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Lived Experiences of School Counselors Who Address Mental Health Needs
Through Evidenced-based Educational Programs

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of
Philosophy in Counselor Education and Supervision at Virginia Commonwealth University.

by

Kelley Yvette Olds

Bachelor of Arts, Psychology, Hampton University, 1997

Master of Education, Counseling Psychology, Temple University, 1999

Director: Mary Hermann Garcia, JD, PhD

Associate Professor, Department of Counseling and Special Education

Virginia Commonwealth University

Richmond, Virginia

June, 2017

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LIST OF ABBREVIATIONS

American School Counselor’s Association	ASCA
Attention Deficit Hyperactivity Disorder	ADHD
Check In Check Out	CICO
Council for Accreditation of Counseling and Related Programs	CACREP
Developmental School Counseling Program	DSCP
Employee Assistance Program	EAP
Evidenced-based Programs	EBP
Individualized Education Plan	IEP
Interconnected Systems Framework	ISF
Multi-tiered Systems of Supports	MTSS
National Board of Certified Counselors	NBCC
National Registry of Evidenced-based Programs & Practices	NREPP
No Child Left Behind	NCLB
Ohio School Counselor Association	OSCA
Positive Behavior Intervention & Supports	PBIS
Response to Intervention	RtI
Restorative Practices	RP
Student Assistance Program	SAP
Substance Abuse & Mental Health Services Administration	SAMHSA
Virginia School Counselor Association	VSCA
Youth Mental Health & First Aid	YMHFA

Abstract

LIVED EXPERIENCES OF SCHOOL COUNSELORS WHO ADDRESS MENTAL HEALTH NEEDS THROUGH EVIDENCED-BASED EDUCATIONAL PROGRAMS

By Kelley Yvette Olds, Ph.D.

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselor Education and Supervision at Virginia Commonwealth University.

Virginia Commonwealth University, 2017

Major Director: Dr. Mary Hermann, Associated Professor, Department of Counseling and Special Education

The purpose of this phenomenological qualitative study was to explore the lived experiences of school counselors who address the mental health needs of students through at least one of the following educational evidenced-based programs: Positive Behavior Intervention and Supports, Response to Intervention, Restorative Practices, and Student Assistance Program. EBPs have evolved as a staple of quality educational programming with a focus on best practices, data, and accountability. Over the past several decades, school counselors have struggled to demonstrate efficiency, accountability, and transparency consistently in counseling outcomes (Generali, Foss-Kelly, & McNamara, 2013). Recent literature in school counseling embraces the movement toward evidenced based practices to urge counselors to demonstrate their capacity for leadership, advocacy, and accountability (Cressey, Whitcomb,

McGilvray-Rivet, Morrison, & Shander-Reynolds, 2014; Goodman-Scott, Betters-Bubon, & Donohue, 2015). Six significant themes emerged through data analysis: 1) Cultivating advocacy and leadership skills; 2) Recognizing benefits of EBP integration; 3) Being frontline in mental health as personal-social domain dominates school counselor role; 4) Collaborating and consulting with school and community stakeholders; 5) Needing supportive environment to promote mental wellness; and 6) Navigating EBP implementation challenges. Findings from this study suggest that promoting mental wellness using EBPs is conducive to address the personal social needs of students. Moreover, the school counselor participants indicated that the EBPs reviewed were valuable school reform models as the EBPs address students' mental health needs. The findings also suggest that school counselors, as key educational stakeholders, should be included in the discourse of EBP advancement, execution, and assessment.

Key Words: school counselor, evidenced-based programs, Positive Behavior Intervention & Supports (PBIS), Response to Intervention (RTI), Restorative Practices, Student Assistance Program (SAP), mental health, social and emotional functioning, mental wellness, personal and social domain

Chapter One

INTRODUCTION

Statement of Problem

One in five youth have experienced a significant mental health disorder (Gruman, 2013; Mellin, 2009; Walley, 2009). Students in our nation's public schools undergo social and emotional difficulties that are unaddressed due to familial barriers, lack of resources, and the fragmentation of children's mental health (Adelman & Taylor, 2002; Carlson & Kees, 2013). More than 65% of children who are incarcerated have at least one mental health condition that requires treatment (Mellin, 2009). Knopf, Park, and Mulye (2008) bring attention to the emotional, mental, and physical development in childhood that contributes to the pronounced mental health need of this period. During this period, hormonal changes and incomplete brain development make children susceptible to risky behaviors and depression (Knopf et al., 2008). Knopf, et al. (2008) report that contextual factors such as socioeconomic status, family support, and cultural background increase the risk that youth may develop mental health problems. According to Knopf, et al. (2008), Latinos and Caucasians are more likely to receive mental health services for similar conditions than their African American counterparts. A number of reports, including those from the federal government, contend that youth, particularly those from underrepresented groups (i.e., low socioeconomic, African American), need access to mental health care (Knopf et al., 2008).

Confusion exists regarding the proper setting to address children's mental health needs (Gresham, 2007). Adelman and Taylor (2002) indicate that as educational systems and community agencies fail to identify the best setting to address the mental health needs of children, it is ideal to look at the natural resources within a child's environment. Numerous studies point to the schools as the best setting to address children's mental health because students spend considerable time in school (Adelman & Taylor, 2002; Brener, Weist, Adelman, Taylor, & Vernon-Smiley, 2006; Weist, Mellin, Chambers, Lever, Haber, & Blaber, 2012). Further, schools have access to parents and families. In the literature surrounding best practices for school mental health, school counselors are identified as the ideal personnel to promote mental wellness in students (Adelman & Taylor, 2002; Walley, Grothaus, & Craigen, 2009; Carlson & Kees, 2013; DeKruyf, Auger, & Trice-Black, 2013).

School counselors are expected to offer a myriad of services in the schools, many of which are not aligned with their education and training (Burnham & Jackson, 2000; Cervoni & DeLucia-Waack, 2011; Goodman-Scott, 2013; Herr & Erford, 2011; Lambie & Williamson, 2004). School counselors have specialized skills in individual counseling, group counseling, advocacy, collaboration, leadership, classroom guidance, and career counseling as mentioned above (ASCA, 2016; Gysbers & Henderson, 2012; Paolini & Topdemir, 2013; Stone & Dahir, 2006); however, they are tasked with administrative duties that pull them away from meeting the comprehensive needs of students (Cervoni & DeLucia-Waack, 2011; Goodman-Scott, 2013; Paolini & Topdemir, 2013). Historically, the role of school counselors is inconsistent across school divisions and unpredictably ineffective in reducing barriers to student success (Paolini & Topdemir, 2013). Many researchers attribute this deficiency in student outcomes to the inconsistency in the understood and practiced job activities of school counselors (Goodman-

Scott, 2013; Gysbers & Henderson, 2012; Herr & Erford, 2011; Paolini & Topdemir, 2013). ASCA advocates for school counselors to utilize their skill set in supporting the academic, career, and personal/social needs of students (ASCA, 2009 & 2016; Gysbers & Henderson, 2012; Paolini & Topdemir, 2013). In addition to advocating for the role of school counselors, ASCA recommends the use of data-based practices in school counseling in order to demonstrate the counselors' critical position in educational practices. Through evidenced-based programs (EBPs), school counselors can validate their critical role in reducing barriers to academic success within the school structure of counselors having multiple roles. EBPs offer an avenue for school counselors to monitor student progress and connect their work to the mission of schools. In addition to the outcome benefits for students, data-driven practices provide a framework for accountability and validation of the critical role of school counselors to the total education program versus being seen as ancillary or secondary support services. According to recent literature in school counseling, EBPs provide school counselors with the tools to establish their critical role in helping students to achieve their academic, personal/social and career potential (Dimmitt, Carey, & Hatch, 2007; Hatch, 2014; Kaffenberger & Young, 2013; Masia-Warner, Nangle, & Hansen, 2006; Paolini & Topdemir, 2013; Webb, Brigman, & Campbell, 2005;).

School counselors are in unique positions in schools to improve academic achievement and decrease barriers to learning (Ball, Anderson-Butcher, Mellin, & Green, 2010; Carlson & Kees, 2013; DeKruyf et al., 2013). A central role of school counselors is to create equitable learning environments for all students (American School Counselor's Association (ASCA, 2012). School counselors are trained to provide emotional and social support for students and to address the mental health needs of students (Walley & Grothaus, 2013). With training in child and adolescent development, clinical techniques, all areas of counseling (crisis, group, family,

career), and diagnostic procedures, school counselors are prepared to promote mental wellness and reduce personal and social barriers to academic success. Expanding the role of school counselors as more responsive to students overall mental health needs will likely substantiate the critical role of school counselors in our nation's schools (Mellin & Pertuit, 2009). This is particularly important as legislation and policies continue to bring in outside mental health professionals, often with lower credentials than school counselors, to attend to students' mental health concerns. Therefore, it is critical that school counselors use data driven practices to demonstrate their relevancy as stakeholders in the total education program (Paolini & Topdemir, 2013). Additionally, researchers contend that in order for school counselors to substantiate their instrumental role in student success, school counselors need to focus on activities that are supported by research (i.e., evidenced-based practices, Adelman & Taylor, 2002; Ball et al., 2010; Mellin, Belknap, Brodie, & Sholes, 2015).

Rationale for the Study of the Problem

Several researchers have examined the mental health training of school counselors (Primiano, 2013; Walley et al., 2009; Walley & Grothaus, 2013) and the mental health role of school counselors (DeKruyf et al., 2013; Gruman et al., 2013; Flett & Hewitt, 2013). The results of these studies imply that more research is needed to look at how school counselors meet the mental health needs of students. The ASCA National Standards (2012) indicate that school counselors are responsible for meeting the developmental needs of students within the following five domains: emotional, social, career, academic, and personal. Specifically, the standards maintain that school counselors provide educational programming to enhance academic achievement and foster social and emotional development of students. Adelman and Taylor (2008) contend that there is a critical need for mental health services that are comprehensive and

multifaceted for children and youth. School counselors are in an optimal position to promote children's mental wellness systematically. EBPs provide a platform for meeting the varied needs of all students through a framework of data driven practices, program effectiveness, and accountability. Research illuminating school counselors' experience in this regard may assist legislators and other stakeholders in learning more about the supports that are needed to sustain school counselors in optimizing student outcomes.

No Child Left Behind (NCLB, U. S. Congress, 2001; Lin, Baker, & Betebenner, 2002) and other school reform initiatives focus efforts toward improving instruction and ensuring teacher quality. As more youth face mental health challenges that interfere with their academic studies, there is a need for increased mental health literacy among youth-serving adults in students' natural environment. The U.S. Public Health Service (USPHS, 2000) echoes the increased mental health need of children: "[G]rowing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them. It is time that we as a nation took seriously the task of preventing mental health problems and treating mental health illnesses in youth." (U. S. Public Health Service, 2000, p. 1)

School counselors' training consists of courses that prepare them to address the mental health needs of students (CACREP, 2016). Training mandates exist that require mental health components in counselor education programs (CACREP, 2016; Allen et al., 2002). The CACREP (2009; 2016) standards state that school counselor trainees must be aware of students' personal, social, and emotional development as challenges in these areas can issues hinder the learning process. Researchers contend that school counselors must be knowledgeable about mental health challenges including preventive measures and interventions in order to address the

overall needs of students (Amaeta & West-Olatunji, 2007; Lockhart & Keys, 1998; Roberts-Dobie & Donatelle, 2007; Walley et al., 2009).

According to Grothaus (2013), research is warranted that looks at how student success is linked to mental health service delivery in schools. Although researchers discuss the necessity of schools addressing the mental health needs of students due to the link between socioemotional functioning and learning; these researchers' voices continue to be overshadowed by efforts toward education reform that focus on teacher quality and instructional rigor (Froiland, 2011; Gresham, 2004 & 2007; Schiele, Weist, Youngstrom, Stephan, & Lever, 2014). To increase understanding of how school counselors successfully address mental health concerns, there is a need to explore the lived experiences of school counselors who incorporate mental health interventions in their practices (Walley & Grothaus, 2013). Current research in the area of school counselors and mental health practices is limited to studies related to counselors' work with specific mental health challenges such as suicide or self-mutilation. Additional research reveals social conditions that may accompany mental health challenges such as substance abuse and poverty (Burrow-Sanchez, Lopez, & Slage, 2008; DeKruyf et al., 2013; Gruman et al., 2013). This researcher has not come across any studies regarding school counselors and their experiences in comprehensively addressing students' mental health needs through EBPs as part of their routine service delivery. The research questions for this study are intended to explore the narratives of school counselors who successfully address mental health needs of students through Positive Behavior Intervention & Supports (PBIS), Response to Intervention (RtI), Restorative Practices (RP), and Student Assistance Programs (SAPs).

Although there are several EBPs in the literature connected to school counseling (Berger, 2013; Connolly & Green, 2009; Goodman-Scott, 2014; Ockerman, Mason, & Hollenbeck, 2012;

Webb et al., 2005), the researcher selected EBPs whose overall missions are aligned with ASCA and comprehensive developmental school counseling programs. The EBPs chosen for this study are comprehensive, school-wide programs that involve stakeholders and the school community with a focus on socioemotional and behavioral interventions to promote mental wellness. Interventions with this focus are intended to address the personal and social needs of students, one of the three domains of the ASCA National Model. The EBPs chosen are empirically based and include interventions that are easily adapted or aligned with school counseling functions such as individual counseling, group counseling and classroom guidance. In addition to the perceived alignment with ASCA and comprehensive developmental school counseling programs, the EBP chosen for this study are widely used in schools and included in Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP).

Statement of Purpose

This investigation examines school counselors' lived experiences of promoting mental wellness by addressing the socioemotional and behavioral needs of students through evidenced-based programs. Although it is recognized that school counselors are highly likely to encounter mental health concerns, the research in the field maintains that school counselors may not feel as though they have the resources to address some of the students' more severe mental health needs (Foster et al., 2005; Burrow-Sanchez et al., 2008; Erk, 2008; Walley & Grothaus, 2013). In this study, the researcher sought to understand how school counselors use EBPs in their schools, in addition to perceived benefits, barriers, supports, and recommendations for other school counselors and counselor educators. A review of the literature suggests that school counselors indicate that more in-depth mental health training is needed in order to give school counselors

sufficient knowledge to address students' challenging mental health issues. (Roberts-Dobie & Donatelle, 2007; Walley & Grothaus, 2013). This study intends to add to the research literature that looks at clarifying and substantiating the role of school counselors as critical participants in evidenced-based programs as much of the literature regarding EBPs minimizes the role of the school counselor (Carter & Van Norman, 2010; Sink, 2016).

Literature/Research Background

The role and function of school counselors in addressing the mental health concerns of students exists in the literature (Ball et al., 2010; Carlson & Kees, 2013; Mellin & Weist, 2011; Walley & Grothaus, 2013). Limited articles address the specific competencies of school counselors in delivering comprehensive mental health services to students (Burrow-Sanchez et al., 2008). For example, a few articles, focusing on behavior interventions, include school counselors as leaders in EBPs (Goodman-Scott, 2013; Goodman-Scott, Doyle, & Brott, 2013; Goodman-Scott, Betters-Bubon, & Donohue, 2015). A review of the literature revealed three studies that specifically surveyed the comfort level and practices of school counselors toward substance abuse matters (Burrow-Sanchez et al., 2008; Burrow-Sanchez & Lopez, 2009; Goldberg & Governali 1995). Another study looked at school counselors' knowledge, experience, and needs in working with students who self-mutilate (Roberts-Dobie & Donatelle, 2007). Brown, Dahlbeck, and Sparkman-Barnes (2006) surveyed school counselors to determine what school counselors regarded as their role in the school setting. The authors found that school counselors believed that their primary responsibility is to address the comprehensive needs of students including academic, career, and mental health concerns. Similar results were found in a study by Perkins, Oescher, & Ballard (2010). The authors reported that all stakeholders perceived the mental health role as most critical for school counselors. Burrow-Sanchez et al.

(2008) found that school counselors differ in their perceived competence; however, they clearly pinpointed targeted training areas that would assist them in meeting the mental health challenges of their students. Walley and Grothaus (2013) used a grounded theory framework to examine the training perceptions of recent school counseling graduates. School counselors in the Walley and Grothaus (2013) study indicated that the training they received before, during, and after their counselor preparation program assists them in addressing the mental health needs of students. However, the recent school counselor graduates reported that policies and procedures in their positions interfere with “their ability to recognize and respond to adolescent mental health issues” (Walley & Grothaus, 2013, p. 13). Burrow-Sanchez et al. (2008) concluded that school counselors reported feelings of incompetence in the area of substance abuse.

The literature review suggests that school counselors desire additional training to address comprehensive mental health needs of students (Walley & Grothaus, 2013). The literature review also reveals that school counselors attend to the mental health needs of students on a case-by-case basis without consistent structure, support, and resources (Gruman & Hoelzen, 2011; Dekruyf et al., 2013; Martens & Andreen, 2013). While the literature indicates that school counselors address the mental health needs of students, there is little evidence that this mental health promotion is addressed consistently and systematically across school counselors using evidenced-based practices. The framework of EBPs lends itself to provide school counselors with a structured, data-driven context to address the mental health needs of students (Dimmitt et al., 2007; Hatch, 2014; Goodman-Scott; 2013; Goodman-Scott et al., 2015, Zyromski & Mariani, 2016). The current research study intends to illuminate how school counselors respond to the mental health concerns of students through EBPs despite the role challenges and systemic

barriers. In doing so, the study will enhance the body of literature surrounding the role and practices of school counselors in promoting psychosocial wellness for all students.

Research Questions

The primary research question of this study explores the essence of the school counselors' lived experiences in responding to the mental health concerns of students using strategies and interventions of evidenced based programs. As such, research participants will be limited to school counselors who identify as having received training in one of the following EBPs: PBIS, RtI, RP, and SAPs. The following research questions guided this study:

1. What are the lived experiences of school counselors who address the mental health needs of students through evidenced-based programs such as PBIS, RtI, RP, & SAP?
2. What recommendations do school counselors have to assist school counselors in helping students develop mental wellness?

Research Paradigm: Constructivism

This study will be explored from a Constructivist perspective as the researcher assumes that multiple realities of a phenomenon exist for individuals. As such, the researcher seeks detailed information from participants to better understand their worldview. By engaging in a methodological dialogue with participants, the researcher seeks to co-construct the meaning of mental health promotion within the school counselor role. The researcher aims to elicit and understand how school counselors construct their individual and shared meanings of mental health promotion and practices through school counselor narratives. This lens assumes that “the meaning of experiences and events are constructed by individuals, and therefore people construct the realities in which they participate” (Lauckner, Paterson, & Krupa, 2012, p. 6). In this study,

the researcher seeks to know what meaning school counselors attribute to their role of promoting mental wellness in students under their care.

Overview of Methodology

Research concerning in-depth, lived experiences and self-reported practices of the phenomenon of mental health promotion has not been seen in the literature by this researcher. According to Guba and Lincoln (1994), in the absence of relevant literature, a qualitative approach seeks to understand and explain a particular phenomenon of interest in order to inform practice.

Phenomenology Tradition

Phenomenology is a constructivist approach to qualitative research that is based on the essence of the participants' lived experience (Lincoln & Guba, 1985). The premise behind this notion is that multiple realities exist of an experience or a particular phenomenon (Hays & Wood, 2011). In this approach to data collection and analysis, the researcher is interested in an in-depth discovery, understanding, and description of the lived experience of a phenomenon (Patton, 2002). The researcher desires to "understand the individual and collective human experience and how we actively and consciously think about the experience" as this gives the phenomena greater meaning (Hays & Wood, 2011, p. 291). As the purpose of this investigation is to highlight the essence of the experience of mental health promotion using EBPs in order to better understand how this phenomenon is addressed and applied to students, the phenomenology tradition seems suitable for this research.

Summary

The unmet mental health needs of children and adolescents present a considerable threat to our nation's schools (Mellin, 2009). A frightening number of students struggle with mental

health issues that hinder academic success (Mellin, 2009; Weist et al., 2012; Schiele et al., 2014). In order to improve educational outcomes, schools have turned their attention to using evidenced-based practices such as schoolwide reform programs, after school programs, and math and reading intervention programs claim to produce significant gains (Bemak, Williams, & Chung, 2014; Coalition for Evidence-based Policy, 2003; Generali, Foss-Kelly, & McNamara, 2011). Many of these programs emphasize teacher quality and instruction, without considering the contextual challenges of students that impede educational success (Rossen & Cowan, 2014). The research literature in education and mental health connect student learning and outcomes to mental health functioning (Behrens, Lear, & Price, 2013; Mellin, 2009; Owens, Girio, Himawan, & Abbott, 2008; Walley et al., 2009; Weist et al., 2012). Therefore, the unmet mental health needs work against student development and progress (Mellin, 2009; Rossen & Cowan, 2014).

Schools have made moderate progress in addressing the youth mental health crisis as schools implement school-based mental health services and other school mental health programs (Weist et al., 2012; Behrens, Lear, & Price, 2013). Despite the progress made in addressing the mental health needs of students, large percentages of students continue to lack adequate mental health care as school-based services are fragmented and not consistent across state or division (Mellin, 2009; Weist et al., 2012). Thus, to address the needs of students, schools must take serious measures to ensure students receive consistent, comprehensive mental health services.

School counselors are an embedded, naturalistic resource within schools, who have specialized training in individual and group counseling. DeKruyf et al. (2013) propose a combined role for school counselors that depict their expertise and skills in both education and mental health. These authors contend that a dual identity as a leader in education and mental health will position school counselors to respond to all students better, including those who

struggle with mental health challenges. Although recent literature connects EBP to school counseling practices (Goodman-Scott et al., 2015; Hatch, 2014; Ockerman et al., 2012), much of the research regarding school reform through EBPs minimize the role of the school counselor (Dimmitt et al., 2007; Goodman-Scott, 2014; Goodman-Scott et al., 2014; Hatch, 2014). In response to the call to increase accountability and best practices in school counseling, counselor educators and researchers are moving toward integrating EBP and school counseling practices (Goodman-Scott, 2014; Goodman-Scott et al., 2014; Ockerman et al., 2012; Owens et al., 2008; Schiele et al., 2014). Therefore, research that examines school counselors' experience promoting mental wellness through EBPs is critical to understanding how school counselors can best respond to the mental health crisis in children.

Chapter Two

REVIEW OF LITERATURE

In this chapter, I will discuss research that is relevant to the study of school counselors effectively promoting mental wellness in students through select evidenced-based programs. I also highlight the mental health needs of this population to bring attention to the deficits in children's mental health. I will include a review of the historical and current context of school counseling and the training and roles of school counselors. Additionally, I will provide a critical analysis of the research regarding the roles and practices of school counselors related to addressing the mental health needs of students through Response to Intervention, Positive Behavior Intervention and Supports, Restorative Practices, and Student Assistance Programs. This will include literature that identifies challenges experienced by school counselors who attempt to provide mental health interventions to students. Specifically, I will present research findings in this chapter that examine the mental health training of pre-service school counselors in order to gain a better understanding of their foundation to address socioemotional challenges. Subsequently, I will demonstrate the alignment between the evidenced-based programs and comprehensive school counseling programs. This exploration will include literature describing how school counselors are successful in attending to students' mental health challenges through

RtI, PBIS, RP, and SAP as the use of collaborative partnerships is the new direction for school counseling practices (Mellin et al., 2015; Weist et al., 2012).

Mental Health Needs of School-age Children

Mental health disorders in children, left untreated, can potentially have a profound impact on student learning and educational outcomes for school systems (Mellin, 2009; Gruman et al., 2013; Carlson & Kees, 2013). Researchers indicate that the mental health problems of this population are a public health crisis that affects schools across the nation (Behrens, Lear, & Price, 2013). Mental health problems for this population include adjustment disorders, attention deficit hyperactivity disorder (ADHD), delinquent behavior, self-mutilation, suicide ideation, obesity and eating disorders, and substance abuse. Regardless of the issue, researchers indicate that school is the setting where most children access mental health care, either through pupil personnel services (e.g., school counselors, school psychologists, school social workers) or through school-based mental health agencies (Owens et al., 2008; Weist et al., 2012).

While other school-based personnel may interact with students who exhibit mental health challenges, school counselors are uniquely trained to address the comprehensive needs of all students. Therefore, school counselors are ideally positioned to support the mental health needs of students with varied mental health diagnoses (Mellin, 2009; ASCA, 2015); however, many school counselors are not providing these services (Adelman & Taylor, 2002; Mellin, 2009; Walley, 2009). Researchers indicate many reasons why school counselors are not engaging in mental health, such as the evolving role of school counselors, role confusion, and position constraints (Perkins et al., 2010; DeKruyf, Auger, & Trice-Black, 2013). Furthermore, studies have only looked at school counselor practices in promoting mental health in singular areas such as self-mutilation, suicide, substance abuse, behavioral challenges, and attention deficit

(Gresham, 2004; Repie, 2005; Weist et al., 2010). In these studies, school counselors attend to the mental health needs of students on a case-by-case basis with inconsistent structure, support, and resources.

History of School Counseling

As a response to student needs and changing demographics, school counseling has undergone tremendous changes in name, structure, purpose, and practice since its inception in the late 19th and early 20th centuries (Stephens, 1970). A look at the history of school counseling demonstrates how the school counselor role has changed in response to societal need. Social justice was the primary pursuit of the initial school counseling movement as the main purpose was to enhance the lives of children, who were considered the most vulnerable members of society (Baker, 2009). This initial focus promoted mental wellness as counselors attended to the personal and social needs of students by advocating for specialized services for children and adolescents. According to Baker (2009), the movement influenced human services programs, the creation of juvenile courts, and the enactment of child labor laws.

Gysbers and Henderson (2001) offer a chronological account of the evolution of school counseling. The beginning of the field focused more on career development, guidance, and testing at the high school level. In the 1950s, full-time personnel filled positions in guidance and counseling (Gysbers & Henderson, 2001). This marks the shift from pupil personnel work to pupil personnel services. At this time, pupil personnel services encompassed the roles of many non-instructional support personnel: school psychologists, social workers, nurses, and school counselors (Gysbers & Henderson, 2001). The authors argue further that this pattern strengthened or enabled school counselors' administrative-clerical roles as pupil personnel services implies "being of service to somebody" (p. 248). The 1960s defined children's

developmental academic needs as a clear focus for the work in guidance and school counseling. Counselors repositioned their focus from an auxiliary or secondary role in the schools to a discipline-trained professional with a comprehensive focus. The reigning title of the position at this time was “guidance counselor” as the focus was career development, guidance, and counseling. During this time, the profession fought to maintain relevance in the educational setting as government leaders questioned school counselors’ contributions to the educational process (Gysbers & Henderson, 2001; Lambie, 2004). During this time, guidance counselors took on additional administrative tasks to increase the profession’s accountability and to avoid losing their positions to budget cuts (Lambie, 2004). This position shift is an example of how the profession has changed to respond to political and economic conditions or needs of schools, at the expense of school counselors. Additionally, this position shift demonstrates the ways in which the historical events in school counseling contribute to fragmentation in the profession. This substantiates the need to emphasize the critical role of school counselors as advocates and supports for students.

By the 1960s, the profession’s focus shifted to address the social and emotional needs of students, overshadowing the vocational emphasis (Gysbers & Henderson, 2001). Therefore, the primary focus shifted to a psychological and/or a clinical focus, emphasizing counseling and self-actualization, primarily due to the influence of Carl Rogers (Lambie, 2004). Lambie (2004) described Rogers’ influence regarding the counselor’s role: to empathize with the client while providing a safe environment for the client to move towards their full potential, or self-actualization. Rogers’ work influenced the movement of the school counseling profession by encouraging school counselors to view students as people rather than as problems (Lambie, 2004).

In the 1970s and 1980s, our nation's leaders addressed civil rights, including the rights of individuals with disabilities. The roles of guidance counselors reshaped, once again, as they became advocates for students with disabilities. This additional responsibility required counselors to assist in the development of Individualized Education Plans (IEPs), which ensure appropriate classroom placement, level of instruction, and instructional accommodations for students (Erford, 2011). Other responsibilities of guidance counselors included maintaining academic records, ensuring appropriate school placement, acting as consultants for teachers, and serving as communication liaisons to families. In 1983, as part of a national campaign for school counseling, leaders in the field removed the term "guidance" from the professional title as counselors increasingly found themselves in supportive roles in school reform and systemic change in public education (Gybers, 2001; Gysbers & Henderson, 2001; Sink 2002). With the new movement in the field, along with efforts to define their functionality, school counselors embraced the novel, purposeful title of *school counselor*.

According to Gysbers (2001), school counseling needed an organizational structure that incorporated the developmental needs of all children in career, personal/social, emotional, and academic domains. School counseling leaders identified mental health as an integral service area (Gysbers, 2001). This new model also embraced wellness, prevention, and community collaboration as a focus (Lambie, 2004). Currently, this model of comprehensive school counseling dominates the push toward uniformity and consistency in school counseling (Martin & House, 2000). Martin and House (2000) supported this new direction for school counselors as they stated, "[S]chool counselors are ideally positioned in schools to serve as conductors and transmitters of information to promote school-wide success for all students" (p. 4). These authors indicate that when school counselors "aggressively perform actions that support entitlement to

quality education for all students, they create a school climate” (p. 4). Providing mental health support to students entitles all students to receive services that foster their success in all domains. While the profession has made great gains in redefining the primary role and aligning it to the needs of students, there continues to be a lack of literature that addresses the experiences of school counselors who promote mental wellness and healthy psychosocial functioning. Additionally, the literature addressing the lack of accountability and research using EBPs in school counseling is insufficient.

21st Century School Counseling

Gysbers (2001) contributed much work along with others in the field to shift the perception of school counseling professionals from being ancillary to more deliberate, intentional universal change agents in schools. The shifts in school counseling consistently changed with societal needs. This trend of shifts in the profession’s focus established a standard of practice to which administrators and education policy makers have become accustomed. Additionally, this pattern contributes to the issue of role ambiguity and fragmentation that characterizes the school counseling profession (Trolley, 2011).

The current state of school counseling is a restructured role of comprehensive school counseling with a focus on addressing the academic, personal, social/emotional, and career needs of all students (Herr & Erford, 2011) through data-driven practices. According to Sink (2002), the greatest need in school counseling is helping students learn coping skills and becoming mature and self-regulated learners who are capable of flourishing in a diverse society. Additionally, Gysbers (2001) views school counselors as critically active in “shaping education policy” and “expanding legislative authority” (p. 103-104). These views align with the current movement in the school counseling field toward data-driven practices and increased

accountability as schools are expected to demonstrate positive educational outcomes in all students (Cressey et al. 2014; Curtis et al., 2010; Hatch, 2014). As school counselors are looked upon to produce evidence that their services and programs are contributing to closing the achievement gap, researchers in the field are reshaping school counseling practices to demonstrate their connection to accountability and evidenced based practices (Bemack et al., 2014; Gysbers, 2004).

The updated ASCA National Model provides school counselors with a blueprint to “collect, analyze, and report appropriate data needed to determine impact” (Bemack et al., 2014, p. 101). Thus, school counselors are being asked to demonstrate how they are making a difference in the lives of students (Gysbers, 2004). According to Ockerman et al (2012), school counselors must redefine their role to be key players in educational reform movements. The research indicates that although shifting their focus to educational reform is essential, school counselors will have to increase advocacy efforts to clarify their role and educate stakeholders on their appropriate tasks (Bodenhorn, Wolfe, & Airen, 2010; Ockerman et al., 2012; Paisley & Hayes, 2003). It is important to note that the various role and focus changes of school counselors placed the profession at risk. According to the literature, many school counselors struggle with their professional role (Cervoni & DeLucia-Waack, 2011; Gysbers & Henderson, 2012; Herr & Erford, 2011; Lambie & Williamson, 2004; Trolley, 2011). Parents, teachers, administrators, and others do not agree on the school counselor’s role (Lambie & Williamson, 2004). Lambie and Williamson (2004) argue that role ambiguity is present in the profession as school counselors themselves have different perspectives of their roles in the schools. Lack of clarity about their work objectives and the scope and responsibility of their role exists in the school community. In addition, the authors argue that nonjob-related activities such as clerical tasks consume school

counselors and contribute to the absence of a stable, unified school counseling identity (Lambie & Williamson, 2004). Despite these barriers encountered by school counselors to clarify their critical role in schools, Goodman-Scott (2014) contends that “school counselors must develop strategies to maximize their efforts, use their time efficiently, and develop new methods to serve every student” (p. 112). Generali, Foss-Kelly, and McNamara (2011) emphasize the importance of embracing EBP in school counseling to bring “efficiency, transparency, and excellence in counseling outcomes” (p. 2). These authors argue that incorporating evidenced-based practices in school counseling will increase the sustainability of the profession to meet the needs of all students.

School Counseling Accreditation Models & Mental Health

American School Counselor’s Association. National standards relating to the professional development of school counselors reflect the significance of contextual and institutional barriers that impede students’ academic success. The current American School Counselor’s Association (ASCA, 2015) position statement on mental health underscores the importance of school counselors being able to “recognize and respond to the need for mental health and behavioral prevention, early intervention and crisis services that promote psychosocial wellness and development for all students” (p. 57). These guidelines emphasize the significance of school counseling practices such as individual counseling, group counseling, and classroom guidance in attending to the social, emotional, and behavioral domains (ASCA, 2004). Despite ASCA’s position on school counseling and mental health, the ASCA National Model does not specifically address the provision of mental health services in its recommendations for effective practice.

ASCA (2012) outlines data driven standards for the development of comprehensive school counseling programs that foster the academic, social, personal, and career needs of all students. Although ASCA (2016) describes school counselors as “professional educators with a mental health perspective who understand and respond to the challenges presented by today’s diverse student population” (para. 3), the organization discourages a clinical focus for school counselors as the organization privileges “one end of the professional identity spectrum over the other” (DeKruyf et al., 2013, p. 273). DeKruyf et al. (2013) contend that this tendency “may unnecessarily restrict the ways in which school counselors may be able to promote the welfare of students with mental health needs” (p. 273). However, ASCA (2012) expects school counselors to build programs within a prevention and intervention framework by paying close attention to at-risk behaviors and barriers that impede academic success (ASCA, 2005). DeKruyf, et al. (2013) make a call to the profession to consider an integrated role of educator and mental health professional for school counselors that places equal emphasis on education and mental health.

The ASCA National Model emphasizes the need for a well-developed, organized school counseling program, staffed by school counselors with specialized skills to provide counseling and intervention services that are executed through a progressive and data-driven curriculum (ASCA, 2012). ASCA clearly defines what it considers as appropriate and inappropriate activities for school counselors in its revised national model. As seen in Table 1, ASCA standards recommend that school counselors address the students’ social and emotional issues through small and large group counseling. Yet, the standards suggest that school counselors not work with students individually in a therapeutic relationship. According to Koller and Bertel (2013), this position intends to assist school counselors in being aware of the distinguishing characteristics of primary, secondary, and tertiary interventions in meeting the needs of children

and families. In tiered interventions, educators group students into categories based on their level of need. Researchers have found it surprising that ASCA holds this position considering the growth of students dealing with mental health challenges (Traylor, Laskey, & Weist, 2013). Although the model emphasizes the significance of a counselor preparation curriculum that is adjustable for students with various cognitive and emotional needs, it does not ascribe importance to the position of school counselors in addressing psychological barriers that impede students' success.

Table 1

ASCA Defined School Counseling Activities

Appropriate Activities	Inappropriate Activities
Advocate for students	Preparation of individual student academic plans, study teams, & attendance review
Counseling students regarding appropriate social/emotional issues	Discipline of inappropriate behavior
Interpreting educational & psychological testing	Coordinating & administering testing
Supervising the maintenance of school records	Maintaining student records
Provide small & large group counseling	Work with a student individually in a therapeutic mode
Analyze statistical information & provide recommendation	Data entry
Program planning	Registering new students

(ASCA, 2012)

The Council for Accreditation for Counseling and Related Educational Programs.

CACREP is an organization established to safeguard the adequate training of counselors, including school counselors, in meeting the needs of clients (CACREP, 2012). Specifically,

CACREP regulates curriculum standards and programmatic components. As a regulator of counselor preparation programs, CACREP (2012) is committed to “encouraging and promoting the continuing development and improvement of preparation programs and preparing counseling and related professionals to provide services consistent with the ideal of optimal human development” (para 2). According to Koller and Bertel (2013), this vision provides a foundation for future dialogue related to incorporating mental health curriculum in school counselor preparation programs. CACREP (2016) requires programs to train students in mental health literacy and to be proficient in personal and social counseling techniques (CACREP, 2016).

The most recent CACREP (2016) standards require school counselor education programs to incorporate three curriculum components that specifically address personal, social, behavioral, and emotional factors in child and adolescent development: (1) couples and family counseling, (2) psychopathology and diagnostic procedures, and (3) substance abuse counseling. Curricular information in these content standards include material that will assist school counselors in attending to the mental health needs of students as these courses contain information relevant to social and emotional factors (Herschell, Kolko, Baumann, & Davis, 2010). In addition, these content standards often include opportunities for clinical application and skill development (Herschell et al., 2010), thereby reducing the gap between theory and practice (Tang et al., 2004). Literature in the field indicates that courses that promote critical thinking skills through application of real-world simulations develop counselor competency (Tang et al., 2004). In addition to requiring content standards that have a clinical focus, the updated standards emphasize additional mental health training and supervision for school counselors in training (CACREP, 2016).

The Education Trust. The DeWitt Wallace Readers Digest Fund launched The Education Trust as an additional resource to support the school counseling profession in improving educational outcomes for students (Education Trust, 2009a). The organization asserts that the profession's focus is decreasing the impact of contextual and institutional barriers that interfere with students' success (Education Trust, 2009b). According to the literature, the Trust advocated for school counselors to make a commitment to channel their efforts toward closing the achievement and opportunity gaps (Dahir & Stone, 2007). The Trust also endorsed the implementation of the National School Counselor Training Initiative by collaborating with school counseling programs to offer training resources to address the needs of minorities and disadvantaged students (Education Trust, 2009b). Although addressing the needs of minority and disadvantaged students is a stated aim of The Education Trust, deHass (2000) and Guerra (1998) argue that an opportunity to emphasize the mental health role of school counselors is lacking in the Trust's new vision for school counseling.

Based on the suggested role of school counselors from the work of The Trust and ASCA, Perkins and colleagues (2010) conducted a national survey to increase understanding of the changing identity of school counselors based on the suggested role of school counselors from the work associated with The Education Trust and ASCA. In their study, the authors collected data from teachers, school administrators, school counselors, and counselor educators to determine participants' perception of the school counselor role as advocated by The Trust and ASCA. Findings indicate that all participant groups believed that the mental health role of school counselors is the most vital role to facilitate optimal student outcomes (Perkins et al., 2010). In responding to research literature that minimizes the mental health role of the school counselor, Sciarra (2001) affirms the frontline mental health position of school counselors: "...when

emotional crises arise within a school, the point person will always be the school counselor...It would be a sad day if school counselors had to respond to a child in emotional turmoil...[and tell them] that they were not trained for such ‘mental health problems’ (p. 703). Overall, the intent of the Education Trust is for school counselor training and practices to remain relevant in providing services to students who deal with social, psychological, and developmental challenges (Education Trust, 2009b).

School counselors’ current practices. ASCA, CACREP, and The Trust aim to provide advocacy, guidelines, and standards to assist school counselors in meeting the diverse needs of students in their care. These organizations generally assert that counselor education graduates have the competencies to address barriers that hamper student academic, personal/social, career, and overall development. However, researchers contend that school counselor practices remain as the old “guidance counselor” model that completely neglects students who need mental health interventions (Lockhart & Keys, 1998; Moran & Bodenhorn, 2015, Demanchick, Rangan, Douthit, 2006). The school or school division’s needs often shape school counselor roles and practices whereby the needs or issues of students are often neglected (Erford, 2011). Further, Perkins et al., (2010) contend that shifts in the profession have followed the trends in educational legislation and reform, including those from social, economic, and political movements. According to the literature, school counselors are often tasked with non-counseling duties such as scheduling, testing, maintaining student records, and other items as described in Table 1 (Kaffenberger & Seligman, 2007; Goodman-Scott, 2015). Researchers in school counseling point to these noncounseling tasks as one of the reasons that school counselors are not able to attend to students’ mental health needs (Kaffenberger & Seligman, 2007). Some school counselor and counselor educators have resisted the profession’s movement to a mental health

focus (Guerra, 1998; Perusse & Goodnough, 2001; Perkins et al., 2010). Perusse and Goodnough (2001) conducted a study to assess the level of importance school counselors attributed to mental health training in their counselor preparation programs. Results indicated that school counselors rate training associated with counseling skills and interventions as more important than training on other school counseling service areas.

ASCA (2012) contends that school counselors are expected to meet the needs of all students in the areas of academic, emotional, personal/social, and career development. School counselors have multifaceted roles within school systems in order to address the innumerable, complex needs of students, families, school staff, administrators, and the community. School counseling literature describes the multidimensional roles of school counselors as leaders and advocates, mental health professionals, consultants, program managers, and collaborators (Lockhart & Keys, 1998; Keys, Bemak, Carpenter, King-Sears, 1998; Dollarhide, 2003; Fitch & Marshall, 2004; Foster et al., 2005; Perkins et al., 2010). According to Allen et al. (2002), schools are a natural context for prevention and intervention of student challenges as the school environment is familiar and accessible to students and caregivers. Despite this notion, barriers exist in the school buildings that impede the school counselor's capacity to recognize and respond to students' mental health concerns. For example, ACA (2006) recommends a 1:250 school counselor to student ratio as a best practice. According to that same report, the current average ratio is 1:476 (ACA, 2006). Other hindrances include non-counseling tasks such as record keeping, test administration, scheduling, class coverage, and duties, which leave minimal time to address the needs of troubled students (Allen et al., 2002; Gregg, 2000; Lieberman, 2004). These non-counseling tasks consume a considerable amount of school counselors' time and energy. Further, they do little to address the documented needs of students (Perkins et al.,

2010; Ockerman et al., 2012). School counselors' part in decreasing barriers to academic success is the overarching mission of ASCA, CACREP, and The Education Trust (Foster et al., 2005; Walley, 2009; Perkins et al., 2010); however, more literature is needed to understand how school counselors are meeting the comprehensive needs of students (Ryan, Kaffenberger, & Carroll, 2011; Weist et al., 2012).

School Counselors and Mental Health

Addressing mental health needs. ASCA (2015) references school counselors as mental health professionals who work in a school context and respond to mental health and behavioral challenges that impede academic success for students. The goal for school counselors in this context is prevention, early intervention, and promotion of psychosocial wellness (ASCA 2015). Historically, schools have focused on school reform yet struggled to identify a professional as the “point person” to address mental health needs of students. School counseling is one aspect of school-based mental health as school counselors are considered frontline mental health professionals in schools (ASCA, 2013; Lockhart & Keys, 1998; Mellin, 2009; Weist et al., 2012). Since inception school counseling, school counselors have taken on numerous roles in response to societal needs (Erford, 2011; Shillingford & Lambie, 2010). These inconsistent roles likely contribute to school counselors often being disregarded as mental health professionals in schools.

Individual and group counseling. Fein et al. (2008) explored school counselor leadership in crises that involve school shootings. Fein and colleagues (2008) intended to interview school administrators regarding their response to school shootings; however, their investigation pointed to school counselors as key contributors in the response to school shootings. They found that although school counselors played key roles in these incidents, the

school counselors interviewed had “feelings of inadequate preparation” (p. 246). Fein et al. (2008) contend that school counselors have to be prepared to lead in school crises because of their frontline position in the schools and relationships with students and staff. Fein et al (2008) assert “[C]are-giving is central to the role of school counselors and is what is most needed in a crisis event” (p. 250). In the Fein et al. (2008) study, the authors concluded that administrators identified school counselors as key persons for helping them cope emotionally in the aftermath of school crises. Although the results of this study validate the school counselors’ critical role in crisis intervention, the study lacks sufficient information on how the school counselors can position themselves to prepare to respond to a school crisis. In addition, there was no mention on how counselor educators can better prepare school counselors to respond to crises.

Allen et al. (2002) also school counselors’ role in responsive services. The authors discussed school counselors’ preparation and participation in crises. School counselors provided individual and group counseling, consultative service with stakeholders, and coordinate communication and/or services between the school and community during and after a crisis (Allen et al., 2002). This role of school counselors is consistent with the ASCA position statement regarding school counselors and crises (ASCA, 2015). In the Allen et al. (2002) study, school counselors were surveyed to determine their experience to lead school crises teams, their experience in school crisis interventions, and their recommendation for school counselor preparation programs. Allen and colleagues (2002) found that although school counselors believed that they were the appropriate school personnel to respond to crises, school counselors do not feel adequately prepared to respond in crises. The authors recommend that school counselors seek professional development to strengthen their capacity to respond to school crises. While this study provided valuable information on school counselors’ perception of their

academic preparedness to respond to crises, there is not sufficient enough information on how school counselors are involved in systemic crisis planning and organizing.

Froeschle and Moyer (2004) examined school counselors' responses to students who self-mutilate. The authors emphasized the legal and ethical obligation of school counselors having adequate preparation to help prevent and treat self-injurious behavior. Froeschle and Moyer (2004) describe practices by school counselors that are effective with students who self-mutilate. These include individual and group counseling; maintaining a supportive environment; educating stakeholders on the importance of listening to be aware of risk factors; involving family in counseling; and classroom guidance lessons related to risk factors such as substance abuse, dating violence, and stress response, and self-esteem. While the study provided specific information regarding helping students who self-mutilate, there is no information on how school counselors can provide evidenced-based, preventative strategies on helping students who desire to self-harm.

DeKruyf, Auger, and Trice-Black (2013) called for school counselors to embrace a combined identity of school leader and mental health professional to address the needs of today's students. DeKruyf and colleagues (2013) also bring attention to the displacement of school counselors by other mental health providers in the school building. In their call to action, they discuss the "potential loss of the unique school counselor role" (p. 271) and emphasize the school counselor as a natural resource in schools who are ideally positioned to reduce social and emotional barriers to academic success. DeKruyf et al. (2013) contend that a combined role places school counselors in a more effective position to respond to the needs of all students, particularly those with mental health challenges. The authors present a solid case on how school counselors can combine their dual roles to address the needs of students; however, more

information is needed on how to structure a combined role within comprehensive school counseling program withstanding implementation barriers such as building duties and high school counselor to student caseloads.

Gruman, Marston, and Koon (2013) investigated school counselor practices of mental health service delivery through case examples in which school counselors used data-based practices to address students' behavioral challenges. Gruman and colleagues (2013) also identify procedures and justification for the use of data and behavioral observations within a comprehensive school counseling program. In this study, the school counselor led data-driven interventions resulted in a significant transformation for students with mental health challenges. For example, the school counselor trained teachers to lead guidance advisory programs for student scheduling and career exploration. The authors were also successful in changing stakeholder perceptions regarding school counselor leadership. Although the school counselor in this case study found success in addressing the mental health needs of students, it would be difficult to replicate the procedures because the school counselor provided responsive services based solely on her experience.

The studies cited above describe outcomes of school counseling services through the traditional methods of individual and group counseling. Many of the studies provided information on how school counselors can respond to specific mental health challenges. More information is needed to assess these interventions and expand the school counseling services discussed to address the needs of all students. The next section describes school counseling practices in the context of evidenced-based programs.

Evidenced-based programs. A need for evidenced-based programs in education surfaced as numerous educators and researchers developed program after program to address the

needs of students. As the numbers of programs increased, program fidelity and good outcomes diminished as educators attempted to keep up with another “new program” (Adelman & Taylor, 2014; Fixsen, Naoom, Blasé, & Friedman, 2005). An important question regarding implementation and fidelity surfaced in education and mental health research: How do we achieve optimal behavioral health outcomes for children and families that are consistent and long-lasting? In their seminal work, Fixsen and colleagues (2005) looked at the science of implementation to address the issue of program fidelity, beneficial outcomes, and transformation and commented: “all the paper in file cabinets plus all the manuals on the shelves do not equal real-world transformation of human service systems through innovative practice” (Fixsen et al., 2005, p.vi). The use of evidenced-based programs is a structured approach to improve human services by transforming research and policy into effective and efficient practices (Fixsen et al., 2005). Evidenced-based programs are beneficial in transforming innovative programs to practice because implementation is multi-leveled, strategized, and well planned (Fixsen et al., 2005). Evidenced-based programming is synonymous with comprehensive school counseling with its focus on coordinated change at the program, organization, and practice levels as school counseling literature emphasizes accountability across multiple domains of school counseling including research, practice, and evaluation. The school counseling profession is moving toward a systemic transformation that has the potential for wide scale impacts in schools across the country (McMahon, H., Mason, E., & Paisley, P., 2009) as data-based practices are becoming the standard practice (Dimmitt et al., 2007; Hatch, 2014; Zyromski & Mariani, 2016). As a response to evidenced-based educational reform movements, school counseling research is moving in a direction toward collaborative partnerships to address student needs (Hatch, 2014; Leuwerke, Walker, & Shi, 2009; Paisley & Borders, 1995).

White and Kelly (2010) outlined many evidenced-based mental health interventions that school counselors can utilize as protective factors to reduce dropout prevention in their review of six studies related to best practices in dropout prevention. For example, through peer and adult mentoring, school counselors can enhance emotional and social support. White and Kelly (2010) also described how school counselors could increase awareness and knowledge of the consequences of harmful behaviors through classroom guidance lessons. School counselors can also facilitate staff development to increase their understanding and awareness of the mental health challenges faced by students, including the impact on learning outcomes (White & Kelly, 2010). While the authors provided a hypothetical model to address dropout prevention, there is no empirical evidence to support implementation and intervention outcomes.

Educational reform continues to be a major topic in federal legislation as many school districts look for optimal outcomes in student performance. Legislators and policymakers push for evidence-based school reform models that address the comprehensive needs of students (NAEP, 2011 & 2012). Recent research indicates that accountability, community building, humanity, social trust, safety, and equitable practices among teachers, parents, and school leaders impact school climate and culture and are key factors in educational reform (Bryk & Schneider, 2003; Gregory, McIntosh, Mercer, and May, 2013; Mathis, 2003; Slavin, 2007). Of the 91,000 public schools across America in approximately 15,000 districts, most schools provide programs that address behavior, emotional, and learning problems (Bogden, 2003). These programs emphasize prevention, intervention, and promotion of healthy social and emotional development. While many of these educational reform programs underscore healthy social and emotional development, there is an absence of consistent programming among school divisions or states. Some researchers argue that the inconsistency and fragmentation of multiple programs counters

the transformation needed for true, systematic reform (Adelman, 2002; Adelman & Taylor, 2002; Adelman & Taylor, 2015). In recent years, federal legislation called for greater emphasis on school mental health programs grounded in evidenced-based research (Adelman & Taylor, 2015).

Educational and mental health agencies recognize that for students to make optimal gains in learning, a partnership is warranted that embraces a shared agenda toward developing a comprehensive approach. According to Andis and colleagues (2002), these partnerships are necessary to create a “seamless, fluid, interlinked multi-level framework that encompasses positive child and youth development, prevention, early intervention, and intensive interventions” (p. 30). Both fields have a shared agenda of wanting children to be healthy, productive, caring citizens in safe homes, schools, and communities. In their study of the state of school mental health, Behrens and colleagues (2013) found that there are a number of specialized programs but they work in isolation; thus, many children are falling through the cracks. In response to the fragmentation of school mental health, Clauss-Ehlers et al. (2013) report on the findings of discussions in the annual meetings of education and mental health that intend to move the school mental health discussion to action. In efforts to maximize learning outcomes and address barriers that impede academic success, the policymakers in both fields recommend the integration of evidenced-based programs into the structure of schools (Adelman & Taylor, 2002; Adelman & Taylor, 2015). A description of the EBPs highlighted in the current study will be described within the context of school counseling practices.

Response to Intervention (RtI). In many school divisions and state, school counselors address the psychosocial and behavioral needs of students through RtI (Ockerman et al., 2012; Zirkel & Thomas, 2010). RtI is a systematic approach of identifying students for specialized

educational assistance or targeted strategies to match student need to school level of support (Prasse, 2010). RtI's focus is targeted toward academic interventions to meet the needs of students with academic challenges due to an educational or behavioral disability (Ockerman, Mason, and Hollenbeck, 2008). The approach stemmed from efforts to identify students that are appropriate for exceptional education services (Ockerman et al., 2012). The approach uses a multi-tiered response continuum to attend to student needs. It is a data-driven model based on frequent progress monitoring and student outcome data. According to Ockerman et al., (2008), the model can "be described as proactive, collaborative, data-driven, multi-tiered, and whole-child focused". While RtI is beneficial in identifying students with educational disabilities that impede learning, researchers critique the model for failing to address the social and emotional deficits that influence student learning outcomes (Ockerman et al., 2012).

Although RtI is primarily an academic intervention, school counselors use RtI to meet the mental health needs of students by addressing barriers to academic success. This section describes school counselors' involvement in RtI and the shared components with a comprehensive, developmental school counseling program (DSCP). To improve overall functioning and provide learning supports, school counselors use RtI through a mental health lens to improve overall functioning and provide learning supports.

Both RTI and DSCPs are based on data-driven, multi-tiered, and child-focused services, all of which are proactive and collaborative in nature (Ockerman et al., 2012). Both DSCPs and RTI aim to promote student achievement by emphasizing equity and access for all students (Ockerman et al., 2012; Ryan et al., 2011). By 2007, implementation plans for RtI encompassed academic and behavioral components, and the important role of the school counselor in designing and implementing the model emerged in the literature (Ockerman et al., 2012). Ryan

et al. (2011) and Ockerman et al., (2012) assert the parallel aims of RtI and comprehensive developmental school counseling programs as responsive models based on data-driven, multi-tiered interventions in order to justify the school counselor's central role in RtI. The implementation framework of RtI varies across schools, divisions, and states (Ryan et al., 2011). For example, in Loudon County, Virginia, the process was renamed Responsive Instruction (Goodman-Scott, 2014). This reconceptualization of the model developed as a response to common core standards and instruction-based practices. Since the inception of RtI, its focus has shifted to a focus on instructional interventions for struggling learners (Ryan et al., 2011). Based on the connection between socio-emotional functioning and learning, this shift underscores the importance of students' mental wellness and capacity to learn.

Positive behavior intervention & supports. PBIS is often described as a complimentary model to RtI because it addresses the behavioral needs of students. At the beginning of the 21st century, over 7500 schools worldwide implemented PBIS as a comprehensive, school-wide preventative model to decrease problem behaviors in schools (Bradshaw, Koth, Bevans, Ialongo, & Leaf, 2008). By 2014, the literature indicated that over 18,000 schools (Goodman-Scott, 2014; PBIS, 2014) had implemented the PBIS model. The model intends to change the school climate by focusing on the school staff behaviors in response to students as opposed to focusing exclusively on students' behaviors. Goodman-Scott (2014) describes PBIS as a "systemic, evidence-based, preventative framework" that can be individualized to meet the needs of every school. The model communicates clear, consistent behavioral expectations for all students. Every staff member (e.g., cafeteria staff, bus drivers, teachers, and custodian staff) is trained in positive reinforcement. (Goodman-Scott, 2014). The model increases positive behavior as a school-wide effort because all staff communicates consistent behavioral expectations (Bradshaw et al., 2008).

Abundant literature indicates that decreased discipline issues, increased academic performance, improved school organizational health, and lowered bullying rates result from fully-implemented PBIS (Goodman-Scott, 2014; Bradshaw, Mitchell, & Leaf, 2010; Curtis, Van Horne, Robertson, & Karvonen, 2010).

PBIS aligns with the ASCA national school counseling model as it focuses on prevention, student academics, and behaviors through an evidenced-based, data driven framework (Cressey et al., 2014). According to Kay (2005), a large number of ASCA standards correspond to PBIS. However, based on this author's review of the literature, research describing the integral role of school counselors in PBIS is limited to five recent publications (Cressey et al., 2014; Curtis, Van Horne, Robertson, & Karoven, 2010; Goodman-Scott, 2014; Goodman-Scott et al.; Martens & Andreen, 2013).

Goodman-Scott (2014) described a case example of a school counselor-led PBIS initiative in an elementary school. Implications for school counselors are discussed in this publication to assist them in maximizing their efforts to meet the needs of all students. In this article, Goodman-Scott demonstrated how the school counselor used PBIS as a preventative, data-driven, and systemic framework to decrease behavior problems school-wide. Similarly, Cressey and colleagues (2014) describe a case study of school counselor leadership in PBIS implementation at the elementary level. In this case study, PBIS was applied to a culturally diverse, low-income population with moderate external supports over a five-year period. This case study demonstrated that PBIS positions school counselors in leadership roles within their school via data collection, interventions, professional development, and consultation by successfully implementing PBIS.

These authors recommended that school counselors at the elementary level assume leadership in establishing school-wide PBIS through a university-based partnership in order to effectuate school change. Goodman-Scott et al. (2014) described another case study of a school counselor-led PBIS program at the elementary level. This publication details the process from the perspective of all elementary schools in a single division who were addressing bullying behaviors (Goodman et al., 2014). Martens and Andreen (2013) presented a case study of how a school counselor collaborated with school staff to implement a specific intervention of PBIS, Check-in/Check-out (CICO). The CICO program is a behavioral intervention whereby students meet briefly with school counselors at least twice a day for counseling and consultation. In this study, the CICO intervention led by the school counselor revealed immediate improvement of expected behaviors. The students involved completed the program within six weeks; however, baseline data was not collected. According to Marten and Andreen (2013), school counselors are an ideal leader in CICO implementation because of their knowledge and expertise on student issues and mental health challenges that affect learning. Additionally, the authors reported that school counselors' relationships with teachers, caregivers, and other health providers assist school counselors in effective implementation.

Finally, Curtis and colleagues (2010) presented the results of a 4-year longitudinal case study evaluating the outcomes of a school counselor led PBIS implementation in an elementary school. Behavioral referrals and suspensions decreased by 40-67% in relation to PBIS interventions. The effect sizes of the changes were significant as instructional days lost by students decreased by 56.5%. In this case study, the authors highlight the collaboration between the school counselor and principal in working with students. Overall, the school counselor-led PBIS interventions demonstrate school counselors effectively addressing students' mental health

concerns such as behavioral difficulties, low social skills, mindfulness, and lack of healthy decision making through PBIS. This study hopes to add to the literature base on how school counselors are systematically attending to the mental health needs of students using EBPs.

Restorative practices. The concept of restorative practices (RP) encompasses the ideas and theories necessary to promote positive school culture transformation by implementing practices that focus on accountability, community building, humanity, social trust, and equitable practices. RP is a conceptual model borrowed from the criminal justice system that amounts to intervention and accountability before rule infraction by emphasizing a non-punitive approach consisting of informal and formal processes to change how educators build community, prevent disciplinary problems and improve overall school climate (Gregory, 2014). As a whole school approach, the overall goal of restorative practices is total school transformation in the areas of academic achievement, personal/social growth, and global school improvement as measured by decreased disciplinary infractions, student and teacher perceptions, and school academic progress (Gregory, 2014; Lewis, 2009).

In the literature, researchers describe restorative practices as strategies that can be used by multiple school personnel, including school counselors, to foster increased accountability and community building, as discussed above. After an exhaustive search using the search engines of Psych Info, Psych Articles, and Google Scholar, this author did not find any studies that investigated the use of restorative practices as a specific intervention in school counseling. In many articles, authors mention school counselors as one of the school personnel trained in the use of restorative practices as an alternative to punitive discipline practices (Gonzalez, 2012; Gregory, 2014; Lewis, 2009; Morrison & Vaandering, 2012; Reimer, 2011). In her report of the implementation of restorative practices, Lewis (2009) discussed the use of restorative

conferences by a school counselor from a school in Pottstown, PA. As part of the whole-school adoption of the model, the school counselor facilitated restorative counseling groups or conferences to help students who were involved in serious incidents understand the long lasting implications of their actions (Lewis, 2009). In this school and in other schools that adopted the program in Lewis' investigation, RP led to significant positive changes in school climate and students and staff interactions (Lewis, 2009). In a study exploring the implementation of restorative practices in Canada, Reimer (2011) referenced school counselors as the school staff member to facilitate restorative justice circles. These circles are identical to restorative counseling groups mentioned above in another study. Although school counselors are not specifically linked to restorative practices in the literature, the underlying tenets of RP are aligned with comprehensive, developmental school counseling.

Student assistance programs. Historically, the SAP model derived from the Employee Assistance Program (EAP), a program designed for the workplace to assist employees in addressing personal problems that impeded work success (Moore & Forster, 1993). Based on the EAP and its original focus on substance abuse, the SAP model aimed to address adolescent substance abuse in the school context. SAP teams in schools consisted of teachers, school counselors, and administrators who aimed to identify students abusing substances and link them to community resources (Moore & Forster, 1993). The current model of SAP is more of a universal school program designed to provide educational strategies and support to students and their families in order to eliminate inappropriate behavior by reducing factors that expose children to risk factors of alcohol, drug abuse, and violence (Anderson, Crowley, Herzog, & Wenger, 2007). SAP structure and leadership in schools is inconsistent across district, led by

school-based agencies, school counselors, or community agencies (Palmer & Paisley, 1991; Harrison, 1992).

The current SAP model is based on research findings that indicate the importance of the student-teacher relationship (Mohamed, Hepler, & Labi, 2015). According to this research, resiliency in schools increases as teachers serve as a protective factor to students by serving as positive role models that communicate interest in students and unconditional positive regard. The research findings related to SAP indicate the importance of emotional connections between students and teachers as students work hardest for teachers that demonstrate caring and positive feelings toward their students (Anderson et al., 2007; Mohamed et al., 2015). The SAP model focuses on prevention and intervention for students in the target areas of substance abuse, bullying, and other social and emotional barriers to learning (Mohamed et al., 2015). SAP specialists in schools range from community mental health counselors to school counselors or school social workers as programs are site-based (Anderson et al., 2007; Mohamed et al., 2015). Specialists provide educational strategies and support to students and families in order to eliminate inappropriate behavior by reducing factors that expose children to risk factors of alcohol, drug abuse and violence (Anderson et al., 2007). Through the model, students participate in programming through individual counseling, group counseling, small support groups, prevention activities, and participation in leadership opportunities (Anderson et al., 2007; Hawkins, Catalano, & Miller, 1992; Mohamed et al., 2015). According to the literature surrounding SAPs, school teams or community-based agencies lead current SAP models in many schools (Anderson et al., 2007; Mohamed, Hepler, & Labi, 2015). Anderson et al (2007) recommend that schools adopt the SAP model because social and emotional problems heavily influence the student's potential for success in school and life. In their review of mental health

services provided by schools, Brener, Martindale, & Weist (2001), found that approximately 34% states require SAPs in schools to assist students who experience personal or social problems that influence school performance.

While recent literature does not specifically connect school counselors to the point person to lead SAP programs, the overall mission and methods of SAPs are associated closely to the conceptual framework of comprehensive developmental school counseling programs. The few researchers that link SAPs to the school counseling role contend that school counselors are ideal to lead or participate on SAP teams by providing direct services and support to students and families using traditional school counseling interventions such as individual counseling, behavioral observations, group counseling, small support groups, and prevention activities (Harrison, 1992; Palmer & Paisley, 1991; Rainey, Hensley, & Crutchfield, 1997). In the context of indirect services, school counselors can implement SAP interventions through teacher in-services, parent workshops, and community outreach. In this role, school counselors can facilitate SAP interventions at the school building or division level in order to prevent and target services to address the needs of students related to substance abuse, bullying, and other social and emotional barriers to learning (Bauer, Sapp, & Johnson, 2000; Rainey et al., 1997). In his review of CACREP requirements for school counseling programs, Harrison (1992) suggested that school counselors are better prepared to be leaders in school improvement initiatives such as SAPs.

Recent SAP evaluation studies conducted by University of Memphis indicate that the program has a positive impact on the lives of students as it builds on positive factors that promote resiliency (Mohamed et al., 2015). SAPs are based on developmentally and culturally appropriate data-driven materials that utilize innovative strategies such as, “positive peer

pressure” (Mohamed et al., 2015). Resilience is fostered through positive relationships among students, teachers, counselors and other involved adults. In SAPs, prevention is viewed as comprehensive programming that promotes healthy behaviors and abstaining from substance use and violence (Bauer et al., 2000; Mohamed et al., 2015). The national standards of comprehensive, developmental school counseling align with this vision for reducing the barriers that impeded student performance. While there is no recent research connecting SAPs and school counselors, the SAP model is ideal as a framework for school counseling programs employing the ASCA National Model.

Gaps in Current Research

While EBPs is a significant resource for schools and a potential platform for school counselors to address the mental health challenges of students, the literature base minimizes the role of school counselors as leaders in mental health and EBPs. This proposed study will fill a gap in the research by addressing how school counselors attend to the comprehensive mental health needs of students. I have identified three gaps in the literature that this study will pointedly address: the limited research related to school counselors attending to the comprehensive mental health needs of students; the scarcity of research that deals with school counselors using EBPs to meet the needs of their students, and the lack of research that investigates effective school counselor led interventions to increase academic outcomes. Despite the significant mental health needs of children and adolescents and the deficiencies in youth mental health services (Brown, Dahlbeck, & Sparkman, 2006; Carlson & Kees, 2013; Mellin, 2009), the research base continues to linger behind the current knowledge of how schools can methodically address the mental health needs of students (Mellin & Pertuit, 2009).

First, the literature base consists of research studies that look at how school counselors address singular mental health issues of students as opposed to addressing the overall mental health of students. School counselors, in their frontline mental health positions, are ideal leaders in addressing the mental health needs of youth. The majority of the current discussion about school counselors and mental health focus on counselor preparation, efficacy, and addressing specific mental health issues. For example, the studies that examine the mental health role of school counselors are limited to case studies and studies addressing singular mental health concerns such as bullying, suicide, anxiety, self-mutilation, ADHD. While research regarding how school counselors attend to singular mental health issues is helpful to those practicing in the field, it doesn't align with ASCA's goal of school counselors meeting the needs of every student. Most of the articles in the school counseling field that connect school counselors to mental health practices attend to specific mental health issues and interventions or counselor preparation (Burrow-Sanchez et al., 2008; Carlson & Kees, 2013; Fein et al., 2008; Froeschle & Moyer, 2004; Walley & Grothaus, 2009). However, the research is limited regarding studies of school counselors and their experiences in attending to the comprehensive mental health wellness of their students. By further examining the mental health role of school counselors, stakeholders may provide school counselors with the support and resources to implement consistent and systematic strategies that promote mental wellness, which may decrease achievement gaps and increase academic outcomes for students.

Next, while there are several researchers who link the need to address social and emotional functioning in children and adolescents to educational reform (Froiland, 2011; Weist et al., 2010), few highlight the school counselor's experience in successfully integrating mental health interventions through data-driven practices in their service delivery. There is an absence in

the literature of the experiences of school counselors who contribute to the mental health advocacy and support of students facing social and emotional difficulties through EBPs. Those studies are limited to school counselors using PBIS to attend to the behavioral needs of students (Goodman-Scott, 2013; Goodman-Scott et al., 2013; Goodman-Scott et al., 2015). According to the literature, a growing body of evidence in social and behavioral sciences indicate that evidenced-based programs in education can have significantly positive influence on prevalent social and emotional problems that impede learning (Cooney, Huser, Small, & O'Connor, 2007). Additionally, the use of EBPs in school counseling strengthen the school counselor role as they are based on program quality and rigorous evaluations (Cooney et al., 2007; Dimmitt et al., 2007; Hatch, 2014; McMahon et al., 2009; Zyromski & Mariani, 2016). Through evidenced-based programs, school counselors can address the academic, career and personal/social needs of youth by using educational practices supported by rigorous evidence. Educational practices grounded in scientifically based research give school counselors the tools they need to support and advocate for students within the confines of their role and scope of practice. With increased pressure from departments of education across the country for increased effectiveness and accountability of school programs, it is an ideal time for school counselors to strengthen their positions as critical components to the total educational program. There is a need for continued research involving school counselors addressing the personal/social concerns of students and the significance of the connection between mental wellness and academic success.

Finally, the research is scant in the area of school counselor led interventions that minimize academic deficiencies for students with mental health challenges by removing barriers to academic success. ASCA (2016) defines the school counselor role as decreasing gaps in student performance. Research focused on the school counselors' experiences in attending to the

mental health needs of youth may contribute to research that looks at implementing programs to minimize the children's mental health crisis. According to Mellin and Pertuit (2009), the research priorities in counseling should speak to the lack of focus in counselor preparation and development in the mental health role of counselors specializing in services for children and adolescents.

Conclusion

The public education system is under constant scrutiny as school and governmental leaders attempt to optimize student outcomes through accountability measures (Goodman-Scott, 2014; U.S. Department of Education, 2014; & Miller, 2015). This is the time when "school counselors must convince policy makers and school leaders that their efforts have a measurable impact on student achievement (Gruman & Hoelzen, 2011, p. 188). According to Gruman and Hoelzen (2011), for school counselors to increase their relevancy, school counselors should consider embedding themselves in the educational reform movement. Authors of recent literature regarding school counselor leadership assert the importance of school counselors in demonstrating their school-based consultation skills and use of data-based practices to promote the academic achievement of students (Gruman & Hoelzen, 2011; Ockerman et al., 2012; Ryan et al., 2011).

In reviewing the studies discussed, researchers continue to struggle with identifying the appropriate role and practices of school counselors. School counselors have advanced, specialized training, and the skill set to address the personal/social development of students (ASCA, 2009, 2016; Gysbers & Henderson, 2012). The studies reviewed indicate school counselor's frontline position to the mental health concerns of students. School counselors are an organic resource in the school to promote mental wellness through data-driven practices using

advocacy, individual and group counseling, and responsive services. As mental health functioning has a great impact on learning and students do not typically receive these services outside of the school setting, school counselors must rise to the challenge to meet the comprehensive needs of students. Although numerous gains have been made in reorganizing school counselor preparation and practice, more information is needed to understand how school counselors are meeting the needs of students, as there seems to be no consistency in best practices to produce optimal student outcomes.

There is a need for more evidenced-based programs in school settings to promote mental wellness in students (Cooney et al., 2007; Dimmitt et al., 2007; Hatch, 2014; McMahon et al., 2009; Zyromski & Mariani, 2016; White & Kelly, 2010). As school counselors must manage multiple tasks without adequate resources, there is a need for clear boundaries and role guidelines (Ockerman et al., 2012). As the use of data-driven practices and accountability are changing the face of professional school counseling, school counselors and stakeholders must be positioned to embrace this agenda. The EBPs discussed in this literature review offer systemic, data-driven, preventative frameworks that school counselors can employ to improve the mental health and overall academic achievement of students. Therefore, it is important to look at how school counselors have positioned themselves to promote mental wellness and healthy psychosocial functioning utilizing evidenced-based practices.

This study intended to illuminate the experiences of school counselors who address the mental health needs of students through EBPs. Readers will learn more information about how school counselors have transformed their roles to attend to the mental health needs of students using EBPs. Additionally, this study intends to fill a gap in the literature concerning the school counselor's role in promoting mental wellness through EBPs.

Definition of Terms

The following terms are defined to augment the conceptual framework for this study. These definitions are described in relation to how they will be used for the purposes of this study.

Comprehensive School Counseling Program

In this study, a comprehensive school counseling program is developed and implemented by a licensed school counselor that works within a comprehensive school setting. This program is developmental and preventive and designed to focus on school counseling curriculum that is “a coherent sequence of instruction based upon a validated set of competencies” (ASCA, 2016, p. 142).

Counselor Education Program

In this study, counselor preparation programs that focus on training of counselors to work in particular settings (e.g., college, school, community). According to CACREP (2001), counselor preparation program refers to the process that trains counselors in didactic and clinical facets of counseling.

Evidenced-based Program

In this study, an evidenced-based program represents strategies that have been packaged together to target school reform and has been found to be effective based on rigorous evaluations, peer reviews, and “endorsed by a federal agency or respected research organization” to improve student outcomes. (Coonedy et al., 2007, p. 2)

Mental disorder

In this study, a mental disorder refers to a state of abnormalities in mood, emotion, or cognition, or the “highest integrative aspects of behavior, such as social interactions or planning of future activities” (Walley, 2009, p. 11)

Mental health

In this study, the mental health refers to “a state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community” (Maryland Department of Health and Human Hygiene, MDHMH, 2012, p. 4).

Mental health issues

In this study, mental health issues are those that influence mental health functioning (e.g., stressful life event, childhood maltreatment) (Walley, 2009). In addition, factors that include “poverty, homelessness, substance abuse, physical and sexual abuse, and domestic community violence” (p. 1) are common issues that generate mental health disorders (Lockhart & Keys, 1998).

Mental health literacy

In this study, mental health literacy represents a term that was developed in the 1990s to address a lack of public knowledge about mental disorders. The term is defined as “knowledge and beliefs about mental disorders which aid their recognition, management, or prevention” (Jorm, 2011, p. 1).

Mental Illness

In this study, mental illness is used as a comprehensive term that includes all diagnosable mental disorders as identified in the DSM IV (Mellin, 2009).

Self-reported use of mental health supports/interventions

In this study, this phrase is used to refer to the self-identified (by the school counselor) counseling or intervention services to meet the emotional, behavioral, personal, or social needs of students in order to improve their mental wellness.

Mental Wellness

For the purposes of this study, this phrase is used interchangeably with mental health to represent the domains of mental health within human functioning.

Non- school counseling activity

In this study, non-school counseling activity refers to any task or duty not associated to the development, implementation, or assessment of the school counseling program (ASCA, 2012).

This term refers to “maximizing students’ individual growth and social maturity in the areas of personal management and social interaction” (ASCA, 2012, p. 142).

Phenomenology Tradition

In this study, this term refers to a research tradition that is a constructivist approach to qualitative research where the focus is on the participants’ lived experience. The premise is that multiple realities of an experience or phenomenon exist (Hays & Wood, 2011). This tradition is selected when the researcher wants to understand in depth the lived experience of the phenomenon. The intention is to “understand the individual and collective internal experience for a phenomenon of interest and how participants intentionally and consciously think about their experience (Hays & Wood, 2011, p. 291)

Psychosocial functioning

This term is used interchangeably with mental health to denote a way an individual focuses in the following domains: personal, social, emotional, and behavioral.

School-age children

In this study, this term refers to students who attend elementary, middle, and high schools.

School Counselor Leader

In this study, a school counselor leader uses the following leadership characteristics and practices: “visionary thinking, challenging inequities, shared decision making, collaborative processing, modeling excellence, and a courageous stance” (ASCA, 2012, p. 11). School counseling leadership also includes supporting educational achievement and student development; advances an effectual comprehensive school counseling program (ASCA, 2012).

Youth Mental Health First Aid (YMHFA)

In this study, YMHFA refers to a federal training course defined to teach the average person interventions of assisting a youth who may be experiencing a mental health crisis or an onset event (MDHHH), 2012).

Chapter Three

METHODOLOGY

Introduction

The purpose of this study was to investigate school counselor practices in meeting the mental health needs of students through select evidenced-based programs. Researchers indicate that students present various mental health concerns that school counselors are expected to address; the school counselor's role is to assure that all students have equal opportunity to achieve academic success (Mellin et al., 2015). According to Mellin and colleagues (2015), for this to happen, school counselors must focus as much attention on social and emotional functioning as they do academic functioning. School counselors are presented with a myriad of mental health issues in school settings (Carlson & Kees, 2013; Kury & Kury, 2006); however, researchers have yet to address how school counselors are attending to these needs in their service delivery. In addition, researchers are not aware of the existing supports and barriers that allow school counselors to promote the mental wellness of students, particularly, withstanding their heavy student caseloads and numerous responsibilities to many in the school community. To meet the demands of their roles in schools, school counselors must utilize strategies and interventions to take full advantage of their efforts, make the most use of their time, and devise new methods to serve every student (Goodman-Scott, 2013). According to the literature (Adelman & Taylor, 2015; Dimmitt et al., 2007; Hatch, 2014), EBPs are valuable resources in schools to promote

change and positive outcomes from data-driven results. As such, the purpose of this investigation was to understand how school counselors are promoting mental wellness in their students through EBPs given the paucity of research exclusive to this area. Exploratory qualitative research on this topic is warranted to answer the following questions:

1. What are the lived experiences of school counselors who address the mental health needs of students through evidenced-based programs such as PBIS, RtI, RP, & SAP?
2. What recommendations do school counselors have to assist school counselors in helping students develop mental wellness?

Research Design

In considering the appropriate research design to use to answer the research questions, the research problem, researcher's context, and audience were important (Hays & Singh, 2012). As the researcher was interested in understanding the mental health role of school counselors from an emic perspective, a qualitative method was appropriate (Corbin & Strauss, 2015). Qualitative research allows participants to share their stories in order to give others a greater understanding of a particular phenomenon as lived and experienced by the participant (Creswell, 2012). Based on this researcher's review of the literature, the school counselor's voice is absent in the study of school counselors' supports of students struggling with mental health concerns. The school counselors' voice is critical in this study as the researcher seeks to understand the phenomenon from the perspective of the school counselor (Creswell, 2012). The researcher was interested in how school counselors described their experience providing mental health supports to students rather than looking at how many counselors are using what interventions. To this end, readers can better understand the significance of this topic from qualitative research as a deep

understanding is critical in developing theories and best practices to promote organizational or social change (Hays & Singh, 2012).

Qualitative inquiry is appropriate for researchers who maintain the ontological view of reality as being constructed by individuals (Ponterotto, 2005). This perspective was useful to understand the unique reality of participants from their own perspective. In this study, the researcher sought to understand the perceptions of school counselors regarding how they are able to promote mental wellness in their students. The researcher expected these experiences to vary based on school counselors' unique experiences. Qualitative researchers hold to the idea that multiple realities exist for those in similar situations; however, through a deep connection with the research, commonalities can be identified and themes will emerge (Creswell, 2012). Because qualitative research allows the researcher to immerse fully in the data, the researcher was able to connect with the participants personally and capture the unique voice of each participant. This is a valued aspect of the research process because the realities of school counselors' experience are illuminated. This is important for school counselors as their roles in the schools sometimes do not align with their beliefs and goals for students (Bridgeland & Bruce, 2011). Thus, qualitative research gives voice to school counselors who are working hard to change how stakeholders and the community view them.

Constructivist Paradigm

Guba and Lincoln (1994) define paradigm as the fundamental belief system or perspective about reality and truth (worldview) that guides the researcher. A paradigm represents the lens through which the researcher views the world and the "range of possible relationships to that world and its parts..." (Guba & Lincoln, 1994, p. 107). Lincoln (1995) argues that truth and valid knowledge of a phenomenon ascend from discussions and the relationship between

stakeholders of a particular community. The primary interest of this investigation was to understand the participants' experience of a particular phenomenon; thus, the researcher used a constructivist paradigm. The constructivist paradigm posits that individuals construct reality based on their own experiences and how they view the world (Merriam, 2002). This paradigm maintains that individuals are not able to separate themselves from what they know because individuals understand the world in the same context that they understand themselves and others (Merriam, 2002). The paradigm implies that our reality is not distinct from our knowledge of our reality (Merriam, 2002). The lens of this paradigm helped the researcher understand the phenomenon from the perspective of the participants. Since the constructivist paradigm greatly relies on naturalistic methods (Rossman & Rallis, 2012), the researcher selected to use qualitative inquiry for this investigation.

The researcher analyzed the data in this study through the Constructivist paradigm, which acknowledges truth through discourse (Merriam, 2002) and aligns with the researcher's perspective that multiple truths exist as individuals construct their truth and knowledge intersubjectively (Cohen & Crabtree, 2006). From the constructivist view, the researcher assumed that a "more informed and sophisticated understanding of the social world can be created" through a dialectical process of the dialogue between researcher and participants (Cohen & Crabtree, 2006, p. 3). Using the constructivist paradigm in this investigation allowed the researcher to accept an antifoundational view of reality and truth. According to Guba and Lincoln (1994), antifoundational refers to the rejection of an undeviating or permanent set of standards that characterize truth. This view holds that people construct truth through subjective discourse between individuals or within communities (Guba & Lincoln, 1994). Within the

constructivist paradigm, we create reality through the narrative of the subject (Hays & Singh, 2012).

The constructivist paradigm is ideal to study the mental health promotion of students through EBPS because it explains how counselors view this phenomenon from their own perspective. It illustrates the phenomena in the school counselors' voice as they are experts in their realities and truths. In this study, the researcher accepted that multiple realities would represent the delivery of mental health practices; therefore, knowledge of the provision of those practices was co-constructed between the researcher and school counselor participants (Hays & Singh, 2012). Within this research paradigm, the values of the researcher and participants influenced the construction of mental health promotion. The voices of the school counselors were highly valued and used as the data of the investigation (Guba & Lincoln, 1994). The researcher sought to illuminate the school counselors' experience in promoting mental wellness in students in efforts to reduce academic barriers. Using this paradigm also allowed the researcher to understand the lived experiences of the participants in order to enlighten the fields of education and mental health on how school counselors are promoting the mental wellness of students.

Research Tradition

Chiari and Nuzzo (1996) point out the links between phenomenology and constructivism as constructivism is concerned with how individuals view the world based on their experiences. The phenomenological tradition assumes that multiple realities exist as the researcher attempts to understand the phenomena through the eyes of the participants (Moustakas, 1994). Therefore, the experiences of individual school counselors differed among groups of professional school counselors. Because the researcher did not view reality as being fixed and measurable, but rather

as different for each individual at different time dependent on contextual factors, the phenomenology tradition was most appropriate for this investigation. The underlying belief of phenomenology is that all perceptions and ways of knowing are grounded in a particular time and space belonging to the object of the research (Moustakas, 1994). Moustakas (1994) suggested that the totality of one's experience and an exploration for the substances of experiences should be the focus of research. He described an experiential 5-part process in phenomenological explorations:

1. Immersion – the researcher is immersed in the investigation
 2. Incubation – instinctive or implicit insights, and understandings, a space for mindfulness
 3. Illumination – active knowing process to enhance the essence of the experience
 4. Explication – reflexive and deep, insightful actions
 5. Creative synthesis – combining phenomena to illustrate patterns and relationships
- (Moustakas, 1994)

As this investigation employed a phenomenological research tradition, the goal was to uncover the essence of the lived experience of promoting mental wellness in students by investigating individual and collective meanings of this phenomenon by practicing school counselors. Ontologically, the experiences regarding the mental health role of school counselors is subjective and existed only as an independently perceived phenomenon. To that end, this tradition holds that there is no objective reality or truth in promoting mental wellness in students by school counselors. For example, employment in a particular school or division may influence the school counselors' experience of promoting mental wellness. Hence, there is no true objectivity of determining the mental health role of school counselors. Knowledge of this

phenomenon is unlimited, and, the researcher and participants co-constructed this knowledge within the context of the research relationship (Creswell, 2012; Ponterotto, 2005). Participants answered questions about their tendencies toward this phenomenon within their relationships with their students.

Epistemologically, the researcher assumed that the homogeneously or uniformly known meaning of the phenomenon in the school counselor culture is socially constructed; thus, the researcher's method of gaining knowledge was through an "iterative construction of meaning and experience" between the interaction between researcher and participants (Hays & Singh, 2012, p. 128). Axiologically, the roles of values of the researcher and participants had an impact in the research process as one's values relate to their service delivery. The researcher took measures to bracket her own values; however, it is expected within the constructivist paradigm that the researcher's values cannot be excluded entirely and "should not be excluded" as a shared understanding between participant and researcher is desired as both are considered co-constructors of knowledge (Hays & Singh, 2012, p. 128). Hays and Singh (2012) argue this point further as they warn against masking the researcher's role, skill and power in interpreting qualitative research data: "[I]f we don't own this researcher role, we are letting ourselves off the proverbial hook in terms of our responsibility as qualitative scholars" (p. 174). Essentially, the researcher is considered a participant in the research process. According to Ponterotto (2005), because the constructivist paradigm assumes that participants and researcher have an incomplete understanding of their own experiences regarding the research questions, the study was idiographic and the findings were emic in character. In psychological research, idiographic refers to an approach of studying individuals in an in-depth and personal manner in order to attain a distinctive understanding of them (Hays & Wood, 2011; Ponterotto, 2005). Guba and Lincoln

(2005) contend that when using the phenomenological perspective in the constructivist paradigm, an essential assumption is that a participant is only able to fully understand his or her own lived experiences when he or she engages in a discussion about the experience.

Rhetorically, the researcher is presenting the data in narratives. The researcher valued the participants' voices. The researcher made efforts to represent the data from participants' perspectives. The researcher used a combination of participants' quotes and narratives to explore the mental health role of professional school counselors within the framework of EBPs from their own perspective. These core philosophies of science (ontology, epistemology, axiology, rhetoric, and methodology) assisted the researcher in constructing a qualitative scientific inquiry of school counseling practices as they relate to the provision of mental health services through data-driven practices. Fundamentally speaking, these philosophies interrelate and build on one another to describe the relationship between the researcher and participants (Creswell, 2012; Hays & Wood, 2011; Lincoln, 1995; Ponterotto, 2005).

Recruitment of Participants

Recruitment of participants for this study began after approval from the Virginia Commonwealth University Institutional Review Board (IRB). The sampling frame used for this study consisted of members from a national and two state school counselor organizations: ASCA, Ohio School Counselor's Association (OSCA), and Virginia School Counselor's Association (VSCA). ASCA posted a copy of my recruitment letter (Appendix D) on ASCA Scene, the online community forum for members to build community and connect with other school counselors and counselor educators. ASCA is the largest school counseling organization in the United States; it represents more than 18,000 school counselors [personal communication, Stephanie Wicks (ASCA Membership Director, 2/2/2016)]. The two state (Ohio and Virginia)

chapters of ASCA were added to increase the likelihood of finding participants that met the criteria. To access VSCA, the research representative posted my recruitment letter to the organization's "Professional Development" page of their website under the tab "Research". For Ohio, my recruitment letter was emailed to OSCA members by their research representative. I also sent emails containing my IRB approved recruitment letter to over 500 school counselors by requesting access to databases of schools that have adopted SAP and RP to find participants who used those EBPs. The recruitment letter outlined the following criteria to potential participants: 1) five or more years of experience as a school counselor, 2) use of mental health interventions or supports using the selected EBPs in service delivery, and 3) graduates of a master's level CACREP counseling preparation program inviting them to participate in the study (see Appendix D for Recruitment Email). The researcher recruited school counselors with at least five years of experience in the field for this study to obtain a sample of counselors who are familiar with their role in the school as well as have a general understanding of some of the limitations of their role within the context of the school and educational system. Additionally, these school counselors are likely beyond the learning curve of the position and have established approaches to meet the needs of students that exceed the barriers imposed by the system.

Researcher's Role

Researcher as Instrument

In qualitative research, the role of the researcher is critical, as the researcher is the primary instrument for data collection and analysis. I am a 40-year-old African American female who has fifteen years of experience in counseling, nine as a school counselor at multiple levels (middle, high, & alternative). As a professional school counselor, I used RtI to address the mental health concerns of students. I also have experience as a mental health counselor in

community, agency, and college settings with children, adolescents, young adults, and families. In my career in education, I recall feeling disconnected towards students' socioemotional and behavioral challenges because my school division emphasized the academic and administrative role of school counselors. My time and resources were limited to promote the mental wellness of students as I became mostly concerned with common core standards, testing, scholarships, career planning, and graduation credits. Unintentionally, I began to feel like I was overlooking the contextual challenges of my students that interfered with their ability to be successful in the classroom. I designed creative strategies within the RtI framework to attend to the mental wellness of my students. Many of these interventions occurred during non-school hours, which meant I worked many 60-hour weeks, including weekends to address the mental health needs of my students. Although I noticed positive outcomes in the students under my care, the impact of the EBP seemed limited because of lack of administrative support and the inconsistent use of RtI in my department. Eventually, I began to experience burnout because I overworked and felt unable to balance attending to the mental health and academic needs of students under my care.

Hays and Singh (2012) asserts the importance of researchers identifying with their biases, values, and judgments that may interfere with the research process. This recognition is part of the trustworthiness process that is imperative in qualitative research. As a former school counselor turned counselor educator, it was crucial that I recognize and bracket the frustrations I felt as a school counselor for facing challenges in meeting the mental health needs of my students. Additionally, I used trustworthiness strategies (i.e., peer debriefing, member checks, triangulation, and an audit trail) and reflexivity to monitor and document my biases, assumptions and values in order to allow my participants voice to emerge in order to hear their stories.

In terms of the current study, the experiences discussed above offer transparency and credibility of the researcher's decision to study the identified topic. Additionally, the presentation of these experiences will assist readers to appreciate how the researcher came to understand the mental health practices of school counselors and the impact of this role on students. Finally, the researcher hopes it helps others understand how the researcher's professional experiences have influenced the way she views school counselor practices and children's mental wellness in education.

Selection of Participants

The researcher used a criterion sampling strategy to solicit participants for the study. The criterion, as described in an earlier section, included school counselors who had at least five years of experience as a school counselor, incorporated mental health interventions in their service delivery through one or more of the EBPs, and are graduates of a master's level CACREP counselor preparation program. Criterion sampling consists of choosing participants that meet predetermined "criterion of importance" (Patton, 2002, p. 238). This type of sampling is useful when the researcher is interested in a deep, rich understanding of participant's beliefs, feelings, ideas, or experiences (Cohen & Crabtree, 2006). The criteria for study participation as graduates from a master's level CACREP counseling preparation program was used as a means to maintain consistency of advanced training with a counseling specialty.

The researcher asked the school counselors to complete a demographic form that included questions to assess school counselors who met the study's criteria. In this study, the researcher desired a detailed description of school counselors' experience in addressing mental health concerns with their students. A criterion sampling strategy was appropriate as the researcher expected that participants that met the specified criteria would have rich,

comprehensive information about school counselors' promotion of mental wellness in their students. To the best knowledge of the researcher, all participants responded from the posts or emails that were sent out through ASCA, OSCA, or VSCA. Qualitative researchers generally recommend a sample of up to 10 participants (Creswell, 2012; Hays & Singh, 2012; Morse, 1994) for the phenomenology tradition. The researcher desired for the participants to reflect a somewhat balanced representation of the four EBPs; however, more participants represented PBIS or RtI, with many representing more than one EBP. The researcher desired a depth of understanding opposed to the breadth often desired in quantitative research (Hays & Singh, 2012). In qualitative research, a depth of understanding is achieved by using the minimum number of participants needed to represent the phenomenon sufficiently (Hays & Singh, 2012).

Data Collection

The data collection began after receiving approval from the IRB at Virginia Commonwealth University and after receiving approval from ASCA and VSCA to have the recruitment letter posted on the online forums in order to gain access to practicing school counselors. The request to OSCA was made three weeks later. OSCA required five additional documents to consider research requests: a) interview protocol; b) university's IRB approval; c) informed consent document; d) demographics form and e) researcher's curriculum vitae. The recruitment letter (Appendix D) explained the purpose of the study, use and reporting of results, the time commitment of participants, and the criteria for participation. The researcher selected volunteers to participate in study if they met the criteria. All potential participants received a consent form (Appendix C) that described how they would benefit from the study and their right to discontinue their participation in the study at any time. Data collection methods for this investigation consisted of semi-structured telephone interviews.

The researcher conducted one semi-structured interview with each school counselor via a telephone meeting. The interviews lasted approximately 50-120 minutes. The researcher audio recorded interviews for transcription purposes. The researcher maintained a written record during the interview to identify topics that may provide rich information regarding the mental health role of school counselors. The researcher's graduate assistant transcribed the audio recordings directly following the interview. The researcher read each interview directly after it was transcribed to verify accuracy in transcription.

Demographic Questions

The researcher emailed a demographic questionnaire to participants before their interview. The questionnaire requested information about the counselor's education, career lifeline, professional development, and school population characteristics of students, staff, and administrators. Additional questions on demographic form covered school characteristics such as school counselor-student ratio and student graduation and transition statistics. These questions intended to provide a rich description of the students and school community (See appendix B for demographic questionnaire.)

Interview Protocol

The researcher developed the interview questions for use in this study to assess the climate of the school and the school counselor's use of mental health prevention strategies and/or interventions to address student needs. Overall, the interview protocol (see Appendix A) assessed school counselors' experiences, ideas, attitudes, and behaviors regarding the mental health role of school counselors. The researcher consulted with a dual degree professor with an educational background in Counselor Education and Theology and the researcher's advisor, a dual degree holder of Counselor Education and Law doctoral degrees frequently during the design stage as

expert consultants regarding instrument construction, ethics, and professional orientation. Additionally, both advisors are licensed school counselors.

The researcher used open-ended questions constructed to address the research questions. Specifically, the questions prompted the participants to consider their preferences, behaviors, and beliefs regarding their role as a mental health professional. The researcher's dissertation committee reviewed the questions for appropriateness. The researcher designed the questions to ensure that the general lines of inquiry are identical for each participant (Patton, 2002). The researcher explored the literature surrounding school counseling and mental health and used her experiences to develop the interview questions. Specifically, questions elicited the following information from participants: types of counseling courses taken, daily responsibilities, common mental health issues presented (and trends), barriers to providing services, supports in place, and current interventions offered. In addition, the researcher asked participants to recall cases from the past that required mental health intervention in order to understand how the school counselor responded to a case involving students' socioemotional functioning.

The researcher used numerous probes as suggested by Hays and Singh (2012) to ensure clarity such as "So if I understand you correctly, you said..." or "I want to be sure I understand, you are saying..." After interviewing the first eight participants, a follow-up question set emerged based on other participants' responses: *"This last question will help me to understand how you or your department sets the stage for delivery of school counseling services. If you or your counseling department has a counselor-principal agreement with your administration, please tell me about it. Do you outline the 9 months of the school year with your counseling plan? Do you do any type of needs assessment with parents, teachers, community, or students? If you have an agreement, what type of information is contained in your agreement?"* This

question set was added to the last two interviews and asked of the others as a follow-up during communication member checking. Before beginning the core of the interview, the researcher used scripted “small talk” to build rapport and relax the participant prior to delving into the primary interview questions about weather or the mutual understanding of the school counselors’ “hectic schedule”.

The term “mental health” can have a number of connotations that refer to various conditions. To increase the likelihood that responses refer to the same set of behaviors, the researcher explained the definition that corresponds to the study’s purpose. This definition is “*a state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community*” (MDHHH, 2012, p. 4). A universally understood definition of mental health increases the instruments credibility. The researcher also explained the definition of addressing socio-emotional and behavioral needs, as it pertains to the study, to assure a singular understanding of these terms. For the purposes of this study, the definition is *meeting with students to help them resolve or cope with matters in the areas of social, emotional, personal, and behavioral difficulties that impede academic and career development through select EBPs* (ASCA, 2015). For example, questions related to this area are: What are your experiences using EBPs to address the mental health needs of students? How do you provide mental health prevention services school-wide?

Strategies for Trustworthiness

The trustworthiness of this study was primarily concerned with the truthfulness of the discoveries and conclusions based on the greatest chances of capturing participant’s voices in a particular context. Four key facets abet a holistic and reliable perspective of one’s worldview:

context, subjectivity, an emic perspective, and the concept of researcher as ‘instrument’ (Morrow, Rakhsha, & Castaneda, 2001).

1. Qualitative research contemplates the exact context within which the participant exists (Sherman & Webb, 2001).
2. Importance is positioned on the subjective experiences; variability among groups and participants are respected and sought to be understood (Morrow et al., 2001).
3. Both the emic and etic viewpoints are emphasized in qualitative research. (Morrow et al., 2001) “Because fully representing the subjective experience of the participants (the emic perspective) is an unachievable goal, qualitative researchers strive to represent clearly and richly their understanding on what they have learned (etic perspective)” (Rossman & Rallis, 2012, p.46).
4. The subjective experiences, assumptions, and biases of the researcher as the primary instrument is a known and expected influence on the investigation.

Researchers use focused self-reflection to remain cognizant of the co-constructed knowledge between participants and themselves, including the overall impact on the investigation. (Morrow et al., 2001)

According to Rossman and Rallis (2012), phenomenological research is beneficial in illuminating lived experiences and how people attach meaning to experiences as the tradition is in line with the beliefs within qualitative inquiry. For the purposes of this qualitative investigation, the researcher replaced the positivistic notion of research validity with trustworthiness strategies in order to align with the epistemological integrity of naturalistic investigations. Lincoln and Guba (1985) suggest using the terms credibility, transferability, dependability, and confirmability in place of terms such as reliability, internal validity, external

validity, and objectivity to maintain consistency with a naturalistic phenomenological design. The researcher use various strategies to certify integrity including peer debriefing, member checks, participant involvement, and triangulation (Marshall & Rossman, 1995):

- a) Drew's (2001) “synthesis of intentionality” was be used in order to illuminate the participants’ experience of being conscious about the topic of investigation.
- b) Member checks were conducted after data analysis to confirm researcher’s analyses.
- c) Triangulation was accomplished through on-going dialogues that took place throughout the research process with colleagues familiar with the topic.
- d) A reflexive journal was used to capture the researcher’s ideas and thoughts as the research process (interactions, emerging relationships with participants, and topic) unfolds.
- e) Peer debriefing was done with a colleague who is not connected to the study in order to provide a sounding board for the researcher (Creswell, 2012).
- f) An audit trail was maintained for this study as physical evidence that the researcher conducted a thorough investigation (Mruck & Brewer, 1994).

Member Checking

Member checking consist of communication between researcher and participant (Marshall & Rossman, 1995). This includes sharing interview transcripts, case summaries, and case coversheets with participants to make sure the participants’ experiences and ideas are being represented accurately (Marshall & Rossman, 1995; Mruck & Brewer, 1994). Member checks provide an opportunity for participants to make minor corrections (Creswell, 2012). Member checks also afford an opportunity for participants to check the researcher’s information for errors

or misinterpretations of the researcher's perceptions and experiences (Creswell, 2012). For this study, the researcher asked the participants if they wanted to add any content to their interview answers as they reviewed the interview transcript and case summary sheets. One participant responded to member checking by taking out conversation fillers such as "uh, like, right, you know" and corrected a couple of acronyms that she used to describe organizations or programs. Otherwise, she indicated that the interview was an accurate reflection of her thoughts, feelings, and experiences as they related to the research topic. Four of the other participants responded to state the representation of their interview was accurate as transcribed.

Triangulation

Triangulation strives to propose a deeper, more meaningful perspective aligned with the participant's perceptions of their reality (Marshall & Rossman, 1995). It involves using multiple sources of information or data collection to verify information learned (findings) throughout the research process. The goal of triangulation is to have consistency in research conclusions from various sources (Creswell, 2012). In the current study, triangulation of data sources was achieved by analyzing inconsistencies from the demographic form and the interview. For example, the number of years a participant reported for being a school counselor appeared to be inconsistent with her experience as a mental health clinician. After asking for clarification in a follow up communication, I learned that the participant gained experience in mental health after becoming a school counselor rather than before she was a school counselor. In addition, triangulation of data sources was achieved by interviewing 10 participants as Hays and Singh (2012) cite Lambert (2007) as triangulating by having various participants share their ideas regarding the same phenomenon.

Bracketing

Bracketing is a key trustworthiness strategy used in phenomenological data analysis to represent a safeguard that the researcher employs before and during data collection to separate his or her own biases and assumptions regarding the topic of investigation (Padgett, 2004).

Bracketing consisting of an intentional process of being cognizant of one's own impact on the participants and data analysis. In this study, I achieved bracketing by grouping my biases and assumptions relating to my experience as a school counselor, parent, or mental health professional as I naturally have opinions or preferences regarding children, school counseling, and mental health.

Reflexive Journal

Reflexivity in the research process is an essential component in data analysis. In a qualitative design, researchers are encouraged to self-reflect about their own assumptions, biases, and values throughout the research process in order to reduce inherent researcher influences on the data. I journaled my "presuppositions, choices, experiences and actions" taken during the research process (Mruck & Breuer, 2003, p.190) as I was the research tool. The purpose of this practice was to illustrate how research outcomes are constructed by all involved in a qualitative research study (Hays & Singh, 2012). Separating my own values, positions, and experiences related to the topic area by documenting my values experiences was a conscious acknowledgement of the effects they may have had on the research results. According to Mruck and Breuer (2003), reflexive journals enable transparency, which allow the researcher to reduce subjectivity and researcher influence on the study's outcome.

The journaling process provided information regarding what influenced the researcher to make decisions about the methodology, data analysis, and participant selection. As stated earlier,

it is important for the researcher to be transparent about her perspective on the topic as well as her perspective in the research process (Hays & Singh, 2012). According to Patton (2002), this strategy increases authenticity and trustworthiness in the research process. The goal of qualitative studies is to report the participants' perspectives by illuminating the participants' voice (Patton, 2002). A reflexive journal makes certain that the findings are not based on the researcher's perceptions. Thus, it is up to the researcher to find balance between "understanding and depicting the world authentically in all its complexity while being self-analytical, politically aware, and reflexive in consciousness" (Patton, 2002, p. 41). Reflexive journaling and other trustworthiness strategies demonstrate the researcher's aim to triangulate to increase credibility in the study. The researcher used a reflexive journal to note the influences of the researcher's view of school counseling practices and the mental health role of school counselors.

Peer Debriefing

As described earlier, peer debriefing consists of communication between the researcher and a peer who is not involved in the research study (Creswell, 2012). The disconnected peer will ask probing questions about the research process such as methods, biases of the researcher, and emerging conclusions. According to Hays and Singh (2012), this strategy involves having an outsider keep the researcher grounded and aware of blinders that may influence the research process or outcomes. Peer debriefing serves as a reflection or mirror of the researcher's responses to the research process (Mruck & Breuer, 2003). According to Hays and Wood (2011), peer debriefing substantiates confirmability, contributing to the believability of the study. Essentially, this strategy encourages honesty and transparency in research practices. Additionally, Creswell (2012) points out that if a researcher can provide documentation of peer debriefing strategies including the reporting of changes made based on the peer's influence, the

credibility of the results is increased. In the current study, the peer debriefers chosen were a counselor educator and counselor education student as they were familiar with qualitative research procedures. An additional peer researcher was a supportive faculty colleague that was not familiar with qualitative research. She provided an additional vehicle to challenge the findings as Hays and Singh note, “peers should play the devil’s advocate” in keeping the researcher grounded.

Audit trail

The researcher used an audit trail in this study to keep a record of materials and notes that the researcher used throughout the investigation. This includes handwritten notes, memos, copies of journal articles, and researcher’s records of thoughts or observations (i.e., field notes; Hays & Singh, 2012). According to Hays and Singh (2012), these notes include what the researcher learns or discovers coupled with their thoughts about how to proceed in the study. Researchers can use the audit trail to note ethical concerns, alternative plans, or to review the research proceedings (Mruck & Brewer, 2003). Maintaining robust audit trails is essential to qualitative investigations because published reports “limit wordage” (Hays and Singh, 2012, p. 214). According to Hays and Singh (2012), the ethical obligation of a researchers’ responsibility to maintain documentation of the research process is similar to that of a counselor (or counselor educator) to maintain client (or student) records.

Data Analysis

The purpose of data analysis is to gradually taper the focus of the data to allow key themes to emerge. The researcher identified themes among the data. In order to narrow data and interpret information, the researcher coded transcripts on two occasions, at least 3 weeks apart (Marshall & Rossman, 1995). The editing tools in Microsoft Word were used to electronically

code each transcript. After coding a transcript, the codes, labeled as “comments” in Microsoft Word were extracted into a new document. The researcher download and installed a macro called “DocTools” to extract the “comments” into a new document where a final horizontalization chart was created for each participant. The process to do this is data reduction, data display, and drawing conclusions (Moustakas, 1994). The researcher used horizontalization charts created in Microsoft Words and consensus coding to analyze data. The data analysis was adapted from Moustakas’s Modification of van Kaam’s Phenomenological Data (1959, 1966). The process of horizontalization was the first step in the coding process. Horizontalization consists of listing and preliminary grouping of codes. Essentially, it consists of listing every expression relevant to the experience. The second step of the coding process was reducing and eliminating excess coding. The researcher performed a two-step elimination test in order to determine the invariant constituents of coding. In this step, it was important to consider if the coded phrase contains a moment of the participant’s experience that is necessary and sufficient for understanding the meaning behind the experience. As the coded expressions were abstracted and labeled, they were considered a horizon of the participant’s experience or their perspective (way of seeing the world). The researcher eliminated and presented in more exact descriptive terms overlapping, repetitive, and vague expressions. The perspectives of the participants remained, as they were the invariant constituents of the person’s experience. They were the expressions that cannot be ignored because they provided meaning to the participant’s experience such as Faye stating, “This is what I do, this is my calling”. She repeated this expression numerous times. For example, she also stated, “God chose me, for this purpose...”. This process was a joint venture between the researcher and peer debriefers. (Moustakas, 1994).

Steps three and four involve clustering and thematizing the invariant constituents and identifying final invariant constituents and themes by applications (Moustakas, 1994). This began the validation process of the data. The researcher used verbatim examples or quotes from the participant's data in step five that were relevant, validated invariant constituents. I collaborated with the methodologist to construct an individual textural description of the participant's experience. This consisted of refining the data into new, meaningful categories. The textural description is of great importance as it strives to understand the true meaning and depth of the essence of the researcher's experience. In step six, I individually constructed an individual structural description of the experience based on the individual textural description and imaginative variation. The final step consists of the researcher constructing a textural-structural description of the meanings and essences of the participant's experience for each research member's data. Finally, the researcher incorporated the invariant constituents and themes into the final coded expressions. To complete the coding process, the researcher developed a composite description of the meanings and essence of the participant's experience from the individual textural-structural descriptions (Moustakas, 1994).

Limitations

This study was conducted for the purpose of exploring school counselors' experiences promoting mental wellness in students using EBPs. The aim of the study was threefold: 1) to clarify and substantiate the role of school counselors in addressing mental health concerns, 2) to expand the line of research that connects school counseling to EBP, and 3) to add to the literature base that confronts the child mental health crisis. Phenomenology studies emphasize the experiences, events, and occurrences of a topic to gain a greater understanding from an emic approach (i.e., insider's perspective) (Moustakas, 1994). In the phenomenology tradition, there is

little regard for reality that is defined by the outside world (Moustakas, 1994). This approach could be viewed as a limitation of the study. However, research suggests that complex topics in education and behavioral sciences lend itself to methodologies that generate detailed, rich data to gain a better understanding of meanings that subjects attach to phenomenon (Paul, 2005).

Limitations for this study include issues related to: researcher's bias, participant selection, data collection, and interpretation.

Researcher's Bias

The primary instrument for data collection and participant engagement is the researcher. Thus, it was important to be aware of the researcher's background in the school and mental health fields and potential biases when collecting and analyzing data. To facilitate this transparency, the researcher journaled her assumptions and biases relative to this research before starting the research process. To maintain objectivity, the researcher used trustworthiness strategies of bracketing, peer debriefing, member checks, triangulation, and an extensive audit trail. Additionally, the researcher searched for comparisons in the data and alternate explanations that were accessible in the current literature. Throughout the research process, the researcher also recorded my thoughts and biases about the research in my journal. The researcher also shared the journal with her peer debriefers to ascertain that the findings were consistent with the participants' thoughts and feelings rather than her own perspectives. The researcher also used member checks whereby participants were given the opportunity to verify that the transcript report represented their feelings and views on the topic.

Participant Selection

Selection of participants was based on a criterion strategy that required participants to

have at least five years of experience as a school counselor, have graduated from a CACREP master's level counselor preparation program, and have self-reported use of one of the EBPs in addressing the mental health needs of students. These criteria limited school counselors who graduated in recent years and were more likely to have experiences linked to EBPs in their graduate coursework. For example, a school counselor responded to the recruitment email to say that although she was not eligible for the study because she was only three years into the profession, she favored the use of EBPs to meet the needs of students.

Any of the above factors may have excluded potential participants from the current study. Participant response from recruitment emails was low. Over 400 school counselors were sent invitations through ASCA and three state counseling associations. Of the 17 responses received, 12 of the school counselors met the criteria of the study. An additional limitation regarding participants included not having a balanced representation across gender. A national survey of school counselors reported that female school counselors outnumber men considerably whereby 23% of school counselors identify as male (Bridgeland & Bruce, 2011). These authors report that female school counselors were higher across all states, with the lowest percentage of men counselors at 14% in Virginia and the highest proportion at 36% in Massachusetts. In this study, only 10% of the participants identified as male. More male participants would provide a broader perspective and diversity of thought regarding the use of EBPs to address students' mental health needs.

Data Collection

Each of the ten semi-structured interviews were conducted via telephone. The researcher was limited to this method due to limited resources and the national recruitment of school

counselors. The school counselors interviewed for this study were from five different states that were not in reasonable driving distance for the researcher. Telephone interviews seemed to be more feasible for participants, especially as four participants had to reschedule the interview at least one time because of scheduling conflicts.

Although no face-to-face contact occurred, the researcher believes she was able to establish rapport with each of the participants. The phone communications resulted in participants providing elaborate responses to questions. However, the opportunity to observe body language and nonverbal cues was missed. This is an important consideration in qualitative research as the researcher is interested in a thick description of the participant's account which is then interpreted by the researcher (i.e., the "research instrument").

An additional data collection limitation originated from having to retrieve the demographic form through email at some point during pre-interview, scheduling, interview, or post-interview. Five of the ten participants did not remember to return the demographic form before their scheduled interview. Demographic forms were received up until member checks were completed. Overall, the use of the phone and email for data gathering methods may have limited the probes or follow-up questions that the researcher was able to ask as the absence of nonverbal (i.e., visual cues) and contextual data might also affect elucidation of participant accounts.

Data Analysis

Limitations of this proposed methodology included difficulty in data analyses and interpretation. For example, the data analysis entailed subjective interpretation due to the researcher coding alone and having to employ breaks between coding to achieve stability reliability. Hays and Singh (2012) describe stability reliability as the extent to which codes are

consistent across time by a single researcher. According to the authors, this is akin to the concept of test-retest reliability in the quantitative methodology. Thus, qualitative methodology can be viewed as troublesome because of the extensive time and resources needed to conduct a credible investigation (Paul, 2005). Regarding interpretation, lower levels of the concepts of validity and reliability (referred to as credibility, dependability, and transferability in qualitative research) are associated with this methodology as compared to positivism or quantitative methodology as the researcher's goal was to produce research results that are credible, dependable, and transferable. Qualitative findings in the phenomenology tradition may be subject to a low level of credibility from the perspective of policy-makers because the methodology tends to be less helpful in generating theories and statistics with large sample sizes (Paul, 2005). For example, the researcher intends for the findings of this investigation to inform legislation regarding school counseling programs, school counselor-student ratios, and use of EBPs in school counseling. It is possible that educators and legislators that make decisions regarding school personnel roles and functions question the credibility of this and other related qualitative studies. To this end, qualitative methodology may be viewed as be cumbersome in making quantitative predictions (Guba & Lincoln, 2005) such as human resources per student in school buildings. Qualitative inquiry is designed to explore the meaning that individuals attach to the phenomenon being analyzed; thereby, making them the experts in their own lives (Creswell, 2012). This study intended to explore the meanings that school counselors attach to attending to students' mental health needs, thereby making them experts in their own specialization (Creswell, 2012). Thus, school counselors are likely more familiar with students' needs than those who develop policy.

Ethical Considerations

The researcher in this study acquired informed consent from participants in order to

adhere to the American Counseling Association (ACA) Code of Ethics. The researcher asked all participants to sign an informed consent form before the interview process to ensure that the participant understands their role in the study and their rights to withdraw from the study at any time, for any reason. The informed consent provides a detailed, rich description of the research purposes and methods (Creswell, 2012). The researcher provided participants with an explanation of the limits of confidentiality involved as a participant to the research study (Hays & Singh, 2012). As indicated above, the informed consent included an explanation of the participants' rights to terminate the study at will and without explanation (Creswell, 2012). The informed consent also included a detailed explanation of the risks and benefits of participating in the study along with the expectations of the time commitment involved as a participant (Hays & Singh, 2012). An authorization for the researcher to publish the interview content and finished research report was included in the informed consent. The informed consent also contained a statement that explains the participants' right to have access to the interview transcripts and final research report as requested.

Because the participants in this study were adults, the participants are not considered a vulnerable population. Thus, the researcher was not required to seek institutional review for protection of human subjects for each school where the school counselors practiced. However, the researcher obtained permission to conduct the study through the doctoral degree granting institution of the researcher to ensure adherence to ethical considerations. The Institutional Review Board (IRB) for the said institution has the responsibility to ensure that a proposed study meets state and federal regulations in protecting the rights of human subjects that participate in research studies (Hays & Singh, 2012). As required by the IRB, the researcher used pseudonym names for the participants. As part of the IRB approval process, the researcher was required to

submit the informed consent and study details before the commencement of the investigation.

The researcher adhered to the guidelines provided by the institution and ACA in order to ensure respect for the participants, beneficence, justice, and the research community at large.

Distribution of Results

The researcher will share and present the findings of this investigation with the education and counseling profession in various ways. For example, in addition to the findings being reported in this doctoral dissertation, the researcher may report the findings in professional presentations. The researcher also intends to use the data collected in this research investigation to produce numerous manuscripts for professional publication. Additionally, each participant will receive a copy of the results via email after the dissertation proceedings.

Summary

This study intended to extract information from professional school counselors regarding their experiences in providing mental health services to students in order to reduce potential barriers to academic success. Through a phenomenological research approach, the researcher attempted to gain a greater understanding of school counselors' practices in promoting students' mental wellness. Detailed results will be discussed in the next chapter. In Chapter 4, the researcher will provide examples of participant's responses along with emerging themes present in the data.

Chapter Four

RESULTS

The purpose of this phenomenological study was to gather, analyze, and interpret data regarding school counselors' perception of their lived experience addressing the mental health needs of students. In the analysis of school counselors' perceptions regarding this phenomenon, themes emerged that could assist educational stakeholders, current school counselors, and future school counselors begin the discourse of how school counselors can use evidenced-based educational practices to help address the personal and social needs of students. Additionally, the emergence of these themes could bring further attention to the direct connection of mental wellness and learning.

Data collection for the study included 10 individual telephone interviews and a demographic questionnaire that each participant completed. To confirm the accuracy of the data collected, each participant was given access to their transcribed interview. Analysis of the data took place after ensuring accuracy of the written transcripts. The phenomenological design of this study allowed participants to present as experts of their insights and experiences regarding their mental health role using evidenced-based programs (EBPs) in schools. This transcendental approach also helped participants and the researcher co-construct a vivid account of the participants' perceptions related to this phenomenon. The constructivist paradigm was also useful in this regard as it is understood that participants construct their own reality based on their

experiences (Merriam, 2002). As the paradigm acknowledges truth through discourse, a small sample of persons who are subject to the experience is sufficient in this research design (Guba & Lincoln, 1994).

The results from this study originate directly from the narratives of the 10 school counselors who participated in the study. The interviews represent the school counselors' perceptions and account of their lived experiences in addressing the mental health needs of students using evidenced-based programs. The current chapter will detail methods used to analyze the data in order to uncover themes and gives a description of the essence of each participants' experience. Additionally, the information gathered from the demographic questionnaire and interview questions will be presented along with the analyses and results. As the researcher is interested in a rich understanding of the school counselors' perceptions and insights, the primary research questions that guided this study are: 1) What are the lived experiences of school counselors who address the mental health needs of students? and 2) What recommendations do school counselors have to assist school counselors in helping students to develop mental wellness?

Participant Demographics

The initial stage of data collection was gathering demographic information about each participant to include their number of years as a school counselor, school level (elementary, middle, high), geographic type, ethnicity, gender, student population, and information about the titles of school counseling in their district (see Appendix B). Participants were assigned pseudonyms to protect their identities during the interview process. The "P" served as an abbreviation for "participant" and the number referred to the order in which the participants were

interviewed. Contextual information was collected to help illuminate the key attributes of each participant relative to the phenomenon addressed (see Table 2).

All participants met the criteria for participation in the study, including having been a school counselor for at least five years, having an advanced degree in counseling or related field, and self-identifying as currently using one of the EBPs to address the mental health needs of students. There were ten participants, nine (90%) were female and one (10%) was a male. Six (60%) of the participants identify as White, three (30%) identify as Black and one (10%) identifies as Latino. The participants for this study are spread across five states in the north central, northeastern and southern regions of the United States: Wisconsin (10%), Pennsylvania (20%), Georgia (20%), Virginia (30%), and Texas (20%). Five (50%) participants stated they used PBIS and RtI together, two (20%) used PBIS and RP, one (10%) used PBIS and SAP, and two (20%) used RtI alone. Two of the schools that use PBIS and RtI together are in the process of reconstructing RtI to MTSS as indicated in Table 2. All of the participants' schools adopted the evidenced based educational program as a whole school initiative to address students' needs; thus, the school counselors all access the programs' components through their school. Five (50%) of the participants work in an elementary school, two (20%) work in a middle school, two (20%) work in a high school, and one (10%) is an itinerant school counselor who has a caseload of the students identified as having a disability at three schools. Relative to the ASCA recommended school counselor to student ratio of 250:1, all of the participants have caseloads over this recommended best practice at a rate between 39 to 294 above this recommended number of students to school counselors

Table 2

Demographic Information of Participants

ID	Gender	Ethnicity	EBP	State	Locality	FRL	School Level	Ratio
P1	Male	White	PBIS-RtI	WI	rural	100%	Elementary	1:450
P2	Female	Black	PBIS-RtI	GA	urban	100%	Elementary	1:544
P3	Female	White	PBIS-RP	VA	suburban	60%	High	1:318
P4	Female	Black	PBIS-RtI*	VA	rural	51%	Middle	1:289
P5	Female	Black	RtI	TX	suburban	91%	High	1:500
P6	Female	White	PBIS-RP	VA	suburban	17.2%	Middle	1:350
P7	Female	Latino	PBIS-RtI	TX	urban	89%	Elementary	1:406
P8	Female	White	PBIS-RtI*	GA	suburban	42%	Elementary	1:480
P9	Female	White	RtI	PA	rural	74%	Elementary	1:321
P10	Female	White	PBIS-SAP-RtI*	PA	rural	41%	K-12 Floater	1:395

Note. EBP=evidenced-based program. FRL=Free & reduced lunch percentage. *MTSS replacing RtI.

Table 3 provides an overview of each participant's context as a professional school counselor including information regarding their academic preparation, previous job experience, and years of experience as a school counselor. All of the participants were at least 30 years old as two (20%) of the participants were between 50-59 years old, three (30%) were between 40-49 years old, and five (50%) were between 30-39 years old. The majority of the participants (70%) studied Psychology as undergraduates while the remaining three focused on related course of studies: Child & Family Development (10%), Human Development & Family Studies (10%), and Child Psychology (10%). All of the participants completed a CACREP graduate program in Counseling.

All of the participants mentioned that their programs required coursework in human development, group counseling, techniques, testing and assessment, and field experiences. All of the participants have active licenses in their respective states. Before becoming school counselors, the participants had a variety of experiences including being a graduate student (30%), working in the mental health field (20%), and positions in K-12 education: regular

Table 3

Professional Identity Contextual Summary

ID	Age Range	Bachelor Degree	Master's Degree	Previous Job Title	Professional Title	Years of Experience	MH
P1	50-59	Psychology	Counselor Education	Graduate Student	School Counselor	16-20	Yes
P2	30-39	Child & Family Development	School Counseling	Graduate Student	School Counselor	6-10	No
P3	30-39	Psychology	Counselor Education	Therapeutic Foster Care Case Manager	School Counselor	6-10	Yes
P4	40-49	Psychology	Guidance & School Counseling	Intensive In-home Counselor	School Counseling Director	11-15	Yes
P5	30-39	Human Development & Family Studies	School Counseling	Kindergarten Teacher	School Counselor	6-10	No
P6	30-39	Psychology	Counselor Education	Graduate Student	School Counselor	6-10	No
P7	50-59	Psychology	School Counseling	Bilingual Teacher	School Counselor	1-5	No
P8	40-49	Child Psychology	School Counseling	Behavior Disorders Teacher	School Counselor	16-20	Yes
P9	30-39	Psychology	Counselor Education	Clinical Coordinator	School Counselor	6-10	Yes
P10	40-49	Psychology	Counseling	Special Education Teacher	Guidance Counselor	1-5	Yes

Note. MH refers to if the participant has a mental health background.

education (20%) and special education (20%). One (10%) participant had a background in customer service representative before beginning her career in the schools. More than half (60%) of the participants report having mental health experience outside of their current role as a school counselor; five of them had this experience in the mental health field before becoming a school counselor and two participants have worked in mental health concurrently as a school counselor.

Individual Narratives

This section consists of demographic and interview content narrative for each participant that is relevant to the topic of this study. The narratives were constructed from the prescribed

questions (refer to Appendix A) asked of each participant during their interview. Guided by the Constructivist Paradigm, the researcher believes that each participant constructs reality based on their own experience. Therefore, individual narratives are provided to illuminate the specific voice of each participant as the researcher desired to understand how school counselors attend to the mental health needs of students using EBPs from the perspective of each participant.

P1-Owen. Owen was a white male participant with a master's degree in counselor education, emphasis in school counseling. The participant has been a school counselor for more than 16 years, entering the field directly from his graduate degree program. Owen is currently employed as a school counselor in an elementary school in a rural area where 100% of the students receive a lunch subsidy. Owen defined mental health as any issue that "slows down or inhibits someone's ability to do what they want to do." As a graduate student, Owen mentioned that he was a life mentor for children with severe emotional disturbances. The participant expresses that his experience with those youth is beneficial to his role as a school counselor. When asked about his training experiences related to mental health and evidenced based programs, Owen share: that he participated in training specific to trauma sensitive schools, SAMHSA's Youth Mental Health First Aid, PBIS, and RtI. Regarding his mental health training Owen noted:

Now I had a lot of personal training in that [Solution Focused Brief Counseling (SFBC)] before I came to this district but a couple years ago pupil services director wanted everybody to learn it, so we did a book study on it.

Owen believes that while these experiences combined inform his ability to address the mental health experiences of his student, PBIS and RtI provide the framework that allows him to address their needs in the school setting:

[W]e can look at some individual factors and focus on where we see the problems occurring so we can look at the child say who's had several ODRs [office discipline referrals], we would look at, you know, ok what time of day is it happening? If we see it's a similar time, then we start asking questions of why at this time would this student be having so much trouble. And you can do that with, uh, you know, group things as well, you know. You can look at the overall population again what times of days, what days of the weeks, or what kind of behaviors seem to be sticking out.

Relative to the EBPs allowing Owen to address mental health needs he also shared that having the backing of his administrators and district makes it easier to attend to students' mental health needs. He shared:

[T]he district is for it, um, so we use it greatly. We refer to the data pulled out from these programs about, uh, at least twice a month, um, the pupil services director is very strongly behind it, um, and very motivating to look at these perceived motivations and trying to figure it out. Uh, everybody wants to figure out how to help the kids as efficiently as we possibly can and that's a good thing.

In addressing the mental health needs of students, Owen believes that not only do EBPs provide a framework to attend to their mental health needs, the data focus of these programs expands his ability to reach all students:

[I]dentification becomes a lot easier, uh, we catch some of the kids that might be slipping through the cracks and that to me is, is a success because we're reaching kids and helping kids that we might not have recognized without a data program.

Owen shared that as a school counselor, he is the point person to address the mental health needs of students. In illustration:

[A] teacher will often come to me or a principal and say “so-and-so is really having a huge problem with this” um, I can give you an example of a kindergarten student who is having so many problems that she can’t even possibly keep up with trying to write these ODRs to really show how much is being a problem but verbally she’ll come to the principal, she’ll come to me and say “oh my goodness, I’ve tried this, I’ve tried that, we’re not getting through”.

Owen shared that beyond receiving mental health services through him at school, many students have difficulty accessing services because the needs outweigh the resources. When asked about challenges he faces in addressing students’ mental health, he shared the same experience as the other participants; however, he also shared the following different experience:

[T]he other big challenge is trying to figure out the perceived motivation [of the students], the teachers write down what, why they think the student did that, but trying to figure out the antecedent to that. You know, what is the baggage or whatever the kid is bringing into school that might be causing them to have these behaviors.

Owen explained that it is helpful to analyze the students’ perceived motivation of their behavior to “better name our interventions”.

Owen believes that a large part of his school counseling role is to collaborate with and train stakeholders on mental health issues that students face. Through this role, he shared that he works with a private mental health agency to arrange services for selected students and trains staff members in his building to recognize and respond to students’ mental health issues.

Relative to training building stakeholders, Owen stated:

So I train a lot of staff in those things, focusing on verbal de-escalation but also physical interventions that won’t harm a student, um, I don’t know if you’re aware of the, uh, CBI

crisis prevention institute programs but that's what we use. And one of their programs is this non-violent crisis intervention and this is taught to many of the school staff.

Overall, Owen feels that addressing the mental health needs of students falls on the school counselor and that he is comfortable in attending to students' mental health needs. When asked to describe his comfort level in working with students with mental health needs, he stated, "Oh I'm, I'm comfortable with that, um, that's my job. So, I'm pretty comfortable with that."

When asked what suggestions he had for school buildings in how to address the mental health needs of students, in illustration:

[I]f we can get more community therapists into the buildings parents are more likely to take advantage of it because a lot of these parents don't have time or dependable transportation to get these kids to community, uh, areas so by bringing them into us and us suggesting you know, you can take advantage of this, it's at school, you don't have to worry about picking your kid up, taking time off work, so on and so forth, so the more we could have licensed therapists in the school building, the more help they get.

Additionally, Owen thought that school counselors could benefit from more training "on the issues of mental health and when we need to refer out to the community professionals who are more trained in these issues than school counselors". Owen also feels that stakeholders lack accurate, adequate information on not only the school counselors' role but how school counselors can better meet the needs of all students: "I think, sometimes, administrators don't even understand that [school counselor's role] very well so if they get, get some more training on that...parents who don't understand either".

P2-Tam. Tam was a black female participant with a doctoral degree in counselor education and master's degree in school counseling. Tam has ten years of experience as a school

counselor at the elementary level in an urban setting where 100% of the students receive free or reduced lunch. Tam started her career in school counseling after completing her counselor preparation program. Tam defined mental health in a global sense that includes mental wellness and deficits in mental capacity. She indicated:

I think mental health a state of um, your mentality. How you process the world around you and so, someone who uh, has good mental health. Has the ability to process the world in a way that is healthy allows them to cope with the challenges that they may experience. Um, those with um, maybe some mental illness, they um are unable to experience and process and cope with the world um, and the way that others typical may.

Tam described her role related to mental health as being in the “pre-diagnosis of things”. She further explained:

[M]y role, many times is to identify those things—bring them to the attention of the families, maybe address what I can in the school setting, but then to refer out and help the families get the ongoing mental health care they need.

As Tam contemplated her mental health role, she shared that school counseling preparation programs should require mental health courses that include DSM and diagnosing. As with Owen, both PBIS and RtI are used as complimentary components to a whole school improvement program.

On several occasions throughout her interview, Tam shared her belief that school officials do not utilize the EBPs to their full extent. Tam attributed much of this to the transient nature of her school staff and trainings not being up to date for all staff. She stated:

I think that not everybody completely understands what PBIS is, what it could be, and how to implement it; and in our district we have relied a lot of the existing PBIS teams in

the school to do the training and when I look at our PBIS team now there are only two members on our PBIS team that were trained eight years ago and that's myself and our PE teacher and um so, I think some people...I think they understand, but may not completely understand the graphs and the depth that PBIS has to offer...the training kind of gets watered down each year since we had that first initial big training eight years ago.

Tam stated that administrators expect that teachers are fully implementing PBIS; however there is a lack of consistent training and follow-through. She specified, “[W]e are supposed to be doing morning meetings every morning and morning meetings come out of responsive classrooms. Again, that training was over eight years ago and it's kind of fizzled out, but the expectation is still there.” Tam believes that the teachers have the meetings without meaningful PBIS structure and fidelity.

When asked how she addressed the students' mental health needs through EBPs, she described the data driven nature of the EBPs by stating:

I take our school data and I look at our discipline data and I look at what are the areas that our students struggle the most and usually its physical aggression and stability and I try to find out from the teachers what that looks like in the classroom. We also use a universal behavior screener in our school which identifies the students.

Tam shared that she implements monthly classroom guidance lessons for every grade level based on needs assessments and the behavior screeners, which are completed by teachers for every student. Topics for these classroom lessons also derive from discipline data through the PBIS student discipline system where ODRs are managed. Tam feels that EBPs are beneficial in that:

[I]t gives us perspective on what we can expect from students...[and helps us to know] we need to do a better job of addressing it on a tier one level...then we'll understand that

what we tried doesn't work for this student, we need to try something more intensive, more individualized and then that can help us identify other supports that might be needed.

Tam described her role in EBPs by using her districts' counseling adaptation of tiered services that ties into EBPs: "pyramid of counseling services". In this pyramid students receives counseling services based on tiers identical to the EBPs with an added Tier 4 component. Student receive Tier 4 services if they are referred to outside counseling services or supports.

When asked how she engages with other PBIS stakeholders in the school or community related to attending to students' mental health needs, Tam shared:

[T]here is a lot of collaboration and consultation. So within the building a lot of the teachers seek out um, opportunities just to consult with me about strategies they can try; frustrations they might be experiencing; [helping them figure out] interventions that students might need or [giving me] referrals to work with students.

Tam also shared that she facilitates trainings and psychoeducation for teachers so they can facilitate Tier 1 interventions with students through their homerooms (morning meetings). Tam feels that her principal's previous background as a school counselor facilitates collaboration with administration since the principal operates from a position of knowing and understanding the school counselor role. "[S]he values and understands the work of a school counselor...so she tries to protect my time...tries to utilize me in ways that are appropriate of a school counselor".

When asked about challenges that Tam faces in trying to promote mental wellness among her students, she shared that she is also the attendance coordinator for her school. She described this role as taking up considerable time; however, she "makes lemonade" by using it as a time to connect with families and students that have high absenteeism. In the same way that she

considers her attendance role as a plus and negative, Tam stated that she used her role as morning car rider greeter in the same way. Illustrating this Tam noted:

I used it as an opportunity to get to know those families because the same families come through car riders and you start to notice patterns of this child being dropped off by a different person...I use car riders as an opportunity to check in with many students and to develop rapport/relationships with those families.

Tam feels that counselor preparation programs should incorporate curriculum focused on EBPs where students learn how to implement these programs in the schools. She also believes that school counselors struggle with what their role is within these programs. She views her role as “a consultant’s role and a collaborative role, but they [school counselors] don’t need to be the coordinator of RtI...they [school counselors] might be providing some of the interventions and help to identify available resources”. She believes that counselor education should understand the structures and goals of EBPs. Tam went on to explain that trainings and professional development on EBPs focus on the teacher’s role rather than the school counselor’s role in implementation. Tam feels that it is important for school counselors to be trained with other school counselors in order to collaborate and figure out school counselors’ role in EBPs.

P3-Theresa. Theresa was a white female participant with a master’s degree in Counselor Education with a concentration in school counseling. She is currently completing doctoral studies at a southeastern university and has recently accepted a fall teaching position in Counselor Education. She has been a high school counselor for six years in a suburban school where approximately 60% of the students receive a lunch subsidy. Theresa started her career in education after spending a few years in mental health as a residential counselor and therapeutic foster care case manager. She described mental health in a global sense as “psychological,

emotional, and wellness, so mental health to me isn't just the presence of an illness but rather being mentally healthy or well". When asked directly about her mental health role in relation to Restorative Practices, Theresa initially stated, "I don't really see that meeting or helping with mental health issues in our school...it's more behavioral stuff that it's helped with". After asking for clarification on the question, she stated that behavior would fall under personal and social ASCA domain and therefore mental health. She characterized her mental health role in her building as "we're more responsive...we use Restorative Practices, so it's more reactive than proactive". She stated that she does not do any Tier 1 interventions in classrooms on preventative topics. Tam further explained that administrators implement Tier 1 PBIS interventions in grade level assemblies by promoting mental health and positive behavior with a focus on encouraging respect and appropriate peer interactions. She stated that school counselors in her school generally respond to students' mental health concerns through Tier 3 interventions where they implement RP. Tam mentioned that she is the only school counselor out of seven at her school who run periodic small counseling groups.

Throughout her interview, Theresa shared her disdain for PBIS at her school level. She doesn't believe that PBIS is applicable in the high school setting. She indicated, "...it was geared toward elementary school, so my assistant principal and I didn't really find it very helpful... There were a couple of things that were really helpful...overall, just unrealistic for high school." Later in the interview, she described the PBIS training she received as "...just kind of found it to be garbage. I didn't really get a whole lot out of it other than just a couple of little things". Later in the interview, she mentions that PBIS is helpful in that it provides students with "clear expectations". However, when discussing how she addresses mental health needs through RP,

Theresa felt like the responsive approach of RP was more relevant for her setting. When asked about her training and use of RP she stated:

[I]t was really helpful...almost like taking a techniques of counseling class... I totally bought into Restorative Practices, I found it to be very helpful in our schools, it's, the, by far in my six years of, of being a counselor and going through all these professional development trainings it's been the most helpful professional development I've ever had. So, I really, really like Restorative Practices much more than, um, than the PBIS.

Theresa feels that RP makes a difference with students in helping them to be less egocentric and to consider their impact on others. She specified:

I think RP has definitely helped students see kind of the global impact of their actions...it kind of takes students out of that egocentric mindset of my actions just affected me versus, you know, it being reflective of your others...it [RP] keeps our students in school and reduces suspensions.

Theresa also shared that the PBIS intervention of Check-In Check-Out (CICO) is helpful for students who are transitioning back to school from an extended period.

When asked what suggestions she had to better address mental health for students, Theresa stated that school counseling students should be "introduced to RP because it's very effective". She also felt like school counseling students should be required to take mental health classes so that they are more comfortable addressing student needs. She shared that she was the only school counselor in her building that felt comfortable addressing the mental health needs of students as

[M]ental health issues don't stop at the door and I think a lot of counselors who haven't been trained or taken those classes think that we're just in it to address academic and career stuff and that's not the case.

Regarding her own comfort level in addressing mental health, she stated, "I'm pretty comfortable addressing almost anything". She discussed examples of addressing suicide ideation, transgender students, and parent-child relationships. Aligned with the thoughts of Owen, Theresa believes that her experiences in mental health have helped her in her school counseling role as she stated, "I'm familiar with them [mental health issues] and I'm not shocked over too many things".

P4-Fawn. Fawn was a black female participant with a master's degree in Guidance and School Counseling. She had an extensive background in mental health before becoming a school counselor. She currently works in a rural middle school where a little over half of the students receive free or reduced lunch. Fawn has been a school counselor for 11-15 years. In her current role, she is the School Counseling Director. She described mental health as:

[T]he emotional well-being of the student, how their emotional, their physical, their mental, all aspects of the child come together and affect them and cause them to have differences that affect their ability to perform on a daily basis, affect their learning...looking at the whole child, how all the different factors in their lives are affecting them. So I guess the biggest part is just the, the whole child and how it's affecting them mentally.

She shared that PBIS is used at her school as a three-tiered approach with a stated emphasis on prevention, progress monitoring, and continuity of care.

[Making sure] we're aware of what the student needs, that we are constantly coming back to the table to assess that the student is receiving what they need...A prevention on our level is once we recognize the students that need certain things, we have individuals

[individual counseling] with them...providing groups...talking about the issues, suicide, cutting, eating disorders...we do classroom guidance and school-type awareness activities.

Fawn shared that Tier 1 interventions include stakeholder psychoeducation where the school counseling department offers sessions to increase identification, awareness, and tolerance of mental health issues. Fawn believes that mental health education and prevention is essential for students to be successful in academics. "...there's a whole lot of social things going on because kids, either their home life or social life has gotten in the way of them being concerned about their academics".

Fawn believes that PBIS offers opportunities for all students to be recognized. She discussed her thoughts that many times, the top and bottom tier students receive attention because they are at either extreme. "You have some kids who they're not a behavior problem, they're not troublemakers, but they stay to themselves, they kind of slip through the cracks—you really need more resources so that you can reach everybody else". Fawn feels that PBIS is valuable in addressing the mental health needs of students as students are recognized for progress toward bigger accomplishments. In illustration, she specified:

It encourages them, it lets them know, I think it helps with their mental health, they're showing improvement that people are recognizing, people are noticing, and they get that type of reward out of it cause you know, that's what they need. Like gratification, they get the gratification kind of thing.

Fawn discussed the differences that she has noticed in using EBPs to promote wellness in her students. She shared that her students feel empowered as they are able to be recognized for doing positive:

[T]he programs that we're using I think they all are working, everybody's using them and we're good, like it's only a few, but they all are working to encourage students and allow them to see some success. That helps with their mental health and their thoughts about being able to succeed for some of them it's something, they don't see success, they don't get to see the positive a lot. So just having someone recognizing them.

Fawn believes that stakeholder involvement is critical in promoting mental wellness in students. She shared that she would like to see more professional development for teachers and administrators surrounding mental health concerns. "...professional development for the teachers because there's really nothing here where someone comes from the outside. It [YMHFA] makes people more comfortable with knowing what to do and thinking quick on their feet." Fawn mentioned that she was trained in YMHFA and believes that this would be a beneficial training for all teachers. Fawn also shared that her department started an advisory period for students in which teachers, trained by school counselors, facilitate lessons in mental health promotion. The advisory period is also used as time for school counselors to meet with students without taking students out of academic time.

One thing that we had a suggestion for that is actually happening, is that we have an advisory period because they're [administration] very concerned about us pulling kids out of class to provide those services. All students at the same time will have a 30-minute period every single day where we work with students for any reason.

As Fawn and her colleagues have been successful in advocating to have a block of unencumbered time during the day to meet with students, she suggests that other school counselors advocate for a similar allowance to improve mental health service delivery through EBPs:

I would suggest that they put some time into your schedule that allows for students to get those extra [services], even if it means remediation. If they don't have mental health concerns and they need more academic [support], it just allows everybody to do what they have to do without the pressures of how we're affecting academics.

Overall, Fawn shared that she feels comfortable addressing students' mental health concerns that interfere with academic success as she has a supportive team to draw ideas from:

[W]e form a team with our school psychologist, our school social worker, we're like the crisis team, when there's a situation, the school resource officer is also a big resource in the building so what allows us to do that job is that we're the people who, the only people here who are, the most qualified to do it.

P5-Faye. Faye was a black female participant with a master's degree in school counseling. She completed additional post-master's courses in mental health counseling. Faye has been a school counselor for 6 years. Currently, she is a school counselor at a suburban high school where 54% of the student body receives a lunch subsidy. Before she started her career in counseling, she taught Kindergarten. Faye is working on a doctoral degree in Educational Leadership. When asked how she defines mental health, Faye gave a global definition of mental health,

Mental health is a person's mental capacity and it can range from one end of the spectrum to the other end. If a person is healthy, they make better choices but if they do have mental illnesses or disorders, then they make choices that, uh, sometimes they don't think about the consequences or they need help to be able to be at the same mental capacity as someone who's mentally healthy.

Faye described the EBP that her school implements, “[W]e also have response treatment. We have the RtI project, we’ve got RtI for behavior and academic, so the counselors don’t necessarily do academic RtI. We do just behavioral RtI”. Faye also explained the supplemental programs in place in her building to address students’ mental health needs. She shared that three agencies provide individual and family counseling and preventative services at the school as a part of the school mental health program. Faye stated that the school counselors provide RtI services to students through tiered interventions. In this role, she shared that she offers individual counseling and small group counseling in addition to providing responsive services for students with excessive absences. She indicated:

[W]e deal with a lot of truancy issues, students cutting or don’t come to school at all. And so at that time the counselor sits down with those students and we come up with two goals, well first we identify what the problem is like why do you have so many absences, and then after that we come up with two goals, um, how to correct the problem behavior, and then, out of those two goals what actions are you going to take to be able to reach your goal”.

She further explained that for students to graduate, they must earn attendance credits which attach to academic credits for each course. In order for students to earn an attendance credit, they have 90% of face time in that course.

When asked what differences she has noted in her students since using RtI to address mental health needs. In illustration of this, Faye stated:

[T]he decreasing of the number of days that students miss because they now have something and someone that holds them accountable to be there in addition to, decreasing

of the ODRs, the number of discipline referrals that those students receive. Since they are present, they can complete the work.

Faye described how she makes personal connections with her students by getting to know them to establish a relationship. She is also emphatic about supporting the personal and social development of her students as she recognizes the link between personal and social development and learning. Faye's passion for the students that she works with and the counseling field is reflected in her description of how she interacts with students. She also shared how she makes sacrifices to reach every student she encounters. She specified:

[W]ith any kid I encounter, I treat these kids as if they're my own coming through that door...you see the difference in the kids as far as their grades and attendance and behavior. When you're able to provide, going back to that, Maslow's hierarchy of needs, and you're giving them that sense of belonging, that safety, that sense of security, and whatever basic needs that they still don't have and you meet those basic needs. That's what sets you apart from everybody else and you're able to help those students. I internalize and personalize my interactions with every student and family member that I meet because I treat them as if they're my own.

In addressing mental health concerns with students, Faye believes that she is "pretty comfortable" with all issues and "do[es] a pretty good job in addressing what needs to be addressed". When asked what supports she has in addressing mental health concerns of students using EBPs, she stated, "a system that's in place". She later described the system being the "right people in place" referring to administration and other student support services along with the system [RtI] being in place.

When asked what suggestions she had for counselor education programs with respect to school counselors being prepared to address students' mental health needs, she stressed the importance of coursework in the areas of ASCA program implementation and community mapping. She also believes that counselor preparation should involve coursework surrounding public speaking strategies and practice. Faye further explained that she is responsible for facilitating parent and teacher workshops on a variety of topics related to mental health prevention and awareness. She believes that leading workshops geared to stakeholders is essential preparation for school counselors as she shared that facilitating psychoeducation of stakeholders is a critical component of school counseling. "[School counselors are going] to have to lead a parent workshop or teacher workshop because there's gonna be a point in time where you're going to have to train those teachers.

P6-Stacey. Stacey was a white female participant with a master's degree in Counselor Education. Stacey was a high school counselor for 5 years; this is her first year as a middle school counselor. Stacey started her career in counseling immediately following graduate school. She works in a suburban middle school where approximately 17% of the students receive free or reduced lunch. Stacey defines mental as "all-encompassing, um, term for day-to-day functioning and emotional well-being as well as any type of brain chemistry and the impact that that has on our emotions and behavior". Stacey described the EBP in place at her school as a combination of RP and PBIS where she is the building leader for RP. She described how she addresses the mental health needs of her students using both EBPs—tiered interventions through PBIS and responsive services through RP as "RP falls underneath PBIS". Stacey further explained that as the PLC [Professional Learning Community, the group of building personnel who specialize in content or implement a best practice] leader for RP, "I run restorative conferences, restorative

classroom circles and one-on-one mediations”. Stacey described how she provides mental health prevention and services school-wide by doing monthly classroom guidance lessons, supplemental programs, and parent psychoeducation. As an example of parent psychoeducation, she stated, “we’ve tried to run a few parent nights explaining, things like depression and anxiety”. Stacey described the typical classroom guidance lesson as focusing on stress management, anxiety, and social skills. Stacey stated that she plans to incorporate mindfulness in her upcoming classroom guidance lessons.

When Stacey discussed PBIS, she referred to her experiences at her current middle school and the high school where she was for the past five years. Stacey believes that:

[The high school] did a really good job addressing the [mental health] concerns because we had such a structured system with students that were not falling into the pattern of following the rules so we had a series of interventions in place that we could try, so working one-on-one with teachers to have the students pulled out to work with a counselor a little bit more, um, so PBIS was a good way to identify students that were still struggling...Check-In Check-Out procedure for those students throughout the day so that they would be able to just function and get through their school day.

Stacey further explained that RP offered alternative responses to student misbehavior as she stated, “being able to conference with the student instead of just arbitrarily giving them an out of school suspension which would’ve impacted their education more, and probably stressed them out even more”. Stacey believes that RP not only impacted their grades, but improved their relationships with their teachers by creating a more equitable and emotionally safe environment.

[With PBIS and RP] they [students] understood the reasoning behind rules. If they respected teachers and respected each other more knowing that the rules were across the

board, they [rules] were uniform, um, teachers treated the rule-breakers with consistent interventions so there wasn't a whole lot of favoritism or feeling like they were being picked on, like by particular teachers.

In discussing both EBPs in place at her school, Stacey believes that PBIS has a greater impact on more students while RP has a more meaningful and long-lasting impact for the small number of students who participate (as RP is more responsive, than preventative). For example, she stated:

[B]oth immediately after the conference and then even weeks later mentioned, how appreciative they were to have that opportunity knowing that they had made a mistake, that they didn't feel that the school was being unfair [with the] treatment and punishment, just being able to have an opportunity to share how they were feeling in the moment and to address the other people involved really had an impact on them and most of the students ended up not having any more bad behavior or rule breaking for the remainder of the year. So they learned to kind of buy-in and feel like they were a part of the building.

Stacey believes that the positive relationship improvement using RP occurs from both the student and teacher perspectives because she feels that:

[T]he teachers, because they have a relationship [from the use of RP], they want to help the students even more. Um, they're not just a face in the classroom, they [teachers] actually know their [students'] story. And so I found that the teachers that actually buy into restorative practice can be much more of an asset when working with students, um, who have mental health issues if they're, if they've got that relationship in place.

P7-Shevon. Shevon was a Latino female participant with a master's degree in clinical psychology and psychoanalysis orientation. She has been an educator for 27 years, 24 of them as

a licensed school counselor. Shevon has spent the last 19 years as a school counselor in an urban elementary school where 89% of the students receive a lunch subsidy. Before becoming a school counselor, she taught special education in a self-contained elementary classroom for three years. Shevon defined mental health in a global sense as “people’s behaviors and the way they behave, whether they’re happy and whether they’re unhappy, and how they deal with their unhappiness”. Shevon uses a combination of PBIS and RtI at her school. As Shevon defined mental health in behavioral terms, when asked about her experiences working with students who have mental health concerns, she responded:

[M]ostly it’s with their behavior and they’re acting out because of something that they’re not happy with, um, in one of their personal relationships. Whether it’s with their mom or their dad, with their teacher or their classmate and how they perceive things to be and how their perceptions sometimes cause them to be angry or sad or their situations causing them to have anxiety because of their thoughts. Those are mostly what I deal with here at school.

Shevon described how she provides mental health prevention services school-wide through EBPs. Shevon described components of her department’s yearly calendar, as recommended by ASCA. For instance:

[I]n our curriculum we have certain things taught to follow like decision-making, social skills, character development, career development, um, friends, we also talk about, goal setting, bullying, anger, stress, and self-esteem. About abuse, about diversity, uh, safety, so we do lessons; we do guidance lessons in the classroom every two weeks. Um, for some kids we also do small-group and then we deal with kids on an individual basis as a

referral from a teacher. We don't just do counseling, the only time we really see kids is when their problem is interfering with their education.

Shevon also mentioned two supplemental programs recommended by PBIS that her department implements: Capturing Kids' Hearts (CKH) and Student Success Plan. Shevon shared that all of the staff at her school were trained in CKH. She described the program as:

[Being associated with] Choice Theory, William Glasser's Reality Therapy. It has a lot to do with love and logic and it's talking to the kids in a certain way where you're demonstrating how you want to be treated and, um, helping to meet kids love and belonging needs in the classroom. So when we do that, we have had a really good success with it, a really good success with it.

Shevon believes that the success of PBIS in her school is attributed to the use of PBIS with the supplemental program as she stated, "...for us it's not PBIS alone, it's PBIS and CKH together".

When asked how she attends to students' mental health concern since her building adopted EBPs, Shevon asked for clarification of what is meant by "mental health concerns". The researcher explained that mental health concerns encompassed what she described earlier when we discussed her definition of mental health. This researcher also used the distinction of the three domains of ASCA (academic, career, and personal/social) to clarify the study's operational definition of *mental health concerns*. Shevon views the structural components of EBPs as the catalyst for its success with meeting children's needs as she stated, "...to me, it sets boundaries for the kid, it also helps them develop better relationships with their teachers". Shevon shared a story that demonstrates the positive relationship between students and teachers from using EBPs with CKH:

I asked the kids the other day, it was the 3rd grade, ‘I walked in here and ya’ll were, I remember y’all were a little bit noisy, but not bad and your teacher said ok guys quiet, quiet, Mrs. XXX’s [Shevon] here for a lesson and you, wow you guys got quiet so quickly’, and um, I knew what answer I wanted but I asked them, ‘so why did you get quiet so, so fast, why do you listen to your teacher’ and some of the kids kind of turned around and looked at each other and you know, 2, 3 of them looked at me and they’re like, ‘because we love him, Mrs. XXX, we love our teacher.

Shevon further explained her belief that PBIS and CKH promotes love and respect versus fear and not wanting to get in trouble. Shevon feels that the EBP encourages mutual love and respect from the perspective of the student and teacher. For example:

When the teachers use the PBIS with CKH, it seems to work so much better. You respect me and I respect you. But to me, PBIS by itself doesn’t because it’s the way teachers say things and the attitude behind it; it almost comes off as scolding the kid, scolding the students.

Shevon also shared how she helps parents to implement the language and ideas behind PBIS and CKH. She stated that she tries to help parents understand that consistency at home and school encourages permanent behavior change:

[T]hat works for the parents...some are having a behavior problem with the kid...some parents give the kids [too much], they don’t set boundaries at home, they don’t set rules at home and so the kids come to school, they don’t know how to sit, and they don’t know how to follow directions because at home the parent gives them a lot...so it works for my families if they choose to follow it.

P8-Eva. Eva was a white female participant with a master's degree in School Counseling. Before starting a career in school counseling, she spent one year as a Behavior Disorders Teacher. She is in her 19th year as a school counselor at a suburban elementary school where approximately 42% of the students receive a lunch subsidy. When asked to define mental health, she replied:

I would define mental health as any type of condition that can affect students or people in a functioning...oh gosh. This is kind of hard, actually. Um, it's the types of diagnoses that the children or adults have to deal with in order to function and live, um, in their lives or the struggles that, the internal struggles and the things that we can't see.

Eva shared that school staff are currently being introduced to MTSS and Interconnected Systems Framework (ISF) as compliments to PBIS. ISF is discussed in Chapter 2 as an EBP proposed by key developers of PBIS to bridge PBIS, RtI, and school mental health (SMH) (Barret et al., 2013; Eber et al., 2013). Eva describes ISF to connect more families to the mental health care that is available in their community as her district has recognized the pervasive nature of the child mental health crisis. Illustrating this, Eva noted:

I've been talking with stakeholders about how the national average [of children faced with mental health] is about one in five students would have a diagnosable mental health disorder...Here, we are at least double the population for students that are diagnosed with mental health conditions so I have a lot of kids struggling with a whole number of mental health diagnoses and I have to try to figure out what service is best for them and if parents are willing to participate in services, just kind of connect families to care in our community. Regarding RtI implementation at her school, Eva feels that RtI was not being implemented correctly so the EBP is being replaced by MTSS.

Eva described how she provides mental health prevention or services through EBPs. She indicated that the teacher advisory program that she started in her building, a Tier 1 intervention, is used to train teachers to reinforce the preventative school counseling curriculum. “We’ve tried to build in different concepts into the classroom that the teachers can actually cover.” Eva further explained that she implements a supplemental EBP called 2nd Step Program that is recommended by PBIS national trainers in addition to Tier 1 and Tier 2 interventions such as classroom guidance lessons on preventative topics and small group counseling. In terms of small group counseling, Eva mentioned that at any given time, “I’ll have four different groups running at the same time on like one day a week”. When asked to provide more information about the 2nd Step Program, she stated, “it’s an evidenced-based program for different, like, character education and bullying prevention...it’s social-emotional learning and it ties in with our school’s PBIS program”.

Eva also shared that as a Tier 3 intervention, her students have access to a school counselor referral system where a core team reviews students’ requests. Students are able to access individual meetings or individual counseling sessions with her as well as crisis intervention as she explained:

We have, um, we have referral system for the school counseling program but then what I get the referral, um, we have a core team that we review the referral. If we don’t have time to meet for a core team I review the referrals. The times all start with meeting the students, um, it just depends on what the referral is for, um, we have crisis response.

Eva discussed her consultative role with a private mental health agency where an outpatient therapist meets with identified students once a week. Eva discussed other outside resources available to her students through her connections with community providers: a school-based

behavior team, community-based behavioral health clinician, and a school outreach worker. She stated that these services are accessible to:

[S]tudents that need more mental health assistance than what I'm able to give them, then I refer them on. I typically start with like four to six individual sessions and then if they need more, I contact the parents to discuss appropriate options.

When asked if she has noticed differences in using PBIS to promote wellness in her students, she stated that she has noticed differences in the school's climate and culture. Eva shared that her focus in implementing PBIS is to give more attention to students that are making good decisions. In illustration:

The climate and culture is more positive and um, so now we're trying to focus on like all of the things that students are doing right instead of just going right to the kid who is maybe dragging their desk across the floor and making a disruption and instead of just telling them what they're doing wrong and telling them to stop, it's all about trying to figure out what's the positive in the class and have that child try to learn how to self-correct their own behavior, although they can't always.

Eva continued to discuss using PBIS to teach students to self-correct and encouragement parental involvement so that behavior changes and overall gains are more pronounced or permanent.

Illustrating this Eva noted:

[S]ometimes you still have to address that too [students struggling to self-correct], um, but there's been so many positives with bringing PBIS into our school that, um, kids love the rewards, uh, parents are telling us that they really like the communication and it's, it's really helped get families and parents on board in a more positive way.

Overall, Eva feels comfortable addressing mental health concerns in students. “I feel very comfortable working with students on mental health”. She believes that she has adequate resources for support within her school, district, and community. Eva feels that the support of the administration and PBIS team makes it possible to promote mental wellness as she stated:

[T]he support of the team um, because this is really like a team-oriented program in the school so it’s something that we sit down once a month to troubleshoot and to try to come up with solutions together and I feel like I have their support. And I also feel like I have the support of my principal and that’s not always been the case.

Eva believes that a significant part of her role in addressing students’ mental health concerns is as a case manager for those with serious mental health issues as she feels that she has worked hard to build connections with the community whereby these students and families have access to services that are more appropriate for them. She indicated:

I’m actually a part of the Keystone Cares Initiative so that is all about connecting our schools to the community and we once a month at our administration building just to try to come up with different ideas and things in order to connect our students with what’s going on in the community. And that’s something through, that we try to promote through PBIS.

P9-Nina. Nina was a white female participant with a master’s degree in Counselor Education. Nina has nine years of experience in school counseling. In her current role, she is in an elementary school in a rural setting where 74% of the students receive free or reduced lunch. Before completing her graduate degree, Nina worked in customer service and car sales. Since Nina started her career in school counseling, she has worked concurrently in the mental health

field in various roles such as clinical coordinator, behavior specialist, mobile therapist and college counselor. When asked how she defines mental health, she described a global definition:

I would define mental health as the ability to function, um, in a safe and, uh, well, that's a good question, let me see. I would say to be, to be able to function in a healthy way with clear thinking and appropriate social skills, um, you know, with, with a, a sense of reality and healthy daily living.

The EBP in place at her school is RtI. When responding to how she provides mental health prevention school-wide, Nina stated that her department trains teachers annually to understand and recognize symptoms of depression, suicide ideation, and their role as mandated reporters.

Nina describes the RtI program in her school as being “structured” and “very knee-deep into RtI”. She shared that she implements Tier 1-3 interventions through a supplemental program called No Place for Hate (NPH), classroom guidance lessons, small group counseling, and individual counseling. Nina further explained that NPH is “an anti-defamation league program and so the students, we are required to do three anti-violence programs”. The program calls for heavy student participation through advocacy and awareness. She and the students completed a program on tolerance for students with exceptional needs during the week before our interview. Nina shared that the school counselors do classroom guidance lessons that coincide with the NPH topic. As a Tier 1 intervention, Nina mentioned that she visits all classroom at the beginning of the year to orient them to the school counseling department. At that time, she explains the school counselor inquiry and referral system to them.

Nina described her role in RtI as the RtI facilitator where she trains grade level facilitators. She is also the Tier 3 coordinator for RtI in her building. Nina also described the electronic portal that teachers and staff use to enter contact/concerns and discipline data on the

students. Also as the RtI leader in her building, she facilitates two intervention based strategies for teachers at the beginning of each school year. Nina shared that Tier 3 interventions can include services from school-based providers such as speech-language pathologist, school psychologist, or school counselor or outside community providers. Nina stated that she coordinates with a community providers to offer services in school if “it is agreeable by parents and the school, they can actually come in during school time”. She later added that these outside clinicians can use her department’s playroom and that this is an ideal space for play therapy.

Nina described the differences in promoting mental wellness since her building adopted EBPs. She stated that EBPs are beneficial because they provide a starting point for teachers in identifying mental health issues in students:

RtI provides, um, teachers with tools, um, of how to collect data about students who have mental health issues. Um, sometimes teachers can’t put into words what is a problem or what can they do but if you talk to teachers about ok, let’s just start with the process [of identifying].

In other words, Nina feels that RtI helps teachers better understand how to identify student needs. Nina believes that much of this is attributed to the structure and consistency of RtI, along with its data-driven focus. She feels that “RtI makes a big difference...gives teachers a blue print of implementation strategies with fidelity and keeping data to show improvements students are making because of those strategies”. Later in the interview, Nina expressed her feelings that RtI “makes a great, great difference academically” and helps to close the achievement gap. Nina believes that RtI helps reduce the stigma that parents attribute to mental health services as, “a lot of parents are really scared to look outside of school because they think it’s an indication of them

doing something wrong or something is wrong with their child.” Nina feels that having the process in place helps parents to view mental health issues as being school-related.

Overall, Nina feels comfortable in addressing mental health concerns. She believes that she has created an environment where stakeholders understand the role of the school counselor as she stated, “I think that I’ve been able to create a program, a system that teachers know how to access me and what the role of the school counselor is...my school functions very well in that sense”. She reported that she is most comfortable when the parents are supportive and open-minded to concerns regarding their student as she indicated:

[A] home-school connection is required, so that’s where I’m uncomfortable when the parents are not working with us. But when the parents are working in conjunction with us, it’s very comfortable being a sounding board and providing support for students with mental health issues.

P10-Tina. Tina was a white female participant with a master’s degree in school counseling. Tina has been a school counselor for five years. Her background before accepting a school counselor role consisted of various mental health positions in community agencies. She describes her background as developing from “the grass roots social service movement”. Her position requires her to be dually licensed in school counseling and special education as she is a specialized school counselor whose caseload consists of all students who have an Individualized Education Plan (IEP) in a three-school feeder pattern of elementary, middle and high schools. Her schools are located in a rural setting where approximately 41% of the students in the middle and high school receive a lunch subsidy. Before starting her career in school counseling, Tina was a Special Education Teacher. She is currently working on hours toward her licensed professional counselor (LPC) credential. When asked to define mental health, she provided a

global definition mental health that considers normal development and deficits in mental functioning. She stated, “I think that is how people view and feel about the world through their mental processes”. Tina described her role as an itinerant school counselor as she travels between three buildings, mostly working with students identified as having a disability. The students assigned to her generally have disruptive behaviors, mental health struggles and/or behavior struggles. To be on her caseload, students have to be identified as needing counseling service without the ability to access services in the community. Tina considers her position to be more mental health oriented than most school counselors. In addition to her role of itinerant school counselor, she also manages all the alternative education students in the districts. This role requires her to visit the alternative placements regularly. Her role is not like the normal school counselor as she stated, “I am assigned to very specific kids who have been identified with specific needs”. Tina explained that her position is a permanent position that grew out of a grant-funded position focused on addressing the needs of disruptive youth.

Tina uses RtI, PBIS and SAPs to address students’ needs in her school building. When asked how she provided mental health services school-wide through EBPs, she explained that she participates on the PBIS and SAP teams in addition to her role as doing the statistics for the teams. She also implements Tier 1 interventions such as Check In Check Out and Check and Connect. Tina explained the differences between the two interventions as:

[T]he purpose for check and connect is, the goal is to get kids to graduation...it’s a lot of talking to kids more about long term, skill-building whereas check in check out is a daily, get you through the day, helping students stay organized, on track—low level behavioral concerns.

Tina shared that she implements Tiers 2 and 3 strategies with the students on her caseload. She is a certified SAP interventionist. Tina stated that through SAP, students are mostly referred to school-based mental health clinicians as a Tier 3 intervention. In her role through SAP, she manages the students' referrals and coordinates services. When asked to expound on this she stated, "I personally coordinate the agendas for both the middle school and high school for staff and the way we utilize it [SAP] is anybody can make a referral to staff, including self-referrals from students". Tina explained that students are referred to the SAP team or Tier 3 PBIS intervention with their school counselor for academic, behavioral, and/or attendance struggles. She further explained that students have to have a history of SAP referrals to be recommended for the Alternative Education for Disruptive Youth Program (AEDYP). Tina feels that the PBIS component works to prevent student involvement in SAP.

When asked to provide more detail about how school counselors implement Tier 1 interventions such as classroom guidance lessons, Tina described a contrasting role to other school counselors interviewed. In addition, when asked about her using the *Guidance Counselor* title, she indicated that the *Guidance Counselor* title is still used in her district. Tina stated:

[G]uidance counselors don't do a whole lot of the classroom guidance lessons. For our tier one, all of our kids are taught by their either homeroom or usually it's their study skills teacher, all the expectations, all the things that they need to be doing day to day.

Tina's experience within this EBP contrasts with the other school counselors as the others shared their experience in providing Tier 1 interventions. Tina further explained that school staff give students reflection forms to complete where students are asked to reflect on their on their actions and self-management. The reflection forms ask students questions such as "how their actions may have been harmful to others...how they could do things differently in the future". Tina

shared that students on Tier 1 are re-taught skills as “the assumption is when you are in tier one, you, have not done something correctly--it's because you have a skill deficit, so we like have re-teaching opportunities”.

Tina discussed outcomes that she has noticed from promoting mental wellness using PBIS and SAP. She felt that the heightened awareness, accessibility, and psychoeducation of mental health promotion through EBPs have a meaningful impact on teachers and encourages them to “approach students in a more kind and loving way rather than from a place of frustration”. Tina feels that the EBP increases tolerance of students with mental health diagnoses and destigmatizes mental health. Tina believes that the heightened awareness increases students’ comfort level in seeking services. She feels that EBPs make a difference as more students are accessing and receiving services which decreases the number of students requiring emergency services. She stated that she noticed “a reduction in the number of kids who are going to partial [hospitalization] from our middle school and high school”. Overall, Tina feels that the largest barrier to being able to address the mental health needs of students relates to this issue of access and awareness.

She believes that psychoeducation and knowledge that services exist helps to address the child mental health crisis. Tina also believes that increased stakeholder education and understanding of the school counselor’s role is related to using EBPs because they provide a structured system for school counselors to address mental health needs. Tina referred to the title of “guidance counselor” that continues to be used in her building and district as an example of the need for increased stakeholder psychoeducation.

Tina shared that her building is revamping its EBPs to adopt MTSS and ISF. She described this as, being in the process of “marrying school mental health to PBIS and RtI

(MTSS) which would form ISF”. She shared that program merge and restructure will help kids get services as it removes parental barriers of not having transportation or adequate health insurance. Tina feels that the message of students’ increased mental health needs and the presence of EBPs in schools is a start in the right direction in “increasing overall access to services for all students, even in underserved communities.”

Significance of Codes

Participant interviews, member checking, individual participant horizontalization charts, MS Word Macro, *DocTools* and MS Word Editing tools assisted in the theme emergence process. Two hundred nineteen pages of transcribed data resulted from the ten interviews. Using MS Word *DocTools*, a horizontalization chart that included codes of participant quotes helped to organize the materials and form a master horizontalization chart of 264 pages. This served as a type of vessel for coding. This process helped to store the data in one place so emerging themes could be apparent.

Highlighted phrases in each document as “new comments” allowed for query searches to find similar stated concepts across participants. This process helped to form categories from the codes. Categories were identified in an initial analysis of data and themes emerged in a second round of analysis guided by the research questions. Eleven initial themes served as a guide to observe the emergence of the six final themes through a process of merging the categories to form the final themes that are identified in Table 4.

Themes

The lived experiences of school counselors who address the mental health needs of students using EBPs generated six themes through an analysis of the data: a) Cultivating advocacy and leadership; b) Recognizing benefits of EBP integration; c) Being frontline in

mental health as personal and social domain dominates school counselor role; d) Collaborating and consulting with school and community stakeholders; e) Needing Supportive environment to promote mental wellness; and f) Navigating EBP implementation challenges. The themes in Figure 1 illustrate how the school counselors experienced promoting mental wellness through EBPs. The figure illustrates the collective interaction of the themes. As the Cultivating Advocacy and Leadership theme was identified as the major theme that transcended every theme, it is presented as the larger theme in the display. The Navigating Challenges theme creates the backdrop for the figure as challenges to EBP implementation cut across every theme at various points unique to each school counselor. The multiple two-directional arrows represent the unique experiences of every participant.

Table 4
Themes

No.	Themes
1	Cultivating advocacy and leadership
2	Recognizing benefits of EBP integration
3	Being frontline in mental health as personal/social domain dominates school counselor role
4	Collaborating & Consulting with School & Community Stakeholders
5	Needing Supportive Environment to Promote Mental Wellness
6	Navigating EBP Implementation Challenges

Theme 1: Cultivating advocacy and leadership skills.

School counselors discussed their various leadership roles in the EBPs in their school and district. A number of the school counselors discussed how participation in EBP implementation has produced leadership roles for them. In addition, many of them shared how they use their role in EBPs to advocate for students and their families. The leadership theme surfaced with undercurrents of the passion that school counselors have for the counseling field. For example, when asked to describe her role in the EBP at her school, Faye stated:

[T]hat's [going the extra mile is] what sets you apart from everybody else and you're able [to] help those students, and you just personalize, I internalize and personalize my interactions with every student and family member that I meet...I'm very passionate about what I do, and there's no reward or accolade that could explain what I do.

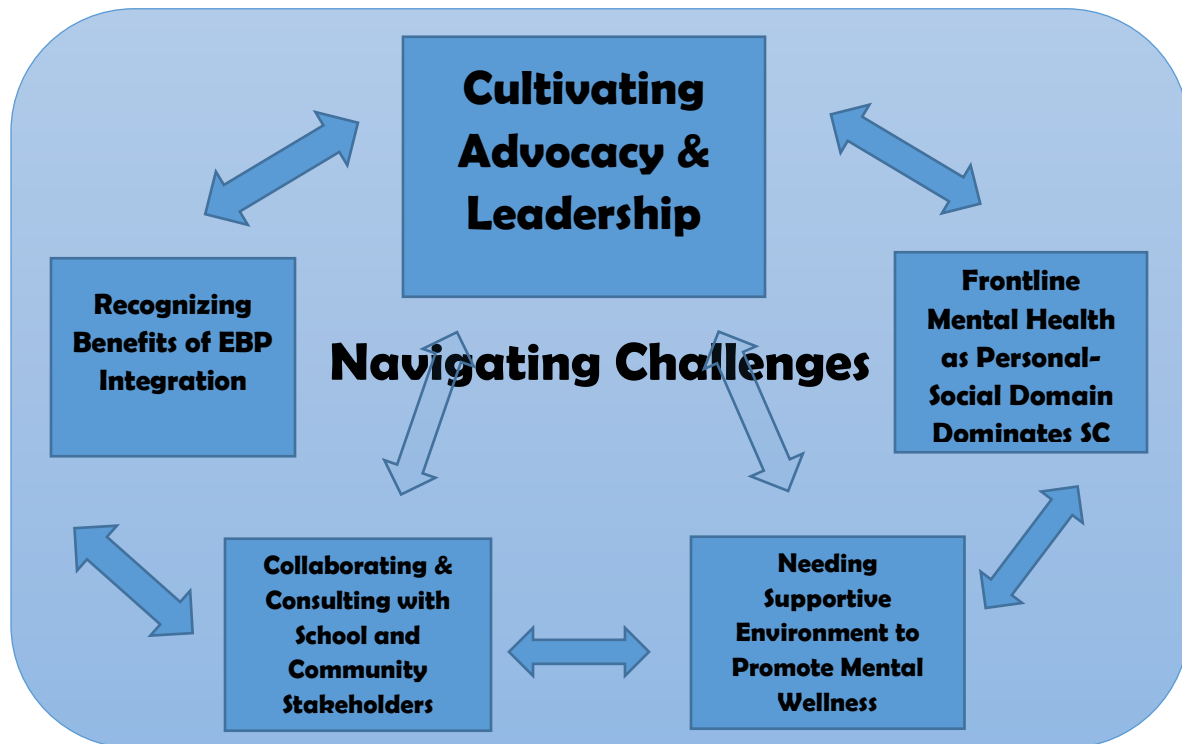


Figure 1. Concept Map of Emergent Themes

Tam shared how she finds purpose and intentionality in noncounseling tasks assigned to her since she started using PBIS and RtI. She feels that the vision of the EBPs encourages her to reframe when she feels overwhelmed in her role. As such, she believes that it is important to use every opportunity to connect with students and families: “Attendance is a symptom of something else. And so, what I like about being in charge of attendance is that, that gives me an in into many of the families and to many of the situations”. Tam explained that she did not always feel

that way about having to manage attendance. The line of literature on PBIS and RtI validates that school counselors use creativity and vision when utilizing these EBPs (Ockerman et al., 2012; Goodman-Scott, 2014; Cressey et al., 2014).

The school counselors that used Restorative Practices gave examples of how they advocate for their students using Restorative Practices as the model encourages rehabilitation and relationship building over punitive punishments. Theresa stated that she “ran a children of incarcerated parents group to address their concerns” and she expressed her frustration that no other school counselor in her building is willing to step outside of their comfort zone and implement small group counseling:

[N]o-one seemed to be interested in the results or felt like running a group or offering to help. It’s kind of a bummer because I find a lot of value in small group counseling, but everyone says there isn’t enough time. I’ve always found a way to make time.

Theresa further explained that RP encourages targeting “the forgotten groups”. Using EBPs to advocate for “underserved and underrepresented” groups is identified as a leadership characteristic in the literature (Martin, 2002; Ockerman et al., 2012). Faye explained how she also notices resistance from other school counselors to using creativity when working with students. Faye was adamant when she spoke about her role as a transformational leader in her building. She described her experience when asking other counselor to use “out of the box” interventions when working with student:

[Other school counselors state] ‘no I’m not touching that issue’ or counselors that [say], ‘oh we’ll just refer ‘em to such and such’ and then you have to be that transformational counselor that goes over and beyond the call of duty and is able to build those relationships, and doesn’t run from the student or the parent.

In these instances, these school counselors expressed strong feelings about using creativity in their EBP roles to address the mental health needs of students. Faye believes that the school counselor's role is to be a transformational change agent to have an impact on students. When asked what suggestions she had regarding professional development for school counselors to assist them in promoting mental wellness through EBPs. In illustration:

[F]orming a team and being able to train others on how to transform a school and make an impact on students because we are a team. But in order for that counselor to be transformational, she needs to have a transformational leader in her building that understands the work of school counselors and understands what they do.

Seven of the participants discussed their leadership roles in the EBP at their school. Some of the participants believe that this role interferes with their ability to address the mental health needs of students while others accept their leadership role as helpful in addressing the needs of students. Tam explained her EBP leadership role in her district as

[W]e have three lead counselors. I'm the lead elementary counselor. We have a lead middle school counselor and a lead high school counselor and the three of us collectively is to be the liaison between our counselors and the school board and the district level administrators.

Eva shared her initial apprehension as the PBIS Leader at her school, illustrating this, Eva stated:

[I]n some ways beginning PBIS has taken me away from some of my responsibilities as being a school counselor...I was not able to see children that I needed to see, uh, because I was doing all of this organizational stuff for the whole school.

Eva feels like her leadership role in PBIS has evolved as she is able to see the impact on students and their families because of PBIS and RtI.

Many of the other school counselors discussed having an EBP leadership role that is aligned with what's discussed in the literature on PBIS and RtI (Cressey et al., 2014; Goodman-Scott, 2014; Martens & Andreen, 2013). These leadership roles consist of PBIS Coach, Coordinator, Data Leader, PBIS intervener, EBP trainer. Stacey shared that she was given a leadership experience PBIS because of her previous experience at another school where she participated in PBIS. She expressed excitement regarding this new role as she has an opportunity to strengthen the current PBIS program at her school. In illustration:

I'm the Co-chair, because I'm coming from a school that had a stronger PBIS program and I'm at a school that has a weaker one, so I am co-chair on our, the new PBIS program so I'm going to smaller, county level meetings regarding PBIS.

Nina shared that she was the RtI leader in her school. She also shared that she coordinates the technical aspects of RtI related to coordinating the data and distributing the information to the teachers while ensuring that students are receiving services at all three levels. To Nina, this role is important because she "is assured that students are identified and receives services". This leadership role is validated in the literature as a demonstration of the critical role that school counselors have in EBPs (Cressey et al., 2014; Martens & Andreen, 2013; Goodman-Scott, 2014).

Owen discussed how his leadership role evolved at his school as he learned more about PBIS and RtI. Consistent with the line of research on RtI and PBIS (Curtis et al., 2010; Ockerman et al., 2012) regarding school counselors as EBP leaders, Owen stated that he "trains a lot of staff on those [PBIS, RtI, and supplemental programs] things". Owen also described his leadership role on the technical aspects of PBIS:

[I am the] facilitator for the computer SWIS program so I train everyone who needs to use that and work with the principal who's going to be on their teams with the schools and give them the appropriate access to the program.

Tina also shared how she uses her PBIS leadership role to ensure that students are identified correctly. She described her technical leadership role in the much of the same way as Owen. Her role is expanded because she coordinates the SAP agenda and is the data leader for PBIS. She shared:

I take our discipline data and I put it in a spreadsheet so that our principals can make information from that, for us to be able to analyze we start to do comparisons from year to year, month to month, to try to identify areas, targeted areas that are having struggle (i.e., bus).

When discussing her lead data role, Tina expressed enthusiasm and shared that she feels good about being a part of this process because students are receiving services that they need that are based on research and data instead of what a person feels or thinks. Illustrating this, Tina stated:

I think that they [EBPs] make us look more, because most of them are research-based and they're based on data. I think it makes us look more at actual factual based information than I feel or I think.

Theme 2: Recognizing benefits of EBP integration.

This theme is the second most salient, stand alone theme as it includes results oriented from participants' perspectives on the value of using EBPs that are in place in their school building. The participants identified four benefits of using EBPs. First, they felt that EBPs help them to address mental health needs. Second, the EBPs have a global impact, meaning that EBPs are impactful on students and their families in many ways. The participants also believed that

EBPs promote increased access to mental health services. Next, participants felt that EBPs foster increased acceptance of mental health issues among stakeholders (i.e., removing stigma of mental health). Finally, the school counselors felt that integrating EBPs increased their credibility and ensured their use of research based practices. For half of the participants, PBIS and RtI are used together as a collaborated effort to improve student success. For example, Owen stated, “[T]he PBIS, as best I know, is part of RtI”. Fawn agreed as she stated, “it’s kind of part of PBIS it’s like they kind of work hand-in-hand with some of the same coordinators, work together on the different programs...RtI and PBIS are both under MTSS”.

Regarding the benefit of helping school counselors to address students’ mental health needs, the participants agreed that EBPs provide a structure to address the social and emotional needs of students as interventions are based on a tiered framework (PBIS, RtI) and are focused on actual rehabilitation of a specific need (RP and SAP). In terms of providing a structure to address needs within a tiered framework, Tam feels that being able to focus on mental health prevention through Tier 1 and mental health intervention through Tiers 2 and 3 has helped her plan “classroom lessons [Tier 1] and my groups [Tier 2] in order to address mental health concerns”. She explained that students who “need individual attention receive that as a part of Tier 3”. Faye believes that because Tier 1 “addresses [needs] for all students, teaching something for all”. Faye elaborated and explained that EBPs are helpful because “we are able to reach more”. Stacey shared that through a Tier 1 intervention, her department “recently did a school-wide program on screen time and the development, and the impact level that it has on the developing brain”. Shevon shared that her department does “a character education program through the morning announcements” as a Tier 1 intervention. Fawn expounded on how Tier 1 focuses on interventions that are preventative and received by every student as she stated,

“school-type awareness activities...just touching on topics just to bring awareness out for students who are having these issues and the students who are not”.

Eva feels that Tier 1 interventions are effective means of exposing all students to mental health prevention because they all hear similar information whether a problem directly affects them. She noted that Tier 1 interventions are intended to increase awareness in all students. She felt like students learn to be more receptive and less judgmental when they learn more about a mental health issue. As such, she stated, “To just, you know, have a better understanding for them (students with mental health issues) and know that there’s not so much division between those who are experiencing difficulties and those who are not”. Other participants confirmed this usefulness of the tiered framework. For example, Fawn shared examples of Tier 1 interventions that benefit all “suicide, the cutting, and eating disorders and things like that, we bring them up as whole group, like we do classroom guidance”.

Owen and the other participants described Tier 2 for “folks that need a little more intervention, then they’re considered for a Tier 2 [small] group [counseling]. The participants also shared that individual student needs are addressed through Tier 3. For example, Faye, Shevon and Tina described the PBIS strategy of Check-in Check-Out (CICO) and Check and Connect as Tier 3 interventions to address individual student needs. Shevon stated that there are “some of them I have to meet with every day for like 10 or 15 minutes just to make sure things are going okay”. In addition to doing CICO with students, Tina stated that she assigns other staff in the building to be a students’ CICO person, “...I just give them a daily person that is helping them change their behaviors...I have two sets [of students] I see weekly, biweekly, monthly that I meet with them to just check in”. Tina explained the purpose of Check and Connect as

[T]he goal is to get the kids to graduation... it's a lot of talking to kids more about long term. How you manage yourself and how do you deal with your own struggles. What are your resources within the school setting?

Faye elaborated on the Check and Connect strategy as she described her experience providing individual counseling to a student who was struggling to meet the requirements for graduation. She shared:

I had a young lady who came to me as a 9R, 9th grader repeating the 9th grade again. Attendance was an issue, when she transferred in addition to grades and discipline. And me working with her and us setting those goals, and me talking to her about what encourages her to meet attendance and me letting her know school is a safe and positive environment to learn in addition to, you know, you have a clean slate and you're able to get a fresh start and get away from the people that you were skipping with...then checking in with her weekly worked; providing that individual counseling to her...I was able to tell her this past Wednesday, that when the semester started she had been reclassified as a sophomore.

The second benefit school counselors identified from using EBPs to address mental health needs centers on their feelings that the EBPs, particularly RP, had a global impact on students and families, by not only improving grades and behavior, but helping students realize their impact on others and apply it in other areas of their lives. For example, Tam felt that because PBIS extends beyond the class, students are able to realize how their interactions affect students and staff in other areas. She gave an example of questions that she might ask a student to help them consider this: “[w]e would talk about what does it look like in the restroom? What does it look like on the bus? What does it look like on the playground?...in the cafeteria?” Tina

expanded on how students are affected by EBPs by giving an example of the student's long term effects. She noted that one can "see the impact with students who've been in your school long term, who might of struggled initially, but over the years have developed the skills and the strategies and coping mechanisms to allow them to be successful." Stacey feels that

[Promoting mental health in students through PBIS and RP has been] great because PBIS pulls down some of the barriers by making things just a little bit more uniform and allows the adults the ability to really identify where our problems are school wide...RP values the relationships, I feel like that's so important when it comes to working with students with mental health issues as you really can't help them until they feel like they can trust you and you have that relationship with them.

Stacey also feels like the impact of RP is global as she described RP as focusing on relationship building. She stated, "[S]o RP helps students those students by continually building that rapport as a counselor or as a teacher in the classroom, if they've got that relationship in place, they're more open to ask for help or receive help".

Theresa discussed the universal impact of RP as she believes that the rehabilitative nature of RP helps students benefit the most:

I think RP has definitely helped students see kind of the global impact of their actions...it kind of takes students out of that egocentric mindset of my actions just affected me versus it being reflective of your school or teachers or peers and parents.

Shevon believes that PBIS impacts students in multiple contexts and that it promotes love and respect versus fear and avoiding consequences as she stated, "[S]tudents comply because they respect their teachers not because they don't want to get in trouble, 'I respect you and that's

why I listen to you. You respect me and I respect you.” Shevon explained that in her building PBIS is coupled with “Capturing Kids Hearts”, a supplemental program endorsed by PBIS.

Tina also shared a story referencing the global impact of SAP and its long term effect on a student. She shared:

I have a student that has been involved with SAP pretty much every year...He's a transgendered student who um, I think really struggled with feeling comfortable with coming out and then having to deal with some family acceptance that negatively impacted him...he's going to graduate this year and somebody was just talking about having seen him interacting with his father out in public and what a positive experience it was to see because there hadn't been any positive interactions between him and his dad previously.

Third, the participants agreed that EBPs promote greater access to mental health services (in and out of school) to students and families. When asked what outcomes she has noticed in students from promoting mental wellness through RtI, Faye replied:

[I]t boosts their self-esteem, it cuts down on them having to go back to a mental health hospital or they don't have to use cutting or burning or promiscuous activity as a coping mechanism because they have a more positive outlook on life because they have someone that's holding them accountable...different [RtI] interventions are put in place to hold them accountable.

Nina states that RtI promotes an increased access to mental health services by building a home-school alliance and giving parents clear guidelines on how and where to get help:

[W]ith the help of teachers documenting the strategies and the data, getting parents in to work as a school-home team, making the consequences and rewards consistent, helping

parents understand and encouraging them to look into other services, whether it be mental health support through a counselor inside or outside of school or doctor in terms of appropriate diagnosis because sometimes parents don't know where to turn or who to call.

Owen identified the specific steps that connects students to the graduated levels of services. He discussed the progress monitoring component of RtI and PBIS whereby students are provided and intervention and continually monitoring for appropriateness of services. He shared:

[W]e have our school-wide curriculum, we identify the kids who aren't responding as well as we'd like so then we would look at a smaller group intervention...if we find someone who doesn't seem to respond to that then we go into [a] individual [community] agency"...Interventions are typically supposed to last 6 weeks, if we don't see progress within 6 weeks, we try a different type of intervention.

Three of the school counselors described their perceptions of the ways that the EBP in their building increased access to mental health services for students and families. Eva described how PBIS and RtI demystifies the referral process and makes it easier for parents to find appropriate services. In illustration:

[I]f they need to work with a psychologist or psychiatrist and their parents can't figure out where to go or who to talk to, I try to help sit down and look at all the resources in the community and help, help the parents select the service that will fit their needs.

Tam feels that PBIS and RtI is helpful to her because she is able to increase access to services by accurately identifying the students' needs. She also emphasized the early intervention component of the EBPs. She noted, "[I can] identify some early clue needs and helping the families locate the type of resources they need". Tina expanded on being able to increase the access of mental

health services using SAPs. In her building, students on Tier 3 might be referred to the SAP if parents have transportation issues or other barriers that prevent them from getting students to community providers. She described how the SAP connects students with in-house services:

[SAP provides] individual counseling that gets contracted through the school where kids meet with their counselors in the school, we've been able to get services because either parents couldn't...for whatever reason they had barriers to getting those services.

Fawn shared a unique way that her students are able to access services. She related using technology to increase access to services as a student-centered intervention that "meets students where they are". She described that her department uses online resource tools that were developed for use within PBIS and RtI where students are able to communicate with school counselors, "similar to Facebook" and "some text us that way". She described another online resource where students have access to an online tool:

[Students can also use a] bit link form to access us, we put fliers up in every classroom, in the hallways so if the kids just have something going on that not an emergency, that they can send us and we can call them up when they're not in their core classes.

A fourth benefit that participants agreed on related to their experience promoting mental wellness was that EBPs promote increased acceptance of mental health and reduces the stigma often attached to mental health. Tina feels that having mental health issues is more acceptable due to the language that teachers and school counselors use when describing needs or services. She also feels that reframing and increasing awareness helps children and parents have greater access to services. She noted:

[W]ith the change in some of the mental health culture, the way people are viewing mental health. I think it is more acceptable to um, get mental health services and for

people to be um, having more conversation and starting to say, you know something else must be going on with this kid rather than they're just uh, a pain in the butt in my class...so I think that just by bringing programs in and talking to people and looking at kids having a skill deficit rather than being a bad kid, people are changing how they look at them by using the structured system of PBIS and the structured system of here are some ways that we can try and provide interventions.

Theresa discussed how students and parents resist any form of counseling because of the stigma attached to receiving mental health services. She believes that interventions of RP helps to alleviate parent resistance because they reframe it as a way to reduce a disciplinary response. She further explained that students and parents agree to participating in a restorative conference or circle if they can see the direct benefit (i.e., reduced or eliminated suspension). She stated that they “agree to participate in RP if it means reducing a ten day suspension to a five day suspension”.

Nina shared her experience in promoting mental wellness through EBPs as a tool to “level the playing field” by providing consistent services across the board. She shared that parents accept services because they don’t feel targeted. Illustrating this, Nina noted:

[S]o I’ve seen positive, positive outcomes because we’re talking with parents in a very procedural way, we’re following process and protocol, the parents are less defensive because the process of RtI is the standard of care so nobody feels picked on, this is what we do for all kids that are having these presenting problems. So I found it a very positive outcomes in helping kids with mental health issues in terms of getting them, at least getting their parents aware of what is going on.

Stacey's comments were aligned with Theresa regarding how students view RPs. She shared that although counseling skills are at the core of restorative conferences, she felt that students didn't view RP as "counseling" but that it "gave students and opportunity to share how they were feeling in the moment and to address the other people involved. [This] really had an impact on them and most of the students ended up not having any more bad behavior or rule breaking".

The school counselors interviewed expressed that using data-driven services increased their credibility and communicated sound practices about school counselor role to various stakeholders. All of the participants identified that EBPs are connected to using data, best practices, and research to drive the services provided to students. Among all participants, the perception was that these three components helped to promote fair and equitable practices in meeting students' needs. Faye feels that through the "evidence-based process or the RtI process, you are able to identify what their problem/issue is and come up with different interventions with the goal of helping the student be successful". Owen values PBIS and RtI because he is able to

[D]rill down information on groups of students or individual students on a large number of individual factors such as where it's happening, a day of the week, what time of day, the types of adventures, what are the majors, what are the minors—we can look at all that kind of data.

Shevon believes that data-driven practices within EBPs helps to identify students that may not be the "loudest or quietest". She shared her experience:

[U]sing this [electronic PBIS database] SWIS program, identification becomes a lot easier, uh, we catch some of the kids that might be slipping through the cracks and that to me is, is a success because we're reaching kids and helping kids that we might not have recognized without a data program.

Eva shared similar feelings about the data-driven method of EBPs as she described how the PBIS universal screener process looks in her building:

[E]ach of the homeroom teachers are provided with the class list, they needed to kind of rank where their students fell under all the different types of behavior. And it computes the score for them; so obviously the higher the score, the higher the risk, um, so then we would as a Tier 2 PBIS team, we would sit down and go through the scores to try to determine which students had the higher scores and why--which areas were they struggling with, was it behaviors, anxiety, social skills, something academic, um, and then try to determine which service we had in our program that would fit the child.

Tam expanded on how the SWIS program helps to disaggregate the data and provide specific information about the perceived motivation and antecedents of students' behavior. This process provides valuable information about how students learn. She explained: [that her department uses data to] "tell us which students have some internalizing behaviors, which students have externalizing behaviors um, and which students have classroom behaviors that interfere with the learning environment".

Like the other participants, Tina and Fawn value the use of data-driven decisions; however, they pointed out two additional benefits of research based practices. Tina feels that EBPs helps to balance the targeting of students because of stereotypical characteristics and labels such as gender or race related to a common occurrence or widely held myth (i.e., African American boys are more likely to be diagnosed as ...) because "I think it's more about looking at the data than just being like, oh this kid has a problem." Fawn pointed out how the data aspect of PBIS and RtI also identifies students who are making good choices, "we have a system, an online system, and it's the same system that you use for behavioral referrals, but you can also use

it for good behavior, for positive behavior”. She further explained that students who display positive behaviors are generally overlooked as teachers and administrators focus on students who break rules. She feels that she is better able to advocate for all students using the EBPs.

Theme 3: Being frontline in mental health as personal-social domain dominates school counselor role.

The school counselors interviewed viewed their experience addressing the mental health needs of students as being a frontline mental health professional because they felt like working with students within the personal and social domain was the largest part of their professional role. The participants discussed their role in mental health as it relates to using EBPs to attend to these needs. Recent literature supports using EBPs to maximize the role of school counselors in addressing personal and social needs (Goodman-Scott, 2014; Goodman-Scott et al., 2015). This theme surfaced early in the data analysis and is the third most prominent theme. Collectively, the school counselors established that the personal and social ASCA domain dominated their role as they all concurred that the students’ needs in this area outweighed the services and resources. In addition, many of the school counselors shared their beliefs related to the child mental health crisis and unmet needs.

Tina explained that providing direct services to students are most of what she does, but also a challenge because students need more counselors than are available. She stated, “I think service delivery is always a challenge. You know, for every kid that sees a counselor, there’s probably five more that should be...There’s just more kids with mental health needs.” Fawn reiterated the high numbers of children that need attention when she shared that the majority of her direct service involves assisting students with mental health concerns. She stated, “we have so many kids now at risk and in crisis”.

Eva believes that the numbers of students with mental health issues have doubled, “[W]e are at least double the population for students that are diagnosed with mental health conditions”. Eva further explained the impact of this deficit on schools as she drew the connection between mental health and learning.

[A]s a school counselor there are some kids that need that (medication) and I don’t have a problem saying that, that is if kids are in need of treatment and are not getting it, or not having access to it, it can destroy a classroom very quickly.

Fawn discussed the connection between mental health and learning to demonstrate the frustration that she feels because her school focuses on academics and accreditation while “missing the mark” as many of the students at her school have personal and social concerns that impeded the learning process. She feels that although she is able to address the mental health needs of her students using the framework of EBPs, the school does not emphasize the need to make mental health needs a priority. Illustrating this, she noted:

[W]e are a school that’s not accredited and the academics are the focus here but, um, we really need, from the administration all the way down to realize that when these students have all these barriers [that] haven’t been addressed, [learning is interrupted].

Fawn also discussed the position of her experience from a national view as she shared her belief that the educational system is not currently addressing the needs of the students as academics is the focus rather than addressing the social and emotional needs. Her feelings connect to earlier comments cited when a school counselor reiterated the importance of providing student-centered services. The research literature on EBPs support the use of student-centered and whole-child perspectives. This idea is also validated in the *ASCA Position Statement on MTSS* (ASCA, 2014; Goodman-Scott et al., 2015). She expressed her viewpoint:

[Y]ou have to, uh, look at the whole child and you have to realize that sometimes the academics, most times in most cases the academics are not their priority and so, until we can help them in the best way that we can to at least um, be able to cope with those things as we're not going to be able to educate them.

Faye explained that students' mental health needs outweigh other needs. She believes that social and emotional needs are foundational. She explained:

[M]y experiences, um, a lot of students need, they need their basic needs to be met and it goes back to like the Maslow's hierarchy of needs that, uh, the basic needs, food, shelter, water, um, in addition to that loving, belonging, and that safety and security. And when they're lacking that, home [and school are] not safe and positive environments... Then that's when we run into the issues of suicidal thoughts and ideation or depression, or anxiety or different mental health issues and [those] coping skills aren't necessarily the ideal coping skills... I can sit here and go on and on about the different stories but just meeting their needs and letting them know that they do have somebody.

The mental health concerns that school counselors encounter such as depression, anxiety, obesity, teen pregnancy, dropout, suicide, ADHD, and aggression have come to the attention of the Surgeon General as an urgent need as they have risen to epidemic proportions in recent years (Carlson & Kees, 2013; Manning, 2009; Mellin, 2009). In accordance with this assertion, school counselors expressed that the personal social domain dominates their role as most of the concerns they address of this nature. Tam validated this literature as she stated, "the personal-social domain is probably the largest area that I get referrals for. This is also true for our district". Nina also shared her view of her role related to this contention:

I think that as a school counselor, we're the first line of defense, uh, for kids with mental health issues...issues are brought to our attention either by students or teachers, we are the intermediaries to talk to the parents about the mental health issues that children might have.

Fawn views her role as dual role of school counselor and mental health professional as she too believes that the personal and social issues dominate her time. Fawn elaborated on this contention:

[I]n my role...being here I would say that um, we are, most of our, most of the things that we're doing are counseling related ...I'm in a role that allows me to be available to counsel students, um the only thing is because I guess my biggest barrier is that looking at the amount of students [with] intense needs.

Tam believes that her role is twofold, as an educator and mental health professional. She discussed her role in relation to her counselor identity and her struggle with wanting more mental health experience as a school counselor:

[W]e serve the mental health role in our schools and um, over my ten years in schools, I've struggled with the whole idea of identity, whether to identify [as] the counselor first and [educator second or as] an educator first and then a counselor. Um, sometimes I wish I had gone to a community counseling master's program versus a school counseling master's program because I've felt that I've wanted a stronger foundation in mental health...I know XXX (her doctoral university's) stance is that you're both in the end. You know you're both an educator and a counselor and that there's no one that should take precedence or higher priority that you know, you are both.

Theme 4: Collaborating and consulting with school and community stakeholders.

The importance of collaborating and consulting with stakeholders consistently emerged throughout the interviews, particularly when asked what supports were in place that allow them to address social emotional needs and how they engaged with stakeholders in working with students to promote mental wellness through EBPs. Participants noted that they collaborate with building staff and community providers in addressing students' needs. In collaborating with building staff, participants discussed working with other school counselors, EBP team members, and administrators. The participants agreed that through EBPs, many individuals are involved in the educational process of students. They described the collaborative role within the framework of EBPs as an essential component in Tiers 2 and 3 of RtI and PBIS. The students in these tiers are referred to more intensive services. Tiers 2 and 3 in RtI and PBIS are similar to SAPs as students are referred to the SAP when they need more intensive services. In RP, collaborating with stakeholders looks different because as RP is "more of a collection of interventions rather than a program". She further explained that collaboration consists more of working with other school counselors or school mental health personnel such as school social workers or school psychologists.

All of the participants noted that the consultative role of the school counselor is necessary in EBPs "to help facilitate the communication of information from" a student's various settings, as stated by Tam. Nina reiterated this idea of continuity of care when as she considered her role in SAP and PBIS, "you want to be able to direct them to someplace that they can go and get help and not have to search around [for] somebody". In her role, Nina refers students to community mental health as a PBIS intervention for Tier 3 or to the SAP where students can receive community services in-house. Fawn expanded on this by discussing the importance of collaborating with community mental health professionals because children receive many

services: “so that we are all on the same page”. Faye agreed that this aspect is especially critical in RtI as “we bring in outside resources for group counseling in addition to the services that we provide in-house” when students receiving Tier 2 services. Both Tam and Stacey identified their role as a liaison between the students’ teachers and health care providers as Tam stated, that she tries to “help the families try to identify what the best support might be in dealing with their concern”. When describing the services that are available to her students, Eva stated that in some respects, she views her role as a case manager as she collaborates with community stakeholders to coordinate services for students when they are on Tier 3: “I’ve tried to become you know, somewhat of a case manager just to make sure that I can connect students with appropriate services.”

When asked how she communicates with community stakeholders to promote mental wellness in her students through EBPs, Nina shared that “we actually have a coalition of mental health professionals that will do an intake for children if their parents should take them”. Tina and Faye both discussed having partnerships with community providers where students on Tier 3 can be seen in the school building if parents make the arrangements for insurance or private pay. They mentioned how this is especially helpful to parents who are not able to transport their children to community providers. Tina described these partnerships: “[for students] who need longer services, we contract with them to come into the building and through student insurance, they provide mental health counseling.” While most of the participants shared their collaborative partnerships with outside agencies for students who are on Tiers 2 or 3, Owen expressed frustration for not having comparable partnerships with community agencies. He stated that it would be helpful if he had community resources for students that could benefit for Tier 3 services with community providers.

The participants also shared how they collaborate with school staff including teachers, the EBP team, and administrators to promote mental wellness in their students. Owen and Fawn both agreed that services should be student-centered in order to meet the students “where they are” as Fawn stated that “we are all working together for the sake of the child”. Shevon expanded on this position when she shared that she works with teachers for the benefit of the student, “we talk about this [student’s need] and we come up with a plan [that is most beneficial for the student]”. The idea that the services of EBPs are student centered is supported in the literature surrounding PBIS and RtI (Goodman-Scott, 2014 Ockerman et al., 2012; Smith, Kinard, & Lozo, 2008).

When asked about what supports are in place to address the mental health needs of students through EBPs, Eva responded that she considers the ability to collaborate with EBPs and building stakeholders as a support. In illustration:

I’m thinking the support of the team um, because this is really like a team-oriented program in the school so it’s something that we sit down once a month to troubleshoot and to try to come up with solutions together and I feel like I have their support.

Theresa agreed that “consulting with my colleagues has been very helpful” in addressing the mental health needs of students through RP. Theresa further explained that having a collaborative relationship with stakeholders eases the process of addressing challenging mental health needs:

[W]hen we’re confronted with, when I’m confronted with an issue we kind of talk it out, um, and usually we’re pretty good about solving it or at least coming up with a good plan, um, without really having to go outside of our school.

The participants described how they use the EBP to help teachers reach their students and implement classroom strategies. They stated that the EBP at their school served as a vehicle for them to support teachers. For example, Nina explained that she could address students' mental health concerns through "the process of RtI and knowing that, I can support teachers through strategies and behavior checklists". Tam also discussed how she and other school counselors in her district help teachers implement EBPs. She felt like her primary role in EBPs was as a support to others: "we (herself and other school counselors) decided that the counselor's role [in PBIS & RtI] is basically a consultant's role". Eva expanded on how she helps teachers work through the EBPs by explaining how she communicates her "open door policy":

I just try to communicate frequently with, with the teachers and the staff and I try to make it like a very open door. Like if you have a problem, please feel free and comfortable coming to talk to me and um, I would say I have a very positive relationship with our staff that if they have a problem or concern we can, we can talk about it and/or address it through our, our PBIS team meetings monthly.

Shevon described how she works with teachers to collaborate and devise a plan for students who are struggling in the classroom:

[I sit down with] the teacher and we talk about this and we come up with a plan, um, for us to try for 6 weeks to try to get their grades up or their behavior better or their attendance up. Or way to help them [the student] focus better.

Tam shared that in assisting teachers, it helps her (Tam) to "try to find out from the teachers what that [behavior or mental health concern] looks like in the classroom". Tam further explained that she uses the information from the teachers to create interventions based on student need. When asked to elaborate on how she collaborates with teachers to promote mental

wellness, Tina shared that her school counseling team “train[ed] them [teachers] as far as like how to implement the PBIS”.

Many of the participants shared how they use EBPs as collaborative models to address the needs of students. The literature in this area advocates for using multiple models together within the ASCA framework to address students’ needs in multiple contexts (ASCA, 2014; Barret, Eber, & Weist, 2013; Ehren, Montgomery, Rudebusch, Whitmire, 2006; Ockerman et al., 2012). PBIS and RtI are paired frequently in the literature as Multi-tiered Systems of Support (MTSS) (Barret et al., 2013; Eber et al., 2013). Although some schools use multiple EBPs together, this researcher has not come across any literature that pairs SAP or RP with any other of the EBPs.

In traditional models of RtI and PBIS, the former consists of academic interventions to assist students based on graduated levels of need and the latter addresses behavioral needs. All but two of the participants work between at least two EBPs and collaborate with corresponding EBP stakeholders to promote mental wellness. As such, Eva discussed the collaborative role between RtI academic and PBIS behavioral support when working with other stakeholders to help students find success. In illustration:

[S]he takes any students who are having the academic difficulties and focuses on them and puts them in tiers and then I have all of the students with the behavioral or mental health difficulties and we have to look at you know, where they’re at in the tiers.

Tina shared that she uses PBIS and SAP together to address the mental health needs of students. She feels that both programs help the adults to have more patience with students as she stated, “I think it’s helped us as workers approach people in a more kind and loving way rather than of a place of frustration.

Tina went into more detail about how she views the SAP at her school. She described SAP as a stand-alone resource for students who are struggling with mental health concerns. School staff including school-based mental health professionals (i.e., school counselor, school social worker, school psychologist) and community mental health clinicians are a part of the SAP team. She feels that SAP functions much like a school-based mental health program as its primary purpose is mental health prevention and intervention in the school setting. This is consistent with the definition of SAP in the literature (Torres-Rodriguez, Beyard, & Goldstein, 2010). As Tina was the only school counselor whose school adopted SAP, she shared a different experience in collaborating with teachers as teachers are not directly involved in implementing SAP interventions. Tina stated that she collaborates with teachers to identify students who have mental health concerns. She shared: “[I] gather information from the teachers [to determine] what they see as concerns, if we think the counseling is something that would be beneficial, we try to put the students through the SAP process.”

All of the participants agreed that collaborating with numerous stakeholders (i.e., teachers, parents, administrators) to educate them in promoting mental wellness is critical in addressing the mental health needs of students. A category of collaborating with stakeholders to expand their knowledge base on best practices in promoting mental wellness through EBPs surfaced as the participants shared their experiences of providing education to stakeholders. Tam shared that she helps “the teachers understand what that plan is, what it means--what [the student] is allowed to do. What the limits are around you know, that time out, so that um, he can practice that here in the school”. Along the same lines, other participants shared that they educate groups of teachers through staff meetings. Nina stated that she provides professional

development to teachers to increase their awareness of promoting mental health, "...through professional development that we do with teachers".

Fawn expanded on how she provides professional development related to the EBPs to teachers. She shared that through collaborating with teachers who struggle with students that present mental health concerns, she is able to determine what the staff needs are. She continued, "the more and more we work with them [teachers], the more we find out what's going on and we can educate them [teachers]". Fawn reiterated this point more by explaining,

[Yo]u know you [the researcher] were talking about wellness and most of what I said was dealing with kids, but at the same time because we have students with so many, um, so many needs, um, and so many barriers preventing them from uh, from learning effectively, we're working with teachers too, because they're having it rough.

Owen validated this experience by sharing that, "so it's giving the teacher support [too]". Faye also shared her experiences in presenting to school staff to promote their self-care:

[W]e even had a staff meeting one time and we pulled out those um, I don't know if you say mandalas or mandalas for coloring uh, patterns that are real intricate, you pretty much have to really concentrate in order to color, and so we gave those out at the staff meeting and we almost had to pry those away from the teachers just because they went away, they just had to immerse themselves in the activity.

Shevon also shared that she uses mindfulness through PBIS in promoting positive supports for teachers. Shevon shared how she encourages self-care for her staff:

[When] you have more challenges than not it makes it hard, so we've been trying to do activities with [teachers] and we send them, um, mindfulness um, activities that they can do, um, sharing some of the information during the staff meetings.

Participants felt like educating parents was an extension of their collaborative role through EBPs. Many of them shared how they collaborate with parents in providing them with psychoeducation to indirectly promote mental wellness in students. The participants noted how they provide prevention services to parents as a Tier 1 intervention in order to help parents understand their children better. For example, Faye stated, “I actually held a parent night, ‘how to prepare your child for taking a test and test-taking tips and strategies’ to reduce anxiety in students when it comes to taking tests.” Other participants agreed that providing training to parents helps them promote mental wellness. Stacey shared her experience, “we’ve tried to run a few parent nights explaining, you know, signs of depression and anxiety”. Fawn provided another example of how she works with individual parents to help them better understand social and emotional issues. Her example involved working with parents whose children have attention issues:

I help the families try to identify what the best support might be dealing for ADHD, helping to develop coping strategies and learn new skills to help manage the activity level which helps students to increase their focus.

Eva stated that at times, parents need clarification on what bullying is and how it looks so that they can distinguish the difference between bullying and playing:

[S]o giving them the true definition of bullying comes, you know, kids and parents will always walk in the door and feel like they’re in a situation of it could’ve been one time, it could’ve you know we were just playing and it turned to something serious. The term bullying, we just want to educate them [parents].

Theme 5: Needing supportive environment to promote mental wellness.

Collectively, the participants identified two factors connected to EBPs that provide a supportive environment to address students' mental health needs: 1) stakeholders understanding the school counselor identity and 2) stakeholder support and buy-in including the availability of resources (i.e., trainings) and specialized personnel such as district coordinators, school social workers, school psychologists, and behavioral specialists. The former refers to teachers, parents, and administrators understanding the school counselor role, capacity, training, and appropriate work activities. The latter refers to stakeholders demonstrating support and buy-in of school counseling practices related to attending to the needs of students' mental wellness and EBPs. The latter also includes school counselors having access to resources such as EBPs and supplemental programs' trainings and specialized support personnel in the school building and district. These themes will be unpacked below using participants' narratives.

While the majority of the participants felt that their administrators worked to create a supportive environment, there were a few exceptions. For example, Tam felt like her assistant principal's previous experience with a school counselor tainted his vision of school counseling, she stated, "[O]ur assistant principal who is new to us this year actually came from a school where the counselor wasn't very effective". Tina elaborated on this contention by explaining how administrators' lack of understanding of the ASCA National Model created an unsupportive environment to address the mental health needs of students through EBPs. Tina also discussed that the nonsupport is heightened when administrators are not willing to communicate with school counselor to facilitate a deeper understanding of school counselors' role. She explained:

[I feel like] "a lot of the administrators don't understand the ASCA model. So, I think there is some upper administrator people that are not as knowledgeable about that as they

should be and they don't allow people who are in the jobs and have been in the jobs for a while to really provide a whole lot of feedback.

Tina later expressed her frustration that “school districts ignore the ASCA model and I think the model is really phenomenal and could get school districts in a really positive place”. She briefly explained that she feels there is a disconnect between administrators and embracing the ASCA model. She referred to counselor preparation programs to clarify her feelings that school counseling students are well-trained. She hinted of a disconnect between administration and ASCA by recommending that ASCA might take the initiative to look at the relationship between administrators understanding and embracing of ASCA National Model. She stated, “I think that the counselor education programs are necessarily the problem, I think it’s more like ASCA needs to get administration to embrace the national model.” Tina also stated that she removed herself from the high school EBPs “school-wide team” because:

[T]he high school is not supported by that [high school] administration...I have since stepped away from the high school team because I found it more frustrating...I felt like I was very negative with her [administrator] about the team, so I stepped back so that I just do their statistics, but I don’t actively participate.

She further explained that the middle school team is very strong and the EBPs are “implemented with fidelity”.

Eva had a better experience with her current administrators as she feels supported by them in her EBP role. However, she did indicate that she was in a previous role where she was not supported. She stated, “I also feel like I have the support of my principal and that’s not always been the case”. Shevon feels that she is supported in her role as she explained that her administrator was a former teacher and school counselor before going into administration. She

shared that her administrator “was a high school social studies teacher then went into school counseling before getting into administration”. Faye shared that because she has minimal building noncounselor roles, she feels supported by her administration. She stated, “I really don’t have, you know, a lot of duty work”. Additionally, Faye believes that the close working relationships with building level administrators is a factor in her feeling that her administrators understand the school counselor identity. For example, she shared that “each school counselor is paired with an administrator” in addition to having a “dean that is specifically over the counseling process”. Faye described these partnerships as beneficial in addressing in mental health and other needs of students. She elaborated by explaining that weekly meetings with her administrators helps to maintain clear and consistent expectations.

Theresa feels understood by her administration because “I don’t have a duty to go to, so I’m very fortunate. But I do know that other counselors in the county have to go to lunch duty and things like that”. Theresa further explained that her time is protected as she is able to provide more direct services to her students since she does not have any duties. She feels that her time is protected. Owen also attributes being understood by administration as an advantage in being able to address students’ mental health needs. He feels fortunate that:

“they didn’t give me any [duties] and I’m not complaining, but typically when they have to assign me one they’ll give me like a bus duty which is happening at the end of the day rather than something that’s going to be happening during the school day like a lunch hour”.

Fawn feels that it is important to attend professional counseling conferences to add to her skillset and stay current on relevant topics in the field to be successful in her role. She shared that it is essential to be sure that administrators are supportive of the counselor attending conferences

and being out of the building for an extended time. She explained: “going [to conferences] and making sure you have the support of your administration, that they will allow you to do those things [attend conferences] in order to be more effective in your job” is a critical aspect of stakeholders understanding the school counselor identity. Nina feels that her history and school counseling program implementation at her school helps stakeholders understand the school counselor identity. She believes:

[H]aving worked at one school for so long, I think that I’ve been able to create a program, a system that teachers know how to access me, how to access the school counselor and what the role of the school counselor is.

Nina feels that teachers play an important role in allowing her to address mental health through EBPs. She perceives teachers as her connection to learning more about the students’ world. Nina also values teachers seeing her as a mental health professional. She stated:

I just think the openness of teachers because they’re the ones who see everything. Having teachers really trained and also comfortable talking to me as a mental health professional at the school, I think teachers are really the key and just being that bridge for addressing mental health concerns through RtI.

Faye also felt like it was critical to have stakeholders that compliment what she does for the entire system to function efficiently and effectively. She explained that having “the right people that are in place. We can have ten systems, but if the right people aren’t in place operating that particular system then those systems typically don’t work”. While Faye emphasized the good fit model related to personnel, Theresa stated that it was beneficial to her to have specialized support personnel working with her to address the needs of students. She explained that she feels

supported as she has other strong school-employed and non-school employed mental health professionals on her team. She explained:

[School psychologist] is excellent; she has she has her doctorate, she's a really good resource... we have a YCAPP program which is, therapeutic day treatment so our students who are on Medicaid and have, um, got behavioral issues in the classroom, they can be assigned a YCAPP mentor.

Fawn highlighted the importance of having the alignment and support of the school staff. She specified that "having the buy-in from the whole school...making sure we're all on board". Eva feels that a large factor in the success of PBIS and RtI is having support from district administrators. She indicated:

[W]e have a behavior specialist that works with us and she's our point of contact for all of the PBIS coaches so then if I need a PBIS recommended product, our IU [district] will have it and I just contact her and ask if I can borrow it [the resource].

Owen underscored the value of receiving specialized school-wide in supplemental programs. He also noted his leadership role in these programs: "training in Youth Mental Health First Aid (YMHFA) and Trauma Sensitive Schools" in the success of PBIS and RtI for his students. He also added that he trains district staff in YMHFA and non-violent crisis intervention. He is also "the facilitator for the computer SWIS program" and "led a book study on Solution Focused [Theory] for other counselors in my district". Owen feels that these specialized resources have increased the success of EBPs in his district. He also feels like participation and leadership in EBPs strengthens his identity as a professional school counselor.

Stacey shared that she feels supported in addressing the mental health needs of her students as the county advocates for stakeholders to stay current on EBPs. She elaborated:

I think just the fact that our county is always pushing for updated training and like booster classes, um, and giving us more tools so that we are constantly learning new strategies and that allows us to, to work with our students because they're constantly changing and we need to change, so just being able to have more background and more knowledge.

Tina feels supported in her role as she drew attention to specialized training coordinated by her county consisting of researchers from MTSS/ISF, “we have been working with XXX (name of ISF researcher), who is involved in ISF, Interconnected Systems Framework where we are looking at marrying mental health services to our school wide program”.

Theme 6: Navigating EBP implementation challenges.

The participants identified two overall obstacles to addressing the mental health needs of students through EBPs. The participants feel that these obstacles impede the quality of direct service related to mental health and EBPs: home/parental barriers and the lack of consistent resources including the underuse of programs. The prevalence of internal and external barriers (i.e., school counselor to student ratio, time, paperwork, school counselor complacency) of promoting mental wellness consistently emerged throughout the interviews, particularly during questions where participants were asked to describe challenges and their comfort level in working with students with mental health concerns.

Tina believes that parental awareness and access to services are the greatest barriers to addressing student needs. Specifically, she feels that many parents are not familiar with the resources in the community. In illustration:

I would think some of the awareness. People being aware that they need the service.

People being aware that the services exist. I would say that it is probably access...So I

would say access. Probably education of families. Making sure that they know what is available in the community. What's available to them in the school setting.

Eva also believes that a significant barrier to providing services is centered on parents; however, she feels like it is more related to parental resistance to services. She explained:

I think the barrier is parent support sometimes too and understanding. Like some of our parents are very, very supportive and that's great, but then we have other parents who are very resistant to help for lots of different reasons, um, but if the parents aren't supportive of their child receiving services it's very hard to enact positive change for the child.

Nina expressed her frustration related to parental resistance as she stated that parents are not always willing to support their students in getting services. To illustrate this, Nina stated:

[G]etting parents to attend to the needs of their kids, with the obstacles of time, insurance, denial...parents' past experience in schools...just getting parents to understand that we're presenting them with options because we care about their children and not only that but having the parents have the time or the resources to get the help that their kids need sometimes is definitely a challenge as a counselor.

Nina also discussed her frustration that parents are not able to get the appropriate help for their children because of systemic barriers of access to the mental health care system. Nina added the financial barrier to parents having difficulty getting their students services. She specified:

I have kids that are truly depressed, or having suicide ideation, or really want to hurt somebody else and the amount, the number that for kids in residential facilities or the requirements for them to still be out of control when they get to the hospital...they [parents] are having a hard time finding the help that they need in a, in a quick and affordable way.

Tam's experiences were closely related to the others; however, she also expressed frustration about helping students to make positive changes that do not carry over to the home setting. Tam unpacked the parent resistance element that the others mentioned as parents being afraid to learn that their child may have a mental health concern. She also used an analogy of a "dirty fish bowl" in describing children being returning home after being taught positive skills.

[T]he most difficult for me to address honestly, are the ones where the parent buy-in isn't there...our families don't believe that a particular behavior is a concern or that a particular comment should just be brushed aside. And so, that's really hard to manage and to handle...for many parents that could be scared to hear. They might not want to acknowledge it or identify it. They might have some personal experience with some of the behaviors that was unpleasant for them and so, um to acknowledge it isn't always the way they want to address it...I use the analogy of a dirty fish bowl. So, I can take that fish out that dirty fish bowl. I can clean it up and make that fish nice and pretty and shiny, but then I throw that fish right back into that dirty fish water...So without family support or family buy-in, it's hard to address certain things at the school with the individual child um, in isolation with the rest of the family.

Tina shared a similar story regarding parents not wanting to acknowledge mental health concerns. She described parents as being indifferent to their child's mental health concerns. She unpacked this further by stating that parents may be in denial as they might suggest that their child is not being truthful about their challenges. She explained:

[S]ometimes parents are blasé about that, when you contact a parent and you tell them

that their child is making a statement, you try to put a plan in place and I don't know that families always take that seriously. Or as seriously as I guess I would want them to.

Sometimes they don't take action; they take them home.

Fawn also shared her frustration when communicating mental health concerns to parents. She expanded on Tina's point by adding that she perceives that parents feel they are being blamed for their child's mental health challenges. In illustrating this, Fawn noted:

[W]hen you call parents they say things like 'this is what they do cause they know they're gonna get a response' or 'this, they're just acting like that to get your attention'. They seem to get the sense that we're blaming them but then they want to let us know that this is a trick they're playing with us in order to get what they want...they're just like, 'no, I'm not accepting that. And they may not go get the help that they, that the students, need.

Owen reported that he gets similar drawback from parents as the other participants shared. He identified the parent's struggle as the common struggle found in society regarding mental health diagnoses: the "stigma" associated with mental health challenges. He described his most significant barrier in helping children with mental health concerns:

[The] biggest challenge is there's still a stigma associated with mental health. Um, parents may not want to have to admit that, you know, it's a mental health issue because of a stigma attached to it. So that can be a challenge.

Theresa expressed her challenges in working with students with mental health concerns through EBPs. She described it as parents not wanting to support their kids in getting help as she stated, "[the]hardest part for me is dealing with parents who are very short-sighted...who don't want to get their kids help or don't want to support their kids".

The participants also agreed that scarce human, fiscal, and organizational resources and underuse of EBPs and school counselors' own competencies hamper their capacity to address mental health concerns of students through EBPs. All of the participants cited their school counselor to student ratios as limiting their effectiveness with their students. Nina stated, "I think resources...our ratio of 1 to 450 is good for my state; but, we have so many students and so many growing mental health care issues". Tina feels that caseloads are overwhelming and more school counselors are needed as she stated, "I think more people. I think that's the biggest issue that I see is the caseloads are unreasonable, unmanageable, and I think until they're legislatively reduced that's going to continue to be an issue because people can force you to get away with I guess do more with less". Theresa feels that for her, time and resources are the biggest challenges. She described that time is a challenge for her because as a school counselor. Because she "wears many hats", she does not have the adequate time to serve students. Theresa also explained that time is a challenge on the students' side "because we are competing with instructional time". She stated, "I feel like there's just not enough, you know there's not enough time. Um, there's not enough resources; not everybody is trained in restorative practices".

Owen agreed with the other participants but like Theresa, also mentioned the effect on the students' instructional time. He indicated: "we get limited time so to be able to work with students in the limited time". Stacey feels like there are unrealistic expectations on school counselors and teachers. Like Theresa and Owen, Stacey also mentioned the effect this has on the students. Stacey expanded on their points by mentioning the possible need to outsource the student into the community. She also stated that time in a sense of too much time passing and exacerbating the students' difficulties. She offered the following explanation:

I'd say there's just honestly not enough time in the day, there's just so many barriers and

what teachers are expected to do, what counselors are expected to do, on a daily basis that a lot of times the mental health issues I feel like are either rushed through or, or we're having to outsource... Sometimes in schools, there's just not enough time so that you're always reacting to a student who has an issue rather than trying to help them before the, before it escalates.

Tam feels that her role as attendance coordinator takes away from her capacity to promote mental wellness through EBPs. She explained that being in charge of attendance is time consuming and that it pulls her away from her role in providing EBP interventions. Tam described how she reframed her attendance role into a meaningful opportunity to connect with students and parents. She specified that "while attendance is important, it takes a lot of time. So, it takes time away from other things that you could be doing with students". In describing challenging aspects of promoting mental wellness in students through EBPs, Fawn feels that she experiences trouble trying to find the balance between working with a small number of students who have high needs and working with a high number of students with needs. Fawn clarified this ambiguity as "[M]y biggest barrier is overlooking the students as it's hard to be there for all, for the ones who have the needs...most of your time is taken up, so trying to find that balance". Eva also struggles with trying to find that balance, for example:

[W]hat I'm finding is I have such a large caseload that if students really need consistent services I am not the best person to provide them because I have so many kids and I don't want to like not get to a child that needs help.

The participants agreed that fragmentation of programs and funding obstacles were also barriers to promoting mental wellness through EBPs. Tam described how programs are introduced, implemented, and pulled without a true opportunity to implement the programs with

fidelity. This contention is supported in the literature regarding educational reform programs (Adelman & Taylor, 2008; Fixsen et al., 2005; Stephan, Weist, Kataoka, Mills, 2007; Weist et al., 2012). She explained:

[W]e implement something and either we don't give it enough time to work or in this case with PBIS, we train you on it once and then we brush our hands of it and so, I think we are at a point where we need to refresh, renew our knowledge, our enthusiasm, our practices when it comes to the entire PBIS program.

Fawn shared her frustration with an agency that she partnered with to run targeted small counseling groups as a Tier 2 intervention, “[W]e’re supposed to be running groups, I have emailed him [agency representative] several times...” because the representative failed to show up for implementation of the program.

Stacey feels like high staff turnover and inadequate trainings hinder her from being able to get the most out of the EBPs. She also mentioned fragmentation by noting that new programs surface annually. In illustration:

[J]ust having enough people in the building trained on PBIS and Restorative Practice. Um, in our county it seems like every year to two years there’s a whole new acronym that’s coming out that the higher-ups want us to implement in the building, so it’s hard to always have the majority of the building trained on a single program like PBIS or restorative practice with things keep changing...it makes it hard to get every single teacher on the same page and I think that’s crucial for PBIS and restorative practices.

While Eva also discussed the challenges associated with not having adequate staff trained because of staff turnover like Stacey, Eva expanded on this detail by pointing out that PBIS is not being used to its full benefit. In illustration she stated, “we have a lot of transiency of our

staff and so, um I think that not everybody completely understands what PBIS is, what it could be, and how to implement it”.

Tam feels that PBIS is underused in her building. She added to this point by describing that the training that she and others received for the EBP at her school is no longer valid. Tam is concerned that the program is being underused and is misunderstood by stakeholders. She explained:

I think some people understand, but may not completely understand the graphs and the depth that PBIS has to offer, but because it’s ours, I think they are understanding and the training kind of gets watered down each year since we had that first initial big training eight years ago.

Fawn expressed similar sentiments about the underuse of PBIS. She feels like PBIS has more to offer than what her building is currently getting out of it. She indicated:

[B]ecause they’re using it, but they’re not using it as much as they could be. So I think the outcomes will be greater once they get in the habit of using uh, the PBIS part of it with more students at a time.

Summary

Chapter Four included an analysis of the findings of school counselors who use EBPs to address the mental health needs of students. These results include information derived from demographic questionnaires and ten in-depth interviews. Chapter Four also included the purpose, research questions, and a brief summary of all participants. Six main themes were identified from the data collected: a) Cultivating advocacy and leadership skills; b) Recognizing benefits of EBP integration; c) Being frontline in mental health as personal-social domain dominates school counselor role; d) Collaborating and consulting with school and community stakeholders; e)

Needing supportive environment to promote mental wellness; and f) Navigating EBP implementation challenges. In-depth statements from participants are included to support the themes and overall findings.

This study demonstrated the experiences of school counselors in promoting mental wellness in students through EBPs. This analysis presented how school counselors implement EBPs and exposed the challenges faced by school counselors in providing direct services to students. This study gave voice to school counselors and their perspectives in balancing their identity as an educator and mental health professional. Chapter Five includes a discussion of the findings, conclusions, limitations of the study, and recommendations for future research in this area.

Chapter Five

DISCUSSION

The purpose of this chapter is to amalgamate the study findings with the current literature in the field relative to evidenced based programs and school counseling. This chapter also includes a summary of the analysis of data from the preceding chapter. In addition, this chapter will include implications of the findings, limitations of the study, and recommendations for future research.

Purpose of Study

This study was designed to explore school counselors lived experiences in promoting mental wellness using at least one of the following four evidenced based programs: Positive Behavior Intervention and Supports (PBIS), Response to Intervention (RtI), Student Assistance Programs (SAP), and Restorative Practices (RP). In addition, this study illuminates the challenges school counselors encounter when addressing mental health needs of students. This line of research remains an underdeveloped topic in the literature. Thus, this study provides insight into an area that school counselors encounter upon entering the schoolhouse. As one participant commented, “mental health issues don’t stop at the door” (Theresa), meaning that mental health issues must be addressed before learning and healthy develop can occur.

The following discussion will address the study’s research questions:

1. What are the lived experiences of school counselors who address the mental health needs of students through evidenced based programs?
2. What recommendations do school counselors have to assist school counselors in helping students develop mental wellness?

The researcher will highlight the common themes that emerged. The findings will also be delineated with reference to the current literature to depict how the findings both support and contradict the existing literature.

Question 1

What are the lived experiences of school counselors who promote mental wellness of students through at least one of the four evidenced-based programs: PBIS, RtI, SAP, and RP?

School counselors are essential school personnel who, along with school administrators, are critical to the overall school mission of helping all students achieve in a safe environment (Dollarhide, 2003; Dollarhide, Gibson, & Saginak, 2008; Dollarhide, Smith, & Lemberger, 2007; Gilmore, 2015; Hernandez & Seem, 2004; Wingfield, Reese, & West-Olatunji, (2010). Through a comprehensive school counseling program, school counselors provide prevention and intervention curricula to address the academic, personal/social and career needs of students (Goodman-Scott, 2015; Foster, Young, & Hermann, 2005; Sink & Ockerman, 20116; Walley, 2013). According to the literature, school counselors are more likely to encounter the personal/social deficits of school-age children than any other clinician in other setting (Erk, 2008; Foster, Young, & Hermann, 2005; Goodman-Scott, 2015). This study supports this contention as all the participants felt that the personal-social need area is the most pronounced demand on their time. In addition, several school counselors reported feelings of being a

frontline mental health professional in the school setting. Along these lines, several of the school counselors believed that the personal/social needs of students were the most important in their work. In support of the findings of the current study, Barna and Brott (2011) suggest that implementing standards related to personal/social factors were of higher importance in participants' work experiences as elementary school counselors. However, these same participants did not perceive any differences in whether academic or personal/social standards were more important in supporting academic success.

The school counselors interviewed described heavy caseloads, parental resistance, administrative and building duties, and stakeholders lack of understanding of the school counseling role as barriers that hinder them from addressing the needs of all students. This finding is supported in the literature as DeKruyf, Auger, and Trice-Black (2013) identified these barriers as "roadblocks" faced by school counselors. In terms of school counselor to student ratios, school counselors in this study indicated that their caseloads are overwhelmingly high, making it difficult to address the needs of all students. Statistics accessed from the National Center for Education Statistics support this finding as these statistics indicate that school counselor to student ratio average has increased each year from 2011 (457:1) to 2014 (491:1).

With caseloads averaging almost 500:1 nationally, school counselors are expected to help all students navigate their environment and be successful despite the student mental health challenges reported by the school counselors in the literature. These mental health challenges include depression, self-harm, anxiety, eating disorders, ADHD, divorce, relationship difficulties, social media, behavior problems, and autism spectrum disorders (Auger, 2011; DeKruyf et al., 2013). The school counselors interviewed in the current study affirmed their

experience with those student issues and added severe mental health issues such as bipolar disorder and schizophrenia.

As school-wide improvement initiatives, EBPs, when used with fidelity, help school counselors to address the personal-social needs of students withstanding the barriers mentioned above (Cressy et al., 2014; Goodman-Scott, 2014; Goodman-Scott, Watkinson, Martin & Biles, 2016). This study supports this contention as school counselors shared their experiences addressing the mental health needs of students through at least one of the EBP. The school counselor participants indicated that they can meet the needs of students through the tiered frameworks of the EBP in place at their school. In addition, the participants believe that use of EBP increases efficiency, structure, and consistency.

Ziomek-Daigle, Goodman-Scott, Cavin, and Donohue (2016) note that integrating tiered frameworks into comprehensive school counseling programs is a new line of research. These tiered frameworks allow school counselors to maximize their efforts in addressing the needs of students. According to these authors, school counselors can assume the roles of “interveners, facilitators, and supporters” in implementation of tiered frameworks (p.225). The roles described are consistent with the findings of the current study where school counselors used tiered frameworks to augment their service delivery. In addition, the literature supports the finding that EBP increase efficiency and maximize school counselor efforts (Cressy et al., 2014; Goodman-Scott, 2014; Goodman-Scott, Watkinson, Martin & Biles, 2016; Hatch, 2014; Ockerman et al., 2015; Ziomek-Daigle et al., 2016).

The school counselors interviewed discussed their role of collaboration and consultation with school building and community stakeholders as a critical component to addressing the mental health needs of students. This communication included exchanging information and

making recommendations with parents, teachers, in-house providers, and community mental health providers. Current literature in the field support this contention as many authors discuss the critical role of school counselors collaborating with community stakeholders to meet the diverse needs of students (Brown et al., 2006; Mellin & Weist, 2011; Ratts, DeKruyf, & Chen-Hayes, 2008; Walley, Mellin, Belknap, Brodie, & Sholes, 2015). Many of the school counselor participants felt like teachers were a bridge to their relationship with students as they relied on the information that teachers relayed about their students' needs. Other participants shared how they provided psychoeducation to teachers and school staff regarding strategies and best practices in the EBP in place at their school. This collaborator and consultant role supports recent conceptualized roles of school counselors who are involved in research-based practices (Mellin, Belknap, Brodie, & Sholes, 2015; Mellin & Weist, 2011; Sink & Ockerman, 2016; Ziomek-Daigle et al., 2016).

The school counselors interviewed expressed that a supportive environment was also a critical aspect of being able to address the mental health needs of students. Participants felt like multiparty support is necessary to implement change and impact students. This included stakeholder buy-in and support; EBP trainings, and resources as necessary to use EBP with fidelity. These findings are supported in the literature that connects the roles of school counselors to PBIS and RtI (Goodman-Scott et al., 2015; Ockerman, Mason, Hollenbeck, 2012; Ockerman, Patrikakou, & Hollenbeck, 2015; Sink & Ockerman, 2016; Ziomek et al., 2016). Research connecting the implementation of RP to school counseling does not exist in the literature. SAP implementation within school counseling programs was scantily addressed in the literature in the 1990s (Dykeman, 1994; Harrison, 1992; Rainey, Hensley, & Crutchfield, 1997; Palmer & Paisley, 1991). In this literature, authors illustrated how school counselors were involved in

coordination and implementation of SAP to address the needs of at-risk youth. In addition to administrative responsibilities, the literature described how school counselors conducted “concerned persons” and prevention groups such as anger management, grief and loss, and familial relationships.

School counselor participants also discussed the importance of communicating with administrators and educating them about the role of the school counselor. Many of the school counselors highlighted their communication and connection with building administrators as they expressed the importance of administrators understanding the school counselor identity as it relates to being assigned noncounselor roles “that take time away from direct services with students” (Tam). The importance of administrators understanding the complex role of school counselors is supported in the literature. Brown et al. (2006) found that school administrators’ misunderstanding of the role of school counselors limit school counselors’ ability to address the needs of students. In the Brown et al. (2006) study, the authors found that school counselors perceived their role more as a mental health professional than their administrators. In that study, Brown and colleagues cited one administrator as saying that school counselors were not qualified to address the mental health needs of students. Many of the school counselors interviewed for this study felt like the Annual School Counselor-Principal Partnership Agreement (ASCA, 2012) was beneficial in delineating specific duties that are an appropriate use of time for school counselors. Although there is little support in the literature for the use of the specific ASCA recommended school counselor annual agreement (ASCA, 2012), there is a plethora of literature that advocates for an effective school counselor-principal partnership (Cisler, & Bruce, 2013; Dimmitt, Militello, & Janson, 2009; Finkelstein, 2009; Ockerman et al., 2015; Protheroe, 2010; Rock, Remley, Range, 2017; Stone & Dahir, 2009; Zalaquett & Chatters, 2012). This line of

research centers on examining principals' understanding of school counselors training, skills, and capabilities in relationship to school leadership and supporting the school's mission (Dimmitt, Militello, & Janson, 2009; Finkelstein, 2009; Ockerman et al., 2015; Protheroe, 2010; Stone & Dahir, 2009). Collectively these findings suggest that school counselors and administrators view open communication and exchange of information as critical elements in a successful school counselor-principal relationship where decision making can be shared. Additionally, these studies emphasized that the school counselor-principal relationship is an asset to a school, particularly in school reform initiatives. Stone and Dahir (2009) added the dimension of accountability and data driven practices to this area of literature whereby they found that school counselors, with the support and collaboration of the administrator, were able to expand opportunities for students using data driven practices.

Furthermore, the participants identified leadership as a central piece to their work in EBPs. This role has been supported by seminal and recent literature in school counseling. For example, the revamped role of school counselors in the literature centers on five essential functions for school counselors to be transformative in their schools (Ockerman et al., 2012; The Education Trust, 1996). The Education Trust (1996) designed the Transforming School Counseling Initiative to transform the role of school counselor from auxiliary to a status of action and transformative. These five functions as described by Ockerman et al. (2012) align with the use of EBPs: a) leadership; b) advocacy; c) teaming and collaboration; d) counseling and coordination; and e) assessing and using data. Leadership and creativity emerged as the major theme as it served as a foundation for the other themes. Of the five core functions, leadership and advocacy materialized in Theme 1 and the remaining functions materialized in other themes.

Question 2

What recommendations do school counselors have to assist school counselors in helping students develop mental wellness?

The school counselors interviewed for this study agreed that the mental health needs of students must be met for learning and healthy development to occur. Although, the researcher was not able to find literature that specifically delineates recommendations regarding school counselors implementing mental health interventions, many authors have emphasized the importance of school counselor professional development in mental health areas to better meet the needs of students (Carlson & Kees, 2013; DeKruyf et al., 2013; Walley et al., 2009; Walley & Grothaus, 2013). Research in this area also discusses the importance of school counseling supervisors having the knowledge and skills to respond to mental health issues (DeKruyf et al., 2013; Walley & Grothaus, 2013; Mellin & Pruitt, 2009). Aside from school counseling literature, there is also a line of research that supports the connection between mental wellness and learning (Carlson & Kees, 2013; Froiland, 2011; Weist et al., 2014).

Many of the school counselors interviewed believe that counselor preparation programs should include coursework related to PBIS, RtI, and RP. The school counselors agreed that these programs allow them to be more efficient in addressing the needs of all students. Recent literature makes a call for counselor preparation programs to expand their focus to include multi-tiered systems of supports (MTSS) such as PBIS and RtI (Ockerman et al., 2015; Patrikakou et al., 2016; Sink & Ockerman, 2016). This contention aligns with the profession's focus on data driven practices. Participants agreed that data driven decision making is the groundwork for the EBP examined in this study. The hallmark journal of the National Board of Certified Counselors (NBCC), *The Professional Counselor*, devoted a special issue to the roles and functions of

school counselors and MTSS (Sink & Ockerman, 2016). According to Sink and Ockerman (2016), although MTSS implementation and effectiveness in school counseling is limited in the literature, professional development and counselor preparation in this area is needed (Goodman-Scott, 2016; Sink & Ockerman, 2016).

The participants interviewed also recommended that school counselors use EBP to help address the mental health needs of students because they believed that the EBP provide a framework and expand their reach to all students. The literature referenced above provides support for these findings. In addition, Ockerman et al (2015) found that school counselors' self-efficacy in executing key RtI roles such as RtI Coordinator or RtI Leader increased when they worked "with positive, proactive leaders and a clear understanding of their own roles and responsibilities" (p. 17). These authors concluded that school counselors are encouraged to proactively use RtI when implementing RtI interventions in collaboration with a school leadership team. These feelings are consistent with the findings in this research study as many of the school counselors interviewed stated that they could execute their leadership role in EBP when there was clear and consistent report from administration. In contrast, three of the school counselors interviewed expressed reluctance about having leadership roles in EBP because of the same reasons cited by Sink and Ockerman (2016): feelings of being overwhelmed with current responsibilities, having unfamiliar duties with limited time, and being overworked and undervalued in their current roles.

Four of the participants recommended that practicing school counselors increase their collaboration with community stakeholders to build a network of providers to minimize the unmet need for mental health care. These participants shared their stories of creating community resources manuals, also referred to as community mapping. The participants explained the

benefits of having an immediate resource for students and parents, particularly families new to the area. Mellin and colleagues (2015) describe this concept as multiparty collaboration. The authors identify multiparty collaboration as best practices for school counselors and suggest that school counselors use social capital theory as a lens to connect the school and community. Other authors also highlight the benefits of community mapping to expand the reach of local schools as a reciprocal relationship between families, schools, and the community (Amsden & VanWynsberghe, 2005; National Center on Secondary Education & Transition, 2005)

School counselors interviewed emphasized the importance of advocating for a clear school counselor identity and educating school and community stakeholders (i.e., parents, teachers, community legislators) on the school counselor role. Two school counselors shared their stories of how their participation in local advocacy efforts influenced policy change regarding school counselor to student ratios. The literature supports the advocacy role of school counselors in local and state legislature as school counselors continue to make cases for social justice and better working conditions (i.e., lower caseloads, resources) (Grimes, Haskins, & Paisley, 2013; Mellin, Hunt, Nichols, 2011; Myers, Sweeney, & White, 2002). Included in recommendations regarding advocacy efforts, the counselors referenced in the literature above feel that it is important for their colleagues to be intentional about educating stakeholders on the school counselor's role and skill set. These feelings are consistent with those expressed by many of the school counselors interviewed in the current study. Specifically, Owen, Tam and Fawn shared their stories of how they advocated for removing building duties from their roles in their respective districts.

Five of the school counselors interviewed recommend that school counselors take the time to increase their knowledge of the ASCA National Model (ASCA, 2012) and its

programming components. One counselor feels that ASCA is underused and undervalued across the profession because many counselors “fear research and data” and “accountability practices take time”. These feelings are consistent with the literature regarding school counselors’ perceptions of the ASCA National Model (Astramovich, Coker, & Hoskins, 2005; Hatch & Chen-Hayes, 2008). Hatch and Chen-Hayes (2008) examined school counselor beliefs regarding the implementation and usefulness of the ASCA National Model. The authors found that school counselors believed that ASCA components are beneficial to implement in a comprehensive school counseling program. Faye believes that some school counselors may not understand the model and therefore fail to apply it to their program. Cinotti (2014) addresses the ambiguity school counselors often face as school counselors may feel pulled by competing models of professional school counseling. This also relates to the earlier discussion of Tam’s internal struggle at the beginning of her career with her counseling identity as a “counselor in the school setting or educator with counseling skills”.

Implications of Study

The findings from this study provide increased awareness of the urgency to address students’ mental health in the school setting. The school counselors interviewed noted an escalation in the prevalence of mental health concerns in school-age children. This supposition is supported in recent literature in education and mental health (Cressey et al., 2014; Kaffenberger & Young, 2013; Weist; Mellin). As illustrated by the school counselors interviewed for this study, schools are a predictable, consistent, and structured environment for students, particularly those with mental health concerns. The school counselors in this study consider themselves mental health professionals in an educational setting with the capacity to screen, observe, counsel, and make appropriate referrals to community mental health as appropriate. These

findings also emphasize the perceptions of school counselors that they are frontline mental health professionals in the school setting. The school counselors interviewed in this study felt like the social emotional needs of students dominated their time. However, the primary national organization for school counselors, ASCA, has outlined three major domains of the school counseling role: academic, career, and social emotional development (ASCA, 2012). As school counselors must address the multiple needs of all students and support the general mission of schools to educate students and prepare them to be productive citizens, there must be a consistent, structured, efficient system to balance their roles and responsibilities. The school counselors interviewed for this study and the research literature support research based practices and data driven decision making as tools to improve education and the practice of school counseling (Hatch, 2014; Kaffenberger & Young, 2013).

Research based practices and data driven decision making are the heart of educational EBP (Cooney, Huser, Small, O'Connor, 2007). EBP provide increased effectiveness and accountability for prevention and intervention initiatives aimed at increased quality and proof of that quality (Cooney et al., 2007). The current study focused on school counselor practices within the four educational EBP: PBIS, RtI, RP, and SAP. School counselor participants were involved in the implementation and delivery of at least one of the EBP. As each participant utilized more than one of the EBP, they believed that the amalgamation of the EBP increased quality and effectiveness as the program complimented one another. The following implications for practicing school counselors, school counselor preparation programs, and the school counseling profession demonstrate how school counselors and preparation programs can benefit from the findings of this study.

Practicing School Counselors

In recent years, the role definition of practicing school counselors has evolved from an ancillary support, mostly informed by a system of priorities of a building principal or school district, to a primary authority, enlightened by a system of professional priorities that most professions organically experience (Clemens, Milsom, & Cashwell, 2009; House & Hayes, 2002; Shimoni & Greenberger, 2014). As such, recent literature and policy in school counseling have focused on developing a clear, defined identity and work tasks for school counselors (ASCA, 2010; ASCA, 2012; Goodman-Scott, 2015; Lambie & Williamson, 2004; The Education Trust, 2009). ASCA is the leading organization dedicated to establishing clear guidelines and functionality for the work of professional school counselors (Lambie & Williamson, 2004; Shimoni & Greenberger, 2014). In its most recent framework, ASCA (2012) outlines the tasks of school counselors under three primary domains: academic, career, and personal/social development. This study presented data related to school counselors' experiences and perceptions revolving around the latter using interventions of specific EBP.

Given the responses of the participants, it appears that the EBP provide a practical framework for school counselors to address the personal/social needs of students. PBIS and RtI interventions are based on tiered frameworks or graduated levels of student support based on assessments of student needs. SAP and RP are responsive models that address the needs of at-risk students. As indicated by the data presented here, 80% of the school counselors utilize at least two of the EBPs collectively to address students' needs. Tina shared stories of addressing the mental health needs of students in her building using strategies of PBIS, RtI, and SAP.

This compendium of programs aligns with the concept of Interconnected Systems Framework (ISF), a model developed by a team of researchers and community mental health

providers that acknowledges the overlay between efforts of academic and behavioral reform with socio-emotional issues such as dropout prevention, suicide, and substance abuse (Barret, Eber, & Weist, 2013). As such, ISF is the marriage between MTSS and School Mental Health (SMH) as it is described in the research as a blend of resources from education and mental health intended to increase the depth of implementation “allowing for greater efficiency, and effectiveness” (Eber, Weist, Barrett, 2013, p. 3). Based on the findings of this study and the literature regarding SAPs and SMH, the SAP model may be conceptualized as a form of SMH as the two models share the same premise of attending to the children’s mental health crisis by aligning a diverse group of school and community professionals to implement prevention, intervention, assessment, and treatment services for students (Weist, Mellin, Chambers, Lever, Haber & Blaber, 2012). Thus, school counselors may consider advocating for ISF implementation to better address the academic, career, and personal and social development of students as ISF is grounded on the foundation that students and parents will have access to a vast range of mental health supports through “collaboration and mutual support among school and community providers” (Eber et al., 2013, p.3).

The school counselors interviewed underscored the importance of collaboration and information exchange with community stakeholders. This is an underlying premise of ISF. Therefore, it is proposed here that ISF would be an organic EBP for school counselors to utilize to better promote mental wellness in students. This contention aligns with the experiences of two (Eva and Tina) of the school counselors interviewed as they revealed that their schools were adopting ISF as a whole school initiative to address the mental health needs of students. These school counselors felt that although they are qualified to provide preventive and interventive assistance to students, barriers prevent them from delivering adequate counseling and related

services to students. This line of reasoning is consistent with the research that supports the efforts of marrying SMH to MTSS as a school-based initiative (i.e., ISF) (Weist et al., 2012) which would include the systemic collaboration of school-employed mental health professionals (i.e., school counselors, school social workers, and school psychologists) and community-employed professionals. Dahir and Stone (2006) argue that school counselors should be aware of the ecological factors that intensify mental health concerns and advocate for acceptance for and access to community resources to eliminate barriers that impede student access to services. This position is naturally accessible through implementing ISF, particularly with ISF's alliance with Implementation Science. Implementation Science is a line of research that addresses implementation gaps or the insufficient development of systems from onset to successful execution and outcomes in programming (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). Utilizing ISF with its element of Implementation Science would address the specific frustration that Fawn felt about the inconsistencies of working with the community based provider. Many of the school counselors interviewed also expressed frustration about inconsistencies and fragmentation of mental health services in their school building.

In addition to aligning school counseling practices with ISF, it is important to educate stakeholders including parents, students, school personnel, and community members about: the training and role of school counselors; EBPs implementation and practices, and ISF as a comprehensive EBP to address the mental health needs of students. Therefore, school counselors can provide trainings for school personnel and other stakeholders to educate them on the functions and duties of school counselors while also imparting culturally relevant information about mental health issues and EBPs.

School Counselor Preparation Programs

Counselor preparation programs prepare future school counselors to address barriers to learning by attending to the academic, career, and personal/social development in students. A national survey conducted by Perusse, Poynton, Parzych, and Goodnough (2015) identified changes over a ten-year period that occurred in school counselor preparation programs in credit requirements, screening methods, faculty background, course content, fieldwork criteria, and program relevance to The Education Trust model. This study found that there were similarities within the structure of the programs. The results (N=126) of that study revealed that 42.9% of the programs required students to take a course related to Psychopathology or Diagnosis; 42.9% required students to take a course in Counseling Children and/or Adolescents; 36.5% required a course in Couple and Family Counseling; and 32.5% required a course in Substance Abuse. Based on that data, less than half of pre-service students received training in courses that might help them address the mental health needs of their students. While school counselor participants in the current study recommend that counselor preparation programs include more courses related to mental health, it seems that counselor education programs have not addressed this in the structure of their programs.

In the current study, school counselors expressed that professional development opportunities for practicing school counselors should focus on preparation to address mental health issues because as most of them noted, the personal/social development domain was the largest area that dominated their time. All the school counselors interviewed shared that they sought additional training in mental health through professional development opportunities. This is consistent with school counselor perceptions in the literature (Cervoni & DeLucia-Waack, 2011; Goodman-Scott, 2015; Herr & Erford, 2011; Walley & Grothaus, 2013). Additionally,

Goodman-Scott (2015) conducted a national study (N=1052) of school counselor perceptions of their master's degree preparation and actual school counselor job duties. In her study, 56% of the school counselors felt like their academic training prepared them moderately for their jobs while 28% reported not feeling adequately prepared for their school counselor job. The findings of these studies reflect the feelings of the school counselors interviewed for the current study as many of the counselors interviewed expressed not feeling prepared for the actual functions of their jobs upon completing their master's degree. Goodman-Scott (2015) also found that school counselors rated job tasks related to personal/social development as their highest item of actual job activities. The findings from the current study regarding not feeling as prepared as they would like to be prepared to work with the abundance of students with mental health concerns along with similar results in the literature could be related to counselor preparation programs' insufficient training in mental health issues (Goodman-Scott, 2015; Kaffenberger & O'Rourke-Trigiani, 2013; Koller & Bertel, 2006; Walley et al., 2009). Considering the findings of the studies mentioned above and the current study, counselor preparation programs may want to initiate curricular changes to increase pre-service school counselors' awareness of signs, symptoms, and relevant counseling interventions for students who struggle with mental health concerns. Additionally, an enhanced curriculum for pre-service school counselors might include more field and experiential experiences related to helping students with mental health issues.

Every participant felt that counselor preparation coursework should include information regarding EBPs. Counselor educators can consider ways to include curricular activities that address data driven practices and research based programs. This can be done through required coursework and through field experiences. For example, Cavin and Ziomek-Daigle (2015) described how school counseling students, through a course with a service learning component,

provided PBIS interventions to at-risk students. Another opportunity to incorporate EBP in students' experience might be to have students apply EBP strategies to case studies as formative assessments or in-class exercises.

Sixty percent of the school counselors interviewed in this study reported having mental health experience outside of their current position as school counselor. Three of the participants disclosed that they seek summer employment in the mental health field as an opportunity to increase their mental health competency. Practicing school counselors wishing to add mental health training to their skillset might consider utilizing summers to gain this additional training.

All the participants in this study reported an undergraduate major in a related area to mental health. While each participant reported a general comfort level in working with students who have mental health concerns, they all stated that they would like more training in mental health areas. Given the value that the participants place mental health training and experience to be better equipped to address the needs of their students, counselor preparation programs might consider previous experience in the mental health field as a factor in the admissions process by favoring applicants with work or volunteer experience in mental health. In addition, an undergraduate degree in a related area such as Counseling, Psychology, Human Services, Child Psychology, or Child Development could also carry a heavy weight in admissions decisions.

School Counseling Profession

ASCA is the largest and most prominent organization that supports the efforts of school counselors in addressing the needs of students. The ASCA National Model (ASCA NM) provides a blueprint for school counselors to guide the development of students in the areas of academic, career, and social/emotional development. Twelve of the thirty-six ASCA position statements confirm the school counselor's role in areas related to mental health. These are

illustrated in Table 5. However, only one of the statements specifically mention the term “mental health”. The ASCA Position on Mental Health states that school counselors must be able to recognize and respond to the mental health challenges of students that interfere with learning and social development (Reinke, Stormont, Herman, Puri, & Goel, 2011). Although ASCA underscores the importance of school counselors promoting psychosocial wellness, the organization discourages a clinical focus and emphasizes the educator role. Consistent with the research in this area (ASCA, 2015; Behrens et al., 2013; Carlson & Kees, 2013; DeKruyf et al., 2013; Gruman et al., 2013; Mellin, 2009; Weist et al., 2012), the findings in this study substantiate a paradigm shift in school counseling for adoption of a dual role of educator and mental health professional as school counselors increasingly encounter students with a myriad of mental health issues (Carlson & Kees, 2013; DeKruyf et al., 2013). Consistent with recent literature in the field (Carlson & Kees, 2013; Dekruyf et al., 2013; Kaffenberger & O’Rorke-Trigiani, 2013) this may be an opportune time for school counselors to consider a model that embraces a combined role of educator and mental health professional.

Recommendations for Future Research

Additional research on how school counselors address the mental health needs of students and use EBPs is needed. The literature is scant in this area as school counselors are often left out of the conversation on school reform initiatives and EBPs. Further qualitative research could expand this study by including school counselors who are new to the profession or those that self-report as meeting mental health needs through any means. Research that explores this phenomenon as a function of school counselor level (i.e., elementary, secondary) may provide specificity that is more relevant to the school setting as one of the school counselors interviewed

felt strongly about PBIS not being suited for her level. An additional expansion of the current study might include identifying the quantity of students who school counselors perceive as being

Table 5

ASCA Position Statements Related to Mental Health

Position Statement

1. Character Education
 2. Child Abuse & Neglect Prevention
 3. Children Experiencing Homelessness
 4. Dropout Prevention/Students At-Risk
 5. Group Counseling
 6. Identification, Prevention, and Intervention of Behaviors that are Harmful & Place Students At-risk
 7. Trauma Informed Practice
 8. Promotion of Safe Schools Through Conflict & Bullying/Harassment Prevention
 9. Retention, Social Promotion, & Age-Appropriate Placement
 10. Safe Schools & Crisis Response
 11. Student Mental Health
 12. Transgender/Gender non-conforming Youth
-

impacted by the EBPs. Qualitative research in this area might also explore school counselors' perceptions of school mental health and how school counselor's identity influences how they view school mental health and EBP. A grounded theory research study might be helpful to develop a model of how school counselors attend to the mental health needs of students as this might provide other school counselors with more direction on how to accomplish this task despite the role ambiguity and position constraints of the school counseling role. An additional grounded theory research study with the purpose of developing a model that embraces an identity for school counselors that fully recognizes both words in the title "school counselor".

Future research could also identify school counselors who received training or have experience in EBP implementation through their graduate program. Additional research that incorporates culturally relevant practices in addressing mental health needs of students could be of value to the school counseling field as could research that examines ways that school counselors could contribute to lessening the environmental or contextual factors which influence the exacerbation of mental health concerns in students. Quantitative research exploring any of these directions would help to delineate a greater link to student outcomes and would be generalizable to a specific population of school counselors based on contextual factors of the population examined.

Conclusion

The findings from this research study uncover a rich view of school counseling practices related to mental health and EBPs. Using a phenomenological approach, this study allowed for a deeper understanding of the essence of school counselors promoting mental wellness in students. Additionally, school counselors were provided a venue to share their voice about how they use data driven practices to meet the socioemotional needs of students. This study illustrated innovative trends and practices in attending to the mental health needs of students. The themes that emerged calls attention to the impediments that hamper the productivity of school counselors about addressing the mental health needs of students through EBP. The findings of this study also demonstrate that school counselors can be effective leaders in school reform efforts. In addition, this study demonstrates that school counselors must be more intentional and educate themselves on innovative practices such as ISF while continuing to seek out professional development opportunities to enhance their clinical skillset.

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Appendix A: Interview Protocol

Interview Script

Hi. Thank you for agreeing to participate in my study. This purpose of this study is to gather information about the experience of school counselors in supporting students with mental health issues through evidenced-based programs. As such, this interview will cover a variety of topics, including personal background information, school supports and interventions and other related topics.

I will be recording this interview with this digital recorder. Before we move on, do you agree to be recorded? Your participation in this study is completely voluntary. You can choose to stop this interview at any time and withdraw from this study.

I will also be taking written notes during the interview. I can assure you that all responses will be confidential and only a pseudonym will be used when quoting from the transcripts. Do you have any questions about the interview process or this form?

I have planned this interview to last about 45-60 minutes. During this time, I have several questions that I would like to cover. Do you have any questions at this time?

Questions

1. Please describe the type of courses that you took in your counseling degree program?
2. How do you define mental health?
3. What are your experiences working with mental health concerns with students?
4. How do you provide mental health prevention or services school-wide?
5. What programs are in place at your school to respond to students personal, social and emotional concerns?
6. Describe your training in the evidenced-based program in your school?
7. How do you attend to students' mental health concerns since your building adopted -----
----- (EBP)?

8. What are some of your stories related to promoting mental wellness in students using EBPs? Please provide an example of an intervention or plan that you used in supporting a student or students with a mental health concern?
9. What have been outcomes of promoting mental wellness in students through your work with _____ (EBP)?
10. What, if any, challenges do you face, as a school counselor in supporting the mental health needs of students using _____ (EBP)?
 - a. What, if any, mental health concerns are the most difficult to address?
 - b. Least difficult
 - c. What mental health concerns do you feel most comfortable in assisting students? Least comfortable?
11. What supports do you have in addressing the mental health needs of students using _____ (EBP)?
12. What are the most common mental health concerns for the students in your building?
13. Describe your comfort level in working with students with mental health concerns.
14. How do you engage with other _____ (EBPs) stakeholders in the school and/or community related to working with students with mental health concerns?
15. How, if at all, do evidenced-based programs influence the practices of addressing students' needs?
16. Based on your experience providing mental health services to students, what, if any, suggestions do you have for counselor preparation programs? Professional development of practicing school counselors? Mental health services in your building?

Appendix B: Demographic Questions

What gender do you identify with?

What is your age group?

20-29 30-39 40-49 50-59 60+

What is the title of your master's degree (i.e., MA, MEd, MS) and program name (i. e., Counseling, Counseling Psychology, Counselor Education, Student Affairs)?

How many years have you been a school counselor?

1-5 6-10 11-15 16-20 21-30 31+

Which race/ethnicity best describes how you identify yourself?

Black Latino White Asian American Native American

Other _____

What is the level of your student population?

Elementary Middle High Other _____

What subject is your undergraduate degree?

How many schools have you worked in?

What was your job title before becoming a school counselor?

How many years have you been at your current school?

What percentage, if any, of your students receive free or reduced lunch?

What are the primary demographics for your school: rural, suburban, urban?

HS only: What is the percentage of students at your school who transition to a four-year university? Two-year university?

HS only: What is the percentage of students at your school who enter the workforce immediately following graduation?

How many school counselors are in the school counseling department? What is the school counselor caseload?

What is the title of your school counseling department that is used on school communications?

What is your professional title at your school?

How many students attend your school?

Have you received any professional development or training in attending to the mental health needs of students? Through any specialized programs?

Appendix C: Informed Consent Form

Dear Participant:

I am writing to confirm your desire to participate in my research study. The following information is provided so that you can confirm whether you wish to participate in my study. Please be aware that you do not have to participate if you do not want to, and if you decide to participate, that you can withdraw at any time.

I am asking you to be in this study because you are a school counselor who self identifies as attending to students' mental health concerns through selected evidenced-based programs (EBPs). The purpose of this study is to better understand school counselors' experience as they support students with mental health issues within the framework of at least one of the EBPs. If you decide to take part in this study, I will interview you for approximately 45-60 minutes. During this interview, we will discuss children and adolescent mental health issues in your school and the interventions you utilize to support these students. We also will discuss your specific use of EBPs to address the personal and social needs of your students. All interviews will be conducted in quiet, private location, specified by you.

There are minimal risks associated with participation in this study but no greater than those encountered in everyday life. Additionally, all the results will be shared with you in the hopes that it will give you some insight into the current state of our profession and into some successful programs being utilized by others. You will be given a pseudonym to protect your identity throughout the interview process and in the final written document. The recorded interviews will be kept on my personal computer in a secure drive that is password protected; and I will maintain full confidentiality. Audio recorded interviews will be transcribed and coded for analysis. A copy of the transcribed interview will be provided for your review. The interviews, transcripts, and all data will be destroyed after five years.

Your participation in this research is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may withdraw at any time. I anticipate a total of 10-12 interviews.

If you have questions about this study, please feel free to contact me at oldsky@vcu.edu or 804-683-0438. If you have any questions about your rights in this research, you may contact Office of Research, Virginia Commonwealth University, 800 East Leigh Street (Suite 300), Richmond, VA 23298. Tel: 804-827-2157. You may call anonymously if you wish. A copy of this consent form will be given to you to keep.

Best Regards,

Kelley Olds, M. Ed., NCC
Doctoral Candidate
Department of Counseling & Special Education
Virginia Commonwealth University
1015 W. Main Street
Richmond, Virginia 23284
(804) 683-0438 / oldsky@vcu.edu

Mary A. Hermann, J.D., Ph.D.
Associate Professor
Department of Counseling & Special Education
Virginia Commonwealth University
1015 W. Main Street, Box 842020
Oliver Hall, Room 4045
Richmond, VA 23284
[\(804\) 827-2626](tel:8048272626) mahermann@vcu.edu

Appendix D: Recruitment Email

I am hoping you will consider this request to participate in my dissertation study. I am interested in interviewing school counselors who meet the following criteria: 1) at least five years of experience as a school counselor; 2) use of Positive Behavior Intervention and Supports (PBIS), Response to Intervention (RtI), Student Assistance Program (SAP), and/or Restorative Practices (RP) to address students' needs; 3) graduates of CACREP program. Please feel free to share my contact information with other school counselors whom you think would have interest.

My name is Kelley Olds and I am a doctoral candidate in the Counselor Education program at Virginia Commonwealth University. This message is to request your participation in a qualitative research study created to investigate the lived experiences of school counselors who address mental wellness of students through one or more of the evidenced based programs of PBIS, RtI, SAP, and RP. There are minimal risks associated with this participation but no greater than those encountered in everyday life. The interview takes 45-60 minutes to complete. In addition, you will be asked to complete a demographic questionnaire that will take 5-10 minutes to complete.

Your participation in this study and any personal information that you provide will be kept confidential at all times and to every extent possible. Your name will never appear on any research materials. You will be identified by a unique code that will be assigned to after you agree to participate. All written and electronic forms and study materials will be kept secure. Your responses will only appear in data summaries without connection to your name. Participants are able to withdrawal from the study at any time. Beyond demographic information, no personally identifying information is requested.

As a participant of the study, with your permission, the interview will be audio recorded with a device that is not connected to the internet. Interview recordings will allow me to accurately capture your expressed thoughts and feelings regarding the subject matter of the study. You will be given an opportunity to review the transcript of the interview for accuracy before it is analyzed. The data obtained as a result of this study will be maintained for five years after the completion of the research and then destroyed.

This study is being conducted to meet the requirements of my dissertation. This study has been approved by Virginia Commonwealth University's Institutional Review Board (IRB) and is under the supervision of my dissertation chair, Dr. Mary Hermann, Associate Professor in the Counselor Education Program.

I appreciate your time and consideration of this matter. Please find contact information for both myself and Dr. Hermann below. Feel free to contact either with any questions, concerns, or to request a copy of the results of this study.

Best Regards,
Kelley Olds, M. Ed., NCC
Doctoral Candidate
Virginia Commonwealth University
(804) 683-0438 / oldsky@vcu.edu

Mary A. Hermann, J.D., Ph.D.
Associate Professor
Department of Counseling and Special
Education
Virginia Commonwealth University
1015 W. Main Street, Box 842020
Oliver Hall, Room 4045
Richmond, VA 23284

VITA

Kelley Yvette Olds was born on November 25, 1975, in Chesterfield County, Virginia, and is an American citizen. She graduated from Highland Springs High School, Highland Springs, Virginia in 1993. She received her Bachelor of Arts in Psychology from Hampton University, Hampton, Virginia in 1997. She received a Master of Education in Counseling Psychology from Temple University in 1999. She taught Math in Camden, New Jersey and worked as a Child & Family Therapist and Behavior Specialist in Philadelphia, Pennsylvania for one year immediately following completion of Master's degree. She relocated back to Virginia to work as a Professional School Counselor at Henrico High School in Henrico County, Virginia. After four years at the high school level, she became a Professional School Counselor (Guidance Director after completion of first year) at Thomas C. Boushall Middle School in Richmond, Virginia.

After three years, she owned and operated a child development center in Chesterfield County, Virginia for 8 years. While operating her center, she worked at private mental health facility for two years. After closing her business to return to school and her profession, she worked as a Professional School Counselor at Blandford Academy Alternative School in Petersburg, Virginia and Thomas Jefferson High School in Richmond, Virginia for a total of two years. She left the education field in 2014 to pursue doctoral studies full time. While working on her doctoral degree at Virginia Commonwealth University, she worked at the University Counseling Center at Virginia State University for one year. She accepted a full-time, tenure track Assistant Professor position in 2016 for Mental Health and School Counseling at Bowling Green State University in Bowling Green, Ohio.

Kelley received the Psi Chi Honor Award for the Department of Psychology at Hampton University in 1997. Her first publication, African American Males' Academic Preparation in K-12 Settings for Highly Selective Universities, is a book chapter in *Recruiting, Retaining, and Engaging African American Males at Selective Prestigious Research Universities*, book series in Contemporary Perspectives on Access, Equity, and Achievement.