

CHAPTER 1

What Is So Special About Counseling in the Schools?

Learning Objectives

- Understand some of the distinctive features of providing counseling services in the schools
- Identify the position of your professional organization toward the practice of counseling in the schools, as well as the different school-based helpers who provide this service
- Develop an understanding of the role of counseling within the broad context of service delivery in the schools

Your first school-based field experience is likely to be different from any other course you have had thus far in your academic career. Not only will you continue to advance your skills in counseling, but you will be asked to do so in a dynamic, challenging school environment. In order to be successful, you will need to use your cognitive skills to conceptualize, categorize, and memorize new information and apply it to this unique setting, while engaging in the more personal and emotional levels of processing that are a critical component of practicum and internship.

THE CONTEXT OF SCHOOL

Schools are dynamic, complex, challenging, and fun. As a school-based professional helper, your role will be to advocate for children and to help create learning environments that are safe, caring, and supportive. Conversely, the adults with whom you will work (i.e., teachers, principals, and parents) are facing greater challenges because of limited resources and the push for greater achievement. Sometimes the drive for academic achievement seems to take precedence over the social and emotional needs of children. In this type of climate, those who provide support services and advocate for the emotional needs of students may feel as if their area of expertise is given a backseat to academic goals. In fact, these contrasting priorities create an underlying tension; therefore, it is helpful to consider the broader context in which you will practice. In the following chapter, we provide more detailed information on the general nature of school-based counseling. We discuss how it fits within a tiered model of service delivery to promote positive youth resiliency and address the mental health needs of students.

On any given day in the school setting, you will have the opportunity to positively impact hundreds of lives. To those of you who are just beginning your careers, this statement is energizing, powerful, and—frightening. It communicates the seriousness of the role of a school-based helper, and it implies a high level of responsibility. Fortunately, you are not expected to carry out every program and intervention on your own. You will have the chance to work with a talented team of professionals (e.g., teachers, administrators, and other mental health staff) to enact prevention and intervention programming that makes a difference in students' lives. As we introduce and discuss the various school-based helpers throughout this text, it is important that we begin with a consideration of our terminology.

A WORD ABOUT WORDS

We have a novel task in attempting to write a book about counseling for pre-service professionals who are studying to be school counselors, school psychologists, or perhaps school social workers. The mental health needs of children are so great, and the important contributions made by representatives of each of these fields are unique. Thus, an important goal in writing this book was to highlight the similarities, the differences, and the many ways that those

who address the social, emotional, and behavioral needs of students can work together and with others to create seamless systems of support for children, adolescents, and families.

One of our greatest challenges was deciding on a term to address our readers that would be inclusive of individuals in the different professional tracks but would not be such a mouthful that no one would ever use it. Although we liked the term *school-based professional helper*, throughout the text we have sometimes shortened it to *professional*, *school-based professional*, *professional helper*, or some other variation. Additionally, we sometimes simply refer to the specific discipline (e.g., school psychologist). We also realized that the term *students* could refer to individuals in K–12 settings or to our readers, who are students in graduate school. To avoid such confusion, we use the term *students* when we are referring to K–12 students overall. We use the term *student client* when referring to a student with whom a professional helper is actively working versus other students in the school. Finally, we address our audience of graduate students as *pre-service professionals*.

As we were writing, we found that we used different words for similar concepts. From a school psychology perspective, *psychoeducational group* would be the term used to refer to any group that focuses on teaching skills (e.g., social skills, problem solving) to a group of students. The same activity might be considered a curriculum activity from a school counseling perspective. Due to the different histories and emphases in our respective fields, we have developed unique terminology for similar activities. We have used these terms broadly and interchangeably, with clear description, to provide clarity and recognition of the different disciplines. Another important clarification is needed in relation to “counseling.” We provide a working definition for this term and describe its application in a school setting.

School-Based Counseling Versus Psychotherapy

There are many terms to define the act of helping an individual overcome barriers and maximize growth (e.g., *counseling*, *coaching*, *helping*). Additionally, the names for the individuals who provide these services (e.g., *counselor*, *psychotherapist*, *helper*) and the recipients of these services (e.g., *student*, *client*, *helpee*) vary based on theoretical models, definitions of counseling, and context (e.g., school, clinic). Some make a firm distinction between the practices of counseling and psychotherapy (Nystul, 2003), while others suggest that this

distinction may be superficial because both use similar techniques and have similar goals (Thompson & Henderson, 2007).

School-based professionals typically provide counseling rather than psychotherapy. Generally speaking, counseling is a short-term service delivered to individuals or groups to increase their adaptive functioning. Therefore, school-based professionals most often focus on helping student clients function more effectively in the classroom and with their peers. Counseling is also considered to be a helping process that is delivered to individuals who are basically healthy but require support to address a variety of developmental or situational difficulties. The American Counseling Association (2010b) has recently adopted the following definition for *counseling*: “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and careers.” An illustration of a counseling intervention that meets this definition is when a school counselor helps a student client who is struggling in her peer relationships to find solutions to reduce the conflict. A school psychologist might visit with a young student who is tearful and apparently having a rough day to explore his concerns and support him in learning strategies to manage his frustration.

Conversely, psychotherapy tends to be a longer-term service. The issues or concerns that an individual presents are more serious and may reflect pathology (e.g., depression, suicidal ideation, eating disorder) (Hughes & Theodore, 2009). A broader definition proposed by Weiner and Bornstein (2009) described the unique contribution of psychotherapy as the “intentional effort of therapists to communicate their understanding of a patient’s difficulties and help him or her share in this understanding” (p. 3). Therefore, both counseling and psychotherapy clearly involve a personal relationship with an individual or group with the goal of positive change (Hughes & Theodore, 2009). Neither of these approaches should be confused with the generic term *therapy*, which refers to any sort of treatment (e.g., speech therapy) or cure. Further, counseling and psychotherapy are not behavior modification programs, environmental modifications, or psychopharmacology, although these might be elements of broad-based interventions (Weiner & Bornstein, 2009).

With school-based services, it is important to address those issues that are relevant to the context of a student’s academic, career, or social-emotional functioning within the school. This distinction does not mean that school-based professionals never work with students who have a diagnosable disorder. It just means that their focus is one of support rather than treatment. For example, a student may have a serious disorder (e.g., generalized anxiety disorder) but

still be seen by a school-based professional who works with the student on strategies to manage her anxiety while she is at school in order to achieve her academic goals. Ideally, this student is also working with a private therapist to resolve her anxiety disorder. Here again, the school-based professional can play an important role by providing the family with referrals to local therapists (if the student does not already have one), by staying in close contact with the therapist, by reinforcing the student's use of newly learned coping strategies, and by consulting with the student's teachers as appropriate. In Chapter 14 we outline additional strategies that school-based professionals can use to coordinate support plans and help teachers understand students' needs so they can implement accommodations that will help facilitate success.

Some school-based professionals object to the use of terms such as *client*, *mental health*, or *therapeutic interventions* because they suggest a clinical approach rather than one from the field of counseling. Although we agree with the importance of professional identity and defining one's services appropriately and accurately, we do not advocate for the use of narrowly defined terms that might ultimately inhibit communication and create gaps in services for children and adolescents. Thus, we suggest the following questions for determining whether the counseling services you are considering for a particular student are appropriate for a school setting.

- Do I have the professional competence to provide these services or address the presenting concerns?
- After engaging in a counseling session, is the student likely to be able to return to full participation in the following class period?
- Is the time and effort I put forth with this student similar to the amount of time that I give to other students?
- Are these services consistent with the mission of the school?
- Is the provision of these services consistent with the guidelines of my profession (e.g., American School Counselor Association, National Association of School Psychologists, American Counseling Association, American Psychological Association, or School Social Work Association of America)?
- Would the student's needs be better met within the school setting rather than the community?

If the answer to these questions is yes, it seems appropriate to provide services to the student. A reality of school settings is that they are open to all children, regardless of their ability, history, or diagnosis. That means that

many of the students who come through your door may have a clinical disorder or a significant history of abuse. They do not wear signs that allow you to know whether they are going to present you with an issue that is appropriate to address in the schools. For example, an adolescent may present with troubling behavior in the classroom, and through your conversations you find out that she has a history of sexual abuse. Although it would be inappropriate to “treat” the abuse issues in the school, you should not abandon the student after she has shared her most personal secret. Throughout your career, you will need to make these kinds of decisions about whom to serve, how to do so most effectively, and how to help create a school environment that supports the academic, social, and emotional growth of the greatest number of students.

MENTAL HEALTH NEEDS OF STUDENTS

The number of students in the schools who may require additional support services in order to be successful is increasing and represents a growing concern. Many of the students who come to school have very complex needs. According to a report from the National Research Council [NRC] and Institute of Medicine [IOM] (2009), at any given point, between 14 and 20 percent of children and adolescents will experience a mental, emotional, or behavioral disorder (MEB). Of these students, only about one in five (21.3%) will receive services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2007). A recent survey (2005–2006) of students aged 12 to 17 indicated that of the roughly 7 million youth who received services for emotional and behavioral problems, 12 percent received those services in the school, 13.3 percent accessed services through a specialty clinic, and 3 percent received services in a medical setting (SAMHSA, 2008). In real numbers, this means that in a medium-sized high school with approximately 2,000 students, between 280 to 400 students will be experiencing an MEB disorder, and only about 100 of these students will receive services.

These statistics are not meant to indicate that school-based professional helpers must find a way to treat each and every one of these students. Instead, these data highlight a considerable gap in service delivery in our current system. Unfortunately, the level of need does not translate to additional professional helpers assigned to the schools. In fact, in some fields (e.g., school psychology) there is a shortage of practitioners (Curtis, Chesno

Grier, & Hunley, 2004). In school counseling, the student-to-school counselor ratios are often quite high, ranging from 197 to 814, with a U.S. average of 457 (American School Counselor Association, 2010b). The ratio for school psychologists is much higher, with an estimated 1,621 students per service provider (Charvat, 2005). The ratios for school social workers are more difficult to obtain because only 31 states have a certification process for social workers providing services in the schools (Kelly, 2008). This mismatch between student need and school-based professionals has led to a reconceptualization of our work to align with tiered levels of services. Not all students need the same level of support, and the idea is that if we provide more support through prevention, we may be able to reduce the number of students who require intensive services.

TIERED MODELS OF SERVICES

The growing recognition that we cannot provide effective support services to one child at a time has led to the consideration of alternative methods of service delivery. We must consider ways in which our schools can foster the adaptive functioning and social emotional growth of all children. To do so, we must think about our roles differently and consider how we can create the broadest level of service delivery through our own supports and through our collaboration with others. A growing body of research supports the use of tiered service models such as positive behavioral supports (PBS; Sailor, Dunlap, Sugai, & Horner, 2009) and response to intervention (RTI; Brown-Chidsey & Steege, 2005). These programs emphasize primary prevention, tiered levels of supports or services to address student needs, and school-community linkages.

From this perspective, the greatest amount of effort is directed toward universal treatment with the goal of preventing the need for more targeted and time-intensive intervention strategies. Within these models, guidance lessons and schoolwide programming (e.g., character education, conflict resolution, bullying prevention) would be considered universal or Tier 1 strategies. At the second tier, usually considered to be the level at which students may be considered at risk for a negative outcome, services might include more targeted efforts such as programming delivered to a particular grade level (e.g., transition curriculum for fifth-grade students moving to the sixth grade) or small psychoeducational or counseling group (e.g., divorce group, study skills

group). If these approaches are not effective or if a student requires additional support because of an acute crisis, services that are individual and intensive (i.e., Tier 3) can be implemented.

Within a tiered model, it is expected that the percentage of students who require services at this level will approximate 2–5 percent. Furthermore, some of the needs may be so intensive that an individual receives additional supports from a community mental health provider, and the school-based professional helper acts as more of a liaison, consultant, and on-site support as needed for the student. A more in-depth presentation of these tiers is provided in Chapter 15.

WORKING WITH OTHER PROFESSIONALS

Tiered levels of services call for greater levels of collaboration among school personnel. In tandem with the significant transformation of educational practices, the broad fields of counseling, psychology, and social work have also undergone significant change. These changes have created debate in our fields around the types of services that we provide, the nature of our roles, and the degree to which individuals from our fields are relevant to the schools. For example, one of the continuing debates in school counseling is whether the role of the school counselor should be one of providing broad educational support to all students or providing individual student support and crisis intervention (e.g., Paisley & McMahon, 2001; Stone & Dahir, 2011). According to the *Model for Comprehensive and Integrated School Psychological Services* (NASP, 2010b), school psychology is shifting toward more broad, systems level interventions that promote the well-being and academic achievement of students. Although school social workers are also moving toward more prevention and a tiered level of services, a recent survey indicated that respondents spent only 28 percent of their time in Tier 1 activities, while 59 percent of their time was spent at Tiers 2 and 3 (Kelly et al., 2010). As professionals within these three fields continue to define contemporary practice, they face the challenge of establishing their role and professional identity within a shifting framework of services.

Before addressing where the professions are going, it may be valuable to review who we are. One of the most common questions asked by potential program applicants is, “What are the differences between school psychologists, school counselors, and school social workers?” Indeed, there are a

number of similarities, but there are also key differences that make our fields unique and important to the well-being of students, families, and other school personnel. Although an entire chapter could be dedicated this topic, we have attempted to highlight with the following table some of the key similarities and differences, as outlined in the *National Model for School Counseling Programs* (ASCA, 1997, 2005), the *Model for Comprehensive and Integrated School Psychological Services* (NASP, 2010b), and the National Association of Social Workers (NASW) *Standards for School Social Work Services* (NASW, 2002). As you can see in Table 1.1, the description and foundation for each of the professions are quite similar. However, differences emerge in the delivery of services and the day-to-day practice of each (presented in Chapter 14).

Table 1.1 Comparison of Role and Function of School Counselors, School Psychologists, and School Social Workers

School Counselor	School Psychologist	School Social Worker
General Description		
<p>School counselors identify and develop a philosophy based on school counseling theory and research/evidence-based practice to deliver and implement culturally relevant programming in collaboration with others to promote students' academic, career, and personal/social development.</p> <ul style="list-style-type: none"> • Recommended ratio: 1:250 students 	<p>School psychologists provide effective services to help children and youth succeed academically, socially, behaviorally, and emotionally through direct educational and mental health services, as well as work with parents, educational, and other professionals to create a supportive learning environment for all students.</p> <ul style="list-style-type: none"> • Recommended ratio: 1:500–700 students 	<p>School social work is a specialized area within the broad profession of social work. School social workers bring unique knowledge and skills to the school system and the student services team. School social workers support schools in providing a setting for teaching, for learning, and for helping students attain competence and confidence.</p> <ul style="list-style-type: none"> • Ratios are established by states and districts dependent on the student population served.

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Table 1.1 (Continued)

School Counselor	School Psychologist	School Social Worker
Knowledge Foundation		
<p>The foundations of school counseling service delivery are school counseling theory, research/evidence-based practice, culturally relevant programming, and collaboration.</p>	<p>The foundations of school psychology service delivery are understanding diversity in development and learning, research and program evaluation, and legal, ethical, and professional practice.</p>	<p>Social work practice requires knowledge of human development and behavior, of social, economic, and cultural institutions, and the interactions between these two.</p>
Delivery of Services		
<p>School Guidance Curriculum: structured lessons delivered within the classroom setting designed to enhance student competencies within a systematically designed, developmentally appropriate curriculum.</p> <ul style="list-style-type: none"> • School counselors may also intervene and advocate at the systems level. 	<p>Systems Level Services (schoolwide practices to promote learning): in collaboration with others, school psychologists design, implement, and evaluate effective policies and practices across multiple areas of school functioning (e.g., discipline, school climate) to enhance student learning and well-being.</p> <ul style="list-style-type: none"> • School psychologists may provide classroom-wide lessons but not typically within a complete, systematic curriculum across all grades. 	<p>Work with school, community, and agency personnel to address at-risk student concerns through prevention, intervention, and community/agency response.</p> <ul style="list-style-type: none"> • Build student strengths to maximize ability to learn • Help students and families gain access to resources • Collaborate and mobilize resources to support student and family needs

School Counselor	School Psychologist	School Social Worker
<p>Responsive Services: prevention or intervention activities to meet students' needs.</p> <ul style="list-style-type: none"> • These services may take the form of individual or group counseling, consultation, peer helping, psycho-education, referral to outside agencies, and intervention and advocacy at the systems level. • This area also includes effective crisis preparation, response, and recovery. 	<p>Preventive and Responsive Services: school psychologists apply their knowledge of risk and resiliency factors to promote services that enhance learning, mental health, safety, and well-being.</p> <ul style="list-style-type: none"> • These services are typically provided across the school system (e.g., tiered response systems such as positive behavior supports and response to intervention). • Also includes effective crisis preparation, response, and recovery. 	<p>Direct interventions to address the immediate concerns of at-risk students through prevention, intervention, and crisis response.</p> <ul style="list-style-type: none"> • These services may take the form of case management, individual and group counseling, family counseling, and crisis intervention. • Interventions are to be evidence-based.
<p>School counselors consult with parents, teachers, and other educators and refer to outside agencies as part of their responsive services. They also may have advisory councils that include families, teachers, administrators, and outside personnel who evaluate their school counseling program as</p>	<p>School psychologists consult and collaborate with teachers, administrators, families, and external agencies. These are considered to be practices that permeate all aspects of school psychology service delivery.</p> <ul style="list-style-type: none"> • Family-School Collaboration 	<p>School social workers provide consultation to facilitate understanding among home, school, and community. The following elements represent aspects of their practice:</p> <ul style="list-style-type: none"> • Home/School/Community Liaison • Community Collaboration • Community Outreach and Mobilization • Interdisciplinary Team Problem Solving

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Table 1.1 (Continued)

School Counselor	School Psychologist	School Social Worker
<p>part of the management function of their role.</p>	<p>Services: school psychologists use their knowledge of family systems, culture, and evidence-based practices to develop collaborative partnerships with families in order to support children's learning and mental health.</p>	<ul style="list-style-type: none"> • Teacher/Administrator Consultation
<p>Individual Student Planning: coordinated activities designed to help students develop personal and educational goals.</p> <ul style="list-style-type: none"> • General education career planning is unique to school counselors, although school psychologists may assist in transition to postsecondary settings and community agencies for those students who receive special education services. 	<p>Student Level Services: school psychologists deliver both instructional support and mental health services to help students develop their academic, social, and life skills.</p> <ul style="list-style-type: none"> • These services may be direct or indirect and take the form of consultation with teachers, parents, and administrators, individual or group counseling, or use of data to help establish learning and/or behavioral goals. 	<p>School social workers build student strengths to maximize opportunities to learn. The following direct services are listed as part of a school social worker's role:</p> <ul style="list-style-type: none"> • Assessment of student needs to facilitate intervention design • Home/School/Community Liaison • Individual and Small Group Therapy/Counseling • Conflict Resolution and Mediation • Family Counseling

School Counselor	School Psychologist	School Social Worker
<p>System Support: management of all aspects (e.g., establishing, maintaining, and enhancing) of a school counseling program including professional development, consultation, collaboration, supervision, and operations.</p>	<p>There is no equivalent in school psychology services since school psychologists may function as itinerant staff.</p>	<p>School social workers organize their time, efforts, and priorities to fulfill their responsibilities.</p>
<p>Broad-Based Practice</p>		
<p>Management: school counselors develop and formalize a school counseling program that is reflective of student and school needs. Accountability: school counselors implement data-driven, standards-based, research-supported programs and engage in continuous program evaluation.</p>	<p>Data-based decision making and accountability permeate all aspects of school psychology service. School psychologists are part of a multidisciplinary team that collects and uses student data to identify students' eligibility for special education and other educational services, to assess progress toward academic and behavioral goals, and to evaluate implementation and effectiveness of interventions.</p>	<p>School social workers provide training and educational programs that address the goals of education. They maintain accurate data relevant to planning, management, and services. Additionally, they incorporate assessment into intervention and evaluation plans to enhance student abilities.</p>

Source: Table contents are adapted from the ASCA website (2009) document, "The Role of the Professional School Counselor," the *Model for Comprehensive and Integrated School Psychological Services* (NASP, 2010b), the School Social Work Association of America (SSWAA) website (2009), and the *NASW Standards for School Social Work Services* (2002).

Because there are similarities among the three professions, those who are unaware of the differences might see these roles as interchangeable. They are most definitely not. However, each professional provides distinctive contributions to the school setting that can complement one another perfectly. For example, while the school counselor might focus on delivering specific guidance lessons as part of broader efforts to improve student behavior and reduce bullying, the school psychologist or school social worker could assist in running targeted intervention groups to address students who are at-risk or demonstrating bullying behaviors. Together, all individuals may work to collect data on their efforts to determine whether office referrals for aggressive behaviors have decreased.

When it comes to individual counseling, there are important differences as well. For example, the school counselor may provide short-term supportive services to individuals who have experienced a life stressor that is creating distress and interfering with school functioning. Additionally, school counselors often work with students to help them establish personal goals for their education and future. Conversely, school psychologists tend to work with students who have been identified for additional supports through special education services. School social workers tend to fall somewhere in between with about one-third of their students on individualized education programs (IEPs) and the rest identified as “at-risk” (Kelly et al., 2010). For those students on IEPs, the nature of the counseling services might reflect a longer duration and may include linkages with outside professionals. This brief distinction does not mean to imply that a school counselor should never work with a child who has an IEP or that school psychologists and schools social workers can’t meet with students who do not require special education services; instead it is meant as a general guide for understanding the different types of counseling services that are provided by each professional. For all school-based professionals, the focus is on helping the student’s performance in learning and social interactions, with an emphasis on the school setting.

ACCOUNTABILITY IN COUNSELING SERVICES

In addition to the growing number of students needing support, all school-based professionals are faced with the challenge of demonstrating the effectiveness of their actions. School-based professionals place great value on demonstrating accountability for their services although the strategies for

documenting outcomes have varied. It is not enough to say that the students enjoyed the lesson or that parents seemed satisfied after the meeting. These informal indicators are extremely important, but the real question is whether your services resulted in a positive, measurable outcome. Did students engage in more prosocial behavior after your group? Did Allison begin attending school more regularly after you and she worked individually on goal setting? Have office referrals decreased after you helped implement the schoolwide character education program? Unfortunately, these are complicated questions, and outcomes may be difficult to demonstrate.

School-based professional helpers face many unique challenges to delivering and evaluating the effectiveness of their services. They have a limited amount of time to deliver their services and may be addressing attitudes and behaviors that have been present for a number of years (and therefore, not easily changed or assessed). Some districts place restrictions on the number of times that a school-based helper may deliver services to an individual (e.g., six sessions). This type of mandated limitation creates difficulty in delivering interventions with fidelity if the identified intervention approach calls for a greater number of sessions (e.g., 12–15), as is often the case. Additionally, the implementation of intervention programming may be reliant on a teacher or a team of individuals rather than the school-based professional. The challenge is great, and it is often difficult to justify spending our limited time on data collection rather than direct services. Regardless, there is a greater expectation than ever that school-based professional helpers demonstrate the importance of their services to the overall functioning of school systems.

THE EFFECTIVENESS OF COUNSELING FOR CHILDREN AND ADOLESCENTS

Meta-analyses of research designed to explore outcomes for child and adolescent populations have supported the efficacy of counseling (e.g., Baskin et al., 2010; Kazdin, 2000; Prout & Prout, 1998; Weisz, Weiss, Han, Granger, & Morton, 1995). For example, based on a review of 107 outcome studies of 132 interventions, Baskin et al. (2010) concluded that psychotherapy with children and adolescents in the schools yielded positive effects. Certain variables appeared to increase the effectiveness of counseling including services provided to adolescent populations, single-gender groups, and trained, licensed therapists rather than paraprofessionals or graduate students (Baskin et al., 2010). Further,

the modality did not appear to make a difference, as individual, group, and “other” approaches (e.g., classroom) all yielded significant results.

Reese, Prout, Zirkelback, and Anderson (2010) conducted a meta-analysis of 65 school-based psychotherapy and counseling dissertations and found an overall effect size that was very similar to that of Baskin et al. (2010), .44 and .45 respectively. As with previous school-based studies, most of the interventions included those that focused on cognitive-behavioral strategies or skills training and were typically provided in a group format. Of the four published meta-analyses that have focused on school-based mental health services (Baskin et al., 2010; Prout & DeMartino, 1986; Prout & Prout, 1998; Reese et al., 2010), all have reported medium to large effect sizes.

These broad studies can help us to understand which aspects of counseling or psychotherapy have the strongest effects and the areas where we continue to have gaps in our knowledge. For example, we know little about whether the theoretical model of treatment yields different results. Weisz et al. (1995) found that behavioral techniques tended to produce the greatest positive effects in children regardless of age, gender, therapist training, or type of problem. Conversely, Reese et al. (2010) found that skills training had a greater effect size than cognitive behavioral approaches. In the Weisz et al. (1995) study, females tended to have better treatment outcomes than males; however, there were no gender differences found in the Baskin et al. (2010) study. When focusing specifically on 17 school-based studies, Prout and Prout (1998) noted that the positive findings from their meta-analysis reflected group rather than individual counseling outcomes; these findings were not supported by Baskin et al. (2010). Finally, Reese et al. (2010) found the largest effect sizes in elementary populations, while Baskin et al. (2010) reported larger effect sizes for adolescents. Prout and Prout (1998) also found the greatest effects at elementary rather than secondary levels. The inconsistent nature of these findings leads us to conclude that ongoing research on school-based interventions is needed to determine which approaches are most effective with whom.

School-based professionals often receive positive feedback from children, teachers, parents, and administrators about the services that they provide. Under these circumstances, it might be easy to conclude that any type of counseling provided in the school will have a positive effect. However, this is not necessarily the case, as demonstrated by Weiss, Catron, Harris, and Phung (1999) who used a randomized clinical trial to determine the effectiveness of child psychotherapy as typically delivered in the schools. Participants included 160 children who had problems related to anxiety, depression, aggression, or attention. They were divided into a treatment or control group

that received either “treatment as usual” or academic tutoring for 45 minutes per week. Treatment as usual was provided by mental health professionals (six master’s level counselors and one doctoral level clinical psychologist) who reported using cognitive and psychodynamic-humanistic approaches. The treatment extended over two years and did not follow a particular set of guidelines. At the end of the project, the researchers did not find any significant differences between the students in the two groups based on ratings of internalizing or externalizing behaviors, adaptive functioning, or peer relationships across time. Based on these findings, the authors concluded that it will be important to develop and validate effective treatment approaches with children and implement them in school settings.

As school-based professionals, we possess a powerful tool in the form of counseling, but we must use it appropriately by matching strategies that have research support with students’ presenting concerns. When this is not possible, we must carefully document the outcomes of our efforts and modify our approaches as needed as described in Chapter 13. Many interventions exist that can promote children’s positive development and prevent emotional and behavioral problems (Kellam & Langevin, 2003; Weisz, Sandler, Durlak, & Anton, 2005). The use of these types of programs can help students to develop resilience and cope with the many environmental stressors placed on them (Adelman & Taylor, 2010).

RESILIENCY IN CHILDREN AND ADOLESCENTS

A resiliency framework provides an alternative, more positive way to think about serving youth in the schools. As children develop into young adults, they typically face numerous challenges in the social, academic, and emotional realms. Some of the most significant stressors for children and adolescents reflect “typical” experiences such as advancing to middle school, experiencing puberty, gaining acceptance from peers, and developing a sense of identity. Given a balance of support, adequate problem-solving and coping skills, and a consistent environment, most youth navigate these stressors with little difficulty. On the other hand, children and adolescents who experience too many stressors (either major traumas or daily hassles) often find their coping resources overwhelmed. Of additional concern are the nonnormative stressors experienced by too many of today’s children and adolescents such as violence in their schools and communities. When youth are unable to cope with life’s difficulties, they become more vulnerable to negative influences, deviant behavior, and suicidal ideation.

Resiliency is an individual's capacity to overcome identifiable risk factors (e.g., poverty, parent depression) and avoid the negative outcomes often associated with these risks such as academic difficulties, delinquency, and mental health problems (Adelman & Taylor, 2010). In other words, resilience can be defined as better than expected outcomes, or competence, in the presence of risk factors (Luthar, Cicchetti, & Becker, 2000). Protective factors in the neighborhood, school, family, and peer network can act as buffers against these risks. Of particular interest to school-based professionals are the school-based protective buffers such as success at school, a supportive school environment, positive relationships with one's teachers and peers, and a strong bond with others (Adelman & Taylor, 2010; Brehm & Doll, 2009).

Many individual factors associated with resilient outcomes including positive self-concept, achievement motivation, social competence, problem solving, autonomy, and sense of purpose are amenable to intervention (Beltman & MacCallum, 2006; Brehm & Doll, 2009). Effective programs exist that help to alter school environments to promote resiliency in students by helping them strengthen interpersonal relationships and promote autonomy and self-regulation (Doll & Cummings, 2008; Doll, Zucker, & Brehm, 2004). By focusing on broad, population-based services, school-based professionals may be able to have the greatest positive impact on students' development.

PROMOTING HEALTHY DEVELOPMENT

Although the field of counseling has historically identified enhanced well-being as the desired outcome of services, this perspective is relatively new to the discipline of psychology. Until recently, mental health was simply considered to be the absence of mental illness. Psychology continues to make great strides in recognizing the positive aspects of human development and optimized life experiences through the study of positive psychology (Seligman & Csikszentmihalyi, 2000). Researchers have directed increasing attention toward identifying the characteristics of healthy individuals, although this line of work is still in its infancy. An outgrowth of this effort is an emphasis on defining the key concepts of mental health promotion and identifying the factors that contribute to healthy development (NRC & IOM, 2009). The term *developmental competencies* is central to health promotion and refers to "young people's ability to accomplish a broad range of social, emotional, cognitive, moral, and behavioral tasks at various developmental stages" (NRC & IOM, 2009, p. 75).

Positive youth development programs have been created to help foster these competencies and have outlined goals such as improving bonding, promoting resilience and competence, and fostering self-determination and self-efficacy (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). As might be expected, the competencies and the factors that promote healthy development differ across the individual's lifespan. Healthy attachment is a critical competency during early childhood, whereas opportunities to belong become much more relevant to adolescents. Smith, Boutte, Zigler, and Finn-Stevenson (2004) identified factors within the school environment that were associated with positive development in middle childhood. These factors included positive teacher expectancies and support, effective classroom management, collaborative school-family relationships, culturally relevant pedagogy, and school policies and practices that reduce bullying. As part of their broad spectrum of services, school-based professionals can implement programming that helps to foster these healthy school environments.

School-based counseling is an important service provided by professional helpers. However, given the imbalance between the number of students and service providers, school-based practitioners will want to adopt a tiered level of services that benefits all students by creating healthy environments, implementing prevention strategies that enhance resiliency, and collaborating with others to support those students with more intensive challenges. It is difficult to know what the future holds, but it is unlikely that we will see a large increase in the number of school-based helpers because too often school leaders tend to marginalize professional helpers and view their work as supplementary rather than integral to the functioning of the school (Adelman & Taylor, 2010). Therefore, it is imperative that you find ways to maximize your services and continually reflect on the efficacy of what you do.

Activities

1. Go to the website of your professional organization and review the position statement on scope of practice as related to counseling or mental health services. Consider how the “day in a life” scenarios presented in the Section I introduction compare to these descriptions.
2. Interview a member of the school leadership team. How does the individual view the role of counseling, guidance, or mental health services in the school? Share your findings with other members of your class.

3. Find a current article describing the effectiveness of a specific school-based intervention. What would be some of the benefits and challenges in implementing this type of intervention in your current setting?

Journal Reflections

Reflection #1

What prompted to you to pursue a career as a school-based professional helper? How do you envision your role?

Reflection #2

Sometimes school-based professional helpers might experience “turf battles” over who delivers which types of services and to whom. How will you avoid these types of conflicts and develop supportive collaborative partnerships?

Reflection #3

Consider a continuum of mental health services that begins with universal mental health promotion and continues to intensive, individual intervention. Some people really enjoy the context of the classroom and the system, while others prefer providing individual services to troubled students. Where is your “comfort zone” within this continuum?

Electronic Resources

American Counseling Association: <http://www.counseling.org>

American Psychological Association: <http://www.apa.org>

American School Counseling Association: <http://www.schoolcounselor.org>

Children’s Defense Fund: <http://www.childrensdefense.org>

National Alliance of Pupil Services Organizations: <http://www.napso.org>

National Association of School Psychologists: <http://www.nasponline.org>

National Association of Social Workers: <http://www.socialworkers.org>

School Social Work Association of America: <http://www.sswaa.org>

Print Resources

Gilman, R., Huebner, E. S., & Furlong, M. J. (2009). *Handbook of positive psychology in the schools*. New York: Routledge.