

FROM THE TRENCHES TO THE FIELD: PRACTICING HIGH SCHOOL
COUNSELORS' PERCEIVED SELF-EFFICACY REGARDING ROLE(S)
AND RESPONSIBILITIES PERTAINING TO STUDENTS' MENTAL
HEALTH NEEDS

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ABSTRACT

The roles and responsibilities of school counselors across the United States are often misinterpreted amongst various stakeholders, individual state requirements for educational initiatives, and often among practicing counselors' own perceptions and view of professional identity. While the American School Counselor Association (ASCA, 2003; 2005) strives to provide ethical standards and practices to solidify the professional identity of school counselors and acquire the qualifications and skills to address all students' academic, personal/social and career development needs, a clear defined definition and perception of the school counselor continues to become solidified. Perhaps this is due to the changing educational horizon, communities, administration, and federal influences of policies and procedures on schools and school districts (Bain, 2012). Whatever the reason, school counselors are faced with a myriad of challenges that make it difficult in today's educational society to adhere to the social/emotional, post-secondary/career, and academic needs of all students. The American School Counselor Association (ASCA, 2003;2005) has developed the *ASCA National Model: A Framework for School Counseling Programs* which establishes a structure for effective school counseling programs; however, school counseling programs, credentials, and educational initiatives can be different from state to state.

This study examined high school counselors (9th-12th grade) in Pennsylvania, suburban, public high Schools, specifically in Bucks and Montgomery Counties. A quasi-mixed methods, exploratory research approach was used. Nonparametric statistics were run to determine if a significant impact of demographic variables yielded a difference in school counselors' self-efficacy. Additionally, school counselors were randomly selected

to participate in semi-structured, open-ended interviews, examining high school counselors' perceptions and self-efficacy regarding their roles and responsibilities pertaining to students' mental health issues.

Results indicated that gender, one's undergraduate degree of education, and years of experience have significant impact on school counselors' self-efficacy, specifically related to certain items on the Counselor Activity Self-Efficacy Scales (Lent, et al., 2003). After content analysis coding, it was also found that school counselors feel high efficacy beliefs associated with specific roles and responsibilities and that self-efficacy beliefs change if counselors perceive a lack of stakeholder support or do not feel they are valued.

Some implications for future research might be a longitudinal study of school counselors' self-efficacy over a given period of time and a larger sample size. It might also be helpful to combine elements of the CASES Scales with other school counselor based scales to form a more unified measurement that speaks to school counselors' roles and responsibilities that have been identified within this study and expand to specific mental health diagnosis, disorders, and behaviors.

KEY WORDS: School Counseling, Communication, Educational Psychology

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DEDICATION

I could not have made it through this journey without the support of so many incredible people. I dedicate this dissertation to my parents, Marc & Andrea Babins, for your enduring love, financial support, and overall belief in me. I am who I am because of both of you and I am so lucky, so incredibly lucky to have you as my parents. I would also like to dedicate this to my sister, Carly and my soon to be brother, Jeremy Edelman. You are always (pretending) to be interested in my research and smile and nod in agreement whenever I talk to you about school based mental health and academic achievement.

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learning style that works for a particular student. There is always a little voice in my head telling me that even though it will be difficult sometimes to correct one of my students, or in the school counseling role, explain perception vs. reality, I am honoring my responsibility as a school counselor.

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CHAPTER 1 INTRODUCTION

Purpose of the Study

The identity, perception, and functionality of the school “guidance” counselor have been evolving since its origin following the Industrial Revolution. Historical shifts in the profession have been accompanied by research, educational reforms, and discussions with key stakeholders’ perceptions of the school counselor’s role and job descriptions; therefore leaving school counselors with confusion regarding the ambiguity of their roles, responsibilities, and overall self-efficacy to live up to various expectations. The American School Counselor Association (ASCA, 2003; 2005) recognizes the lack of clarity among professionals in the educational system regarding the role of the school counselor (Jackson et al., 2002). Therefore, the American School Counselor Association (ASCA) and Education Trust (2001) have developed and continue to update and amend the ASCA National Model and the *Transforming the School Counseling Profession Initiative* (ASCA, 2003) to establish clear-cut standards, competencies, and data-driven school counseling program initiatives. This particular study looked at secondary school counselors within a high school setting (grades 9-12); however, the advocacy, empathy, confidentiality, and collaboration between school counselors and key stakeholders in educational systems, is pertinent to school counselors at all levels, especially with today’s K-12 population and culture.

The ASCA National Model was designed to “create one vision and one voice for school counseling programs” (ASCA, 2003, p. 8). The most current model aims at

promoting development of all students in three domains: academic, career, and social/emotional (ASCA, 2003). The ASCA National Model, (2012b) provides a results-driven structure for school counseling programs that are “comprehensive in scope, preventative in design, and developmental in nature (ASCA, 2012b, Xii). Key themes include “leadership, advocacy, collaboration, and systemic change with an objective to help students overcome barriers to learning” (ASCA, 2012b, xi).

Paramount to supporting students’ academic achievements is for school counselors to uncover, address, and support the growing number of mental health issues that so often impede a child’s ability to learn. As Surgeon General Satcher noted in releasing the national action agenda for children’s mental health: “Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them” (Adelman & Taylor, 1998. P. 135). It is estimated that one in four children have a diagnosable mental disorder (New Freedom Commission on Mental Health, 2003) and close to 75% of children in need of mental health services will not receive them (Kataoka, Zhang, & Wells, 2002). A 2002-2003 mental health administrative report revealed that 69% of school districts across the USA reported an increase in mental health needs and services, but only a 15% funding allotment for mental health needs (Foster & Jones, 2006).

School mental health (SMH) is not necessarily a new concept, as John Dewey and others spoke to the need in the early nineteenth century (Flaherty & Osher, 2003). Schools offer unparalleled access as a point of engagement with youth to address their interrelated academic and mental needs (President’s New Freedom Commission, 2003).

An expanded approach with, a well-coordinated infrastructure to ensure a full continuum of mental health services in schools; involving multidisciplinary staff training, is far from everyday practice. Thus, meeting the mental health needs of children and adolescents in schools is an increasing reality facing school counselors (Carlson & Kees, 2013).

Statement of the Problem

What is meant by the term mental health in schools? Ask a school counselor, principal, and teacher, and the response will differ. Yet, it is not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily. Students' unmet mental health needs can be a significant barrier to student academic, career, social/emotional development, and even a compromise to school safety (Froeschle & Moyer, 2004). As the mental health needs of school-age children increase, the lack of community collaborative services, funding, and staffing, have put a tremendous amount of pressure on schools to meet the mental health needs of students (Perfect & Morris, 2011). Additionally, key stakeholders in a students' education, including the counselor, principal, and teacher, have different perceptions regarding mental health in schools. More often than not, school counselors recognize and respond to the need for mental health and behavioral issues, first and foremost. Professional school counselors are faced with providing prevention and short-term intervention services, identifying students with mental health needs, coordinating mental health teams, making appropriate referrals to community-based mental health professionals, and following up with treatment plans to ensure appropriate services are provided (Teich, Robinson, & Weist, 2007). The literature is divided regarding who is in the best position

to address the mental health needs of students in schools (Hall & Gushee, 2000; Kury & Kury, 2006); however, most of the current research does support counselors as being the ideal personnel in schools in terms of training, access, and identification of students with ongoing mental health needs (Brown, Dahlbeck, & Sparkman-Barnes, 2006). Yet, there is very little research addressing school counselor's perceptions and self-efficacy in terms of mental health prevention and intervention in addition to adhering to other duties assigned, limited resources, support, and on-going trainings. Far too often, school systems are under-resourced and not adequately prepared with quality comprehensive programs provided by disciplines such as school counseling, psychology, and social work (Weist, Lever, & Bradshaw, et al., 2014). Despite the national call to enhance academic opportunities for all students, school counselors are often seen as ancillary to the mission of schools (Anderson & Reiter, 1995) and rarely included in the decision-making processes that may ultimately enhance student performance. It is not surprising, then, that little attention is paid in both policy and practice to developing a comprehensive, multifaceted, and integrated approach that places mental health in schools into proper perspective as a major force for addressing barriers to learning and promoting healthy development (Center for Mental Health in Schools at UCLA, 2001).

Since the passage of No Child Left Behind (NCLB, 2001), a heightened awareness of school counselor roles and responsibilities in terms of academic achievement has been added to counselor accountability at all levels, K-12. In an era of educational reform, the role of a school counselor has expanded; yet often misinterpreted by a variety of educational stakeholders. The misconception of the professional school counselor's role makes it difficult to share collaborative efforts that could otherwise

positively impact a student's education. This study supports the idea that students' overall mental health functioning is a vital component of effective learning and academic success for all students within a school culture (Kury & Kury, 2006) and an essential component to a comprehensive school counseling program. Additionally, this study aims to investigate and conceptualize the perceptions and self-efficacy of practicing high school counselors, through the lens of practicing high school counselors' experiences and viewpoints for addressing students' mental health needs in the educational setting.

Theoretical Framework

Whereas professional school counselors possess the educational training, foresight, and drive to reduce students' barriers to education, their perceived self-efficacy to fulfill the multi-faceted duties of the school counseling role, is misinterpreted, falsely portrayed, and/or absent from the literature. While the ASCA National Model (2005) and regulations brought upon all professional educators through NCLB have put provisions in place to support the success of students, school counselors must continually wade through the complexities of the profession in order to establish a clear professional identity (Reiner, Dobmeier, & Hernandez, 2013). *The Journal of Counseling and Development* (2003) published a review of counselor interviews depicting the tension between a desire for the profession to align with the philosophical orientation of human development, prevention, and wellness versus actual practice. The results indicated a need for a greater knowledge of pathology (Gale & Austin, 2003).

Role conflict and ambiguity are two major factors that impact school counselors' professional identity and in turn, perceived self-efficacy. While interest in counselor self-

efficacy is an emerging research domain, the literature tends to focus on counselors-in-training, practicum students, and counselor supervisors' perceived capabilities regarding both general and specific forms of counseling (Lent, Hill, & Hoffman, 2003). Counselor self-efficacy, is rarely assessed with practicing, professional school counselors who experience the daily life in the trenches, thus an important factor to consider when evaluating counselor effectiveness and establishing a professional identity.

Self-efficacy and Social Cognitive Theory (SCT)

Self-efficacy theories are based on Albert Bandura's Social Cognitive Theory (SCT), which states that individuals can control their own thoughts, motivation, and action (Bandura, 1977, 1986). The relationship between self-efficacy, motivation, and performance is well documented in the literature and supports the theory that higher levels of preparedness should produce higher levels of self-efficacy (Bandura, 1994). According to Bandura's Social Cognitive theory (1977a, 1977b, 1986, 1985), self-efficacy is an important aspect to career performance and preparation. Bandura (1995) found a positive correlation from those that exhibit high self-efficacy beliefs and the ability to set and achieve higher goals, stronger commitment, motivation, and resiliency in achieving set goals. Likewise, those with poor self-efficacy beliefs are more likely to give up more readily, set inconsistent goals, and show a slower progression towards achieving the set goals (Bandura, 1995).

Lent and Brown (2006) emphasize that self-efficacy, "is not a unitary or global trait, like self-esteem...rather, self-efficacy is conceived as a dynamic set of self-beliefs that are linked to particular performance domains and activities" (in Lent, 2005, p. 104).

It is important to note; therefore, that a counselors' perceived self-efficacy might depend on task specific conditions. According to Bandura (1995), self-efficacy scales should "assess the multifaceted ways in which efficacy beliefs operate within the selected activity domain" (p.1). Common ways to conceptualize and measure self-efficacy in Social Cognitive Research is to include content specific or coping self-efficacy (Lent & Brown, 2006). Content specific self-efficacy refers to beliefs in one's ability to perform specific tasks required to succeed within a given domain under normative conditions (Lent & Brown, 2006). Coping self-efficacy refers to one's belief to negotiate particular domain-specific obstacles (Lent et al., 2001; Lent & Brown, 2006).

Sources of Self-Efficacy

Bandura (1997) suggests that self-efficacy beliefs are acquired through four primary informational sources: personal performance accomplishments, vicarious learning, social persuasion, and physiological affective states. The sources of self-efficacy have great relevance for efforts to understand self-efficacy in various contexts (Lent & Brown, 2006). Observation of successful role models, exposure to supportive environments, and experience can promote or demote the growth of perceived self-efficacy in a particular domain (Lent & Brown, 2006). The degree (positive or negative) to which these sources impact self-efficacy, depends on such factors as how the individual attends to, remembers, processes, and interprets them (Lent & Brown, 2006).

Self-Efficacy Expectancies

Self-efficacy expectancies (Bandura, 1982, 1986) are people's beliefs that they can successfully complete the actions necessary to reach a desired outcome (e.g., 'can I do this')? Outcome expectancy is the belief that certain performed behaviors lead to particular outcomes (e.g., 'if I try doing this, what will happen?')" (Lent, 2005, p. 104). It can be inferred that efficacy expectancy is a mediator between an individual's behavior and the outcome of that behavior (Bandura, 1986). The higher the efficacy expectation, the more likely an individual will in fact produce a specific outcome. Bodenhorn (2001) believes a major factor, determining if an individual will use a certain skill, is the belief that the use of that skill will result in a positive outcome. Therefore, the extent to which an individual believes he/she can adequately and effectively perform a certain task, reflects the individual's self-efficacy beliefs regarding a specific task. Bandura (1997) states that self-efficacy doesn't necessarily reflect a person's skills as much as it reflects a person's beliefs about his or her skills. The perceived level of self-efficacy determines the course of action that individuals will exert on a specific task, how long he/she will sustain when obstacles arise, and how much thought patterns will be influenced (Bandura, 1986).

Positive outcome expectancy for certain behaviors may serve as a regulator for those specific behaviors (Sutton & Fall, 1995). For example, a school counselor who is requested to perform certain nonrelated school counseling tasks may do so willingly, if he/she knows the task will be appreciated (Sutton & Fall, 1995). Conversely, a negative outcome expectancy for behaviors may serve as an extinguisher of those same behaviors (Sutton & Fall, 1995). For example, the school counselor who receives negative feedback

from other school personnel may not put forth as much effort into specific counseling responsibilities and/or programs even when beneficial to students (Sutton & Fall, 1995).

The School Counselor and Self-Efficacy

School counselors often find themselves in work situations that are devoid of many of the necessary support systems (Sutton & Fall, 1995). There may be only one counselor in the school or district, little importance attached to the role of the school counselor, school in-service programs that focus primarily on teacher-related issues, and lack of counselor supervision (Barret & Schmidt, 1986; Carlson, 1989, & Sutton, 1988). If personal self-efficacy is directly related to a person's ability to influence events in his or her life (Sutton & Fall, 1995), perhaps the relationship between organizational contexts (i.e. school culture, specific counseling programs & agendas) and their implementation and success can be explained through the concept of self-efficacy. Beliefs are based on individuals' expectations that they possess certain knowledge and skills, as well as the capability to take action required to overcome problems and to succeed under the stresses and pressures of life [life within a school environment] (Sutton & Fall, 1995). Specifically, school counselor self-efficacy beliefs are an important factor to consider when evaluating counselor effectiveness and establishing a professional identity. Efficacy expectation judgments are the end result of a cognitive appraisal process during which information is weighed and combined with personal and situational factors (Bandura, 1977b; Bandura, Adams, Hardy, & Howells, 1980). Furthermore, the strength of efficacy expectations determines whether individuals try to cope with difficult

situations, how much effort people expend, and how long they persist in the face of obstacles (Bandura, 1977a).

Larson and Daniels (1998) have concluded that existing measures of counselor self-efficacy correlate positively with counselor performance and job satisfaction, and negatively with anxiety related to the school counseling role; however, a majority of their studies focus on emerging school counselors, such as internship and practicum students. Despite attempts to create a unified professional identity, practicing counselors' efficacy expectation judgments are rarely reviewed, let alone explored, and synthesized for meaning and additional research.

This study looked at high school counselors' perceived self-efficacy regarding roles and responsibilities addressing students' mental health needs, diagnosis, signs, and symptoms of behavior. Additionally, this study aimed to give a general voice to school counselors regarding what the school counselors' training, expertise, and definition of mental health needs of students in the academic setting looks like from practicing counselors. Insight from practicing school counselors regarding additional programming, training, and overall needs to assist, educate, and provide best practices, are also explored. The proposed study sampled practicing school counselors with three or more years of experience in the field.

Purpose of the Study

There is a scarcity of research that examines school counselors' self-efficacy from actual school counselors' perspective and experiences. While the desire and prerequisite training are there, and National Standards via the ASCA model are making headway

across the nation, school counselors are frequently assigned tasks and duties that are outside their training, creating frustration and stress for the school counselor (McGlothlin, Miller, & Guillot, 2008). The lack of clear consistency has been marked by periodic shifts to the profession and various perceptions of a school counselor's overall role and responsibility from key stakeholders in education. It seems more than necessary to assess school counselor's self-efficacy if today's school counselor high stakes accountability is to be an integral part of educational reform from an academic and social/emotional perspective (Bemak, 2000; Murray 1995b).

This is a pivotal time for school counselors in Pennsylvania as The Pennsylvania Department of Education (PDE) is taking great measures to better define the school counselor role and develop comprehensive programs, resources, and proper evaluation measures to ensure, specifically, that mental health needs of students are being met and serviced through school counselors and collaborative efforts with other related service personnel. According to the Pennsylvania Companion Guide to the ASCA National Model: A Framework For School Counseling Programs (PSCA, 2011), school counseling programs and school counselors are integral members of the school academic team in raising achievement, meeting school goals, and preparing Pennsylvania students for college and career success. Additionally, Pennsylvania school counselors are the local champions who understand the needs of students and are the best catalysts to bring together all facets of the community to make sure that schools are designed to be student-centered (PSCA, 2001).

Yet, school counselors continue to face a myriad of perceptions regarding their unique role and professional identity, often making school counselors more susceptible to

negative feelings and burnout (Butler, 2005). The purpose of this research study, therefore, is to examine high school counselor's self-efficacy beliefs regarding their role and responsibility to adequately address students' personal, social, and career needs. More specifically, this study focused on counselors' perceptions and self-efficacy beliefs regarding their role and responsibilities in terms of mental health counseling, prevention, assessment, and future needs to promote and sustain academic achievement and success. Pennsylvania school counselors practicing in the secondary, 9-12, high school environment were asked to participate in interviews and surveys surrounding their perceived self-efficacy regarding their roles and responsibilities surrounding the mental health needs of students. Present literature speaks to the school counseling role and responsibilities from key educational stakeholders other than practicing school counselors. This exploratory study aims to understand counselors' perceptions, reflections, and self-efficacy in today's high stakes educational environment.

Research Questions

1. What impact or significance do the following demographic factors have on school counselors' perceived self-efficacy: gender, age, years of experience, undergraduate degree, and/or factors pertaining to the school counselor environment?
2. What impact or significance do demographic variables have on the five, randomly selected interviewees' self-reported self-efficacy regarding mental health disorders?

3. What are school counselors' overall self-efficacy beliefs regarding mental health issues brought to them?
 - a. How do school counselors give meaning to the term mental health?
 - b. What types of mental health issues/disorders do counselors at the high school level have most/least self-efficacy?
4. What are high school counselors' perceptions regarding roles and responsibilities at the high school level? Specifically, how do school counselors give meaning to the school counselor role in terms of students' mental health needs and describe it to others?

Definition of Terms

ACA- American Counseling Association: A national professional association whose focus is on the supporting and promoting the counseling profession through leadership, education and training, and advocacy for counselors (ACA, 2011). With 19 divisions it provides a code of ethics for the profession, professional journals, and offers professional development opportunities.

ASCA- American School Counseling Association: A national professional association for school counselors whose goal is to support counselors and their efforts to help students be successful academically and personally (ASCA, 2011). ASCA provides leadership, professional development and training, professional standards, and advocacy for school counselors as well as guidelines and standards for school counseling programs. It also supports individual state mandates regarding counseling and makes an effort to provide guidance and support to those practicing counselors.

ASCA National Model: A Framework for School Counselor Programs: A major publication of ASCA that provides a framework for defining and developing a comprehensive school counseling program. There are four components: foundation, system delivery, management systems, and accountability. Also included within the four components are themes of leadership, advocacy, collaboration, and systemic change. The framework provides school counseling programs the ability to link services they provide to the mission of the school and provides a means of accountability and supportive evidence for these programs (ASCA, 2012).

Counselor Activity Self-Efficacy Scales (CASES) (Lent, 2003): These scales were designed for research purposes and are still “under construction” psychometrically speaking (Lent, 2015). There are three parts to the scale, Part I: Helping Skills self-efficacy scales (18 questions), Part II: (10 questions) Session Management self-efficacy, & Part III: (16-questions) Counseling challenges and self-efficacy.

Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V):(American Psychiatric Association, 2013) The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, offers a common language and standard criteria for the classification of mental disorders.

Mental Disorder: Collection of symptoms (these can be behavioral or psychological) that causes a person disability or distress in social, personal, or occupational functioning (Morrison, 2014, p. 12).

Pennsylvania School Counseling Association (PSCA): A professional organization with a mission to expand the image and influence of professional school counselors to promote professional and ethical practice, and to advocate for equity and

access for all students (PASCA, 2014). The PASCA follows ten core beliefs and follows a vision with goals and objectives.

Pennsylvania Companion Guide to the ASCA National Model: A Framework for School Counseling Programs: A structure for effective school counseling programs that is modified for unique requirements within school counselor domains and modeled after the ASCA (PASCA, 2011).

Pennsylvania Department of Education (PDE): The mission of the department is to academically prepare children and adults to succeed as productive citizens. The department seeks to ensure that the technical support, resources and opportunities are in place for all students, whether children or adults, to receive a high quality education (PDE, 1969, 2014).

The PSCA Identity Statement: The Pennsylvania School Counselors Association is a professional organization, which represents School Counseling in Pennsylvania (PSCA, 2010).

The PSCA Mission Statement: The Mission of the Pennsylvania School Counselors Association is to expand the image and influence of professional school counselors, to promote professional and ethical practice, and to advocate for equity and access for all students (PSCA, 2010).

The PSCA Vision Statement: The Pennsylvania School Counselors Association is the keynote that strengthens the image and influence of professional school counselors through advocacy, leadership, collaboration, and systemic change PSCA empowers Professional School Counselors with the knowledge, skills, and resources, to promote student success in the global community (PSCA, 2010).

Professional Identity: An overarching belief about oneself and one's chosen profession which helps a person to understand who they are and what they do as a professional while also providing a framework for practice and decision making (Brott & Myers, 1999).

Professional School Counselor- certified/licensed educators with a minimum of a master's degree in school counseling, making them uniquely qualified to address all students' academic, career, and personal/social development by designing, implementing, evaluating, and enhancing a comprehensive school counseling program that promises student success (Stone & Dahir, 2006; ASCA, 2003, 2012).

School-Based Mental Health Systems & School Mental Health (SBMH/SMH): The provision of accessible mental health services and programs in school/education environments. This includes any program, intervention, or strategy applied in a school setting that is specifically designed to influence students' emotional, behavioral, or social functioning (Rones & Hoagwood, 2000). On-site services may include: individual therapy, group therapy, family therapy, parent training, parent education, consultation, preventive interventions, and case management (Rones & Hoagwood, 2000). These services are evidence based and should address the general population and overall needs of students and collaborate with key stakeholders and community resources /persons.

School Counselor Self-Efficacy Scale (SCSE): A uni-dimensional measure of school counselors' self-efficacy to perform various school counseling tasks. It is a 43-item instrument in which participants indicate their level of confidence in performing specific tasks. The instrument assesses counselors' confidence with responsibilities using a 5-point rating scale (Bodenhorn & Skaggs, 2005).

School Counselor, Elementary and Secondary (SC) Rubric Assessment: As of June 1, 2014, school counselors are assessed through a rubric adapted from Charlotte Danielson's 2011 Framework for Teaching (Danielson, 2011).

Self-Efficacy: Beliefs about one's own ability to successfully perform a given behavior. It involves a "generative capability in which component cognitive, social, and behavioral skills must be organized into integrated courses of action to serve innumerable purposes" (Bandura, 1986, p.122). It has been researched that people with higher levels of self-efficacy in a particular area of their behavior set higher goals, exhibit stronger commitment, motivation, resilience, and perseverance to meet their goals (Bandura, 1995).

Conclusion

Studies have shown that an increasing number of adolescents are unprepared for learning due to an array of mental health problems interfering with academic abilities (Satcher, 2004). The catalyst to recognizing this national dilemma in education spurs from President Bush's New Freedom Commission on Mental Health to improve and expand school mental health programs (New Freedom Commission on Mental Health, 2002) and the recommendations that followed. Professional school counselors are optimally situated by virtue of their position, training, and skills to be leaders (Dahir, 2001) and pertinent collaborators to assist students in achieving academic achievement and eliminating barriers to success for all students. Yet, school counselors face a national dilemma defining, defending, and delineating the professional school counselor role, a major barrier in itself. ASCA has been shifting the school counseling role, function, and responsibilities with the adoption of the most recent ASCA National Model (ASCA,

2005). Today's school counselors must be an integral part of education reform (Bemak, 2000; Murray, 1995b) academically and social/emotionally speaking.

While The American School Counseling Association (ASCA, 2005) requires school counselors to be skilled in addressing students' personal, social, and career goals because previous researched has shown that there is a direct link to academic achievement, perceptions from practicing school counselors regarding these initiatives is underrepresented in the literature. Professional school counselors are primarily responsible for providing crisis assessment, referral, and intervention (Council for Accreditation of Counseling and Related Educational Programs, 2009); yet little is known about preparation and experience in those areas (Wachter-Morris & Barrio-Minton, 2012). It is imperative to study counselors' perceptions of roles and responsibilities at a time where students are more susceptible to mental health needs and accountability for school personnel is so high, because counselors are the hub of the school and in the trenches daily.

Lastly, understanding school counselors' perceptions of professional identity and self-efficacy is fundamental to addressing disconnect between actual and ideal school counselor roles and responsibilities. The purpose of this study, therefore, is to better understand how school counselors perceive their role, identity, and self- efficacy beliefs towards the growing number of students in need of mental health in the educational system; especially, if they are to be held accountable for student performance and ongoing systemic change. Awareness of mental health needs and the correlation to academic achievement is not enough to sustain successful high school completion; rather,

efforts to collaborate, implement, and actualize feasible mental health resources and programs are a necessity.

CHAPTER 2 REVIEW OF SELECTED LITERATURE

The purpose of this study was to examine high school counselors' perceptions of their role/responsibilities and self-efficacy when working with students that have mental health needs in the school setting. The review of literature is broken down into several sections. These sections include: (a) transformation of school counselor, roles, and responsibilities, (b), key stakeholders' perceptions and expectations regarding the school counselor role, specifically relating to mental health needs, (c) mental health issues in schools, and (d) professional identity and perceived self-efficacy as it relates to the counseling profession.

Even though it has not always occurred immediately, school counseling in the United States has both responded to and reflected national trends and challenges (Akos & Galassi, 2012). "School counseling in the United States has been seen to have different types of relevance to schools depending on the needs of the nation in different historical periods" (Herr, 2001, p. 237). Reflecting on and reviewing the relevant literature reveals where the school counseling profession has come from, where school counseling sits in the present day, and future predictions and recommendations for the future of professional school counselors. With that said, the literature is vast and quite extensive. Therefore, for the purposes of this study, major historical and influential movements will be mentioned as shaping the school counselor profession.

The Birth of the Guidance Counselor

Guidance was born at the height of the Industrial Revolution, a period of rapid growth, social protest, reform, and utopian idealism (Gysbers & Henderson, 2001). Individuals such as Frank Parsons, Meyer Bloomfield, Jessie Davis, Anna Reed, E.W. Weaver, and David Hill were instrumental in forming and implementing the very basic and early stages of guidance within national organizations, and schools in Grand Rapids, Seattle, New York, and New Orleans (Gysbers & Henderson, 2001). The earliest implementation of guidance programs began with appointing teachers as vocational counselors to help students shift from farm raising to factory living, thus managing education and preparation for the workplace (Lambie & Williamson, 2004; Parsons, 1909). While a formal organizational structure had been established (Gysbers & Henderson, 2001) and seemed commendable and promising (Brewer, 1922), there was concern regarding a lack of effective and agreed-upon centralization (Myers, 1923). A tendency to load the vocational counselor with more duties than possible to complete, the principal's lack of job description for the school counselor and often seen as a substitute teacher, handy man, assistant principal, and social chairman existed due to the lack of structure thus far (Gysbers & Henderson, 2001).

The Progressive Era, "Space Race", & Guidance in Education

As the decades after the Progressive Era unfolded, the influences of educational reform movements, work of theorists, and various social, political, and economic events all combined to shape the nature and structure of guidance counseling in schools (Gysbers & Henderson, 2001). From an historical context, the 1960's counselor role was

influenced by the Russians attempting to launch Sputnik and the “space race” (Minkoff & Terres, 1985). While the vocational focus remained, in the 1960’s, partly as a result of the National Defense Education Act (NDEA) of 1958, guidance counseling was being provided in the schools by personnel full-time and a more psychological/clinical perspective with an emphasis on counseling and testing existed (Gysbers & Henderson, 2001). The NDEA provided more funding and encouraged counselors to identify students that would be successful in mathematics and science careers (Gysbers & Henderson, 2001).

The result of more funding from NDEA (1958) had school counselors objectively measuring how they were addressing political and societal concerns in addition to determining the profession’s educational impact on student outcomes (Gysbers, 2004). More testing and accountability on school professionals as well as student pressures and social problems during the 1960’s such as school violence, substance abuse, mental health, and changing family dynamics (Gysbers, 2001) added to the complex role of the school counselor.

Call for “Comprehensive Guidance Curriculum” Unfolds

Therefore, a call for a more comprehensive guidance counseling program was introduced beginning in the 1970’s which encompassed the following: a) a renewed interest in vocational/ career guidance (and its theoretical base, career development); b) a renewed interest in developmental guidance and counseling; (c) concern about the efficacy of the prevailing approach to guidance and counseling in the schools; and, (d) concern about accountability and evaluation (Gysbers & Henderson, 2011, p. 248).

Additionally, a more clinical focus emerged with Williamson's (1939) how-to manual for counseling students regarding personal, educational, and vocational problems.

Simultaneously, Carl Rogers' (1942) nondirective, client-centered approach to counseling (Aubrey, 1991; Lambie & Williamson, 2004) helped school counselors define a category in the educational system as "school personnel & pupil services", now consisting of professionals employed as school psychologists, nurses, social workers, and school counselors (Gysbers & Henderson, 2001). From 1951 to 1965, the number of school counselors expanded from 6,780 to approximately 30,000 (Gysbers & Henderson, 2001). For school counselors, specifically, six "services" generally fell under the school counselors' role: orientation, assessment, information, counseling, placement, and follow-up (Gysbers & Henderson, 2001). An improving economy led to an increase in student enrollment, even more employment opportunities for school counselors, and school counselor preparatory programs (Barker, 2001). A clear focus on academic, career, and personal/social developmental domains had formed (Gyspers & Henderson, 2001; Myrick, 2003); yet with each additional emphasis and responsibility came a more complex, diverse, and often misunderstood professional role (Bauman, et al. 2003; Gysbers & Henderson, 2001; Myrick, 2003).

Educational Impacts & Accountability- 1980's-Present

Furthermore, with the additional funding provided to school initiatives, the increase in accountability resulting from more testing and assessments led to a Nation at Risk (1983). Additionally, a report was published by the National Committee of Excellence in Education (NCEE) in 1983 stating that the American school system was

mediocre and reform was needed (NCEE, 1983). New initiatives, state standards, and mandates influenced another shift in school counseling and called for a re-evaluation of school counselor programs and best practices that would measure effectiveness and impact on students' academic success (Walz, 2004). Almost simultaneously, as the accountability pendulum continued to swing, The No Child Left Behind Act (NCLB, 2001) and The Education Trust's Transforming School Counselor Initiative (TSCI) were established. The NCLB was passed in an effort to close the achievement gap and create equitable opportunities for all students (Stone & Dahir, 2006). The TSCI also expected high academic achievement for all students at all levels, and focused on using data to change policy and practice, promote collaboration with faculty and advocacy for students (Reiner, Colbert & Perusse, 2009).

Ensuring that at-risk students were not left behind academically, the U.S. Department of Education (2002) made federal funding available for school districts contingent on students' school-wide performance on academic tests. State assessments, measuring students' critical reading and mathematics skills, initially became the primary emphasis and the NCLB (2001) Act outlined corrective measures for schools that failed to maintain adequate yearly progress (U.S. Department of Education, 2002b). "The commitment to higher levels of student achievement and continuous improvement is a responsibility shared by all of the responsible stakeholders, including school counselors" (Stone & Dahir, 2006, p. 6). The result of high stakes testing has placed new and additional pressures on school counselors and is one of the most recent educational reform effort that contributes to the changing counselor role (Stone & Dahir, 2006).

Even in the past decade, a variety of changes have occurred within the school-counseling field. Paramount for school counselors was the formation of The American School Counseling Association (ASCA) in 1952. The American School Counselor Association's (ASCA) National Standards (Campbell & Dahir, 1997) and ASCA National Model (2005) have been developed to link the results of school counseling programs to the mission of schools (Bodenhorn, 2010). The formation of ASCA was an early attempt by school counselors to develop improved ways to devise a comprehensive school counseling program and demonstrate that what school counselors were doing was successful in helping students (Gysbers, 2004; Minkoff & Terres, 1985).

The Present Day

Looking back over the approximately 120-year evolution of the school counseling profession helps provide insight regarding shifts within the field and even to job titles from guidance to school counselor (Dekruft, Auger, & Trice-Black, 2013). School counseling paradigms (past, present, & future) have shifted from a solely driven approach (i.e., counseling, consultation) to a proactive approach (i.e., leadership, advocacy, collaboration) (Stone & Dahir, 2009). Today's vision of school counseling from the ASCA National model and standards (2012b) provides a results-driven structure for school counseling programs that are "Comprehensive in scope, preventative in design, and developmental in nature" (ASCA, 2012b, p. xii). Key themes are leadership, advocacy, collaboration, [and] systemic change" (ASCA, 2012b, p. vi), and the stated "objective of school counseling is to help students overcome barriers to learning" (ASCA, 2012b, p. xi).

Comprehensive guidance and counseling programs, coupled with national standards (ASCA, 2003) may designate the presence of a counselor position in the school, but they do not exclude nonrelated activities that can be detrimental to the professional role of the school counselor (Day & Sparacio, 1980). Having supportive organizations and a national model with a standards-based curriculum that drives the concept of a comprehensive guidance curriculum has helped define the counselor role; however, guidance and counseling are often seen as ancillary support services (Gysbers & Henderson, 2001) which reinforce the practice of school counselors to be assigned administrative or clerical duties because it could be defined as a “service to somebody” (Gysbers & Henderson, 2001, p. 247). It is estimated that more than half of the states promote the use of a comprehensive guidance and counseling program (Sink & MacDonald, 1998); yet, counselors are also responsible for meeting the various needs of the students and various key stakeholders in education. The results of a 1991 survey conducted by the US Department of Education indicated that counselors spend an average of 16 percent of their time on various non-counseling activities (Baker, 1992). As Valine, Higgins, and Hatcher (1982) stated, “It may be well to remember that the term role is typically that which is assigned to a person by others, that is, what one is perceived as doing in the position that one occupies” (p. 208). The demands and expectations from various stakeholders’ perceptions of the school counselor role and responsibilities is well documented in the literature and role confusion, despite accreditation standards, is a reality. An article written by Shertzer and Stone (1963) stated, “much of the current difficulty and confusion surrounding the school counselor’s role stems from the contradictory and conflicting expectations of his various publics” (p. 687). While written

more than 30 years ago, this continues to be a systemic issue within the school-counseling field. A study was conducted by Day and Sparacio (1980) and concluded that the professional school counselor has not been adequately defined by accreditation standards and these standards do not ensure the effective implementation of the professional school counselor's role within the school setting.

Table 2.1 Major Changes to the School Counselors' Role from 1980- Present Day

The School Counselor: Important Changes from 1980's to Present Day

Decade	1980's Present Day	
Societal Events/Concerns	<ul style="list-style-type: none"> -Baby Boomers having babies (continues) -Proliferation of drugs (sex & rock 'n' roll) -Aids -Pornography -Violence 	<ul style="list-style-type: none"> -War on Terrorism (Iraq/Afghanistan) -Events of 9-11-01 -Hurricanes (Katrina, Sandy, etc...) -School violence and shootings (Columbine, Sandy Hook, etc...)
Events in Public Education	<ul style="list-style-type: none"> <u>National Commitment on Excellence in Education</u> <i>-A Nation at Risk</i> <u>School Reform</u> -4 years of English -3 years of Math -3 years of Science -3 years of History -2 years of a Language -1/2 year of Computer(s) & PE 	<ul style="list-style-type: none"> -No Child Left Behind Act (2001) -Increasing Accountability of school personnel -More elective choices for students -Greater flexibility in scheduling -Improving teacher quality & evaluation -Safe Schools -Every Child Can Succeed Act (2015)
Events in School Counseling	<ul style="list-style-type: none"> ASCA (American School Counselor Association) -Short-term counseling -Focus on prevention & intervention 	<ul style="list-style-type: none"> ASCA (American School Counselor Association) -National model for school counseling programs-Main Components: <ul style="list-style-type: none"> -Foundation, Delivery, Management, & Accountability -Partners to student achievement -Remove barriers to social/emotional, academic, and post-secondary education

Key Stakeholders' Perceptions

Administrators

Where do nonrelated activities that can be detrimental to the professional role of the school counselor (Day & Sparacio, 1980) stem from? While it seems obvious that school principals and counselors should be natural partners in the guidance process (Wesley, 2001), limited training in the area of developmental guidance and lack of exposure to recent counseling initiatives (i.e. ASCA role statements, ASCA National Model and TSCI) may have detrimental and compromising effects on school counselor's jobs (Borders, 2002; Fitch, Newby, Ballestro & Marshall, 2001). Administrators' perceptions of school counselors' roles and competencies have a crucial impact on the way in which counselors do their work (Amatea & Clark, 2005). An exploratory study emphasizing the perceptions of school counselor roles by administrators and school counselors, conducted by Armstrong, Macdonald, & Stilo (2010) revealed that there was a much larger difference between secondary school counselors (62%) and principals (89%) than elementary counselors (75%) and principals (85%). Similarly, when principals were asked about understanding the counselor role, the secondary school counselors' perceptions (67%) and principals' perceptions (91%) were quite different for 16 out of the 18 questions/definitions. Principals' perceptions of the ASCA National Model are not always congruent with the defined role standards in the mode (Kirchner & Setchfield, 2005). A study conducted by Perusse et al. (2004) revealed that most school principals believe tasks for school counselors included clerical tasks (register and scheduling students). In addition to scheduling students, many school counselors were performing disciplinary duties that consumed a great deal of time (Fitch, Newby,

Ballestro, & Marshall, 2001). In spite of the widening influence of the ASCA National Model, there are still school principals and superintendents who remain unaware of the full range of competencies school counselors can provide, especially when supporting students with mental health needs are concerned (Amatea & Clark, 2005). Brown, et al. (2006) found that professional school counselors are more likely to see themselves as mental health providers, in contrast to school administrators, who were less likely to view school counselors as having anything to do with mental health needs. In a survey of principals, Leuwerke et al. (2009) found that “brief yet informative” (p. 269) exposure to the ASCA National Model yielded positive outcomes in shaping administrators’ perceptions of the role of school counselors (Dekruft, Auger, & TriceBlack, 2013). Although administrators may mean well, they generally lack the clinical training and experience to provide supervision of counseling skills, do not operate under the same ethical code as school counselors (Herlihy, Gray, & McCollum, 2002), and too often lack essential knowledge regarding the role of professional school counselors (Leuwerke, Walker, & Shi, 2009).

School Counselors and Professional Identity

One of the crucial problems for any emerging profession lies in its efforts to communicate itself to other related groups and so establish some degree of professional identity (Blocher & Tennyson, 1963). The professional identity of counselors has been a topic of discussion and debate among researchers (Gale & Austin, 2003; Hanna & Bemak, 1997; Hill, 2004). The first principle in the 20/20 Vision for the future of counseling involves the development of a professional identity for professional

counselors (American Counseling Association, 2009). Gibson et al. (2010) concluded that current definitions of professional identity seem to center on three themes: self-labeling as a professional, integration of skills and attitudes, and the perception of context within the professional community. Nugent and Jones (2009) defined counselor professional identity as the integration of professional training and personal attributes within the framework of a professional community. Reinssetter et al. (2004) saw professional counselor identity as an integration of personal awareness and professional viability. Auxier et al. (2003) conceptualized identity development as one in which the individual understands himself or herself within a community and behaves accordingly. Weinrach, Thomas, and Chan (2001) defined professional identity as “the possession of a core set of values, beliefs, and assumptions about the unique characteristics of one’s selected profession that differentiates it from other professions” (p. 168). For decades, it has been speculated that the lack of a clear single counselor identity definition has stunted widespread legitimacy of professional counselors and continues to restrict counselors’ progress in obtaining parity (Calley & Hawley, 2008; Kaplan & Gladding, 2011). The aforementioned literature highlights the interpersonal and intrapersonal nature of identity development and provides an impetus for a better understanding of the broader notion of a national identity (Spurgeon, 2012).

The Mental Health “Crisis” in Schools

According to the 1999 Surgeon General’s Report on Mental Health (Department of Health & Human Services) and the 2000 Report of the Surgeon General’s Conference on Children’s Mental Health (Department of Health & Human Services), 1 in 4 children

and adolescents (ages 9-17) have emotional or behavioral problems sufficient to warrant a mental health diagnosis. The gap between the mental health needs of children and adolescents in the United States and the services available to them is a widely recognized problem (Weist, Adelman, & Taylor, 2007) and most often do not receive mental health care (Department of Health & Human Services, 1999; Weist, Adelman, & Taylor, 2007). Likewise, students with mental health problems typically find school daunting representing unsuccessful experiences (Auger, 2014). Mental health disorders often require so much emotional energy to manage that little energy is left over to devote to doing homework and paying attention in class (Auger, 2011). Moreover, many types of mental health disorders are often associated with a lack of organization, planning, thus making it very difficult for students to complete short-term and long-term goals (Auger, 2014).

In response to the gap between mental health problems and services, The President's New Freedom Commission on Mental Health (2002) set out to study the mental health service delivery system and make recommendations for future services that would enable those with mental health problems to live, work, learn, and participate fully within their communities (Weist, Adelman, and Taylor, 2007). The Commission's final report (2005) recognized the important role that schools can play in meeting mental health needs of children and adolescents because more than 97% of 5-17-year olds are enrolled in school (New Freedom Commission on Mental Health, 2003; US Census Bureau, 2005). Schools are in a unique position to identify mental health issues and provide links, education, and information to appropriate services (Weist, Adelman, & Taylor, 2007). Further, because students' mental health is essential to learning, social,

and emotional interaction, schools must play a role in meeting the mental health needs of students (New Freedom Commission on Mental Health, 2003). Schools are a natural setting to access mental health services because children and adolescents spend a lot of time there, and schools are responsible for providing an avenue to reach parents and teachers, who can assist in the maintenance of improved cognitive, behavioral, and emotional functioning (Evans, 1999).

Barriers to Mental Health Access and Care

Despite all guidelines and standards, no one “best practice” model exists for school-based mental health programs (Paternite, 2005). Despite this, most school districts offer a range of programs and services although the planning, implementation, and evaluation of services are highly fragmented and marginalized in school policy and practice (Adelman, 1998; Adelman & Taylor, 2000, 2005). There are several barriers to school-based mental health services and overall access to mental health services within the community. Several barriers described within the research include limited knowledge of availability, stigma, transportation, and financial constraints (Weist, 1997). Even when staff in schools or primary care sites refers youth for mental health services, youth do not usually receive the services (Catron, Harris, & Weiss, 1998). Further and foremost within the literature, schools often lack the resources to handle the full range of mental health conditions presented by students, (Weist, Adelman, & Taylor, 2007) partly related to the fear of assuming responsibility for what can be highly labor-intensive and costly challenges to districts nationwide (Lever, Adeslsheim, Prodent, et al., 2003; Robinson, 2004).

The School Counseling Profession and Mental Health Issues

Contemporary issues related to mental health affect school counselors personally and professionally (Bain, 2012). School counselors, elementary and secondary alike, often suffer personal psychological stress as well as professional stress as they provide for the mental health needs of students (Bain, 2012). Ringeisen, Henderson, and Hoagwood (2003) declared that school counselors are at the forefront of working with students suffering from mental disorders. In contrast to the historical norm, childhood disabilities are now more likely to involve mental health problems instead of physical disorders (Slomski, 2012). As the mental health needs of school-aged children increase, community mental health services for youth are decreasing (Perfect & Morris, 2011) and underfunded, putting increased pressure on schools to address the mental health needs of students (Lockhart & Keys, 1998; Teich, Robinson, & Weist, 2007). School counselors at all age levels are on the front lines in providing mental health services to youth, both through prevention, short-term intervention services, and by identifying students with mental health needs, coordinating mental health teams, making appropriate referrals to mental health professionals, and following up on those referrals to ensure appropriate services are accessed and provided (Teich et al., 2007; Walley, Grothaus, & Craigen, 2009). Yet, the literature is still mixed regarding who is in the best position to address the mental health needs of students in schools (Hall & Gushee, 2000; Kury & Kury, 2006). The “ideal” tactic for successful mental health interventions in schools is a collaborative team approach between students, students’ families, teachers, school counselors, social

workers, nurses, school psychologists, juvenile justice, and community mental health providers (National Assembly on School-Based Health Care, 2007). Yet, school counselors, more often than not, make up the greatest number of school based mental health providers (Foster, et al., 2005) by providing brief counseling interventions with individuals, families, and groups, and prevention activities through classroom guidance (Carlson & Kees, 2014). School counselors also serve as the primary contact person for referrals from teachers, parents, and other school personnel, and therefore are a vital link in the collaboration that is critical to the success of the mental health team (Flaherty et al., 1998).

Most schools do not have adequate mental health services provided internally or externally (Bain, 2012). Hamlet, Gergar, and Schaefer (2011) concluded that the school counselor was often the one called upon to locate the available local resources to assist students, families, and staff in a crisis. A descriptive research study examined the self-reported comfort level of school counselors in addressing the mental health needs of their students and school counselor perceptions regarding working relationships with school-based therapists (Carlson & Keys, 2014). Survey results indicated that school counselors are generally confident in their counseling skills and comfortable addressing common issues brought to them by their students; however, these same school counselors indicated that they experience discomfort with students living with DSM diagnoses and have not pursued mental health counseling outside the school arena as an additional resource (Carlson & Keys, 2014). Results also revealed that school counselors are willing to lead and work with cross-disciplinary teams and school-based therapists to better meet the health needs of their students (Carlson & Keys, 2014). While the use of collaborative

teams to service mental health needs of children and adolescents is increasing (Brown et al., 2006), questions remain as to school counselors' attitudes toward working with mental health therapists in schools and school counselors' overall comfort level with being responsible for providing mental health services themselves (Carlson & Keys, 2014).

School Counselors and Students' Mental Health Needs

Carlson and Keys' descriptive survey research study (2014) is one of the few studies in the literature that aims at addressing the perceptions of school counselors regarding mental health needs in schools, rather than the perceptions of various key stakeholders in educational reform movements. Mellin and Pertuit (2009) polled 12 counselor educators and 15 practicing counselors and found that counselors working with youth want additional research and training in systems and family approaches to "infuse more youth-specific content into existing courses" (p. 151). While the aforementioned research study (Mellin & Pertuit, 2009) addresses counseling educators and school counseling programs, the literature is sparse in terms of practicing school counselors' perceptions and self-efficacy of mental health needs as they relate to their roles and responsibilities by competing tasks and caseloads that for too many school counselors are far too large (Kolodinsky et al., 2009; Lambert & Guzman, 2010).

School Counselors and Self-Efficacy

According to Bandura's (1986, 1995) social cognitive theory, self-efficacy is an important aspect of career performance and preparation. Similarly, a positive relationship

exists between self-efficacy, work adjustment and motivation, perseverance, resiliency, and stress reduction (Bandura, 1995). School counselor self-efficacy is related to gender, experience, and supportive staff and administrators (Bodenhorn & Skaggs, 2005). School counselors who demonstrate higher levels of self-efficacy might work more effectively within their school communities supporting the psychological development and academic achievement of students, than school counselors exhibiting lower self-efficacy (Bodenhorn et al., 2010).

Pennsylvania Department of Education (PDE) & School Counselors

The Pennsylvania Department of Education (PDE) has implemented the Pennsylvania Standards Aligned System (SAS)-Common Core Standards (PSCA, 2014). As of 2013, Pennsylvania has been fully implementing the National Common Core Standards in English, Language Arts & Literacy, History/Social Studies/Science, and Technical Subjects (PSCA, 2014). PDE has created a common goal through these standards, “that students need to be career and work ready” (PSCA, 2010, p. 2). While school counselors play a vital role in assisting educators, administrators, teachers, parents, and most importantly, the students, to meet the new common core standards, counselor activities differ from state to state, district to district, and grade level to grade level (Studer & Sommers, 2000). Thus, it is a pivotal time for Pennsylvania School Counselors.

The 2014-2015 PDE assessment rubric, designed specifically for Pennsylvania’s school counselors, while put into effect, is still going through refinement. The Pennsylvania School Counselors Association (PSCA) has started to provide various resources for school counselors to “navigate the journey” through the *new* School

Counselor evaluation process (PSCA, 2014). Therefore, culminating and synthesizing the perceived self-efficacy of practicing school counselors in Pennsylvania is warranted. In fact, a national study of the current status of state school counseling models (Martin, Carey, & Decoster, 2009) found that out of three categories: established, progressing, and beginning school counselor models Pennsylvania was listed as one of the ten states (out of all 50 states) to be considered in the *beginning* stages of developing, writing, and implementing a comprehensive school counseling model adhering to ASCA national standards.

The current issues, trends, and values of the school counseling profession are well documented in the literature. Much of the current controversy regarding counselor roles and responsibilities center on the issue of whether the school counselor is to be some sort of general guidance worker or whether he/she should be a therapeutically oriented (Blocher, Tennyson, & Johnson, 1963). This ongoing controversy seems understandable when one considers the historical shifts and role ambiguities within the guidance movement as an entirety. Education reform's focus on student outcomes specifically closing the achievement gap, has been a major catalyst to the ongoing changes within the school counseling field. School counselors with stronger self-efficacy may be more successful in adapting to these changes. Bemak and Chung (2008) suggest that individuals with a strong sense of self-efficacy believe they possess the knowledge and skills necessary to succeed under pressure when faced with situations in which they are evaluated and judged (Bandura, 1989).

Self-efficacy, as it pertains to school counselors, is an emerging area of theory and research (Bodenhorn & Skaggs, 2005) however, there are few definitive studies

clearly showing how self-efficacy affects overall counselor performance, and/or ability to work with the growing mental health needs of students. The gap in literature; therefore, is understanding counselors' perceptions and overall self-efficacy of his/her roles and responsibilities in regards to mental health practices in the school environment, within a comprehensive school model, and adhering to national standards. Some components of mental health delivery models, as indicated in the national model (ASCA, 2003, 2005), include individual counseling, small group counseling, consultation, coordination, case management, guidance curriculum, and program evaluation and development.

Due to the differences in school counselor experiences, environment and conditions in the place of work, it is obvious that different strategies and practices need to be used at various levels, even within the counties being researched. Rather than identifying how an individual or team of counselors achieve results (it is expected that counselors across counties will use several different programs and skills), this study aims to study how self-efficacy reflects individual school counselors' confidence that he/she can achieve the results he/she sets out to accomplish (Bodenhorn & Skaggs, 2005).

CHAPTER 3 RESEARCH METHODOLOGY

This mixed-method, exploratory study sought to understand, reflect, and make useful meaning of secondary school counselors' perceptions of self-efficacy beliefs regarding the roles and responsibilities of practicing school counselors, particularly relating to the mental health needs of their students. There is a gap in the literature regarding practicing school counselors' perceptions and self-efficacy addressing the increasing mental health concerns of students in the suburban, public school setting. Additionally, Pennsylvania is in the beginning stages of implementing a succinct school counselor comprehensive model that adheres to the ASCA National Model and accepted by the Pennsylvania Department of Education (PDE) (Martin, Carey, & DeCoster, 2009). Therefore, it is hopeful that the results of this study may have an impact on the future of school counselor regulations and initiatives for school counselors in the state of Pennsylvania.

Too often, school counselors are evaluated through a teacher assessment process which has little meaning or relevance to the professional school counselor's tasks or role (Studer & Sommers, 2000). Professional school counselors need to close the gap between what they realistically should do and what others think they should do (Studer & Sommers, 2000). Additionally, focusing on counselors' perceived self-efficacy in processing, counseling, and guiding students through various mental health issues in the educational setting may help to provide valuable information and insight that can perhaps be part of the journey to promote and recognize the school counselor role and gain an even better understanding of how the school counselor can promote academic success.

Participants

Participants from this study consisted of practicing secondary school counselors working in the high school environment (grades 9-12) from suburban, public schools across two counties in Pennsylvania, Bucks and Montgomery Counties. These counties were chosen for this study because the school districts within each county have similar demographics (See Table 3.1). Two counties were selected for this study so that every opportunity for counselor participation could be afforded. Additionally, current research tends to focus on school counselors working in an urban setting, sometimes comprising only one school counselor for an entire school. There are very few studies that focus on suburban high school counselors; perhaps due to the illusion that problems do not exist at the same capacity if there are multiple school counselors, lowering the overall caseload, higher taxes, and reputations that have been created. Permission to conduct this study was granted by the Temple Institutional Review Board (see Appendix A).

Table 3.1

Demographics by County

	<u>Bucks County</u>	<u>Montgomery County</u>
# of Schools	N=17	N=18
# of School Counselors/School	N=5.8	N=5.5
M: F Ratio	2.1:4.3	1.6:4.2
% of school(s) on Free & Reduced Lunch	21.5%	23%

Participant demographic information such as: age, gender, county, and other relevant background information were obtained by the demographic survey (See Appendix B). Participants were excluded if he/she reported having less than three years of experience as a practicing, high school counselor. Informed consent regarding school counselor's participation was attached to the demographic questionnaire and CASES Scales (See Appendix C). An estimated 100 school counselors were sent an invitation to participate in this study, initially. Due to several factors such as: excluding participants with less than three years of experience, incorrect and returned e-mail addresses, school counselor retirees, counselors on leave of absence, and/or other uncontrollable elements of recruiting participants. Despite sending three e-mail reminders and one mailing to each school-counseling department, only 23 school counselors returned the initial, demographic survey. After evaluating the survey results, three participants had to be removed from the study as he/she indicated having less than three years of experience in the high school setting. Next, five participants were randomly selected to participate in the open-ended, semi-structured interview questions. (See interview questions; Appendix D).

Instruments

Participants were asked to fill out two items in the initial request for participation, the demographic survey and the CASES Scales (Lent, 2003). The demographic survey consisted of general items regarding the individual counselor such as: age, gender, county, years of experience, undergraduate degree. General items regarding the school

counselors' current counseling program such as: school counselor caseloads, caseload assignments, and person(s) responsible for evaluating school counselors, and counselor schedule, were also asked. One open-ended question, "In your own words, please describe the definition of mental health", and a 12-item Likert scale regarding school counselors' confidence and self-efficacy pertaining to specific mental health disorders was included. The demographic survey served two main functions: screening participants for a minimum of three years of experience, and collecting other relevant information that may not be included when interviewing to gain knowledge of emerging themes with counselors such as: self-efficacy regarding specific mental health diagnosis, professional degrees, the school counseling model specific to a participants' school, etc...). The demographic survey was sent to two school counselors who have previously retired from the field within the last three years who for the purpose of this study, served as secondary school counselor "experts in the field". These school counselors, one male and one female, reviewed the items on the demographic survey and interview questions to ensure criterion and construct validity regarding the contents.

The Counselor Activity Self-Efficacy Scales (Lent, 2003) were also used in this research study and sent with the demographic survey in the initial e-mail to participants (See Appendix E). Permission to use the Counselor Activity Self-Efficacy Scales (CASES) and/or make amendments to the scale was granted through an e-mail correspondence with the creator of the scales, Bob Lent (See Appendix F).

Counselor Activity Self-Efficacy Scales (CASES)

Among the current assessments of self-efficacy, only one has been developed that is geared directly to school counseling. The Counselor Self-Efficacy Scale (Sutton &

Fall, 1995) was originally modified from a teacher efficacy scale used in only one study of school counselors by the original developers (Bodenhorn & Skaggs, 2005). The scale was reviewed by 10 school counselors and counselor educators in Maine prior to its initial use and reliability and validity data were never reported (Bodenhorn & Skaggs, 2005). Specific concerns regarding construct validity emerged because some statements in the scale included rationales for outcomes (Bodenhorn & Skaggs, 2005) such as: “The school staff has too many expectations of me, thereby reducing my effectiveness” (Larson & Daniels, 1998, p. 185). This particular scales was not used in this study to reduce the risk of bias and encouraging counselors’ responses to interview questions based on the poor construct validity.

Lent, Hill, and Hoffman (2003) developed the CASES to measure counselors’ self-efficacy in their counseling activities. CASES (Lent, Hill, and Hoffman, 2003) was initially developed based on Hill and O’Brien’s (1999) helping skills model for counselors which can be broken down into three basic subdomains of perceived efficacy to: perform basic helping skills, manage session tasks, and negotiate challenging counseling situations. Each subdomain consists of particular skill sets and is further broken down into three distinct stages: exploration, insight, and action (Lent, Hill, and Hoffman, 2003). (See Table 3.2).

Table 3.2*The Counselor Activity Self-Efficacy Scales Explained*

Subdomains of self-perceived capability	<u>Subdomain 1:</u> Helping Skills	<u>Subdomain 2: Manage</u> Session Tasks	<u>Subdomain 3:</u> Negotiate Challenging Counseling Situations
Instruction Type	“Indicate how confident you are in your ability to use each of the following helping skills <i>effectively</i> , over the next week, in counseling most clients”	“Indicate how confident you are in your ability to do each of the following tasks <i>effectively</i> , over the next week, in counseling most clients”	“Indicate how confident you are in your ability to work <i>effectively</i> , over the next week, with each of the following client types, issues or scenarios”
Item Breakdown	<u>3 Stages:</u> 1.Exploratory (9 items) 2. Insight (4 items) 3.Action (5 items)	<u>17 items</u> Ex: “help your client to talk about his or her concerns at a deep level, respond with the best type of helping skill(s)”	<u>24 items</u> Ex: items related to: traumatic event, clinically depressed, impasse in therapy, and/or other mental health condition
Scale	<u>0-9</u> (no confidence-complete confidence)	<u>0-9</u> (no confidence-complete confidence)	<u>0-9</u> (no confidence-complete confidence)

For each CASES scale domain, self-efficacy indexes range from 0 to 9, with higher scores indicating stronger confidence in one’s counseling abilities (Lent, 2003, p. 9). An important feature of the Exploration, Insight, Action, and Session Management scales is that those items’ do not provide specific information about the client, his or her presenting concerns, or client behavior in-session (Lent, 2003). Participants taking the CASES scales inventory, respond by indicating how effectively they (counselors) can use the particular skills with most clients over a week span (Lent, 2003). Conversely, the

Client Challenge and Relationship Conflict scales (subdomain 3) ask participants (counselors) to contextualize their self-efficacy ratings in the face of challenging clients, client behavior, or situations (Lent, 2003).

Conceptual and content differences between the various subdomains yielded correlations in the moderate-to-large range, and evidence of two strongly related second-order factors, suggest overlap in counselors' perceived capability to perform different counseling activities (Lent, Hill, & Hoffman, 2003, p. 17). Analysis of the reliability indicates that all three subdomains of the CASES scales have pretty high reliability. Analysis of the data for the first subdomain of helping skills (Exploration Skills=.81; Insight Skills=.85; Action Skills=.78). The second subdomain related to session management yielded a high reliability ($\alpha = .93$), and the third subdomain, relating to challenges in counselors' perceived self-efficacy, yielded the highest reliability ($\alpha = .98$) for an overall CASES total ($\alpha = .96$) (Lent, Hill, & Hoffman, 2003). The internal consistency estimate was quite similar to those obtained in the original sample after a two-week test-retest trial (Exploration Skills=.71; Insight Skills=.75; Action Skills=.59; Session Management=.76; Client Distress/Relationship Conflict=.75; CASES total=.75) (Lent, Hill, & Hoffman, 2003).

Correlations of the CASES scales to the measures of counseling-related outcome expectations were generally small, with the largest correlation involving Session Management ($r = .24$) (Lent, Hill, & Hoffman, 2003). The CASES scales correlated moderately with interest in therapy activities (range=.35 to .47); correlations of the CASES scales to the counseling relatedness of participants' intended career choices were mostly small to moderate range ($r = .11$ to .31); and finally, most of the CASES scales

were moderately related to the experience of negative affect and positive affect during counseling (ranges were -.20 to -.42, and .26 to .39, respectively) (Lent, Hill, & Hoffman, 2003). While the CASES scales also have correlations associated with convergent and discriminant validity, for the purposes of this study, these values were used because *other* scales did not adequately measure what this study aims at measuring.

Therefore, measurement-related refinement or expansion of issues include the need to relate self-efficacy to measures of counselor affect other than anxiety and to continue enhancing and expanding on measures that have additional constructs of social-cognitive theory, such as counseling outcome *expectations* (Larson & Daniels, 1998). Focusing on various counseling tasks and roles that counselors require in a variety of situations, Lent, Hill, and Hoffman (2003) developed a scale that aims at measuring counselors' self-efficacy in their domain of counseling activities, thus named the Counselor Activity Self-Efficacy Scale (CASES). Rather than identifying *how* an individual or team of counselors would achieve results, self-efficacy measures reflect the individual's confidence that he or she *can* achieve the results (Bodenhorn & Skaggs, 2005).

Interviews

School counselors who returned both the demographic and CASES scales were randomly selected to participate in semi-structured, open-ended questions presented in the form of an interview. School counselors had the option to answer the questions online and e-mail the responses back to me, schedule a phone conference, and/or meet with the me at a local meeting point (i.e. Starbucks, library, coffee shop). There were

approximately 15-20 open-ended questions and the school counselor(s) had the opportunity to expand and/or elaborate on any of the questions. The interview questions were created by me and sent to the aforementioned experts in the school counseling field, one male, and one female for clarity, understanding, and wording. Any open-ended question(s) from the demographic survey and interview responses were coded primarily using content analysis as a systematic method identifying emerging themes from the counselor responses. The interview questions related to counselors' perceived self-efficacy in counseling students with mental health needs, the type of needs, and a deeper understanding of practicing school counselors' most pressing issues, concerns, and need for additional education to meet the demands of their students.

Procedure

This study was broken down into three main phases. Phase one included e-mailing practicing school counselors about the study, providing informed consent, along with the demographic survey and CASES Scales (Lent, 2003). The counselor names, school, and e-mail addresses were collected using the most current edition of the *Pennsylvania School Counselor's Directory* (PACAC; 2013) and individual high school websites. Phase one also consisted of two reminder and follow-up e-mails encouraging counselors to participate. Similarly, every counseling office was mailed, via the U.S. Postal Service, a manila envelope with hard copies of the information for all counselors in the department.

Phase two, consisted of recording the demographic information to determine if all participants could be included in the study. Twenty-three participants responded to the e-

mail by filling out the demographic surveys; however, two counselors did not have three years of experience and one counselor could not be included because she had since transferred to the local tech school. Even though the tech school houses students from four high schools in Bucks County, the tech school type of environment was thought to be an outlying factor, one that would lend itself to an appendage of this study. In Phase two, counselors were sent follow up e-mails if the counselor had indicated he/she wanted to participate, filled out the demographic survey, and had neglected to fill in the CASES Scales. After two follow up e-mails and a phone call to the counselor, only the participants' demographic information was recorded, excluding them from being randomly selected for the open-ended interviews.

Finally, phase three consisted of the random selection of participants for the semi-structured, open-ended interview. Interviews took place over a two-month time period. Interviewees were given fictitious names to help code the responses and report information. Two interviews were done over the phone, two interviews were scheduled for a phone conference and due to the counselors' schedule and several attempts to interview on the phone or in person, turned into back and forth e-mail exchanges or Google hang -outs. One interview was scheduled in person, taking about 45 minutes from start to finish.

All participants, including those who were excluded, received a personal follow-up and thank you e-mail. All materials, including the demographic survey results, interview responses, and any other correspondences, were kept in a locked filing cabinet in the researcher's private office.

CHAPTER 4 RESULTS

Introduction

The results of this mixed-methods research study will be presented into four sections. A concurrent triangulation approach (Creswell, 2009) was used in part to provide validity to the data collection, especially since the sample size was small. Part I will present relevant demographic data on the participants. Part II will present the results relevant to the research questions using quantitative analysis, Part III will present the results relevant to the research questions using qualitative analysis, and Part IV will summarize the findings and provide implications for future research.

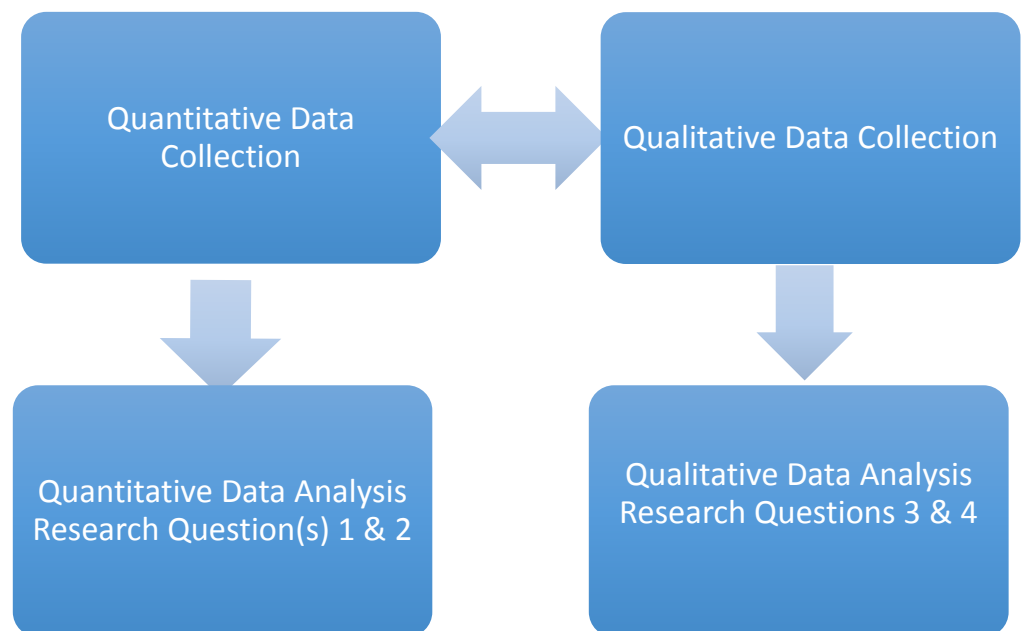


Figure 4.0. Illustration of Data Collection and Reporting

Part I: Quantitative Data Collection & Analyses

Participant Characteristics & Demographics

There were a total of 23 demographic surveys collected; however, two participants' surveys did not warrant participation as the school counselors indicated less than three years of experience. Out of the total participants ($n=20$), 15 participants filled out both the demographic survey and the CASES survey. While all results of the demographic survey have been recorded, participants were only randomly selected to receive an interview if he/she completed both the demographic and CASES survey attachments. Descriptions of the participants' gender, age, county- employed, and years of practice as a high school counselor, and undergrad degree(s) are shown in Tables 4.1 to 4.5.

Table 4.1

Frequency Analysis on Participants by Gender and County Totals

Group	Sample		<u>Bucks</u>		<u>Montgomery</u>	
	N	%	N	%	N	%
Males	7	35.0	2.1	35.0	1.6	27%
Females	13	65.0	4.3	70.0	4.2	72%
Total	20	100.0	6.4			

As shown in table 4. 1, 65.0% of the participants were female and 35.0% of the participants were male. These percentages were similar to the ratio and percentages of male to female counselors overall in Bucks and Montgomery counties according to the Pennsylvania School Counselor Directory (Directory, 2014). Interestingly; however, all

males participating in the study happened to follow the directions by filling out the demographic survey and also the CASES scales, while more females neglected to fill out the CASES scales in addition to the demographic surveys.

Table 4.2

Frequency Analysis on Total Participants by County

Group	Sample	
	N	%
Bucks	15	75.0
Montgomery	5	25.0
Total	20	100.0

Table 4.2 shows the sample participation by county. According to the *Pennsylvania School Counselor Directory* (2014), Bucks County high schools average about 5.5 counselors per high school while Montgomery County high schools average about 5.8 counselors per high school. While Montgomery County has one more high school than Bucks County, a larger percent of participants were from Bucks County.

Table 4.3 shows the age ranges of participants in the study. Participants in the age bracket of 31-40 years old made up 60% of the study, followed by 30% of participants in the 41-50 year age range. Participants younger than 31-years old comprised 5% of the total, similarly to participants 60 years of age or older.

Table 4.3*Frequency Analysis on Participants by Age*

Sample		
Group Age	N	%
26-30	1	5.0
31-40	12	60.0
41-50	6	30.0
<60	1	5.0
Total	20.0	100.0

Table 4.4*Frequency Analysis on Participants by Years of Experience*

Sample		
Group Experience	N	%
3-10	7	35.0
11-20	10	50.0
21-30	3	15.0
Total	20	100.0

As shown in table 4.4, the largest sample of participants had between 11-20 years of experience, followed by participants having 3-10 years of experience, and participants having the most experience, 21-30 years, made up the least amount of participants. This finding is not very surprising; especially because anyone having less than three years of experience was not included in this study, and participants with 21-30 years of experience may or may not be nearing retirement, facing burnout, have previous experience as an educator and/or some type of mental health practitioner in the private sector. Skovholt

and Jennings (2004) found similar results in terms of school counselor participants concluding that counselors have expressed a lack of personal growth and knowledge in key areas such as motivational issues, burnout, and frustration from a perceived lack of support from key stakeholders regarding professional development.

Finally, Table 4.5 shows the participants' undergraduate degrees broken down into three categories: education, psychology, other. Counselors were allowed to type or write in another degree; however, for coding purposes in SPSS, if a counselor wrote in something besides education or psychology, it was coded as "other". Sixty percent of the school counselors indicated receiving a Bachelor of Science or Art in Psychology. Education (20%) and "other" degree (20%) represented the sample equally.

Table 4.5

Frequency Analysis of Counselors' Undergraduate Degrees

Sample				
Undergraduate	N	%	M	SD
Education	4	20.0		
Psychology	12	60.0		
Other	4	20.0		
Total	20	100.0	2.0	.649

Demographics Pertaining to School Counselor and School Environment

Tables 4.6 to 4.8, show the frequency analyses, means, and standard deviations for demographic information pertaining to participants' specific practice and school environment.

Table 4.6*Frequency Analysis of # of School Counselors to High School (9-12)*

# of Counselors	Sample			
	N	%	M	SD
1	1	5.0		
5	2	10.0		
6	12	60.0		
7	1	5.0		
8	3	15.0		
10	1	5.0		
Total	20	100.0	6.0	1.7

Sixty percent of the school counselor participants indicated having at least six counselors distributed among the student population. While the sample of school counselors are representing counselors in a suburban setting and have more than one counselor as opposed to some urban schools and districts, all school counselors in this particular study still indicated having more than the recommended school counselor to student ratio.

According to the American School Counselor Association (ASCA; 2009) and the American Counseling Association (ACA, 2011), the recommended school counselor to student ratio is 250:1. Based on the data from the Department of Education, National Center for Educational Statistics (ACA, 2011), Pennsylvania shows an average of 386

school counselors to one student. While Table 4.6 indicates a counselor mean of 296.60 counselors and the largest frequency, 35% of counselors to students is 300 to one student, both numbers are above the National recommended average of 250 students to one counselor (ACA, 2011).

Table 4.7

Frequency Analysis of School Counselor to Student Ratio(s)

# of Students	Sample			
	N	%	M	SD
280:1	1	5.0%		
290:1	1	5.0%		
300:1	7	35.0%		
315:1	1	5.0%		
320:1	2	10.0%		
330:1	1	5.0%		
375:1	1	5.0%		
380:1	2	10.0%		
386:1	1	5.0%		
Total	20	100.0%	296.6	80.11

Table 4.8*Frequency Analysis on School Counselors' Supervisor(s)*

			Sample
Supervisor	N	%	
Building Principal	6	30.0	
Multiple Admin	10	50.0	
Other	4	20.0	
Total	20	100.0	

Table 4.9*Frequency Analysis of School Counselor Model*

					Sample
Groups	N	%	M	SD	
Alpha	8	40.0			
House	10	50.0			
Other	2	10.0			
Total:	20	100.0	2	.72	

Tables 4.8 and 4.9 illustrate frequency analysis of school counselors' environment and school policy and process. Even though the Pennsylvania School Counselors' Association (PSCA) and more recent ASCA models promote having the school counselors led by the building principal, school counselors pointed out that the building principal, alone, accounted for 30% of school counselors' supervisors. The

majority of school counselors (70%) indicated that it was the building principal and “other assistance principals or personnel” who supervised the counselors across multiple settings. Table 4.9 shows how counselors are distributed among the students within the school building. School counselors having students organized by last names, the alphabet system, accounted for 40% of the sample. If counselors did not follow students by alphabet, they often times had students within a grade level setting, or house model. Two counselors did not feel that his/her caseload met the requirements for the alpha or house model and indicated “other”.

Part II: Quantitative Analysis for Research Question 1 & 2

Research Question 1:

To answer the first research question, what impact or significance do the demographic factors have on school counselors’ perceived self-efficacy? (i.e. gender, age, undergraduate degree, age, and years of experience and factors pertaining to the school counselors’ environment: counselor assignments, caseloads, student to counselor ratio, and supervision of school counselors) nonparametric statistics were run because of the small sample size, $n=20$. Dissimilar from parametric statistics, where certain assumptions based on characteristics of the data set can be tested, and sample size is large enough to validate tests even when assumptions are violated, nonparametric tests were run because the sample size was less than 30 participants and therefore, assumptions were not met (Salkind, 2011).

In each nonparametric test, the unit of analysis used was self-efficacy based on Domains 1-3 on the Counselor Activity Self-Efficacy Scales (Lent, 2003). The

Mann-Whitney U Test and Kruskal-Wallis Tests were run to identify any significant demographic factors. Tables 5.0-5.5 indicate the findings, reporting significance for any demographic variables.

Table 4.10

Grouping Variable Gender on Domains 1-3 of CASES Scales (Lent, 2003).

Domain	Mann N	Z M	Sig. SD	Groups	MR
CASES 1.3	13.000 9.13	-2.010 .719	.044*	Males 5.67	6 Females
	10.20	10			

A Mann-Whitney U test revealed a significant difference in the self-efficacy domain 1.3 levels of males ($n=6$) and females ($n=16$), $U= 13.00$, $z= -2.010$, $p = .044$, $r = .4$. Domain 1.3, Restatements, indicating the counselor can repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear, showed a significant difference between males and females with a medium to large effect size. Females, felt more confidence and self-efficacy in using reinstatements.

Table 4.11

Group Variable Undergraduate Degree (Education and Psychology) on Domains 1-3 of CASES Scales

Domain	Mann N	Z MRank	Sig. M	Groups SD
CASES3.6	1.000	-2.081	.037*	5.06 3.835

		Psychology
10	5.60	
		Education
2	11.0	

A Mann-Whitney U Test revealed a significant difference in the Domains 3.6 of the CASES Scales (Lent, 2003) of undergraduate degrees education ($n=2$) and psychology ($n=10$), $U=1.00$, $Z=-.2081$, $p=.037$, $r=.6$. Domain 3.6 asked the counselor to indicate how confident he/she was in the ability, over the next week, to work effectively with a student who shows signs of severely disturbed thinking. Interestingly, counselors indicating an undergraduate degree in education were more confident and self-efficacious when working with a student with severely disturbed thinking.

Table 4.12

Selected Group Variable Years of Experience on Domains 1-3 of CASES Scales (Lent, 2003).

Domain #	Exp. Sig.	M	N SD	Rank	Chi-Square Df
CASES2.6	3-10		5	7.70	
			11-20	9	7.72
			21-30	2	14.00
			Total		16
			6.277 1.047	2	.043
CASES2.7	3-10		5	8.30	
			11-20	9	7.39
			21-30	2	14.00
			Total		16
			6.277 .981	2	.043
CASES2.10	3-10		5	5.50	
			11-20	9	8.83
			21-30	2	14.50

			Total		16
	6.993		2	.030	8.69
	1.014				
CASES1.2	3-10		5	9.80	
		11-20		9	6.56
		21-30		2	14.00
		Total		16	
	6.277		2	.043	9.19
	.655				
CASES1.8	3-10		5	9.30	
		11-20		9	6.83
		21-30		2	14.00
		Total		16	
	6.277		2	.043	8.81
	.981				
CASES1.10	3-10		5	9.60	
		11-20		9	6.67
		21-30		2	14.00
		Total		16	
	10.415		2	.005	8.63
	1.109				

A Kruskal-Wallis Test revealed statically significant differences in Domains 1.2, 1.8, 1.10, 2.6, 2.7, and 2.10 across three different age groups (Gp1, $n=5$: 3-10yrs, Gp2, $n=9$: 11-20yrs, Gp3, $n=2$: 21-30yrs), $X(2, n=16) = 6.277, 6.993, 10.415, p=.043, p=.030, p=.005$. The group with the most experience (21-30 years) recorded a higher mean score, followed by those counselors with 11-20 years of experience, and 3-10 years of experience. The specific domains that yielded significant findings were subdomains 1 and 2.

Subdomain 1 asked the counselor to rate his/her confidence about the ability to perform various counselor behaviors or deal with particular issues in counseling. The ability to listen (capture and understand what the clients communicate) challenge (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is

unaware or that he or she is willing/unable to change), and self-disclosure for insight (disclose past experiences and gained personal insight) indicated significant results between the three age groups. Subdomain 2 asked the counselor to rate his/her confidence about the ability to do the specific tasks *effectively* with most students over the next week. The ability to help students set realistic counseling goals, help students understand their thoughts, feelings, and actions, and help student decide what actions to take regarding their problems, yielded significant results across the three age groups. In both domains, counselors with higher level of experience had more confidence and self-efficacy to perform the tasks indicated.

Research Question 2:

To answer the second question, Is there a significant impact of demographic variables on the five, randomly selected interviewees' self-efficacy regarding mental health disorders, nonparametric tests, specifically Mann-Whitney U Test on demographic variables were run. Significant statistics are reported in table 4.13.

Table 4.13

Selected Group Variable Years of Experience on Self-Efficacy of Mental Health Disorders

MH Disorder	Mann	Z	Sig.	Groups
	N	Mean Rank	M	SD
SEAut		.000	-2.000	.046
	3		4.0	11-20yrs.
		21-30yrs.	1.5	2
				Total
			5	1.70
				.733

A Mann-Whitney U Test revealed a significant difference in the self-reported self-efficacy confidence levels of years of experience of 11-20 years ($n=3$) and 21-30 years ($n=2$), $U=.000$, $z=-2.00$, $p=.046$, $r=.8$. Counselors' years of experience, specifically 11-20 years and 21-30 years of experience had an impact on the interviewees' self-reported levels of self-efficacy regarding mental health disorders seen within his/her student population. Those counselors with 11-20 years of experience had more self-

efficacy regarding autism spectrum disorders than counselors with 21-30 years of experience.

Part III. Qualitative Analyses and Data Collection

Qualitative analyses primarily consisted of the responses from the five, randomly selected counselors chosen for interviews. Responses to the questions were analyzed using content analysis described by Patton (2002), “focusing on meanings, themes, and patterns that may manifest or latent in interview data that goes beyond counting words or extracting objective facts” (Christopher, Chrisman, Trotter-Mathison, Schure, Dahlen, & Christopher, 2011, p. 324). Content analysis was used to address research question three, *part a* for all counselors’ responses to an open-ended question in the demographic survey.

Relevant Demographic Data Representing Randomly Selected Interviewees:

Table 4.14

Demographic Data for Randomly Selected Counselor Interviews

Name	County	Gender	Age	Years of Exp.	B.S.	Model	Students: # Counselors	Supervisor
Michelle	B	F	41-50	21-30	Psych	Alpha	386: 6	Multiple
Stacey	B	F	31-40	11-20	Psych	Alpha	380: 6	Multiple
Linda	M	F	31-40	11-20	Ed.	House	320: 6	Multiple
Ed	B	M	41-50	11-20	Ed.	House	320: 7	Multiple
Joanne	B	F	41-50	21-30	Psych	House	315: 6	Principal

Research Question three

The third research question, what are school counselor’s overall self-efficacy

beliefs regarding mental health issues brought to them, was broken into three sub-questions to help assess the multifaceted ways in which efficacy beliefs develop within the selected activity domain (Bandura, 1995).

Sub-Question, Part a

The most common ways to measure self-efficacy, according to Social Cognitive Theory (Bandura, 1986; 1997) is to identify self-efficacy in terms of a specific construct or task-specific within a given domain (Lent and Brown, 2006). The first sub-question, how do school counselors give meaning to the term mental health, domain specific questions pertaining to mental health disorders, diagnosis, and behaviors, were assessed. One of the few open-ended questions on the demographic survey asked counselors to fill in a response to the question, “In your own words, please provide a definition for mental health as it applies to students in the school environment” (Appendix B). Content analysis coding was used initially with the five counselors randomly selected to participate in the interviews. Responses from the five participants are shown in column one of Table 4.16. Since all counselors answered this open-ended question, an additional round of content analysis coding was used to identify any additional context to the definition of mental health from counselors’ perspectives. The second column of the table shows the additional input from counselors not randomly selected to participate in interviews. All names are fictitious in order to protect counselors’ identity.

Table 4.15

Counselor Responses to Open-Ended Question from Demographic Survey

Question: In your own words, provide a definition for mental health as it applies to students in the school environment?

Column 1: 5 Interviewees' Responses		Column 2: Total Populations' Responses	
(Michelle)	“Mental illness that impedes everyday functioning” (July, 2015).	(Kate)	“A way a person feels about himself/herself and how that person views surroundings” (August, 27, 2015).
(Stacey)	“Anything that interferes with an individual’s psyche that prohibits or interferes with that individuals’ ability to function in daily life” (July, 2015)	(Ann)	“ A Dx from a psychiatrist according to the DSM” (December 19, 2015).
(Linda)	“Mental health is having the ability to function with your emotional needs”(August 4, 2015).	(Joey)	“How well-adjusted a student is” (December 19, 2015).
(Ed)	“The ability to handle life daily activities, struggles, plans, in a clear manner within your defined emotional makeup and intellectual capabilities” (October, 2015).	(Annie)	“Being able to navigate through life successfully most of the time and ability to seek help when you can’t” (July 16, 2015).
(Joanne)	“Resiliency to manage internal and external stressors” (November 6, 2015).	(Marc)	“Emotional well-being and stability” (December 19, 2015).

From the responses, key terms used to define mental health included: emotional feelings/needs (Linda), a students’ well-being (Marc), ability or resiliency to “handle” social/emotional feelings without having everyday functions impeded or interrupted (Linda, Joanne, Marc, & Michelle), and one’s perceptions of his/her emotions, feelings, and overall well-being (Kate). While there are several definitions of mental health within the current literature, for the purpose of this study, the definition from the World Health

Organization ([WHO], 2014) is used. According to the WHO (2014) mental health is, “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to school, work, and/or community” (WHO, 2014, n.p.). Globally speaking, the term *mental health* is more than just the absence of mental illness or disorders (WHO, 2014). This research supports multiple variations of mental health definitions and yet, a national data base on what schools are doing related to mental health, does not exist (President’s New Freedom Commission on Mental Health, 2003). School counselors are typically called upon to work collaboratively with others to improve students’ overall functioning, personal/social development, and career development for educational success (Collins, 2014).

Research Question 3, Parts b & c.

The following question, what types of mental health issues/disorders do school counselors at the high school level have positive or high beliefs of self-efficacy beliefs about?, and Part c, what types of mental health issues/disorders do school counselors at the high school level have negative or low self-efficacy belief associations?, was answered by reviewing the five counselors’ responses to the last question in the demographic survey stating, “Students on your caseload exhibit some of the following mental health disorders/diagnosis. Indicate your perceived self-efficacy and overall confidence when working with these students” (Appendix B). Counselors self-reported his/her confidence and self-efficacy beliefs in terms of the following responses: high confidence, high self-efficacy (2), low confidence, low self-efficacy (0) somewhat confident, moderate self-efficacy (1). Table 4.16 illustrates the counselors’ response

Table 4.16*Five Interviewees' Self-Reported Responses to Confidence and Efficacy Ratings*

Counselors:	Michelle	Stacey	Linda	Ed	Joanne
Counselor Ratings:	0=no/low confidence/self-efficacy	1= somewhat confident, moderate self-efficacy	2=high confidence, high self-efficacy		
Anxiety Disorder	2	1	1	1	1
Obsessive Compulsive Disorder	2	1	1	1	1
Depressive Disorder	2	1	1	1	1
ADHD	2	1	1	1	1
Eating Disorders	1	1	2	1	1
Mood Disorder(s)	2	1	2	1	1
Conduct Disorder	1	1	1	1	0
Oppositional Defiant Disorder	1	1	1	1	0
Suicidal Ideations	1	1	1	1	2
Substance-related Disorder	1	1	1	1	2
Personality Disorders	2	1	1	1	1
Autism Spectrum Disorder(s)	2	1	1	1	2

Table 4.16, represents a variety of mental health disorders or diagnosis that are often seen by school counselors at the high school level. The list of disorders was created

based upon disorders that showed up the most in the literature. For the purpose of this study, two retired school counselors, considered “experts” in the field, reviewed the list and added “suicidal ideations” as it does not have a specific disorder, per se, but a “behavior, sign, and/or symptom that can co-exist with each disorder on the list” (Conversation with Expert Counselor, Fafara, 2015). The results of these self-reported ratings did not show very much insight, other than most counselors reported feeling, “somewhat confident and moderately self-efficacious” when working with students diagnosed or exhibiting behaviors related to these mental health disorders. Conduct disorder and oppositional defiance disorder were the only two disorders earning a “0” indicating, very low or no confidence/self-efficacy. While it is evident that school counselors are interacting with students having the aforementioned mental health needs, making meaning of “somewhat confident” and “moderate self-efficacy” was difficult to assess by relying on counselors’ self-reported perceptions in only one domain of counselor self-efficacy. It was unclear if counselors reported a “1” because they didn’t feel particularly “very confident” or “not confident” or what specifically was meant by “somewhat confident” or “moderate self-efficacy” for the individual counselor. Therefore, in addition to the self-reported confidence and self-efficacy perceptions, interview responses were also analyzed for themes pertaining to specific factors or sources leading to various levels of self-efficacy across several domains pertaining to the high school counselor. While only one question, “do you have any concerns in terms of your abilities, credentials, experience when working with students’ exhibiting mental health needs” was asked directly to gain a perspective on a counselors’ perception of self-efficacy, counselor responses were directly related to other questions and counselor

responses throughout the interview, and overlapping patterns emerged. After reading through the interviews several times, positive and negative responses, feelings, and emotions were categorized into three main domains having an effect on one's perception of self-efficacy: Prior Knowledge/Experience, Stakeholder Support, and opportunity for additional/expanded knowledge & research.

All interviewees responded emphatically that there has been a significant increase in students' mental health needs, both diagnosed and undiagnosed. When interviewees were asked, "Do you feel you have enough training, experience, and/or knowledge to work with students' increased mental health needs, the variation in answers helped identify factors influencing how counselors determine his/her level of self-efficacy. Table 4.17 illustrates three main domains from the counselors' interviews.

Table 4.17. *Factors Influencing Confidence and Self-Efficacy Levels (Interview Data)*

Counselors were asked to elaborate on responses to the following question: <i>“Do you feel you have enough training, experience, and/or knowledge to work with students’ increased mental health needs?”</i>	
Domain 1	Prior Knowledge/Experience
Domain 2	Stakeholder Support
Domain 3	Opportunities for Education and Training

Domain 1: Prior Knowledge/Experience

Q: ***“Do you feel you have enough training, experience, and/or knowledge to work with students’ increased mental health needs?”***

A: “No!”

“Even with my first job in the SAP arena, primarily working with students in crisis, I have some knowledge, but not nearly enough!” (Michelle, December 2015).

A: “No way!”

“I do have enough knowledge to assess and refer; however, more often than not, students don’t get the outside help they need” (Joanne, January 2016).

A: “No.”

“I feel like there are a lot more areas beyond the obvious DSM diagnosis and disorders.” (Stacey, December 2015).

A: “No.”

“Maybe in some areas... we are dealing with a lot of disturbed individuals who are not in treatment.” (Linda, December 2015).

A: “Not really.”

Domain 2: Stakeholder Support

“How do we make stakeholders understand that even with more training, we are still not mental health therapists?” (Linda, 2015).

“I feel like there is a lot more emphasis on how to proceed if the student is already identified and has an IEP or 504 Plan. District Policy and Procedure(s) for how to effectively help a student who is not identified is vague, at best.” (Stacey, 2015).

“ We are given a half day of in-service for issues pertinent to counselors, when we usually spend full in-services sitting through teacher-based things that we don’t have any control over. It’s not surprising, given that district office still has to provide more training on 504 procedures” (January, 2016).

Domain 3: Opportunities for Education & Training

“More training is needed... for example, social skills, executive functions, and behavioral concerns that may or may not impact a students’ functioning for mental health or medical reasons” (Stacey, 2015).

“Actually, I’d really like to attend a training, focus group, or seminar that helps counselors prioritize which mental health needs, issues, and concerns that we need to address immediately. Besides the obvious, suicidal ideations” (Linda, 2015).

“I have yet to find a workshop or training that speaks to the implications of the internet. Those cell phones are attached like appendages and whatever is happening in cyber space, then becomes part of the school day. We need to deal with it, but yet, most of the issues are outside of school and we don’t really have control over most of it” (Ed, 2016).

Questions related to self-efficacy are not easily answered; yet, the counselor responses in the contexts of domains 1-3, are indicative of Bandura's (1977, 1986) theory accounting for the relationships between counselor self-efficacy formation and school climate (Sutton and Fall, 1995). Interpreting one's self-efficacy can be evaluated in various ways and because self-efficacy, a construct of social cognitive theory (Bandura, 1986), is typically concerned with domain-specific aspects of human functioning, it raises challenges in terms of measurement (Lent & Brown, 2006). Self-efficacy is not a unitary or global trait. Rather, self-efficacy is a conceived, dynamic set of self-beliefs linked to a particular performance domain and/or activity (Lent, 2005).

Research Question Four

Whereas self-efficacy beliefs are, "concerned with one's capabilities (e.g. 'can I do this?') Outcome expectations involve imagine consequences of particular courses of action (e.g., 'if I try doing this, what will happen?)" (Lent, 2005, p. 104). This leads to the fourth and final research question: What are practicing school counselors' perceptions regarding roles and responsibilities at the high school level? Specifically, how do school counselors give meaning to the school counselor role in terms of students' mental health needs and describe it to others?

Content analysis, examining the interview transcripts line by line, and organizing the data by coding emerging themes; similar to the process in analyzing the third research question, was used. After themes were organized into categories used to describe the data, a co-worker and recent graduate of the same doctoral program, was asked to review the interpretations for similar patterns, or provide insight into missing connections or relationships within the data. Dr. Walsh was given all the interview

transcriptions and all coding. Coding was broken down by colors, identifying various themes. For example, interview responses indicating the domain intervention, was given a pink demarcation. I initially had five color-coded domains and Dr. Walsh found the same domains with 100% accuracy; however, she suggested breaking down the three domains into sub-domains. Figure 4.5, illustrates the overarching themes that describe school counselors' perceptions of roles and responsibilities pertaining to students' mental health needs in the high school environment. Subdomains, pertaining to roles and responsibilities regarding students' mental health needs specifically are also described which help describe how school counselors give meaning to what the school counselor role is and what it is not.

Table 4.18 *Perceived Responsibilities Based on Interview Questions*

Role & Responsibility	Definition:	Example(s):	Misconceptions
1. Identification	<p>Identify social-emotional, academic, and post-secondary career plans</p> <p>Identify behaviors, signs, stressors within a school community or with a student/group of students</p>	<p>Social-Emotional: mental health, behaviors that impede learning, helping students understand barriers</p> <p>Academic: help identify student learning styles and techniques that will help lead to academic success</p> <p>Career: Identify students' strengths & weaknesses, aptitude, and plans for post-</p>	<p>“ Our role as school counselors is just that, to be school counselors. Parents and administrators feel we can take it all on-the therapeutic and academic based role because from the outside looking in, we are containers for students” (Joanne, January, 2016).</p>
2. Collaboration/ Support	<p>Collaborating with key stakeholders involved in educational process. Be part of decisions, programs, and/or initiatives that pertain to counselor training and students 'well-being</p>	<p>Collaborating with administrators to provide resiliency programs for student body</p> <p>Collaborating with teachers to proactive engage students</p> <p>Collaborating with community mental health agencies to facilitate transition students back from placement</p>	<p>“I am in communication with students, parents, and teachers...Administrators fill me in when there is a need for discipline or want me to contact home” (Linda, February, 2016).</p>
3. Intervention	<p>Providing more immediate, short-term or “first level response” to</p>	<p>Bullying, drug & alcohol, academic, SAP (Student Assistance Program),</p>	<p>“SAP is a screening tool, but it’s just an information gathering process to then refer</p>

individuals or groups of students	issues between student and teacher, student and parent, student and student	for help outside of the school district...If time allows, we run a stress/anxiety or bereavement group” (Joanne, January 2016).
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The role of the school counselor is multifaceted; ever changing with educational movements, current trends in student population, and heavily depends on district resources. There are several roles and responsibilities not listed in figure 4.5; however, across the five interviews, these three themes emerged when discussing general roles and responsibilities that may not involve students with mental health issues. yet, generally all counselors’ responses led to: Identification, Support/Collaboration, and Intervention as core functions of the school counseling role.

When counselors were asked, “How do you make meaning of this role and describe it to others?” four additional subdomains emerged from the counselors’ examples, which help explain the basic responsibilities previously shown and defined in figure 4.5. Figure 4.6 shows counselors’ perceived core functions and subdomains illustrate how counselors make meaning of their role and describe it to others in measurable and observable terms.

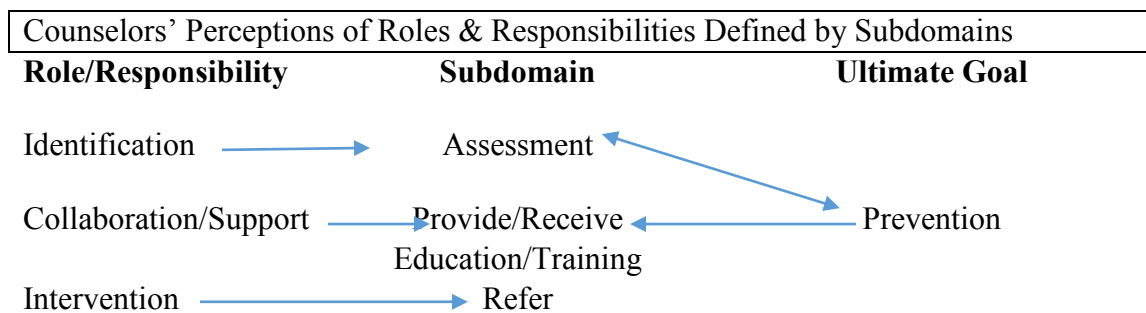


Figure 4.2 Counselors' primary responsibilities: Identification, collaboration, & intervention are explained through subdomains: assessment, providing/receiving education and training, and referring students to outside community agencies for more support. Ultimately, counselors would like to take preventative measures when possible.

While counselors pointed out at various stages of the interview that he/she, “wished that I could get in front of the students as a preventative measure, face-to-face (Ed, 2016), “wished that I could run more groups, when I first started in this profession, we ran groups all the time (Michelle, 2015), or “wished that students had better resiliency skills and parents would just parent” (Stacey, 2015); counselors' perceptions of their responsibilities in terms of students' mental health and social emotional needs are defined by subdomains: assessment, provide/receive education and training, and the referral process. During the interviews, this fourth research question, seemed to illicit the most animation and feeling from the counselors, even when the responses were sent back to me through e-mail. Generally, counselors provided scenarios indicating what he/she did in that particular situation. Stacey initially answered this question by stating, “The mental health needs of our students can be so overwhelming and usually takes up the majority of my day” (December, 2015) and went on to describe what occurred just minutes prior to our interview. Joanne (2016) responded, “Counselors have 350 plus on a caseload and on top of the usual family, academic, and planning for students' futures;

mental health needs outweigh them all!” I had to ask the counselors more specific and probing questions to help define their roles and explain it in the most basic and finite terms. As Michelle (2015) stated, “school counselors are often the only ones in school who have the setting for a student to open up and ask probing questions to assess where the student is at mentally and communicate it to persons that need to know.”

Additionally, all counselors were asked about programs and supports that would help them with students who present mental health issues, needs, and behaviors to them. Four out of the five counselors had previous experience working in a mental health setting and felt “comfortable” with the students’ issues, but felt more in-depth training and education (subdomain 3) was essential. While these counselors had prior knowledge, training, and felt a general self-efficacy speaking about specific issues he/she encounters, it was made apparent in several of the interviews that the misconception from stakeholders is that a school counselor is a therapist, located in a counseling center with a clinical connotation, and academics come second. Where counselors felt the least self-efficacy was what steps to take after referring (subdomain 2) a student and/ or family to some type of practitioner, outside agency, or program that could provide more support for the student. Ed (2016) stated this concept the best by saying, “Teachers think we should just fix the issue... My perception is I am here to assess, put on the fuzzy Band-Aid, and refer for more appropriate and intensive support when warranted. Then, I can follow up and communicate with pertinent staff, family members, and counselors where appropriate and begin to prepare again for the supportive role when the student is ready to return.”

Part IV: Summary

Summary

This mixed-method, exploratory research study was broken down into three main parts. Part one explained demographic information pertaining to the individual school counselor and also environment or school specific information relating to counselor practices, for example, counselor supervisor, caseload assignments, and school counselor model. Nonparametric tests were run to address research questions 1 and 2. There were more female participants from Bucks county participating in the study and counselors' ages ranged anywhere from 26-more than 50-years old. While the majority of counselor participants had 11-20 years of experience, counselors having the most experience, 21-30 years felt more efficacious on certain subdomains of the Counselor Activity Self-Efficacy Scale (Lent, et al., 2003). Most school counselors reported having a background or undergraduate degree in psychology, followed by education, and some other non-reported degree. Results indicated that school counselors having the most experience (21-30 years) as a counselor and reporting an undergraduate degree in education, felt more confident and had a higher self-efficacy with certain functions of the school counselor, defined by the CASES Scales (Lent, et al., 2003). There was approximately six counselors to one high school and an average of 286 students to one counselor. Most counselors reported having multiple supervisors, typically comprised of a principal and assistant principals; however, there was not a significant difference in self-efficacy based on these environmental factors. School counselors' definition of mental health included the following factors:

- Mental health can impede/interfere with individuals' ability to function

- Mental health involves emotional needs, behaviors, and feelings
 - Mental health involves a persons' perception of how he/she feels
- Interviewee's self-reported levels of confidence and self-efficacy and mental health diagnosis, disorders, or students that display signs/symptoms of disorders. Conduct Disorder and Oppositional Defiance Disorder had the lowest self-reporting, while Mood disorders yielded the most confident and highest self-efficacy from counselors
- Overall, counselors reported seeing an increase in students' mental health needs
- In terms of counselors' perceptions of self-efficacy, specific factors showed patterns in the data that promoted a higher or lower level of self-efficacy:
 - One's prior knowledge/experience
 - Opportunity for expanded knowledge, education and training
 - Stakeholder support
- Counselors, as a whole, feel that the school-counseling role is greatly misunderstood and when asked to make meaning of the school counseling role and describe it to others, there were so many different jobs, roles, titles, and even some feelings of anxiety within the counselors just talking about the amount of responsibilities he/she has. In general, school counselors in this sample reported the following jobs roles/responsibilities:
 - Identification
 - Collaboration/Support
 - Intervention

- In terms of mental health and the school-counseling role, there was even more of a heightened anxiety during the interview, even ones that were over the phone or e-mailed. Counselors would underline, italicize, bold, and repeat the same sentence over. Subdomains regarding counselors' roles and responsibilities to students and mental health needs, with the ultimate goal of school-wide prevention:
 - Assessment
 - Provide/Receive Training
 - Refer

School counselors feel confident and efficacious when describing the roles and responsibilities of the school counselor, generally speaking. While there are some mental health disorders, diagnosis, and behavioral issues that counselors feel they could use more training, education, and experience, counselors do perceive themselves as being on the front lines in terms of staff in the school building having the most knowledge of students' mental health issues. Interestingly, counselors perceive that others do not understand their role and efforts to establish a concrete identification, often get overlooked, go unnoticed, or do not seem important enough until a student is in crisis.

CHAPTER 5

DISCUSSION

Summary of Purpose and Results

School counseling is an inseparable and essential component of students' educational experiences, providing guidance and counseling for academic, career, and personal/social domains (Gallant and Zhao, 2011). While the American School Counseling Association (ASCA, 2004) has provided leadership and support to school counselors in assisting students and fulfilling their responsibilities to students, parents, school staff, and other related stakeholders, the needs of students requiring a mental health response in schools have increased significantly (Lockhart and Keys, 1998) and school counselors are often the school building representatives handling students' critical, mental health needs. The purpose of this study was to determine and explore practicing, high school counselors' perceptions of self-efficacy regarding roles and responsibilities pertaining to students' mental health needs. Whereas the roles and professional identities of the school counselor continue to evolve over time, school counselors, according to ASCA (2015) are prepared to recognize and respond to the needs of mental health by promoting prevention, providing immediate crisis support, and short-term intervention, and refer the student with community resources (www.schoolcounselor.org). Although school counselors do not exist to provide long-term mental health therapy in schools, current literature often enmesh community and school-based mental health providers with the school counselor, psychologist, and/or social worker (Bailey, 2000). Similarly, the literature is flooded with perceptions and misconceptions, rather, regarding the school

counselors' role, specifically when students' mental health is concerned. Therefore, this study addresses the mental health-counseling role of high school counselors' perceptions in terms of a framework of self-efficacy conceptualization. Understanding practicing school counselors' perceptions of self-efficacy, referring to counselors' beliefs about their ability to perform counseling-related behaviors or to negotiate particular clinical situations or domains (Larson and Daniels, 1998), is essential to the school counselor identity. Additionally, if the function of the school counselor moves into a more therapeutic role in keeping up with the tides in education, understanding school counselors' self-efficacy and perceptions of the school counselor role as it is presently, is a necessary priority to the future of school counseling and meeting the increase in students' unmet mental health needs.

Understanding practicing high school counselors' perceptions, in terms of confidence and self-efficacy regarding roles and responsibilities pertaining to students with mental health needs, was investigated through self-reported data provided by 20 practicing, high school counselors in Bucks and Montgomery suburban counties in PA. The data was gathered through a demographic questionnaire that was previously evaluated by two, recently retired, one male, one female high school counselors considered school counseling "experts" for the purposes of this study. Counselors were asked to report their gender, county, years of experience, age range, undergraduate degree and also factors that impacted their practice particular to their school environment such as the type of counseling model, number of counselors in the high school, counselor to student ratio, and counseling supervisor. The last part of the questionnaire asked counselors to indicate their confidence and self-efficacy to work with students exhibiting

signs, symptoms, and diagnosis of specific diagnosis from the DSM. One open-ended question, asking counselors to describe their definition of mental health within the context of the school environment was also reported. The second instrument used to collect information was the Counselor Activity Self-Efficacy Scales (CASES) (Lent, 2003). I had permission to use the scales and when sent out to counselors altered the word “client” to read, “student(s)”. The CASES Scales (Lent, 2003), asked counselors to indicate levels of self-efficacy in three domains: In addition to the demographic questionnaire and CASES Scales (Lent, et al.,2003), counselors were randomly selected to participate in semi-structured, open-ended questions in an interview format. Counselors were asked to elaborate on responses when possible to add a “thick description” to the study. Quantitative data analysis was interpreted using nonparametric tests, specifically The Mann-Whitney-U and Kruskal Wills. A summary of these results is illustrated in Chapter Four.

School Counselors and Self-Efficacy

In 2012, the American School Counselor Association (ASCA) published the third and most current edition of *The ASCA National Model: A Framework for School Counselors and Counseling Programs*, which provides evidence-based practices in four key areas: foundation, delivery system, management, and accountability (Collins, 2014, p. 414). After completion of an accredited graduate program, school counselors must apply knowledge associated with professional identity, ethical practice, and sound counseling interventions (Collins, 2014, p. 414). There is research regarding school counselor self-efficacy in delivering elements of the national model (Martin and Carey,

2014) ; yet, most of the literature focuses on prospective students to the counseling field (Schiele, Weist, Youngstrom, Stephen, and Lever, 2014) and counselors nearing retirement, burnout, and conflicting views on professional identity and self-efficacy (Bardhoshi, Schweinle, and Duncan, 2014; Wilkerson & Bellini, 2006). While there is a substantial amount of research on self-efficacy and the counseling field (Bandura, 1977, 1982, 1998, 2006; Lent, 2003; Sutton & Fall, 1995) , very few studies focus on practicing school counselors' perceptions related to roles and responsibilities related to academic achievement, students' social/emotional well-being, and post-secondary planning and preparation. Very similarly, there is plenty of research surrounding the challenges school counselors face due to unique training (Sumerlin & Littrell, 2011; Skovholt & Jennings, 2004; Littrell & Peterson, 2005; Butler & Constantine, 2005) ; however, very few studies articulate the practicing school counselors' voice in explaining the responsibilities of school counselors, particularly in terms of students' mental health needs.

The increase in students' mental health needs, the manifestation of mental health needs at early ages, and environmental factors (i.e. homelessness, poverty, job loss, domestic abuse, etc...) combined with minimal school funding, support, resources, and education (Lockhart & Keys, 1998) is a major responsibility facing practicing school counselors. Even with movement toward school-based services, most community and mental health programs are inaccessible to students and their families (Lockhart & Keys, 1998; Mellin, 2009). Estimates suggest that just to meet the demand for services among youth with the most significant mental health needs, approximately 6,300 practicing child and adolescent psychiatrists in the United States, would have to carry a caseload of 750 children and adolescents (Kim, 2003). Yet, in a 2001 study reporting workforce shortages

for helping professionals (i.e. psychiatrists, social workers, psychologists, and nurse practitioners) the school counseling profession was not considered despite their presence and exposure to mental health (Schacht, 2003).

This study; therefore, is different from existing research because it focused on school counselors' perceptions on everyday situations and issues concerning students' mental health needs. School counselors had a chance to define the counselor role related to mental health, express concerns, feelings, and experiences, and provide insight to the future of the school counseling role in terms of training, professional development, and their ideas to supporting the rise in students' mental health needs. Essential to the school-counseling field, is more research in this domain, across levels of school counseling (i.e. elementary, middle school, and secondary school counselors), and reporting the findings as an agent of change involving the school counselor.

Research Questions

Practicing school counselors in Bucks and Montgomery, suburban counties, were participants in this study. Their self-reported feelings, confidence, and perceived self-efficacy relating to students' mental health diagnosis and emotional needs, were measured, synthesized, and interpreted for meaning and key themes. All counselors had more than three years of experience in the high school environment to control for self-efficacy factors related to brand new counselors with little experience beyond practicum. Overall, high school counselors indicated having high self-efficacy in their roles to provide immediate interventions, communicate with parents, teachers, administration, and other pertinent stakeholders involved with students, and refer students

to appropriate community services or resources. With that being said, school counselor participants reporting having low self-efficacy in their roles to meet the needs of students not willing to participate in long-term treatments, communicating the difference between the school counselor and a community mental health counselor, and adhere to other roles and responsibilities of the school counselor due to the regular interference of students' immediate mental health needs. Specifically, this study answered the following questions:

1. What impact or significant do the following demographic factors have on school counselors' perceived self-efficacy: gender, age, years of experience, undergraduate degree, and/or factors pertaining to the school counselor environment?
2. What impact or significance do demographic variables have on the five, randomly selected interviewees' self-reported, self-efficacy regarding mental health disorders?
3. What are school counselors' overall self-efficacy beliefs regarding mental health issues brought to them?
 - a. How do school counselors give meaning to the term *mental health*?
 - b. What types of mental health issues/disorders do counselors at the high school level have most/least self-efficacy?
4. What are high school counselors' perceptions regarding roles and responsibilities at the high school level? Specifically, how do school counselors give meaning to their role in terms of mental health needs?

Self-Efficacy as a Unit of Analysis

Based on the theory that social cognitive constructs can be conceptualized and measured at differing levels of specificity, the three domains of the Counselor Activity Self-Efficacy Scale (Lent, 2003) were used to measure participants' feelings of self-efficacy. The CASES scales (Lent, 2003) were among the first, reliable and valid measurements indicating self-efficacy levels as they pertain to counselor-specific tasks when working with students displaying mental health needs (Lent & Brown, 2006). According to Bandura (1995), omnibus or ill-matched measures often have limited explanatory value because items may have little or no relevance to the specific domain of interest (p.1).

Demographic Factors Impacting Counselors' Perceived Self-Efficacy

Demographic factors were organized by characteristics pertaining to the school counselor as an individual and the school environment in which he/she worked. While there weren't any demographic factors yielding significance in all three domains of the CASES Scales (Lent, 2003), gender, one's undergraduate degree, and years of experience, yielded significance to various sub-domains within the three overarching CASES (Lent, 2003) domains: helping skills, session tasks, and negotiating challenging counseling situations. Lent, Hill, and Hoffman (2003) continued to develop the initial CASES Scales (Lent, 2003) to measure counselors' self-efficacy in their counseling activities and was initially developed based on Hill and O'Brien's (1999) helping skills model. The subdomains of helping skills, managing session tasks, and negotiating challenging counseling skill sets consist of three distinct stages: exploration, insight, and action (Lent, Hill, & Hoffman, 2003). Female participants comprised most of the study;

however, a significant difference in domain one, performing helping skills and subdomain three, *Restatements*. Female participants' high self-efficacy to repeat or rephrase what the student has said, in a way that is succinct, concrete, and clear, was a subdomain more significant to females than men. While there was not a significant difference between gender for all of the other fourteen subdomains of performing helping skills, or subdomains of managing session tasks (Domain 2) or negotiating challenging situations (Domain 3), this study's finding is similar to Boden and Skaggs (2006) study measuring counseling self-efficacy and job satisfaction on counselor burnout rates. Men were more likely than females to burnout at earlier ages and reported lower self-efficacy in terms of their job satisfaction across the span of their career.

Counselors' years of experience, was also a significant factor impacting self-efficacy in subdomains of performing counseling skills (Domain 1) and managing sessions (Domain 2). Counselors with the most experience, 21-30 years, had significantly higher feelings of self-efficacy across all subdomains. Counselors with 21-30 years of experience, reported higher self-efficacy to perform the following helping skills effectively with students: *listening*, capturing and understanding students' messages, *challenging*, pointing out discrepancies or irrational beliefs of their students, and *self-disclosing*, appropriately disclosing personal, past experiences in which they gained some personal insight. Similarly, counselors with 21-30 years of experience, reported higher self-efficacy in their ability to manage the following tasks effectively with most students: *setting realistic goals* with the student, *understanding students' thoughts*, feeling, and actions, and *helping the student decide* on best actions to take to solve problems. Interestingly, the aforementioned subdomains of managing counseling sessions (Domain

2) were all demonstrating the counselors' ability to help the student take action for his/her problems, whereas other subdomains of Domain 2, involved the counselors' ability to effectively manage the sessions based on his/her own skills, independent of guiding students' actions. A small sample, 15% of the total participating school counselors reported having 21-30 years of experience, and yet, significant feelings of self-efficacy in specific subdomains were found.

Years of experience was also a significant, mediating factor impacting self-efficacy on mental health disorders and diagnosis of students and their exhibiting signs and symptoms seen on a regular basis. Counselors with 21-30 years of experience had the highest level of self-efficacy when working with students on the autism spectrum. As the word spectrum implies, autism spectrum disorder (DSM-V, APA, 2013) can vary in its impact from mildly impactful to an overwhelming degree of impairment (Auger, 2013). Some students with ASD, lack language capabilities and have difficulty showing emotional contact and the label has been used increasingly in schools and is a federally-defined label for autistic conditions under the Individual Disability Education Act (Auger, 2013). Perhaps school counselors have had more experience and been exposed to students with this label. Additionally, if trainings have been in place for school districts for some time (Auger, 2013), school counselors would have had the opportunity for training and further knowledge.

These findings are congruent with existing studies examining counselor trainees' levels of self-efficacy (Larson & Daniels, 1998; Lent & Brown, 2006; Schiele et al., 2014; Morgan, Greenwaldt, and Gosselin, 2014) which has been assessed in order to help

counseling students, supervisors, and graduate program curriculum, better prepare for future school counselors (Collins, 2014).

Social cognitive theory's concept of self-efficacy (Bandura, 1997) also speaks to the significance of a counselor's level of experience, positive or negative. SCT suggests that self-efficacy involves beliefs about one's prospective capability to perform a given task and is based on how people believed they have performed that task (or similar tasks) in the past (Lent & Brown, 2006). However, what a person perceives he/she *can do* is often different from what he/she *will get* (an outcome expectation) (Bandura, 1977; 1996; 1998). Believing that one has the capabilities to successfully perform a behavior does not always yield expected outcomes due to imperfect linkages between behaviors and their consequences in various domains and contexts (Lent & Brown, 2006). This idea; that school counselors may have feelings of high self-efficacy for their ability to perform roles and responsibilities within their scope, low outcome expectations due to any number of factors independent of school counselors, is evident in this study.

Lastly, counselors' undergraduate degree was a significant factor influencing self-efficacy. Even though 60% of the population reported earning an undergraduate degree in psychology and 20% of the population reported earning an undergraduate degree in education, counselors earning a bachelor's of science in education were found to have higher self-efficacy in working effectively to negotiate challenging situations with students showing signs of severely disturbed thinking (Domain 3). This finding is surprising as psychology majors might have more experience or exposure to students [clients] with behaviors, signs, and/or symptoms indicative of "severely disturbed thinking" (Lent et al., 2003); however, the first counselor self-efficacy scale, the CSS,

was modified from a teacher self-efficacy scale by Gibson and Dembo (1984, in Sutton & Fall, 1995). For example, a Gibson and Dembo (1984) original item, “Even a teacher with good teaching abilities may not reach many students” was changed to, “Even a counselor with effective counseling abilities may not reach many students” (Sutton & Fall, 1995). Historical and educational shifts altering the school counselor role, may also be a reason for this finding.

Demographics related to school counselors’ environment within the school setting did not yield any significant factors. Several studies (Dahir & Stone, 2003; MacDonald & Sink, 1998; Poynton, Schowmacher, Wilczenski, 2008; Schmidt, 2003) speak to the counselors’ responsibility to follow a comprehensive school counseling model; consisting of, “counseling, consulting, coordinating, and appraisal services offered in response to identified needs, goals, and objectives of the school community” (Schmidt, 2003, p. 67). Although the literature presents best practices for comprehensive school counseling models (ASCA, 2005; Lapan, 2001; Schmidt, 2003) Sink and Yillik-Downer (2001) sought to measure school counselors’ perceptions and involvement with school comprehensive programs and almost all school counselors reported implementing “some type of comprehensive program” (p.282). Similarly, even though Pennsylvania requires all school districts to have a K-12 School Counseling Plan as part of Chapter 339 (The Pennsylvania Department of Education, retrieved, 2016) and outlines several tools, strategies, and professional development on implementing a comprehensive model, only 14 school districts in Pennsylvania (Pennsylvania Department of Education, retrieved 2016) have reported completed plan examples; none of which were from Bucks or Montgomery Counties. Because school counseling has changed so dramatically

throughout the past decades, conducting a similar study with a larger population of secondary school counselors, may produce different results on self-efficacy levels, in terms of demographic factors dependent on the school counselors' working environment (i.e. counselor caseload, supervisor, student to counselor ratio).

Levels of Self-Efficacy and Mental Health

The education sector is the most common provider of mental health services for children and adolescents (Farmer, Burns, Phillips, Angold, & Costello, 2003), The President's New Freedom Commission on Mental Health (2003) underscored how significant the role of the school plays as a natural point of contact for youth and families to receive mental health services (Stephen et al., 2007). School counselors; therefore, are a well-positioned resource in reaching the significant number of children and adolescents with mental health problems (Collins, 2014). While all school counselors participating in this study unanimously agreed that students' mental health issues are on the rise and the needs of students continue to grow robustly, counselors' perceptions of the "mental health crisis" in schools and how to best utilize their training, education, and knowledge, is somewhat different to stakeholders' insights and perceptions.

The findings of this study, indicate that school counselors generally have high self-efficacy beliefs of their roles, responsibilities, and capabilities. Specifically, school counselors feel confident in their experience, ability, and training in improving students' overall functioning, personal/social development, career development, and educational success (ASCA, 2005; Collins, 2014; Gysbers & Henderson, 2006).

All school counselors in this study indicated that the mental health needs of their students are increasing at rapid speed. All school counselors who participated in

interviews had some previous background and experience working with students displaying significant mental health needs prior to becoming a school counselor, and all interviewed counselors had insight into factors contributing to the mental health needs of their students. Interestingly, all interviewed school counselors also perceived a lack of support, understanding, and misunderstood by “other” persons in the school community, including the students, parents, and co-workers.

Counseling Self-Efficacy

Similar to a study conducted by the National Institute of Mental Health (1999), school counselors in this study felt well positioned within the school system to provide short-term, evidence-based interventions to improve students’ mental health. Counselors felt competent with their counseling self-efficacy in order to identify, assess, and provide referrals within the students’ community for additional supports. In similar ways, the counselors in this study strongly felt that, “the role of the school counselor is academically, not therapeutically based (Joanne, 2015), but because counselors perceived a “reactionary versus proactive” (Stacey, 2015) approach to their educational systems, “mental health needs were consistent day-to-day barriers to students’ success” (Ed, 2016). Counselors indicated feeling pressure from stakeholders to continuously provide on-going support for students who, “clearly are disturbed individuals” (Joanne, 2015). The shift in one’s self-efficacy would typically decrease after the counselor perceived he/she had exhausted the essential roles and responsibilities of the school counselor. When counselors continuously had communication with stakeholders, made recommendations and referrals based on the students’ social/emotional well-being, and were not supported by parents, school administrators, or even students’ lack of response

to the counselors' efforts, was also a factor yielding low self-efficacy. This is consistent with Skovholt and Jennings (2004) study looking at counselors' burnout and passion over the span of one's career noting counselors expressed a lack of personal growth and knowledge as they struggle with motivation issues, burnout and frustration at a perceived lack of support from administration (Summerlin & Littrell, 2011).

The School Counselor and the Community Mental Health Counselor

Counselors in this study, repeatedly stated that he/she was not a community mental health counselor or therapist. Despite several initiatives, The Mental Health in Schools Act of 2013 (Napolitano, 2013), The 2009 Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009), reinvention of the ASCA National Model (ASCA, 2005), and the Education Trust's Transforming School Counseling Initiative (Educational Trust, n.d.) for multiparty collaboration (Gray, 1989) between school counselors, various stakeholders at the educational level, and multiple outside agencies, as a critical strategy for addressing educational inequalities leading to mental health needs (Lewis, Arnold, House, & Toporek, 2002), based on this study, counselors are still being referred to as "psychologists, therapists, and clinicians!" (Joanne, Ed, Stacey, & Michelle, 2016). The literature clearly states, "collaboration within the school counseling field is in need of theory to drive understanding of the underlying assumptions and presumed benefits (Bryan, 2005; Steen & Noguera, 2011) as well as to decrease ambiguousness' within the practice (Forbes, 2009) (in Mellin, Belknap, Brodie, & Sholes, 2015, p. 3).

School counselors' self-efficacy is difficult to evaluate with the present make-up, perceptions, and differing practices from "other" stakeholders. Meaning, school counselors are learning effective evidence-based practices at graduate schools following the CACREP (2009) model that ASCA (2005) reinforces to its members at the national and state level. School counselors, with at least three years of experience in the field, feel confident and have high self-efficacy to carry out the appropriate responsibilities and provide short-term counseling in a crisis situation, assess students' social/emotional and academic needs, and refer students and families to resources that are best suited to meet students' needs. The disconnect; therefore, is trying to mold the aforementioned skills and responsibilities to meet with inconsistent, disorganized, and "systematic" issues that are not within counselors' control.

Counselors' perceptions and insight gained from this study is consistent with social-cognitive theory and its central constructs; self-efficacy and counseling self-efficacy (Bandura, 1977;1989;1994) measures. Larson and Daniels (1998) have concluded that existing measures of self-efficacy correlate positively with indexes of counselor performance and developmental level. According to Bandura's (1977a, 1977b), self-efficacy theory, self-efficacy beliefs are based on individuals' expectations that one possess certain knowledge and skills, as well as the capability to take action required to overcome problems and to succeed under the pressures of life (Sutton & Fall, 331). Efficacy expectation judgments (efficacy expectancy and outcome expectancy) are an end result of a "cognitive appraisal process during which information is weighed and combined with personal situational factors" (Bandura, 1977a, Adams, Hardy, & Howells, 1980, p. 331). While there was not a significant difference between school environmental

factors and counselors' self-efficacy quantitatively, interviews with school counselors suggest that when counselors perceive support from key stakeholders, are able to effectively communicate and follow through with roles and responsibilities according to their training, and have opportunities to expand their knowledge, training, and practice, self-efficacy is relatively high.

Bias, Limitations, and Implications for Future Research

School Counselor Bias

This study is not without bias and limitations. As a high school counselor, I can attest to the feelings and findings from the counselors in this study. I work in Bucks County and am one of six counselors in a diverse school district. I have professional relationships with many of the school counselors in the study and have a great deal of respect and praise for those who have been in the field for so many years. My undergraduate degree is in education (special education) and while I have a high self-efficacy when working with students on the autism spectrum, I was surprised that overall, school counselors in this study, most having an undergraduate degree in psychology, also have a high self-efficacy for students on the autism spectrum.

Limitations

Yet, despite knowing a large population of school counselors, even at the professional level, it was incredibly difficult to have school counselors participate in this study. I began sending the demographic surveys in June (2015) . School counselors either ignored my e-mails or responded saying, "So, sorry, in the middle of finals, graduation, and tying up loose ends before summer!" Dealing with the same issues, I created post-

cards and a special “welcome to summer message” that I sent with the surveys to all counselor e-mails. At that time, I was already receiving counselors’ away messages for the summer vacation. I also sent a packet of information to each school-counseling department in August, and again sent out the surveys. I continued to send out e-mails and would receive messages back saying, “As soon as the beginning of the year chaos ends, I’ll finish this...I have so many letters of recommendations to write, will have to get back to this”. One counselor, who I know very well from graduate school replied, “Sarah, you out of all people know how busy we are, I haven’t eaten lunch today, let alone gone to the bathroom. Isn’t that enough for your research?” Thus, the sample size for this study, was not what I envisioned it to be; however, the responses, even from close colleagues in the field, speak volumes about all the roles and responsibilities put on counselors and the research pertaining to burnout rates for this particular profession (Atici, 2014; Butler, 2014; Bain, 2012; Sumerlin & Littrell, 2011).

Another limitation to this research, was understanding school counselors’ overall self-efficacy regarding the counseling aspect of specific mental health disorders. While school counselors, self-reported self-efficacy ratings (See Table 4.16), there wasn’t a sound scale based on any type of research and it was not clear what counselors truly felt by rating, “somewhat confident” and having “moderate self-efficacy” beliefs regarding specific mental health disorders, diagnosis, and behaviors. It would definitely be interesting to have a focus group or more interview questions around this particular topic in regards to self-efficacy.

Implications for Future Research

This study's results should be compared to a similar study on a larger scale. Perhaps the Pennsylvania School Counselors' Association would have a greater influence and urgency by asking school counselors to speak to his/her self-efficacy surrounding roles and responsibilities pertaining to students' mental health needs. Additionally, it would be interesting to see just how many school counselors also have had experience with mental health outside of the school setting. Even school counselors reporting having experience in community mental health settings, did not have the same level of self-efficacy about counseling skills for a specific mental health disorder because of the boundaries, restrictions, and/or the difference in roles between serving as a school counselor and a counselor in the community. All five interviewees had experiences within the community setting and yet, self-efficacy levels to perform his/her role in the school setting seemed to be compromised when the boundaries of the school environment were maxed out. It would be really important; therefore, to examine the difference between school-based mental health counselors from an outside agency or community and school counselors' self-efficacy and difference in roles/responsibilities. While some states are moving to hiring school counselors who are licensed, Pennsylvania is not one of them. In fact, Pennsylvania is only in its second year evaluating school counselors as an individual entity differing from teachers' evaluations.

Implications for Stakeholders

As Pennsylvania begins to adopt more of the ASCA vision towards a more comprehensive school counseling program (ASCA, 2005) including the revisions of school counselor evaluations, now is as good a time as any to open the lines of communication between school counselors and key stakeholders regarding the roles and responsibilities of the secondary school counselor. While there are various stakeholders involved in the educational process at multiple levels and disciplinary areas, with the primary goal of producing a community of learners and future workers who can successfully and effectively contribute to society (The Partnership for 21st Century Skills, 2006), principals are in a position to influence stakeholders who contribute to the success of future generations (Dahir, et al., 2010). Therefore, implications for developing, collaborating, and further establishing the secondary school counselor and administrator relationship is outlined below.

Secondary School Counselors and Principals

Notably, from this research study and several other studies, (Amatea & Clark, 2005; Beale & McCay, 2001, & Napierkowski & Parsons, 1995) principals' perceptions of the roles and responsibilities of school counselors can be incongruent with the standards, benchmarks, and literature that have emerged from professional organizations and movements (Perusse et al., 2004). Despite the National Association of Secondary School Principals (NASSP), many principals continue to view the role of the school counseling as a "service without a purpose and an ancillary administrative function" (Stone & Dahir, 2009 in Dahir et al., 2010, p. 288). Whereas school counselors may perceive that principals have the responsibility to shape the school counselors' roles and

responsibilities, school counselors must “consider the influence they have in restructuring others’ expectations about their roles, and the personal barriers, such as uncertainty and fear, that may lie in the path of making such changes” (Amatea & Clark, 2005, p. 25).

School counselors; therefore, must educate principals and other key stakeholders frequently as to the importance of delivering a data-driven and accountable comprehensive program that is aligned with the goals of the district in order to gain support and involvement from building-level principals (Dahir et al., 2010).

Yet, school counselors and principals have more in common than is often realized (Dahir et al., 2010) it’s just a matter of listening, reflecting, and making compromises in both the counselor and administrator’s role. Certainly, specific demographics, district policies, and state mandates do not make this partnership easy, but school counselors want to feel heard and valued for what he/she brings to the table. Additionally, school counselors want to actively participate in engaging students on an academic, social/emotional, and career path that fits the strengths and aptitudes of the individual. While more qualitative research in this field is necessary, the College Board’s National Office for School Counselor Advocacy (NOSCA), ASCA, and NAASP, have created the School Counselor Strategic Planning Tool (College Board, 2011) and Principal Counselor Relationship Toolkit (College Board, 2011) to learn what principals and school counselors think is important in their relationship, how they each view the current status of their relationships within their schools, and what an effective principal-counselor relationship may look like (College Board-toolkit, 2011, n.p). The tool kit is free, easily accessible, and broken down into activities that are geared to driving essential discussions amongst school counselors and principals.

Lastly, it would be ideal to determine if the school counseling profession is currently in the midst of another educational shift. The ASCA model has not been revised since 2005 and the mental health needs of students' is only increasing according to the data's growth trends. If the expectations of school counselors are going to parallel key stakeholders' perceptions, school counselors must get the necessary training needed to make a successful impact on students' academic, social/emotional, and post -secondary career plans.

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APPENDIX A

IRB APPROVAL LETTER



Office of the Vice Provost
for Research

Research Integrity & Compliance Student Faculty Center 3340 N. Broad Street,
Suite 304 Philadelphia PA 19140

Certification of Approval for a Project Involving Human Subjects

22959 SCHIFTER, CATHERINE C EXEMPT 15-Jul-2015

A1 - MEDICAL INTERVENTION EDUCATION (1900) ED:PSYCHOLOGICAL
STUDIES (19040) NO EXTERNAL SPONSOR

From the Trenches to the Field: Practicing High School Counselors' Perceived Self-Efficacy Regarding Job Roles and responsibilities Pertaining to Students' Mental Health Needs

Institutional Review Board Phone: (215) 707-3390 Fax: (215) 707-9100 e-mail:
irb@temple.edu

Protocol Number: PI: Review Type: Approved On: Approved From: Approved To:
Committee: School/College: Department: Sponsor: Project Title:

----- The IRB approved the protocol 22959.

If the study was approved under expedited or full board review, the approval period can be found above. Otherwise, the study was deemed exempt and does not have an IRB approval period.

If applicable to your study, you can access your IRB-approved, stamped consent document or consent script through eRA. **Open the Attachments tab and open the stamped documents by clicking the View icon next to each document.** The stamped documents are labeled as such.

Before an approval period ends, you must submit the Continuing Review form via the eRA module. Please note that though an item is submitted in eRA, it is not received in

the IRB office until the principal investigator approves it. Consequently, please submit the Continuing Review form via the eRA module at least 60 days, and preferably 90 days, before the study's expiration date.

Note that all applicable Institutional approvals must also be secured before study implementation. These approvals include, but are not limited to, Medical Radiation Committee ("MRC"); Radiation Safety Committee ("RSC"); Institutional Biosafety Committee ("IBC"); and Temple University Survey Coordinating Committee ("TUSCC"). Please visit these Committees' websites for further information.

Finally, in conducting this research, you are obligated to submit modification requests for all changes to any study; reportable new information using the Reportable New Information form; and renewal and closure forms. For the complete list of investigator responsibilities, please see the Policies and Procedures, the Investigator Manual, and other requirements found on the Temple University IRB website:

<http://www.temple.edu/research/regaffairs/irb/index.html>

Date: 15-Jul-2015

Please contact the IRB at (215) 707-3390 if you have any questions

APPENDIX B
DEMOGRAPHIC SURVEY QUESTIONS

1. What is your gender?

male

female

* 2. What is your age?

25 years of age or younger

26-30

31-40

41-50

61 year of age or older

* 3. The high school I work at is located in the following county: Bucks

Montgomery

Other (please specify)

4. I have been a practicing school counselor at the secondary level (grades 9-12) approximately:

3 years or less 4-10 years 11-20 years

21-30 years

31 years or more

* 5. My Bachelors of Science (B.S) or Bachelors of Arts (B.A) is in the area of: Education

Psychology Social Services

Other (please specify)

* 6. Please indicate all of your degrees and/or credentials (check all that apply) M.A.

M.Ed PhD LPC NCCP M.S.W. EdD

Other (please specify)

* 7. How would you best describe the socio-economic-status (SES) of your students? Upper Middle Class

Lower Middle Class Upper Class

Lower Class

Other (please specify)

* 8. Describe how school counselors' caseloads are assigned: Alphabet

Grade-Level Specific Model

Other (please specify)

* 9. Describe how school administrators are assigned: Alphabet

Grade Level Specific Model

Other (please specify)

* 10. There are _____ number of secondary school counselors (9-12th grade):

* 11. The counselor to student ratio is:

* 12. Who is responsible for evaluating the school counselors at your school? Principal

Assistant Principal (s) Other (please specify)

* 13. What type of schedule does your school operate on? (i.e. Block, 6-period day, semester, alternating periods, etc...)

* 14. In your own words, please describe your definition of mental health:-----

* 15. Students on your caseload exhibit some of the following mental health disorders/diagnosis

What is your overall self-efficacy in handling students with these disorders/diagnosis?

- *Very confident, high self-efficacy*
- *Somewhat confident, somewhat self-efficacious*
- *Very low self- efficacy, low self-efficacy*

DISORDERS/DIAGNOSIS

Anxiety Disorder(s)

Obsessive Compulsive Disorder(s)

Depressive Disorder(s)

Attention/Deficit/Hyperactive Disorder (ADD/ADHD)

Eating Disorder(s)

Mood Disorder(s) (i.e. Bi-polar, Major Depressive Disorder)

Conduct Disorder(s)

Oppositional Defiant Disorder(s)

Suicidal Ideation(s)

Substance-related Disorder(s)

Personality Disorder(s)

Autism Spectrum Disorder(s)

Other:

Other (please specify)

16. What, if anything, makes your particular school environment/climate unique?

* 17. If you are randomly selected to participate in semi-structured, open-ended questions please indicate the appropriate contact information during the summer months

E-mail:

Home/Cell Phone:

APPENDIX C

INFORMED CONSENT

Dear Participant:

My name is Sarah Babins and I am a doctoral candidate at Temple University. As part of my doctoral dissertation requirements, I am conducting a study to explore school counselors' perceived self-efficacy regarding role(s) and responsibilities pertaining to students' mental health needs in the high school (9-12) setting.

Your participation in this study is completely voluntary, and your identity will not be associated with your responses. If you agree to participate in this study, you have the right to refuse to answer any questions and/or withdraw from the study at any time (without penalty) by e-mailing the research team. There is no cost, compensation, benefits, or apparent risk from participating in this study. This study has been approved by the Institutional Review Board (IRB) at Temple University. Your responses are essential in understanding the school counselors' role in addressing students' mental health needs in the high school setting. The on-line demographic questionnaire and responding to the Counselor Activity Self-Efficacy Scale (CASES) should take you approximately 30-45 minutes to complete. After completing the on-line portion of this study, you will be automatically entered into the school counselor interview pool. You may or may not be selected at random to participate in the interview questions. You will be contacted via an additional e-mail approximately two weeks from this e-mail.

If you have any questions regarding this study, please feel free to e-mail me at TUC73109@Temple.edu. Also, if you would like a summary of the results, please e-mail me, and I will send it to you once the study is complete.

If you agree to participate, please click the link to answer the demographic survey and then open the attachment to this e-mail and answer the CASES scales. After completing the CASES scales, please hit reply so that I will receive your responses. If you go forward with the survey, your consent will be implied.

If you require additional information or have questions, please contact me at the number or e-mail listed below. If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Educational Psychology Doctoral Program at Temple University: Graduate Academic & Student Affairs, 1301 Cecil B. Moore Ave., 150 Ritter Annex (003-00), Philadelphia, PA 19122; (215) 204-8011.

Title of research: From the Trenches to the Field: Practicing High School Counselors' Perceived Self-Efficacy Regarding Responsibilities and Role(s) Pertaining to Students' Mental Health Needs

Investigator and Department: Sarah Babins, M.Ed. (PhD Candidate); Catherine Schifter, PhD (Advisor) Educational Psychology Department

Why are you being invited to take part in this research?

You are being invited to take part in this study because you are a practicing high school counselor in Bucks or Montgomery Counties in Pennsylvania.

What you should know about this research?

- Someone will explain this research to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind by e-mailing the research team
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.
- By clicking on the attached link and answering the demographic questionnaire and CASES scales, you are agreeing to be part of this research

Who can you talk to about this research?

If you have questions, concerns, or complaints, or think the research has hurt you, contact the research team at:

Sarah Babins, M.Ed (PhD Candidate) E-mail: TUC73109@Temple.edu; Phone: (215) 441-6181, Extension: 12034

Catherine Schifter, PhD (Advisor) E-mail: Catherine.Schifter@Temple.edu; Phone: (215) 204-3477; additional website: <http://education.temple.edu/ilt>

This research has been reviewed and approved by an Institutional Review Board. You may talk to them at (215) 707-3390 or e-mail them at: irb@temple.edu for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

Why is this research being done?

It is a pivotal time for school counselors, especially with the launch of the Pennsylvania Department of Education's new school counselor evaluation rubric. School counselors are being held accountable more than ever to ensure that academic, social/emotional, and college/career based skills are delivered to all students. Additionally, the mental health of students on school

counselor caseloads continues to increase and creates barriers to student learning. As the school counselor, you are most likely to encounter students whose mental health needs are not being met and struggle in various ways. This study calls upon practicing school counselors to give the researcher his/her perceived self-efficacy is handling the mental health needs of students. Current research shows how various stakeholders in education view the school counselors' position and job responsibilities; however, the voices and perceptions from practicing school counselors is underrepresented in the literature. By understanding practicing school counselors' self-efficacy in handling students' mental health needs, more supports, research, and training can be developed and delivered to school counselors. Ultimately, school counselors' roles and responsibilities will be better defined within comprehensive school counseling programs.

APPENDIX D

SEMI-STRUCTURED, OPEN-ENDED INTERVIEW QUESTIONS

Thank you for taking the time to answer these questions. Please feel free to elaborate in any way or go off topic.

1. From your experiences, do you see an increasing or decreasing trend in the mental health needs of your students? Increasing
 - a. If you see an increase in students' mental health needs, please explain (from your perception and professional opinion) what factors contribute to this increase in need – stress, social pressure, grades, too many activities, no me time.
 - b. If you see a decrease in students' mental health needs, please explain (from your perception and professional opinion) what factors contribute to this decrease in need
2. Tell me what comes to mind when I mention mental health issues, particularly in the school setting/environment
3. What, if any previous experiences do you have with mental health? (i.e. previous profession, personal experiences, specific course work in graduate school)?
4. What are the three most prevalent mental health disorders that you typically encounter? Do you find any particular mental health disorder occurring more frequently among 9th, 10th, 11th, and/or 12th graders?
If yes, please explain your perception of this occurrence
5. From your experience and perception(s), how do key stakeholders address mental health needs of students?
 - a. Administrators –
 - b. Teachers –
 - c. Parents

- d. Students-
- e. Other

6. What do you consider the essential components for being able to address the mental health needs of your students?

7. Do you feel you have the support of key stakeholders in addressing student's mental health needs?

a. **9.** Do you feel you have enough training, experience, and/or knowledge of the mental health needs of your students?

b. If yes, please list some workshops, courses, and/or experience that has been helpful

8. If no, please describe what specifically you would like more training, experience, and education

9. From your perceptions as a school counselor, what do you believe your responsibilities are when working with a student with mental health needs? How do you feel others see your role*

10. Is there anything you feel you should be doing more of (from your training and past experiences) that you aren't able to do at the present time for students on your caseload with mental health needs?

11. What programs and/or supports does your district/school have in place to address specific mental health needs? SAP is a screening tool, but it is just an information gathering process to then refer outside of the school district as needed.

12. How will this be evaluated in your school/district? In the standard evaluation process for all educators, so not really evaluated.

13. Do you feel that the mental health needs of your students outweigh other roles/responsibilities? Who else can you rely on to help/assist you in dealing with mental health issues of your students?

14. What are your perceptions regarding the responsibilities of school counselors in addressing, recognizing, and responding to mental health issues?

15. What advice would you give someone just entering a school counselor preparation program regarding recognizing and responding to mental health issues?

16. What do you believe are the major differences between a school counselor and a community mental health counselor?

17. In 2005, the state school board adopted Section 42, which requires that schools provide a student assistance program to help students with alcohol, chemical, tobacco abuse, and/or mental health issues. Chapter 12: Section 41 requires that “persons delivering student services shall be specifically licensed or certified as required by statute or regulation” (PDE, 2005). As of July, 2014, School counselors’ evaluation rubrics will be scored using the language in Chapter 12: Section 41.

a. Do you have any concerns in terms of your abilities, credentials, experience? Are you an active member of your school’s SAP team?

b. At the end of each academic year, do you know an approximate breakdown of mental health referrals vs. referrals involving substance abuse issues?

APPENDIX E

PERMISSION TO USE CASES SCALES

Dear Colleague:

Thanks for your interest in the CASES scales, a copy of which can be found on the following pages. Part I are the Helping Skills self-efficacy scales; Part II = Session Management self-efficacy; Part III = Counseling Challenges self-efficacy. Item content for specific scales and scoring information can be found in Lent, Hill, and Hoffman (2003, *Journal of Counseling Psychology*, 50, 97-108).

You are welcomed to use the CASES. If you do so, we would appreciate hearing about your research findings or clinical/supervision experiences with them. They were designed primarily for research purposes, but they may prove useful in the supervision context as well. Bear in mind that they should still be considered as “under construction,” psychometrically speaking. While our initial findings were promising, further study of the factor structure, reliability, and validity of the scales is certainly warranted.

If you intend to use them in a training or supervision context, please remember that their intent is to tap students’ perceptions of their own counseling capabilities – they should not be seen as objective measures of how well students are functioning in counseling. As self-report measures, they could also be affected by self-presentation biases, especially if students feel that their self-efficacy ratings could influence their supervisor’s or course instructor’s evaluations of them (e.g., in determining course grades).

With these important caveats in mind, we think the CASES could be used profitably in a collaborative, developmental way with students – for instance, in helping them to think about their current strengths and growing edges, and in focusing them (and supervisors) on particular skill areas that warrant further development. A comparison of student’s self-ratings with the supervisor’s ratings could be a very useful discussion tool, as could a pre-post assessment of the student’s self-ratings (but, once again, not for evaluative purposes).

One last thing: the rating scale for the CASES uses a scannable font type called “OMR bubbles.” To use this font, you will need to load the attached font file onto your computer. Otherwise, you can convert the current rating format into a more conventional option (e.g., “circle the number that best reflects your response to each question”).

Good luck in your

research and

supervision

Bob Lent

APPENDIX F

CASES SCALES

General Instructions: The following questionnaire consists of three parts. Each part asks about your beliefs about your ability to perform various counselor behaviors or to deal with particular issues in counseling. We are looking for your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions. Please indicate confidence level(s) by assigning a number, 1-10 per question/statement. If you prefer, you can print out, answer with a pen or pencil, and scan back to me at: TUC73109@Temple.edu .

- **Please substitute client(s) with student(s) based on your experience(s) and/or based on what "you" would do in that situation**

Part I. Instructions: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients.

1	2	3	4	5	6
	7	8	9	10	

How confident are you that you could use these general skills effectively with most clients?

Please indicate confidence level (1-10)

Example:

1. Attending (orient yourself physically toward the client).
7
1. Attending (orient yourself physically toward the client).
2. Listening (capture and understand the messages that clients communicate).
3. Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear).
4. Open questions (ask questions that help clients to clarify or explore their thoughts or feelings).
5. Reflection of feelings (repeat or rephrase the client's statements with an emphasis on his or her feelings).
6. Self-disclosure for exploration (reveal personal information about your history, credentials, or feelings).
7. Intentional silence (use silence to allow clients to get in touch with their thoughts or feelings).
8. Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change).
9. Interpretations (make statements that go beyond what the client has overly stated and that give the client a new way of seeing his/her behavior, thoughts, and/or feelings)
10. Self-disclosures for insight (disclose past experiences in which you gained some personal insight).
11. Immediacy (disclose immediate feelings you have about the client, the therapeutic relationship, or yourself in relation to the client).
12. Information-giving (teach or provide the client with data, opinions, facts, resources, or answers to questions).
13. Direct guidance (give the client suggestions, directives, or advice that imply actions for the client to take).
14. Role play and behavior rehearsal (assist the client to role-play or rehearse behaviors in-session).

15. Homework (develop and prescribe therapeutic assignments for clients to try out between sessions).

Part II. Instructions: Please indicate how confident you are in your ability to do each of the following tasks effectively, in counseling **most students**

1 2 3 4 5 6
 7 8 9 10

How confident are you that you could do these specific tasks effectively with most **students?**
 (Please insert your confidence level (1-10))

1. Keep sessions "on track" and focused.
2. Respond with the best helping skill, depending on what your client needs at a given moment.
3. Help your client to explore his/her thoughts, feelings, and/or actions.
4. Help your client to talk about his/her concerns at a "deep" level.
5. Know what to do or say next after your client talks.
6. Help your client to set realistic counseling goals.
7. Help your client to understand his/her thoughts, feelings, and/or actions.
8. Build a conceptualization of your client and his/her counseling issues.
9. Remain aware of your intentions (i.e., the purpose of your interventions) during sessions.
10. Help your client to decide what actions to take regarding his/her problems.

Part III. Instructions: Please indicate how confident you are in your ability to work effectively, with each of the following client types, issues, or scenarios. (By "work effectively," we are referring to your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions and, ultimately, to help the client to resolve his or her issues.)

1 2 3 4 5 6
 7 8 9 10

How confident are you that you could work effectively over the next week with a client who ...
 Please insert your confidence level (1-10).

1. ... is clinically depressed.
2. ... has been sexually abused.
3. ... is suicidal.
4. ... has experienced a recent traumatic life event (e.g., physical or psychological injury or abuse).
5. ... is extremely anxious.
6. ... shows signs of severely disturbed thinking.
7. ... you find sexually attractive.
8. ... is dealing with issues that you personally find difficult to handle.
9. ... has core values or beliefs that conflict with your own (e.g., regarding religion, gender roles).
10. ... differs from you in a major way or ways (e.g., race, ethnicity, gender, age, social class).
11. ... is not "psychologically-minded" or introspective.

- 12. ... is sexually attracted to you.
- 13. ... you have negative reactions toward (e.g., boredom, annoyance).
- 14. ... is at an impasse in therapy
- 15. ... wants more from you than you are willing to give (e.g., in terms of frequency of contacts or problem-solving prescriptions).
- 16. ... demonstrates manipulative behaviors in- session.

APPENDIX G

SECONDARY SCHOOL COUNSELOR AND PRINCIPAL AGREEMENT



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

School year _____ School _____ Date _____

Counselor _____

STUDENT ACCESS:

Students will access the school counselor by:

_____ Grade level

Domain

By academy/pathway

_____ Alpha listing No caseload (See any counselor) Other please
specify _____

COUNSELOR OF THE DAY:

Our counseling program will _____ will not _____ implement counselor of the day.

DOMAIN RESPONSIBILITIES

Looking at your site needs/strengths, counselors will be identified as the domain counselors for the following areas:

Academic domain: _____

Career domain: _____

Personal/social domain: _____

Rationale for decision: _____

PROGRAMMATIC DELIVERY

The school counseling teams will spend approximately the following time in each component area to ensure the delivery of the school counseling program?

_____ % of time delivering guidance curriculum

_____ % of time with individual student planning

_____ % of time with responsive services

_____ % of time with system support

SCHOOL COUNSELOR AVAILABILITY:

The school counseling department be open for student/parent/teacher access from _____ to _____. The department will manage the division of hours by: _____

Secondary School Counselor Program Management Agreement

Programs and services presented and available to staff include:

Example: department liaison, topical information workshops (child abuse, ADD, etc.)

Community liaisons, programs and services will include:

THE SCHOOL COUNSELORS WILL BE COMPENSATED FOR EXTRA WORK HOURS (BEYOND WORK DAY) BY?

MATERIALS AND SUPPLIES

What materials and supplies are necessary for the implementation of the school counseling program:

BUDGET ITEMS:

FUNDING SOURCES:

PROFESSIONAL DEVELOPMENT

The school counseling team will participate in the following professional development:

PROFESSIONAL COLLABORATION:

The school counseling department will meet weekly/monthly: (describe how you will meet and the conditions, i.e. who attends)

OFFICE ORGANIZATION

Responsibilities for the support services provided the counseling team will be divided among the support services staff:

Counselor signature & date

Principal signature & date

APPENDIX H

DEVELOPING A SHARED VISION EXERCISE

If possible, this exercise should be distributed prior to the group session in order to ensure thoughtful responses to the questions. This is not a quick process and might require one or two full days to develop a sense of mission and vision for the school.

1. Make a list of your core values as they relate to education. What really matters, and why? (An example is provided.) Participants should include at least three examples of values and beliefs that can be directly affected by effective school counselors.

Core Value or Belief:

Why this is Important

Ex. All children can learn and achieve at a high level.

- Once we accept that all students are capable of excelling, we can no longer sit back comfortably if large numbers are failing.=

2. Selecting completed forms at random, discuss the values presented. If principals and counselors from multiple schools are participating, divide into groups, mixing principals and school counselors. Assign completed worksheets at random, and discuss the values. Ask these questions:

- Should this be a core value of our school?
- How does this value or belief affect our students?
Our staff? Our commitment

