smell of marijuana in the boys' bathroom. The video cameras were checked and Kyle was seen leaving the bathroom. When Kyle was questioned by the principal, he denied smoking marijuana; however, due to our suspicion, he was sent out for a drug test, which came back positive. At that point, Mrs. M had had enough. Shortly after, Mrs. M sent Kyle to live with his half siblings and their paternal grandmother in South Carolina. She called me up that final day and said, "I just want to thank you for everything you have done for Kyle and our family. However, I just do not think that I can handle him anymore. I am sending him to live with his paternal grandmother. Kyle asked me to call you up and say good-bye for him, as he is too emotional to do it himself." I let her know that if I could ever do anything in the future to please let me know. After I hung up the phone, I sat there for a while with my own thoughts, wondering what if he had had counseling with me throughout the summer? Would it have made a difference in the outcome for this child's life? I

feel strongly that it would have made a huge difference in preventing this outcome.

Attachment Theory

Kyle had a difficult early childhood and had difficulty with attachment. He learned to keep his feelings to himself because he did not always have someone who he could trust and rely upon his entire life. Kyle needed to have a secure relationship with someone to be able to learn how to form a secure base. According to attachment theory, an infant's view of the world begins with the primary caregiver showing him how to see the world. Infants can form a secure, insecure, or disorganized attachment to their caregivers based on their relationships with the caregivers. Bowlby (1988) states that a secure attachment is formed when the caregivers have provided a consistent, safe, and secure base for the children, where they can explore their environments, and return to the caregivers when needed for comfort. Kyle likely did not have a secure attachment to his mother based on how she treated him. He likely formed an insecure attachment to her. An insecure attachment is formed when the caregiver is inconsistent with care or neglectful and is not providing what the child needs on a regular basis for him to feel safe and secure (Bowlby, 1988). These caregivers do not show consistent nurturing care to the infant. If a secure attachment is not formed, the child may have a lifelong difficulty with regulating affect and managing emotions (Bowlby, 1988). These were some of the difficulties that I saw with Kyle. He had difficulty regulating his affect and managing his emotions. He did not want to trust anyone because his experience of trust and caregiving resulted in abandonment and abuse. His mother was not attentive to his needs because of her drug usage and was also physically abusive. In addition, his father was not around because he was incarcerated and thus was not able to provide a secure base either.

One type of insecure attachment, disorganized attachment, is seen in children who have been abused or neglected (Hesse & Main, 2000; Main & Solomon, 1990; Hill, 2015). Children who are being abused and neglected are stuck in an impossible situation. Their source of safety and caregiving is also their source of pain and fear. Children will be attacked no matter what they do. The fear and violence is unpredictable because the primary caregiver is a source of danger (Hill, 2015). Therefore, there is no solution for them. Based on his history, it appeared to me as if Kyle had experienced a disorganized attachment to his mother. Children with disorganized attachment are not used to having reciprocal, positive emotional interactions with adults; therefore, therapy can be challenging since they are guarded and resistant to treatment (Hughes, 2004). As Kyle became older, he turned to gang involvement as a way of coping with the lack of having a consistent attachment figure. He likely found it appealing possibly because he had had so many significant key relationships disappear. He may have been looking for a secure base in the gang membership, so he would have a replacement family, searching for that stability.

Anger, Behavioral Difficulties, and Attachment

Kyle had a history of behavioral management problems. Insecurely attached children have a higher incidence of developing behavioral problems, whereas securely attached children can regulate themselves more easily, especially in a school setting (Kim & Page, 2013). The source of many of their behavioral problems in school tends to stem from attachment issues (Parker &

Forrest, 1993). Parker and Forrest (1993) detail the behaviors children with attachment issues engage in, such as bullying, acting out behaviors, and being physically aggressive with other children. These behaviors are readily seen in schools daily. Anger is one of the most difficult emotions to deal with as an adolescent and can lead to physical and mental health problems (Konishi & Hymel, 2014). Some problems include bullying, gang involvement, low academic performance, dating violence, substance abuse, and being rejected by peers (Konishi & Hymel, 2014). During middle childhood years, children who have difficulty with managing and regulating their emotions will have difficulty in relationships with peers (Kim & Page, 2013). With their peers, they can exhibit behaviors such as aggression, withdrawal, helplessness, or dominance with peers (Hollidge & Hollidge, 2016). The anger that is experienced could be anger that is really directed toward the attachment figure, but may be showing up as anger directed toward peers. This misdirected anger was seen with Kyle and the severe fight. When the student mentioned his mother, it set off a series of reactions and feelings within himself that he did not know how to process and with which he did not know how to cope.

Kyle's difficulties with controlling his anger were the result of him having a difficult time with affect regulation. Affect is how one's emotion is communicated through facial expressions, body movements, and tone of voice (Hill, 2015). Hill (2015) states that the caregiver helps the infant to develop the capacity for affect regulation. Kyle entered into states of affect dysregulation easily and had a difficult time regulating himself out of them because of his history of insecure attachment. During infancy, it is the primary caregiver's job to regulate the child during states of hyper- or hypo-arousal (Hill, 2015). When an infant experiences an insecure attachment, the child will then have difficulty regulating himself out of states of hypo- or hyper-arousal. These states exist when the emotions exceed an individual's capacity to tolerate them. For example, hypo-arousal is when an individual is in a state of sadness that cannot be tolerated. Hyper-arousal can be when an individual is in a state of anger that cannot be tolerated. Kyle's difficulty regulating himself led to the severe fight. When that student made a comment about his mother, instead of having the ability to ignore, walk away, and self-soothe, Kyle became dysregulated immediately and without thinking, attacked the student. In addition, when his grandfather died, Kyle could not regulate himself out of sadness either. Without the appropriate consistent therapeutic support at the time, Kyle was unable to regulate himself. He did not have his counselor available to him to aid in helping him regulate his emotions, so he spiraled downward into a state of dysregulation and depression, unable to recover. Kyle could not get himself back to a regulated state effectively. He needed therapeutic intervention and support to regulate him, which were unavailable during either of those times. He may have tried to regulate himself by turning to drugs and alcohol, and he may have sought secure attachments through gang affiliation.

Counselor as a Secure Base

Ainsworth (1989) suggested if a primary caregiver cannot provide a secure attachment model, another adult can fill that role. A school counselor could take on that role. During the therapeutic relationship, the client relies on the counselor, which mimics early attachment relationships. As his counselor, I stepped into the role of an attachment figure for Kyle. As the new attachment figure, the counselor can have access to the internal working model of the client (Pistole, 1989).

The counselor can help to correct the problems that arose earlier in life and can help the client with current and future relationships. Students can explore their school environment using the counselor as a secure base, safe haven, and advocate for their needs. Students may realize that not all adults are like attachment figures of their past and can become positive models for them. A lot of the work that I did with Kyle in the clinical relationship was about learning how to express himself and his feelings in a healthy manner. This way, when someone made a comment about him or his family, his first response was not to become enraged and lash out physically. I modeled appropriate ways to handle his emotions and ways to soothe oneself. He could learn how to manage emotions more effectively. The counselor can help model emotion regulation and can also reach out to the caregivers to help them with skills in regulating their own emotions as well (Kim & Page, 2013).

Loss of Therapeutic Care

Parts of the therapeutic relationship that show attachment include feeling supported, proximity seeking, and looking toward the therapist as a role model (Obeji, 2008). Therefore, with someone with a history of attachment difficulties, attachment to the therapist can become so strong, that any absence or lapse in treatment for any length of time can cause negative reactions. When the relationship is disrupted, negative reactions like anxiety or distress can arise (Webb, 1983). Other negative reactions include anger, distrust, and abandonment (Farber, Lippert, & Nevas, 1995). For example, if a counselor has an unexpected illness or takes a vacation, or if there is a gap in treatment for any reason, this can cause reactions in the clients (Obeji, 2008). Webb (1983) found that counselors noted more anxiety and hostility during longer vacation periods and therefore would take shorter more frequent vacations. When working with children—especially those with attachment issues—in a school-based counseling program, school breaks can cause difficulties. There is a risk of regression and problems when students are left with no support for almost three months.

Kyle had suffered many losses. Kyle lost his mother due to drugs, abuse, and abandonment. He lost his father to gangs and prison. He lost his grandfather due to sudden death. Finally, he lost his grandmother because she sent him to live with another relative. He also lost me, as his counselor, when he was forced to move. In Kyle's case, I stepped into the role as consistent caregiver for him, especially when his grandfather passed away suddenly. I provided a sense of safety and stability within the school environment for him. Counselors provide a sense of consistency and reliability and provide that secure base (Pistole, 1989). In addition, the school provided a second family for him with me being his consistent attachment figure. The other students, teachers, and administrators were also a part of this family. Unfortunately, because the school is closed in the summer and school counselors do not have summer hours, he was not able to take advantage of that consistent support throughout the summer, when he needed it the most. All children receiving school-based counseling would benefit from continued support throughout the summer. But children with insecure attachment issues, especially disorganized attachment, need that consistent secure base even more so. Since the therapeutic relationship was interrupted during a key time for Kyle, his attachment was broken, thus causing a downward spiral due to lack of consistent therapeutic intervention. Kyle's case is just one example of how a student can break down without that consistent support throughout the summer months. Having

that continuum of care is of vital importance.

Concluding Thoughts

School-based counseling in a public education setting can be a very effective resource for students. However, the difficulty arises when, as can be seen in Kyle's case, summer break approaches. His case is an example of what can happen without services in the summer. If caregivers do not follow through on getting outside services, then the at-risk youth are left with no support during those months. Public school districts usually do not provide hours for counselors in the summer to counsel students. Kyle's case shows just how vital it is that public school districts provide hours for counselors to continue treatment over the summer. Counselors would need to be provided assigned office hours for students to have regular appointments throughout the summer months. As an alternative, counselors now refer to outside counseling agencies. However, the problem with this is that there is not a lot of follow through, and clients also need to from a relationship with a new person. In Kyle's case, starting fresh with another counselor would have proven to be very difficult. Since he had difficulty attaching to counselors, it would have been more appropriate for him to continue with me, since we already had a trust and a bond in our therapeutic relationship.

Educators and parents often are concerned with the negative impact of the long summer break on learning (Cooper, 2003). The negative impact could be that students, especially special education students, may regress educationally and may learn better when services are not interrupted (Cooper, 2003). But what about the effect of a lapse in counseling services? If students are receiving counseling through school-based counselors during the school year, why are they not offered services over the summer in public schools? Out-of-district schools for 22 students with emotional and behavioral needs offer extended school year programs with counseling for their 23 special education students so they do not regress. Both special education and general education students should be offered continued counseling services throughout the summer in public schools as well so there is no emotional and behavioral regression. If services are offered during the school year, it is unethical to abruptly stop them for several months. I feel that the ethical solution is to offer counseling year-round for students who are in need.

The large barrier to achieving consistent therapeutic services in schools is funding. I am sure that most districts, if given unlimited funding, would provide ample mental health services to students. It should be noted that it could be more cost-effective to offer mental health counseling in the summer as a preventative measure. It could lower the rate of costlier outcomes, like out-of-district placements and child study team evaluations. School officials spread funding throughout various programs in the district, so funding should be allocated for summer mental health services. Ideas for future research include finding ways to shine a spotlight on the importance of making mental health funding a priority and finding ways to get school officials to realize the importance of the continuum of therapeutic care through the summer months for at-risk students.

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