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# Perception of consultation among Professional School counselors, Teachers and Mental Health Professional Counselors

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PERCEPTION OF CONSULTATION AMONG PROFESSIONAL SCHOOL  
COUNSELORS, TEACHERS AND MENTAL HEALTH PROFESSIONAL  
COUNSELORS

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### **Abstract**

This is a study concerning the perception of consultation among school counselors, teachers, and mental health professional counselors (MHPCs) working collaboratively in the public school setting for the benefit of the academic and behavioral success of students. Although there are many consultation models and theoretical views (Brigman, Mullis, Webb, & White, 2005; Caplan, Caplan, & Erchul, 1995; Erchul & Conoley, 1991; Erford, 2011; Kampwirth, 2006), this study utilized the American School Counselor Association (ASCA) framework for consultation in schools.

Although MHPCs are not considered school counselors by definition, and they are not compensated by school districts, they still serve as consultants with school counselors and teachers for the purpose of student success. This study explored the perception held by school counselors, teachers, and MHPCs regarding consultation conducted in the public schools. It also examined the perception of how the consultation process between these three professional groups affects students' behavioral and academic success. This study utilized a qualitative design which used grounded theory methods of data analysis, collecting and analyzing data from interviews of school counselors, teachers, and MHPCs as they collaborate in the public schools. The participants included the MHPCs from one Midwestern agency and school counselors and teachers with whom the selected MHPCs had opportunity to interact in consultation in elementary and secondary schools.

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## CHAPTER ONE: INTRODUCTION

*“No educator or teacher should believe that he is the only educator of a child. The waves of outside influence stream into the psyches of the children and mould the children directly or indirectly” (Adler, 1930, p. 190).*

As with mental health in general, the public has become more aware of the mental health needs of youth. As this awareness has increased, there has been a shift in thinking about how to reach students with mental health needs. The National Alliance on Mental Illness reported in 2013 that there are more deaths among youth due to suicide than from heart disease, birth defects, AIDS, cancer, influenza, stroke, chronic lung disease, and pneumonia combined. Four million youth in the United States are significantly impaired due to a mental health disorder, and this impairment interferes with social, family, and academic functioning (NAMI, 2013). Other research has found that bullying and cyberbullying is prevalent in schools and is a contributing factor to both mental illness and student suicides (Bauman, Toomey, & Walder, 2013; Idse, Dyregrov, & Idsoe, 2012). A study by Kowalski and Limber (2007), sampled 3767 middle-school youth in the northwestern and southeastern parts of the United States, and found that “11% had been electronically bullied at least once in the last couple of months; 7% were bully/victims; and 4% had electronically bullied someone else at least once in the previous 2 months. If anything, the statistics underestimate the true frequency of electronic bullying. Our survey assessed children’s experiences with electronic bullying over the previous 2 months (p.26).” Research findings show that children as young as

nine years of age have been diagnosed with addictive and/or mental disorders, and 50% of youth aged 14 or older who have been diagnosed with a mental disorder will drop out of school (NAMI, 2013). It is estimated that 13% of youth between the ages of 8 and 15 live with a significant impact of mental illness, so much that their day to day functioning is impaired (NAMI, 2013; Merikangas, Avenevoli, Costello, Koretz, & Kessler, 2009). With these data, it is important that stakeholders in schools look to consultation between stakeholders, as a resource for helping these, and other youth who have yet to be identified as needing help, reach their potential of success in the public school arena (Dollarhide & Saginak, 2008).

Consultation as defined by the American School Counselor Association (ASCA) is a holistic approach. To be effective, the relationship between those in consultation should have four working components: (a) sharing observations, information, and concerns; (b) creating a hypothetical intervention for the situation; (c) planning; and, (d) collaborating together, with the understanding that each youth is unique (ASCA, 2012). The definition of each of the identified, consulting professionals involved in this study is as follows: school counselors, according to ASCA, are considered professionals involved in a helping relationship, which may involve individual, group, and family counseling, as well as consultation with other professionals (ASCA, 2012).

Teachers are the second group of professionals in this study. In 2010, the Interstate Teacher Assessment and Support Consortium (InTASC) worked with the “National Board for Professional Teaching Standards (NBPTS), the National Council for Accreditation of Teacher Education (NCATE), the National Staff, Development Council (NSDC) (now called Learning Forward), the Interstate, School Leader Licensure



Consortium (ISLLC), and the CCSSO's (The Council of Chief State School Officers) to create a companion document of performance expectations and indicators for education leaders" (InTASC, 2011. p.5), to update Model Core Teaching standards which include: (1) learner development, (2) learner difference, (3) learner environment, (4) content knowledge, (5) application of content, (6) assessment, (7) planning for instruction, (8) instructional strategies, (9) professional learning and ethical practices, and (10) leadership and collaboration: "The teacher seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession" (InTASC, 2011, pg. 9).

The official organization of the third professional group, the American Mental Health Counselors Association (AMHCA), adopted an official definition of mental health professionals in 1986 which stated that:

Clinical mental health counseling is the provision of professional counseling services involving the application of psychotherapy, human development, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families, groups, for the purpose of promoting optimal mental health, dealing with normal problems of living and treating psychopathology. The practice of clinical mental health counseling includes, but is not limited to, diagnosis and treatment of mental and emotional disorders, psycho---educational techniques aimed at the prevention of mental and emotional disorders, consultations to individuals, couples, families, groups,

organizations and communities, and clinical research into more effective psychotherapeutic treatment modalities (AMAC, 2011, p.2).

Caplan (1970) stated a mental health consultation is “A process of interaction between two professional persons, the consultant, who is a specialist, and the consultee, who invokes the consultant’s help in regard to a current work problem with which he [or she] is having difficulty and which he [or she] has decided is within the other’s area of specialized competence” (p. 19). The AMHCA (2010) ethical standards, under the standard of “commitment to other professionals/relationship with colleagues” (p. 14) states “mental health counselors may offer or seek clinical consultation from another mental health professional. In clinical consulting mental health counselors provide critical and supportive feedback. Clinical consultation does not imply hierarchy or responsibility for client outcome” (AMHCA, 2010, p.15).

Today, the presence of mental health intervention is a common occurrence in schools, and is a part of the conversation when the discussion turns to collaborative consultation in schools; so much so that the University of Maryland hosted a 2015 conference with emphasis on mental health in the schools. One of the tracks for this conference specifically addressed collaboration:

Building a Collaborative Culture for Student Mental Health (CC), this practice group has as its primary objective to promote the active exchange of ideas and collaboration between school employed and community employed mental health providers, educators, and families. This exchange is to support the social, emotional, mental health and the academic success of all children and adolescents. Research suggests that the social/emotional health of children and

adolescents is linked to their academic and overall success in schools. By working together in a collaborative and creative manner, school, family, and community resources can better serve the educational and social/emotional needs of all students and assist in ensuring good mental health. This practice group is focused on successful strategies and practical examples of how to develop and implement a culture of collaboration across multiple initiatives, programs, and providers working in schools. (Medicine, 2015, p.3)

As a result of the call for collaborative efforts by these three professional groups in schools, teachers, school counselors, and MHPCs, are placed in a triadic relationship as they strive to work together to meet students' needs. They each come to the table with different perspectives and from different philosophical and theoretical stances on what is best needed to help students to be successful in school. If the consultation process between them is successful, then the richness and diversity of perspectives culminate into a well-designed plan for the student. However, little research addresses what is happening behind closed doors when teachers, school counselors, and MHPCs get together to discuss the needs of students.

Research has addressed the consultation process of professionals in schools, and consultation has been validated as a vital process for counselors (Caplan, Caplan, & Erchul, 1995; Brown, Bahlbeck, & Sparkman-Barnes, 2006, Brigman, Mullis, Webb, & White, 2005; Dinkmeyer, 2006). However, there has been no research found on the exploration of the perception of the consultation process between the three key players: school counselors, teachers, and MHPCs. As a result, questions remain regarding their collaborative consultations: Are they able to come together in some agreement about the

best strategies for helping students with academic, behavioral, and emotional challenges? In addition, how do these three participants perceive the consultation process? Are their unique trainings and differing theoretical views hindering a successful collaboration? Research found in journal articles written between 2003 and 2015 describes consultation in the following relationships: school counselors and other health professionals (Carney & Scott, 2012); counselors, counselors, teachers, and families (Amatea, Daniels, & Bringman, 2004); teachers and school psychologists (Hagermoser Sanetti, Collier-Meek, & Long, 2015); parents and teachers (Garbacz, Sheridan, Koziol, Kwon, & Holmes, 2015); and teachers with other professionals (Cappella, et al., 2012; Holcomb-McCoy & Bryan, 2010). This interest in consultation in schools, leads us to our interest in the three professionals, most involved with students in schools, and their perception of consultation among themselves.

In 1999 a group of teachers and administrators in the southeastern part of the United States decided to do a 3 year study to create stronger relationships among their teachers, school counselors and the families of the students for which they were working. The history of this group of professionals was working independent of each other. They found that as their “staff learned how to build on each other’s’ strengths and the strengths of children and their families, and to block blaming and criticism from undermining the collaborative process, they created a shared vested interest in the students” (Amatea, E., & Daniels, H., 2004, p. 10), finding that the members of staff and families became closer. Carney and Scott (2012) address eating disorders among youth in schools. They suggest that school counselors consult with other human services professionals, such as community-based counselors, health professionals, and other school faculty, for

consultation, in order to find and use the best interventions for this complex issue (Carney & Scott, 2012). Sanetti and colleagues (2015) conducted a study between school psychologists and teachers, to “evaluate implementation planning and strategy for increasing the adherence and quality with which teacher consultees implemented behavior support plans” (p. 209). Another study was conducted, looking at mental health professionals (consultants) coaching teachers in the classroom for behavioral interventions (Cappella, et al., 2012). And yet another way to look at consultation in the schools has been explored, looking at different approaches of consultation as a way to help parents who are from different cultures, economic or ethnical backgrounds to empower parents in the consultation process (Holcomb-McCoy & Bryan, 2010).

When the ASCA National Model was implemented in 2003, many schools adopted this model, although the adoption of the model was not mandated. However, school counselors are struggling to keep up with the demands of students’ needs. The challenging ratio of school counselors to students makes it nearly impossible for school counselors alone to meet the emotional, academic, and mental health needs of all students. The National Center for Educational Statistics (NCES) indicated that the “national average student-to-counselor ratio is 459 to 1” (ASCA, 2012, p. 79), placing a high demand of accountability on school counselors.

### **Problem Statement – Students Need Interventions**

The literature has shown that students in the United States face a range of challenges and problems including poverty, homelessness, mental health issues, substance abuse, violence, bullying, physical and sexual abuse, and trauma (Alika, 2012; Erford, 2011; Kim & Page, 2012; McCarthy et. al., 2010; Zammitt & Anderson-

Ketchmark, 2011). These problems impact students' academic performance by contributing to low test scores, truancy, and high drop out rates (NCES, 2004).

Historically it has been the role of the school counselor to help teachers, by the way of consultation, to help students in the classrooms (ASCA, 2012). However, school counselors are being pulled into other responsibilities, leaving teachers without the support they need to help students with these issues (Culbreth et al., 2005).

As a result, schools have reached out to professional counselors who are employed by outside agencies to help with the ever growing needs of youth. The MHPCs interviewed for this qualitative study are funded by local taxes and therefore their input does not impact the school's budget (Youth In Need – personal communication, 2015). The MHPCs are brought in to the schools to help teachers and schools counselors in meeting the needs of students.

This process of consultation between school counselors, teachers, and MHPCs is considered a viable method for enhancing the mental health services available to youth in the schools (Brown et. al., 2006). No one professional entity can meet all of the needs of the students in a school environment (Brigman et al., 2005), or as Adler said, “No educator or teacher should believe that he is the only educator of a child” (Adler, 1930, p. 190). School counselors and teachers consulting together with MHPCs in a multisystem collaborative approach become necessary for the academic and behavioral success of students, and in particular for students facing mental health, academic and behavioral challenges (Brown et al., 2006).

### **Need for Collaboration of Stakeholders**

To achieve expectations and meet the standards of the National Model, ASCA mandates collaboration between stakeholders, who are the professionals and non-professionals working with students in the schools (ASCA, 2012). The professional stakeholders include teachers, school counselors, administrators, and MHPCs, while the non-professional stakeholders identified by ASCA include parents, volunteers, and peers. Successful collaboration among these stakeholders does not just happen. There must be professionals and non-professionals who are willing to carry out collaboration and who are invested in the student outcomes (Erford, 2011). Stakeholders are divided into two groups: intra-organizational and inter-organizational. The intra-organizational stakeholders are the school-based personnel, including school counselors, and teachers, and must join with the inter-organizational stakeholders from the community, such as MHPCs. Together they form working relationships to achieve “understanding and appreciation of the contributions made by others in educating all students” (ASCA, 2012, p. 6). In working together, these stakeholders establish an “inter-professional collaboration” (p. 6). This inclusive type of collaboration (ASCA, 2012) targets aspects of “student achievement and development that cannot be achieved by an individual, or school, alone” (ASCA, 2012, p.6).

Research has shown that many of the youth in America are not receiving the mental health services they need (Erchul & Conoley, 1991; Knotek & Sandoval, 2003). At the same time, studies have also reported increases in mental health issues, such as behavior problems, depression, substance abuse, and family issues (Sopko, 2006). Historically, families have gone to clinics or hospitals for services. However, since children are in school during the day, making mental health services available inside the

school setting can decrease the barriers that might prevent families from seeking the services they need. Further, the school setting is familiar to students. Because of this, schools are more likely, than clinics or counseling offices, to be perceived as less threatening (Atkins et.al, 2003; Powers, 2013; Stephen, 2011). Because school counselors cannot meet all of these mental health service needs, as you will read in the next section, Mental Health Professional Counselors are needed in the schools to help professionals already in the schools, meet the mental health needs of these students.

### **School Counselors**

According to ASCA, school counselors “build a sense of community, which serves as a platform to create an environment encouraging success for every student” (ASCA, 2012, p.6). School counselors, as a part of the intra and inter-organizational stakeholders, are being challenged to take on a more collaborative role in their profession, moving from an individual approach in their counseling services to a more systemic approach (Green & Keys, 2001). Instead of working alone with individual problems presented by students, school counselors are moving toward team collaboration with other educational participants (ASCA, 2012), to invoke change in student outcomes (Brown, 2006). School counselors are trained, in accordance with the ASCA National Model standards, to facilitate guidance, individual, and group counseling, as well as consultation (ASCA, 2012; Brown et. al., 2006). However, school counselors are realizing that other matters such as scheduling, discipline, and miscellaneous duties, often interfere with having the time to address the well- being of their students (Bryant & Constantine, 2006; Culbreth et. al., 2005; McCarthy et. al., 2010). Therefore they need help from the MHPCs, as stated above, and from teachers, as stated in the next section.



## **Teachers**

Consultation has been shown to make a difference in student classroom behaviors as well as students' overall academic success (Atkins, Graczyk, Frazier, & Adil, 2003; Ringeisen, Henderson, & Hoagwood, 2003; Atkins et al., 2008). It has been suggested that teachers want the help of school counselors, and many teachers find the consultation services of school counselors to be of a great service to them (Kurplus & Rozekcki, 1992). Research has supported the teachers' desires for interventive counseling services in order to develop more effective plans and to address difficult behaviors in children who are challenging to teachers (Reinke, Lewis-Palmer, & Merrell, 2008). Having this additional service has been found to be important, not only for the success of students, but for teachers as well. Interventive counseling services has been attributed to the reduction of stress that teachers' experience in the classroom, due to student misbehaviors (Kyriacou, 2001; Wiley, 2000). It has been recommended by several authors, when school counselors and teachers engage in the process of consultation, strategies for effectively addressing student behavioral and academic issues are more accurately identified and executed (Dinkmeyer & Dinkmeyer, 1976; Reinke, Lewis-Palmer, & Merrell, 2008).

## **Mental Health Professional Counselors**

Typically, consultation is a service expected to be carried out within the school system by school district employees, most commonly, school counselors, and teachers (Kampwirth, 2006; ASCA, 2012; Brigman et. al., 2005). Due to the increased need for mental health services (Ringeisen, Henderson, Hoagwood, 2003), and overwhelming demands placed upon school counselors, they no longer have the resources to facilitate

individual, group and family counseling on their own (Culbreth, Scarborough, & Banks-Johnson, 2005; McCarthy, Van Horn Kerne, Lambert, & Guzman, 2010; Clemens, 2007). As a result, MHPCs have been called upon to work with the professionals already in schools “as the movement toward comprehensive mental health care for youth in schools accelerates” (Flaherty, Garrison, & Waxman, 1998, p. 4). A study in 2006 by the National Association of State Directors in Special Education stated:

Approximately 49% of schools have formal agreements or contracts with community-based organizations or individuals to provide mental health services. These formal agreements are more common in large districts and in middle schools. States reported the most common formal agreements were with county mental health agencies, then community health centers, individual providers, the juvenile justice system, community service organizations, and child welfare agencies. Agreements with faith-based organizations and local hospitals were least common. (NASDSE, 2006, p.6)

These MHPCs use an inter-disciplinary collaborative process while working with school counselors, teachers, and students, to benefit student success (Cappella, Jackson, Bilal, Hamre, & Soule, 2011). As a result of the increased involvement of MHPCs in the collaborative process with school counselors and teachers (Brown M., 2006; Flaherty, et al, 1998), the consultation process among them has taken on greater importance.

### **ASCA Definition of Consultation**

Depending upon their affiliation, MHPCs, teachers, and school counselors may each have their own models and/or definitions for consultation. For the purposes of this study, however, the perception of consultation by these three professionals groups will be

compared against the ASCA's National Model and definition of consultation for schools (ASCA, 2012).

Consultation is defined by ASCA as the collaboration of individuals, both professional and non-professional, to empower and support students, and to assist them in career, academic, and personal/social development (ASCA, 2012). The ASCA National Model states that the "school counseling programs need to be comprehensive in scope, preventive in design and developmental in nature" (ASCA, 2012, p. xii). This model for the school counseling program, first published in 2003, and designed to be more inclusive for all students, provided a uniform approach to counseling in schools, to be used across the country to further establish counseling in schools, and to provide what is necessary for students to be successful (ASCA, pp. x-xi).

There are four overall components to the framework of the ASCA model: foundation, management, delivery, and accountability (pp. xiii-xiv). The delivery system provides guidance curriculum, individual planning for academic growth, and vocational goals emphasizing career development. The responsive services of this model include counseling, consultation, referrals, and peer tutoring; while the system support component of this model includes the relationship between administration and counselors, in regards to duties and time accountability. The collection of data, also a part of responsive services, is used to support the furtherance of the school counseling program (ASCA, 2012). The four themes incorporated throughout this framework are: leadership, advocacy, collaboration, and systemic change. While the philosophy of this first national model was based on school counselors' holistic values of meeting the total developmental needs of students and schools, ASCA identified counselors, teachers,

students, parents, administrators, and outside agencies as necessary agents in the consultation process for the success of students both academically and behaviorally (ASCA, 20012; Kampwirth, 2006; Dougherty, 2009; Brigman et. al., 2005; ASCA, 2012). The National Model explains that, school counselors are responsible for helping other school staff members develop suitable learning environments and activities, as well as for helping youth with social conduct and educational difficulties (Dougherty, 2009).

Instead of a using a mental health consultation model, which MHPCs have historically used, the collaborative inter-dependent model of consultation has been thought to be a more appropriate model to apply when looking at consultation in a school setting (Erford, 2011, p. 229). This inter-dependent model is a triadic-dependent model of collaboration. Unlike other models, which rely on one professional as the expert, this model includes the knowledge of all individuals involved in the collaborative process to share information and make a plan together, for the benefit of the student. In this study, the interface of school counselors, teachers, and MHPCs will be examined in order to identify their perception of collaboration through the lens of the ASCA definition of consultation (ASCA, 2012).

Through collaborative consultation, school counselors, teachers, and MHPCs, can assist students in meeting their needs, including promoting their social interest, using principles that promote belonging, self-worth, encouragement, and respect (Pryor & Tollerud, 1999). It has been suggested that consultation promotes positive outcomes for teachers who can use strategies, which were developed in the consultation process, in classrooms, to influence and help students succeed. Additionally, teachers who participate in the consultation process with school counselors and MHPCs are more apt to

use the strategies identified, and facilitate better outcomes for students (White & Mullis, 1998).

### **Rationale for this study**

There is literature in regards to studies on consultation in school: school counselors and other health professionals (Carney & Scott, 2012); counselors, teachers, and families (Amatea, Daniels, & Bringman, 2004); teachers and school psychologists (Hagermoser Sanetti, Collier-Meek, & Long, 2015); parents and teachers (Garbacz, Sheridan, Koziol, Kwon, & Holmes, 2015); and teachers with other professionals in consultation (Cappella, et al., 2012; Holcomb-McCoy & Bryan, 2010). However, literature on the perception of the consultation process among teachers, school counselors, and MHPCs has not been found. Seeing as research around the topic of consultation has been seen as significant enough to conduct research studies in these other areas of consultation in schools, as noted above, it was important that we also look at the consultation process among the professional that most often are in consultation for the purpose of helping students in the area of academic and behavioral success in schools.

The goal of this research was to see if school counselors, teachers, and MHPCs in schools, perceive that the consultation among these three stakeholders, was carried out as prescribed by the ASCA National Model (ASCA, 2003), and if the perception was that this triadic consultation process positively impacts the academic and behavioral outcomes of student clients.

It has been shown that MHPCs are now counseling in schools, and consulting with school counselors, teachers, and students. However, further research was needed for understanding how this consultation process is perceived among school counselors,

teachers, and MHPCs. If this perception and experience can be better understood, it will provide the opportunity to enhance the consultation process among these three entities; further, it raises the opportunity to address possible concerns about the collaborative consultation process. The information from this study will also be valuable in providing feedback to the administration about the perceived effectiveness of this process among these professionals, to possibly enhance the benefit of consultation for all stakeholders involved, and most importantly and ultimately, to give feedback about the perceived effectiveness of the consultation experience to ultimately enhance student success.

This qualitative study sought to explore the perception of what happens among public school teachers, school counselors, and mental health professional counselors (MHPCs), when they come together in consultation to address the emotional, academic, and mental health needs of students.

### **Research Questions**

1. How do school counselors, view MHPCs as participants in the consultation process?
2. How do teachers, view MHPCs as participants in the consultation process?
3. How do the MHPCs perceive public school counselors and teachers, as the partners in the consultation process?
4. What is the perception of school counselors as to how this consultation process with MHPCs may affect academic and behavioral outcomes of students in schools?
5. What is the perception of teachers as to how this consultation process with MHPCs may affect academic and behavioral outcomes of students in schools?

6. What is the perception of the MHPCs perception of as to how this consultation process with school counselors and teachers may affect academic and behavioral outcomes of students in schools?

Through interviews, this study looked at the participants' perception of the consultation process. Each stage of the perception of the consultations was examined: as consultants gathered information about the student, developed a plan, implemented the plan, and then evaluated the effectiveness of the plan, while always considering the well-being of the student (Knotek & Sandoval, 2003; Rosenfield & Humphrey, 2012).

### **Limitations**

There were limitations to this study in that there were a small number of interviews with only school counselors, teachers, and MHPCs in the public school settings. No students were interviewed to gain their perception of how the consultation and interventions of these professionals might impact their academic and behavioral success. However, this could be a future study.

The study was also limited to consultation relationships located in a limited setting in the Midwest. Because of this, the results may not be comparable to perceptions of similar models being utilized in other schools or other geographical areas.

Finally, the researcher has experience in schools as an educator, a collaborator with school counselors, and a mental health professional counselor, placed in schools by a local organization. This could have created a bias by the researcher, toward consultation, and its importance in the schools.

### **Significance of the Study**

This study is significant, since there is no research found in this specific area of consultations in the schools. Consultation has been found to be significant as demonstrated by research in regards to consultation among school counselors and other health professionals (Carney & Scott, 2012); counselors, teachers, and families (Amatea, Daniels, & Bringman, 2004); teachers and school psychologists (Hagermoser Sanetti, Collier-Meek, & Long, 2015); parents and teachers (Garbacz, Sheridan, Koziol, Kwon, & Holmes, 2015); and teachers with other professionals in consultation (Cappella, et al., 2012; Holcomb-McCoy & Bryan, 2010) as noted in depth in chapter two. Therefore, research, as laid out in chapter three, looking at the perception of consultation among school teachers, counselors, and MHPCs will add to the research that has already been conducted in schools. With this research, there is hope that these professional groups will see the results of this research and use the information to enhance the consultation process among them, therefore benefiting the client students.

Chapters four and five will show the findings of this qualitative study, and how the findings may be applied in other research in the area of consultations in schools.



## CHAPTER TWO: LITERATURE REVIEW

The literature regarding the consultation of school counselors, teachers, and MHPCs, from the year 2003 through May of 2015, was examined systematically through PsychINFO, which provided information from 1806 – present; Eric, which provide information 1966 – present, and Education Full Text which provided information 1983 - present. The year 2003 was chosen as the year to start the search, as it coincided with the year the *American School Counselor Association* published the *National Model*, which is the framework for a comprehensive school counseling program (ASCA, 2012). The key words and phrases searched were: counselor/consultation, teacher/consultation; MHPCs and public schools; MHPCs and school counselors; MHPCs and teachers; school consultation; history of consultation; school counseling, and non-profit agency and school counselors.

The focus of this literature review was to provide a framework for the understanding of the perception of the happenings in consultation among school counselors, teachers, and MHPCs in the public school setting.

### **History of School Counseling**

Before the ASCA Model was published in 2003 (ASCA, 2012), a guidance and careers emphasis was already in place in the public school systems. Due to the Industrial Revolution in the 1900's, vocational counseling was created to provide students with the training and skills to meet the new demands of the existing workforce (Sciarra, 2004; Aubrey, 1977). Jesse B. Davis, started to advise students in the areas of vocational and educational guidance (Hutchison, Niles, & Trusty, 2008; Capuzzi & Gross, 2005). In 1907, he began to implement his vision by delivering guidance lessons in his English

composition classes for the purpose of character development and career exploration (Capuzzi & Gross, 2005; Aubrey, 1982). Because of his efforts, Davis became known as the first school counselor. About this same time, in 1908, Frank Parsons initiated the training of vocational counselors throughout the Boston area, through the creating of the Vocational Bureau (Sciarra, 2004). This formation grew, and shortly thereafter, the Boston school system became the first to produce a program for the purpose of certifying counselors. This eventually became the program that trained most of the one hundred secondary and elementary school teachers as vocational counselors (Hutchison et.al., 2008). It was John Dewey, who in 1920 emphasized the need for guiding students in their social, personal, and moral development in the school counseling programs (Schmidt, 2003). This change in the focus facilitated a change in the scope of school counseling by emphasizing the evolving needs of students in the public schools. The emphasis of school counseling began to move toward students' mental health and began to focus less on vocational training (Sciarra, 2004). About this same time, in 1935, the American Council of Guidance and Personnel Association was created. The emergence of the Council prompted all related professional organizations to work together to further the implementation of guidance practices in the schools (Schmidt, 2003).

The counseling movement kept progressing and in 1940, Carl Rogers took the counseling model from a counselor-centered mental health model to a client-centered personal adjustment model (Sciarra, 2004). This client-centered emphasis developed by Rogers was implemented in the school counseling programs, prioritizing the social, emotional, and educational needs of students. The changes in the expectations of school counselors required a more nationalized and united initiative, resulting in the creation of

the American Personnel and Guidance Association (APGA) in 1952, which was built upon the foundation of the American Council of Guidance and Personnel Association (ACGPA) (Schmidt, 2003). The organization kept evolving, and in 1953, the American School Counselors Association, previously known as the APGA, became a division of the American Counseling Association (Capuzzi & Gross, 2005). However, elementary school counselors were not included in this field until 1964 (Schmidt, 2003). Finally, in 1997 (Campbell & Dahir, 1997), the ASCA leaders started talking about creating a national framework for school counselors, which was implemented in 2003 (ASCA, 2013; Studer, 2005).

### **Consultation Models**

Consultation became a more prominent part of school counseling due to the reforms in public schools from the 1970's through the 1990's. In the 1970's accountability became a main focus in schools. With the adoption of the Public Law 94-142, all students were provided the right to an education in the least restrictive environment (LRE) (Friend, 2014). This moved students with disabilities, who had previously been in self-contained classrooms, to the mainstream classroom. As a result, mainstream teachers, who were untrained in special education teaching methods, were faced with issues beyond their expertise. In the 1980's, a restructuring of the public schools, prompted an examination of the school environment and identified the need for better curriculum. The Regular Education Initiative made sure that every student, with the exception of those with severe disabilities would be served in the regular classroom. Then in 1986, the P.L. 94-142 amended to P.L. 99-457 made it mandatory for children ages 3-5 with disabilities to receive Free Appropriate Education (FAPE) and for educators to

provide documentation of students' progress toward goals through IEP's (Individual Education Plans) (Friend, 2014). In 1990 IDW, Public Law 94-142 was amended to include 101-476, the Individuals with Disabilities Education Act (IDEA), which mandated more inclusion of students with disabilities in the mainstream classroom (Friend, 2014). This inclusion in the regular classroom created a greater need by teachers for consultation designed to support academic, social, and behavioral success of students. Finally, in 2001, the No Child Left behind Act was passed. The passage of this act placed even more demands on teachers in the classroom by linking the evaluation of their competency to the academic success of their students. This created a need for more collaboration, and consultation between stakeholders to meet the many expectations of public schools for teachers (Kampwirth, 2006; Friend, 2014).

In schools, consultation among professionals can be used to help students when they display a lack of social skills in the classroom or when there are issues such as violence, bullying, or resistance to diversity and/or inclusion. Students' needing help in courses they find to be challenging can also be helped through the collaborative consultation of school counselors, teachers, and MHPCs, who work together to create interventions for students' success (Erford, 2011). Occasionally these professionals will also be called on to work with students identified with special needs or identified as students at risk. With these tasks, they participate in meetings among professionals and non-professional stakeholders, which would be in compliance with the Individual with Disabilities Education Act (Kampwirth, 2006).

Consultation has become more than a critical part of the counseling or school process, it has become an expectation in schools (Brigman, Mullis, Webb, & White,

2005; Erford, 2011). The ASCA National model for school counselors is divided into 4 areas: foundation, delivery, management, and accountability. Under the area of delivery services, and then the sub-area of indirect student services, the model states that “indirect services are provided on behalf of students as a result of the school counselors’ interactions with others including referrals for additional assistance, consultation and collaboration with parents, teachers, other educators and community organizations” (ASCA, 2012, p. 83). Under the competencies of the school counselor knowledge/ability and skills, a school counselor: “identifies and applies models of collaboration for effective use in a school counseling program and understands the similarities and differences between consultation, collaboration and counseling, and coordination strategies” (ASCA, 2012, p. 150); under foundations/abilities and skills: the school counselor “continually seeks consultation and supervision to guide legal and ethical decision making and to recognize and resolve ethical dilemmas” (p. 152); and in management/abilities and skills: the school counselor “uses personal reflection, consultation and supervision to promote professional growth and development” (p. 153); and in delivery/knowledge: he or she knows “the differences between counseling, collaboration and consultation, especially the potential for dual roles with parents, guardians and other caretakers” (p.156); while under delivery/abilities and skills: the school counselor “shares strategies that support student achievement with parents, teachers, other educators and community organizations, applies appropriate counseling approaches to promoting change among consultees within a consultation approach, [and] works with education stakeholders to better understand student needs and to identify strategies that promote student achievement” (p.158).

This study looked at many consultation models that could be used effectively in schools, as ASCA suggests the competent school counselor “Identifies and applies models of collaboration for effective use in a school counseling program...” (ASCA, 2012, p. 150). However, there are two basic theoretical models of consultation. These are the Mental Health Model and the Behavioral Model of consultation (Kampwirth, 2006). The history of models of consultation began with Caplan who started working on a model for consultation in the 1940’s. His prototype of consultation, the Mental Health model, is used in Mental Health counseling (Caplan, Caplan, & Erchul, 1995) as well as in school based counseling (Brown, Bahlbeck, & Sparkman-Barnes, 2006). Having worked on his consultation model for many years, Caplan published what is now considered a classic work on consultation, *Mental Health Consultation*, in 1970 (Rosenfield & Humphrey, 2012). In his publication, Caplan set the basic design for consultation with four different methods: consultee-centered consultation, client-centered consultation, program-centered consultation, and consultee-centered administrative consultation. Kampwirth (2006) suggested that “every school-based consultant needs to be sensitive to one of Caplan’s discoveries; when outsiders (consultants) enter the world of insiders (consultees); they need to understand that they are entering a world different from their own, one that has its own norms, beliefs, habits, and ways of doing things. No matter how expert a consultant may be, the consultee is largely responsible for the way in which an intervention is finally put into effect” (p. 44).

The consultee-centered method of Caplan’s consultation model is the most widely recognized method for consultation in schools (Brown, Pryzwansky, & Schulte, 2001). Consultee-centered consultation is used when the consultee is in need of help with a

client. The consultant, who is considered the expert, works with the consultee, to assess the situation presented, and then to create a plan to help the interactions between the client and the consultee improve (Dollarhide & Saginak, 2008).

Client-centered consultation, however, is used when the consultant meets with the client directly to make an assessment and to determine the most effective way to help the client. The consultant does not implement the plan, but gives the plan to another professional to implement. The consultant is the expert in this type of consultation; while the consultee implements and monitors any further developments (Dollarhide & Saginak, 2008; Kampwirth, 2006).

Program-centered consultation can be used when a program in a school or an organization is in need of intervention. This might involve a parent-teacher program, or an administration-local agency program. In program-centered consultation, the consultant would be asked to focus on the problem presented, and report the results or make a recommendation to the consultees, who may be members of an organization. The consultee would be the entity that would implement the findings of the consultant (Dollarhide & Saginak, 2008; Dougherty A., 2000).

In a consultee-centered administrative consultation model, the consultee would ask for an expert from outside the organization to come in and evaluate a program, for the purpose of providing more objectivity. In this consultation process, the consultant would evaluate the situation or issue presented, give professional feedback, and then monitor the implementation of the recommendation (Dollarhide & Saginak, 2008).

The other theoretical model of consultation widely used in schools is Bergan's Behavioral Consultation Model (Erchul & Conoley, 1991; Dougherty M., 2009), which is

accepted in schools due to its approach to behavioral modification (Erchul & Conoley, 1991). Bergman's behavioral model is based on the learning theories of the behaviorists Skinner, Meichenbaum, and Bandura. In this model, there are specific steps for consultation, which are: problem identification, problem analysis, plan implementation, and problem evaluation (Kampwirth, 2006). The theoretical model of consultation is a structured approach that originally focused on the behavior of the client. Since then, Bergman changed the focus of his model, and began to emphasize client's developing academic or social skills (Kampwirth, 2006).

Based on the theoretical Behavioral and Mental Health Models, school consultation models have been developed for the purpose of effective school consultation. Three of these models are currently being used in schools (Kampwirth, 2006). The Triadic-Dependent Model is reflective of the traditional consultation process. It is based in problem-solving. In this model, the three parties involved, which are the consultant, the consultee, and the client, work together on a particular issue or concern. However, the consultant works indirectly with the client, while the consultee works directly with the client, implementing the collaborated plan (Erford, 2011). The Collaborative-Dependent Model calls for problem-solving through partnership. According to this model, the consultee acknowledges that the consultant is the expert and is dependent on the consultant to facilitate, educate, and provide expertise for the problem solving process. The consultee implements the plan or the intervention for the client, but depends on the consultant throughout the process. In this process, the consultant and the consultee work together to share information, goals, and to develop a plan for the client (Erford, 2011). Finally, there is the collaborative-interdependent



model. This model is used when the issue or problem is so complex that many experts are needed to help in understanding the problem, and creating a formula for change. No one consultant or consultee is expected to have all of the skills and knowledge needed to create change (Erford, 2011).

### **School Counselors and Consultation**

School counselors are one of the professional agents that are responsible for consultation. The American School Counselor Association in 2003 developed a school counseling model, which includes consultation as a vital part of a school counselor's job (ASCA, 2012). The three major roles of a school counselor as prescribed by the American School Counselors Association are: coordinating, counseling, and consulting (ASCA, 2012; Otwell & Mullis, 1997). Consultations, according to ASCA can be accomplished through the use of group consultation, consultation through professional development, or individual consultation (ASCA, 2012).

With these responsibilities and possibilities, it is important that school leaders, who can include any professional and/or non-professional stakeholders in schools, become involved in consultations for the benefit of students when necessary. This requires that they be prepared to use a theoretical framework that has been proven effective in schools. With a clear theoretical foundation, counseling programs can be made suitable for the needs of interventions and would be more effective (Nicoll, 1994).

Consultation is a way for teachers and counselors to work together for the purpose of understanding and then solving the problems of a student. To give structure to this process, the school counselor would be the consultant and the teacher would be the consultee. In this relationship, the consultant would train the consultee with skills, so that

the consultee would be effective in understanding how to handle a challenging student (Carlson, Dinkmeyer Jr., and Johnson, 2008; Nicoll, 1994).

Consultation is needed in schools, and school counselors are equipped to address mental health needs of students; however, their position is not designed to give long term therapy to students with mental health issues (ASCA, 2009). This is mostly due to the ratio of counselors to students in the schools. The recommended ration of 250:1 makes it impossible for school counselors to meet all of the needs of all of the students for whom they are responsible (Erford, 2011). Even in the light of this ratio of students to counselors, counselors continue to be expected to take on more responsibilities in schools. School counselors are being asked to use programs that are more comprehensive, and strategies that are evidence based. They are also being required to substantiate the result of their work by providing data showing research driven results, when working with students (Dahir & Stone, 2003).

Schools counselors also take on the duty of assisting teachers in multiple ways. They consult with teachers by providing them with professional advice regarding problem solving strategies for students who have academic and behavioral struggles. They provide support to teachers by listening to students, using empathy, and helping students in decision making. School counselors play a critical role in mental health interventions, and mediation between teachers, other professionals, and non-professionals in the schools, including parents. Counselors are needed when teachers refer students struggling with career choices. These counselors can also assist teachers in the classroom with behavior management strategies, as well as co-teach in areas of academics, and in personal/social struggles (ASCA, 2012; Erford, 2011; Brown M., 2006). This working

together through the means of consultation can provide consistency between the counselors and teachers working with the students. School counselors can assist teachers in programs such as Teacher Advisor Programs (TAP), and Response to Intervention (RTI) (Erford, 2011). Acts from our legislator: Elementary and Secondary Act of 1965; the Public Law Act 94-142 of 1975, and the No Child Left behind Act of 2001 have elicited the help of the school counselors to help students who are not performing at a level of competency.

### **Teachers and Consultation**

Teachers face overwhelming challenges in the classroom today. They are asked to understand and deliver pedagogy that will ultimately translate to competitive test scores. In addition, they are tasked with creating an environment where all students can learn, dealing with many special needs, and differentiating instruction so that all students can learn, while at the same time making accommodations and modifications to their classroom instruction to create success for all students. Classroom management is considered one of the most important measures to classroom academic success. Because of the multitude of challenges faced in the classrooms, teachers need strategies that are effective and enhance their understanding of how to address difficult behaviors of children who are more challenging to teach. Consultation between school counselors and teachers is a method of providing optimal services to these students (Dinkmeyer & Dinkmeyer, 1976). Consultation also gives a more structured way for adults in a student's life to communicate with each other through the process of sharing, comparing ideas, observations, and ultimately adopting potential solutions for problems (Dinkmeyer, 2006). Beeseley (2004) contended that teachers could be instrumental in identifying

problems with students and referring them to counselors. In doing so, teachers help counselors with initial information that can assist the counselor in conceptualizing the problem and accurately targeting the intervention (Beesely, 2004). Thus, through consultation counselors and teachers can work together to provide academic, social, and emotional support to students (Dunn & Baker, 2002).

### **MHPCs and Consultation**

Whereas school counselors may focus on academic, personal/social, and career success for students, the MHPCs are more focused on mental health using a wellness model to help students. MHPCs assess and evaluate students to develop an individualized treatment plan. Since MHPCs are licensed as professional counselors through the state in which they are practicing, they are qualified to provide treatment for more mental health issues facing youth in schools, such as: substance abuse, mood disorders, and/or behavioral disorders. The services provided by MHPCs are considered critical. For example, in 2001, the United States Surgeon General's report stated that "mental health is critical to children's learning and general health-as important as immunization to ensuring that every child has the best chance for a healthy start in life" (George Washington Univ., 2003, p. 4). It has been estimated that 21% of youth between the ages of 9 and 17 and an overall estimated 15 million children in the United States "have diagnosable emotional or behavioral health disorders, but less than a third get help for these problems" (George Washington Univ., 2003, p. 4). There are many reasons why bringing MHPCs into the schools is logical. This is where the youth are. They are easy to locate to provide services and to follow up after giving services. The parents believe that this is a safe place and may feel more comfortable meeting with MHPCs in a school

setting. Many times this is where students' mental health issues are first brought to the awareness of parents. In turn, parents are comfortable with consulting personnel in a school setting (George Washington Univ., 2003). In fact, Senator Al Franken (D-MN) argued the potential benefit of school based mental health programs when he put a Mental Health in Schools Act before congress in 2013. Proposing this bill was an effort to increase students' access to mental-health services in schools by establishing a new grant program that supports collaboration between local education agencies, community based health organizations, and social service organizations focused on children and youth. This would also provide training for school employees to help identify and address the mental health needs of students. Through Franken's bill did not pass, it was back again in a congressional committee as of March 2015. The bill was then revised and on June 15<sup>th</sup>, 2016. Recently the House Energy and Commerce Committee approved another bill, Helping Families in Mental Health Crisis Act (H.R. 26-46) that has been sent to the House Floor for consideration. Other amendments supporting similar amendments, such as the Mental Health in Schools Act (S. 1588/H.R. 1211), revised by Representative Ben Ray Lujan (D-NM), could still become a part of this new proposed mental health bill (Petruzzelli, 2016).

In the meantime, MHPCs are going into the public schools and providing services to students. MHPCs are involved in the consultation process among their profession, teachers, and school counselors. This is a tremendous help to schools in that schools do not need to raise their budgets since these MHPCs are funded by outside agencies with no additional financial burden to school districts. The local agency of which will provide the MHPCs for interviews pay their MHPCs with funds from a local tax base, and in some

instances, from insurance companies, like comprehensive mental health (Youth in Need, Personal Communication, 2015).

### **Effects of Consultation on Student Success**

Scholars of consultation in schools have suggested that, considering the stress levels of teachers and students, an effective school counseling program will include consultation as a main factor in the school counseling program (White & Mullis, 1998). To be effective, consultation between school counselors and teachers should be a positive collaboration for both parties. By bringing other professionals into the consultation process, (1) time is saved for the school counselors, (2) teachers can begin to learn effective strategies to impact more students, and in addition to these assets, and (3) this sharing process allows teachers to feel a part of the plan, making them more likely to use the proposed plan (White & Mullis, 1998).

The assistance gained through consultation allows teachers to more successfully serve the students' social interest by using evidenced strength based approaches; principles that promote belonging, self-worth, encouragement; as well as promoting the feeling of being valued (Pryor & Tollerud, 1999). The benefits of consultation on student success have been recognized, long before ACES and ASCA. Alfred Adler, in the early 1920's professed the importance of consultation with teachers. He understood that teachers were often the first ones to recognize the challenges of a youth (Hirsch, 2005). Adler used consultation in a public setting so that teachers and other adults could observe and learn through his teaching and his modeling (Hirsch, 2005; White & Mullis, 1998).

## **Resistance to Consultation**

Although the process of consultation is meant to be a positive function of counseling, there are times that the consultation process is resisted by teachers who see themselves as being looked upon disapprovingly (White & Mullis, 1998). Scholars have found that by recommending consultation, it could suggest to the consultee that a prospective change in the current process might affect the consultee (Dougherty, 1991). However, one thought regarding resistance is the notion that resistance to consultation between school counselors and teachers could be attributed to the differences in how each view the problem of the student (Dougherty & Dougherty, 1991). The school counselor may view the consultation process as a means to fix the behaviors of a student; while the school teacher may be looking for academic achievement as the number one priority. The consultation process can be further complicated with the MHPC coming in to the process with yet a different view of the presenting issue, viewing the student's mental health as the most important part of discussion in the consultation process.

Albert Ellis, (1985) stated that there are several reasons a consultee may be resistant to consultation. Ellis suggested the consultee could be uncomfortable with change and therefore fearful. Ellis also suggested that the consultee might not want to disclose his or her imperfections, experience shame, have a sense of hopelessness, or may even have a fear of success. Finally, the consultee could just be rebellious and feel as though the consultant is interfering with their freedom (Dougherty & Dougherty, 1991).

The evidence of resistance notwithstanding, many scholars have identified successful strategies for gaining consultees' commitment to the consultation process. For example, one way to reduce resistance is for the school counselor to become familiar

with the whole process of the schools' functioning. This involves creating a relationship with teachers and other professionals in school, before trying to take on the role of consultant with these other stakeholders. By working toward the cohesion of professional relationships, resistance could be lessened. The counselor, then seen as a part of the personnel of the school, and not viewed as someone coming in from the outside of the system, can reduce resistance due to more healthy relationships (Myers, Parsons, & Martin, 1979).

Desiring to thwart resistance in consultation, Carlson, Dinkmeyer, and Johnson proposed a seven-step process to help counselors and teachers with effective consultations. These seven steps focus on: (1) establishing equality through using a tone of respect, (2) being specific when describing the problem of the student by stating exactly what was said and done, (3) using more than one example of the misbehavior being addressed, (4) making the goals of misbehavior clear, (5) reviewing the steps for reaching the intended goal, (6) asking for suggestions from the teacher, and (7) closing with a commitment for what will be done, coupled with an agenda set for future consultation (Carlson, Dinkmeyer, & Johnson, 2008). Similarly, White and Mullis (1998) also suggested that resistance can be conquered through creating an atmosphere that is positive through listening empathically, seeking out areas of unity, and using ideas that are encouraging to teachers (White and Mullis, 1998).

### **Conclusion**

The literature review indicates that the consultation between school counselors and teachers has been shown to promote success in schools. The joint actions and goals of a school counselor and a teacher can have tremendous impact on the future of students



academically and socially, when effectively implemented. The consultation process can provide encouragement and positive results that affect self-concept, behavior, and academic learning. On the contrary, inadequate consultation can adversely affect students, often leading to discouragement and stymie the positive movement toward these growth areas. However due to budget cuts and large caseloads of school counselors, today's schools utilize outside mental health professionals to provide services to students with behavioral or mental health challenges. The presence of an additional school based professional who is working with students calls for another look at the consultation models used in schools. Current consultation models utilize a triadic relationship approach, requiring the school counselor, teacher, and MHPCs to work collaboratively through consultation, when providing services to students. There has been no research found, specifically addressing the perception of consultation among school counselors, teachers and MHPCs. This lack of research has been due to the newness of MHPCs coming in to schools for the purpose of counseling. There has been research in other areas of consultation in the schools such as: school counselors and other health professionals (Carney & Scott, 2012); counselors, teachers, and families (Amatea, Daniels, & Bringman, 2004); teachers and school psychologists (Hagermoser Sanetti, Collier-Meek, & Long, 2015); parents and teachers (Garbacz, Sheridan, Koziol, Kwon, & Holmes, 2015); and teachers with other professionals (Cappella, et al., 2012; Holcomb-McCoy & Bryan, 2010).

Investigation into this topic could benefit these three professional groups, as well as inform these groups further, about the perceived consultant work they are facilitating, with community groups, parents, administrators, and students.

### **CHAPTER THREE: RESEARCH METHODOLOGY**

This study utilized a qualitative design, using grounded theory methods of data analysis that identified and described the perceptions of consultation among school counselors, teachers, and mental health professional counselors (MHPCs) in public school settings. The qualitative approach answered “how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 23). In this study, the general approach was appropriate for exploring the research topic of: how MHPCs coming from outside agencies to facilitate counseling in the public school setting experience the consultation process between them and their school-affiliated professional counterparts; as well as for exploring how public school counselors, teachers, and the MHPCs experience their shared consultation process. This general approach used a qualitative design, in that it explored factors about what is perceived among these interacting professionals, as their life experiences, in the area of consultation in schools. The grounded theory methods allowed the researcher to describe the perception of this experience and how it is handled among them, describing methods, analysis, and outcomes. This research study was not looking for a theory to emerge while examining the perceptions of these groups. Therefore, the researcher chose to use a general approach for this study. This chapter will explain the design that was used in this study, including the rationale behind the design selection. This chapter will also describe the study methods including sample selection, data collection, and data analysis. There are six initial research questions that framed this qualitative study:

1. How do school counselors view MHPCs as participants in the consultation process?
2. How do teachers view MHPCs as participants in the consultation process?
3. How do the MHPCs perceive public school counselors and teachers, as the partners in the consultation process?
4. What is the perception of school counselors as to how this consultation process with MHPCs may affect academic and behavioral outcomes of students in schools?
5. What is the perception of teachers as to how this consultation process with MHPCs may affect academic and behavioral outcomes of students in schools?
6. What is the perception of the MHPCs as to how this consultation process with school counselors and teachers may affect academic and behavioral outcomes of students in schools?

### **Research Approaches**

Several research methods were considered and then eliminated as suitable choices for this research. Ethnography focuses on culture or settings of groups, which is not the focus of this study (Sangasubana, 2001). Fetterman (1998) defined ethnography as “the art and science of describing a group or culture” (Fetterman, 1998, p. 1). Therefore I eliminated ethnography as a choice for this study, since the aim is not to look at the culture of the consultation process nor to describe the group or the culture interviewed in this study, but rather to simply look at the perceptions of a process among professionals in a limited setting. Narrative analysis was also a consideration. Stories told to share experiences will probably be

given by the participants in this study to better clarify and explain their perceptions in consultation with other professions (Merriam, 2009). “Thus, the narrative is the study of the ways humans experience the world. This general concept is refined into the view that education and educational research are the construction and reconstruction of personal and social stories; learners, teachers, and researchers are storytellers and characters in their own and other's stories” (Connelly & Clandinin, 1990, p. 2). However, the focus of this study is not sorting through the autobiographies or life histories of the participants. The phenomenological method was a consideration as a viable structure for this research because this study will examine the shared experiences of the school counselors, teachers, and MHPCs. Although phenomenology does look at shared experiences, it is more focused on the “essence or essences of shared experience” (Merriam, 2009, p. 25). In contrast, this study looked only at commonalities of individual perception of the shared experiences in consultation, and not shared experiences themselves. Another design, critical qualitative research, seeks to “critique and change society” (Merriam, 2009, p. 34). Although it is hoped that this research has an impact that may be applied to enhance the consultation process in the future, this was not the goal for this particular study. After considering ethnography, narrative, phenomenology, and critical research, it was determined that a basic qualitative approach, using grounded theory for data analysis was most appropriate for this study. This is a common approach to qualitative research which is found in many disciplines of study, as well as in education (Merriam, 2009). Other qualitative research such as phenomenological studies, seek to understand the “essence and

underlying structure of phenomenon” (p. 23). Ethnography seeks to “understand the interaction of individuals not just with others, but also with the culture of the society in which they live” (p. 23). “All qualitative research is interested in how meaning is constructed, how people make sense of their lives and their worlds...the primary goal of a basic qualitative study is to uncover and interpret these meanings” (p. 24). “Although this understanding characterizes all qualitative research, other types of qualitative studies have an additional dimension” (p.22), whereas a basic qualitative research approach does not have a distinguishing feature. Merriam (2009) described a basic qualitative research study as “(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences” (p.23).

Grounded theory data analysis allowed the researcher to carefully listen to and document the specific thoughts and experiences of teachers, school counselors, and MHPCs as they worked together in school settings. It also enabled the researcher to gain insight into how these professionals experienced their collaborative process and its outcome. Grounded theory data analysis is both an inductive and deductive process. Data collected was broken down during open coding and built up through later stages of data analysis as data was organized into categories (Corbin & Strauss, 2008). The researcher identified emerging categories pertaining to the research questions. This inductive collection of data was more prominent in the beginning phases of data collecting. However Corbin and Strauss (2008) contend that a dance between inductive and deductive approaches happens in grounded theory throughout the process, with the

deductive approach looking at the information gathered during the inductive process, to test the emerging categories (Corbin & Strauss, 2008).

### **Sampling**

For this study, the researcher used sampling by convenience. Merriam (2009) says, that sampling by convenience is when “you select a sample based on time, money, location, availability of sites or respondents and so on” (p.79). The researcher in this study chose MHPCs from the agency where she worked. After selected 4 MHPCs from this agency, she asked the MHPCs for names of teachers and school counselors with whom they had collaborated for the benefit of students. These teachers and school counselors were selected, after receiving consent from the school districts for which they worked. The final selection was made after speaking with these professional, teachers and school counselors, to make sure they fit the criteria the researcher had set forth, to establish they were available for an interview, and to establish that they were willing to be interviewed.

### **Procedures**

#### **Participants**

Individuals in these three professional groups were interviewed, using one protocol (appendix B), individualized for each of the three groups: MHPCs, teachers, and school counselors. The MHPC participants interviewed were employed by one mental health agency in a mid-western state to keep the criteria for the MHPC consistent. The MHPCs have worked in public schools for at least two full years while employed by this mental health agency which places MHPCs in elementary and secondary schools. Each of the MHPCs is a licensed professional counselor (LPC), and each has participated in

multiple consultations in the last two years with teachers and/or school counselors. MHPCs from the identified mental health agency were selected, and work in both or either elementary and secondary schools. This provided the researcher with data to inform the future direction of data collection. Teachers and school counselors from these same elementary and secondary schools were selected and interviewed.

### **Informed Consents**

Approval for this study was obtained through a supporting local university Institutional Review Board (Appendix D). The nature of this study was explained to all participants to ensure fully informed consent, should they agree to participate. Before the MHPCs were approached, the researcher obtained approval from the agency through a signed agency consent form (Appendix C). Then, the investigator systematically called the potential MHPCs and screen out those who did not have sufficient opportunity to have consultations with school counselors or teachers in their assigned schools, or who were not yet licensed. After securing MHPCs who fit the previously stated criteria, the researcher approached the principals/superintendents of the schools where these MHPCs were engaged in counseling and consultation with school counselors and teachers, to obtain permission to approach these professionals for the purpose of interviews. Permission was obtained from each school district through a signed agency consent form (Appendix C) and the individual school principals of the identified school counselors and teachers, who have engaged in consultation with the MHPCs. These teachers and school counselors were screened for suitability for the interviews. The participants, who met all of the sampling criteria (Coyne, 1997) and consented to be interviewed, signed an informed consent form (Appendix A). Before signing, participants were informed of the

option not to participate or to decline to answer any questions that may be posed to them. Pseudonyms are used in the transcription and throughout the paper in order to protect the identity of the participants. Any other identifying information of persons mentioned in the interviews, memos, or other artifacts collected for the purpose of this research, is kept confidential. The purpose of the study was fully disclosed to the principals, school counselors, teachers, and those in the need to know. Each was given the opportunity to ask for a copy of the results.

### **Data Collection**

The “primary instrument of the data collection” (Merriam, 2009, p. 29) in a qualitative research study is the researcher (Merriam, 2009). Peshkin (1988) pointed out that it is important that the researcher identify and acknowledge any bias that might impact the study, showing awareness and mindfulness on the part of the researcher. Researcher biases are detailed below in this proposal. One of the most widely used instruments in data collection in qualitative studies is the semi-structured interview, which allows for flexibility and candidness to emerge (Merriam, 2009).

#### *Interview Protocol*

The interview protocol is comprised of open-ended questions, which encouraged interviewees to expound upon their experiences (Flick, 2006). Appropriate stimulating questions to elicit opinions, feelings, background information, behaviors, experiences, and values were also included. In addition, the interview protocol was reviewed by peers familiar with the research topic in order to assure that the questions were pertinent to the research topic, and easily understood (Merriam, 2009).



In the semi-structured interview, the questions were generally asked in order, but the interviewer skipped questions that had already been answered. The order in which the questions were asked was not viewed as extremely important, since obtaining the concept is the most important piece to the interview process. Probes, encouragers, clarifiers, and additional questioning were implemented to help the interviewees expound upon the information desired, as was necessary (Flick, 2006). The researcher gave the interviewee sufficient time to provide an answer, as one question at a time was asked, avoiding yes-no, leading, loaded, and multiple questions.

The interviewer met with the interviewees individually at a mutually agreed upon location. Following brief introductions, the interviewee was given a concise explanation of the consultation research project and was asked to sign the informed consent, which also asked for consent of the audio recording of the interview. Opportunity was given for the interviewee to ask any unanswered questions and for the interviewer to be assured that the interviewee understood the process. At that time, two audio recorders were turned on and the first question of the interview was asked. The interviews lasted between 30 and 90 minutes. Throughout the interview process the researcher also noted any particular stories or incidents that occurred during the interview or surrounding the interview (Witzel, 2000). It was also noted how often consultation occurred between the professionals being interviewed, and how schedules and time affect the interactions or meetings. Strategies used to help students with issues were identified during the consultations, and the perceptions of the success following the implementation of these strategies were noted. Corbin and Strauss (1990) also recommended examining closely

the circumstances in which the interview, incidents, and/or interactions mentioned have occurred.

Throughout the process, meetings were held with the dissertation committee members, as needed to address the process of the collection of data.

### **Data Management**

Audio recorders were used to capture interviews (Merriam, 2009; McLellan, MacQueen, & Neidig, 2003). Two recorders were utilized in order to ensure that there was a back-up; in addition the researcher took notes in the event that the recording was not clear. The researcher transcribed each interview verbatim, so to insure that the data was transcribed accurately and to “get that intimate familiarity” (Merriam, 2009, p.110) with the data. The location of each of the interviews was private, quiet, and free from interruptions and outside noise to insure clear recordings, and to attend to the comfort and ease of participants.

During the transcription a system was created that allowed the researcher to easily identify the interviewee and the school. Creating guidelines for the transcription process was useful in organizing and then analyzing the data (McLellan, MacQueen, & Neidig, 2003). A letter/number code system was implemented to identify the interviewee and to link that interviewee to the school where that participant works. All identifying information was removed during the transcribing process. This letter/number code system was stored in a safe location to ensure that the researcher can check the code system to keep the confidential information of the participants, if the need arises. Mergenthaler and Stinson (1992) suggested that the researcher use “intellectually elegant” (p. 130) transcription rules, keeping “rules limited in number, simple and easy to learn” (p. 130).

The rules included how to indicate when a word or phrase was not clear, along with how to account for the pauses, the flow, and the intonation of the interviewee's answers. The researcher also kept field notes during the interviews, describing posture, disposition, and any nonverbal behaviors displayed by the interviewees (Emerson, Fretz, & Shaw, 1995; Merriam, 2009), which can give "preliminary insights and emerging analytic ideas" (Montgomery & Bailey, 2007, p. 7). Line numbers were used to create more ease in the process of data analysis. After transcribing the interviews, the researcher went back and listened to the interviews a second time to be certain no transcription errors occurred the first time (Merriam, 2009, p. 110). The completed recorded interviews were transcribed and transferred to the computer of the researcher, which is pass-coded. After the study has been submitted and all need for the recordings has been eliminated, all interview documents will be destroyed, according to the specifications of the IRB.

Before the researcher began writing the report, she organized a codebook (Appendix E) to show the findings in an organized fashion per the recommendations of Merriam (2009). The researcher met with the research advisor after the first interview had been coded in order to discuss and confirm the open coding process, and to make any changes to improve efficiency. The researcher also looked at her memos throughout the process to get preliminary ideas concerning data analysis and possible categories (Strauss & Corbin, 1990; Montgomery & Bailey, 2007). After all interviews were coded line by line, and categories began to emerge, the researcher met with the research advisor to discuss the coding.

## Data Analysis

Grounded theory is a methodology or “a way of thinking about and studying social phenomena” (Corbin & Strauss, 2008, p. 1) and it approaches the qualitative analysis by “examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge” (Corbin & Strauss, 2008, p. 1). This is based in the pragmatic assumptions that individuals exercise choice in social interactions and that the explanations for things in the world are not simple and therefore, in order to understand or capture the complexity of the phenomenon of the world, “any methodology that attempts to understand experience and explain situations will have to be complex” (Corbin & Strauss, 2008, p. 8).

As the researcher collected the data, she began analyzing as well, since the analysis of the data and the data collection are processes that are interrelated. Coding began with the reading of the transcripts of the interviews and circling any bit of data that was relevant to the study, to identify emerging concepts (Corbin & Strauss, 2008). Theoretical memos were written, with the researcher maintaining openness to all that could possibly emerge as relevant concepts (Merriam, 2009, Montgomery & Bailey, 2007). Memos are “working and living documents” which allows the researcher to keep record of the ideas developing and the interconnecting of the codes (Corbin & Strauss, 2008, p. 118). “The very act of writing memos and doing diagrams forces the analyst to think about data. And it is in thinking that analysis occurs” (Corbin & Strauss, 2008, 118).

Constant comparative method was used throughout the process of coding, grouping, and categorizing the pieces of data that are similar, being open to new data

while always testing pieces of existing data against new data (Strauss & Corbin, 1990).

Coding is “interacting with data analysis using techniques such as asking questions about the data, making comparisons between data...” (Strauss & Corbin, 1990, p. 66).

### **Open and Axial Coding**

The researcher used “open coding” with each interview, as soon as it had been transcribed and had been double-checked for accuracy (Strauss & Corbin). In open coding, the researcher analyzed the transcripts line by line, or in segments to identify concepts, within the data. The researcher grouped “codes” that seem to have related characteristics under a particular heading or a specific “concept” (Strauss & Corbin, 1998, p. 66), and completed the open coding for the other interviews in the same manner. The process of conceptualizing was used, wherein the “data are broken down into discrete incidents, ideas, events, and acts and are then given a name that represents or stands for these” (Strauss & Corbin, 1998, p. 105). Once the concepts were identified, they were grouped with similar concepts to form categories (Corbin and Strauss, 2008). After discovering the initial concepts, the researcher went deeper with the analysis (Strauss and Corbin, 1998). Codes that were grouped together under each specific concept were examined in order to determine “the range of potential meanings contained within the words” (Strauss & Corbin, 1998, p. 109). This was completed through an in-depth analysis of codes under each of the concepts. The researcher looked for concepts developed early in the process that might be able to be grouped to create “higher order categories” (Strauss & Corbin, 1998, p. 113). The data was further analyzed using axial coding to refine the categories.

Axial coding, which is “the process of relating categories to their subcategories” (Strauss & Corbin, 1998, p. 123), was used, “linking categories at the level of properties and dimensions” (Strauss & Corbin, 1998, p. 123). During axial coding, the categories were aligned with their properties and dimensions. The properties are essentially the characteristics or the attributes of the concepts or possible categories, whereas the dimensions define a range across which the defined properties can be placed (Strauss & Corbin, 1998). The analysis also differentiated properties from sub-categories.

Throughout the axial coding process, the researcher identified properties and located, compared, contrasted, and then refined categories and subcategories. As the development of subcategories occurred, questions formed in the mind of the researcher concerning the emerging categories, such as “when, where, why, and how a phenomenon is likely to occur” (Strauss & Corbin, 1998, p. 119). This comparative analysis was “comparing incident against incident for similarities and differences” (Corbin and Strauss, 2008, p.195). These incidents or codes were grouped and became concepts and these concepts were compared to other concepts. The concepts that are similar were “given the same conceptual label and put under the same code” (p.195). The incidents under a code were added to the “general properties and dimensions of that code, elaborating it and bringing in variation” (p.195).

During the analysis process, each category was examined and compared against the other categories to assure that the categories were well defined using the constant comparative method. The concepts were then separated into “lower level concepts (p.52)” and “higher level concepts (p. 52).” The more basic concepts form a foundation

to support the “higher level concepts (p.52)” which become categories. Categories were then compared to categories (Strauss & Corbin, 1990).

### **Trustworthiness**

Miles and Huberman (2014) addressed quality standards: (a) objectivity/confirmability which is external reliability. This was accomplished through the use of describing in detail the procedures used in this research. The researcher was also aware of potential bias and addressed this with transparency; (b) dependability, which is reliability, was attended to through using a consistent process and keeping the questions clear; (c) transferability, or external validity, was addressed through explaining how this study can be generalized or transferred to other settings; and (d) utilization or application was looked at in terms of if this study will help anyone. Glaser and Strauss (1967) suggested that using direct quotes from interviews and sharing how the information is coded, allowing readers to know how the data is obtained, while using the “constant comparative method’s requirement of keeping track of one’s ideas increases the probability that the theory will be well integrated and clear, since the analyst is forced to make theoretical sense of each comparison” (p. 230).

Merriam (2009) lists strategies to ensure that these standards are met in a qualitative study. One strategy suggested of Merriam, taken by the researcher, was spending time collecting the data to make sure that the data was adequate and sufficient to create a category. Self-reflection, another strategy suggested by Merriam, was a daily occurrence during the entire process as the researchers read and re-read the transcripts, notes, and asks questions of her research such as: Have I asked the right questions? Do I need more interviews? Am I seeing concepts emerging from my data? What am I seeing

emerge? Am I pushing aside my own bias and looking at the data with an open mind? This self-reflection also helped to ensure the next step of making sure that the research is trustworthy. The researcher checked her thoughts, biases, assumptions, relationships, and worldviews as she took notes, made lists, selected categories, and wrote the report (Merriam, 2009). Peer reviews from other researchers also working on qualitative studies as well as professors was sought for input on the research data collected. The researcher took thorough notes throughout the entirety of the process; to create what Merriam calls an audit trail, or a “detailed account of the methods, procedures, and decision points in carrying out the study” (p. 229). The descriptions used were looked at carefully so that they are rich and transferable to further research. A diverse sampling, as suggested by Merriam (2009) was accomplished by interviewing professionals from elementary and secondary schools and from three different professional groups to glean different perceptions on the consultation process in schools.

Merriam (2009), said that the trustworthiness of the results of the research are based on “the extent that there has been some rigor in carrying out the study” (p.209). The researcher was diligent throughout the work of this research. The findings are now presented, and the findings are supported through the use of examples from the interview transcriptions and memos, not necessarily establishing proof, but enough to establish an idea (Merriam, 2009).

### **Limitations**

As common among research, there are several limitations to this study. The group interviewed was from one area on the outskirts of a large city in the Midwest, and did not include personnel from inner-city schools. The MHPCs were from one non-profit agency



and the school counselors and teachers were selected based on the referrals from these MHPCs. The MHPC's are from a pool of Licensed Professional Counselors, and were not selected from other mental health professions working in the schools as counselors. Students and other school personnel were not interviewed to get their perspective on the consultation process among these professionals. The questions were asked by a researcher who understands the school environment and may have displayed non-verbal reactions of which the researcher was not aware.

### **Researcher Perspective**

As a researcher, a human instrument, I may have biases due to my professional experiences in school settings, it is important that I disclose my previous and current professional roles. My background in both education and private practice counseling prompted my interest in the perception of consultation among MHPCs, school counselors, and teachers. I have experience as an urban elementary public school teacher in a Midwestern city school and in that capacity participated in consultations with school counselors. I have also facilitated both individual and group counseling in public elementary and high schools. Currently, I have worked in a mental health agency as a counselor and a teacher, and I now work in the schools as a MHPC, for this agency. My professional responsibilities include consulting with public school teachers and counselors at both elementary and secondary schools.

Regarding biases that I bring to this study, it is my hypothesis that involving a variety of stakeholders in students' lives can make their educational experience richer, and provide a more holistic support system. However, as a teacher and a counselor working in school settings, and now as a MHPC from an agency in a school setting, I

understand that there is not always agreement among professionals as to what are the best practices for the interest of students' success. Through this study, I hoped to provide a better understanding of how school counselors, teachers, and MHPCs perceive the process, experience, and outcomes of consultation among them. I also hoped to provide a clearer understanding of the perception of each profession regarding which components of consultation facilitate students' success, and how these perceptions are influenced by their professional expectations and academic background. I, the researcher made sure that the participants were clear as to the content of the research and what will be done with the research information after it has been collected (Miles, Huberman, & Saldana, 2014).

The researcher is aware that subjectivity does affect the research, and so it is important that I, as the researcher, disclosed how close I am to this research study. I made notes throughout the research when I noticed that my past experiences were impacting my work, to warn myself so I did not, as Peshkin (1988) suggested, fall into the "trap of perceiving just that which my own untamed sentiments have sought out and served up as data" (p. 20).

## Chapter Four: Research Findings

The purpose of this study was to look at the perception of consultation among school teachers, school counselors, and mental health professional counselors (MHPCs) in the public school setting; and how this process may or may not affect the behavioral, academic, social, and emotional outcomes of the students, with which these professionals are working. Consultation awareness is found in research literature regarding: school counselors and other health professionals (Carney & Scott, 2012); counselors, teachers, and families (Amatea, Daniels, & Bringman, 2004); teachers and school psychologists (Hagermoser Sanetti, Collier-Meek, & Long, 2015); parents and teachers (Garbacz, Sheridan, Koziol, Kwon, & Holmes, 2015); and teachers with other professionals (Cappella, et al., 2012; Holcomb-McCoy & Bryan, 2010). However, literature on the perception of the consultation process among teachers, school counselors, and MHPCs has not been found. Research on the topic has been seen as significant enough to conduct research studies between other personnel in schools, as noted above. Therefore the researcher in this study found it important to look at the consultation process among the professionals that would most likely engage in consultation, for the benefit of students in the public school setting.

This study looked at the consultation process, conducted by school counselors, teachers, and MHPCs in selected public schools, through the lens of the ASCA National Model (ASCA, 2003), and its framework for consultation in schools. The researcher sought to know what the perception was, among these professionals, concerning the consultation process and how it might impact the academic and behavioral outcomes of their student clients.

The following research questions set the framework for this study:

1. How do school counselors, view MHPCs as participants in the consultation process?
2. How do teachers, view MHPCs as participants in the consultation process?
3. How do the MHPCs perceive public school counselors and teachers, as the partners in the consultation process?
4. What is the perception of school counselors as to how this consultation process with MHPCs may affect academic and behavioral outcomes of students in schools?
5. What is the perception of teachers as to how this consultation process with MHPCs may affect academic and behavioral outcomes of students in schools?
6. What is the perception of the MHPCs perception of as to how this consultation process with school counselors and teachers may affect academic and behavioral outcomes of students in schools?

This is a basic qualitative designed study, which used grounded theory methods of data analysis, to identify and describe the perceptions of consultation among school counselors, teachers, and MHPCs. This design was chosen for this study as it permitted the researcher to conduct this exploratory study in this specific area where a precedent has not been found, without moving toward a theory. The approach was used to find out “how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 23) when exploring their perception of consultation among these three professional groups in the public school setting.

With grounded theory, the researcher is looking at “a way of thinking about and studying social phenomena” (Corbin & Strauss, 2008, p. 1) and approaches the qualitative analysis by “examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge” (Corbin & Strauss, 2008, p. 1). Throughout the research process, a constant comparative method was used during coding, grouping, and categorizing the pieces of data that are similar. At the same time, the researcher remained open to new data, while always testing pieces of existing data against new data (Strauss & Corbin, 1990). Strauss and Corbin (1990, p.66) stated that coding is “interacting with data analysis using techniques such as asking questions about the data, [and] making comparisons between data...”.

*Table 1.1* Introduction of Sample

Interviewee Identification number for Chapter 4	Pseudonym	Occupation	Sex/Race	Years/Level
#1	Anna	School Counselor	(F)(W)	2/Elementary
#2	Joshua	School Counselor	(M)(W)	11/Elementary
#3	Emily	MHPC	(F)(W)	5/Elementary
#4	Mary	Teacher	(F)(W)	6/Elementary
#5	Jane	MHPC	(F)(W)	6/Secondary
#6	William	Teacher	(M)(W)	3/Secondary
#7	Eva	School Counselor	(F)(B)	18/Secondary
#8	Dana	Teacher	(F)(W)	6/Elementary
#9	Lois	MHPC	(F)(W)	5/Elementary
#10	Phillip	MHPC	(M)(B)	5/Secondary
#11	Marina	Teacher	(F)(W)	12/Elementary
#12	Tina	School Counselor	(F)(W)	12/Secondary

Twelve participants were interviewed for this study: four school counselors, four mental health professional counselors, and four certified teachers. The participants had from 2 to 18 years of professional experience, in their respective fields. Seven of the participants work in an elementary school, and five of the participants work in a

secondary school setting. Of the participants, nine identify as female and three identify as male. All of the schools, in five different school districts in which participants work are in the Midwest, in the same county area on the outskirts of a city. The mental health professionals were all selected from one agency, in a Midwest area, which hires professional counselors for the purpose of entering in to the public schools for additional support in the area of counseling.

This study was conducted using one agency that employed the four mental health professional counselor participants, who then identified school counselors and teachers with whom they have consulted. From the teachers and school counselors identified by the MHPCs, 4 teachers and 4 school counselors were selected for interviews. They were selected based on the criteria stated in chapter 3, availability, and willingness to participate in this study. Altogether, the researcher went into 5 different schools representing 5 districts in a Midwestern county on the outskirts of a prominent city to conduct twelve interviews.

The following categories and subcategories, properties and dimensions emerged.

*Table 1.2* Discussions of the Research Findings

<b>Category</b>	<b>Subcategory</b>	<b>Properties</b>	<b>Dimensions</b>
1)Meaning of Consultation	a) Help Teachers		Outside to Inside
	b) Communication		Formal to Informal
2)Process	a) Referrals	i. Initiated by Teacher to School Counselor	Formal to Informal
		ii. Initiated by School Counselors to MHPC	Formal to Informal

	b) Structure	i. Guided Model	Present to Absent
		ii. Knowledge of Consultation Models	Extensive to None
		iii. Meetings	Structured to “On the Fly”
	c) Roles	i. Teachers	Active to Absent
		ii. MHPC	Insider to outsider
		iii. School Counselors	Active to Absent
	d) Presenting issues	i. Behavior and/or Academic	Internal to External
		ii. Social Emotional	Internal to External
	e) Follow Up	i. Status	Always to Never
		ii. Method	Always to Never

3) Effectiveness of Consultation	a) Students	i. Behavior and/or Academic	Ineffective to Effective
		ii. Social Emotional	Ineffective to Effective
		ii. General	Ineffective to Effective
	b) Staff	i. Resources for School Counselors & MHPCs	Beneficial to Detrimental
		ii. Resources for Teachers	Beneficial to Detrimental

4) Barriers	a) Time		Ample to Limited
	b.) Confidentiality		Beneficial to Restricting

### **Category 1: Perceived Meaning of Consultation among Professionals**

Understanding the perceived meaning of consultation among professionals was an important part of this research. If the professionals in this study perceive the meaning of consultation to be different among them, then the expectations for consultation would not be aligned. There are no properties in this category. There are two subcategories that make up this category: (a) the perceived meaning of consultation is helping teachers, outsiders to insiders, and (b) the perceived meaning of consultation is communication among professionals, formal to informal.

#### **Helping Teachers**

Teachers stated that the importance of consultation rests in the expectation that they will be helped by school counselors and by the MHPCs for the purpose of better serving the students in the classroom. Participant #6 said that he saw consultation as “starting a dialogue about an issue, or following up on something..., asking for more direction or information or how what, what can I do as a classroom teacher to help in X circumstance situation” (p. 6, L.123-124, 126-128). Participant 11 said, “I think consultation, [is] just kind of overall, is just any extra help or resources or information that’s available to us as teachers to help us, you know, do the best we can for our kids. ... consultation ... it just makes me feel like ... resources that are available to us to give our kids the help we need that we may not know how to” (p. 1, L12-13, 18-19). While Participant 4, stated she thought consultation “would be probably listening to me or just going in, sometimes just popping in” (p.3, L 47-48). Participant 8 said the meaning she gives to consultation is “a strategy focus group to consider the needs of individual



students and the strategies that we are implementing in the classroom and elsewhere to make them most successful” (p.5, L.98-100).

Teachers perceived the meaning of consultation could be meeting with counselors for strategies to help them with students in their classrooms. However there was no clear definition of consultation. Overall, the teachers felt that the school counselors and the MHPCs were there to give them resources that they could use in the classroom, with students experiencing behavioral difficulties; or that the school counselors would listen to them when they had problems they felt unable to handle, and would find a solution for them to handle the problem in their classroom. The meaning was vague, in that the perceptual meaning from each teacher only spoke of help for them, but did not in any way construct an academic meaning of consultation.

### **Communication among professionals as a meaning of consultation**

The counselors share their perceived meaning of consultation: Participant 3, a MHPC, stated her “meaning of consultation ... is just any communication about a kiddo I’m working with, I guess. ...I was sort of thinking of consultation with case management wrapped all up in it ...” Consultation ... [is] everything that has to do with a kiddo” (p. 5, L.92-93, 95). A school counselor, Participant 2 said he looked at the meaning as:

Consultation is a formal or informal sort of meeting... I mean it could take different forms. It could be a brain storming, it could be tip giving, or advice giving depending on maybe what the person, like if the professional or the counselor is talking to the teacher, it could be, depends on sort of what the relationship is, I think. You know with newer teachers they may be asking for solid concrete tips. But with the older more experienced ones, it may be, you

know, just running something by you. Or even just telling you something, it could be information giving as well. But I think, sort of the point of it is to share information, but also to compare notes if you will, come up with ideas to help a student or to help a situation, or to centerize. So, I think it could be either sought out by the teacher or by the counselor. And it could also go the counselor could consult with the teacher. So not just the counselors, the professionals in a certain area, but it could be the counselor seeking, school counselor seeking the teacher on expertise related to the classroom. What are you seeing in order to gain information about working with the student (p. 1, L. 9-20).

So while teachers mainly expressed their perceived meaning of consultation as receiving help; the counselors, both school and mental health, expressed their perceived meaning of consultation was more about giving help, through various collaborative efforts, or managing cases through the process of communication. It was surprising that the counselors did not have any academic definition for consultation, in that consultation is an expectation of the ASCA for school counselors and the mental health associations for mental health counselors. Although none of the participants gave an academic definition of consultation, they did express expectations for consultation. The meaning that the researcher was expecting from the participants was something, as least similar, to the American School Counselor Association (ASCA) definition of consultation. ASCA defines effective consultation as a holistic approach and as a relationship between those in consultation having four working components: (a) sharing observations, information, and concerns; (b) creating an action that is hypothetical for the situation; (c) planning;

and, (d) collaborating together, with the understanding that each youth is unique (ASCA, 2012).

### **Category 2: Perceived Process of Consultation**

Looking at the view of ASCA in the area of consultation, some structured process supports consultations so they can be effective. This category of the perceived process of consultation is important so that we understand what the process of consultation, step by step, looks like in schools, as perceived by these three professional groups. By understanding this, it will be clearer what might need to change in the future so that the consultation process can become more aligned with the framework ASCA lays out as its expectations for consultation in schools.

The following five subcategories and properties that emerged from this study will give further explanation of the perceived process of consultation among school counselors, teachers, and mental health professional counselors in the public schools. The five subcategories are: (a) referral initiated by school counselors to mental health professional counselors, (b) the perceived structure of the consultation meetings, their guiding model, knowledge of the consultation models, and the forms of meetings using consultation, (c) roles the three professionals play during the consultations process, (d) the presenting issues for consultation, and (e) the follow up status and methods used in consultation.

#### **Perceived Process of Referring**

Under this subcategory, there are two properties: (a) Referrals initiated by teachers to school counselors, formal to informal, and (b) referrals initiated by school counselors to MHPCs, formal to informal. The referral, in the practice of consultation, is

usually the first step in the process. The referral can be made by any professional or non-professional in a school setting. The referral can also come from parents or another adult in the life of a student, who may see something in regards to the student that is not typical behaviorally, socially, emotionally, and/or academically. The adult usually approaches a school administrator or the school counselor to seek an expert evaluation for the student. This referral process can be formal, with structured meetings, or informal, with a brief conversation face to face or electronically.

*Referrals initiated by teachers to school counselors.* A teacher, Participant 6, said his process of referring students from the classroom is,

...if a student in class has something that I can't immediately discuss with them or talk about especially if it's going to be a large interruption of instruction, I'll ask if they want to go talk with our guidance counselor or we have a crisis counselor on campus sometimes. ...Or if they are signed up for ... [the services of the MHPC]. Also if there's a special circumstances going on sometimes a student will even ask to go speak with her [school counselor]. I have never myself made any referrals like 'you need to go to a counselor, right now' (p.2, L.16-22, 27-28).

Participant 11, a teacher said, ... "the school counselor here and I have worked together for a number of years, so sometimes it's just me shooting him a quick email saying, 'hey I have this kiddo that I'd kind of like you to talk to. Here's what's going on'" (p.4, L.83-85). Participant 7, a secondary school counselor explained how referrals usually happen in the school where she works. She said, "usually as school progresses, the teachers will call and say, "Hey you know, something is going on with this student?" "Can I send them to your office?" (p.2, L.29-30)

So although it is perceived that the school counselor matches needs with resources, many times it is the teacher who is the first to recognize that there is a need for additional services and then it is the teacher who takes this concern to the school counselor. However, the referral process was seen in this study as a quick passing off of information from teacher to school counselor, without any standard format for referrals. With this type of quick referral, all information may not present and could impact the way the situation is handled. No teacher, in this study, mentioned a standard way of referring a student for counseling. Beesely (2004) contended that teachers could be instrumental in identifying problems with students and referring them to counselors. In doing so, teachers help counselors with initial information that can assist the counselor in conceptualizing the problem and accurately targeting the intervention. In this study, teachers did express that they frequently refer students to the school counselor; however, the process lacked standardization.

***Referrals initiated by school counselors to mental health professional counselors.*** Participant 7, a secondary school counselor said, "...The majority of kids that the teachers usually pick up on somewhere along the way, I or the social worker has already identified them as a student needing services and have referred them to someone else" (p. 2, L31-33). A MHPC (Participant 3), coming in from the outside, not an employee of the school, expressed that in the school where she is providing services,

School counselors are the front end [of the consultation process]. So, they do referrals, so I always have a conversation upon receiving the paper referral. Why the kiddo's referred and just a little bit more ... deeper kind of family history and anything that's relevant that they know of. ... At the front end the

school counselor might email me and say hey, do you have room? So if it's not the beginning of the year, usually it's an email first. Hey do you have room in your caseload or they may know I do or don't [have room] because I send a monthly up dated caseload email, so that they're aware. And so then if I say yes, they give me a referral and consent, usually at the same time, they try to get the parents on board first (p.2, L. 22-24, 34-38).

Participant 1, a school counselor in an elementary school setting, said,

... I have a kindergarten teacher who has now has a child that she thinks would benefit from ... [outside MHPC] services. So she has come to me and asked if I would sit down with her and discuss her concerns in regards to the child and then what I would do is follow up with [the MHPC] and talk to her about the child and see does she have room on her caseload. Or [ask her] is there a waiting list? And then if there is not, kind of letting her know the background of the child, what is going on in the classroom, and at home, and then I would let [the MHPC] follow up with the teacher as well, and they discuss what the teacher is seeing in the classroom, and then it is just kind of just a team approach, the whole team approach in regards to the counselor, the ...[MHPC], and then the teacher as well; because we all play very different roles in the child's life (p. 1, L27-33; p.2, L34-35).

In this study, the perception of the school counselors and the MHPCs is that the school counselors are the professional resource that is on the front lines of taking the referral and/or identifying the need for a referral, and then making sure the student referred gets the services he or she needs. The school counselor is the one who usually takes the

responsibility to refer to MHPCs working in the schools, or to other outside resources, when he or she feels this would be the best fit for the youth. Thus, through consultation counselors and teachers can work together to provide academic, social, and emotional support to students (Dunn & Baker, 2002). However, even with the referrals from the school counselor to the MHPCs, there is no standardization of the referral process mentioned by any participant in this study. And there is no explanation of what the standard is for when the school counselor approaches the MHPC with a referral and the MHPC does not have room on his or her case load. Again, referrals come at the beginning of the consultation process, and propel the consultation process on by what is presented in the referral. However, if the referral is vague, passed along through short e-mails, or in short conversation while passing in the hall, it is possible that some situations fall through the cracks or are not addressed as needed due to lack of information.

### **Perceived Structure**

*Guiding model of structure.* Under this subcategory are three properties: (a) guided models, present to absent, (b) knowledge of consultation models, extensive to none, and (c) meetings, structured or on the fly. There are many models of consultation. ASCA states the framework for which the consultation process should adopt in the schools. This ASCA model says that there are certain components that should be part of the consultation process in a school, but ASCA does not insist upon a particular consultation model that should be used. However, instead of a using a mental health consultation model, which MHPCs have historically used, the collaborative inter-dependent model of consultation has been thought to be a more appropriate model to apply when looking at consultation in a school setting (Erford, 2011, p. 229). However,

when the question was posed as to the perception of the consultation model followed in the schools, one school counselor, Participant 7, who has more than 15 years of experience as a school counselor in a secondary school setting stated:

No not that I could say [having a model of consultation]. I just think the first thing . . . , we do is try to speak to each other to say hey, do you know of this kid? And is there something else going on that I need to know? And so, for instance, with that student [a student she previously mentioned who was in crisis], I knew that there were some other incidents, and so, I knew to reach out to certain people. But no specific model [of consultation is used], usually just to say: hey you had this student last year; or I saw you speaking to this student; is there something I need to know? And then we just kind of go from there, we do what works best. ‘If it ain’t broke, don’t fix it’ (p.8, L.154-160).

Participant 1, an elementary school counselor, when posed the same question, said, “No, I don’t personally [have a consultation model]. We, our model here in the building is really relaxed. But we also have teaming, where sometimes we’ll go in, it’s on Thursdays, and we will meet with the entire grade level teams and discuss with them do they have any concerns about this particular child, and if so letting us know what those concerns are” (p.1, L21-24). With this participant 7, it was evident by her tone that she was concerned that I was planning to create a model they would have to follow, and she wanted to let me know that they were fine the way they were and they did not need a model. I felt their concern was being challenged with just another thing to document or another plan to follow, and they were already overwhelmed by all of the expectations they are required to meet. Participant 1 mentioned that their model is relaxed. Relaxed, came across as a nice



word, a positive word, and the insinuation is that they are wanting the process to stay in that relaxed mode. No consultation model was noted, and it was evident by tone and expression that no consultation model was thought to be necessary.

***Knowledge of consultation models for structure.*** In order to implement a model of consultation, there would need to be some knowledge of consultation models.

Participant 2, a school counselor for more than 10 years stated, when asked about using a consultation model in his school,

...I'm not sure. I should study up on my consultation models, of different ones. So, are there certain consultation models? Maybe you could remind me of some of those. ... Somewhere I remember in my studies, different consultation models. But it's not something that I think people focus on, probably more on theories.... And consultation, there's not a big emphasis on consultation (p.7, L.132-134, 137-139).

This response surprised me, in that this is a school counselor with many years of experience, who had no remembrance of specific consultation models, and did not think that consultation was important. And yet, consultation is what brings professionals together to collaborate for the benefit of students. All of these professionals were aware of IEPs (individual education plan) for students with special needs, impacting their academic achievement. The IEP meetings are structured consultation meetings. But for the mental health needs, it is not thought to be important to structure these meetings, bringing together the stakeholders involved with the student, to collaborate for the benefit of the success of a student, except in extreme situations.

A MHPC, Participant 3 said,

I'm just trying to think if anybody has ever talked about that [consultation]. My experience is everyone that I've spoken to, has a very different model and they've done that because of their district and school, and just how to adapt. And we all take feedback from each other. I feel like there's been tons of times where people have reached out for advice regarding communication, or just kind of like, 'I'm doing this, what are you guys doing?' And it's always different. And our supervisors' message has always been, 'oh that's great idea, oh, okay so is that,' and it could be you know polar opposites, so no there hasn't ever been any kind of mainstream way to do it (p.4, L 84-87; p.5, L. 88-90).

And with the MHPCs, I have worked as a counselor for this same agency for 7 years. This particular agency has multiple professional development meetings a year for the counselors. However, the MHPCs I interviewed, and I concur, do not recall one professional development meeting on the topic of consultation, or instruction as to how to collaborate with the other professionals in the school based counselor program.

***Structure of meetings for consultation.*** Structure gives direction to consultation. So this question concerning whether or not the consultation meetings have structure or are on the fly is important to understand how consultation takes place in the public schools, and if possibly, by looking at the structure of the meetings, one can tell if a model is being used, even if it is done without being intentional. Participant 5, a MHPC said that the consultations she has been a part of are not structured unless it is "something more formal like a 504 that has like a very specific set of questions that you have to go through. And it's much more formal. Something like that would probably be led by the principal. But the care team meetings are often facilitated by the school counselor" (p.5,

L.108-111). Another MHPC, Participant 9, said that there are times when consultation is structured but that is called a child study.

So they bring in the teacher, guidance counselor, parents if they can, and they talk about strengths of the child, their concerns. And it's like a hyped up parent teacher conference. So they bring the teacher in, the principal's involved in it, the school counselor, and then anybody else who can significantly help with the child, maybe it's the school psychologist, maybe it's myself [MHPC]. They try to get the parent; I think the parents are required to come to this. It's, it's, just trying to get a comprehensive snapshot of the child where they're at (p.4, L.82-84, 94-99).

A third MHPC, Participant 10, stated that "Other than the IEP meetings, we don't have, there's not a set formal process. When it's an IEP meeting it is a very formal process of what needs to be worked on, what is the progress, and what's everyone's input in what they see. And that would be more of the consultation process that you're talking about" (p.8, L.156-159).

Participant 2, explained that in the school where he is a school counselor,

Particularly with students with IEP's that we have found that get IEP services and they also get the embedded counseling services, I've noticed that the resource teachers have begun to utilize the counselor, the ...[MHPC] counselor in the building. And, a lot of what we do is on the fly. Really, like I've seen them sort of just try to poke their head in there, and you know and have a conversation when there's a student who someone's working with. Or who there, who that resource teacher's working with and they know the... [MHPC] counselor's

working and, and sometimes they'll say to me, you know, what's going on? They want to consult with me about this, or even the teachers, and I've encouraged them to sort of go to the... [MHPC] counselor as well, and be a part of that... But usually those conversations are on the fly, I feel like, or in the hall... (p.3, L.65-73).

This is the sense that I got throughout the interviews, with all of these professionals, in regards to consultation. It was shared that consultation for the benefit of students with mental health concerns, which do not have IEPs, were happening on the fly. Time was not set aside, structure was not an expectation, and a model was not needed. ASCA has a comprehensive model that includes consultation as a part of its responsive services, and explains the framework for consultation that should be used in schools. The ASCA National Model states that the "school counseling programs need to be comprehensive in scope, preventive in design and developmental in nature" (ASCA, 2012, p. xii). So it appears that, although some consultation is happening in the schools where these interviews took place, the school counselors and the MHPCs, do not know about models; or if they have had some past knowledge of consultation models, they are not using any structured model for consultation in the schools where they are working. There does not appear to be any specific design and no intention of the development of, or the adoption of, a consultation model in these schools.

### **Perceived Role of Professionals**

It is important to understand the perceived roles these three professional groups play in the school consultation process. By sharing their understanding of the perception of their roles, we can understand what these professionals, in this study, believe is their

contribution to the process of consultation, and what are their expectations from the other professionals in the consultation process. Under this subcategory are 3 properties: (a) roles of teachers in consultation, active to absent, (b) roles of MHPCs in consultation, insider to outsider, and (c) roles of school counselors, active to absent.

***Roles of Teachers as perceived by teachers, school counselors, and MHPCs.***

These three professional groups see teachers as experts in the classroom, but also want to help students any way they can. As one teacher, Participant 6 stated, "...On my end, like that's the whole reason I have this job is ... I want to help people, and I want them to love music like I do and teach them about music but at the end of the day we're all trying to get through here and you know be people" (p.5, L.98-102). A school counselor, Participant 7, perceived the role of teachers to be,

...involved in direct instruction most of the day, so that kind of limits what they're participation could be. Even when they're invited to IEP's and things like that during the day, we have to get a sub to you know, to replace them. And then, so that kind of limits what they can do outside of the classroom. So most of it is via phone or e-mail, or something like that, and they say, hey, I think this student's, something's going on (p.5, L.98-102).

This came across as a struggle for teachers. They expressed their love for students and felt their role was to help students, but their schedules tied them to the classroom and it became an inconvenience to be asked to be a part of another meeting. It is just easier, as these professionals expressed, to just send an email or make a quick call, rather than actually set up a meeting and then attend a meeting. Teachers felt their role was to stay in the classroom.

Another school counselor, Participant 2, said,

[I see] teachers as professionals in their area. ...I really don't try to be someone who's coming in from that perspective. So when I talk to teachers, I think of them as professionals in that area and I don't assume that I know everything about what they're going through or what the problems are. ...I've learned what some of the issues are as far as teaching in the classroom and the difficulties with that, and sometimes some of the stresses they face. ...They have a sort of a certain expertise that I don't have, necessarily. So I would go to them also as experts in the field and try to use that to, to be more effective in my work as a school counselor (p.1, L.20,22; p.2, L.23-29).

School counselors admit that the teachers are needed in consultation, because of their role as the expert in the classroom. Without the input of teachers, it is nearly impossible to fully understand the mental health needs of the student, as it relates to the classroom, and what the impact is for this student in the classroom.

Participant 10, a MHPC, said that:

The teachers themselves have solutions. ... Sometimes they just need to know in general what's going on, cause what helps one student, generally helps a lot more students who are not even identified having those same concerns. So when they put that in their practice, it becomes an overall classroom practice. Then they have some classroom practices that ... works! Teachers can truly help each other when it comes to that process. ... So teachers know how to help each other in a very positive strength based way (p.10, L.199,201-205; p.11, L.215-218).

MHPCs admit that they need the input of the role of the teacher to know how to best work with the students referred to them. To know what is going on in the classroom with a student, informs and can guide the work of the role of the counselors for best outcomes for the students.

*Roles of mental health professional counselors as perceived by MHPCs, school counselors, and teachers.* The MHPCs interviewed are not employees of the school districts. They all work for one mental health agency, and are outsiders, pushing in to the public schools as an additional resource. It is important to understand what they perceive their role to be in the consultation process in the schools, and how the other two professional groups view them and their role when contributing to consultation in the schools. A MHPC, Participant 5 said, “I’m kind of out of that [most team meetings]; because as a separate person who doesn’t work for the school, my job is really solely to support them” (p.8, L.171-172). Participant 2, a school counselor expressed his thoughts about the perception of the role of the MHPC he works with in his building. He said, “I think everybody in this building, I feel like, accept her role here, the ... [MHPC] role here, and leans on her as a resource” (p.4, L.80-81). While Participant 8, a teacher said,

...I have an excellent rapport with our... [MHPC]. She is really responsive. Anytime that I had a kid that I had a question about, or a child that I thought, you know I am not sure that I have the strengths and the knowledge to deal with this issue, ‘what are your suggestions?’ She was quick to say here [are] some things that you can try, or you can put them [students] on my list and I am happy to see if I can squeeze them in (p.1, L10-14).

Overall, there were positive expressions about the MHPCs pushing in to the schools. However, there was one SC who expressed that she wished they could be employees of the schools, so that they, the MHPCs, followed the same schedule as the school employees. Many of the MHPCs are in more than one school and have separate professional development days, so the need and the help do not always align. It was interesting to hear how the MHPCs view themselves as a separate entity, as stated by participant 5, who did not see herself as a part of the school system. When viewing consultation, this could be seen as part of the problem, when different professional groups view their roles as insiders or outsiders in schools.

*Roles of school counselors as perceived by school counselors, teachers, and MHPCs.* In this study, the school counselors' role is perceived as an administrative position, making sure that the resources are distributed as needed. Participant 2, a school counselor describes his role this way:

Like I feel like as a school counselor, there's certain things and situations where I get thrust into, administrative duties. And even to the point where, because I'm so close to the principal and I'm doing things to help run the school, that maybe teachers, at times, see me more as an administrator at times. ... You have this meeting here, and you have that meeting there, do this, do that. You know, like I have to ask them [teachers] for things, which might be work for them. You know, or for data, or for a ... form for the school, registration form, 'I need you to fill this out.' ... 'I need you to fill this social security thing out, or, this packet out.' And, and in some ways ... that inhibits my ability ... [with] consultations (p.8, L.163-171).



“Teacher Participant 8 explained what she perceives the role of the school counselor is in the school where she teaches. ... “I do feel like that the school counselor has a lot more administrative duties. She does a lot more paperwork, and a lot more, you know things like that” (p.1, L.15-16). While a MHPC (Participant 1) explained his view, of the role of the school counselor, in the school where he facilitates counseling. He said, “Cause the school counselors I don’t see as much... They ... [are] making sure they got their [students] grades, making sure they [students are] on track. They play that role” (p.25, L. 541-543).

Feelings were expressed strongly in the interviews when asking about the perception of the roles of the school counselor. It was evident with the school counselors are not satisfied with being drawn in to so many administrative duties, that even the teachers do not view them as counselors, but more as administrators. The school counselors I interviewed want to be seen in the role of a counselor. Teachers want to have school counselors push in more in the classrooms as counselors, delivering curriculum to students in the areas of behavior etc. So the MHPCs see themselves in the role of the sole counselor, having to take on heavy caseloads of clients, even though a school counselor is present and is qualified to provide counseling services.

### **Perceived Presenting Issues for the purpose of consultation**

This subcategory is what drives the need for consultation. The professionals interviewed described various needs that are presented in their respective schools that warrant interventions, and thus consultations. There are two properties under this subcategory. They are: (a) presenting behavior and academic needs, internal to external; and (b) presenting social/emotional needs, internal to external.

*Behavioral and academic issues presented.* Some of the presenting issues expressed are external, in the areas of behavioral and home life; while others are internal. Inevitably, these issues impact the academic achievement of these students and others around them. Participant 9, a MHPC described issues where she was called upon to intervene in an elementary school.

I would say typical there there's is a lot of in class behavior, not listening or not following directions, just struggling with the structure of a school day. You know, kindergartener, that's their first time of having that [classroom experience]. And then I think the social piece is another one that is really huge. Just not, not knowing how to interact with others, or not knowing how to interact with others in a positive way. How do I get someone's attention in a positive way, or how do I you know, let somebody know that I want to play with them or I don't want to play with them. You know, I want to sit by myself or I just want to play with this friend, or I want to play with that toy, or read that book. So it's, it's a lot of learning interactions, in helping support the kids in, in doing that. And then, I say on the end of that it's a lot, it's a lot of home stuff. [There is] a lot of stuff going in the home. You know split families, or blended families, or no stability. ... Those kids present as not following directions, but it's because home's chaos. Maybe they haven't slept in three days (p.6, L.138-150).

Participant 10, also a MHPC explained some issues that he has worked with in the secondary school setting. "Let's say it was an in-school suspension, so how do we work with preventing more in-school suspensions? Or how do we ... get them some help so that we cannot give them any more consequences, because of their particular behavior.

So, that's typically when I come in with that..." (p.5, L.90-93). Participant 6, a teacher, told about an incident as follows;

There was a student ... high schooler(s),... I don't know if his clothes weren't being washed, or body wasn't being washed, but there was a repeated odor on a student, and it was very evident ...and other students were starting to take notice and, not directly bullying... but ...it was going to start... So ... I kind of confronted the student. 'Hey, you know, if you need help, like getting your clothes washed or things like that, you know,' and he's like 'no, I'm fine.' Okay. And so then I went to the guidance counselor and said hey, and, and she had already noticed and said we had already started this discussion and mom's been involved in it, it's going on from there (p.6, L.132-137; p.7, L.138-142).

Participant 1, a school counselor gave examples of a need for consultation, she has observed being presented, in the school where she counsels. "We have one friend that is in an on-going custody battle and we never know who's doing what, when. So we kind of have to keep everybody apprised of, okay, is mom allowed to pick this kid up? Is dad? Or are they going to court? You know, [it's just an]...ongoing situations as well" (p.3, L.96-99).

The need for behavioral interventions expressed by these professionals was overwhelming. There are internal needs for interventions such as for issues around the areas of bullying, fighting, disrespect to teachers and peers; and then there are outside situations that are brought inside due to the extenuating issues from homelessness, neighborhood issues, and family dynamics. When you look at system, we know that the family systems will be duplicated in the schools. The ways in which the students interact

with the parents are the way the students will interact with the adults in the schools. The way in which the students interact with their siblings is the way these same students will interact with their peers at schools. When you have hundreds of students coming from different systems, different expectations at home, and then all entering in to one system at school, there are many conflicts. Behaviors in the classroom stop teaching, and cause teacher burn-out. These behaviors also hinder students who want to learn, due to the stoppage of teachers teaching in order so they can handle behavioral or emotional problems. And still, there is expressed by these professionals, a lack of true consultations on the behalf of these students. It was evident that most meetings between these professionals are reactionary to a present need, rather than collaborating together to create structure in consultation that might be helpful in preventative interventions.

*Social and/or emotional issues presented.* Participant 8, an elementary school teacher talked about the social and emotional needs of students.

The two children that I have that see ... a [MHPC], one has social emotional issues in that they are very egocentric. They have a hard time making friends; they have a hard time keeping friends. ...The other two children [have] kind of anxiety issues. I think they are anxious because of the huge academic standards that we place on ... kids now... “There is a huge emphasis on test scores and having you know, certain skills met at certain times of the year. And I think it’s, it is good to hold them to a high level of accountability. But at the same time, I also see how sometimes that affects sensitive kids (p.2, L.31-39).

A MHPC talked about issues that crop up during particular times of the year. Participant 10 said,

This is February? So March, in about a week or two, I'll probably start seeing a lot of anxiety about, 'am I graduating?' 'Can I graduate?' 'What is it going to take for me to graduate?' 'And what will happen after I graduate?' That moving on into adulthood, that independence move. ...Now for those who are sophomores, juniors, we will see, well I have seen... depression, suicide, a lot of, there's been a lot of orientation [issues around sexual orientation], and acceptance, [and] lot of self-esteem (p.6, L.121-123; p.7, L.124-126).

A school counselor, Participant 7 described a situation she recently dealt with like this;

...Last week, had a student that had been hospitalized for two weeks, and she did not receive services from our outside people that come in, because she already had a whole other group of service providers that she had been working with. ... And so I called her in my office because I know she was back in school and so you just kind of like, you know, she back, let me do a check on her real quick. So when she came in and sat down, she was cut all the way up to here [indicating the top of her arm] she just cut on top of her hands. And she said she had tried to kill herself last night. She was going to kill herself today. And so because I knew she already had a team of people set up, I spoke with our social worker, with the other school social worker. She had someone from, I think BJC, and so we all kind of discussed what, what we were going to do. And so that was one of the last, one of the big last ones that was like last week. So it was good, because there was already a plan in place for her if these things happen at school. So we just kind of consulted, followed that plan and executed it (p.7, L.140-152).

The social and emotional issues presented in schools are not simple solution issues. Cutting, suicide, homicide, and anxiety are just a few of many issues teachers, school counselors, and MHPCs deal with in elementary and secondary school settings. These issues need extensive consultation and serious consideration when referring and when making plans for interventions. Many of these are life and death situations. It seemed, by the expression of these professions that this is the only time the school comes together and makes a deliberate effort to collaborate and establish a plan, when the presenting situation is viewed by the administration or other staff as a safety issue for the whole school. Unfortunately, some of these issues are not dealt with in a consultative way, and the consequences can be dire. While listening to those interviewed, I could feel their care and concern, and I could also sense, as many stated, that they all can use help so that they help these students, not just in academics, which is the primary reason for attending school, but for these extreme issues in the areas of behavioral, social, and emotional needs, which impact the academics. Teachers, especially, expressed how inadequate they feel when students are presenting these mental health issues. The teachers expressed that they are not trained to deal with these problems, and they do not have the time to deal with these problems, even if they had the knowledge.

### **Follow Up**

This subcategory is important, because no one will know if the plan, created in the consultation between the professionals, was successful, unless there is follow-up. Under this subcategory are two properties: (a) status of following up on applied strategies from a consultation, always to never; and (b) method of updating after the application of strategies from a consultation, in person to electronic.

*Status of follow up.* Participant 5, a MHPC, explained her perception of the follow up process like this; “There’s usually, at least in my experiences, there’s been follow-up like a month later, where like another meeting is called” (p.6, L.127-128) This same participant (5) said,

Unless the kid says otherwise I will assume that they are following through on what they said that they were going to do. ...But I check in with them to see how they felt about the meeting and we check in to see how things have been going, and if we need to follow-up with the school counselor. It’s usually my point person so then we’ll do that (p.7, L.141-142; 146-148).

A teacher, Participant 4 said, “Those check-ins really mean a lot, to kids. So, check-ins with the counselors...I don’t know if they have enough time to do that” (p.9, L.182-183).

Participant 11 (Teacher) says,

...Once I would present concerns, that that would be followed up on fairly quickly. Umm... you know, and really in a way that I felt like was thorough. Not necessarily... you want me to pull this kid and talk to him for thirty seconds. Oh no, I think their fine, you know, but... but you know. But if I’m telling them I have a concern that this child, you know, has some things going on at home that they need to talk about, that the person who’s following up on that really kind of gives them that opportunity to see is there really something going on. Umm, you know, and then gets back to me quickly and says umm... you know here’s what I saw, or let’s talk about this, or you know, and then I have some input in where do we go from here (p.5, L.111-119).

This was a frightening revelation to me as a counselor. These professionals could not produce any data that showed there was follow up with students after collaborating for their benefit. No one knew of any specifics, in the area of follow-up that they could share about students they had worked with. They all understood that follow up is important, and hoped that someone had followed up. But no one had concrete evidence that this was happening, and most just assumed someone was following up with students.

*Method of follow up.* Participant 5, MHPC, shared thoughts about how the follow up can take place in a school.

...There's, you know, an email sent out for updates. I check in with my kids that I work with to see how that plan has been going, if they've been utilizing it, see if there [are] any barriers to try, and help them with that. So I think that that is how the follow-up goes, and then reassess and see if there is anything that you need to change (p.6, L.128-132).

School counselor Participant 1 explained, "So obviously for the school counselor and the ... [MHPC] therapist ...we consult with her. It can be through e-mail, face to face, or just in meetings kind of updating on kids and caseloads, and just kind of talking about on-going situations we have. We have some kids, who have ever going, and ever evolving cases" (p.1 L.8-11). Participant 10, a MHPC, had his own term for follow-up. "So that's a progressive phase [the follow-up]... Are they feeling better? Do they still have these same thoughts? Are they able to move past when they have a set-back?" (p.7, L.132-133). This was shocking that no one had a particular method for which they used to follow up. They all had their own way, but no set standard to indicate any structure in this area. There was no data that anyone could produce to prove that there had been follow-up, or



that they had any documentation on the outcomes. However, this should not have been shocking since there was no standard referral form and no model of consultation used. It would stand to reason that if the beginning stages of consultation had no structure, that there would not be structure in the follow up at the end of the consultation process.

### **Category 3: Perceived Effectiveness of Consultation**

This category helps with the perception of change. Is it perceived that the process of consultation has any impact on the students or the staff? If we understand this, then we will know if there are suggestions we can put forth in chapter 5, to further advocate for more consultation, or the change of how consultation is being implemented in the schools. The following two subcategories will describe the two groups perceived to be impacted by consultations in the public schools: (a) students in the areas of behavior, social/emotional well-being, and in general, (b) staff in the areas of resources for school counselors, and resources for school counselors.

#### **Effectiveness of Consultation for students**

There are three properties under this subcategory: (a) behavior and academic, ineffective to effective; (b) social/emotional, ineffective to effective; and (c) general, ineffective to effective.

*Effectiveness of Student success behaviorally.* Participant 7, a school counselor in the secondary schools said, “And so I think all of those things [interactions of professionals] work together to support them [students] academically. I think it keeps them coming to school when they know that there are people there that are supportive and that are going to listen to them” (p.6, L.124-126). A teacher in an elementary school, Participant 4, shared a success story of her own;

So then we got the behavior plan going, the counselors will set it up. But I said well I'm gonna try it this way. They looked at it and thought that it was good. So [it took] all of us together, so without the team, I would not have been able to do it, cause they will come in and compliment. They will see him in the hall and compliment. So that's the part where, that we make the connection with ... [the school counselor, MHPC, and the teacher], with the parent. I couldn't do it without them. I tried, I tried for weeks and I was getting exhausted and I mean I felt like I was saying the same thing and not really getting anywhere. ...But, it's helping, so and I think he's [dad] starting to learn how to parent a little bit better. And then when your child is happier, when they come home, 'I had a good day, I was respectful, I was polite,' then you as a parent feel better too. ...You know he seems happier. And that's what we want. He's a smart kid. So we didn't have to worry about academics so much, just the behavioral, being happy, being a kid, being a first grader; having fun (p.5, L.93-94, 104-108, 110-112; p.6, L.115-116).

It was evident by the expressions of the professionals interviewed that they all appreciate resources and the teachers especially, expressed the need for interventions. However, participant 7 explained the lack of intentionality with the process when she explained the results by prefacing her perceptions with "I think." There is no real *knowing* that the interventions work. There is no data to prove they worked. Without structure and documentation, these professionals could only state that *they think* they were helpful.

***Effectiveness of Student success socially/emotionally.*** Participant 8 (teacher) shared a story about the effectiveness of consultation she saw in her classroom:

Having the full time... [MHPC] staff member ...has made a tremendous difference in really being able to get the social and emotional needs of the kids taken care of. ...I came to her and I said, 'here is what I am seeing in class. I've tried this strategy, this strategy, and this strategy, here's my documentation that goes with it. Here's what's happening. I would like for you to, you know, could you consider taking this child on, having a discussion with them.' She went through the paperwork and things like that, and met with the child one or two times and had permission from the parent to share with me what was happening within the sessions, and you know came back and said here is what I see when I am in the sessions one on one and I think it is this behaviors that they're seeking. [She said] try this strategy, and it worked beautifully (p.1, L.17-18; p.53, L.53-59).

Participant 12, a school counselor in a secondary school setting shared this example of what she believed was a successful consultation:

We have a student who just came out of residential, has been diagnosed with the early; I didn't even know you could diagnose schizophrenia as early as in their teens. But this girl, that is her diagnosis. And there's a couple others below that, but the mom is so terrified to send her back here, so it was a wonderful, not just one, we've had probably 3 different meetings, and she also has an IEP, so the case manager was involved, our SSD [special school district] coordinator was involved, our... [MHPC] counselor, myself, the principal, the parents, both of my principals, parents, parent and student and the teacher. And I think it, it only strengthens the faith in our parents that when their kids are here at ...[our school],

they're not only being taken care of academically, but they are also taken care of emotionally being taken care of when we are all on board (p.8, L.154-163).

And so with what seems to be great confidence, this school counselor says that the kids are being "taken care of" in all of these different ways. However, this is a perception. No data was shown to prove this statement. How can it be known that the parents faith is strengthened or that needs are being met if there is no documentation? Participant 8 believes that the strategies given to here by the MHPC in her school is what helped change the behaviors of the student in her class. But how do we know for sure?

*Effectiveness of Consultation in general.* Besides the behavioral, academic, social, and emotional issues that are consulted upon; there are other, more general needs that call upon the consultation process. MHPC, Participant 9:

The kids definitely can benefit from it [consultation]. Because it's not just the teachers, or the principals, or whoever, giving the information to the mental health professional. I think that relationship right there [between these professional groups], you are already as a mental health professional, giving the school tools to use with those students. So even if there is consultation and there are no services following that, a good relationship will already be able to support that child moving forward even if the kid can't take advantage of the services. So I do see it as a really positive thing when that is the appropriate setting (p.1, L.25-26; p.2, L.27-31).

This MHPC agrees that consultation can be beneficial, sharing tools, building relationships with other stakeholders, but what is sense of meeting if no services follow and the students cannot receive the interventions. Seeing consultation as a positive thing

would seem to be a good start. However, without actually putting this in to practice, no one will ever know how positive it could be in the school setting among these professional groups.

MHPC, Participant 3 said,

Honestly, I feel like the more I do, the more digging I do around, the more, like the better picture I have and the better interventions I plan, and just the more knowledge I have about the kiddo. .... Yeah, I think the better, and the more consultation, especially when the families are extra, extra involved, I feel like that's the better progress and the quicker (p.5, L.98-99, 103-104).

While another MHPC, Participant 5, expressed,

I just see them (consultations for students) as a positive thing. I think anytime you can bring all the major supports and major players in the students life at school and even at home together it is really only serving the student in a positive way. So everyone has the same information, has a plan, a kid knows what they are supposed to do, they are participating in that process so they feel a part of it, it's not just something decided for them, so I think that all of those things can be accomplished when you bring everyone together (p.8, L.180-183; p.9, L.184-185).

Participants 3 and 5 also see consultation as a positive intervention. Still, neither of these participants could give a meaning of consultation, a model of consultation, or how it has been positive for students.

### **Effectiveness of Consultation for staff**

This subcategory has two properties: (a) resources for school counselors and MHPCs, beneficial to detrimental; (b) resources for teachers, beneficial to detrimental.

*Effectiveness for all counselors benefiting from resources.* Participant 5 (MHPC) explained her perception of personal benefits from consulting with other professionals:

I have, I've always found it really helpful to have teachers and staff on the same page as far as what mental health needs kids have. So whenever we're able to talk about, within confidentiality, what the parent and the kid's consents to, just giving them a little bit of context for things, and then that way we find a little bit more flexibility with what they are willing to do. They are always willing to help, but just so they understand where it is coming from, not necessarily the mal-intention of the kid trying to frustrate them, but really there's a legitimate something happening. So I think that it benefits them in a big way (p.4, L.71-77).

A school counselor (Participant 1) explained the benefits of consulting professionally, this way:

...I think it's more the different perspectives, and I think you know it's definitely different being on different sides of things, and doing things from a different side, not always being in the classroom versus ...having the kid one on one is definitely different, than having them whole group... And also, getting to see them [the students], on a daily basis, versus seeing them once a week ...is different. So, I think they are just different aspects that kind of play into the

consultation process. And those are things that we can ...bring together and discuss. So the different viewpoints, I think... [are] important (p.2, L.54-60).

School counselor Participant 7 said, “To me it feels great [having MHPCs in the school]. I mean I think any extra help that you can get, as long as it’s good help. You know you want good people coming in to services to kids. So I think the more people that we could have to make connections with the kids and their families, and to support them while they’re here, I think that’s great.” (p.9, L.186-189). MHPCs and school counselors shared that more professionals coming together with different ideas, perspectives, and resources can help when trying to find the right intervention for a student. But there was no evidence in this study that the MHPCs and the school counselors have any regularly scheduled meetings, on behalf of the students they serve.

*Effectiveness for teachers benefiting from resources.* Participant 6 shared how consultation benefits him as a teacher.

There have been a couple of meetings. Some have been set up with a, through the guidance counselor where we... [discuss] things to watch for in the classroom, or things like signs of distress...; last year, last semester there was a conference with a parent of a student too, and ... [MHPC], ...all the teachers, the principal, guidance counselor, ... [came together to discuss] how can we best keep them going for their grades, but also with mental health and stability with life...” (p.2, L.32-40).

Another teacher, Participant 11 said, "I've gotten good suggestions from our counselor about things like calming techniques and verbal questions and things like that that are really quick and easy [interventions] that I can feasibly do within a classroom with

twenty something kids” (p.7, L.165-168). The teachers expressed many positive sentiments toward the school counselors and the MHPCs in regard to the resources received from these professionals. The input in the area of mental health from counselors to teachers is important, in that the teachers are not trained in these areas. However, teachers did not share any professional development in this area that they have received from the school counselors or the MHPCs in the area of mental health. No data was shown to prove that any regularly structured meetings are happening among these professional groups. So while it is perceived that the teachers are benefiting from their brief interactions with these counseling groups, we have no proof.

#### **Category 4: Perceived Barriers to Consultation**

This category and subcategories look at barriers these professionals perceive are factors they perceive, might interfere with successful consultations. It is important to understand this perception of barriers, if we are to suggest the further exploration of the consultation process in the public schools. The subsequent two subcategories under this category will explore the perceived barriers to the consultation process among these three professional groups: (a) Time, ample to limited; and (b) confidentiality, beneficial to restricting. No properties are presented under these two subcategories.

##### **Perceived barrier of time**

Participant 8, a teacher in an elementary school setting explained the barrier of time like this.

Time restrictions are a huge thing, just because we are, I have meetings after school, I have meetings before school, I have meetings during school, you know what I mean. I mean in a perfect world there would be time set aside,



perhaps during a collaborative plan time or during early release time or something like that where we really had time to sit down and touch base with the counselors instead of having to always do these like impromptu, ‘can you stop by for 15 minutes’ type things, although that works, and it probably works. I mean it works well enough that I could see her [MHPC] more often, but it would be nice to have some time set aside. I think time constraints make the consultation process trickier (p.4, L.66-73).

Teachers expressed they are overwhelmed with expectations in the classroom, and rarely have an extra moment for additional meetings. This teacher expressed possibilities that could allow her time to meet with counselors, but even in exploring these options out loud, she still stated that there would be time in a “perfect world.”

School counselor Participant 2 explained:

If I would have to guess, with her, for me, for me, and the ...(MHPC), I would say [we consult] maybe a half hour or 45 minutes a week, probably all together, I mean, because sometimes we catch each other when she’s waiting for a student to come down, cause she’ll wait right outside my office. And If I see her there, we’ll have a 1 minute conversation, depending on how long we have, you know, or up to a three minute conversation. And there’ve been times when we’ve talked after school about things. And then also, times when it’s been like a 4 or 5 minute conversation in between sessions where we’re consulting on specific situations, making plans. And then also the care, the response team, which probably is like a every few week thing, where we end up in a meeting together

here, either an IEP or a response team meeting, so. I would probably say average a half hour to 45 minutes a week (p.16, L.367-371; p.17, L.372-375).

This school counselor was describing how difficult it is to meet with the MHPC. He expressed that many conversations about the clients are in the hall, in passing, and only last for a brief period of time. This is happening between these professionals even though both have flexible schedules and have offices in close proximity to each other. Again, the expression of being overwhelmed with duties leads to the lack of time for scheduled consultations.

Participant 9 (MHPC) explained the time barrier in this way.

I think for me it; it's the organizational piece to it [that could be changed]. Maybe having like I said, designated time so it wasn't so kind of spur of the moment, 'Hey, while I've got you in front of me let me tell you about three more kids,' which is difficult with the school schedule. Everybody is busy in a school. And so I think that and would just lead to the other thing that I would like to see, is having more information. You know... the more information you have ... on a client, the more, you know potential help you can provide. And, sometimes I think there are just some key factors that just get left out when you only have five minutes to kind of give your spiel on a kid, especially coming from a teacher. Like they are just focused on the six or eight hours they've got the kid, when there's probably more pieces that they know, but they just don't have time to share because that's not on their radar. You know they might know that dad's in jail, but that's not going to come up when they're saying they can't sit still and they're hitting kids in class, and so I think that all goes back to the time. Just to

have more time to ... [consult], would I think, increase the benefit from it (p.7, L.158-169).

This MHPC admitted that because of the lack of time for structured consultations about clients, important information can be missed and then the MHPC is moving forward with counseling without a full background in regards to the issues of the client.

Another school counselor, Participant 12 explained her frustration with the perceived barrier of time:

And in a school with teachers, that just doesn't happen [having all of the needed participants show up for a consultation], because we either have to meet before school or after school. I had a care team meeting this morning at 7:15 and 4 out of 6 the teachers came. I can't force them to be here at 7:15. Most of them already are, cause our contracted time is 7:30. ... It's just a matter of time, because it's either before school or after school. And I'm not a boss. So sometimes my role as counselor is kind of like, if it works we'll make it to the care team, but if I can't make it work, it's not a big deal. So time is a constraint for me, [with] trying to get everyone on board to figure out what is best for the students (p.9, L.185-192).

Time was mentioned in regards to it being a barrier 72 times throughout the 12 interviews. Over and over again, teachers, MHPCs, and school counselors expressed that time is the reason they do not have structured meetings. Each of these groups has different schedules, responsibilities, and priorities during the day. Teachers, if asked to attend a meeting, must find a substitute, which is difficult at times. MHPCs are required to meet so many hours of service a day, and to be called into a meeting might leave them

short on their utilization hours. School counselors are pulled in multiple directions, from bus duty, to recess duty, to filling in for principals, to intervening in classrooms when teachers need immediate behavioral interventions. Time is precious, as it seemed while talking to these professionals. It was difficult to set up time to interview them, because of these issues.

### **Perceived barrier of confidentiality**

A perceived barrier for consultation for this teacher, Participant 6 is in the area of confidentiality.

Well for me, and I, I don't want to know all of the impertinent details because I, I don't want to know them because, ...I want to know them, but I want to know things that I need to know in order to help them [students he is working with in his class]. ...I guess that's one thing, not that I would ever pry for information, but a lot of times if something, if a conversation starts with, 'you know so-and-so's,' you know, even if it is just acting weird or there's something off; 'oh yeah there's things that I can't tell you, just client privilege things like that,' which I understand, I don't I don't want to know then if that's the case, but ...I don't know other things to watch out for. ...On my end, like that's the whole reason I have this job is I want to help you know, I want to help people... (p.5, L.104-114; p.6, L.115-120).

A teacher, Participant 11 also said, I know that sometimes I don't get all the information and I'm OK with that, because if there's things that are shared with him by a student that he feels like needs to be confidential, you know, that absolutely you know we want to respect" (p.6, L.136-138).

However, the MHPC looked at the barrier of confidentiality, not as needing to share more information, but feeling like confidentiality is difficult to maintain in a school setting, which becomes a barrier to protecting confidentiality. Participant 3 said,

... You know, talking about the drop in's, and things like that. I mean, there's only so much you can do in a school and I feel like, you know, we do the very, very, very best that we can, you know. I do have a closed door. I have a sign on my door; you know when kids are in here. And that never changes. But as far as communicating about a kiddo, you know if I am gonna talk to a teacher in the hallway, I'm not gonna use their name, make sure they're not around, there's not going to be anybody around, you know. We are reframing things like that, because, there is not the opportunity, to have a completely private setting, for each conversation. And as well with email, you know too many details over email wouldn't be great. But updates and goals, or, or you know, teachers updating me with specifics with behavior, what's going on with them, I feel like is really helpful. So I hope that that can always be an avenue for communication. But, yeah, I would think that it's tricky with the confidentiality, is kind of a tricky thing in schools, because it's different than it would be in a private practice (p.7, L.147-155; p.8, L.156-157).

A school counselor that had been in the position of a MHPC, in the same school she is now employed, through the same agency from which the MHPCs for this study were attained, had a perspective about confidentiality from both sides. Participant 1 shared her two sided perspective this way;

I think as a ... [MHPC in the school], it was very, I know lines of confidentiality, and it was very hard at times to consult the way I wanted to. There were times where I wanted to be a part of things, but for whatever reason, I couldn't be, whether it was being a part of an IEP, 504, something like that. There were certain restrictions, I felt like, as a ... [MHPC in the school]. Here [now as a school counselor], I can be a part of what I want to be a part of and the lines of confidentiality aren't as stringent as they were as a ... [MHPC]. Because, unfortunately here, as you can see, people walking in and out, the confidentiality is loose. That's good and it's bad. It's good in that everyone's on the same page. But bad, when we have certain situations where no one needs to know what's going on, not only you know the need to know people. So that's the main difference. It was hard to say, you know when someone would ask, and they have the right to know in my eyes, but then it's hard to say, no, I can't tell you what's going on [as I had to do as a MHPC]. And you know, I think, teachers, they're like, well that's my kid. So, and I get it. And even now, there's [are] some things I just can't say (p.3, L.78-88).

So while teachers reflected that it would be helpful if they had more information, in regards to students meeting with counselors; MHPCs thought the teachers wanted too much information and did not see that sharing more information was needed. Part of this is due to the policies and procedures of the agency for which these MHPCs work. Their policy is strict in the area of confidentiality, and states that information should not be shared with anyone, unless there is a safety risk for the client. The school counselors understand the need to know for the teachers. Without some knowledge, how do they

know how to help a student who is struggling in their classroom? And yet, the school counselor also knows how important confidentiality is between the counselor and the client. Again, there is a lack of continuity among these professionals due to the different fields of study from which each group comes.

### **Summary**

The central purpose of this research study was to apprehend the perceptions of the key professionals working together, in the consultation process for the purpose of helping students in a public school setting.

These four categories: the meaning of consultation, the process of consultation: referrals, structure, roles, issues, and follow-up; the effectiveness of consultation for both students and staff; and barriers of consultation in the areas of time and confidentiality, developed as the 12 participants in this study, four school teachers, four mental health professional counselors, and four school counselors, shared their perceptions around the meaning of consultation.

During the initial coding, time was a category due to the mention of time by participants 72 times. Time was referenced in the following ways: wish for more time, want staff working more time, time being limited, don't have time, only limited time, use lunch time to work, and question what would be different if they had more time to collaborate. However, after looking at this category, it became clear that it was more appropriate for this category to become a subcategory under the category of the process of consultation.

The subcategory of roles, now under the category of process of consultation was a category initially, because the information surrounding the area of roles is complex.

Looking at the roles, the perceived role from the professional in that position, and how the perception of that role can be different by other professionals, not in that position. The expectation of one professional role, of another professional role, is important to explore. However, the professional in a role, may know, or not know, the expectations others have of their role, and they may or may not be able to meet those expectations, due to the complexity of expectations from various people in the schools. For example, the school counselors understand that they can facilitate counseling individuals and groups. And the expectation, especially of teachers, is that school counselors should do more direct service. But the expectations from administration may impede upon the expectations of the teachers, and take precedence, because of the need for more help in the administrative duties. So, even though this area emerged as powerful, it fit best under the process of consultation, due to the roles played in the consultation process, being the human part of the process.

Although a structured consultation model appeared to be absent in the school counseling setting, with hesitation from all participants when asked for the meaning of consultation, and acknowledgement that there were few opportunities for consultation; still, students were referred for services and students were given resources. All agreed that when they do come together as professionals to help students, the perception is that consultation helps; not only for the students for which they are meeting, but this consultation process helps the professionals to develop skills and attain knowledge they may not have had previously.

When given the opportunity to ask about what they would change in the consultation process, most said it is working the way they are facilitating it now.



However, all agreed that having more time to spend in consultation with those involved in a particular case, would be helpful. All agreed that the gathering of pertinent information about a student is important when helping that student. But the perception of teachers was that not all information that could be helpful was shared. If time were available to have comprehensive consultations, some stated, while others indicated, that consultations could be more successful.

Confidentiality requirements emerged as a frequent and unexpected phenomena in the gathering of data for this study. It was surprising to the author to hear the teachers talk about this, almost in a whisper, as though they should not be complaining about feeling restricted by confidentiality policies, since they all agree, *it is* important not to share personal information about a client, if not necessary. However, the teachers all implied that it would be helpful if the confidentiality requirements were not so rigid; that having more information about the issues of the students in their classroom might help them to better help their students. Interviewing a school counselor Participant 1, who had been a MHPC (at the agency chosen for this study), gave more insight in this area. She understood both sides. The MHPCs are instructed not to share any information, unless it is absolutely on a need to know basis. However, some of the information that is not really in the category of “need to know,” can still be helpful. For example, as it was explained by Participant 11 that she had a child whose father was in prison, and at first she did not know about this situation; that was not in the category of “need to know” for this teacher, according to the MHPC at this school. Participant 9, a MHPC, just gave an example of a need to know from a teacher if he or she knows a father of a student might be in jail. She thought that would be helpful to know. However, to know this information could be

helpful to the teacher in understanding the misbehaviors of a child in his or her classroom. And then the alternative thought about this barrier came from the MHPCs. They felt that there is not sufficient privacy for the level of confidentiality that they would like, in the public school setting. They expressed that there was a need for a greater level of confidentiality.

With these barriers of time and confidentiality, and with the lack of structure, and no mention of any knowledge of the use of a consultation model, these professionals all expressed a desire to work together in any way they can to help students. And they do this every day, even with these obstacles. They all shared stories of going above and beyond to find resources and share resources so that they could all help students. They do the best they can, be it on the fly, to communicate, help, and consult, for the benefit of their students.

## CHAPTER FIVE: DISCUSSION

The intention of this study was to look at the perception of consultation among school teachers, school counselors, and mental health professional counselors (MHPCs) in the public school setting; and how this process may or may not affect the behavioral, academic, social, and emotional outcomes of the student clients receiving services from these professionals. Although literature on the perception of the consultation process among teachers, school counselors, and MHPCs was not found, research around the topic of consultation was seen as significant enough to conduct research studies on consultation among other school personnel.

A study in 2006 by NASDSE (National Association of State Directors in Special Education) stated: “Approximately 49% of schools have formal agreements or contracts with community-based organizations or individuals to provide mental health services” (NASDSE, 2006, p.6). For this reason, the researcher felt compelled toward this study, and looked at the perceived consultation process among the professionals that would most likely engage in the duty of consultation, for the benefit of students in the public school setting. The research questions are as follows:

1. How do school counselors, view MHPCs as participants in the consultation process?
2. How do teachers, view MHPCs as participants in the consultation process?
3. How do the MHPCs perceive public school counselors and teachers, as the partners in the consultation process?

4. What is the perception of school counselors as to how this consultation process with MHPCs may affect academic and behavioral outcomes of students in schools?
5. What is the perception of teachers as to how this consultation process with MHPCs may affect academic and behavioral outcomes of students in schools?
6. What is the perception of the MHPCs as to how this consultation process with school counselors and teachers may affect academic and behavioral outcomes of students in schools?

These six researcher questions were answered through the categories that emerged in the data collected by the researcher. The first three questions are toward finding out how each of the three professional groups viewed each other in the consultation process. What emerged in the data was the answer to these questions through their expression of how they viewed each other in the process of consultation. Each had a view on how they collaborated in the referral process. While the teachers viewed the school counselors as the professional to go to with a referral; the school counselors viewed the MHPC as the professional they usually referred to. In the area of roles, each stated what they perceived the role of each of the professional groups should be toward each other in consultations. Among these professionals, they also expressed their perceived view of who among them should follow up with students, after consultation, and how time and confidentiality was viewed in each of the three groups.

In the second set of three questions, the researcher was looking for the perception among these three professional groups as to how the consultation process among them affected the behavioral and academic outcomes of students in their schools. In the

category of effectiveness, these professionals shared their perception of how each professional group used their unique abilities to share resources among the three groups, and how these resources in turn were used to impact the behavioral and academic outcomes of students they all worked with. Each group expressed that the other two groups had particular resources to share; the school counselors shared behavior management strategies, the teachers shared what behaviors were displayed in the classroom, while the MHPCs shared strategies for teachers to use in the classroom in the areas of well-being. Without data, they all expressed a perception that their collaboration, albeit not using a model, and not structured, did impact the students they work with, positively. They also shared that barriers, such as time and differences in meaning of consultation affected their ability to complete consultations as needed, thus possibly deterring better outcomes for students.

This study was conceived after the researcher had worked in schools as a tenured teacher, a practicum student completing duties of a school counselor, and then subsequently, as a mental health professional counselor in a school setting. Navigating through these roles, it became apparent that consultation takes place in schools in different ways, with different expectations. These experiences compelled the researcher to look at consultation in schools through the lens of ASCA, a nationally recognized framework for school counseling programs. Although ASCA is not the national organization which frames the duties for teachers and MHPCs in schools, consultation in schools is driven by school counselors. The National Model explains that, school counselors are responsible for helping other school staff members develop suitable learning environments and activities, as well as for helping youth with social conduct and

educational difficulties (Dougherty, 2009). Although ASCA is not the only framework for consultation in schools, ASCA is the framework that brought together the efforts of past school counseling programs, and united them with the present needs to form a national model that “brings school counselors together with one vision, and one voice, which creates unity and focus toward improving student achievement” (ASCA, 2012, p.xii).

This research study uses grounded theory constructs, with no aim to find a theory. In this chapter, the findings will be organized by the categories that emerged in this study, and compared to the ASCA framework for consultation, other research, and interwoven with the interpretations of the researcher. Limitations to this study will be shared, along with thoughts and recommendation for future research, training, and practice.

The researcher will show how the four categories that emerged in this study: meaning, process, effectiveness, and barriers are addressed through the lens of the ASCA model for the success of the students. The core category of expectations will also be addressed as we look at the expectations of these three professional groups, and how they align with the expectations of the ASCA model. These findings demonstrate that there is little intentionality surrounding the implementation of the consultation process in schools. By using the ASCA model, schools can show success through the collection of data, and work through barriers. This will give opportunity for the possibility of more resources, and more successful consultations.

### **Defining consultation**

The first category to emerge in this study is the meaning of consultation. All participants hesitated when asked to give a meaning of consultation. There were various answers, but no consistency: Participant 3, a MHPC, stated her “meaning of consultation ... is just any communication about a kiddo I’m working with ...” (p.5, L.92-93). While Participant 4 (teacher), stated she thought consultation “would be probably listening to me or just going in, sometimes just popping in” (p.3, L 47-48). A teacher (Participant 8) stated the meaning she gives to consultation: “a strategy focus group to consider the needs of individual students and the strategies that we are implementing in the classroom and elsewhere to make them most successful” (p.5, L.98-100).

Rubinstein, after conducting research in public schools in the area of collaboration, concluded, “The quality of formal partnerships between teachers unions, administrators, and teachers at the school level had an important and significant positive impact on student performance...” (Rubinstein, Winter 2013-2014). This same research also stated that strong administrator and teacher partnerships forecast deeper communication and collaboration in the areas of: “(a) student performance data, (b) curriculum development..., (c)sharing, advising, or learning about instructional practices; and (d) giving or receiving mentoring” (Rubinstein, Winter 2013-2014, p.28). “When collaboratives are not well conceived and carefully developed, they generate barriers to their own success” (Adelman & Taylor, 2006, p.40). If there is not thoughtful “planning, implementation, and captivity building, collaborative efforts rarely live up to the initial hope” (Adelman & Taylor, 2006, p.43).

The professional groups in this study are familiar with group work, and understand the positive impact of planning for groups. Teachers are instructed in the constructivist method to educate children in the classroom. In the constructivist method for learning, students are encouraged to work together, sharing ideas to help each other learn. (Hutchison, Odegard-Koester, & Koltz, 2016). School counselors are trained in group work learning stages of group dynamics, which encourages collaboration (Erford, 2011). And Group facilitation is a part of the MHPCs training in the professional counseling curriculum (Yalom, 2005). Additionally professionals that work in schools understand planned collaboration. Professionals in schools are aware of, or have participated in groups such as IEP's (Individual Education Plans) and/or 504's. However, this same understanding of planned collaboration could be used in the collaborative efforts around the interventions for mental health. "Collaboratives are about building potent, synergistic, working relationships... This requires clear roles, responsibilities, and an institutionalized infrastructure, including well-designed mechanisms for performing tasks, solving problems and mediating conflict" (Adelman & Taylor, 2006, p.41).

To define consultation, one might say, is to define the benchmark by which we measure consultation, and its process in the schools. Consultation is the collaboration of individuals, both professional and non-professional, to empower and support students, and to assist them in career, academic, and personal/social development (ASCA, 2012). Meaning gives credence to any concept. If these professionals do not know what the meaning of consultation is, then it would serve to reason that they will not know when they have had a consultation, and will not know what to expect when they are called upon to engage in consultation. This becomes the very foundation from which we operate.



ASCA (2012) says, “designing a strong foundation requires a collaborative effort with staff, parents/ guardians and the community to determine what every student will receive as a benefit of a school counseling program” (p. 21).

### **The Process of Consultation**

#### *Referrals*

The second category that emerged is process. The subcategories are referrals, structure, roles, presenting issues, and follow up. It is noted that all participants understood referrals take place, and all gave at least one example of referring a student to another professional or having a student referred to their services. Participant 7, a secondary school counselor explained how referrals usually happen in the school where she works. She said, “usually as school progresses, the teachers will call and say, “Hey you know, something is going on with this student?” “Can I send them to your office?” (p.2, L.29-30) Participant 3 (MHPC) stated, “School counselors are the front end [of the consultation process]. So, they do referrals, so I always have a conversation upon receiving the paper referral... . . . At the front end the school counselor might email me and say ‘hey, do you have room’” (p.2, L. 22-24, 34-38).

So while referrals were apparent, there was nothing intentional about the way it was implemented. One MHPC (Participant 9) stated that she would like to see more intentional referrals, because many times, information is shared on the fly, and important information may not be exchanged, making the process of helping a student more difficult. She said,

“Yeah, just kind of the basic referral form of this is the information we need to know... I think for me, having like a set of questions, like I know the

questions I need to know, but I don't carry them around in my back pocket, and you know, I can't memorize all of them, and even if I did like, there's just not the time piece. So I think yeah, [I would like] having a consistent [referral] form..." (p.7, L.173, 176-179)

It is possible, that without a referral system in place, students who may need referrals will fall through the cracks. We know that the need for referrals is imperative as we look at the statistics of need for mental health provisions in the school. Research findings show that children as young as nine years of age have been diagnosed with addictive and/or mental disorders, and 50% of youth aged 14 or older who have been diagnosed with a mental disorder will drop out of school (NAMI, 2013). "Student health problems associated with dropping out are substance use; pregnancy; and psychological, emotional, and behavioral problems... Teenage pregnancy is the leading cause of dropping out of school for adolescent women; an estimated 30%–40% of female teenaged dropouts are mothers... Early parenting also affects young men who drop out to support a child" (Fredenberg & Ruglis, 2016). With these data, it is important that stakeholders in schools look to consultation between stakeholders, as a resource for helping these, and other youth who have yet to be identified as needing help, reach their potential of success in the public school arena (Dollarhide & Saginak, 2008). After referring a student to the system, it is expected that there is a structure in place to provide services effectively.

### *Structure of Consultation*

With structure, the knowledge of consultation models is absent in this study. No participant could name a particular model of consultation. Participant 2, a school counselor said, "...I'm not sure. I should study up on my consultation models, of

different ones. So, are there certain consultation models? ...And consultation, there's not a big emphasis on consultation" (p.7, L.132-134, 138-139). Participant 3, a MHPC stated, "I'm just trying to think if anybody has ever talked about that [consultation]. My experience is everyone that I've spoken to, has a very different model and they've done that because of their district and school, and just how to adapt" (p.4, L. 84-86).

Looking at this subcategory, the question is asked, how do we work in an area that is so important, dealing with the lives of students in the area of mental health without a model? The seriousness of the issues, as stated previously from the research compels professionals in schools to work within a model. Research shows that the collaborative-interdependent model is used when the issue or problem is so complex that many experts are needed to help in understanding the problem, and creating a formula for change. No one consultant or consultee is expected to have all of the skills and knowledge needed to create change (Erford, 2011).

The collaborative-interdependent model is one of many models that could be used; the important issue is that schools counselors should choose a model from which to work, and subsequently train the other professionals who enter the consultation process, so that they can all be on the same page.

To have an effective consultation, the relationship between those in consultations should have four working components: (a) sharing observations, information, and concerns; (b) creating an action that is hypothetical for the situation; (c) planning; and, (d) collaborating together, with the understanding that each youth is unique (ASCA, 2012). Participant 2, a school counselor, was reflecting on what he would like to see happen in the future to be more effective in consultation. He said, "...The...[MHPC]

counselor, the school counselor, the social worker, actually we could sit down with the social worker as well, and the interns and have some kind of meeting and say, okay let's maybe look at some behavior data and say, what are our strategies together" (p.15, L.331-346)?

Carlson, Dinkmeyer, and Johnson (2008) proposed a seven-step process to help counselors and teachers with effective consultations. These seven steps focus on (1) establishing equality through using a tone of respect, (2) being specific when describing the problem of the student by stating exactly what was said and done, (3) using more than one example of the misbehavior being addressed, (4) making the goals of misbehavior clear, (5) reviewing the steps for reaching the intended goal, (6) Asking for suggestions from the teacher, and (7) closing with a commitment for what will be done, coupled with an agenda set for future consultation. According to ASCA (2102), to have an effective consultation, the relationship between those in consultation should have four working components: (a) sharing observations, information, and concerns; (b) creating an action that is hypothetical for the situation; (c) planning; and, (d) collaborating together, with the understanding that each youth is unique.

### *Roles*

Participants in this study understand that each professional group takes on a different role in the process of helping students; however, the roles were not clearly defined, and the expectations of a particular role were not always consistent with the actual duties of a presenting role. A MHPC, Participant 5 said, "I'm kind of out of that [most team meetings]; because as a separate person who doesn't work for the school, my job is really solely to support them" (p.8, L.171-172). Participant 2, a school counselor

said, “Like I feel like as a school counselor, there’s certain things and situations where I get thrust into, administrative duties. And, and in some ways ... that inhibits my ability ... [with] consultations” (p.8, L.163-171).

When roles are not clearly identified, there can be resistance or even resentment. “Moreover, when ‘outside’ professionals are brought into schools, district personnel may view the move as discounting their skills and threatening their jobs... [leading to] conflicts [that] arise over ‘turf’...” (Adelman & Taylor, 2006). Participant 11 said, “...One of the things that’s really important to me ...that my concerns aren’t being made light of...somebody else might look at what I as the classroom teacher have to say, and say oh you’re not a counselor...you don’t really know what that is...” (p.5, L.101-119).

Participant 3, a MHPC stated, “Like, but the classroom management, you know ...I’m not a behavior management specialist. And there are times when I can help with certain skills to use, but not, as the main thing. ...That’s not really my role. My role is counseling with the kiddo and setting goals with, with the client, and reaching those goals together in session” (p.5, L.107-109; p.6, L. 110-116)

There is evidence in research by many scholars of resistance to consultation.. White and Mullis (1998) addressed the resistance by teachers who see themselves as being looked upon disapprovingly. Albert Ellis, (1985) stated that there are several reasons a consultee may be resistant to consultation: uncomfortable with change, fearful, revealing imperfections, shame, hopelessness, or fear of success. The evidence of resistance notwithstanding, successful strategies for gaining consultees’ commitment to the consultation process is also in the literature. One way to reduce resistance is for the school counselor to become familiar with the whole process of the schools’ functioning.

This involves creating a relationship with teachers and other professionals in school, before trying to take on the role of consultant with these other stakeholders. By working toward the cohesion of professional relationships, resistance could be lessened. The counselor, then seen as a part of the personnel of the school, and not viewed as someone coming in from the outside of the system, can reduce resistance due to more healthy relationships (Myers, Parsons, & Martin, 1979). White and Mullis (1998) also suggested creating an atmosphere that is positive, listening empathically, seeking out areas of unity, and using ideas that are encouraging to teachers to thwart the resistance of consultation.

### *Presenting Issues*

All of the participants in this study could come up with at least one story about an issue of a student they had dealt with in the classroom or the office this school year; however, no one could recite data of presenting issues and results, and no one could point to a particular model or structure that is followed when dealing with students and mental health issues. Participant 9 shared that she deals with students just coming in to school who need to know how to interact with other children, make friends, and understand how to get what they need or want in a positive way. Participant 10 shared experiences with youth, who have in-school suspension, and behavioral issues. Participant 6 shared an incident where a student was having issues with body odors. A custody situation was mentioned by Participant 1, while Participant 7 spoke about working with a youth who is suicidal, and cutting. Many different issues were presented, which is backed up the following statistics.

Research has shown that multiple issues are presented in schools, thus the need for effective interventions. The National Alliance on Mental Illness reported in 2013 that

there are more deaths among youth due to suicide than from heart disease, birth defects, AIDS, cancer, influenza, stroke, chronic lung disease, and pneumonia combined. Four million youth in the United States are significantly impaired due to a mental health disorder, and this impairment interferes with social, family, and academic functioning (NAMI, 2013). Other research has found that bullying and cyberbullying is prevalent in schools and is a contributing factor to both mental illness and student suicides (Bauman, Toomey, & Walder, 2013; Idse, Dyregrov, & Idsoe, 2012).

### *Follow Up*

Follow up was the part of a generic consultation process that was least noted by the participants. The results showed there may be follow up anywhere from a week to a month, and again, there was no data to show if follow up had taken place, and what the results were, if there was a follow up on a particular case, however follow-up is assumed to happen. Participant 5 said, “Unless the kid says otherwise I will assume that they are following through on what they said that they were going to do. ...But I check in with them, to see how they felt about the meeting and we check in to see how things have been going, and if we need to follow-up with the school counselor” (p.7, L.141-142; 146-148).

Participant 8 said that her expectations concerning follow up are as follows: “...Once I would present concerns, that that would be followed up on fairly quickly. ...But if I’m telling them I have a concern that this child, you know, has some things going on at home that they need to talk about, that the person who’s following up... You know, and then gets back to me quickly...” (p.5, L.103-119).

A step by step process has been presented in literature, as to what a consultation process should look like, which includes the step of follow-up:

1. Prepare for consultation with a plan and a goal in mind.
2. Develop and define the relationships with those involved in the process
3. Gather the documents and needed information about the student/client to clearly state the problem and the goals to the team
4. Decide together on the interventions, what is the identified behavior that needs intervention, and how will the follow up take place
5. Make a plan to intervene and a plan to follow up after the intervention is implemented (Brigman, Mullis, Webb, & White, 2005)

### **Effectiveness of consultation**

#### *Students and Staff*

When facilitated well, consultation can lead to effective interventions with students. Consultation among professionals can be used to help students when they display a lack of social skills in the classroom or when there are issues such as violence, bullying, or resistance to diversity and/or inclusion. Students' needing help in courses they find to be challenging can also be helped through the collaborative consultation of school counselors, teachers, and MHPCs, who work together to create interventions for the students' success (Erford, 2011). The stories of intervention were evident in this study, albeit, without structure, and without any exhibit of data that shows a correlation between consultation and outcomes. It is expected that consultations take place; it just happens more often on the fly, as mentioned previously.

MHPC, Participant 5, expressed, "I just see them (consultations for students) as a positive thing. I think anytime you can bring all the major supports and major players in the students life at school and even at home together it is



really only serving the student in a positive way. So everyone has the same information, has a plan, a kid knows what they are supposed to do, they are participating in that process so they feel a part of it, it's not just something decided for them, so I think that all of those things can be accomplished when you bring everyone together" (p.8, L.180-183; p.9, L.184-185).

Scholars of consultation in schools have suggested that, considering the stress levels of teachers and students, an effective school counseling program will include consultation as a main factor in the school counseling program (White & Mullis, 1998). To be effective, consultation between school counselors and teachers should be a positive collaboration for both parties. By bringing other professionals into the consultation process, (1) time is saved for the school counselors, (2) teachers can begin to learn effective strategies to impact more students, and in addition to these assets, (3) this sharing process allows teachers to feel a part of the plan, making them more likely to use the proposed plan (White & Mullis, 1998).

Confirmation of the effectiveness of consultation can be attained through the collection of data. Consultation is an intervention that is not just a recommendation, but a part of the expectations of school counselors. ASCA (2012, p. 117) "Data can also be useful in understanding an issue. Collecting data before determining what intervention is needed will contribute to understanding underlying issues. ... Once you've implemented an intervention, you'll use data to determine whether it was effective. Perception data shows you whether you've achieved goals of the intervention and whether the students believe they have benefited" (p. 118).

## **Barriers to Consultation**

### *Time*

School counselors are realizing that other matters such as scheduling, discipline, and miscellaneous duties, often interfere with having the time to address the well-being of their students (Bryant & Constantine, 2006; Culbreth et. al., 2005; McCarthy et. al., 2010). Participant 8 said,

“Time restrictions are a huge thing, just because we are, I have meetings after school, I have meetings before school, I have meetings during school, you know what I mean. I mean in a perfect world there would be time set aside, perhaps during a collaborative plan time or during early release time or something like that where we really had time to sit down and touch base with the counselors instead of having to always do these like impromptu, ‘can you stop by for 15 minutes’ type things, although that works, and it probably works. I mean it works well enough that I could see her [MHPC] more often, but it would be nice to have some time set aside. I think time constraints make the consultation process trickier” (p.4, L.66-73).

Research tells us there will be barriers in the area of consultation. However, we also have guidelines to help with the barriers. Using time management and using the template laid out by the ASCA framework can help. “It is recommended that school counselors spend 80 percent or more of their time in direct and indirect student services..., and 20 percent or less of their time in program management tasks such as committee work, calendaring, data collection/analysis, planning, and fair-share responsibilities” (pg. 100-101).

### *Confidentiality*

With confidentiality, there is a need to have professional development, so that the professionals involved in the consultation process, understand the need for confidentiality, and what parts of consultation could be disclosed. It is also recognized that there may be more need for more disclosure. This can be accomplished with the consent of client/student and parents. Participant 6 is in the area of confidentiality, "...if a conversation starts with, 'you know so-and-so's,' you know, even if it is just acting weird or there's something off; 'oh yeah there's things that I can't tell you, just client privilege things like that,' which I understand. ...I don't know other things to watch out for (p.5, L.104-114; p.6, L.115-120).

### **Limitations**

These three professional groups interviewed for this study, come from three different fields of study. So it would not be expected that they would all have the same training in the models of consultation. A limitation in this study is that the data gathered is compared to the ASCA National Model for consultation, which is the official organization that sets the standards for school counselors. Another limitation of this study is that the collection of data was solely through interviews. No observations were made of these professional groups in consultation; therefore the information given is only from the personal perspectives of each professional. The researcher did not interview any administration staff, social workers, or students to find their views on the consultation process among these three professional groups, which could also be viewed as a limitation.

Another limitation is that all of these professionals were from one Midwest area, and all of the MHPCs were from one agency. Therefore this study may not have significant transferability. Other agencies for MHPCs entering schools may provide training in the area of consultation. It is also possible that other states, urban or rural school districts, may train their teachers and school counselors in the art of consultation, or that there are other professionals in this area that have been trained, but were not interviewed. The researcher works for the agency through which the MHPCs were selected. The researcher has also worked in a public school as a teacher, therefore there could be a limitation in that the researcher may have looked through a personal lens, and therefore had some masked bias.

The results of this study may not be transferable to a larger group or to a different area of the country. Although this study did have a mixture of race, gender, age, and years of experience, the nature of qualitative research results in limited sample sizes. A larger study may have had different results, while quantitative methods would have made it generalizable

### **Implications for Future Research**

This is the first study to look at the process of consultation among these three professional groups: teachers, school counselors and mental health professional counselors in public schools. Because of this study, there is a foundation for future study in the area of consultation among these professionals in schools. This research found merit, in that research has been conducted among other stakeholders collaborating in schools, showing the importance consultation among professional groups, as stated previously (Carney & Scott, 2012; Amatea, Daniels, & Bringman, 2004; Hagermoser

Sanetti, Collier-Meek, & Long, 2015; Garbacz, Sheridan, Koziol, Kwon, & Holmes, 2015; Cappella, et al., 2012; Holcomb-McCoy & Bryan, 2010). The researcher suggests areas for future research.

First, it is recommended that further research look at a broader scope of schools to determine if consultation models are used in other schools. Erford (2011) mentions three models that can be used in schools: triadic-dependent model, collaborative-dependent model, and the collaborative-interdependent model.

Second, a future study could look at where school professionals are receiving their training, and if these higher learning institutions offer courses on consultation. “School counselors [and other professionals] can gain competence in consultation by taking university courses, attending workshops on general consultation practices...reading professional journals and books, and consulting with others” (Brigman, Mullis, Webb, & White, 2005, p.28). Further, the researcher suggests that a study to uncover what instruction is being offered in the area of consultation at universities, specifically in programs for teachers, mental health professional counselors, and schools counselors, could lead to more intentional and purposeful training.

Third, school counselors are realizing that other matters such as scheduling, discipline, and miscellaneous duties, often interfere with having the time to address the well-being of their students (Bryant & Constantine, 2006; Culbreth et. al., 2005; McCarthy et. al., 2010). This topic of time was so prolific in this study, that the researcher counted how often the term time, as meant toward the defining of the amount of time, is mentioned in the 12 interviews. The number is 72. This compels us to do further research in the area of time management with school personnel, especially in the

area of direct services. If time is a barrier to interventions, then we are not fulfilling our ethical duty to students, and “policies for collaboration that do not provide adequate resources and time for leadership and stakeholder training and for overcoming barriers to collaboration” (Adelman & Taylor, 2006, p.41) challenges the efforts to collaborate.

Fourth, an intervention study to look at the results when these three groups move toward a model is suggested. Using a pre-post design could be beneficial. With this, there could be a test group, and a control group. These would be two similar groups of professionals, with each group consisting of a teachers, MHPCs, and school counselors, chosen from a same level school (e.g.: elementary school). Both groups would be given a likert scale pre-test, using similar questions to the ones given for this study (e.g.: Do you use a consultation model when consulting with other professionals for the benefit of student clients: always, most of the time, neutral, sometimes, never)? After both groups have completed the pre-test, one group would randomly be selected as the test group and the other group will be the control group. The test group would receive instruction on a specific model of consultation, and how to implement that model for the pupose of consultation toward student clients. They would be instructed to use the model, and the steps of consultation in the selected model, for three months. The control group would continue what they have been doing, without an intervention. At the end of the three months, the student client groups would be given the post- test; same questions as was on the pre-test. Statistical analysis will tell us if there is any affect/change on either group. This could benefit future studies in the area of school consultation, to know what affect the implementation of a chosen consultation model has on the perception of consultation within a collaborative group of school professionals, if any.

Since the student clients are the ultimate benefactors of collaboration, a study of the perception of students, and their view as to the results of collaboration on their behalf, could greatly benefit future efforts around the work of collaboration in schools. Looking at the perception of students could give a more complete assessment of how the consultation process is working in public schools.

### **Implications for Training and Practice**

Six years ago, the agency from which the MHPCs for this study were interviewed, received county funding to send MHPCs into public schools to help school counselors and teachers (YIN, 2015). So this collaborative process among school teachers, school counselors, and MHPC's is fairly new. Because of this recent change, it is likely that schools and agencies have not thought about consultation training to enhance the relationships between these three professional groups. Below are suggestions for training and practice around the area of consultation in the public schools.

First by creating opportunity for professional development that includes all three professional groups, greater understanding could be achieved, opportunity for relationship building could occur, building a culture that is inclusive could increase, and establishing policies to better implement more effective consultations could be achieved (Adelman & Taylor, 2006).

The next area this study indicates where professionals need training is in the area of consultation models such as: the triadic-dependent model, the collaborative-dependent model, and the collaborative independent model as described by (Erford, 2011). With a model, the participants in consultation would have defined roles and expectations. This

sets boundaries and is then based on “mutual goals and a shared accountability for outcomes” (Erford, 2011, p.229)

Another area recommended for training is in consultative data collection. This was the weakest area of this study in terms of participants sharing results. There is no concrete presentation to show whether or not consultations, for the students for which they consulted, is successful. Without intentional assessment to determine whether or not change has happened, further decisions about closing a case, or creating a new plan, in the case of a previous failed plan, cannot be made. “Monitoring progress and determining whether goals have been accomplished are tasks that are a part of the evaluation process” (Erford, 2011, p.236).

Ultimately, interprofessional training for the purpose of building teams, training on models, process of collaboration, and intentionality in the area of data collection, would most likely enhance the consultation process, result in more intentional collaboration, and positively affect the outcome for student clients.

### **Concluding Remarks**

If I accept you as you are, I will make you worse; however if I treat you as though you are what you are capable of becoming, I help you become that.

—JOHANN WOLFGANG VON GOETHE

The “Pygmalion effect” or the “Rosenthal effect” is based on a Greek Mythology where a king fell in love with a statue of a woman who came to life. A play about this was created by George Barnard Shaw which was entitled *Pygmalion*. This “Pygmalion effect” refers to how people tend to live up to the expectations that are set for them (Reynolds, 2007). Robert Rosenthal and Lenore Jacobson thought high expectations of



teachers toward students, would raise performance and so they demonstrated this Pygmalion effect through an experiment in 1963. Teachers were made to believe, through a test that they were shown, that some of their students were capable of high achievement in academics. Actually, these students in their classrooms were randomly chosen. However, because the teachers thought that the students were capable, their expectations of these students were higher, and these students did have more growth academically, than the students for which the teachers did not demonstrate high expectations (Jacobson & Rosenthal, 1992; Reynolds, 2007).

Expectations impact results. Meaning is defined when expectations are set. Some of the professionals in this study had different meanings for consultation, and some could not define consultation. Have different meanings, it would seem, would create different expectations for the consultation process, and thus different expectation for outcomes. We would not think about entering a contract without expectations. Schools set high expectations for students in the area of academics and behavior, and create books of expectations for students to take home, to be signed by parents, so that families can be aware of expectations in schools. And yet, in these schools, there was no formal expectation of what a mental health consultation should look like, no consistent meaning was given, nor was there an expectation that results should be recorded or evaluated. There were only general expectations that students might be helped through consultations on the fly.

Through these minute interactions, these professionals did express expectations that there would be interaction among them, for the purpose of helping student clients in schools, albeit most expressed that this is done in passing, or through quick emails. It is

this lack of expectations in meaning, process, effectiveness, and barriers, in this study that is concerning. There is no evidence that structured consultation takes place in any of the schools in this study. Participant 7 said somewhat in jest, “We do what works best. You gonna create us a model or something? If it ain’t broke, don’t fix it” (p.8, L.159-160). Erford (2011) said, “The collaborative model encompasses the establishment of partnerships with parents and community organizations to solve systemic problems and remove barriers to student performances” (p.222).

The participants know that the roles are different for each professional. Participant 1, a teacher said, “We all play very different roles in the child’s life” (p.2, L.34-35). However it is not clear that the participants understood their own roles in the system of consultation, and the expectations of roles, in a couple of examples, were misunderstood. Erford (2011) says that roles should be clearly defined so that the expectations of the professionals in consultation are not blurred or misconstrued. “Building an effective collaborative requires stakeholder readiness, creative leadership and new and multifaceted roles for professionals who work in schools and communities ... [to] weave together the responsibilities and resources of many participating stakeholders to create a unified entity” (Adelman & Taylor, 2006, p.38). In their professional roles as teachers, school counselors, and MHPCs, they all have unique responsibilities. However, collaboration can only be achieved, and expectations can only be met, if they are willing to come together and make a commitment to work with each other toward the common goal of helping students (Adelman & Taylor, 2006).

Effectiveness can only be known through deliberate choice of collecting data, and sharing outcomes. It is expected by ASCA that accountability is present and is part of the

responsibility of the school counselors in schools (ASCA, 2012). Accountability, it would seem, should be an expectation, in that it is through this cornerstone of the school counseling program, that needs can be identified, results can be known, and future plans can be made for re-evaluation of programs (Erford, 2011). “Without accountability data to back up service provision, school counseling services could be among the first ‘nonessential services’ to go during budget cutbacks” (Erford, 2011, p.247). Schools need more services, not less. With this in mind, it would seem that stakeholders should set higher expectations in the area of consultation, showing the growing need for more services in the schools, given the statistics of the growing mental health issues, as stated in chapter 2 and chapter 4.

Expectations can create better environments. We live up to the expectations that are set for us and we are many times treated by the expectations others set for us. We expect that our students/clients will strive to be the best they can be, and so it is foolish to sit back as professionals in a school setting, as examples of what students/clients can become, and not set the highest standard for ourselves. In the study, it is clear there are expectations, and yet there is no clear reach to make this process of consultation the best that it can be. Professionals, with 2 to 18 years of experience appeared satisfied with the “on the fly” approach to consultation, and yet, expressed the need for more services, and greater need for interventions. It is true that the demands of each of the professions: teachers bound to the classroom and test scores, MHPC bound to the quotas for hours and numbers, and school counselors pulled in every direction to fulfill all of the gaps in the school programs, keep us busy. However, having a plan so that data is kept, to assure students are not missing out on services, to make sure that services are delivered, that

follow up is imperative, and that fully communicating is the rule, not the exception, seem necessary if we are to complete our tasks with success. This is no less than we would ask of those we serve.

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## Appendix A: General Consent Form



*Division of Education*

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**Informed Consent for Participation in Research Activities**

Perception of Consultation among Professional School Counselors, Teachers, and

Mental Health Professional Counselors

Participant \_\_\_\_\_ HSC Approval Number \_\_\_\_\_

Principal Investigator: Brenda Bryant

PI's Phone Number: 636-544-6039

1. You are invited to participate in a research study conducted by Brenda Bryant under the supervision of Dr. Brian Hutchison, faculty advisor. The purpose of this research is to uncover the perception of consultation among three professional groups working in the public schools: school teachers, counselors, and mental health professional counselors.
2. a) Your participation will involve:
  1. You will be asked to participate in an interview.
  2. You will be asked to answer approximately 20 questions about your perceptions of the consultation process among teachers, school counselors, and the mental health

professional counselors in your school and how this process affects the academic and behavioral success of the students you work with in your schools.

3. The questions and answers will be audio recorded and later transcribed verbatim.
4. After the research is completed, the findings will be shared with you for and you will be asked to provide a short response to the findings.
5. After the study is completed and submitted, the tapes and all materials that could identify any participants will be destroyed
6. Approximately 12 persons may be involved in this research. Approximately 3 participants will be interviewed at each of approximately 4 different sites.

b) The amount of time involved in your participation will be about one hour for each participant and you will receive a \$25.00 gift card for your time.

3. There are no anticipated risks associated with this research. All identifying information, such as name, school, city, or state, will be replaced with a pseudonyms, or referred to generically (e.g., a school in the Midwest) to assure anonymity.
4. There are no direct benefits for you participating in this study. However, your participation will contribute to the knowledge about consultation in public schools among these professional groups and may help schools develop more effective consultations, ultimately having more effective results with the students these professionals are working with.
5. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.
6. By agreeing to participate, you understand and agree that your data may be shared with other researchers and educators in the form of presentations and/or publications. In all cases, your identity will not be revealed. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection). That agency would be required to maintain the confidentiality of your data. In addition, all data will be stored on a password-protected computer and/or in a locked office.
7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Brenda Bryant @ 636-544-6039 or Dr. Brian Hutchison @ 314-516-6093. You may also ask questions or state concerns regarding your rights as a research participant to the Office of Research Administration, at 516-5897.

**I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my participation in the research described above.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Printed Name

Brenda Bryant

\_\_\_\_\_  
Signature of Investigator or Designee  
Date

\_\_\_\_\_  
Investigator/Designee Printed Name

## Appendix B: Protocol for Interviews

1. Can you please state your name, profession, and how long you have been a school counselor? How long have you been in this school?
2. How do you view MHPCs as participants in the consultation process?
  - a. How do you view teachers as participants in the consultation process?
3. What is your perception of school counselors and teachers entering into a consultation process with MHPCs, and how this may affect the students' academic and behavioral outcomes in schools?
4. Why would you be called into a consultation meeting with MHPCs and/or teachers?
5. What do you believe happens after the consultation meetings, in regard to the implementation of the decisions in the consultation?
6. Who is usually involved in consultations for students?
7. About how much time is spent in consultation in any given week?
8. What would you like for the consultation process to look like?
9. Do you use any set protocol for your consultations?
10. What do you find most helpful in the consultation process between these 3 professional groups? Least helpful?
11. Can you give me an example of a consultation you recently had that you perceived was successful? Why? Not successful? Why?
12. Is there anything else you would like to share that we have not already covered in this interview, in regards to the consultations between you and other professionals in this school?

## Appendix C: Agency/School Consent Form



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**Informed Consent from Agency/Schools for Participants in Research Activities**  
 Perception of Consultation among Professional School Counselors, Teachers, and

Mental Health Professional Counselors

Agency/School \_\_\_\_\_ HSC Approval Number \_\_\_\_\_

Signature: \_\_\_\_\_

Principal Investigator: Brenda Bryant

PI's Phone Number: 636-544-6039

1. Your Agency/School is invited to participate in a research study conducted by Brenda Bryant under the supervision of Dr. Brian Hutchison, faculty advisor. The purpose of this research is to uncover the perception of consultation among three professional groups working in the public schools: school teachers, counselors, and mental health professional counselors.
  
2. a) The participation of members of your agency or school will involve:
  1. You will be asked to participate in an interview.



- 2. Each participant will be asked to answer approximately 20 questions about their perceptions of the consultation process among teachers, school counselors, and the mental health professional counselors in the school in which they work.
- 3. Each participant will be asked how he/she perceives the consultations among these three professional groups affects the academic and behavioral success of the students he/she work with in these schools.
- 4. The interviews will be audio recorded.
- 5. After the research is complete, the findings will be shared with each participant for a short response to the findings.
- 6. After the study is completed and submitted, the tapes and all materials that could identify any participants will be destroyed
- 7. For the research, pseudonyms will be used so that no participant can be identified in the research.
- 8. Each agency and school which participants in this research study will be sent a final draft of the findings of this research, if requested.

Approximately 12 persons may be involved in this research. Approximately 3 participants will be interviewed at approximately 4 different sites.

2. b) The amount of time involved in your participation will be about one hour for each participant and you will receive a \$25.00 gift card for your time.

4. There are no anticipated risks associated with this research.
4. There are no direct benefits for you participating in this study. However, your participation will contribute to the knowledge about consultation in public schools among these professional groups and may help schools develop more effective consultations, ultimately having more effective results with the students these professionals are working with.
5. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.
6. By agreeing to participate, you understand and agree that your data may be shared with other researchers and educators in the form of presentations and/or publications. In all cases, your identity will not be revealed. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection). That agency would be required to maintain the confidentiality

of your data. In addition, all data will be stored on a password-protected computer and/or in a locked office.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Brenda Bryant @ 636-544-6039 or Dr. Brian Hutchison @ 314-516-6093. You may also ask questions or state concerns regarding your rights as a research participant to the Office of Research Administration, at 516-5897.

**I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my participation in the research described above.**

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Participant's Signature

Date

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Participant's Printed Name

Brenda Bryant

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Signature of Investigator or Designee

Date

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Investigator/Designee Printed Name

Appendix D: IRB Cover Sheet

College of Education IRB Cover Sheet

Name: Brenda Bryant

Phone number: 636-544-6039

Email address: bren.lorraine@live.com

Proposal is for:

Exempt review       Expedited review       Full review

This proposal has:

Not been reviewed previously

Revised based upon previous COE IRB committee review

Please note that if the proposal is for dissertation research that the student is expected to have successfully defended their dissertation proposal before submitting an IRB proposal for the research.

After you have received an electronic signature from the COE IRB committee, do not upload this cover sheet when submitting your IRB package. Instead, delete this cover sheet from the package.

## Appendix E: Code Book

<u>Category</u>	<u>Subcategory</u>	<u>Properties</u>	<u>Dimensions</u>	<u>Examples</u>
1)Meaning of consultation	Helping teachers		Outside to inside	<p>TSE 1B: Consultation in talking about this would be you know, starting a dialogue about an issue, or following up on something that was, didn't, that I wouldn't read as correct, as right. Like something is off, something is not the norm, what I'm accustomed to with this student, so I would say like a consultation would be asking for more direction or information or how what, what can I do as a classroom teacher to help in X circumstance situation.</p> <p>TLP 0101: I think consultation, just kind of overall, is just any extra help or resources or information that's available to us as teachers to help us, you know, do the best we can for our kids. ... So I feel like you know anytime I hear or think about consultation you know it just makes me feel like that's resources that are available to us to give</p>

	<p>Communication among Professionals</p>		<p>Formal to Informal</p>	<p>our kids the help we need that we may not know how to.</p> <p>TNB 0000: So, consultation okay, with *Mary (YIN,) or with *Tracy (SC), would be probably listening to me, or just going in, sometimes just popping in.</p> <p>CIT 0001: I would say (consultation is) a strategy focus group to consider the needs of individual students and the strategies that we are implementing in the classroom and elsewhere to make them most successful.</p> <p>YMS 5555: Meaning of consultation, I feel, is just any communication about a kiddo I'm working with, I guess. Like, I was sort of thinking of consultation with case management wrapped all up in it, also. So, case management and consultation are different when we bill.</p>
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				<p>That terminology is different, however, yeah, consultation how we're talking, everything that has to do with a kiddo.</p> <p>SCAH0009: Consultation is a formal or informal sort of meeting to, I mean it could take different forms. It could be a brain storming, it could be tip giving, or advice giving depending on maybe what the person, like if the professional or the counselor is talking to the teacher, it could be, depends on sort of what the relationship is, I think. You know with newer teachers they may be asking for solid concrete tips. But with the older more experienced ones, it may be, you know, just running something by you. Or even just telling you something, it could be information giving as well. But I think, sort of the point of it is to share information, but also to compare notes if you will, come up with ideas to help a student or to help a situation, or to</p>
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				<p>cenergize. So, I think it could be either sought out by the teacher or by the counselor. And it could also go the counselor could consult with the teacher. So not just the counselors, the professionals in a certain area, but it could be the counselor seeking, school counselor seeking the teacher on expertise related to the classroom. What are you seeing? In order to gain information about working with the student.</p>
		Initiated by Teacher to School Counselor	Formal to Informal	<p>DJ SC 0112: Usually as school progresses, the teachers will call and say, "hey you know, something is going on with this student? can I send them to your office?"</p> <p>TSE 1B: I mean, Just on the surface what I see, you know, if a student in class has something that I can't immediately discuss with them or talk about especially if it's going to be a large</p>

		<p>Initiated by School Counselor to MHPC</p>	<p>Formal to Informal</p>	<p>interruption of instruction, I'll ask if they want to go talk with our guidance counselor or we have a crisis counselor on campus sometimes. She floats around the entire district. Or if they are signed up for the Youth In Need services (MHPC) also if there's a special circumstances going on sometimes a student will even ask to go speak with her. I have never myself made any referrals like you need to go to a counselor, right now.</p> <p>TLP 0101: What my relationship is with you know, like the school counselor here and I have worked together for a number of years so sometimes it's just me shooting him a quick email saying Hey I have this kiddo that I'd kind of like you to talk to. Here's what's going on.</p> <p>SCCH0007: Sure, so for instance, I have a kindergarten teacher who has now has a child that</p>
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			<p>she thinks would benefit from YIN services. So she has come to me and asked if I would sit down with her and discuss her concerns in regards to the child and then what I would do is follow up with *Jane and talk to her about the child and see does she have room on her caseload? Or is there a waiting list? And then if there is not, kind of letting her know the background of the child, what is going on in the classroom, and at home, and then I would let *Jane follow up with the teacher as well, and they discuss what the teacher is seeing in the classroom, and then it is just kind of just a team approach, the whole team approach in regards to the counselor, the YIN therapist, and then the teacher as well. Because we all play very different roles in the child's life.</p> <p>DJ SC 0112: I think, I'm gonna say the majority of kids that the teachers usually pick up on somewhere along the way, I or the social</p>
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				<p>worker has already identified them as a student needing services and have referred them to someone else.</p> <p>DJ SC 0112: Most of my initial referrals, I would say initial at the beginning of the year, usually come from me, like when I meet with the students or I pull them in, like classroom activities, like guidance activities that I do in the classroom. Or if I'm evaluating transcripts or some other things that sending schools send over, I will meet with the kids, because something has sparked an interest or something just looks like I need to look a little more in to it. And so during that time, most of the referrals that I make to the outside agencies that come in to provide services are done by me.</p> <p>YMS 5555: School counselors are the front end (of the consultation process). So, they do referrals, so I always have a conversation upon</p>
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				<p>receiving the paper referral. Why the kiddo's referred and just a little bit more deeper kind of family history and anything that's relevant that they know of.</p> <p>... Yep, and that's the school counselor. ... At the front end the school counselor might email me and say hey, do you have room. So if it's not the beginning of the year, usually it's</p> <p>an email first. Hey do you have room in your caseload or they may know I do or don't because I send a monthly updated caseload email, so that they're aware. And so then if I say yes, they give me a referral and consent, usually at the same time, they try to get the parents on board first.</p>
	b) Structure	Guided Model	Present to Absent	<p>DJ SC 0112: No not that I could say (having a model of consultation). I just think the first thing, the first thing, the first thing, if something comes up we, the first thing we do is try to</p>

			<p>speak to each other to say hey, do you know of this kid? And is there something else going on that, I need to know? And so, for instance, with that student (a student she previously mentioned who was in crisis), I knew that there were some other incidents, and so, I knew to reach out to certain people. But no specific model (of consultation is used), usually just to say: hey you had this student last year; or I saw you speaking to this student; is there something I need to know? And then we just kind of go from there, we do what works best. If it ain't broke, don't fix it.</p> <p>SCCH0007: No, I don't personally (have a consultation model). We, our model here in the building is really relaxed. But we also have teaming, where sometimes we'll go in, it's on Thursdays, and we will meet with the entire grade level teams and discuss with them do they have any concerns</p>
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		<p>Knowledge of Consultation Models</p>	<p>Extensive to None</p>	<p>about this particular child, and if so letting us know what those concerns are.</p> <p>SCAH0009: And I'm not sure. I should study up on my consultation models, of different ones. So, are there certain consultation models? Maybe you could remind me of some of those. ... Somewhere I remember in my studies, different consultation models. But it's not something that I think people focus on, probably more on theories and things that people think about. And consultation, there's not a big emphasis on consultation</p> <p>YMS 5555: I'm just trying to think if anybody has ever talked about that. My experience is everyone that I've spoken to, has a very different model and they've done that</p>
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			<p>because of their district and school, and just how to adapt. And we all take feedback from each other. I feel like there's been tons of times where people have reached out for advice regarding communication, or just kind of like, I'm doing this, what are you guys doing? And it's always different. And our supervisors' message has always been, oh that's great idea, oh, okay so is that, and it could be you know polar opposites, so no there hasn't ever been any kind of mainstream way to do it.</p> <p>SCAH0009: And I'm not sure. I should study up on my consultation models, of different ones. So, are there certain consultation models? Maybe you could remind me of some of those. ... Somewhere I remember in my studies, different consultation models. But it's not something that I think people focus on, probably more on theories and things that people think about. And</p>
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		Meetings	Structured to "On the Fly"	<p>consultation, there's not a big emphasis on consultation</p> <p>YCSB 1C: Or if it is something more formal like a 504, that has like a very specific set of questions that you have to go through. And it's much more formal. Something like that would probably be led by the principal. But the care team meetings are often facilitated by the school counselor.</p> <p>YBH 005: They do a child, they called it child study. So they bring in the teacher, guidance counselor, parents if they can, and they talk about strengths of the child, their concerns. And it's like a hyped up parent teacher conference. So they bring the teacher in, the principal's involved in it, the school counselor, and then anybody else who can significantly help with the child, maybe it's the school psychologist, maybe it's myself (MHPC). They try to get</p>
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				<p>the parent; I think the parents are required to come to this. It's, it's, just trying to get a comprehensive snapshot of the child where they're at.</p> <p>YCVW2C: Other than the IEP meetings, we don't have, there's not a set formal process. When it's an IEP meeting it is a very formal process of what needs to be worked on, what is the progress, and what's everyone's input in what they see. And that would be more of the consultation process that you're talking about.</p> <p>SCAH0009: Particularly with students with IEP's that we have found that get IEP services and they also get the embedded counseling services, I've noticed that the resource teachers have begun to utilize the counselor, the YIN counselor in the building. And, a lot of what we do is on the fly. Really, like I've seen them sort of just try to poke their head in there,</p>
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				<p>and you know and have a conversation when there's a student who someone's working with. Or who there, who that resource teacher's working with and they know the YIN counselor's working and, and sometimes they'll say to me, you know, what's goin', they want to consult with me about this, or even the teachers, and I've encouraged them to sort of go to the YIN counselor as well, and be a part of that and. But usually those conversations are on the fly, I feel like, or in the hall...</p>
	c) Roles	Teachers	Active to Absent	<p>DJ SC 0112: Because they're (teachers) involved in direct instruction most of the day, so that kind of limits what they're participation could be. Even when they're invited to IEP's and things like that during the day, we have to get a sub to you know, to replace them. And then,</p>

				<p>so that kind of limits what they can do outside of the classroom. So most of it is via phone or e-mail, or something like that, and they say, hey, I think this student's, something's going on.</p> <p>SCAH0009: So, I tend to see teachers as professionals in their area. I'm not, I wasn't a teacher, besides being a substitute, I'm not a trained teacher. So, a lot of school counselors are teachers before they are school counselors. And so I have a different perspective, in that I really don't try to be someone who's coming in from that perspective. So when I talk to teachers, I think of them as professionals in that area and I don't assume that I know everything about what they're going through or what the problems are. I've been around for awhile so I've learned what some of the issues are as far as teaching in the classroom and the difficulties with that, and sometimes some of the stresses they</p>
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			<p>face. But I really see them and as professionals and try to treat them that way. They have a sort of a certain expertise that I don't have, necessarily. So I would go to them also as experts in the field and try to use that to, to be more effective in my work as a school counselor.</p> <p>YCVW2C: the teachers themselves have solutions. I mean they've been teaching for a long time. So this is not their, you know, first year... they've seen a lot of different students. They have worked with a lot of different students. Sometimes they just need to know in general what's going on. Cause what helps one student, generally helps a lot more students who are not even identified having those same concerns. So when they put that in their practice, it becomes an overall classroom practice. Then they have some</p>
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				<p>classroom practices that yeah, this works! When I do this... So they become more aware of the different interactions that the students have when they are trying different things. And they talk about that... So sometimes the follow up may be, and this may be when we are having lunch, right, so follow up may be in the lunch. Hey, you know, I've done this and I like that, and we've worked on that, and I'm like OK, so tell me more. So it's lunch time, you know. That just becomes a conversation. But it's about, and it's not just one person, it's about in general. So what...what is nice is other teachers also may have ideas to help. So sometimes you just have one of those think tank lunch sessions, and you're like Oh! You know...you realize that a lot of teachers... Cause they see the same students, you know...So sometimes for me you got to realize that these teachers are going to talk anyway. It is just how we</p>
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			<p>describe it, how we shape it, what is being discussed. So it is not just an individual, but if you talk about just behaviors in general, Teachers can truly help each other when it comes to that process. You know... Yeah...this is what I do, when I notice my class is like this, or,,or when I'm feeling like this, I do something different, I'm like OH! So teachers know how to help each other in a very positive strength based way.</p> <p>TSE 1B: Well for me, and I, I don't want to know all of the pertinent details because I, I don't want to know them because I want to know them but I want to know things that I need to know in order to help them, I guess and that I guess that's one thing, not that I would ever pry for information but a lot of times if something, if a conversation starts with you know so-and-so's, you know, even if it is just acting weird or</p>
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				<p>there's something off oh yeah there's things that I can't tell you, just client privilege things like that, which I understand, I don't I don't want to know then if that's the case, but umm just I don't know other things to watch out for. So I guess that, that would be one part, and on a couple of instances with the guidance counselor and she always sets it up if the student asks for a teacher to be there with her, and that's happened a couple of times, and that's usually really positive. I guess in some instances where the student is either ashamed or embarrassed and they don't want anyone, it's already enough to get it to the guidance counselor or the YIN they don't want to bring more people in. On my end, like that's the whole reason I have this job is I want to help you know, I want to help people, and I want them love music like I do and teach them about music but at the end of the day we're all trying to get through here and you know be people.</p>
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		MHPC	Insider to outsider	<p>YCSB 1C: I'm kind of out of that (most team meetings) because as a separate person who doesn't work for the school my job is really solely to support them.</p> <p>SCAH0009: I think everybody in this building, I feel like, accepts her role here, the YIN counselor's role here, and leans on her as a resource. Maybe some more that others, but it's probably the same with teachers and myself, with the school counselor. You know, depends on relationship, depends on their sort of style.</p> <p>CIT 0001: You know we have, I have an excellent rapport with our YIN counselor. She is really responsive. Anytime that I had a kid that I had a question about, or a child that I thought, you know I am not sure that I have</p>
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				<p>the strengths and the knowledge to deal with this issue, what are your suggestions? She was quick to say here (are) some things that you can try, or you can put them on my list and I am happy to see if I can squeeze them in.</p>
		School Counselors	Active to Absent	<p>CIT 0001: Her (MHPC's) role has been a little different than the counselor in our school building. I do feel like that the school counselor has a lot more administrative duties. She does a lot more paperwork, and a lot more, you know things like that... The guidance counselor, like I said, a lot of administrative things and things are different. We have what's called child studies, and those happen maybe quarterly, so it's a little different (from the time spent with the MHPC). It's definitely a different kind of relationship that I have (with the school counselor).</p>



				<p>YCVW2C: Cause the school counselors I don't see as much, as with them. Cause the school counselors have a different role. They play more on their making sure they got their grades, making sure they on track. They play that role.</p> <p>SCA0009: Like I feel like as a school counselor, there's certain things and situations where I get thrust into, administrative duties. And even to the point where, because I'm so close to the principal and I'm doing things to help run the school, that maybe teachers, at times, see me more as an administrator at times. And because I'm, says, you know, you know, you have this meeting here, and you have that meeting there, do this, do that. You know, like I have to ask them for things, which might be work for them. You know, or for data, or for a I need this form for the</p>
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				<p>school, registration form, I need you to fill this out. You know, or I need you to fill this social security thing out, or, this packet out. And, and in some ways that doesn't give, that inhibits my ability and those consultations</p>
	d) Presenting issues	Behavior and Academic	Internal to External	<p>YBH 005: I would say typical there there's is a lot of in class behavior, not listening or not following directions, just struggling with the structure of a school day. You know, kindergartener, that's their first time of having that (classroom experience). And then I think the social piece is another one that is really huge. Just not, not knowing how to interact with others, or not knowing how to interact with others in a positive way. How do I get someone's attention in a positive way, or how do I you know, let somebody know that I want to play with them or I don't want to play with them.</p>

			<p>You know, I want to sit by myself or I just want to play with this friend, or I want to play with that toy, or read that book. So it's, it's a lot of learning interactions, in helping support the kids in, in doing that. And then, I say on the end of that it's a lot, it's a lot of home stuff. A lot of stuff going in the home. You know split families, or blended families, or no stability. And that gets the kids, I think its present, those kids present as not following directions, but it's because home's chaos. Maybe they haven't slept in three days.</p> <p>YCVW2C: Let's say it was a in school suspension, so how do we work with preventing more in school suspensions? Or how do we, whatever that behavior that caused that, or can we get them some help so that we cannot give them any more consequences because of their particular behavior. So, that's typically when I come in with that, and</p>
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				<p>I've been pulled in.</p> <p>TSE 1B: There was a student who, and it started to get, they're high schoolers so they're already, you have that going on as well, but, I don't know if his clothes weren't being washed, or body wasn't being washed, but there was a repeated odor on a student, and it was very evident what this student, who this student was and other students were starting to take notice and, not directed bullying comment, but it was, it was going to start be, going that way. So I, I kind of, I kind of confronted the student, Hey, you know, if you need help, like getting your clothes washed or things like that, you know, and he's like no, I'm fine. Okay. And so then I went to the guidance counselor and said hey, and, and she had already noticed and said we had already started this discussion and mom's been involved in it, it's going on from there. So that would be a</p>
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			<p>most recent one. I know that's not a very severe thing, but it is all part of it, I guess. That our guidance counselor is involved in, especially here. So that is the most recent one (issue) I can think of.</p> <p>SCCH0007: It's normally if we have a difficult case. If we have a student that is exhibiting some sort of behaviors that we need to develop a crisis plan for or a kind of say okay what is our game plan for this kid. This is what we're seeing in the classroom and the situation is not getting better, the situation is escalating. And that's kind of where we've brought in * Jane (YIN-MHPC) and the teacher, and everybody, and say we're all on the same page and this is how we are going to approach it. That's normally a time where we'll bring everybody together. Or, with an on-going situation. We have one friend that is in an on-going custody battle and</p>
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		<p>Social/ Emotional</p>	<p>Internal to External</p>	<p>we never know who's doing what, when. So we kind of have to keep everybody apprised of, okay, is mom allowed to pick this kid up? Is dad? Or are they going to court? You know, so so, just kind of ongoing situations as well.</p> <p>CIT 0001: Okay, so besides like just having caseloads and prior knowledge. The two children that I have that see YIN (MHPC), one has social emotional issues in that they are very egocentric, they have a hard time making friends, they have a hard time keeping friends. And then the other two children kind of anxiety issues. I think they are anxious because of the huge academic standards that we place on, on kids now, you know, and there, there is a huge emphasis on test scores and having you know, certain skills met at certain times of the year. And I think it's, it is good to hold them to a high level of accountability but at the</p>
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				<p>same time I also see how sometimes that affects sensitive kids.</p> <p>YCVW2C: This is February? So March, in about a week or two, I'll probably start seeing a lot of anxiety about am I graduating, can I graduate? What is it going to take for me to graduate? And what will happen after I graduate? That moving on into adulthood, that independence move. So I will see a lot of that. Now for those who are sophomores, juniors, we will see, well I have seen more of behaviors such as depression, suicide, a lot of, there's been a lot of orientation, and acceptance, lot of self-esteem.</p> <p>DJ SC 0112: Well, I, let's see, was that last week, had a student that had been hospitalized for two weeks, and she did not receive services from our outside people that come in, because she already had a whole other group of service</p>
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				<p>providers, that she had been working with, and so she came in, had been hospitalized for two weeks. And so I called her in my office because I know she was back in school and so you just kind of like, you know, she back, let me do a check on her real quick. So when she came in and sat down, she was cut all the way up to here (indicating the top of her arm) she just cut on top of her hands. And she said she had tried to kill herself last night. She was going to kill herself today. And so because I knew she already had a team of people set up, I spoke with our social worker, with the other school social worker, she had someone from I think BJC, and so we all kind of discussed what, what we were going to do. And so that was one of the last, one of the big last ones that was like last week. So it was good, because there was already a plan in place for her if these things happen at school. So we just kind of consulted, followed that plan and</p>
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	e) Follow Up	Status	Always to Never	<p>executed it.</p> <p>YCSB 1C: There's usually, at least in my experiences, there's been follow-up like a month later, where like another meeting is called.</p> <p>TNB 0000: Those check ins really mean a lot to kids. So, check-ins with the counselors... I don't know if they have enough time to do that.</p>
		Method	Always to Never	<p>YCSB 1C: There's, you know, an email sent out for updates. I check in with my kids that I work with to see how that plan has been going, if they've been utilizing it, see if there (are) any barriers to try, and help them with that. So I think that that is how the follow-up goes, and then reassess and see if there is anything that you need to change.</p>

3)Effectiveness of Consultation	a) Students	Behavior	Ineffective to Effective	<p>SCCH007: So obviously for the school counselor and the YIN therapist, we have *Jane this year, so anytime we consult with her it can be through e-mail, face to face, or just in meetings kind of updating on kids and caseloads, and just kind of talking about on-going situations we have. We have some kids who have ever going and ever evolving cases.</p> <p>YCVW2C: So that's a progressive phase (the follow-up), so that we see progression in that. Are they feeling better? Do they still have these same thoughts? Are they able to move past when they have a set-back?</p> <p>DJ SC 0112: And so I think all of those things (interactions of professionals) work together to support them (students) academically. I think it keeps them</p>
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				<p>coming to school when they know that there are people there that are supportive and that are going to listen to them.</p> <p>TNB 0000: So then we got the behavior plan going, the counselors will set it up. But I said well I'm gonna try it this way. They looked at it and thought that it was good. So all of us together, so without the team, I would not have been able to do it, cause they will come in and compliment. They will see him in the hall and compliment. So that's the part where, that we make the connection with *Mary (YIN), with *Tracy (SC), with me (T), with the parent. I couldn't do it without them. I tried, I tried for weeks and I was getting exhausted and I mean I felt like I was saying the same thing and not really getting anywhere. ...But, it's helping, so and I think he's (dad) starting to learn how to parent a little bit better. And then when your child is happier, when they come</p>
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		Social/ Emotional	Ineffective to Effective	<p>home, I had a good day, I was respectful, I was polite, then you as a parent feel better too. So I think it's kind of, you know it's gonna build. ... You know he seems happier. And that's what we want. He's a smart kid. So we didn't have to worry about academics so much, just the behavioral, being happy, being a kid, being a first grader; having fun.</p> <p>CIT 0001: Having the full time YIN (MHPC) staff member full time on our staff has made a tremendous difference in really being able to get the social and emotional needs of the kids taken care of. I came to her and I said, here is what I am seeing in class. I've tried this strategy, this strategy, and this strategy, here's my documentation that goes with it. Here's what's happening. I would like for you to, you know, could you consider taking this child on,</p>
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			<p>having a discussion with them, she went through the paperwork and things like that, and met with the child one or two times and had permission from the parent to share with me what was happening within the sessions, and you know came back and said here is what I see when I am in the sessions one on one and I think it is this behaviors that they're seeking. Try this strategy and it worked beautifully.</p> <p>SCGS1A: We have a student who just came out of residential, has been diagnosed with the early; I didn't even know you could diagnose schizophrenia as early as in their teens. But this girl, that is her diagnosis. And there's a couple others below that, but the mom is so terrified to send her back here, so it was a wonderful, not just one, we've had probably 3 different meetings, and she also has an IEP, so the case manager was involved, our SSD (special school district)</p>
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				<p>coordinator was involved, our YIN counselor, myself, the principal, the parents, both of my principals, parents, parent and student and the teacher. And I think it, it only strengthens the faith in our parents that when their kids are here at Hancock, they're not only being taken care of academically, but they are also taken care of emotionally being taken care of when we are all on board.</p>
		General	Ineffective to Effective	<p>YBH 0005: The kids definitely can benefit from it (consultation), because it's not just the teachers or the principals or whoever giving the information to the mental health professional. I think that relationship right there, you are already as a mental health professional, giving the school tools to use with those students. So even if there is consultation and there are no services following</p>

			<p>that, a good relationship will already be able to support that child moving forward even if the kid can't take advantage of the services. So I do see it as a really positive thing when that is the appropriate setting.</p> <p>YMS 5555: Honestly, I feel like the more I do, the more digging I do around, the more, like the better picture I have and the better interventions I plan, and just the more knowledge I have about the kiddo. So I feel like, the more I end up doing, I do have families who are tough to get ahold of, and mostly it's the families, not school staff. I haven't had any school staff that I feel is like just impossible, unless it's a schedule thing, to get a hold of. And I feel like in those cases where I haven't been able to talk with the family, there's a lot slower progress. Yeah, I think the better, and the more consultation, especially when the families are</p>
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				<p>extra, extra involved, I feel like that's the better progress and the quicker.</p> <p>YCSB 1C: I just see them (consultations for students) as a positive thing. I think anytime you can bring all the major supports and major players in the students life at school and even at home together it is really only serving the student in a positive way. So everyone has the same information, has a plan, a kid knows what they are supposed to do, they are participating in that process so they feel a part of it, it's not just something decided for them, so I think that all of those things can be accomplished when you bring everyone together.</p>
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	b.) Staff	Resources for School Counselors	Beneficial to Detrimental	<p>YCSB 1C: I have, I've always found it really helpful to have teachers and staff on the same page as far as what mental health needs kids have. So whenever we're able to talk about, within confidentiality, what the parent and the kid's consents to, just giving them a little bit of context for things, and then that way we find a little bit more flexibility with what they are willing to do. They are always willing to help, but just so they understand where it is coming from, not necessarily the mal-intention of the kid trying to frustrate them, but really there's a legitimate something happening. Um... so I think that it benefits them in a big way.</p> <p>SCCH0007: Just, I think it's more the different perspectives, and I think you know it's definitely different being on different sides of things, and doing things from a different side, not always</p>
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		<p>Resources for Teachers</p>	<p>Beneficial to Detrimental</p>	<p>being in the classroom versus, you know having the kid one on one is definitely different, than having them whole group versus having them, you know, in session is different, and also getting to see them on a daily basis versus seeing them once a week, I think is different. So, I think they are just different aspects that kind of play into the consultation process. And those are things that we can kind of bring together and discuss. So the different viewpoints, I think is important.</p> <p>DJ SC 0112: To me it feels great (having MHPCs in the school). I mean I think any extra help that you can get, as long as it's good help. You know you want good people coming in to services to kids. So I think the more people that we could have to make connections with the kids and their families, and to support them while they're here, I think that's great. So, I thought it was great at my other schools and I</p>
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			<p>still think it's good.</p> <p>TSE 1B: There have been a couple of meetings. Some have been set up with a, through the guidance counselor where we, the student who is also receiving the YIN services is, things to watch for in the classroom, or things like signs of distress that would need to go back to that, last year, last semester there was a conference with a parent of a student too, and she sat in from YIN, it was all the teachers the principal, guidance counselor and YIN sat in on that as well, so it was a nice being able to kind of bring everything full circle, that this is this situation, what's going on you know, how can we best keep them going for their grades but also with mental health and stability with life as well.</p> <p>TLP 0101: I've gotten good suggestions from our counselor about things like calming techniques and verbal</p>
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4) Barriers	a)Time		Ample to Limited	<p>ques and things like that that are really quick and easy that I can feasibly do within a classroom with twenty something kids. You know, for whatever it is, the need that the child has.</p> <p>CIT 0001: Time. Time restrictions are a huge thing, just because we are, I have meetings after school, I have meetings before school, I have meetings during school, you know what I mean. I mean in a perfect world there would be time set aside, perhaps during a collaborative plan time or during early release time or something like that where we really had time to sit down and touch base with the counselors instead of having to always do these like impromptu can you stop by for 15 minute type things, although that works, and it probably works. I mean it works well enough that I could see her (MHPC) more often, but it would be nice to</p>
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			<p>have some time set aside. I think time constraints make the consultation process trickier.</p> <p>SCAH0009: If I would have to guess, with her, for me, for me, and the YIN counselor, I would say maybe a half hour or 45 minutes a week, probably all together, I mean, because sometimes we catch each other when she's waiting for a student to come down, cause she'll wait right outside my office. And If I see her there, we'll have a 1 minute conversation, depending on how long we have, you know, or up to a three minute conversation. And there's been times when we've talked after school about things. And then also, times when it's been like a 4 or 5 minute conversation in between sessions where we're consulting on specific situations, making plans. And then also the care, the response team, which probably is like a every few week thing, where we end up in a meeting</p>
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			<p>together here, either an IEP or a response team meeting, so. I would probably say average a half hour to 45 minutes a week.</p> <p>YBH 005: I think for me it; it's the organizational piece to it. Maybe having like I said designated time so it wasn't so kind of spur of the moment, Hey, while I've got you in front of me let me tell you about three more kids, which is difficult with the school schedule. Umm everybody is busy in a school. And so I think that and umm... would just lead to the other thing that I would like to see is having more information. You know... the more information you have on a... on a client umm... the more, you know potential help you can provide. And, sometimes I think there are just some key factors that just get left out when you only have five minutes to kind of give your spiel on a kid, especially coming from a teacher like they are just focused</p>
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			<p>on the six or eight hours they've got the kid, when there's probably more pieces that they know, but they just don't have time to share because that's not on their radar. You know they might know that dad's in jail, but that's not going to come up when they're saying they can't sit still and they're hitting kids in class, and so I think that all goes back to the time. Just to have more time to do it would I think increase the benefit from it.</p> <p>SCGS1A: From the beginning it would be a meeting with everyone. And in a school with teachers, that just doesn't happen, because we either have to meet before school or after school. I had a care team meeting this morning at 7:15 and 4 out of 6 the teachers came. I can't force them to be here at 7:15. Most of them already are, cause our contracted time is 7:30, but getting everyone is on board. It's just a matter of time. Because</p>
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	<p>b.) Confidentiality</p>		<p>Beneficial to Restricting</p>	<p>it's either before school or after school. And I'm not a boss. So sometimes my role as counselor is kind of like, if it works we'll make it to the care team, but if I can't make it work, it's not a big deal. So, time is a constraint for me, trying To get everyone on board to figure out what is best for the students.</p> <p>TSE 1B: Well for me, and I, I don't want to know all of the pertinent details because I, I don't want to know them because I want to know them but I want to know things that I need to know in order to help them, I guess and that I guess that's one thing, not that I would ever pry for information but a lot of times if something, if a conversation starts with you know so-and-so's, you know, even if it is just acting weird or there's something off oh yeah there's things that I can't tell you, just client privilege things like that, which I understand, I don't I don't want to know then if that's the</p>
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			<p>case, but umm just I don't know other things to watch out for. So I guess that, that would be one part, and on a couple of instances with the guidance counselor and she always sets it up if the student asks for a teacher to be there with her, and that's happened a couple of times, and that's usually really positive. I guess in some instances where the student is either ashamed or embarrassed and they don't want anyone, it's already enough to get it to the guidance counselor or the YIN they don't want to bring more people in. On my end, like that's the whole reason I have this job is I want to help you know, I want to help people, and I want them love music like I do and teach them about music but at the end of the day we're all trying to get through here and you know be people.</p> <p>TLP 0101: I know that sometimes I don't get all the information and I'm</p>
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			<p>OK with that, because if there's things that are shared with him by a student that he feels like needs to be confidential, you know, that absolutely you know we want to respect. You know... A student being willing to share and not feeling like that's going to be spread beyond where it needs to be.</p> <p>YMS 5555: Maybe, like just the confidentiality aspect of it. You know, talking about the drop in's, and things like that. I mean, there's only so much you can do in a school and I feel like, you know, we do the very, very, very best that we can, you know. I do have a closed door. I have a sign on my door, you know when kids are in here. And that never changes. But as far as communicating about a kiddo, you know if I am gonna talk to a teacher in the hallway, I'm not gonna use their name, make sure they're not around, there's not going to be anybody around, you know. We are</p>
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			<p>reframing things like that. Because, there is not the opportunity to have a completely private setting, for each conversation. And as well with email, you know too many details over email wouldn't be great. But updates and goals, or, or you know, teachers updating me with specifics with behavior, what's going on with them, I feel like is really helpful. So I hope that that can always be an avenue for communication. But, yeah, I would think that it's tricky with the confidentiality, is kind of a tricky thing in schools, because it's different than it would be in a private practice.</p> <p>SCCH0007: I think as a YIN counselor, it was very, I know lines of confidentiality, and it was very hard at times to consult the way I wanted to. There were times where I wanted to be a part of things, but for whatever reason, I couldn't be, whether it was being a part of an</p>
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