PRELIMINARY EXAMINATION OF SCHOOL COUNSELORS' PERCEPTION

OF THEIR ABILITY TO PROVIDE DIRECT AND INDIRECT

STUDENT SERVICES

by

Angela K. Waggoner

Liberty University

A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree

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Abstract

According to the American School Counseling Association (ASCA) national model, over 80% of

school counselors' time should be spent providing direct and indirect student services, which

represents a major shift in the roles and responsibilities of school counselors. Additionally, after

the Santa Fe mass shootings, Texas school counselors are now required to provide these services

to students experiencing trauma and/or crisis. However, little research has been found regarding

school counselors' perceptions of their ability to provide direct and indirect student services,

including trauma and crisis-related counseling, as outlined by the ASCA. This study addressed

this gap by collecting survey data from 335 school counselors currently employed in Texas

related to their perceptions of their ability to provide these services. Overall, the results of this

study suggest that the school counselors who participated are confident in their ability to provide

both counseling and trauma-based counseling services to students. In addition, they felt that they

were mostly able or able to implement those skills within the school. These findings are

encouraging given their roles and responsibilities as outlined by the ASCA model (4th edition)

and Texas model (5th edition). Though further study is needed to better understand these results,

the results indicate that the current emphasis on trauma and crisis related services in Texas is

yielding positive results.

Keywords: ASCA Model, Texas Model, School Violence, School Counselors' Roles and

Responsibilities

Dedication

This dissertation is dedicated to my family. A special feeling of gratitude and appreciation goes to my son, Cody Waggoner, who had to endure my traveling for classes and always welcomed me home in his creatively special way. I would also like to thank my parents, Jerry and Fran Squyres, who supported my education through emotional support, editing papers, and encouraging me to stay the course. Finally, thank you to my sisters, Alicia Upchurch and Allyson Schaff, who provided emotional support and encouragement throughout this journey.

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List of Abbreviations

American Counseling Association (ACA)

American Psychological Association (APA)

American School Counseling Association (ASCA)

American School Counseling Association Behaviors - Student Services (ASCA B-SS)

Counsel for Accreditation of Counseling and Related Educational Programs (CACREP)

House Bill (HB)

Institutional Review Board (IRB)

National Center for Educational Standards (NCES)

Senate Bill (SB)

Texas Education Agency (TEA)

Texas Education Agency Counseling Domain (TEA CD)

Texas Education Code (TEC)

Threat Assessment Team (TAT)

CHAPTER ONE: INTRODUCTION

The school counseling profession has a rich 100-year history (Cinotti, 2014). However, similar to the field of mental health counseling, school counseling has struggled with standardizing the definition of its roles and responsibilities (DeKruyf, 2013). As the profession transitioned from vocational guidance to school counseling, the field of school counseling has experienced periods where its identity constructs were defined by those outside of the profession (Cinotti, 2014; Gysbers & Henderson, 2006; Pope, 2009). From the 1930s until the 1950s, school administrators defined the roles and responsibilities for the vocational guidance counselor. In the 1950s the profession was housed under student personnel services, which expanded the focus from instructional services to the students' overall biopsychosocial development (Cinotti, 2014; Gysbers & Henderson, 2006). However, since school administrators still defined the roles and responsibilities of the profession, there was a continued the lack of consistency and clear identification of the professional identity of a school counselor within the school. Although school counselors felt that their focus was to support students, in many cases, their roles focused on supporting teachers and administration rather than students (Cinotti, 2014; Lambi & Williamson, 2004). Then in 1983, a national educational initiative change impacted the role and responsibilities of school counselors, expanding them to include test scheduling, record keeping, and test coordination and moving school counselors even further from counseling and more into administrative responsibilities (Cinotti, 2014).

Due to this lack of defined roles and responsibilities, I conducted this study to examine school counselors' perception of their ability to apply the American School Counseling Association (ASCA) standards for direct and indirect services to students who are experiencing trauma and/or crisis. The following chapter contains a review of relevant research that guided

this study, a statement of the problem, purpose of the study, research questions, limitations definition of key terms, and implications of the study.

The Profession of School Counseling

To define the field of counseling as well as the counseling profession's specialized fields, such as school counseling, the American Counseling Association (ACA, 2019) emerged as the primary professional organization for the field of counseling. In 1952, the ACA developed divisional professional organizations for many of the counseling specialties. As a result, in 1953 the primary professional organization for the field of school counseling, the American School Counseling Association (ASCA), was formed. As the voice of school counselors, ASCA empowers school counselors with knowledge and skills as well as resources to promote student success through professionalism and ethical practices (ASCA, 2019).

To establish national training standards and educational requirements for school counselors, the Council for Accreditation of Counseling and Related Educational Program (CACREP) developed standardized educational requirements for school counseling programs in 1981 (Lu & Pillay, 2020). In subsequent revisions, the CACREP standards continued to refine their standard designed to unify the profession and promote a strong identity in the profession both within the student and post-graduation levels (CACREP, 2016; Lu & Pillay, 2020). As a result, many states use the CACREP standards for school counseling as the foundation for their educational requirements for licensure and certifications (Granello & Young, 2012; Lu & Pillay, 2020; Neukrug, 2012).

The ASCA National Model of School Counseling

The *ASCA National Model of School Counseling* (4th edition) defines the professional standards of practice and the code of ethics for school counselors (ASCA, 2019; Sabella, 2006),

supporting school counselors in their challenge to define, manage, deliver, and assess their program effectiveness (Lambi, 2019). For instance, the ASCA's School Counselor Professional Standards and Competencies outline the mindsets and behaviors for school counseling programs within the pre-K-12 grade levels (ASCA, 2019). Not only are school counselors provided a way to assess their personal growth level, but school administrators are also able to use these standards for performance appraisal. Furthermore, the clear standards can ensure that students receive the best support. The ASCA school counselor model suggests that every student can learn and succeed, should have access to an opportunity for a high-quality education, and should graduate and be prepared for post-secondary opportunities. Students should also have access to collaborative school counseling programs, access to school counselors who are leaders, and access to school counselor programs that enhance the students' overall academic, career, and social/emotional outcomes.

The *ASCA National Model of School Counseling* (4th edition) led to a more defined standards of practice and ethical guidelines for school counselors, including roles, responsibilities, common professional language, and time management allocations (Sabella, 2006). The model emphasizes that at a minimum 80% of the school counselors' time should be focused on providing direct and indirect services to students (ASCA, 2019). By focusing most of their time in providing these services to students, school counselors are able to focus on assisting students, which will help improve their academic achievement, attendance, and discipline (ASCA, 2019).

Direct and Indirect Student Services

The ASCA's national model outlines three facets of behaviors expected of all school counselors: (a) professional foundation, (b) direct and indirect student services, and (c) planning

and assessment. Within each of these behaviors are the necessary competencies that guide the implementation of a school counseling program. However, as noted, a minimum 80% of the school counselors' time should be placed on providing direct and indirect services to students (ASCA, 2019). Additionally, within the direct and indirect student services, there are six competencies:

1. design and implement instruction aligned to the ASCA mindsets & behaviors for student success in large group, classroom, small-group, and individual settings,

2. provide appraisal and advisement in large-group, classroom, small-group, and individual settings,

3. provide short-term counseling in small-group and individual settings,

4. make referrals to appropriate school and community resources,

5. consult to support student achievement and success, and

6. collaborate with families, teachers, administrators, other school staff, and education stakeholders for student achievement and success. (ASCA, 2019)

The ASCA (2019) considers the instruction, evaluation, advising, and counseling to be a part of direct student services, and consultation, collaboration with others both in and out of the school, and referrals are viewed as part of school counselors' indirect student services.

The Texas Model for Comprehensive School Counseling

While ASCA was developing national standards, the state of Texas developed a separate model for school counselors designed to provide guidelines for school counselors. In 1995, the Texas Education Agency (TEA) developed the Texas model for comprehensive school counseling, which established protocols and guidelines for school counseling programs in elementary schools (TEA, 2020). In 1995, the guidelines and protocol for school counselors were

incorporated into the Texas Education Code for all elementary schools. The second and third editions mainly reflected changes in the profession, statutory requirements, and stakeholders' inputs. However, in 2001, there was a major shift in the fourth edition, which was updated in response to the changes in the TEA code that required all Texas public schools to implement a school counseling program. Since 2018, Texas school counselors follow the *Texas Model for Comprehensive School Counseling* (5th edition), which is aligned with the ASCA national model.

TEA Direct and Indirect Student Services

The TEA's current model, the *Texas Model for Comprehensive School Counseling* (5th edition) is a standardized framework for (a) school counselors to establish a comprehensive school counseling program that benefits all students; (b) principals to facilitate collaboration with the school counselors for a comprehensive school counseling program; (c) district administrators including those for school counseling programs and curriculum/instruction directors to support, establish procedures, and further enhance the effectiveness of the comprehensive school counseling program; and (d) board of education to establish policies that modernize a comprehensive school counseling program (TEA, 2018). The Texas model aligns with the ASCA National model and is based on the Texas Education Code (TEC §33.006), which states 10 responsibilities required of school counseling: (a) program management, (b) guidance, (c) counseling, (d) consultation, (e) coordination, (f) student assessment, (g) advocacy, (h) leadership, (i) professional behavior, and (j) professional standards. The TEA also expects school counselors to participate in research, literature, and evidence-based practices.

Violence on School Property

Since 1966, there have been a total of 17 school mass shootings in the United States (Peterson & Densley, 2019). This violence has impacted all levels of education, from K-12 through post-secondary settings. There were two recorded incidences of mass shootings at elementary schools, the first occurring in 1989 and the second in 2012 (Follman et al., 2020; Peterson & Densley, 2019). At the junior high/middle school level there were two incidences of gun violence in 1998 and was followed in 2006. Between 1998 and 2018, there were six recorded incidences of mass shootings in high schools. Finally, there were seven mass shootings at colleges and universities between 1966 and 2015.

School violence is not limited to mass shootings. For example, there were a total 42 school-associated violent deaths in the United states between July 2016 and June 2017 (National Center for Educational Standards [NCES], 2020). In addition, the NCES (2020) reported that that 80% of public schools record one or more incidents of violence, theft, or other crimes, translating to 29 incidents per 1,000 students enrolled during that year. Yet only 4% of students aged 12–18 reported a fear of harm to them while at school during the 2016–2017 school year (NCES, 2020).

Responses to School Violence

In response to increasing school violence, legislative initiatives such as establishing schools as gun-free zones (Fox & Fridel, 2018) and creating zero tolerance mandates were established in the early 1990s. However, research has found no evidence that these policies increased safety or decreased discipline issues (Fox & Fridel, 2018). In 2001, as a part of the No Child Left Behind Act, schools were required to develop safety plans designed to provide safe learning environments for students (Robinson, 2019; US Department of Education, 2007). Though No Child Left Behind appeared to support student safety and well-being, there

were several areas that were left unaddressed. Little attention was paid to strengthen the existing interventions that were available to school counselors to prevent a tragedy from occurring (Grimmett et al., 2017; Jaffee, 2014; McGinty et al., 2016). In addition, insufficient attention was paid to the need for educating students, parents, and school staff on the warning signs of suicidal or violent tendency behaviors (Bushman et.al, 2016). Finally, insufficient attention was paid to providing ongoing mental health services to students in the schools outside of services post-school shootings (Bushman et al., 2016; Newman 2004). But the lessons from mass shootings, such as Virginia Tech, Columbine, Sandy Hook, and most recently, Santa Fe, reveal that troubling behaviors should not be underestimated or ignored (née Flowers, 2018). However, school counselors can be the bridge between parties, as they are familiar and approachable to students, families, and staff (Bray, 2016). Studies have shown that when a student feels as though their school counselor knew them personally and their concerns were heard, the student felt safer and more connected within school (Lapan et al., 2014).

In response to the rise in school violence, the ASCA (2000) developed the School Counselor and Safe Schools and Crisis Response. In their 2019 revision, school counselors must take the lead in safe-school initiatives (ASCA, 2019; Oliver, Fleck, & Money-Brady, 2016). Through this program, the ASCA provided guidelines on addressing school violence, conflict resolution, bullying prevention, and other initiatives designed to enhances a schoolwide safety program (Goodman-Scott & Grothaus, 2018).

Additionally, after the Santa Fe, Texas shooting in 2018, Texas Governor Abbott proposed extensive legislature initiatives to address the issue of school violence. The governor released a 40-page document outlining the new plan to protect Texas school students and the Texas Legislature passed House Bill 18 (HB 18) and Senate Bill 11 (SB 11). Senate Bill 11

enacted TEA Code § 37.115(b), establishing the need for safety and mental health supports in Texas schools as well as the expanding mental health initiatives to increase safety and security on school campuses (TEA, 2020; Texas State Legislature, 2019). HB 18 focuses on the training for school counselors and other employees who work with students in crisis. This includes counseling programs that meet mental health first aid requirements and crisis-based curriculum and educational program requirements, providing mental health care services for students and making referrals to state and regional programs/services (Texas State Legislature, 2019). Finally, HB 18 includes the requirement that every school counselor must conform to the Texas Model for Comprehensive School Counseling (Texas State Legislature, 2019).

In order to meet the SB 11 and HB 18 requirements, the counselor must participate in regular continuing education on a variety of topics, including psychoeducation with regard to mental health topics (TEA, 2020). They must develop and present schoolwide training to build a trauma-informed campus and must also demonstrate knowledge in how to assist a student in returning to campus post-hospitalization. Finally, they must participate in the development of a mental health advisory council. To meet goals for SB 11, the school counselor would integrate trauma-informed practices, provide mental health support, develop a safe and supportive team that includes members who have expertise in counseling that focuses on trauma, and increase parental awareness.

Trauma/Crisis-Related Counseling

In the mental health field, trauma/crisis counseling is often viewed as a specialty. However, within the school counseling field, school counselors are expected to understand how traumatic adverse experiences negatively impact children. In addition, they must be able to address the effects trauma and crisis have on the students' achievement in academics and

social/emotional development (ASCA, 2020). Finally, school counselors are tasked with the responsibility of helping to create a trauma-informed campus. As such, school counselors play a pivotal role in creating a safe environment by ensuring students experiencing trauma and/or crisis receive needed services.

With the purpose of reducing violence, both the ASCA and Texas models stress the need for school counselors to be able to provide preventative services. As such, school counselors must be competent in providing responsive services, such as crisis counseling (TEA CD.1) as well as to provide crisis interventions (TEA CD.2). Texas school counselors must provide culturally sensitive services when using crisis interventions counseling techniques (TEA CD.3) (TEA, 2018). School counselors must also be able to provide support for students who are in a state of heightened stress (ASCA B-SS 3.b) as well as address the potential impact of prior adverse childhood experiences trauma (ASCA B-SS 3.d) when working with students who are experiencing trauma and/or crisis (ASCA, 2019). To accomplish this, school counselors must be able to implement both preventative and reactive intervention skills (ASCA B-SS 3.e) that support students who are experiencing trauma and/or crisis (ASCA, 2019). Finally, school counselors must be able to identify and involve the appropriate school and community professions (ASCA B-SS 6.c) when working with a student experiencing trauma and/or crisis (ASCA, 2019).

Approximately 46 million children witness various types of violence, crime, physical and psychological abuse every year in the United States, which significantly impacts and increases mental health problems (ASCA, 2020). But a positive school environment can lead to a decrease in mental health issues, such as bullying, harassment, and excessive disciplinary issues (ASCA, 2020). As such, school counselors are essential in promoting and providing the positive school

environment, including a trauma-sensitive environment that fosters learning and student developmental growth (ASCA, 2020). To accomplish this school counselors must be able to recognize the signs of trauma and/or crisis in students that could impede their well-being. Therefore, school counselors must be skilled at implementing preventative and reactive interventions to support students experiencing trauma and/or crisis.

Statement of the Problem

Within the school counseling field, there has been a major shift regarding roles and responsibilities. As they transition from the traditional administrative duties of school counseling, school counselors are expected to take a more developmental approach when providing services to students, with over 80% of their time focused on providing direct and indirect services to students (ASCA, 2019). Although this represents a positive movement toward restoring the counseling roles and responsibilities to the profession, little research was found regarding the school counselors' perceptions of their ability to navigate this shift. In addition, school counselors are now required under the new Texas laws to be skilled at implementing preventative and reactive interventions to support students experiencing crisis or trauma. However, there is little research exploring school counselors' perceptions of their ability to provide these preventative and reactive crisis-related services. Therefore, it is essential to also examine school counselors' perceptions of their ability to provide direct and indirect services to students as outlined by the ASCA (2019), including trauma and/or crisis-related counseling.

Purpose of the Study

According to the ASCA national model, over 80% of school counselors' time should be spent providing direct and indirect student services (ASCA, 2019), which is a major shift in the roles and responsibilities of school counselors from administrative to a developmental approach

when working with students. In addition, in the wake of the Santa Fe mass shootings, legislative initiatives were passed to address violence in schools. As a result, TEA updated and aligned the Texas model for comprehensive school counseling to the ASCA national model (TEA, 2018). With this model, Texas school counselors are now required to provide direct and indirect student services to support students experiencing trauma and/or crisis (TEA, 2018). However, little research has been found regarding school counselors' perceptions of their ability to provide direct and indirect student services, including trauma and crisis-related counseling, as outlined by ASCA. This study addressed this gap through an examination of school counselors' perceptions of their ability to provide direct and indirect services to students, including students who are experiencing trauma and/or crisis.

Research Questions

1. What are school counselors' perceptions of their ability to apply the ASCA standards for direct and indirect student services?

2. What are school counselors' perceptions of their ability to apply the ASCA standards for direct and indirect student services specific for crisis and trauma counseling?

3. How do school counselors rate their ability to apply the ASCA standards for direct and indirect student services within their school setting?

4. Are there differences between school counselors' perception of their ability to apply ASCA standards for direct and indirect student services for counseling and their perception of their ability to apply the standards specific for trauma/crisis-related counseling?

5. Are there differences between school counselors' confidence in their ability to apply the ASCA standards for direct and indirect student services and their rating of their ability to apply these ASCA standards in their school setting?

Limitations

There are several limitations to this study. First, the study participants are limited to individuals who had access to the survey through the recruitment email. The sample that chose to respond may not accurately represent the school counseling population in the state of Texas. Furthermore, the participants are limited to currently practicing school counselors from a state with an ASCA-aligned comprehensive counseling model, which may not be representative of other populations. Despite these limitations, this preliminary study provides valuable information of school counselors' perceptions of their ability to provide direct and indirect services to students who are experiencing trauma and/or crisis as outlined by the ASCA and Texas school counseling models.

Definition of Key Terms

- *Certified Texas school counselor:* School counselors who must meet the state competencies (Texas Administrative Code, §239.15, Appendix A) and hold the Texan State Board of Educator Certification (TEC §21.003) to practice as a school counselor in Texas (TEA, 2018).
- *Crisis:* Defined as an "uncontrollable, negative, instantaneous events that have the potential to create adverse, harmful effects on school-aged youth" (ASCA, 2019, Counseling Kids in Crisis, para 1).
- *Crisis counseling:* Counseling interventions to support a student in acute or chronic crisis (ASCA, 2019).

- *Trauma:* Defined as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (American Psychological Association (APA), 2021, para 1).

- *Trauma counseling:* Counseling interventions to support a student who has experienced trauma but is not in active or chronic crisis; however, they are distressed to the point where their ability to function in their school is impaired (ASCA, 2019).

Significance of the Study

The *ASCA National Model of School Counseling* (4th edition) defines standards of practice and ethical guidelines for school counselors (ASCA, 2019; Sabella, 2006). Since 2003, this model has facilitated a major shift in the profession, as the field of school counseling continues to transition from an administrative to a developmental approach in working with students. To this end, the latest revision of the ASCA model stipulated that a minimum of 80% of school counselors' time should be spent in providing direct and indirect services to students (ASCA, 2019). In addition, in the wake of increasing levels of school violence, school counselors are also tasked with providing trauma and/or crisis-related direct and indirect services to students. However, despite these transitions, little is known about school counselors' perceptions of their ability to provide these direct and indirect student services as outlined by ASCA (2019). Given the importance of school counselors as frontline service providers to students experiencing trauma and/or crisis, it is essential that preliminary research is conducted to examine school counselors' perceptions of their ability to provide ASCA's direct and indirect

student services, including trauma and/or crisis-related services. Therefore, this study is significant because it addressed this research gap.

Organization of the Remaining Chapters

This study involved an examination of the role of school counselors on the campus and their confidence and ability to provide the direct and indirect services stated in the ASCA national model. Chapter 1 provided the reader with the rationale for the study, the purpose, and significance of the study. Chapter 2 will present a review of the literature that provided the foundations of the study. In Chapter 3, I will provide the methodology of the study, including research design, research questions, participants election, construction of the survey instrument, the process of data collection and the statistical analyses I used to answer the research questions. Chapter 4 will present the findings and present the results of the statistical analyses. Finally, in Chapter 5, I will discuss the results of the study, limitations, implications, and suggestions for future research.

CHAPTER TWO: REVIEW OF THE LITERATURE

Throughout its 100-year history (Cinotti, 2014), school counseling has struggled with standardizing the definition of its roles and responsibilities (DeKruyf et al., 2013). When the National Vocational Guidance Association began in Boston and New York in 1913, there were few standards regarding supervision, standardized duties, or evaluation of guidance counselors (Cinotti, 2014; Gysbers & Henderson, 2006). At their first national conference on vocational guidance symposium, participants proposed a curriculum outlining how guidance would be provided in the classroom, which was eventually accepted as the primary duty of school counselors (Cinotti, 2014; Gysbers & Henderson, 2006; Pope, 2009). However, it became evident that counseling and guidance was becoming secondary.

As the profession continued to transition from vocational guidance to school counseling, constructs and roles were often defined by those outside of the profession (Cinotti, 2014; Gysbers & Henderson, 2006; Pope, 2009). From the 1930s until the 1950s, school administrators defined the roles and responsibilities for the vocational guidance counselor. Administrators tended to assign the school guidance counselor with

> so many duties foreign to the office so that little real counseling can be done. It is
>
> perfectly natural … for the principal to assign one administrative duty after another until
>
> the counselor becomes practically assistant principal. (Cinotti, 2014, p. 141)

In the 1950s the profession was housed under student personnel services, which expanded the focus from instructional services to the students' overall biopsychosocial development (Cinotti, 2014; Gysbers & Henderson, 2006). However, in the absence of a clear identification of the roles and responsibilities, many school districts reached a consensus that school administrators should continue to be the ones who primarily define the roles and responsibilities of the school

counselor. As a result, the position was viewed more as a support to teachers and administrators rather than a counseling program for the students (Cinotti, 2014; Lambi & Williamson, 2004), which led to a continued lack of consistency of the professional identity of a school counselor within the school. Finally, in 1983, a national educational initiative impacted the role and responsibilities of school counselors, expanding them to include test scheduling, record keeping, and test coordination and moving school counselors even further from counseling and more into administrative responsibilities (Cinotti, 2014). Thus, leaders in the field have determined the need to clearly define the roles and responsibilities of school guidance counseling as a professional identity so that that the principal understands more clearly what counseling involves and there is efficient supervision from a central office (Cinotti, 2014).

The Profession of School Counseling

To define the field of counseling as well as the counseling profession's specialized fields, such as school counseling, the ACA (2020) emerged as the primary professional organization, founding the ASCA in 1952 in response to the lack of defined roles and responsibilities. The ASCA provided school counselors the ability to expand their roles and influence in the campus by connecting with their community and students through advocacy, leadership, collaboration, and systematic change as well as promoting student success through the empowering of school counselors with the knowledge, skills, and resources (ASCA, 2020). This provided school counselors professionalism and ethical practices, the mission statement of the ASCA (2019). The ASCA also began to focus on increasing school counselors' autonomy by encouraging them to participate in more research and develop their own roles and responsibilities to further legitimize the profession (ASCA, 2019). As a result, in 2001, the ASCA developed a national model to help define the roles and responsibilities.

In addition to the ASCA's function as a professional organization of the school

counseling profession in 1981, the CACREP was also established in order to define national

training standards and educational requirements for school counselors (Lu & Pillay, 2020). In

subsequent revisions, the CACREP standards continued to refine their standard designed to unify

the profession and promote a strong identity in the profession both within the student and post-

graduation levels (CACREP, 2016; Lu & Pillay, 2020). As a result, many states use the

CACREP standards for school counseling as the foundation for their educational requirements

for licensure and certifications (Granello & Young, 2012; Lu & Pillay, 2020; Neukrug, 2012).

The ASCA National Model of School Counseling

The *ASCA National Model of School Counseling* (4th edition) defines the professional

standards of practice and the code of ethics for school counselors (ASCA, 2019; Sabella, 2006),

supporting school counselors in their challenge to define, manage, deliver, and assess their

program effectiveness (Lambi, 2019). When operating within the professional foundation of the

ASCA model, school counselors will apply what they have learned in counseling and educational

theories to provide evidence-based treatment in small group, classroom, individual, or large

group settings to assist students in their academic, career, and social/emotional development

(ASCA, 2019). School counselors will also understand the point at which their role begins, and

ends based on training, expertise, and professional history, which helps inform their decisions in

promoting students' development (ASCA, 2019).

Within the ASCA model, the School Counselor Professional Standards and

Competencies outline the mindsets and behaviors for school counseling programs within the pre-

K-12 grade levels (ASCA, 2019). Not only are school counselors provided a way to assess their

personal growth level, but school administrators are able to use these standards for performance

appraisal. Furthermore, the clear standards can ensure that students receive the best support. The ASCA school counselor model suggests that every student can learn and succeed, should have access to an opportunity for a high-quality education, and should graduate and be prepared for post-secondary opportunities. Students should also have access to collaborative school counseling programs, access to school counselors who are leaders, and access to school counselor programs that enhance the students' overall academic, career, and social/emotional outcomes.

The *ASCA National Model of School Counseling* (4th edition) led to a more defined standards of practice and ethical guidelines for school counselors, including roles, responsibilities, common professional language, and time management allocations (Sabella, 2006). In addition, the ASCA's national model outlined the three facets of behaviors expected of all school counselors: (a) professional foundation, (b) direct and indirect student services, and (c) planning and assessment. Within each of these behaviors are the necessary competencies that guide the implementation of a school counseling program.

Direct and Indirect Student Services

To ensure that the central role and responsibility of a school counselors is to support students, the model emphasizes that at a minimum 80% of the school counselors' time should be spent providing direct and indirect student services (ASCA, 2019). This allows school counselors to focus on assisting students, which will help improve their academic achievement, attendance, and discipline (ASCA, 2019) The ASCA (2019) considers the instruction, evaluation, advising, and counseling to be a part of direct student services, and consultation, collaboration with others both in and out of the school, and referrals are viewed as part of school counselors' indirect student services.

Psychoeducational Instruction

Within the direct and indirect services are the competencies school counselors must follow. The first competency requires school counselors to be able to design and implement psychoeducational instruction in large group, classroom, small group, and individual settings (ASCA B-SS 1). This instruction is based on student data that are used by school counselors to develop psychoeducational goals and assist students reach their desired academic, career, and social/emotional outcomes (ASCA B-SS 1.a). Because they provide instruction in classrooms and large groups, school counselors must also utilize pedagogical skills in addition to their counseling skills to create appropriate lesson plans outlining the activities to be used (ASCA B-SS 1.d), which requires them to be culturally sensitive (ASCA B-SS 1.b,c). School counselors should also consider the students with whom they will provide services and platform for instruction as well as impact on student outcomes (ASCA B-SS 1.e). School counselors also need to deliver lessons and activities using a variety of technology as well as ensure effective implementation from school administrators, teachers, and end of course data to determine student outcomes (ASCA B-SS 1.f-h).

Appraisal and Advisement

The second competency requires school counselors to use appraisal and advisement in large group, classroom, small group, and individual settings (ASCA B-SS 2). School counselors should use different appraisal techniques, such as observations and formal and informal assessments, to help students achieve their career and academic goals (ASCA B-SS 2.a-b) as well as assist students who are experiencing social/emotional distress that prevents the students to reach their goals. School counselors should work with their students to assist in career opportunities, both immediate and long range, using cross reference individual assessments

(ASCA B-SS 2.c-d). Finally, school counselors need to assist students in understanding the importance of academic performance, postsecondary education, financial aid assistance, and workplace assistance (ASCA B-SS 2.f-h).

Short-Term Counseling

The third competency requires the school counselor to provide short-term counseling in small group and individual settings (ASCA B-SS 3). Using school data and referrals, school counselors can identify students who are in need of counseling intervention (ASCA B-SS 3.a). School data can include students who were identified as "at risk" from their previous year or referrals from teachers and administration. The term *at risk* is typically used in the school system to identify students whose school achievement is low, if a student has behavioral and/or attendance issues, and students who are at risk of dropping out (TEA, 2018).

Once the student has been identified, the school counselor must be able to provide the appropriate short-term counseling services that address the needs of the students, which is particularly important when the student is in extreme stress or crisis (ASCA B-SS 3.b). But this counseling is short-term and focused on a student's need during transitional times, crisis/trauma, sudden changes, or other issues that could impact the student from academically succeeding (ASCA B-SS 3.b). In providing these services to students, the school counselor may utilize individual or small group counseling that focuses on students' needs. For example, in Texas, students at Santa Fe High School were provided access to immediate short-term counseling following the mass shooting. Another example would be when a student is transitioning from one campus to another or from one district to another district.

The school counselor may also need to explain the difference between the counseling they are able to provide such as short-term versus long-term therapy (ASCA B-SS 3.c). As a

result, school counselors must be skilled in therapeutic techniques, such as solution focused, person centered, crisis/trauma, or other evidence-based therapies. When a student is in crisis/trauma, the school counselor will not only provide services but also recognize if the student is in need of long-term therapy. If the student needs this approach such as having suicidal/homicidal ideation, school counselors will refer out to a community resource.

When the school counselor is working with a student who is in crisis/trauma, many times they are triaging the student through adverse childhood experiences and/or trauma as well as providing techniques to support the student (B-SS 3.d). School counselors do not just assist after a crisis response, but they are available to the students for counseling before, during, and after the crisis has occurred (ASCA, 2019). Finally, as the school counselor is working with students both in general counseling and trauma/crisis-related counseling, they are utilizing appropriate intervention strategies to meet the needs of the individual, group, and/or community (B-SS 3.e).

Referrals and Community Resources

An additional competency is counselors' ability to make referrals to appropriate school and community resources (ASCA B-SS 4). At these times, the school counselor must collaborate with others, seek needed training, and/or make appropriate referrals (ASCA, 2019). To make the most appropriate referrals, the school counselor should maintain a list of current referral resources that will assist students academically, career, and with social/emotional issues (ASCA B-SS 4.a). They should also communicate limits of the school counseling program and the continuum of mental health services (ASCA B-SS 4.b). Finally, school counselors must explain the need for a student to receive outside help due to diagnosing and long-term therapy is outside the scope of practice (ASCA B-SS 4.c).

Consultation

In addition to the main competencies, it is important that school counselors are able to consult to support student achievement and success (ASCA B-SS 5). School counselors gather information regarding their student needs from those that are close to the student in order to provide for student success (ASCA B-SS 5.a). They share strategies with the student's support system as well as community organizations for the goal of supporting student achievement (ASCA B-SS 5.b). They consult with others in the field when issues or questions arise and provide in-service trainings and workshops for all student support systems (ASCA B-SS 5.c-d).

Collaboration

School counselors also collaborate with families, teachers, administrators, other school staff, and education stakeholders for student achievement and success (ASCA B-SS 6, 2019). To build collaboration, school counselors can partner with others to help grow the school counseling program so that the program creates systemic change and advocates when needed (ASCA B-SS 6.a). School counselors should explain any potential dual roles as well as identify and involve the appropriate administration and community members during a time of crisis (ASCA B-SS 6.b-c). In conjunction, the school counselor may also supervise school counselor interns using the ASCA Standards and Competencies as the guideline (ASCA B-SS 6.d).

The Texas Model for Comprehensive School Counseling

The TEA model joins the history of school counseling as it transitioned from being administratively focused to student centered and program focused (TEA, 2018). In 1995, the TEA developed the Texas model for comprehensive school counseling, which established protocols and guidelines for school counseling programs in elementary schools which were incorporated into the Texas Education Code (TEA, 2020). The second and third editions mainly

reflected changes in the profession, statutory requirements, and stakeholders' inputs. However, in 2001, there was a major shift in the fourth edition, which was updated in response to the changes in the TEA code that required all Texas public schools to implement a school counseling program. The TEA's purpose is to provide leadership, guidance, and support to each of the school systems, including the school counseling system. The TEA sought to address the issue of roles and responsibilities for school counselors as well as provide support for students through the development of the *Texas Model for Comprehensive School Counseling* (5th edition; TEA, 2018). Since 2018, Texas school counselors follow this model, which is aligned with the ASCA national model.

The TEA's current model is a standardized framework for (a) school counselors to establish a comprehensive school counseling program that benefits all students; (b) principals to facilitate collaboration with the school counselors for a comprehensive school counseling program; (c) district administrators including those for school counseling programs and curriculum/instruction directors to support, establish procedures, and further enhance the effectiveness of the comprehensive school counseling program; and (d) board of education to establish policies that modernize a comprehensive school counseling program (TEA, 2018). The Texas model's purpose is to (a) provide a comprehensive school counseling program, (b) tailor the program to meet the diversity of needs within Texas schools, (c) be a resource to enhance counseling programs, (d) transform the school counseling profession, and (e) transform individual and district-level school counseling programs (TEA, 2018).

The TEA (2018) proposed this model as the ideal guidance counseling model. It is comprised of four parts: (a) guidance, (b) responsive services, (c) individual planning, and (d) system support. Under the guidance, responsive, and individual planning services, the students

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should be receiving the support they need (TEA, 2018). According to the TEA model, the school

counselor should only be spending about a quarter of their time in indirect services (TEA, 2018).

However, indirect time should still support effective school counseling programs (TEA, 2018).

TEA Direct and Indirect Student Services

The Texas model aligns with the ASCA national model and is based on the Texas

Education Code (TEC §33.006), which states 10 responsibilities required of school counseling:

(a) program management, (b) guidance, (c) counseling, (d) consultation, (e) coordination, (f)

student assessment, (g) advocacy, (h) leadership, (i) professional behavior, and (j) professional

standards. The TEA also expects school counselors to participate in research, literature, and

evidence-based practices.

Program Management Domain

School counselors are expected to plan and implement a balanced and comprehensive

developmental school counseling program (Standard 1-2). Program services are delivered

through four components (a) guidance curriculum, (b) responsive services, (c) individual

planning, and (d) system support (TEA, 2018). Further, the two approaches to school counseling

are traditional and developmental. The traditional school counselor is reactive and task-oriented

and better serves in an administrative capacity (TEA, 2018). In many ways, this school counselor

program can be unstructured; therefore, the successes or failures cannot be measured. The

developmental school counselor program focuses on consistent, preventative strategies and crisis

counseling for all students. The counseling is provided through group and individual services

(TEA, 2018), and the emphasis is on the program and development of a curriculum for student

goal attainment. The counselor evaluates results in order to improve their school, which leads to

collaborative work with staff, parents, and community. While collecting and analyzing data to

determine student needs, school counselors continue to improve the balanced comprehensive developmental program (Standard 3).

To assist school counselors in achieving the developmental school counseling program, the TEA's (2018) model provides counseling logs for school counselors' assessments to make sure the counselors are meeting the needs of their community per ASCA. According to the counseling program, there should be 80% direct services and 20% indirect services (ASCA, 2016). Thus, the Texas model supports and prioritizes the need for record keeping and data tracking by school counselors by requiring the counselor to log hours spent in direct and indirect services (TEA, 2018), which can verify that student needs are being met through counselors' productivity. The TEA also took the process of logging hours a step further by using the logs to look at the competency levels of the student and counselor in their guidelines and procedures. The TEA then developed a chart to help school counselors evaluate their campus and rate their campus-specific priority needs (TEA, 2018).

Furthermore, school counselors should assess the campus and district needs to promote balance school counseling program content (Standard 4). To create balance, some appropriate and acceptable administratively assigned duties would be in assisting the school principal in identifying and resolving student issues, needs, and problems (TEA, 2018). Another TEA appropriate and acceptable non-counseling assigned duty is analyzing disaggregated data (TEA, 2018). A final example of TEA-appropriate activities for school counselors is ensuring student records are maintained according to federal and state guidelines. However, some tasks that would negatively affect the balance of the school counseling program is coordinating cognitive, aptitude, and achievement testing programs (TEA, 2018). In addition, school counselors cannot cover a class a teacher is absent (TEA, 2018), and school counselors cannot provide long-term

care in schools to address psychological disorders (TEA, 2018). But school counselors manage their counseling program resources as well as collaborate with the staff, students, parents, and other stakeholders to evaluate and continue to improve the comprehensive school counseling program (Standard 5-6). School counselors also gather data to verify the effectiveness of their comprehensive school counseling program (Standard 7).

The TEA (2018) model is driven by the needs of the student, along with quantitative evaluation data, with the goal that every student will graduate from high school and either enter college or join the military. The ASCA (2016) and the TEA (2017) both address non-counseling duties and emphasize that these duties have to be considered in light of the cost that negatively affects the students. The development and continued refinement of the ASCA should decrease the barriers for student learning by increasing social and emotional development for the student through effective school counseling (Lambie, 2019).

Guidance Domain

School counselors provide guidance and assistance to all students to develop their educational, career, personal, and social growth (TEA, 2018). To achieve this, school counselors utilize evidence-based practices in their individual and educational development as well as considering the diverse needs of their students (Standard 1-2). The school counselor also plans guidance curriculum and conducts structured group lessons (Standard 3-4). To effectively implement the guidance curriculum, school counselors should involve students, parents, and teachers as well as monitor and manage, without bias, students' educational development (Standard 5-6). Finally, school counselors need to accurately and without bias plan, monitor, and manage the students' career development as well as their personal/social development (Standard 7-8).

Counseling Domain

Using appropriate counseling interventions, school counselors make counseling available for all students. School counselors should use evidence-based practices in their developmental, preventive, remedial, and/or crisis counseling for individuals and groups (Standard 1-2). Understanding multicultural differences, school counselors can utilize the students' cultural context in providing developmental, preventive, remedial, and/or crisis counseling (Standard 3).

Consultation Domain

To promote student education and success, school counselors should consult with others (TEA, 2018). When assisting a student to achieve and succeed, school counselors may consult with parents, school staff, and other stakeholders, which may also occur to assist a student in their development, behavioral concerns, and environmental concerns (Standard 1-2). When consulting with others, the students' cultural needs and diverse needs should be considered (Standard 3).

Coordination Domain

There are times when a school counselor will coordinate with those who are actively involved in a students' life, as well as the community to promote student success (Standard 1). Coordination for student success can also include referring students to other programs and services within the school, as well as those outside of the school (Standard 2).

Student Assessment

Utilizing data for student success, school counselors should make sound and ethical decisions as well as understand the legal uses and limitations of assessments (TEA, 2018). School counselors are bound by legal, ethical, and professional standards in the utilization of assessments (Standard 1). Therefore, they must understand the potential cultural and linguistic

biases as well as be able to interpret the results in order to guide students (Standard 2-3). Once students understand the results, school counselors can assist in student goal setting and planning (Standard 4). Finally, school counselors need to use assessment tools appropriately within their scope and practice and their local district policy (Standard 5).

Leadership Domain

School counselors are essential in the implementation of the school counseling comprehensive developmental school counseling program and therefore will need to be responsive to the diverse needs of their campus (Standard 1-2). School counselors are considered leaders in the enhancement of the school climate to address the diverse needs of their campus (Standard 3).

Advocacy Domain

For the campus school counseling comprehensive program to develop, the school counselor should advocate for a campus that respects diversity (Standard 1). It is important for school counselors to advocate for individuals who are unable to advocate for themselves as well as for campus-wide initiatives that will enhance a positive school climate (Standard 2-3). Furthermore, it is important to advocate for the elimination of factors that can hinder student achievement (Standard 4). School counselors should not only advocate for the comprehensive developmental school counseling program but also the full implementation (Standard 5-6). Finally, school counselors need to advocate for appropriate and meaningful roles as leaders in the field of education along with professional training (Standard 7).

Professional Behavior Domain

School counselors continue to improve their profession by demonstrating professionalism with their attendance to professional development as well as maintaining appropriate

relationships with administrators, teachers, school staff, parents, and community members (Standard 1-2). Thus, school counselors must fully accept their roles and responsibilities in the development of a full comprehensive developmental school counseling program based on the needs of their campus (Standard 3). Finally, school counselors should be reflective in their work to enhance their own professional development (Standard 4).

Professional Standards Domain

School counselors need to adhere to legal standards, policies, regulations, and procedures at the campus level, district level, state, and federal as well as commit to their professional standards of competence and practice (Standard 1-2). School counselors should be ethical and professional as well as have responsible work habits (Standard 3-4).

School Counselor Efficacy

School counselors are trained to identify and evaluate the effects of childhood trauma; however, it can be difficult to follow through on the identification and evaluation of students in need due to the school counselors' efficacy. Bandura (1994, 1977) defined self-efficacy as a person's ability or perceived ability to follow through (Vazquez, 2020). Self-efficacy is also people's ability to cope, act, and perform effectively in their identified position (Judge & Bono, 2001). One way to develop self-efficacy is through life experiences (Bandura, 1994; Vazquez, 2020). Self-efficacy is also developed when people view others who have been successful in the task they are about to confront (Bandura, 1994; Vazquez, 2020). Social persuasion will also help develop self-efficacy through others believing in a person, which leads to them feeling that they can overcome (Bandura, 1994, 2012; Vazquez, 2020). Finally, self-efficacy is based on personal emotional state (i.e., the ability to self-regulate and self-care; Bandura, 2012; Vazquez, 2020).

Self-efficacy for students can be developed when the school counselor utilizes evidence-based practices that will make a difference in the student's life (Mason & Trezek, 2020). Though the ASCA (2019) suggests that school counselors design and implement programs based on school data (Hatch, 2014), school counselors lack the research knowledge to meet this standard (Mason & Trezek, 2020). Others have suggested that school counselors' interventions are based on hope rather than evidence-based practices (Mariani & Kuba, 2019; Mason & Trezek, 2020). This belief stems from the lack of uniformity that the school counseling profession has held in its rules and regulations (Mason & Trezek, 2020). However, with the ASCA and the CACREP standards in place, school counselors should continue to learn and apply evidence-based practices (ASCA, 2016; CACREP, 2016).

School Counselor Scope of Practice

As school counselors implement evidence-based practices, it will become clear that the school counseling profession is an essential part of a student's success (Neyland-Brown et al., 2019). But when the focus of the counselor's role and responsibility shifts to administrative duties, their focus is taken off the mental health of their students (Neyland-Brown et al, 2019). This is significant, as the National Institute of Mental Health (n.d.) indicated that one in five children will receive diagnoses such as depression, anxiety, addiction, trauma, violence, and self-injury/suicide. Although school counselors are not in long-term counseling, they know that their non-counseling duties and responsibilities separate them from these students who could receive short-term therapies (Neyland-Brown et al., 2019; Perou et al., 2013).

Multiple studies have supported the fact that counselors' time is not focused on helping students. Research has indicated that 34% of counselors' time was spent in responsive services, 32% in guidance curriculum, 17% in support of staff and agency, and 17% in individual planning

(Walsh et al., 2007). In 2005, a survey was conducted with 475 high school counselors in Texas, showing that they spent less time in counseling, coordination, consultation, and curriculum than they would prefer and more time in administrative or clerical assignments (Nelson et al. , 2008). Research in Alabama with 52 school counselors showed similar results (Vaughn et al., 2007).

Limited research has also been conducted on how the ASCA model has been applied to help counselors define their roles. In 2015, the Ohio Department of Education developed a new set of standards for school counselors aligned with the ASCA model, but a 2016 evaluation indicated that time spent on tasks outside of the ASCA aligned roles and responsibilities for school counselors was still an issue (Neyland-Brown et al, 2019). In 2017, Texas was surveyed with the focus on fifth elementary and middle school counselors, showing that 90% believed they were given jobs that were not appropriate such as supervising common areas and coordinating testing (Benigno, 2017, as cited in Neyland-Brown et al., 2019). Despite these results, research on the ASCA in combination with other initiatives (the Second Step Violence Prevention Program along with outside mental health workers) in three California elementary schools showed school counselors sharing their mission and services through interaction with teachers and students both in person and through websites they created (Duarte & Hatch, 2014). Through this collaboration, student success increased positively socially, emotionally, and academically. Additionally, school violence was reduced. Further, teachers welcomed the school counselors when they began to see both academic and behavioral improvements in their classroom.

Violence on School Property

Violence on school property has impacted all levels of education, from pre-K-12 through post-secondary settings since 1966, including a total of 17 mass shootings (Peterson & Densley,

2019). There were two recorded incidences of mass shootings at elementary schools, the first occurring in 1989 and the second in 2012 (Follman et al., 2020; Peterson & Densley, 2019). At the junior high/middle school level there were two incidences of gun violence in 1998 and 2006, respectively. Between 1998 and 2018, there were six recorded incidences of mass shootings in high schools. Finally, there were seven mass shootings at colleges and universities between 1966 and 2015.

It is important to keep in mind school violence is not limited to mass shootings. Violence can be present in different forms, such as affective violence, aggressive behavior, predatory violence, or youth violence. *Affective violence* is a term used to describe the most common type of violence; it is reactive, impulsive, defensive, and based on emotions, and it is usually preceded by autonomic arousal due to a reaction from a perceived threat (Meloy, 1988, 2006; Simons & Meloy, 2018). Feelings of anger or fear are generally intense and accompany this type of violence (Meloy, 1988, 2006; Simons & Meloy, 2018). For example, there were a total 42 school-associated violent deaths in the United States between July 2016 and June 2017 (NCES, 2020). In addition, 80% of public schools record one or more incidents of violence, theft, or other crimes, translating to 29 incidents per 1,000 students enrolled during that year (NCES, 2020).

School Violence Motivations

One survey revealed that many people believe bullying is the reason for school violence and school shootings. Although this can be a reason, it is not the only reason and perhaps not the main reason. Between 1996 and 2005, Anne Lenhardt compiled a study revealing that 73% of 15 perpetrators of school shooters were victims of bullying and persecution, 71% felt rejected and isolated, 64% had poor coping skills, and 64% had an extreme need for attention and respect

(Fox & Fridel, 2018). But some researchers found that many school shooters are not loners or the victims of bullying or detached misfits (Langman et al., 2018). However, mental health issues are more often the cause of mass shootings, with the shooters having a history of stalking and harassment or being bullied (Issa, 2019). Research has also shown that as many as 78% of school shooters are socially marginalized (Bushman et al., 2016). In another survey, 27% of school shooters were described by members of the secret service as being "on the outside" due to bullying (Bushman et al., 2016). For example, Luke Woodham, a shooter in Pearl, MS said,

> I am not insane! I am angry. I kill because people like me are mistreated every day. I do this to show society – push us, and we will push back. I have suffered all my life. No one ever truly loved me. (Fox & Fridel, 2018)

Also, important to consider in motivations for school violence is that there the two types of youth violence: street shootings and school shootings (Bushman et al., 2016). School shootings are considered extremely rare and more likely to occur in rural towns and suburbs (Bushman et al, 2016). But in school shootings, mental illness and the treatment of mental illness may be uncommon, though the symptoms are more likely to be present and suicide is common (Bushman et al., 2016).

School Violence and Mental Health

Little is known about the connection between mental illness and mass shootings (Dutton et al., 2013; Langman, 2009; Meloy et al., 2001; Peterson & Densley, 2019), but based on the information available, 10 out of 17 mass shooters had prior mental health issues. Though this leads to an inconclusive relationship between the two (Follman et al., 2020), it is also known that 89% of college/university mass shooters have a mental health history (Peterson & Densley, 2019). Many shootings highlighted by the media have involved those with severe mental issues

(Simons & Meloy, 2018; Webster & Vernick, 2013). *The Violence Project* concluded that 23% of violent perpetrators had a mood disorder, and 26% struggled with a thought disorder (Peterson & Densley, 2019). Some school shooters are as psychopaths, psychotic, or traumatized, though not everyone who has such a diagnosis becomes a school shooter (Langman et al., 2018). However, 80.1% of school shooters are in crisis, 67.7% have mental health concerns, 20.5% receive psychiatric medications, and 57.9% have a violent history (Peterson & Densley, 2019) and are not receiving adequate assistance.

Research has also suggested that nearly all mass shooters have four things in common: (a) trauma at a young age, (b) a crisis that sends the perpetrator toward the breaking point, (c) support from others for his feelings of anger or dismissal, and (d) the mental capacity as well as the equipment to carry out the violent act (Peterson & Densley, 2019). It is not out of the ordinary for as many as 68% of K-12 students who become mass shooters to have experienced severe childhood trauma (Peterson & Densley, 2019). Further, based on the recent shootings in Stoneman Douglas High School and Santa Fe High School, students have expressed that the school and their peers impact their social, emotional, and mental development (Atkins et al., 2010; Eccles & Rosser, 2011; Lambie, 2019; Moon et al., 2017). However, other research suggests the evidence is not sufficiently clear to develop a robust profile of a school shooter (Langman et al., 2018; Vossekuil et al., 2002). For instance, based on longitudinal studies, many students consume violent media yet do not commit violent crimes; however, those who have a tendency toward aggression spend more time with violent media and more aggressive peers who have been rejected by less aggressive peers, which can lead to aggressive behavior toward others (Slater et al., 2003, as cited in Bushman et al., 2016).

It is also important to be familiar with the latest research on the advanced ideation and planning of perpetrators (Meloy, 2014). In the preparation phase, the perpetrator is gathering the necessary materials for the attack and is becoming psychologically ready for the attack and may attempt a practice "trial run" (Meloy, 2014), which is called breaching (Simons & Meloy, 2018). One of the warning signs of an impending attack is fixation warning behavior, which is a preoccupation with a person or cause (Mullen et al., 2009; Simons & Meloy, 2018). This fixation refers to (a) increased focus on person or cause, (b) increased combative discussions on the topic, (c) increased negative talk about a particular area of the situation, (d) impact on family or others by fixated issue, (e) all conversation has a negative emotional undertone, and (f) the perpetrator has problems in his or her social or work circles (Simons & Meloy, 2018). There may also be a desire to be a "pseudo commando" (Deitz, 1986) or exhibit a "warrior mentality" (Hempel et al., 1999). To this end, the perpetrator will identify with other attackers, assassins, and indicate to be advancing a cause (Meloy et al., 2015; Simons & Meloy, 2018).

The University of Texas Shooter in 1966 was the first televised school shooting and was a signal that there was a school violence issue. The shooter was an Eagle Scout, a former Marine, was seen by a psychiatrist, and referred to counseling services. However, he never scheduled any appointments. The Veterans Administration hospital system reported that about 15% of those returning from combat are diagnosed with combat PTSD since the Vietnam war (U.S. Dept. of Veterans Administration, 2011). This former marine may have been experiencing PTSD as evidenced by a suicide note that stated he had "many unusual and irrational thoughts" and that he requested an autopsy be performed (Wallenfeldt, 2019). As a result of his autopsy, the mental health community gained a greater understanding of the brain, trauma, and the propensity for violence.

Another school shooter from Oregon, Kip Kinkel, killed two students and attempted to do more harm at Thurston High School in 1998 before others intervened. In an interview with police, he stated, "I had no choice. I had no other choice" (Kirk, 2000; Simons & Meloy, 2018). Based on his statement, he was experiencing a state of severe depression, which led to homicide rather than suicide. However, mass shooters at the college/university level usually act 100% suicidal (inward) during the shootings, whereas mass shooters at the K-12 level will act outwardly 92% of the time (Peterson & Densley, 2019). During the shooting, their primary goal may be death by police, though another study showed that 43% of school shooters commit suicide during the incident (Bushman et al., 2016; Everytown for Gun Safety, 2014). Despite these statistics, homicide and suicide among school-aged children are less than 1%, with no increase since the 1990s (Logue, 2008).

School Violence Effects on School Climate

School climate is defined as safety, teaching and learning, relationships, and environment (Lack, 2019). School climate also involves the quality and character of school life (Lack, 2019), with consideration of the relationship of the student to themselves, their peers, their parents, the community, and school workers (Dorsey, 2000). The climate includes the unwritten beliefs, values, and attitudes that style these interactions (Hernández & Seem, 2004; Welsh, 2012). When a school is full of successful learners, there is a positive school climate. However, when assessing school climate and risk factors for school shootings, biological, psychological, familial, communal, or cultural influences must be considered. These factors must also be linked with academic, social-emotional, and behavioral issues (O'Connell et al., 2009; Lack, 2019). To improve the school climate, school counselor roles and responsibilities must also be clearly and

consistently defined. However, when there is a breakdown in this system, the school climate can become unsupportive for the student.

School counselors are placed in the schools to assist in providing a positive school climate that is conducive to learning and academic success, which is the goal of the appropriately trained counselor. But when a school's climate is adversely affected by violence, school counselors can often feel inadequately trained to meet the needs of their students. After the Santa Fe High School shooting, the governor's office, the ASCA, and the TEA essentially created a partnership to address school counselor utilization for student success (Texas State Legislature, 2019). The reassessment included the individual school climate and the school system as a whole.

School Violence Response

In regard to the research in this area, the primary focus has been to determine an effective solution and the best possible school violence response. American schools tend to rely on reactionary methods such as exclusionary discipline and zero tolerance (Bower, 2017, as cited in Adams, 2000). In response to increasing school violence, legislative initiatives such as establishing schools as gun free zones (Fox & Fridel, 2018) and creating zero tolerance mandates were established in the early 1990s. In 2001, as a part of the No Child Left Behind Act, schools were required to develop safety plans designed to provide safe learning environments for students (Robinson, 2019; U.S. Department of Education, 2007). But little attention was paid to strengthen the existing interventions that were available to school counselors to prevent a tragedy from occurring (Grimmett et al., 2017; Jaffee, 2014; McGinty et al., 2016). Research has also found no evidence that these policies increased safety or decreased discipline issues and may have created what is referred to as a "school to prison pipeline" (Fox & Fridel, 2018), as students

learned that they would be expelled from school with minimal opportunity to learn from a mistake and make a change. The zero-tolerance program should consider changing the verbiage to remove fear from the students (Newman et al., 2004, as cited in Bushman et al., 2016).

A second school violence response has been school resource officers (SROs), which has shown positive and negative influences in the schools. The program became increasingly influential from the time of the Columbine massacre in 1999, including Sandy Hook in 2012 until Parkland Florida in 2018. As each incident occurred, the SROs' influence and link with the schools became more direct and permanent (Maa & Darzi, 2018; Muench, 2019). However, SROs receive little "hands-on" training concerning the schools and students (Swartz et al., 2016). They attempt to provide the best support for the students, staff, and those they serve, but the quality of the support is limited (Muench, 2019). Additionally, many SROs are straight from the police academy and do not understand that their "use of force" techniques are often unnecessary in the schools and can have detrimental effects on the students (Muench, 2019). Though the National Association of School Resource Officers (2009) developed a model that described the SRO as a law enforcement officer, counselor, and teacher, a survey of SROs found the following: 70% of SROs believed local elected officials misunderstood the assigned job, 71% felt the same concerning the media, and 69% felt fellow police officers were not clear of the SROs jobs (Muench, 2019). Thus, there is still room for improvement.

A third school violence response has been an emphasis on parental and community involvement. Parental and community involvement with children ages 5–18 improves their education (Coleman, 1988; Sanders, 2001). There is a need for educating students, parents, and school staff on the warning signs of suicidal or violent tendency behaviors (Bushman et.al, 2016) as well as providing ongoing mental health services to students in the schools outside of services

post-school shootings (Bushman et al., 2016; Newman, 2004). These approaches have enhanced

student behavior and reduced delinquency (Bower, 2017; Sheldon & Epstein, 2002; Stewart,

2003). But even the parental and community response to violence has left gaps. For example, the

Virginia Tech shooter did not show signs of violence but did have a mental illness history

(Jenson, 2007), which indicated that danger was present (Ward, 2008), but parental and

community involvement was not as helpful as was desired. Even the Virginia mental health

system was not prepared to handle and prevent similar situations (Davies, 2008, as cited in Doss,

2018). It was an English teacher who, based on writings done in class, attempted to warn the

institution; however, the institution did not investigate or offer assistance to the perpetrator

(Davies, 2008, as cited in Doss, 2018).

A fourth school violence response has been to depend on first responders and other

professionals. But currently, many first responders are not confident in the most effective

response during an active shooter situation (Simons & Meloy, 2018). Additionally, mental illness

and targeted violence are complex and often misunderstood and can be confusing for most threat

assessment management professionals (Simons & Meloy, 2018). For over 40 years, the

relationship between mental illness and violence has been studied. However, though some have

suggested that mental illness does increase violence (Elbogen & Johnson, 2009; Monoha et al.,

1981; Simons & Meloy, 2018), others have indicated that there is no link to suggest mental

illness increases violence (Douglas et al., 2009; Mull et al., 2009).

A fifth school violence response has been the work of management professionals who use

threat assessments. In pre-K-12 schools, colleges, and universities, professionals work daily to

detect and prevent active shooters by using threat assessments and threat management

professional teams (Simons & Meloy, 2018). Threat management professional team includes law

enforcement officers, mental health care providers, and others who can contribute (Simons &

Meloy, 2018). Threat assessment management has evolved over time, beginning as risk

assessments by a mental health professional and being influenced by a study of violent behavior

trends such as stalking, school massacres, campus attacks, and other violent acts against a target

population (Simons & Meloy, 2018). The importance of using threat assessment is to identify

potential shooters before they arrive at their target, such as examining whether they exhibited

violent behavior or whether they confided in a classmate about a plan to attach the school, then

determining whether there is a genuine threat (Langman et al., 2018). There is also an

intervention decision step to verify that clues are not ignored such as asking a peer to join,

warning friends to stay home, bragging, showing weapons, or declaring intentions (Langman et

al., 2018). In 2002 the U.S. Secret Service collaborated with the U.S. Department of Education to

develop the Safe Schools Initiative, which contained six principles applied to the K-12 campus to

assess and manage threats:

1. the targeted violence shows a process of thinking and behavior,

2. the targeted violence shows connections of individual, situation, setting, and target,

3. the threat management team is skeptical and analytical in its investigation,

4. the investigation is based on facts, not characteristics or traits,

5. the threat management team uses an "integrative systems approach," and

6. does the perpetrator pose a threat?

However, threat assessment is a response with some validity but still with some limitations.

Deadly shootings in schools call for immediate preventive security action (Fox & Fridel,

2018; Lassiter & Perry, 2009; Trump, 2011). From 2001 until 2015, there has been an increase in

schools using metal detectors, security cameras, SROs, student IDs, a code of student conduct,

and locked entrances (Fox & Fridel, 2018). Though these provide some protection, studies have shown that they are simply an inconvenience for the attacker. For example, Columbine had video surveillance and armed police, and Red Lake High School used guards and metal detectors (Fox & Burstein, 2010; Fox & Fridel, 2018; Rocque, 2012; Trump, 2000). Since Columbine and especially since Sandy Hook, states have required schools to practice regular lockdown drills and active shooter drills. But it is unclear if the states implementing frequent trainings have considered the negative psychological impact on the students, faculty, and parents (Fox & Fridel, 2018). However, using a "house system" model that universities use where students are sorted into "sub-schools" with academic advisors, deans, and guidance counselors may support a more personal and meaningful relationship (Fox & Fridel, 2018).

Legislation and Policies as a Response

After the Santa Fe, Texas shooting in 2018, Texas Governor Abbott proposed extensive legislature initiatives to address the issue of school violence. The governor released a 40-page document outlining the new plan to protect Texas school students and the Texas legislature passed HB 18 and SB 11. SB 11 provides approximately $9.72 per student for school safety, which includes infrastructure such as the installation of physical barriers, security cameras, and equipment or technology (Texas State Legislature, 2019). This cost for school safety also includes support for personnel such as SROs, private security officers and marshals, and increased collaboration with local law enforcement, school safety, and security training and planning (Texas State Legislature, 2019). The bill also includes a threat assessment team at each school campus, immediate parental contact if their child is identified as a risk, parental consent for the child to receive mental health screenings and services, and mental health support and curriculum for 2020–2021 (Texas State Legislature, 2019). In conjunction with the SB 11 and

HB 18, the TEA is in place to facilitate the pre-K-12 public education system in the state of Texas, which educates over 5.3 million students (TEA, 2018).

Going into more detail, SB 11 enacted TEA Code § 37.115(b), establishing the need for safety and mental health supports in Texas schools as well as the expanding mental health initiatives to increase safety and security on school campuses (TEA, 2020; Texas State Legislature, 2019). HB 18 was a follow up to SB 11 and focused on the training for school counselors and other employees who work with students in crisis, emphasizing the health curriculum. This includes counseling programs that meet mental health first aid requirements and crisis-based curriculum and educational program requirements, providing mental health care services for students and making referrals to state and regional programs/services (Texas State Legislature, 2019). HB 18 also includes the requirement that every school counselor must conform to the Texas Model for Comprehensive School Counseling (Texas State Legislature, 2019). Further, in this bill, the State Board of Education emphasized instruction regarding criminal consequences for cyberbullying (Texas State Legislature, 2019). A School Health Advisory Committee 2019–2020 was also developed with this bill, and suicide prevention was added to the mental health curriculum (Texas State Legislature, 2019). Trauma-informed care is also part of this bill for each district to increase staff and parent awareness concerning trauma care, with counseling options for those affected by trauma and grief (Texas State Legislature, 2019). Every district is also asked to provide an inventory of mental health resources in their area. Some districts have access to community-in-schools programs or other community prevention and intervention services. The bill lists additional training and drills for the districts to provide as well as other programs.

To meet the SB 11 and HB 18 requirements, the counselor must participate in regular continuing education on a variety of topics, including psychoeducation with regard to mental health topics (TEA, 2020). They must develop and present schoolwide training to build a trauma-informed campus and must also demonstrate knowledge in how to assist a student in returning to campus post-hospitalization. Finally, they must participate in the development of a mental health advisory council. To meet goals for SB 11, the school counselor needs to integrate trauma-informed practices, provide mental health support, develop a safe and supportive team that includes members who have expertise in counseling that focuses on trauma, and increase parental awareness.

In addition to Texas legislation, in response to the rise in school violence, the ASCA (2000) developed the School Counselor and Safe Schools and Crisis Response. In their 2019 revision, school counselors must take the lead in safe-school initiatives (ASCA, 2019; Oliver et al., 2016). Through this program, the ASCA provided guidelines on addressing school violence, conflict resolution, bullying prevention, and other initiatives designed to enhances a schoolwide safety program (Goodman-Scott & Grothaus, 2018). However, even with the exclusionary discipline, schools are implementing more delinquency prevention interventions such as counseling, social work, and mentoring programs (Gottfredson et al., 2005, as cited in Bower, 2017). In contrast, prosocial efforts such as delinquency prevention programs improve student behavior and impede delinquency (Bower, 2017). The lessons learned from mass shootings, such as Virginia Tech, Columbine, Sandy Hook, and most recently, Santa Fe, reveal that troubling behaviors should not be underestimated or ignored (née Flowers, 2018). School counselors can be the bridge between parties, as they are familiar and approachable to students, families, and

staff (Bray, 2016), making students feel more connected to the school and that their concerns were heard (Lapan et al., 2014).

Trauma/Crisis-Related Counseling

School counselors are expected to understand general counseling as well as trauma and crisis (ASCA, 2020), because school counselors are the first point of contact when a student is in crisis. Furthermore, school counselors are tasked with the responsibility of helping to create a trauma-informed campus. As such, school counselors play a pivotal role in creating a safe environment by ensuring students experiencing trauma and/or crisis receive needed services.

With the purpose of reducing violence, both the ASCA and Texas models stress the need for school counselors to be able to provide preventative services. As such, school counselors must be competent in providing responsive services such as crisis counseling (TEA CD.1) as well as crisis interventions (TEA CD.2) while being culturally sensitive (TEA CD.3; TEA, 2018). School counselors must also be able to provide support for students who are in a state of heightened stress (ASCA B-SS 3.b) as well as address the potential impact of prior adverse childhood experiences trauma (ASCA B-SS 3.d) when working with students who are experiencing trauma and/or crisis (ASCA, 2019). To accomplish this, school counselors must be able to implement both preventative and reactive intervention skills (ASCA B-SS 3.e) that support students who are experiencing trauma and/or crisis (ASCA, 2019). Finally, school counselors must be able to identify and involve the appropriate school and community professions (ASCA B-SS 6.c) when working with a student experiencing trauma and/or crisis (ASCA, 2019).

Approximately 46 million children witness various types of violence, crime, physical and psychological abuse every year in the United States, which significantly impacts and increases

mental health problems (ASCA, 2020). But a positive school environment can lead to a decrease in mental health issues, such as bullying, harassment, and excessive disciplinary issues (ASCA, 2020). As such, school counselors are essential in promoting and providing the positive school environment, including a trauma-sensitive environment that fosters learning and student developmental growth (ASCA, 2020). To accomplish this school counselors must be able to recognize the signs of trauma and/or crisis in students that could impede their well-being. Therefore, school counselors must be skilled at implementing preventative and reactive interventions to support students experiencing trauma and/or crisis.

School Counselors and Outside Mental Health Professionals

Bully prevention or relationship-building efforts alone will not eliminate school shootings (Langman et al., 2018) or school violence. Seventy-six percent of school shooters showed little disciplinary problems (Bushman et al., 2016; Vossekuil et al., 2002), and most school shooters had better than average intelligence (Bushman et al., 2016; Vossekuil et al., 2002). Some issues that could cause school shootings are antisocial behaviors (Farmer et al., 2007), abusive childhood (Kang, 2007), terroristic tendencies (Stevens, 2005), irresponsibility (Williams, 1999; Young et al., 2005), and other cultural or ethical characteristics (Oluguwon, 2007). Further, 80% of students are in crisis before shooting or inciting some form of school violence (Peterson & Densley, 2019). Additionally, 49.5% of students 13–18 years of age will have a mental health diagnosis at some point, and 22.2% of those same students are considered severely impaired (Lambie, 2019; Pero et al., 2013). For most shooters, there is no documented history of mental health or mental illness; however, in many cases, there are early signs of depression and suicide, and some students may have considered or attempted suicide (Appelbaum, 2013). Of those who became shooters, 61% reported feeling severe depression and 78% considered suicide or

attempted suicide before the shooting (Bushman et al., 2016; Langman, 2009; Vossekuil et al., 2002). Though research has also indicated that only 4% of those who committed violent acts and/or became shooters had severe mental illness (Appelbaum, 2013), more than 4% may have had mental health issues that may have become an issue if the shooter had survived (Bushman et al., 2016; Moore et al., 2003; Newman et al., 2004; Rocque, 2012). With these factors in mind, an investment in school-based mental health and crisis intervention would be effective (Peterson & Densley, 2019).

When students are unable to access needed mental health care, they may struggle with college and career readiness pathways, substance abuse issues, risky behaviors, and eventually have higher dropout rates (Lambi 2019; Mojtabai et al., 2015; National Association School Psychologists, 2016; O'Connell et al., 2009; Peabody et al., 2018; Sanchez et al., 2018), emphasizing the need to focus on mental health in the schools (Sanchez et al., 2018). Many students with lower socioeconomic status and culturally diverse populations rely solely on treatment support from their school counselor (Lambi, 2019). Additional research shows that approximately 70–80% of the adolescent mental health needs are met at the schools by school counselors (Atkins et al., 2010; Lambi, 2019). However, the student to school counselor ratio, currently 482:1, becomes a barrier to adequate mental health support for students (Lambi, 2019; National Association for College Admission Counseling & ASCA, 2017).

Another barrier to adequate mental health care is that some schools are provided mental health services by individuals who are untrained or undertrained (Lambi, 2019; Sanchez et al., 2018). Due to the limitations of time and the non-counseling responsibilities required of the ASCA (2019), school counselors are still in need of further assistance from mental health professionals (Christian & Brown, 2018, as cited in Lambi, 2019). This assistance is more

valuable when the mental health professional sees the student on campus (DeKruyf et al., 2013). But outside referrals are not as helpful because follow-through cannot be guaranteed. Thus, school-based services that allow the community health experts to enter the school help assure effective treatment (Lambi, 2019).

In addition to a lack of training, there is sometimes a lack of staff to help students. Even though Every Student Succeeds Act required schools to focus on student mental health needs (Lambi, 2019; Peabody et al., 2018), Texas does not mandate a student-to-counselor ratio. Therefore, guidance counselors are assigned double the recommended number of students than should be assigned according to evidence-based practice (Fox & Fridel, 2018). Additionally, according to the U.S. Department of Education (2014), more than one in five high schools in the United States did not employ a guidance counselor the prior year, creative a gap in service. Most families also do not have insurance that provides counseling for their student. But using counselors-in-training programs can help bridge the counseling gap for those who do not have insurance or funds for counseling and access to community mental health counselors is limited (Grimmett et al., 2017; Lauka & McCarthy, 2013). A Community Counseling, Education, and Research Center developed in three phases (foundation, refinement, expansion to address the multicultural and social justice issues) can ensure that students who cannot afford private counseling can receive counseling and counselors-in-training can earn their CACREP requirements (Grimmet et al., 2017). One option offered by CACREP to help schools with K-12 students and new licensed professional counselor grad students is to allow the grad students to assist school counselors. The grad students will be able to bridge the gap with community mental health centers and provide for families who are unable or unwilling to take their students to a community mental health center for assistance.

School Counselor Programs to Prevent Youth Violence

There are several options supported by research for prevention of youth violence. These include self-control strategies, conflict management and self-regulation strategies, character building programs, and family-based intervention (Bushman et al., 2016). The first option for prevention of youth violence is self-control training. There are many ways to train children to have and practice the skill of self-control (Diamond & Lee, 2011). This results in a decrease of delinquency according to a meta-analytic review of 34 studies (Bushmen et al., 2016; Piquero et al., 2010).

A second option is to develop social cognitive and behavioral skills to manage interpersonal conflict and cope with rejection and disappointment. This alone has helped prevent youth violence and has lowered later criminal justice involvement by 75% (Bushmen et al., 2016; Conduct Problems Prevention Research Group, 2011; Heckman, 2013). Additionally, conflict resolution strategies show a reduction in violence and bullying (Duckworth et al., 2019; Johnson & Johnson, 1996). An example is humanistic education, which reduces violence, supports students socially and emotionally, promotes academic success, and encourages multiple truths, beliefs, and faiths (Davies, 2009; Duckworth et al., 2019; Turk, 2017).

A third option is school preventative programs that build character. The Good Behavior Game (Kellam et al., 2012) and other similar programs that begin in first grade and continue to adolescence have helped curb repeated involvement in the criminal justice system by 75% (Bushman et al., 2016; Conduct Problems Prevention Research Group, 2011).

A fourth option is family-based programs. This helps students who show antisocial behavior to overcome that behavior. Familial risk factors can be present in at-risk students such as negative attachment bonds with supportive caregivers, antisocial behaviors, substance abuse,

mental health issues, and health-risk behaviors, which can result in youth violence (Bushman et al., 2016). Other familial risk factors for youth violence are harsh or rejecting parents, inter-parental violence, child abuse, neglect, chaotic family life, inconsistent discipline, and inadequate monitoring of parents for children who show early signs of aggression (Bushman et al., 2016; Dodge et al., 2008; Loeber & Farrington, 1998; Lösel & Farrington, 2012; Stoodard et al., 2013).

In addition to familial risk factors, another approach to prevention may involve considering other risk factors for violence. Damage to the hypothalamic-pituitary-adrenocortical axis is associated with the aggression and impulsiveness in humans and can affect responses to a stressful or traumatic situation, which could lead to youth violence (Veenama, 2009, as cited in Bushman et al., 2016). Studies have also been completed about gene-environment interactions in humans that can affect or alter the developing brain, which could modify or change and cause antisocial or violence in youth (Bushman et al., 2016; Caspi et al., 2002; Dodge, 2009). Further, the "dark triad of personality" in relation to aggression and violence includes psychopathy, narcissism, and Machiavellianism (Paulhus & Williams, 2002, as cited in Bushman et al., 2016).

Summary

The shootings that brought the most public attention, April 1999 Columbine High School in April 1999, Virginia Tech in April 2007, and Sandy Hook Elementary in December 2012, were all instances where the perpetrators planned their attack for months. During their planning, each perpetrator believed that violence was the only answer (Columbine High School, 2015; Connecticut Department of Emergency Services and Public Protection, 2013; Fein, Vossekuil, & Holden, 1995; Fein, Vossekuil, Pollack, et al., 2002; Meloy, 1988, 2006; Simons & Meloy, 2018). While preparing, each perpetrator provided clues to those around them that the attack was

imminent (Columbine High School, 2015; Connecticut Department of Emergency Services and Public Protection, 2013; Fein, Vossekuil, & Holden, 1995; Fein, Vossekuil, Pollack, et al., 2002; Meloy, 1988, 2006; Simons & Meloy, 2018). Comparing Columbine, which occurred in 1999, to Virginia Tech, which occurred in 2007, Columbine had 37 total victims and 13 deaths, and Virginia Tech had 55 victims with 32 deaths (Follman et al., 2020). This shows the school shootings to be just as deadly 10 years later. With the high casualty numbers, researchers are still unable to identify all the causes for school violence; however, current research shows that studying school violence statistics, motivation, and the targets of school violence as well as the mental health of school violence perpetrators, response tactics, and school violence history are all essential (Fein, Vossekuil, Pollack, et al., 2002). To further address student needs, some schools in Texas use a program called ALIVE – Animating Learning by Integrating and Validating Experience Program (Frydman & Mayor, 2017), and others use a tip line (Bushman et al., 2016; Cornell et al., 2009). The Tip Line by one local school district is called See Something Say Something.

Summary

In Chapter 1, the reader was provided a rationale for the study, the purpose and need, as well as the significance of the study, along with the research questions and definition of terms. In this chapter, the reader was provided the review of literature used to provide a foundation for the study. In the next chapter, the reader will be provided the methodology of the study, research design and questions, participants election, construction of the survey, the process of data collection, and the statistical analyses used to answer the research question.

CHAPTER THREE: METHODS

The purpose of the study is to examine school counselors' perception of their ability to apply the American School Counseling Association (ASCA) standards for direct and indirect services to students who are experiencing trauma and/or crisis. In this chapter, I present the methodology of the study, including the research questions, a description of the participants, the procedures, the instrumentation, and the data analyses.

Research Questions

The following research questions guide this study:

6. What are school counselors' perceptions of their ability to apply the ASCA standards for direct and indirect student services?

7. What are school counselors' perceptions of their ability to apply the ASCA standards for direct and indirect student services specific for crisis and trauma counseling?

8. How do school counselors rate their ability to apply the ASCA standards for direct and indirect student services within their school setting?

9. Are there differences between school counselors' perception of their ability to apply ASCA standards for direct and indirect student services for counseling and their perception of their ability to apply the standards specific for trauma/crisis-related counseling?

10. Are there differences between school counselors' confidence in their ability to apply the ASCA standards for direct and indirect student services and their rating of their ability to apply these ASCA standards in their school setting?

Population and Sample

The target population for the study were Texas school counselors currently practicing within the Texas public school system. To obtain potential participants, I submitted a Texas Education Agency Public Information Request Form to the Department of Education Board. The TEA provided a list of 31,345 school counselors holding an active license (Appendix K). IRB approval was given on February 6, 2021 (IRB Exemption – IRB-FY20-21-557) prior to contacting any potential participants.

Instrumentation

The School Counselors' Perception to Provide Direct and Indirect Student Services Survey (see Appendix A) is a 52-question survey designed to measure (a) school counselors' perceptions of their ability to apply the ASCA standards, specifically the direct and indirect services (ASCA, 2019; see B-SS.1-6) in both general school counseling and trauma/crisis-related counseling and (b) how they rated their ability to apply the ASCA standards within the school setting. Because each question in the survey is based on the ASCA model's direct and indirect student services, this allowed for a standardized definition for the constructs of the research questions. The instrument uses a Likert-type scale ranging from 1 (*not confident*) to 5 (*extremely confident*) or 1 (*not able*) to 5 (*extremely able*).

The first page of the survey contained the informed consent form. Potential participants were asked to read and provide their consent to participate in the study. Once the potential participants provided consent and accessed the survey, they were asked to provide demographic information (see Appendix A). To ensure that only school counselors currently employed in the field participated in the study, the first question asked participants to provide their employment status. I used branch logic to end the survey for participants not meeting the study inclusion

criteria. This ensured that only participants who met the inclusion criterion were able to complete the survey questions.

Construction of the Survey Questions

ASCA/TEA Mindsets and Behaviors

The ASCA (2016) and the TEA (2018) standards define the knowledge, skills, and attitudes students need to achieve academic success, college and career readiness, and social/emotional development. Respondents were asked to rate (a) their confidence in applying the ASCA/Texas Mindsets and Behaviors Standards (Questions 1 and 3) and (b) their ability to apply these standards in their school setting (Questions 2 and 4).

Small-Group and Individual Instruction

The ASCA Standards for Direct and Indirect Student Services focus on a school counselor's ability to design and implement instruction aligned to the ASCA guidelines for mindsets and behaviors for student success, including small group and individual settings (see ASCA B-SS.1). Respondents were asked to rate (a) their confidence in their ability to design and implement instruction in small group (Question 5 and 6) and individual (Questions 8 and 9) settings and (b) their ability to implement small group (Question 7) and individual (Question 10) instruction in their school setting.

Trauma/Crisis-Related Services

The ASCA standards also extend to a school counselor's ability to design and implement instruction in different settings with trauma and crisis in mind. Respondents were asked to rate (a) their confidence in their ability to design and implement trauma/crisis-related instruction in small group (Questions 11 and 12) and individual (Questions 14 and 15) settings and (b) their

ability to implement small group (Question 13) and individual trauma/crisis-related instruction (Question 16) in their school setting.

Identification and Evaluation of Students Experiencing Trauma or Crisis

The ASCA Direct and Indirect Student Services Standards (see ASCA B-SS.2) also focus on a school counselor's ability to identify and evaluate students in need of potential student services. Respondents were asked to rate their (a) confidence in their ability to identify a student potentially experiencing trauma/crisis in a small group (Question 17) and individual (Question 18) setting and (b) their confidence in their ability to evaluate a student potentially experiencing trauma/crisis in a small group (Question 19) and individual (Question 20) setting.

Counseling

The ASCA Direct and Indirect Student Services Standards (see ASCA B-SS.2) and the Texas model responsive services component of the counseling domain (Standards 1-3) focus on a school counselor's ability to monitor and provide appropriate services to students in need of counseling interventions. Respondents were asked to rate their confidence in (a) providing small group (Question 21) and individual (Question 23) counseling and (b) providing small group (Question 22) and individual counseling (Question 24) in their school setting.

Trauma and Crisis-Related Counseling

Similarly, the ASCA and Texas model standards focus on a school counselor's ability to monitor and provide appropriate services to students in need of counseling interventions in relation to trauma and crisis. Respondents were asked to rate (a) their confidence in providing small group trauma/crisis-related counseling (Question 25) and individual (Question 27) settings and (b) their ability to provide small group (Question 26) and individual (Question 28) trauma/crisis-related counseling in their school setting.

Crisis Intervention Counseling

Further, the ASCA Direct and Indirect Student Services Standards (see ASCA B-SS.3.e) and the Texas model responsive services component of the counseling domain (Standards 1-3) focus on a school counselor's ability to respond with appropriate intervention strategies that meet the needs of the student before, during, and after active crisis. This requires school counselors to respond to students who are (a) exhibiting a potential for an imminent risk of harm to self, others, and/or property or (b) exhibiting signs of a potential for but are not at imminent risk of harming self or others or are distressed to the point at which their ability to function in school is impaired. Respondents were asked to rate their confidence in their ability to provide crisis intervention counseling for a student at risk of harm to self (Questions 29 and 31) and harm to others (Questions 30 and 32). They were also asked to rate their confidence in developing a safety plan for a student at risk of harm to self (Question 34) or others (Question 35) as well as providing crisis intervention counseling when the crisis is impeding a student's functioning in school (Question 33).

Referrals to Appropriate Services

The ASCA Direct and Indirect Student Services Standards (see ASCA B-SS.4-5) also focus on a school counselor's ability to make referrals to the appropriate school and community resources as well as understanding the limits of school counseling and the continuum of mental health services. Respondents were asked to rate their confidence in their ability to obtain and use in-school services (Questions 36 and 38), provide appropriate referrals to outside sources (Question 37), communicate the limits of school counseling (Questions 39 to 41), and provide short-term counseling for students who are receiving outside mental health services (Question 42).

Consultation and Collaboration

Additionally, the ASCA Direct and Indirect Student Services Standards (see ASCA B-SS.6c) focus on the ability as a school counselor to identify and involve appropriate school and community professionals as well as the family in a crisis situation. In addition, the Texas Education Code, in conjunction with HB 18 and SB 11, establishes a school health advisory council to address student health issues, including mental health (TEC 28.004f) and a threat assessment and safe and supportive school program and team (TEC 37.115). Respondents were asked to rate their confidence in their ability to participate with administrators on behalf of students in crisis (Questions 43 and 44), community/mental health professionals (Questions 45 to 47), and locate, convene, and participate with the Safe and Supportive Schools and Threat Assessment Team (Questions 48 to 52).

Procedures

Upon IRB approval (IRB Exempt - IRB-FY20-21-557) for the study, I began the process of recruiting participants. I uploaded the list of potential participants into Microsoft Forms through Mailchimp marketing platform. I then emailed all school counselors on the TEA list a recruitment letter (Appendix I) inviting them to participate in the study. A follow-up recruitment letter (Appendix J) was emailed 2 weeks later. Since no identifying information was collected from the participants who had already completed the survey, all individuals on the initial uploaded list also received the follow-up recruitment letter.

Data Collection

Of the 31,345 potential participants who were sent a recruitment email, there were 2,407 individuals with email addresses returned as undeliverable. An additional 1,198 school counselors emailed me to request removal. This resulted in a final potential participant list of

27,634. Of the 27,634 school counselors, MailChimp reported on average that 30.9% of those received the recruitment letter opened the email. A total of 434 potential participants accessed the survey. The first page of the survey contained the informed consent form (Appendix H). Participants were asked to read and provide their consent to participate in the study.

Data Analysis

I addressed the quantitative research questions using descriptive statistics. Data used to answer the research questions were analyzed using IBM SPSS version 27. The accepted probability of a Type I error (alpha) was set at .05. The first, second, and third research question addressed school counselors' perceptions of their ability to apply the ASCA Direct and Indirect Student Services Standards. I answered these research questions using descriptive statistics to evaluate the average rating for each item of the survey. The fourth and fifth research questions addressed the differences between population means where observations made in one item can be paired with observations in another item. I answered these questions using a paired t test to evaluate the differences between paired items in the survey (Appendices B and C).

Ethical Considerations

With the intent to eliminate and reduce all possible risk of harm to the participants, I adhered to all the guidelines set by the IRB. To ensure confidentiality, I did not collect any identifying information that could potentially link the participant to their responses. In addition, I informed participants that their identities would be anonymous in the recruitment letter and in the informed consent form, which potential participants were required to read after they accessed the survey. Finally, when the individual consented to participate in the study, they were sent to the demographic information page of the survey. The first demographic question was designed to

ensure that only participants who met the inclusion criterion completed the survey. I used branch logic to end the survey for any individuals whose data would be excluded from the data analyses.

Summary

In this chapter, I presented the methodology of the study, including details on the population, instrumentation, procedures, and ethical considerations. In Chapter 4, I present the results and findings of the data analyses described in Chapter 3.

CHAPTER FOUR: RESULTS

I examined school counselors' perception of their ability to apply the ASCA Standards for Direct and Indirect Student Services when working with students who are experiencing trauma and/or crisis. In this chapter, I provide the demographic information of the participants and present the results and findings of the analyses described in Chapter 3.

Participants

Data for this study were collected from participants who are currently employed as Texas school counselors. During a 4-week period, 445 individuals accessed the survey. Of that number, 110 were former school counselors, who were directed out of the survey because they did not meet the study inclusion criteria. I collected data from 335 participants who are currently employed as full-time (94.6%; $n = 317$) or part-time (5.4%; $n = 18$) Texas school counselors.

Participant Descriptive Statistics

Most of the participants were female (90.7%; $n = 304$). Over half of school counselors identified as Caucasian; White (57.3%; $n = 192$). There were equal numbers of African American; Black (17.9%; $n = 60$) and Latino/Hispanic (17.9%; $n = 60$) participants. Over two-thirds of the participants were evenly distributed in the age ranges of 36–45 and 46–55 and 56-65. The descriptive statistics of all participants are in Table 1.

Table 1

Demographic Characteristics of Participants

	N	*%*
Gender		
Man	30	9.0%
Woman	304	90.7%
Prefer Not to Say	1	0.3%
Ethnicity		
African American; Black	60	17.9%
Caucasian; White	192	57.3%
Latino or Hispanic	60	17.9%
Multiracial	13	3.9%
Native American	2	0.6%
Hawaiian/Pacific Islander	1	0.3%
Other/Unknown	1	0.3%
Prefer Not to Say	6	1.8%
Age		
25-35	27	8.1%
36-45	120	35.8%
46-55	129	38.5%
56-65	43	12.8%
65+	16	4.8%

Results of Analyses by Research Question

In this section, I present the results of the analyses by research question. The data used in the analyses were the 52 independent items that comprised the survey. I used IBM SPSS version 27 for all analyses.

Research Question 1

The first research question was "What are school counselors' perceptions of their ability to apply the ASCA Standards for Direct and Indirect Student Services?" To answer the research question, I examined the mean and standard deviation of the eight survey items (Appendix E) that were designed to answer the research question.

Participants felt confident in their ability to apply the ASCA (4.00 out of 5) and the Texas model's (3.96 out of 5) guidelines for school counselors. Addressing the design and implement

of instruction, participants were confident in their ability to design (4.14 out of 5) and implement

(4.09 out of 5) instruction in a small group. They were also confident in their ability to *design*

(4.20 out of 5) and implement (4.18 out of 5) individual instruction. Finally, participants were

confident in their ability to provide short-term small group (4.11 out of 5) and individual (4.25

out of 5) counseling. Descriptive statistics for the eight survey items are in Table 2.

Table 2

Counseling-Related Survey Items

	N	Mean	SD
ASCA 1	315	4.00	.92
TM 1	315	3.96	.93
DISS-1	332	4.14	.93
DISS-2	335	4.09	.95
DISS-4	333	4.20	.88
DISS-5	334	4.18	.90
COUN-1	331	4.11	.97
COUN-3	334	4.25	.88

Note. ASCA = ASCA model, TM = Texas model, DISS = direct/indirect student services,
COUN = counseling

Summary

Overall, the participants were confident in their ability to apply the ASCA model and the

Texas model for school counseling. Furthermore, they were confident in their ability to design

and implement instruction in both small group and individual settings. Finally, the participants

were confident in their ability to apply small group and individual counseling.

Research Question 2

The second research question was "What are school counselors' perceptions of their

ability to apply the ASCA Standards for Direct and Indirect Student Services specific for crisis

and trauma counseling?" To answer the research question, I examined the mean and standard

deviation of the 34 survey items (Appendix F) that were designed to answer the research question.

Trauma/Crisis-Related Instruction

Participants were mostly confident to confident in their ability to design (3.61 out of 5) and implement (3.65 out of 5) trauma/crisis-related instruction for the small group. They were also mostly confident in their ability to design (3.69 out of 5) and implement (3.80 out of 5) trauma/crisis-related instruction for individuals. The descriptive statistics of these four survey items are in Table 3.

Table 3

Trauma/Crisis-Related Instruction Survey Items

	N	Mean	SD
TRSS-1	335	3.61	1.01
TRSS-2	334	3.65	1.02
TRSS-4	334	3.69	1.05
TRSS-5	333	3.80	1.00

Note. TRSS = trauma-related student services

Identification and Evaluation of Trauma/Crisis

Participants were confident in their ability to identify (3.99 out of 5) and evaluate (3.89 out of 5) a student potentially experiencing trauma and crisis within the small group. In addition, participants were confident in their ability to identify (4.09 out of 5) and evaluate (3.98 out of 5) an individual student potentially experiencing trauma and crisis. The descriptive statistics for these four survey items are in Table 4.

Table 4

Trauma/Crisis-Related Identification and Evaluation Survey Items

	N	Mean	SD
IE-1	334	3.99	.93
IE-2	334	4.09	.86
IE-3	334	3.89	1.00
IE-4	334	3.98	.95

Note. IE = identification and evaluation of trauma/crisis

Trauma/Crisis-Related Counseling

Participants were confident in their ability to provide short-term trauma/crisis counseling to individual students (3.91 out of 5) and slightly less confident in providing short-term trauma/crisis counseling in the small group (3.68 out of 5) setting. The descriptive statistics of these two survey items are in Table 5.

Table 5

Trauma/Crisis-Related Counseling Survey Items

	N	Mean	SD
TCRC-1	333	3.68	1.07
TCRC-3	333	3.91	1.02

Note. TCRC = trauma/crisis-related counseling

Crisis Intervention Counseling

Participants were confident in their ability to provide crisis intervention skills when working with a student who is at imminent risk of harm to self (3.94 out of 5) and mostly confident working with students who expressed harm to others (3.62 out of 5). They were also confident when working with a student who exhibits a potential for but is not at imminent risk of harm to self (3.98 out of 5) or mostly confident working with students who expressed harm to others (3.77 out of 5). Participants were confident in their ability to provide crisis intervention skills to students whose high level of distress is severely impeding their ability to function in

school (3.87 out of 5). Finally, participants were confident in their ability to develop a safety

plan for a student at risk of harm to self (3.96 out of 5). The descriptive statistics of these seven

items are in Table 6.

Table 6

Crisis Intervention Counseling-Survey Items

	N	Mean	*SD*
CIC-1	333	3.94	1.03
CIC-2	333	3.62	1.14
CIC-3	335	3.98	.97
CIC-4	333	3.77	1.06
CIC-5	335	3.87	1.00
CIC-6	330	3.96	1.07
CIC-7	334	4.11	1.00

Note. CIC = crisis intervention counseling

Referrals to Appropriate Services

Participants were confident in their ability to consult with school professionals (4.48 out

of 5), use in-school remedial services (3.96 out of 5), and make referrals to appropriate

community resources (4.40 out of 5). Participants were also confident in their ability to

communicate their limits (4.46 out of 5), explain the continuum of mental health services (4.22

out of 5), and explain diagnosis and long-term therapy (4.27 out of 5) to students, families, and

staff. Finally, participants were confident in their ability to provide short-term counseling to a

student who is in the process of obtaining mental health services (4.11 out of 5). The descriptive

statistics of these seven items are in Table 7.

Table 7

Referral to Services-Survey Items

	N	Mean	SD
RS-1	334	3.96	1.13
RS-2	333	4.40	.84
RS-3	334	4.48	.83
RS-4	335	4.46	.76
RS-5	335	4.22	.91
RS-6	333	4.27	.94
RS-7	333	4.11	.93

Note. RS = referrals

Consultation and Collaboration

Participants were confident in their ability to collaborate with their administrators (4.50 out of 5) and to use those appropriate services to support students (4.39 out of 5). They rated themselves as confident in their ability to consult (4.29 out of 5) and collaborate with mental health professionals (4.35 out of 5). Participants were also confident to consult and collaborate with community professional (4.23 out of 5) and utilize additional appropriate community support services (4.16 out of 5).

When addressing students at risk of violent behavior, participants were confident in their ability to follow Threat Assessment Team (TAT) procedures (4.18 out of 5), including how to convene (3.95 out of 5) and consult and collaborate (4.03 out of 5) with the TAT. Finally, participants were confident in ability to follow the Safe and Supportive School Program protocols (4.16 out of 5) and represent their program on a school health advisory council (3.93 out of 5). The descriptive statistics of the 10 survey items are in Table 8.

Table 8

Consultation and Collaboration-Survey Items

	N	Mean	SD
CC-1	332	4.50	.80
CC-2	334	4.39	.84
CC-3	335	4.29	.90
CC-4	334	4.35	.79
CC-5	333	4.23	.88
CC-6	332	4.16	1.02
CC-7	334	4.18	1.00
CC-8	332	3.95	1.17
CC-9	333	4.03	1.15
CC-10	335	3.93	1.06

Note. CC = consultation/collaboration

Summary

Overall, participants were confident in their ability to identify and evaluate a student who is potentially experiencing trauma or crisis in small group and individual settings. They were also confident in their ability to provide individual trauma-based counseling, but they were slightly less confident in their ability to provide small group trauma-based counseling. However, they were confident in their ability to provide crisis intervention skills when working with students in active crisis. Furthermore, they were confident in their ability to consult and collaborate with other professionals in the school and in the community as well as provide appropriate referrals as needed for students who are experiencing in trauma and crisis. Finally, they were mostly confident to confident in their ability to design and implement instruction for small group and individual settings.

Research Question 3

The third research question was "How do School Counselors rate their ability to apply the ASCA Standards for Direct and Indirect Student Services within their school setting?" To

answer the research question, I examined the mean and standard deviation of the 10 survey items (Appendix G) that were designed to answer the research question.

Participants reported that they were mostly able to apply the ASCA guidelines for mindset and behaviors (3.65 out of 5) and the Texas model (3.58 out of 5) within their school setting. In addition, participants felt that they were mostly able to implement instruction for small group (3.64 out of 5) and for individual (3.79 out of 5) settings within their school setting. Finally, they were mostly able to provide short-term small group (3.41 out of 5) and able to provide individual (3.80 out of 5) counseling withing their school setting.

In terms of trauma/crisis-related services, participants felt that they were mostly able to implement trauma/crisis-related instruction to a small group (3.28 out of 5) and an individual (3.44 out of 5) within their school setting. Participants also felt that they were also mostly able to provide short-term trauma/crisis counseling in individual (3.47 out of 5) and small groups (3.22 out of 5) within their school settings. The descriptive statistics of these 10 survey items are in Table 9.

Table 9

Research Question 3

	N	Mean	SD.
ASCA 2	314	3.65	1.11
TM 2	314	3.58	1.15
DISS-3	333	3.64	1.27
DISS-6	334	3.79	1.19
TRSS-3	335	3.28	1.21
TRSS-6	335	3.44	1.19
COUN-2	333	3.41	1.33
COUN-4	334	3.80	1.21
TCRC-2	331	3.22	1.26
TCRC-4	332	3.47	1.28

Note. ASCA = ASCA model, TM = Texas model, DISS = direct/indirect student services, TRSS = trauma-related student services, COUN = counseling, TCRC = trauma/crisis-related counseling

Summary

Overall, the participants felt that they were *mostly able* to *able* apply the ASCA model

and the Texas model for school counseling within the school setting. They were also *mostly able*

to *able* in their ability to design and implement instruction in both small and individual settings

within the school setting. Furthermore, they were *mostly able* to *able* in their ability to provide

trauma-related services within their school setting. They also reported being *mostly able* to *able*

in their counseling skills within their school setting. Finally, the participants were *mostly able* to

able in their ability to apply trauma/crisis-related counseling within their school setting.

Research Question 4

The fourth research question was "Are there differences between school counselors'

perception of their ability to apply ASCA Standards for Direct and Indirect Student Services for

counseling and their perception of their ability to apply the standards specific for trauma/crisis-

related counseling?" To address this question, I examined the mean difference of the counseling

and trauma-related counseling paired items (Appendix B) in the survey. Prior to analyzing the

data, I checked the assumptions for the paired-samples t test. This test was conducted to compare

school counselors' confidence in their overall counseling skills and trauma/crisis-related

counseling skills. Because I compared the means between each paired item, I computed the

Pearson product moment correlations between each set of paired items. The results indicated that

all correlations were statistically significant ($p < .05$). Correlations between each paired item

from the survey ranged from .58 to .82 (see Table 10).

Table 10

Paired Samples Correlations: Counseling and Trauma/Crisis-Related Counseling

Paired Item	N	Correlation	Sig.
DISS-1 & TRSS-1	332	.64	.00
DISS-2 & TRSS-2	334	.59	.00
DISS-3 & TRSS-3	333	.72	.00
DISS-4 & TRSS-4	332	.62	.00
DISS-5 & TRSS-5	332	.58	.00
DISS-6 & TRSS-6	334	.73	.00
COUN-1 & TCRC-1	330	.70	.00
COUN-2 & TCRC-2	331	.79	.00
COUN-3 & TCRC-3	333	.68	.00
COUN-4 & TCRC-4	332	.82	.00

Note. All correlations are statistically significant, $p < .05$ (2-tailed).
DISS = direct/indirect student services, TRSS = trauma-related student services, COUN = counseling TCRC = trauma/crisis-related counseling

Small Group Setting

Within the small group setting, there was a significant difference in the mean scores measuring participants' overall ability to design instruction ($M = 4.14$, $SD = .93$) and their ability to design trauma/crisis-related ($M = 3.61$, $SD = 1.01$) instruction ($M = .53$, $SD = .83$); t(331) = -11.74, $p = 0.00$. There was also a significant difference in the scores for their overall ability to implement instruction ($M = 4.09$, $SD = .95$) and their ability to implement trauma/crisis-related ($M = 3.65$, $SD = 1.02$) instruction ($M = .44$, $SD = .89$); t(333) = 8.94, $p = 0.00$. Finally, there was a significant difference in the scores for their overall ability in group counseling ($M = 4.11$, $SD = .97$) and their ability in trauma/crisis-related ($M = 3.68$, $SD = 1.07$) group counseling ($M = .43$, $SD = .79$); t(329) = 9.79, $p = 0.00$.

Individual Setting

Within the individual setting, there was a significant difference in the mean scores for overall ability to design instruction ($M = 4.20$, $SD = .88$) and their ability to design trauma/crisis-related ($M = 3.69$, $SD = 1.05$) instruction ($M = .50$, $SD = .86$); t(331) = 10.65, $p = 0.00$. There

was also a significant difference in the scores for their overall ability to implement instruction (M = 4.18, SD = .90) and their ability to implement trauma/crisis-related (M = 3.80, SD = 1.00) instruction (M = .38, SD = .87); t(331) = 7.92, p = 0.00. Finally, there was a significant difference in the scores for their overall ability in individual counseling (M = 4.25, SD = .88) and their ability in trauma/crisis-related (M = 3.91, SD = 1.02) individual counseling (M = .35, SD = .77); t(332) = 8.28, p = 0.00.

Within the School Setting

Participants were asked to rate their ability to apply ASCA standards for counseling and for trauma/crisis-related counseling within their school setting. There was a significant difference in the mean scores for participants' overall ability to implement small group instruction (M = 3.64, SD = 1.27) and their ability to implement trauma/crisis-related small group instruction (M = 3.28, SD = 1.21) within their school setting (M = .36, SD = .93) t(332) = 7.10, p = 0.00. A significant difference was also observed in their overall ability scores to provide small group counseling (M = 3.41, SD = 1.33) and their ability to provide small group trauma/crisis-related counseling (M = 3.22, SD = 1.26) within their school setting (M = .19, SD = .85); t(330) = 4.16, p = 0.00.

Additionally, a significant difference was observed in the mean scores for participants' overall ability to implement individual instruction (M = 3.79, SD = 1.19) and their ability to implement individual trauma/crisis-related instruction (M = 3.44, SD = 1.19) within their school setting (M = .34, SD = .88); t(333) = 7.19, p = 0.00. Finally, there was a significant difference in the scores for the ability to provide individual counseling (M = 3.80, SD = 1.21) and their ability to provide trauma/crisis-related individual counseling (M = 3.47, SD = 1.28) within their school

setting ($M = .33$, $SD = .75$); t(331) = 7.95, $p = 0.00$. The results of the paired sample t test for the

10 paired survey items are in Table 11.

Table 11

Paired Samples Test: Counseling and Trauma/Crisis-Related Counseling

| Paired Item | Paired Differences | | | | | | | |
| | Mean | *SD* | SEM | 95% CI | | t | df | Sig. |
				Lower	Upper			
DISS-1 - TRSS-1	.53	.83	.05	.44	.62	11.74	331	.00
DISS-2 - TRSS-2	.44	.89	.05	.34	.53	8.94	333	.00
DISS-3 - TRSS-3	.36	.93	.05	.26	.46	7.10	332	.00
DISS-4 - TRSS-4	.50	.86	.05	.41	.60	10.65	331	.00
DISS-5 - TRSS-5	.38	.87	.05	.29	.48	7.92	331	.00
DISS-6 - TRSS-6	.34	.88	.05	.25	.44	7.19	333	.00
COUN-1 - TCRC-1	.43	.79	.04	.34	.51	9.79	329	.00
COUN-2 - TCRC-2	.19	.85	.05	.10	.29	4.16	330	.00
COUN-3 - TCRC-3	.35	.77	.04	.27	.43	8.28	332	.00
COUN-4 - TCRC-4	.33	.75	.04	.25	.41	7.95	331	.00

Note. All mean differences are statistically significant, $p < .05$ (2-tailed).
DISS = direct/indirect student services, TRSS = trauma-related student services, COUN = counseling, TCRC = trauma/crisis-related counseling

Summary

There were statistically significant differences between the participants' confidence in

their overall ability to provide counseling-related skills and their confidence in their ability to

provide trauma/crisis-related counseling skills. Overall, participants were slightly more confident

in their ability to provide counseling-related skills compared to their confidence in their ability to

provide the associated trauma/crisis-related counseling skills for each paired item.

Research Question 5

The fifth research question was "Are there differences between school counselors'

confidence in their ability to apply the ASCA Standards for Direct and Indirect Student Services

and their rating of their ability to apply these ASCA standards in their school setting?" To

address this question, I examined the mean difference of the participants' overall confidence in

their ability and their ability within their school setting paired items (Appendix C) in the survey.

Prior to analyzing the data, I checked the assumptions for the paired-samples t test. Because I

compared the means between each paired item, I computed the Pearson product moment

correlations between each set of paired items. The results indicate that all correlations were

statistically significant ($p < .05$). Correlations between each paired item from the survey ranged

from .51 to .84 (see Table 12).

Table 12

Paired Samples Correlations: Personal Ability and Ability within the School Setting

Paired Items	N	Correlation	Sig.
ASCA & ASCA-2	334	.66	.00
TMSC-1 & TMSC-2	334	.65	.00
DISS-2 & DISS-3	333	.56	.00
DISS-5 & DISS-6	333	.61	.00
TRSS-2 & TRSS-3	334	.62	.00
TRSS-5 & TRSS-6	333	.66	.00
COUN-1 & COUN-2	330	.51	.00
COUN-3 & COUN-4	334	.53	.00
TCRC-1 & TCRC-2	331	.62	.00
TCRC-3 & TCRC-4	331	.62	.00
CIC-3 & CIC-5	335	.84	.00

Note. All correlations are statistically significant, $p < .05$ (2-tailed).
ASCA = ASCA model, TMSC = Texas model, DISS = direct/indirect student services, TRSS = trauma-related student services, COUN = counseling, TCRC = trauma/crisis-related counseling, CIC = crisis intervention counseling

As stated, a paired-samples t test was conducted to compare participants' overall

confidence in their in their ability to apply the standards and their ability to apply the standards

within their school setting. There was a significant difference in the scores for their confidence in

their overall ability to apply the ASCA model ($M = 4.00$, $SD = .92$) and their ability to apply the

ASCA model ($M = 3.65$, $SD = 1.11$) within their school setting ($M = .37$, $SD = .86$); t(333) =

7.74, *p* = x0.00. A significant difference was also observed in the scores for their confidence in their ability to apply the Texas model (*M* = 3.96, *SD* = .93) and their ability to apply the Texas model (*M* = 3.58, *SD* = 1.15) within their school setting (*M* = .37, *SD* = .90); t(333) = 7.56, *p* = 0.00.

Small Group Setting

Within the small group setting, there was a significant difference in the mean scores of participants' confidence in their overall ability to implement group instruction (*M* = 4.09, *SD* = .95) and their ability to implement group instruction (*M* = 3.64, *SD* = 1.27) within their school setting for a small group (*M* = .44, *SD* = 1.08); t(332) = 7.42, *p* = 0.00. In addition, a significant difference was observed in the scores of their confidence in their overall ability to implement trauma-related instruction (*M* = 3.65, *SD* = 1.02) and their ability to implement trauma-related group instruction (*M* = 3.28, *SD* = 1.21) within their school setting (*M* = .37, *SD* = .98); t(333) = 6.85, *p* = 0.00. Furthermore, a significant difference was observed in the scores of their confidence in their overall ability to provide group counseling (*M* = 4.11, *SD* = .97) and their ability to provide group counseling (M = 3.41, SD = 1.33) within the school setting (*M* = .68, *SD* = 1.18); t(329) = 10.53, *p* = 0.00. Finally, a significant difference was observed in the scores of their confidence in their overall ability to provide group trauma-related counseling (*M* = 3.68, *SD* = 1.07) and their ability to provide group trauma-related counseling (*M* = 3.22, *SD* = 1.26) within the school setting (*M* = .46, *SD* = 1.03); t(330) = 8.14, *p* = 0.00.

Individual Setting

Within the individual setting, there was a significant difference in the mean scores of participants' confidence in their overall ability to implement instruction (*M* = 4.18, *SD* = .90) and their ability to implement individual instruction (*M* = 3.79, *SD* = 1.19) within their school setting

(M = .39, SD = .96); t(332) = 7.51, p = 0.00. A significant difference was also observed in the

scores of their confidence in their overall ability to implement individual trauma-related

instruction (M = 3.80, SD = 1.00) and their ability to implement individual trauma-related

instruction (M = 3.44, SD = 1.19) within their school setting (M = .35, SD = .92); t(332) = 7.04, p

= 0.00. Furthermore, a significant difference was observed in the scores of their confidence in

their overall ability to provide individual counseling (M = 4.25, SD = .88) and their ability to

provide individual counseling (M = 3.80, SD = 1.21) within the school setting (M = .45, SD =

1.06); t(333) = 7.83, p = 0.00. Finally, a significant difference in the scores in their overall

confidence was observed in their ability to provide individual trauma-related counseling (M =

3.91, SD = 1.02) and their ability to provide individual trauma-related counseling (M = 3.47, SD

= 1.28) within the school setting (M = .43, SD = 1.03); t(330) = 7.72, p = 0.00. The results of the

paired sample t test for the 10 paired survey items are in Table 13.

Table 13

Paired Samples Test: Personal Ability and Ability within the School Setting

Paired Item	Paired Differences							
	Mean	*SD*	SEM	95% CI		t	df	Sig.
				Lower	Upper			
ASCA-1 - ASCA-2	.37	.86	.05	.27	.46	7.74	333	.00
TMSC-1 - TMSC-2	.37	.90	.05	.28	.47	7.56	333	.00
DISS-2 - DISS-3	.44	1.08	.06	.32	.56	7.42	332	.00
DISS-5 - DISS-6	.39	.96	.05	.29	.50	7.51	332	.00
TRSS-2 - TRSS-3	.37	.98	.05	.26	.47	6.85	333	.00
TRSS-5 - TRSS-6	.35	.92	.05	.26	.45	7.04	332	.00
COUN-1 - COUN-2	.68	1.18	.07	.55	.81	10.53	329	.00
COUN-3 - COUN-4	.45	1.06	.06	.34	.57	7.83	333	.00
TCRC-1 - TCRC-2	.46	1.03	.06	.35	.57	8.14	330	.00
TCRC-3 - TCRC-4	.44	1.03	.06	.32	.55	7.72	330	.00

Note. All mean differences are statistically significant, p < .05 (2-tailed).
ASCA = ASCA model, TM = Texas model, DISS = direct/indirect student services, TRSS = trauma-related student services, COUN = counseling, TCRC = trauma/crisis-related counseling, CIC = crisis intervention counseling

Summary

There were statistically significant differences between the participants' confidence in their ability to provide counseling and trauma/crisis counseling-related services to students and their ability to provide these services within their school setting. Overall, the scores suggest that participants were slightly more confident in their own ability to provide counseling-related services to students than they were in their ability to provide these services within their school setting for each paired item.

Summary

In this chapter, I presented the findings of the analyses described in Chapter 3. I provided the participants' demographic information and presented the results of the analyses used to address the research questions. In Chapter 5, I discuss the results of the analyses by research question; an overall discussion of important findings; the implications of these findings for researchers, school counselors, and counselor educators; and the limitations of the study.

CHAPTER FIVE: DISCUSSION OF FINDINGS

In this study I examined school counselors' perception of their ability to apply the ASCA Standards for Direct and Indirect Student Services when working with students who are experiencing trauma and/or crisis. Chapter 1 provided the reader with the rationale for the study, the need, the purpose, the significance of the study, the research questions, and the definition of terms. Chapter 2 presented a review of the literature that provided the foundations of the study. Chapter 3 provided the methodology for the research. Chapter 4 presented the results and findings of the analyses. In this chapter, I present the results of the analyses by research question, an overall discussion of important findings, and the implications of these findings for researchers and school counselors. I also include the limitations of the study.

Discussion of Results

In this section, I provide a discussion of results for each research question. In my discussion, I will relate the results in the context of prior research studies, indicating ways my study supports previous findings, ways it contradicts previous findings, and areas in which more research is needed.

Research Question 1

The first research question was "What are school counselors' perceptions of their ability to apply the ASCA Standards for Direct and Indirect Student Services?" Overall, the participants were confident in their ability to apply the ASCA standards and the Texas model for school counselors in their roles as current school counselors. In addition, they were confident in their ability to apply these standards for all measured counseling competencies, including the ability to design and implement counseling-related instruction for small groups and individual students, as well as provide counseling for individuals and small group settings.

These findings support the trend of the profession to clearly identify and standardize the roles and responsibilities for the field of school counseling. Prior to 2003, there were no national standards defining the roles and responsibilities of school counselors. To address this gap, the ASCA developed its first national model in 2003 for school counseling (ASCA, 2019). At about the same time, TEA developed a statewide model to support Texas school counselors. In its 2019 revision, TEA aligned their state model with the ASCA model. Texas school counselors, school administrators, and school districts are required to follow the Texas model. As a result, the 2014 *ASCA National Model* (4th edition) and the 2018 *Texas Comprehensive Model for School Counselors* (5th edition) provide Texas school counselors with clearly defined roles and responsibilities that define best practices in the field (ASCA, 2019; TEA, 2018). This trend is reflected in the data collected from the participants.

Research Question 2

The second research question was "What are school counselors' perceptions of their ability to apply the ASCA Standards for Direct and Indirect Student Services specific for crisis and trauma counseling?" School counselors were confident in their ability to identify and evaluate students potentially experiencing trauma and crisis within both the small group and individual settings. Similarly, school counselors were confident in their ability to provide trauma-based individual counseling and crisis intervention. They indicated that they were mostly confident to confident in their ability to provide small group trauma-based counseling. In addition, they were confident in their ability to provide short-term counseling to a student who is in the process of obtaining mental health services. Finally, school counselors were mostly confident to confident in their ability to design and implement individual and small group trauma/crisis-related instruction.

Overall, school counselors felt confident in their ability to consult and collaborate with school professionals and outside mental health professionals, use in-school remedial services, and make referrals to appropriate community resources. Participants were also confident in their ability to communicate their scope of practice to students, families, and staff. Finally, regarding state-mandated protocols to address students at risk of violent behaviors, school counselors were confident in their ability to follow the Threat Assessment Team procedures, follow the Safe and Supportive School Program protocols, and represent their program on a school health advisory council.

Similar to the findings for Research Question 1, these findings support efforts to standardize the roles and responsibilities for trauma and crisis-related services for the field of school counseling. In response to the Santa Fe school shooting, the Texas State Legislature (2019) passed Senate Bill 11, House Bill 18, and enacted TEA Code § 37.115(b) requiring school counselors and school administrators to be trained to ensure that their campuses were trauma-informed (TEA, 2018). The state regulations also require Texas school counselors to use appropriate crisis intervention skills, provide mental health support, and have expertise in trauma and crisis-based counseling for at-risk students (TEA, 2018).

In addition, the ASCA School Counselor and Safe Schools and Crisis Response, which was adopted in 2000 and revised in 2007, 2013, and 2019, outlines the importance of school counselors in identifying and intervening when there is a potential for violence and responding when violence occurs (ASCA, 2020; Jonson, 2017). Along with the ASCA model's trauma and crisis-specific standards, this position statement helps to clearly define school counselors' roles and responsibilities in providing crisis prevention, response preparedness, and appropriate responses to crisis situations (ASCA, 2020).

Research Question 3

The third research question was "How do school counselors rate their ability to apply the ASCA Standards for Direct and Indirect Student Services within their school setting?" Overall, school counselors felt that they were *mostly able* to *able* to apply the ASCA and Texas models within their school setting. School counselors also felt that they were *mostly able* to *able* to implement small group and individual counseling and trauma/crisis counseling-related instruction within their school setting. In addition, school counselors felt that they were *mostly able* to *able* to provide short-term small group and individual counseling within their school setting. Finally, they felt that they were *mostly able* to *able* to provide short-term individual and small group trauma/crisis-related counseling within their school setting.

Given the importance of school counseling programs in addressing school violence, these findings also suggest that standardizing roles and responsibilities has been successful. After the Santa Fe school shooting, the Texas state legislature's initiatives required that all campuses (Pk–12) must have an established counseling program. As a result, the TEA set the goal that all campuses would implement the *Texas Comprehensive School Counseling Model* (5th edition), including the establishment of school counseling programs, by the 2020–2021 school year (Texas state legislature, 2019). Similarly, the ASCA School Counselor and Safe Schools and Crisis Response outlined the importance of establishing school counseling programs that can prevent violent incidents, identify and intervene when there is a potential for violence, and respond when violence occurs (ASCA, 2020; Jonson, 2017). Overall participants felt that they were *mostly able* to *able* to implement counseling and trauma/crisis-related student services within their school system, which suggests that for the population examined, participants' school

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counseling programs appear to be settings where they are able to implement the ASCA and Texas standards for counseling and the trauma/crisis-related services.

Research Question 4

The fourth research question was "Are there differences between school counselors' perception of their ability to apply ASCA Standards for Direct and Indirect Student Services for counseling and their perception of their ability to apply the standards specific for trauma/crisis-related counseling?" There were statistically significant differences between the participants confidence in their overall ability to provide counseling-related skills and their confidence in their ability to provide trauma/crisis-related counseling skills. Overall, participants were slightly more confident in their ability to provide counseling-related skills compared to their confidence in their ability to provide the associated trauma/crisis-related counseling skills for each paired item. The data suggest that school counselors are slightly more confident in their general counseling duties than those involving trauma-related duties. However, the small magnitude between the mean differences must be interpreted in light of the overall findings that participants were confident in both their ability to provide counseling and to provide trauma-based services.

Although slight differences were found, these findings are also supportive of the trends of the profession to standardize the roles and responsibilities for both counseling and trauma/crisis-related services. Since the early 2000s, the ASCA School Counselor and Safe Schools and Crisis Response and the ASCA model's trauma and crisis-specific standards have helped to clearly define school counselors' roles and responsibilities in providing crisis prevention, response preparedness, and appropriate responses to crisis situations (ASCA, 2019, 2020; Jonson, 2017). In addition, the *Texas Comprehensive School Counseling Model* (5th edition) included trauma/crisis-related practices (TEA, 2019).

Research Question 5

The fifth research question was "Are there differences between school counselors' confidence in their ability to apply the ASCA Standards for Direct and Indirect Student Services and their rating of their ability to apply the ASCA standards in their school setting?" There were statistically significant differences between the participants' confidence in their ability to provide counseling and trauma/crisis counseling-related services to students and their ability to provide these services within their school setting. Overall, the scores suggest that participants were slightly more confident in their own ability to provide counseling and trauma/crisis counseling-related services to students than they were in their ability to provide these services within their school setting for each paired item. However, these results must be interpreted in light of the overall findings that participants were *mostly able* to *able* to provide services within the school setting as well as the small magnitude of the differences.

The results are encouraging given the relationship and importance of a strong trauma-informed counseling program that supports school counselors as they provide counseling and trauma/crisis-related services to the students within their school setting. As mentioned, since 2000, the ASCA School Counselor and Safe Schools and Crisis Response recognized the importance of the school counselor in helping to create a safe, violence-free learning environment. Through the implementation of trauma-informed school counseling programs, school counselors are able to promote school safety as well as the prevention of potential violence (ASCA, 2020; Jonson, 2017). In addition, Texas state legislature's initiatives ensure that there is a comprehensive school counseling program that is trauma-informed with a safe and supportive schools' program and behavioral threat assessment protocol on each campus (TEA, 2018).

Summary of the Discussion

The results of this study suggest that school counselors are confident in their ability to provide both counseling and trauma-based counseling services to students. When examining the mean differences in the scores for the paired-items in these two specialties, there was a statistically significant difference between participants' confidence in their ability to provide counseling services and their ability to provide trauma/crisis-based counseling services. Although school counselors rated their confidence in their ability to provide trauma/crisis-based services as slightly less when compared to their confidence in their ability to provide counseling services, these results must be interpreted in light of the overall findings that participants were confident in their ability to provide trauma-based services.

In addition to their personal confidence in providing these services, participants also felt that they were *mostly able* to *able* to provide these services within their school setting. When examining the mean differences in the scores for these paired items, there was a statistically significant difference between their personal confidence in their ability to provide services and their ability to provide these services in their school setting. Though participants' confidence in their ability to provide services was slightly higher compared to their ability to provide services within their school, the overall findings indicate that participants were *mostly able* to *able* to provide services within the school setting.

Limitations

There are several limitations to this study. First, the study participants were limited to individuals who accessed the survey through the recruitment email. It is possible that school counselors who volunteered to participate in the study tended to be more motivated or interested in participating after reading the purpose of the survey, which could positively skew the results.

As such, this sample may not accurately represent the school counseling population in the state of Texas. Furthermore, the participants were limited to currently practicing school counselors from a state with an ASCA-aligned comprehensive counseling model. As a result, the participants and their school districts are required to utilize the ASCA standards for their practice standards within their programs. However, many states do not require their school districts to implement the ASCA standards in their school counseling programs. Since this study did not include school counselors who practiced in a non-ASCA aligned school district, the results may not be representative of these populations. Despite these limitations, this preliminary study provides valuable information of school counselors' perceptions of their ability to provide direct and indirect services to students who are experiencing trauma and/or crisis as outlined by the ASCA and Texas school counseling models.

Implications and Recommendations

Based on the findings, this study has some implications and recommendations for future research. Because this study is a quantitative study, it included a Likert Scale rating in response to the survey items, which does not provide the meaning or context for the participants' responses. Therefore, a qualitative or mixed-methods approach could be used to understand the basis for their confidence to apply the standards as well as more information on their ability to apply the standards within their school setting. Additionally, though school counselors rated their confidence in their ability to provide trauma/crisis-based services as slightly less when compared to their confidence in their ability to provide counseling services, overall participants were confident in their ability to provide trauma-based services. Given this, it is difficult to interpret the meaning of the findings without further study to provide context for these results. As such, a specific focus is needed to provide further meaning and context behind their perspectives for

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both their general counseling skills and their trauma/crisis-related counseling skills. Finally, school counselors were more confident in their personal ability to provide services than they were in their ability to provide those services in their school setting. Therefore, further study in needed to understand the meaning and context of their perspectives on providing services within their school setting.

Although not the focus of the study, school administrators are expected to understand and implement the Texas model on their campus (TEA, 2018). As such, administrators are required to receive training to ensure that the school counseling programs within their school complies with the Texas model. This represents a shift in oversight since school administrators historically defined the roles and responsibilities for school counseling. Therefore, it would be valuable to understand where school administrators would rate their confidence in their campus school counseling program as well as their rating on their school counselors' ability to apply the ASCA and Texas model. A preliminary survey to assess their understanding would provide greater insight in the support of a school counseling program on their campus.

Finally, although the trend has been toward comprehensive programs aligned to ASCA, not all school districts follow the ASCA model. Since I examined school counselors practicing in a state aligned to the ASCA model, further research is needed to examine school counselors' perception of their ability to apply the ASCA standards when working with students who are experiencing trauma and/or crisis in school systems that are not aligned to ASCA.

Conclusion

I conducted this study to examine school counselors' perceptions of their ability to provide the direct and indirect services to students who are experiencing trauma and/or crisis as stated in the ASCA national model. Chapter 1 provided an introduction to the study, Chapter 2

presented a review of the literature, Chapter 3 provided the methodology for this research, Chapter 4 presented the results, and Chapter 5 presented the results of the analyses by research question as well as an overall discussion of important findings. Overall, the results showed a positive trend in Texas school counselors' perceptions of their ability to apply the ASCA Standards for Direct and Indirect Student Services when working with students who are experiencing trauma and/or crisis. The results of this study suggest that the school counselors who participated are confident in their ability to provide both counseling and trauma-based counseling services to students. In addition, they felt that they were *mostly able* to *able* to implement those skills within the school. These findings are encouraging given their roles and responsibilities as outlined by the ASCA model (4th edition) and Texas model (5th edition). Though further study is needed to better understand these results, the results suggest that the current emphasis on trauma and crisis related services in Texas is yielding positive results.

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Appendix A: PRELIMINARY SURVEY

Demographics
Employment *
- ◯ Full-time school counselor
- ◯ Part-time school counselor
- ◯ Former school counselor

What gender do you identify as? *
- ◯ Woman
- ◯ Man
- ◯ Non-binary
- ◯ Prefer not to say

What is your age? *
- ◯ 25-35
- ◯ 36-45
- ◯ 46-55
- ◯ 56-65
- ◯ 65+

Please specify your ethnicity. *
- ◯ Caucasian; White
- ◯ African American; Black
- ◯ Latino or Hispanic
- ◯ Asian
- ◯ Native American
- ◯ Native Hawaiian or Pacific Islander
- ◯ Multiracial
- ◯ Other/Unknown
- ◯ Prefer Not to Say

Did you attend a CACREP accredited school counseling master's program? *
- ◯ Yes
- ◯ No

Are you a member of ASCA? *
- ◯ Yes
- ◯ No

Are you a member of TCA/TSCA? *
- ◯ Yes
- ◯ No

ASCA/TEA Mindsets & Behaviors

ASCA (2016) Mindset and Behaviors are a set of standards from the American School Counselors Association outlining the knowledge, skills, and attitudes students need to achieve academic success, college and career readiness, and social/emotional development.

 Similarly, TEA (2018) The Texas Model draws on the ASCA model to provides a set of standards outlining knowledge, skills, and attitudes students need to achieve academic success, college and career readiness, and social/emotional development.

The following set of questions relate to your knowledge and ability to follow the ASCA/TEA Mindsets & Behaviors.

1. How confident are you in your overall ability to apply the ASCA Mindset & Behaviors? (ASCA 1)

2. Within your school setting, how would you rate your ability to follow the ASCA Mindset & Behaviors? (ASCA 2)

3. How confident are you in your overall ability to apply the Texas Model's Mindset & Behaviors? (TM 1)

4. Within in your school setting, how would you rate your ability to follow the Texas Model's Mindset & Behaviors? (TM 2)

Direct and Indirect Student Services
The ASCA Standards for Direct and Indirect Student Services focus on a school counselor's ability to design and implement instruction aligned to the ASCA Mindsets & Behaviors for Student Success in four venues: large group, small group, classroom, and individual settings (ASCA B-SS.1).

The following set of questions concern your perceptions on your ability to design and implement instruction that supports students for small group and individual settings.

5. Overall, how confident are you in your ability to design instruction specific for a ***small group setting***? (DISS-1)

6. Overall, how confident are you in your ability to implement instruction specific for a ***small group setting***? (DISS-2)

7. Within your school setting, how would you rate your ability to implement instruction in a ***small group setting***? (DISS-3)

8. Overall, how confident are you in your ability to design instruction specific for ***individual student***? (DISS-4)

9. Overall, how confident are you in your ability to implement of instruction specific for ***individual students***? (DISS-5)

10. Within your school setting, how would you rate your ability to implement instruction specific for *individual students*? (DISS-6)

Trauma/Crisis-Related Direct and Indirect Student Services
The ASCA Standards for Direct and Indirect Student Services focus on a school counselor's ability to design and implement instruction aligned to the ASCA Mindsets & Behaviors for Student Success in four venues: large group, small group, classroom, and individual settings (ASCA B-SS.1).

The following set of questions concern your perceptions on your ability to design and implement instruction that supports students experiencing trauma and crisis for small group and individual settings.

11. How confident are you in your ability to design instruction specific for a *small group setting* that assists students experiencing trauma and crisis? (TRSS-1)

12. How confident are you in your ability to implement instruction specific for a *small group setting* that assists students experiencing trauma and crisis? (TRSS-2)

13. Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction in a *small group setting*? (TRSS-3)

14. How confident are you in your ability to design instruction specific for *individual students* who are experiencing trauma and crisis? (TRSS-4)

15. How confident are you in your ability to implement of instruction specific for *individual students* who are experiencing trauma and crisis? (TRSS-5)

16. Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction specific for *individual students*? (TRSS-6)

Identification and Evaluation of Students Experiencing Trauma or Crisis
The ASCA Direct and Indirect Student Services Standards (ASCA B-SS.2) focus on a school counselor ability to identify and evaluate students in need.

The following set of questions refers to your ability to identify and evaluate students potentially experiencing or showing signs of trauma and crisis.

17. How confident are you in your ability to identify a student potentially experiencing trauma and crisis in a *small group setting*? (IE-1)

18. How confident are you in your ability to identify an *individual student* potentially experiencing trauma and crisis? (IE-2)

19. How confident are you in your ability to evaluate a student identified as potentially experiencing trauma and crisis in the *small group setting?* (IE-3)

20. How confident are you in your ability to <u>evaluate</u> an ***individual student*** identified as potentially experiencing trauma and crisis***?*** (IE-4)

Counseling

The ASCA Direct and Indirect Student Services Standards (ASCA B-SS.2) and the Texas Model Responsive Services component of the Counseling domain (Standards 1-3) focuses on your ability as a school counselor to monitor and provide appropriate services to students in need of counseling interventions.

The following set of questions refers to your overall ability to provide services to a student in need of a counseling intervention.

21. How confident are you in your overall ability to provide short-term ***small-group counseling***? (COUN-1)

22. Within your school setting, how would you rate your ability to provide ***small-group counseling***? (COUN-2)

23. How confident are you in your overall ability to provide short-term counseling with an ***individual student?*** (COUN-3)

24. Within your school setting, how would you rate your ability to provide short-term counseling with an ***individual student***? (COUN-4)

Trauma and Crisis-Related Counseling

The ASCA Direct and Indirect Student Services Standards (ASCA B-SS.2) and the Texas Model Responsive Services component of the Counseling domain (Standards 1-3) focuses on your ability as a school counselor to monitor and provide appropriate services to students in need of counseling interventions.

The following set of questions refers to your ability to monitor and provide services that support students are currently experiencing trauma and/or crisis.

25. How confident are you in your ability to provide short-term trauma/crisis counseling in ***small-group settings***? (TCRC-1)

26. Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling in ***small-group settings***? (TCRC-2)

27. How confident are you in your ability to provide short-term trauma/crisis counseling with ***individual students?*** (TCRC-3)

28. Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling with ***individual students***? (TCRC-4)

Crisis Intervention Counseling

The ASCA Direct and Indirect Student Services Standards (ASCA B-SS.3.e) and the Texas Model Responsive Services component of the Counseling domain (Standards 1-3) focuses on your ability as a school counselor to respond with appropriate intervention strategies that meet the needs of the student before, during and after active crisis responses.

The following set of questions refers to your ability to provide crisis intervention strategies with a student who has been evaluated as being in active crisis. In addition, the student who is at imminent of risk of harm to self, others, and/or property, exhibiting signs of a potential for but not at imminent risk of harming self or others, or is distressed to the point where their ability to function in school is impaired.

29. How confident are you in your ability to provide crisis intervention skills when working with a student who is at imminent risk of harm to self? (CIC-1)

30. How confident are you in your ability to provide crisis intervention skills when working with a student who is at imminent risk of violent behaviors toward others? (CIC-2)

31. How confident are you in your ability to provide crisis intervention skills when working with a student who is exhibiting signs that indicate a potential for but is not at imminent risk of harm to self? (CIC-3)

32. How confident are you in your ability to provide crisis intervention skills to a student who is exhibiting signs that indicate a potential for but is not at imminent risk of violent behaviors toward others? (CIC-4)

33. How confident are you in your ability to provide crisis intervention skills to a student who is exhibiting a high level of distress that is severely impeding the student's ability to function in school? (CIC-5)

34. How confident are you in your ability to develop a safety plan for a student who is at risk for engaging in harm to self? (CIC-6)

35. How confident are you in your ability to follow your particular school safety protocol for a student who is at imminent risk for engaging in violent behaviors toward others? (CIC-7)

Referrals to Appropriate Services

The ASCA Direct and Indirect Student Services Standards (ASCA B-SS.4-5) focuses on your ability as a school counselor to make referrals to the appropriate school and community resources, as well as understanding the limits of school counseling and the continuum of mental health services.

The following set of questions refers to your ability to refer a student to appropriate school and community resources when a student's mental health needs are beyond the scope of school counseling, as well as your ability to communicate the limits of school counseling and the continuum of mental health services.

36. How confident are you in your ability to use of in-school remedial services when a student's needs are beyond the scope of school counseling? (RS-1)

37. How confident are you in your ability to make referrals to appropriate community resources when a student's needs are beyond the scope of school counseling? (RS-2)

38. How confident are you in your ability to consult with school counselors and other education and counseling professionals when questions of school counseling scope of practice arise? (RS-3)

39. How confident are you in your ability to communicate the limits of school counseling to students, families, and staff? (RS-4)

40. How confident are you in your ability to explain the continuum of mental health services to students, families, and staff? (RS-5)

41. How confident are you in your ability to explain how diagnosis and long-term therapy are outside the scope of school counseling to students, families, and staff? (RS-6)

42. How confident are you in your ability to provide short-term counseling to a student who is in the process of obtaining additional mental health services? (RS-7)

Consultation and Collaboration
The ASCA Direct and Indirect Student Services Standards (ASCA B-SS.6c) focuses on your ability as a school counselor to identify and involve appropriate school and community professionals as well as the family in a crisis situation. In addition, the Texas Education Code, in conjunction with HB 18 and SB 11, establishes a School Health Advisory Council to address student health issues, including mental health (TEC 28.004f) and a Threat Assessment and Safe and Supportive School Program and Team (TEC 37.115).

The following set of questions refers to your ability to consult and collaborate with the school administration and community professionals, established programs, and councils.

43. How confident are you in your ability to collaborate with administrators when working with a student in need of crisis intervention? (CC-1)

44. How confident are you in your ability to utilize appropriate administrative services to support a student in need of crisis intervention? (CC-2)

45. How confident are you in your ability to consult and collaborate with community professionals to assist a student in need of crisis intervention? (CC-3)

46. How confident are you in your ability to consult and collaborate with a mental health professional to assist a student in need of crisis intervention? (CC-4)

47. How would you rate your ability to utilize additional appropriate community support services to assist a student in need of crisis intervention? (CC-5)

48. How confident are you in your ability to follow the protocols of the Safe and Supportive School Program? (CC-6)

49. How confident are you in your ability to follow the procedures of the Threat Assessment Team? (CC-7)

50. How confident are you in your ability to convene the Threat Assessment Team when working with a student at risk of violent behavior? (CC-8)

51. How confident are you in your ability to consult and collaborate with the Threat Assessment Team when working with a student at risk of violent behavior? (CC-9)

52. How confident are you in your ability to represent the school counseling program on a School Health Advisory Council? (CC-10)

Appendix B: Survey Pair Chart—Counseling and Trauma/Crisis-Related Counseling

Counseling	Trauma/Crisis-Related Counseling
DISS-1: Overall, how confident are you in your ability to design instruction specific for a ***small group setting***?	TRSS-1: How confident are you in your ability to design instruction specific for a ***small group setting*** that assists students experiencing trauma and crisis?
DISS-2: Overall, how confident are you in your ability to implement instruction specific for a ***small group setting***?	TRSS-2: How confident are you in your ability to implement instruction specific for a ***small group setting*** that assists students experiencing trauma and crisis?
DISS-3: Within your school setting, how would you rate your ability to implement instruction in a ***small group setting***?	TRSS-3: Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction in a ***small group setting***?
DISS-4: Overall, how confident are you in your ability to design instruction specific for ***individual student***?	TRSS-4: How confident are you in your ability to design instruction specific for ***individual students*** who are experiencing trauma and crisis?
DISS-5: Overall, how confident are you in your ability to implement of instruction specific for ***individual students***?	TRSS-5: How confident are you in your ability to implement of instruction specific for ***individual students*** who are experiencing trauma and crisis?
DISS-6: Within your school setting, how would you rate your ability to implement instruction specific for ***individual students***?	TRSS-6: Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction specific for ***individual students***?
COUN-1: How confident are you in your overall ability to provide short-term ***small-group counseling***?	TCRC-1: How confident are you in your ability to provide short-term trauma/crisis counseling in ***small-group settings***?
COUN-2: Within your school setting, how would you rate your ability to provide ***small-group counseling***?	TCRC-2: Within you school setting, how would you rate your ability to provide short-term trauma/crisis counseling in ***small-group settings***?
COUN-3: How confident are you in your overall ability to provide short-term counseling with an ***individual student?***	TCRC-3: How confident are you in your ability to provide short-term trauma/crisis counseling with ***individual students?***
COUN-4: Within your school setting, how would you rate your ability to provide short-term counseling with an ***individual student***? ()	TCRC-4: Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling with ***individual students***?

Appendix C: Survey Pair Chart—Confidence and Rate Your Ability

Perception of Confidence	Within the School Setting
ASCA 1: How confident are you in your overall ability to apply the ASCA Mindset & Behaviors?	ASCA 2: Within your school setting, how would you rate your ability to follow the ASCA Mindset & Behaviors?
TM 1: How confident are you in your overall ability to apply the Texas Model's Mindset & Behaviors?	TM 2: Within in your school setting, how would you rate your ability to follow the Texas Model's Mindset & Behaviors?
Q.6. Overall, how confident are you in your ability to implement instruction specific for a *small group setting*? (DISS-2)	Q.7. Within your school setting, how would you rate your ability to implement instruction in a *small group setting*? (DISS-3)
Q.9. Overall, how confident are you in your ability to implement of instruction specific for *individual students*? (DISS-5)	Q.10. Within your school setting, how would you rate your ability to implement instruction specific for *individual students*? (DISS-6)
Q.12. How confident are you in your ability to implement instruction specific for a *small group setting* that assists students experiencing trauma and crisis? (TRSS-2)	Q.13. Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction in a *small group setting*? (TRSS-3)
Q.15. How confident are you in your ability to implement of instruction specific for *individual students* who are experiencing trauma and crisis? (TRSS-5)	Q.16. Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction specific for *individual students*? (TRSS-6)
Q. 21. How confident are you in your overall ability to provide short-term *small-group counseling*? (COUN-1)	Q. 22. Within your school setting, how would you rate your ability to provide *small-group counseling*? (COUN-2)
Q. 23. How confident are you in your overall ability to provide short-term counseling with an *individual student?* (COUN-3)	Q. 24. Within your school setting, how would you rate your ability to provide short-term counseling with an *individual student*? (COUN-4)
Q.25. How confident are you in your ability to provide short-term trauma/crisis counseling in *small-group settings*? (TCRC-1)	Q.26. Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling in *small-group settings*? (TCRC-2)
Q.27. How confident are you in your ability to provide short-term trauma/crisis counseling with *individual students?* (TCRC-3)	Q.28. Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling with *individual students*? (TCRC-4)

Code	Survey Question
ASCA 1	How confident are you in your overall ability to apply the ASCA Mindset & Behaviors?
ASCA 2	Within your school setting, how would you rate your ability to follow the ASCA Mindset & Behaviors?
TM 1	How confident are you in your overall ability to apply the Texas Model's Mindset & Behaviors?
TM 2	Within in your school setting, how would you rate your ability to follow the Texas Model's Mindset & Behaviors?
DISS-1	Overall, how confident are you in your ability to design instruction specific for a ***small group setting***?
DISS-2	Overall, how confident are you in your ability to implement instruction specific for a ***small group setting***?
DISS-3	Within your school setting, how would you rate your ability to implement instruction in a ***small group setting***?
DISS-4	Overall, how confident are you in your ability to design instruction specific for ***individual student***?
DISS-5	Overall, how confident are you in your ability to implement of instruction specific for ***individual students***?
DISS-6	Within your school setting, how would you rate your ability to implement instruction specific for ***individual students***?
TRSS-1	How confident are you in your ability to design instruction specific for a ***small group setting*** that assists students experiencing trauma and crisis?
TRSS-2	How confident are you in your ability to implement instruction specific for a ***small group setting*** that assists students experiencing trauma and crisis?
TRSS-3	Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction in a ***small group setting***?
TRSS-4	How confident are you in your ability to design instruction specific for ***individual students*** who are experiencing trauma and crisis?
TRSS-5	How confident are you in your ability to implement of instruction specific for ***individual students*** who are experiencing trauma and crisis?
TRSS-6	Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction specific for ***individual students***?
IE-1	How confident are you in your ability to identify a student potentially experiencing trauma and crisis in a ***small group setting***?
IE-2	How confident are you in your ability to identify an ***individual student*** potentially experiencing trauma and crisis?
IE-3	How confident are you in your ability to evaluate a student identified as potentially experiencing trauma and crisis in the ***small group setting?***
IE-4	How confident are you in your ability to evaluate an ***individual student*** identified as potentially experiencing trauma and crisis***?***
COUN-1	How confident are you in your overall ability to provide short-term ***small-group counseling***?

COUN-2	Within your school setting, how would you rate your ability to provide *small-group counseling*?
COUN-3	How confident are you in your overall ability to provide short-term counseling with an *individual student?*
COUN-4	Within your school setting, how would you rate your ability to provide short-term counseling with an *individual student*?
TCRC-1	How confident are you in your ability to provide short-term trauma/crisis counseling in *small-group settings*?
TCRC-2	Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling in *small-group settings*?
TCRC-3	How confident are you in your ability to provide short-term trauma/crisis counseling with *individual students?*
TCRC-4	Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling with *individual students*?
CIC-1	How confident are you in your ability to provide crisis intervention skills when working with a student who is at imminent risk of harm to self?
CIC-2	How confident are you in your ability to provide crisis intervention skills when working with a student who is at imminent risk of violent behaviors toward others?
CIC-3	How confident are you in your ability to provide crisis intervention skills when working with a student who is exhibiting signs that indicate a potential for but is not at imminent risk of harm to self?
CIC-4	How confident are you in your ability to provide crisis intervention skills to a student who is exhibiting signs that indicate a potential for but is not at imminent risk of violent behaviors toward others?
CIC-5	How confident are you in your ability to provide crisis intervention skills to a student who is exhibiting a high level of distress that is severely impeding the student's ability to function in school?
CIC-6	How confident are you in your ability to develop a safety plan for a student who is at risk for engaging in harm to self?
CIC-7	How confident are you in your ability to follow your particular school safety protocol for a student who is at imminent risk for engaging in violent behaviors toward others?
RS-1	How confident are you in your ability to use of in-school remedial services when a student's needs are beyond the scope of school counseling?
RS-2	How confident are you in your ability to make referrals to appropriate community resources when a student's needs are beyond the scope of school counseling?
RS-3	How confident are you in your ability to consult with school counselors and other education and counseling professionals when questions of school counseling scope of practice arise?
RS-4	How confident are you in your ability to communicate the limits of school counseling to students, families, and staff?
RS-5	How confident are you in your ability to explain the continuum of mental health services to students, families, and staff?

RS-6	How confident are you in your ability to explain how diagnosis and long-term therapy are outside the scope of school counseling to students, families, and staff?
RS-7	How confident are you in your ability to provide short-term counseling to a student who is in the process of obtaining additional mental health services?
CC-1	How confident are you in your ability to collaborate with administrators when working with a student in need of crisis intervention?
CC-2	How confident are you in your ability to utilize appropriate administrative services to support a student in need of crisis intervention?
CC-3	How confident are you in your ability to consult and collaborate with community professionals to assist a student in need of crisis intervention?
CC-4	How confident are you in your ability to consult and collaborate with a mental health professional to assist a student in need of crisis intervention?
CC-5	How would you rate your ability to utilize additional appropriate community support services to assist a student in need of crisis intervention?
CC-6	How confident are you in your ability to follow the protocols of the Safe and Supportive School Program?
CC-7	How confident are you in your ability to follow the procedures of the Threat Assessment Team?
CC-8	How confident are you in your ability to convene the Threat Assessment Team when working with a student at risk of violent behavior?
CC-9	How confident are you in your ability to consult and collaborate with the Threat Assessment Team when working with a student at risk of violent behavior?
CC-10	How confident are you in your ability to represent the school counseling program on a School Health Advisory Council?

Appendix E: Research Question 1: Counseling-Specific Survey Questions

ASCA/TEA Mindsets & Behaviors

1. How confident are you in your overall ability to apply the ASCA Mindset & Behaviors? (ASCA 1)

3. How confident are you in your overall ability to apply the Texas Model's Mindset & Behaviors? (TM 1)

Direct and Indirect Student Services

5. Overall, how confident are you in your ability to design instruction specific for a ***small group setting***? (DISS-1)

6. Overall, how confident are you in your ability to implement instruction specific for a ***small group setting***? (DISS-2)

8. Overall, how confident are you in your ability to design instruction specific for ***individual student***? (DISS-4)

9. Overall, how confident are you in your ability to implement of instruction specific for ***individual students***? (DISS-5)

Counseling

21. How confident are you in your overall ability to provide short-term ***small-group counseling***? (COUN-1)

23. How confident are you in your overall ability to provide short-term counseling with an ***individual student?*** (COUN-3)

Appendix F: Research Question 2: Trauma/Crisis-Specific Survey Questions

Trauma/Crisis-Related Direct and Indirect Student Services

11. How confident are you in your ability to design instruction specific for a ***small group setting*** that assists students experiencing trauma and crisis? (TRSS-1)

12. How confident are you in your ability to implement instruction specific for a ***small group setting*** that assists students experiencing trauma and crisis? (TRSS-2)

14. How confident are you in your ability to design instruction specific for ***individual students*** who are experiencing trauma and crisis? (TRSS-4)

15. How confident are you in your ability to implement of instruction specific for ***individual students*** who are experiencing trauma and crisis? (TRSS-5)

Identification and Evaluation of Students Experiencing Trauma or Crisis

17. How confident are you in your ability to <u>identify</u> a student potentially experiencing trauma and crisis in a ***small group setting***? (IE-1)

18. How confident are you in your ability to <u>identify</u> an ***individual student*** potentially experiencing trauma and crisis? (IE-2)

19. How confident are you in your ability to <u>evaluate</u> a student identified as potentially experiencing trauma and crisis in the ***small group setting?*** (IE-3)

20. How confident are you in your ability to <u>evaluate</u> an ***individual student*** identified as potentially experiencing trauma and crisis*?* (IE-4)

Trauma and Crisis-Related Counseling

25. How confident are you in your ability to provide short-term trauma/crisis counseling in ***small-group settings***? (TCRC-1)

27. How confident are you in your ability to provide short-term trauma/crisis counseling with ***individual students?*** (TCRC-3)

Crisis Intervention Counseling

29. How confident are you in your ability to provide crisis intervention skills when working with a student who is at imminent risk of harm to self? (CIC-1)

30. How confident are you in your ability to provide crisis intervention skills when working with a student who is at imminent risk of violent behaviors toward others? (CIC-2)

31. How confident are you in your ability to provide crisis intervention skills when working with a student who is exhibiting signs that indicate a potential for but is not at imminent risk of harm to self? (CIC-3)

32. How confident are you in your ability to provide crisis intervention skills to a student who is exhibiting signs that indicate a potential for but is not at imminent risk of violent behaviors toward others? (CIC-4)

33. How confident are you in your ability to provide crisis intervention skills to a student who is exhibiting a high level of distress that is severely impeding the student's ability to function in school? (CIC-5)

34. How confident are you in your ability to develop a safety plan for a student who is at risk for engaging in harm to self? (CIC-6)

35. How confident are you in your ability to follow your particular school safety protocol for a student who is at imminent risk for engaging in violent behaviors toward others? (CIC-7)

Referrals to Appropriate Services

36. How confident are you in your ability to use of in-school remedial services when a student's needs are beyond the scope of school counseling? (RS-1)

37. How confident are you in your ability to make referrals to appropriate community resources when a student's needs are beyond the scope of school counseling? (RS-2)

38. How confident are you in your ability to consult with school counselors and other education and counseling professionals when questions of school counseling scope of practice arise? (RS-3)

39. How confident are you in your ability to communicate the limits of school counseling to students, families, and staff? (RS-4)

40. How confident are you in your ability to explain the continuum of mental health services to students, families, and staff? (RS-5)

41. How confident are you in your ability to explain how diagnosis and long-term therapy are outside the scope of school counseling to students, families, and staff? (RS-6)

42. How confident are you in your ability to provide short-term counseling to a student who is in the process of obtaining additional mental health services? (RS-7)

Consultation and Collaboration

43. How confident are you in your ability to collaborate with administrators when working with a student in need of crisis intervention? (CC-1)

44. How confident are you in your ability to utilize appropriate administrative services to support a student in need of crisis intervention? (CC-2)

45. How confident are you in your ability to consult and collaborate with community professionals to assist a student in need of crisis intervention? (CC-3)

46. How confident are you in your ability to consult and collaborate with a mental health professional to assist a student in need of crisis intervention? (CC-4)

47. How would you rate your ability to utilize additional appropriate community support services to assist a student in need of crisis intervention? (CC-5)

48. How confident are you in your ability to follow the protocols of the Safe and Supportive School Program? (CC-6)

49. How confident are you in your ability to follow the procedures of the Threat Assessment Team? (CC-7)

50. How confident are you in your ability to convene the Threat Assessment Team when working with a student at risk of violent behavior? (CC-8)

51. How confident are you in your ability to consult and collaborate with the Threat Assessment Team when working with a student at risk of violent behavior? (CC-9)

52. How confident are you in your ability to represent the school counseling program on a School Health Advisory Council? (CC-10)

Appendix G: Research Question 3: School-Setting Survey Questions

ASCA/TEA Mindsets & Behaviors

2. Within your school setting, how would you rate your ability to follow the ASCA Mindset & Behaviors? (ASCA 2)

4. Within in your school setting, how would you rate your ability to follow the Texas Model's Mindset & Behaviors? (TM 2)

Direct and Indirect Student Services

7. Within your school setting, how would you rate your ability to implement instruction in a *small group setting*? (DISS-3)

10. Within your school setting, how would you rate your ability to implement instruction specific for *individual students*? (DISS-6)

Trauma/Crisis-Related Direct and Indirect Student Services

13. Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction in a *small group setting*? (TRSS-3)

16. Within your school setting, how would you rate your ability to implement trauma/crisis-related instruction specific for *individual students*? (TRSS-6)

Counseling

22. Within your school setting, how would you rate your ability to provide *small-group counseling*? (COUN-2)

24. Within your school setting, how would you rate your ability to provide short-term counseling with an *individual student*? (COUN-4)

Trauma and Crisis-Related Counseling

26. Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling in *small-group settings*? (TCRC-2)

28. Within your school setting, how would you rate your ability to provide short-term trauma/crisis counseling with *individual students*? (TCRC-4)

Appendix H: Consent

Title of the Project: Preliminary Examination of School Counselors' Perceptions of their Ability to Provide Direct and Indirect Student Services
Principal Investigator: Angela K. Waggoner, MA, TX School Counselor, LPC-S (TX), NCC, Doctoral Student of Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be a school counselor in the state of Texas. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to examine school counselors' perceptions of their ability to provide direct and indirect services to students who are experiencing trauma and/or crisis as outlined by the ASCA/TEA School Counseling Models.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. You will be asked to complete a 59-question survey lasting approximately 10-20 minutes. The survey questions focus on your perceptions of your overall ability to provide small group and individual counseling, as well as trauma/crisis-related counseling. The questions are taken from the ASCA standards covering direct and indirect student.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are solely altruistic. By participating, you will help to advance the scope of knowledge in the field of school counseling related to the providing direct and indirect student services. This will also help the field of counselor education overall by providing insight into our current training of school counselors in the areas of counseling and trauma-related counseling.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risk you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous. No identifying information will be collected.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the survey. without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Angela K. Waggoner. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at akwaggoner@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Mary Deacon, at mmdeacon@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study

Appendix I: Recruitment Letter

Dear Texas School Counselor:

As a doctoral student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Ph.D. in Counseling Education and Supervision degree. The purpose of my research is to examine school counselors' perceptions of their ability to provide small group and individual counseling, as well as trauma/crisis-related counseling as outlined by the ASCA and TEA School Counseling Models, and I am writing to invite eligible participants to join my study.

Participants must be a school counselor in the state of Texas, preferably currently employed as a school counselor. Participants, if willing, will be asked to answer 59 question online survey. The survey questions focus on participants' perceptions of their overall ability to provide small group and individual counseling, as well as trauma/crisis-related counseling. The questions are taken from the ASCA standards covering direct and indirect student services. It should take approximately 10-20 minutes to complete the survey. Participation will be completely anonymous, and no personal identifying information will be collected.

In order to participate, please click here to complete the attached survey and submit when complete.

A consent document is provided as the first page of the survey. The consent document contains additional information about my research. After you have read the consent form, please click the link to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Angela K. Waggoner

Angela K. Waggoner, MA, TX School Counselor, LPC-S (TX), NCC
Doctoral Student at Liberty University

Appendix J: Recruitment Letter Follow-Up

Dear Texas School Counselor:

As a doctoral student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Ph.D. in Counseling Education and Supervision degree. The purpose of my research is to examine school counselors' perceptions of their ability to provide small group and individual counseling, as well as trauma/crisis-related counseling as outlined by the ASCA and TEA School Counseling Models. Two weeks ago, an email was sent to you inviting you to participate in a research study. This follow-up email is being sent to remind you to complete the survey, if you would like to participate and have not already done so.

Participants must be a school counselor in the state of Texas, preferably currently employed as a school counselor. Participants, if willing, will be asked to answer 59 question online survey. The survey questions focus on participants' perceptions of their overall ability to provide small group and individual counseling, as well as trauma/crisis-related counseling. The questions are taken from the ASCA standards covering direct and indirect student services. It should take approximately 10-20 minutes to complete the survey. Participation will be completely anonymous, and no personal identifying information will be collected.

In order to participate, please click here to complete the attached survey and submit when complete.

A consent document is provided as the first page of the survey. The consent document contains additional information about my research. After you have read the consent form, please click the link to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Angela K. Waggoner

Angela K. Waggoner, MA, TX School Counselor, LPC-S (TX), NCC
Doctoral Student at Liberty University

Appendix K: TEA Approval Letter

[External] PIR # 43031 Release Documents at No Charge

PIR ███████████████

Thu 7/2/2020 2:30 PM

To: Waggoner, Angela Katherine ███████████████

📎 2 attachments (2 MB)

PIR 43031 Original Request.pdf; pir43031_certified_counseler_emails_tgs200701.xlsx;

───

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

───

███████████████blic Information Request
Release Documents at No Charge
July 2, 2020

Angela K Waggoner
P.O. Box 2476
Pearland, TX 77588

TEA PIR #43031

Dear Ms. Angela Waggoner:

On June 29, 2020, the Texas Education Agency (TEA) received your request for public information. To the extent it exists, the requested information is provided to you with this letter and includes a copy of the original request. Additionally, there are no charges for fulfilling this request and PIR # **43031** is considered closed.

Thank you for your request. The responsive data includes the names and available email addresses of all educators who held an active Counselor certificate on the date of your request, June 29, 2020. If the email field is blank we do not have an email on file. Thank you again for your request.

If you have any questions or wish to discuss this matter further, please contact me at ███████████ or by email at ███████████████

Sincerely,

Jenny Eaton
Public Information Coordinator

Enclosures: Original Request
                 TEA Responsive Document, "pir43031_certified_counseler_emails_tgs200701.csv"

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